TOWARDS A NEW WELFARE REGIME IN TURKEY: THE GREEN CARD SCHEME IN ALLEVIATION OF POVERTY

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ABSTRACT

TOWARDS A NEW WELFARE REGIME IN TURKEY:

THE GREEN CARD SCHEME IN ALLEVIATION OF POVERTY

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The aim of the thesis to explore the idea of the social welfare state as conceived and implemented by the policy planners and service providers in Turkey. Besides the social budget and the provision of available mechanisms for welfare, it is important how the policy planners and service providers view the need and functions of the welfare mechanisms. The conceptions of the policy planners and providers, I will argue, will be very much effective in the distribution of the available funds and mechanisms among the people. Among the various welfare provisions I decided to choose the "Green Card Scheme" as an example to analyse the approaches of the policy planners and service providers because I think that the "Green Card Scheme" represents the most concrete policy in Turkish Welfare State understanding with respect to alleviation of poverty.

A qualitative study, using in-dept interview with 10 policy planners and service providers working in two different districts of Ankara has been conducted during the summer of 2002. In addition I made long interviews with the three leading figures who pioneered and took political responsibility in enactment of the Green Card Scheme in Turkey. During the interview with the policy planners and service providers, their

evaluations of the welfare state, welfare provisions and more specifically of the Green Card Scheme were inquired.

The major conclusion of this study is that despite the policy planners and service providers pointing to the limited and fragmented structure of the Turkish Welfare State, they tended to legitimise the existing form of the welfare state, the limited and inadequate assistance and the chaos experienced in the distribution of resources. Secondly, their definitions of the welfare practices have changed according to their positions in the bureaucratic hierarchy. While service providers mostly display a "soft heart" due to direct contrast with the needy, they may be more on the side of blaming them with the abuse of the system. Policy planners, on the other hand, are far from knowing the real conditions and the scale of need.

Key Words: Welfare State, Turkey, Poverty Alleviation, Green Card, Free Health Service, Poor

ÖZ

TÜRKİYE'NİN YENİ REFAH REJİMİNE DOĞRU: YOKSULLUĞUN AZALTILMASINDA YEŞİL KART UYGULAMASI

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Bu tezin amacı, sosyal politikaları planlayanlar ve bu hizmetleri sunanlar tarafından, Türkiye'deki sosyal refah devletinin nasıl düşünülüp, uygulandığını araştırmaktır. Sosyal bütçe ve varolan refah mekanizmalarının sunumunun yanısıra, sosyal politikaları planlayanların ve bu hizmetleri sunanların refah mekanizmalarının ihtiyaçlarını ve işlevlerini nasıl gördükleri önemlidir. Sosyal politikaları planlayanların ve bu hizmetleri sunanların kavramsallaştırmaları tartışacağım gibi, varolan fonların ve mekanizmaların insanlara dağıtılmasında oldukça etkilidir. Politika planlayanların ve hizmet sunanların bu konulara yaklaşımını incelemek için sağlanan birçok refah hizmeti arasında, Yeşil Kart Uygulamasını seçmeye karar verdim çünkü bence Yeşil Kart Uygulaması Türk Refah Devletinin yoksulluğu azaltma amacıyla uyguladığı en somut politika örneği olarak sunulabilir.

Bu niteliksel çalışma, 2002 Yazında politika planlayan ve Ankara'nın iki farklı ilçesinde çalışan hizmet sunan 10 kişiyle derinlemesine mülakat yapılarak gerçekleştirilmiştir. Buna ek olarak, Yeşil Kart Uygulamasını Türkiye'de başlatan ve kabul edilmesinde onun siyasi sorumluluğunu alan üç tarihsel kişiyle de uzun mülakatlar yaptım. Mülakatlar sırasında, politika planlayanların ve hizmeti sunanların refah

degerlendirdikleri araştırıldı.

Çalışmanın ana sonucu, hem politika planlayanlar hem de hizmeti sunanlarınTürk Refah Devletinin hem parçalı hem de sınırlı yapısına işaret ederken, varolan refah devleti yapısını -sınırlı ve yetersiz yardımları ve bu kaynakların dağıtımında yaşanan karmaşayı- meşrulaştırmaya olan eğilimleridir. İkinci olarak, refah uygulamaları onların bürokratik hiyerarşide bulundukları konuma göre değişmektedir. Hizmeti sunanlar muhtaçlarla karşı karşıya kaldığında yufka yüreklilik sergilerken, sistemin muhtaçlar tarafından suistimal edildiğini söyleyerek onları suçlayabilmektedir. Politika planlayanlar ise yaşanan durumu ve ihtiyaçların derecesini bilmekten uzaktır.

Anahtar Kelimeler: Refah Devleti, Türkiye, Yoksulluğun Azaltılması, Yeşil Kart, Bedava Sağlık Hizmeti, Yoksul.

In memorandum of my two grandparents;

Zeydullah ATALAY
and
Mehmet TUNÇ

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ABBREVIATIONS

AB: European Union

Bağ-Kur: Social Security Institutions for Trades and Artisans and Others who works Independently.

ES: Retirement Fund for Civil Servants.

EU: European Union

DIE: The State Institute of Statistics

GC: The Green Card Scheme

GHI: The General Health Insurance

GSS: The General Health Insurance

ILO: International Labour Organisation

NHS: The National Health System

NHP: The National Health Policy

NSC: The National Security Council

SASEF: The Social Assistance and Solidarity Encouragement Fund

SB: The Ministry of Health

SPO: The State Planning Organisation

SSK: Social Insurance Institutions

SYDTF: The Social Assistance and Solidarity Encouragement Fund

TTB: Turkish Doctors' Unification.

YK: The Green Card

WHO: World Health Organisation

TC: The Republic of Turkey

CHAPTER I

INTRODUCTION

In this thesis I will try to explore the idea of the social welfare state as conceived and implemented by the policy planners and service providers in Turkey. Besides the discussions on the low share of social investments in the budget and the provision of available mechanisms for welfare, it is important how the policy planners and service providers view the need and functions of the welfare mechanisms. The conceptions of the policy planners and providers, I will argue, will be very much effective in the distribution of the available funds among the people and in easening the accessibility of the mechanisms by the poor. Also who these policy planners and providers are, their levels of education, background and professions also will be taken as determining factors of their approaches towards the welfare provisions of the state. Among the few existing welfare schemes and mechanisms providing different benefits to the poor, I decided to choose the "Green Card Scheme" as an example to analyse the approaches of the policy planners and service providers. This decision was based on the understanding that the "Green Card Scheme" represents the most concrete policy of the welfare state understanding in Turkey with respect to alleviation of poverty in the last decade.

In the West, there is a lot of discussion today about the issue of welfare state models applied in many countries and how those applications will change in the near future as a result of political, economic and social changes experienced

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within the last two decades. These changes can be summarised under such headings as; the collapse of 'real socialism' and the end of the Cold War, increase of the accessibility to new communication technologies, transition from Fordist type of production to a more flexible one, de-standardisation of the life cycle of the individual, privatization and preference towards neo- liberal political economy, and the like. Beck, summarised these changes with the key words "globalisation, individualisation, gender revolution, underemployment and global risks (especially referring to financial and ecological one[1])" (1999; 2). In addition to these changes, it is argued that the existing welfare state organisations do not provide efficient welfare provisions for the newly emerging demands of the society and the future of the welfare state is leading to a hot debate. In fact, the debate started with the 'crisis of the welfare state' after the collapse of the 'post-war welfare consensus' in the mid seventies and now reached to a 'transition' or 'transformation ' stage. While, on the one hand, the role of state in welfare provisions is questioned, on the other hand, the attention is directed towards both poverty and equality related issues. The growing gap between the poor and the well off, within and between nations has accelerated. "Poverty and social exclusion are prescriptive concepts that mean to require social policy action because they are unacceptable state of affairs" (Alcock, 1993:6). Yet the problem is still to decide on whom the responsibility will fall for implementation of the policies, if the welfare state is under severe criticism and bound to withdraw its services.

In fact, the whole history of the welfare provisions should be read through how poverty is conceptualised and what is offered as a policy to prevent or to combat poverty. The interventionist state understanding and the regulation of social assistance has changed through centuries from "supervision of social assistance mechanisms" to "provision" in the European context. Although the boundaries of state's responsibilities to its citizens have changed over time, a consensus emerged after World War II which has re-defined the role of the state and extended its target to include health, education, housing and infrastructure and most importantly, provision of certain assistance mechanisms directly to the poor.

[1] The emphasis in the paranthesis is mine.

These arguments also have brought a questioning of the 'citizenship' as defined by Marshall (1963). The concept of the welfare state refers to a "set of institutions and social arrangements designed to assist people when they are in need because of factors such as illness, unemployment and dependency through youth and old age" (Pinch, 1997:150). This consensus on the new role of the welfare state emerged as a response to certain historical, economic and social conditions after World War II, mainly under the influence of policies developed by both Bismarck and Beveridge[2] in the European context. While the criticisms of the welfare state have increased after mid seventies, the subject of welfare research has also changed to include other actors than the state, namely non-state welfare institutions like the family, the voluntary and the corporatist institutions. As a result of neo-liberal economic policies, the integration of the market into the welfare provisions has been supported and the role of family has been 're-invented'. This new extended definition has also supported a variety of welfare studies including experiences of different countries other than only the European ones.

When we look at the Turkish welfare system overall, it is quite limited and does not cover those who are outside of the formal job market efficiently. Such as those working in agriculture, those working in casual and seasonal jobs, those employed in marginal or informal sector jobs, those in homeworking and pieceworking (especially by women) are totally excluded from any such coverage. Until the 1980s, the Turkish state has made only limited provisions with pension and health schemes. After this date, especially after the 1990s, parallel to the changes in the world, Turkey started to experience an increasing tendency of unemployment especially in the formal sector jobs and rising urban poverty due to structural adjustment programs, neo- liberal economic policies, changing preferences of the global economy and capital (foreign capital preferring cheap labour resources like in Eastern European countries) and the narrowing down of the regular cash earning income opportunities for especially the young generations

[2] While Bismarck was the leader who managed to unite Germany in 1871 and applied certain cultural, educational and social policies in the state building process. Beveridge was the minister in England and presented his report to provide a social security for whole citizens in times of need. Both Bismarck and Beveridge were important historical figures in the development of the welfare state. For further information see Chapter two.

(Koray, 2000). Accumulated problems with the bad management of the economy, which led to the recent economic crisis, were also a cause of the rising poverty. Starting with 1980s, various governments in Turkey became concerned with social assistance programs, faced with the fact of rising urban poverty, increasing squatter housing, migrants with no education, urban skills or job opportunities filling the metropolitan cities. In the period between 1980 and 2002 two significant policy implementations were made. Firstly, the Social Assistance and Solidarity Encouragement Fund (SASEF)[3] was established in 1986. It provided an assistance to those sections of the society who can be collected under the category of "deserving poor" (Himmelfarb; 1984, Katz; 1990). Secondly, Green Card Scheme was started in 1992, for provision of free health services for the poor, who can obtain necessary documents to prove their "degree of poorness", a procedure somewhat similar to 'Means Testing'. Despite these, the uncovered population totals to nearly half of the economically active population of Turkey. Hence, still nearly twenty percent of the population can not get any benefits from social security institutions including health or pension provisions or unemployment benefits as shown by a research conducted by Osmangazi University in Eskişehir (cited in: Radikal, August,12, 2000).

In Turkey, family mutual help, intra-generational transfers and reciprocity in kinship networks are very dominant (Kalaycıoğlu, Rittersberger-Tılıç, 2000). The domination of social networks and reciprocity give us a different model of organisation of welfare state somewhat like in other Southern European models (Rhodes, 1997). In such an organisation of welfare, the role of family actually is very significant in encouraging the limited development of the welfare state (Buğra, 2001; Rittersberger-Tılıç, Kalaycıoğlu, 1998).

In brief, in Turkey, with a limited welfare state experience which is mainly based on fragmented retirement pension and health provisions only for a smaller section of the society, new social risk potentials emerge with the loss or

[3] In Turkish, Sosyal Yardımlaşma ve Dayanışmayı Teşvik Fonu

weakening of the survival/ coping strategies based on family/ kin and hemşehri[4] support.

In this thesis I will try to examine the idea of the social welfare state as conceived and implemented by the policy planners and service providers in Turkey. It is important how policy planners and service providers view the need and functions of the welfare mechanisms in the world and in Turkey, more specifically. The conceptions of the policy planners and providers, I will argue, will be very much effective in the distribution of the available funds and mechanisms among the people.

Who are these policy planners and service providers? What are the differences in their interpretations and understandings about the Green Card Scheme as a welfare mechanism for the poor in Turkey? In the first chapter, I argue, their experiences as policy planners and service providers are also crucial for understanding the Turkish welfare state and its responses to poverty.

In the second chapter, the development of the welfare state and its effects on the access of the poor to the health services within the European experiences are examined. The role of the state is very significant in the determination of these experiences and it is defined within the context of the development of welfare understanding in the West. Therefore, I started with an analysis of the organisation of the provisions before the emergence of the welfare state which refers to the eighteenth and early nineteenth centuries when the responsibility of the welfare provisions belonged to private charities and to some community organisations. The role of the state then was only limited to defining and determing the criteria of eligibility of the poor to the poor relief. This definition was full of 'moral', 'humanitarian' and 'religious' connotations as Becker (1997) pointed out. Gradually the distinction between 'deserving' and 'undeserving' poor has emerged and started to become an effective terminology in poverty related issues. The effect of this distinction is quite influential even today. Consequently, the formation of nation states and the conflicts and competition among these

[4] referring to people from the same city or village origin or townsmen.

newly emerging nation states on the basis of national identity and belongingness have caused the reformulation of the roles of the state and its relations towards its citizens. When the Western nation states started to consolidate their mechanisms of welfare, two main trends appeared and became influential in the definition of the social role of state. These were Bismarck's formulation in Germany based on a social insurance system and Beveridge's claims on the universal access to a welfare system in England. Especially the period after World War II, has been called as the 'golden age' of the welfare state, but after the mid seventies both the conception and implementations of welfare policies in Europe have become subjected to criticism. As a result of neo-liberal policies and socio-demographic changes experienced in Europe, new lines of the provision of welfare have started and the scope of the welfare analysis has transferred from welfare state to welfare regime. This process will be investigated briefly in this chapter.

The third chapter consists of the welfare state experience of Turkey starting from the last century of the Ottoman Empire up to the present times. How the role of the state was defined with respect to social and welfare issues is the focus of analysis within the Turkish context. A historical summary of the welfare provisions of the Turkish state beginning from Ottoman Empire and following into the Republican Era will be analysed in this chapter. Through this analysis I will try to display how the concept of welfare state developed for the first time and how the first health provisions by the state have started. The essential legal framework and important socio-economic conditions will be also referred in order to give a better picture. The chapter ends with a discussion on the converging and diverging characteristics of the Turkish welfare system from the Western European counterparts.

The aim of the fourth chapter is to discuss why the General Health Insurance (GHI) and the Green Card Program (G.C), under Law 3816 to provide health coverage to the poor, particularly those with a monthly income of less than one-third of the minimum wage (excluding taxes and social security premiums) were proposed as solutions to the problems of access to health services in Turkey in the beginning of the nineties. In fact those were the days when the policy of

World Health Organisation and the World Bank policies were quite effective in the determination of the health policies of the developing countries. Some examples from other countries are also discussed in the chapter very briefly. In addition to the documentary analysis, three interviews conducted with the first advocates of Green Card were included in the chapter. Those influential persons in the introduction of Green Card are, Mr. Süleyman Demirel , who was the Prime Minister at that time; Mr. Yıldırım Aktuna, the Minister of Health; and Mr. Serdar Savaş, the co-counsellor in the Ministry of Health at that time. Through these interviews I tried to inquire further the main reasons behind such a reform project, especially intending to ease the access to health care of the poor who can not afford to pay the cost of this care. Additionally, in this section a detailed argument will be made about the reasons of the failure in this reform project.

In the fifth chapter, the findings of the research with the planners and providers related to their evaluations of social/welfare state are discussed. How these policy planners and service providers conceptualise the social/welfare state; What should be the major responsibilities of the state towards its citizens; and the evaluations of planners and providers about the existing system of welfare provisions with a specific focus on the Green Card Scheme in Turkey are examined.

The sixth chapter consists of the analysis of the responses of both the policy planners and service providers related to the evaluation of the ideology behind and the implementation of the Green Card Scheme in Turkey. In addition to the legal framework of the Green Card Scheme, their conceptions are especially important because of their effectiveness in the implementation of this scheme. Their positions within the existing system of both welfare and health have made their conceptions important because the policy has turned into what they (applied) defined at the end. Both the fragmented structure of the welfare provisions and insurance schemes in Turkey, and the lack of co-ordination among various institutions providing such services and insurance coverage, have influenced the respondents' conceptions of the problems related to the Green Card. The strength

of the Card from their points of view is the inclusion of the poor into the health system despite all its drawbacks and limitations.

The dissertation comes to an end with some general evaluations in the seventh chapter as the conclusion. Very briefly, the kind of evaluations which may come from the providers who are more in the "real situation" and experience difficulties will be compared with the evaluations of planners who are far from the points of contact with the beneficiaries.

1.1. RESEARCH METHODOLOGY

The overall aim of the research reported here is to explore the idea of the social welfare state as conceived and implemented by the policy planners and service providers in Turkey. In addition to the legal and institutitonal structure of the Turkish Welfare State, it is important to know how the policy planners and service providers view the need and functions of the welfare mechanisms. The conceptions of the policy planners and providers will be very much effective in the distribution of the available funds and mechanisms among the people. Also who these policy planners and providers are, their levels of education, background and professions also will be taken as determining factors of their approaches towards the "Green Card Scheme" which is a major example of the welfare provisions of the state and represents the most concrete policy in Turkish Welfare State understanding with respect to the alleviation of poverty.

Following my research question and the literature review, I have made some assumptions related to my research subject. First of all, through the literature review I realized that the experience of the Turkish welfare state is different than the European example of the welfare state. Since this issue will be examined in more detail later, a brief comment on this difference can be that mainly families and foundations in Turkey complement the welfare state. The limitation of the Turkish welfare has emerged because of the dominance of the family as a welfare provider or the family is strong because of a weak welfare mechanism. Also Turkish welfare regime is fragmented in terms of organisation

and the coverage so that whole population cannot be covered. Through these assumptions, I formulated some hypotheses and those hypotheses directed me in the formulation of the inquiry. Some of these hypotheses are:

- Policy planners and service providers helding different positions with a variety of responsibilities will have limited information about poor relief, welfare, social security and other related subjects, even though being university graduates.
- Policy planners and service providers will have different attitudes from each other towards the welfare provisions and the beneficiaries of these provisions.
- Policy planners and service providers will think that the provision of the Green Card shows a positive approach of the state towards the welfare of the poor.
- Policy planners and service providers on the other hand might say that because of the insufficiencies of legislation related to Green Card, it may be open to abuse by some people.
- Policy planners and service providers would argue in favour of the improvements in the coverage and legislation of the Green Card.
- Policy planners and service providers would argue that the provision of free health access for the poor should be understood as the responsibility of the state and hence, the provision of Green Card must be considered as a dimension of human rights.
- For some of the planners and the service providers, the Green Card Scheme with a limited coverage, may represent an insufficient social policy of the state.

Through these hypotheses, I formulated the lines of inquiry and the in-depth interviews are preferred to gather data from the respondents in order to understand how welfare provisions in general and the Green Card Scheme in particular, are conceptualised by the planners and providers.

The research was carried out between December 2001 and August 2002. At the preliminary stage, I collected relevant information and literature on social

policy provisions in Turkey. My aim was to conduct in-depth interviews with pioneering figures in the implementation of Green Card and to make an content analysis of the news about the Green Card in the printed media, when the law was enacted in July, 3, 1992. I searched four different newspapers, which were Cumhuriyet, Milliyet, Hürriyet and Zaman to understand how Green Card was discussed in the media and how it was presented because this law was the first of attempt to provide health coverage to the poor during the Republic. While Milliyet and Hürriyet are widely read, popular newspapers in Turkey, Zaman is known with its oppositional stand towards the existing politics and policies with Islamic connotations. Cumhuriyet newspaper is mostly known with its arguments in favour of maintaining Atatürk's refoms on religion, language, unity and Turkish identity. In order to capture ideological differences on the evaluation of the Scheme, these four newspapers were selected and I analysed them for three months including June, July and August of 1992. I realized to my surprise that the main headlines in all newspapers I have scanned in relation to the Green Card Scheme and related health and social policy discussions were very limited in number. For example, while 15 news were found in Cumhuriyet, this number was only 6 for both Milliyet and Hürriyet and 4 for Zaman during these three months. Although I wanted to capture how it was presented in the printed media, it appeared that the Green Card was not an attractive subject for media at that time. So I decided to change my research from content analysis of newspapers to conduct in-depth interviews with the influential persons who were effective in changing the heath and social policies at that time. Additionally, I planned to make in-depth interviews with the policy makers, planners, health service providers and the social workers working in the Green Card Scheme.

Parallel to the design of the research, three important figures, namely, Mr. Süleyman Demirel, who was the prime minister of Turkey at that time, Mr. Yıldırım Aktuna, Minister of Health and Mr. Serdar Savaş, who was the co-counsellor in Ministry of Health and the person responsible for The National Health Policy (N.H.P) Project, were selected for the interviews with the influential persons. (See Appendix A for the transcripts of the in-depth interviews with them for a detailed information on Green Card Scheme). Such a study with

the "founding fathers" seemed important because the issue of the Green Card Scheme has not been studied before this thesis. Also to make a study of the Green Card Scheme as seen from the eyes of the planners and providers was significant since it was the first concrete attempt towards developing a social policy for the poor by the state. In order to realize this aim of the thesis, I started looking for an opportunity to contact with Mr. Demirel.

After Mr. Demirel completed his mission as the ninth president of Turkey, he lived in Ankara and the place of his house is in a publicly well-known district. I went there and I have learned that Mr. Demirel accept visitors from the public for two days in a week. I went to his house one of these days open to the public and I explained to him my research topic. He was interested with my research. So he, himself, gave me an official appointment for the interview about the Green Card. During this interview, he also wanted to help me to contact other persons who were equally influential in the enactment of Green Card. I asked his help in order to get in touch with both Mr. Aktuna and Mr. Savaş. One of the assistants of Mr. Demirel gave me the mobile phone number of Mr. Aktuna so that I can call Mr. Aktuna and explained him my research. I understood that Mr. Demirel had also called him and had explained to him my research so that he accepted to talk to me. We arranged a meeting in İstanbul. During the interview, he asked me whether I have talked to Mr. Savaş or not. My response was that "Although I wanted to talk with him I did not know how to reach him". Then, Mr. Aktuna called Mr. Savaş. He, too, was in İstanbul, so that I managed to make an appointment and conducted an interview with him in the same day. Hence, my contact with all three influential persons of the Green Card was completed through a chain of contacts.

In addition, 10 in-depth interviews were conducted with people from different positions either as policy planners or service providers or in Lipsky's term 'street level bureaucrat[5]s' who deal with the cardholder directly. The main intention was to find out their evaluations of the policy and also the

[5] This term refers to public service workers who contact directly with citizens in their daily responsibilities.

implementation of Green Card, after ten years of enactment. The reason of choosing these people can be explained by

> ...the decisions of street-level bureaucrats, the routines they establish, and the devices they invent to cope with uncertainties and work pressures, effectively become the public policies they carry out. I argue that public policy is not best understood as made in legislatures or top-floor suites of high-ranking administrators, because in important ways it is actually made in the crowd offices and daily encounters of street-level workers (Lipsky, 1993; 382).

Their evaluations and interpretations are expected to give clues and form a basis to the argument that "policy is actually made in the course of implementation, rather than by central 'decision- planners' "(Lowe, 1993; 46). I argue that this view is also very relevant for the Turkish situation and increasingly becoming significant in the restructuring of existing policies and social reforms during the process of Turkey's membership to the European Union.

For the selection procedure of the 10 respondents, firstly, I decided to talk to persons holding responsible positions in the State Planning Organisation (SPO), the Ministry of Health and working as policy planners in other social security institutions. However, with a second thought and after making a small talk with some bureaucrats, I realised that some respondents may be working in a totally irrelevant and distant Department for the aim of this research. So I decided that I have to make a short conversation before the interview with the selected person about their experiences. Hence, I would be able to confirm the reliability of selection and whether it will be a fulfilling attempt to conduct the interview with him/her. I, also, had to apply different strategies to access to those respondents. My first respondent was the mother of a friend. She was a planner in the SPO and working in the health department. After the interview, she gave me some names but those persons were not appropriate for the aim of the research. Then I found one of the graduates of the Department of Sociology in Middle East Technical University and he directed me to some people. Only one of these names was suitable as a potential respondent. Then, I continued the search for other potential respondents in related social security institutions and deciding after the short conversation. Actually the research process itself directed me to the "right" persons from top to the bottom positions in the policy-making and implementation, both in terms of the planners and the providers. There were

differences in terms of education, position in bureaucratic hierarchy and responsibilities among these ten persons as indicated in Table 1.and Appendix B.

There are five central districts in Ankara. Among them, two districts are selected as the site of research for finding the providers at the point of contact. These districts are called as District A and District B in the following chapters. These districts are quite heterogeneous in terms of the inhabitants and settlement areas. In District A, there are newly emerging areas where middle or upper-middle classes (mostly composed of middle level civil servants, qualified workers in the service sector and some self- employed small or medium entrepreneurs), started to live in apartment blocks next to some gecekondu[6] areas. District B is one of the oldest settlements of Ankara and majority of the houses are derelict or empty. Most of all, the old houses are converted into small workshops or shops for selling some specific goods to be used in manufacture. A large part of this district is occupied with the first squatter houses –gecekondus- of Ankara, which have very bad infrastructural conditions with bad roads, lack of clean water and electricity. The inhabitants are mostly composed of informal sector workers, causal workers or very poor people who are unemployed. In the research, District A is chosen as an example to represent the average for Ankara in terms of its heteregenous population and variable income levels. The Green Card Commission, a mechanism that will be explained below in Chapter 4, is meeting once a week to discuss the applications for financial support. The applications have increased in this District in the last two years as a result of hardships due to the economic crisis. On the other hand, in District B where the lower income or poor groups are settled, the applications were always high due to the concrete effects of both high levels of poverty and migration. As the officials in the Green Card Bureau there informed me, there are approximately one hundred or one hundred-fifty applications for the Green Card every week. For this reason, commission was held twice in a week. The basic function of the Commission was to analyse the applications for Green Card by the people who are unemployed, who do not have any income or own any wealth, and those who do not have any

[6] Gecekondu refers to the squatter settlements which emerged as a consequence of the rural to urban migration in Turkey, especially after 1950s and 60s.

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DOKÜMANTASYON MERKEZİ

health insurance. The Commission then decides which applicants have legal liability for being granted a Green Card for free health provision.

Two different lines of inquiry were prepared, a shorter and rather focused interview form for the three influential persons, and a longer version for the planners and service providers. The long and open - ended interview form was prepared to bring out the similarity/ dissimilarity between the policy makers/ planners and service providers (Appendix C, D). All interviews were made face-to-face with 10 respondents, in their work environment and in an inter-active manner. This method encouraged my respondents to be open and sincere about their ideas, opinions, and experiences. Additionally, conducting interviews in their work enviroment, especially in the two Green Card Bureaus in two districts, gave me the possibility to observe daily interactions with cardholders or applicants. On the other hand, this choice turned into a disadvantage from time to time when the daily work routines of the providers or their curious office-mates interrupted the interview. All interviews were recorded and deciphered directly. Since a clear understanding of the definitions and conceptualisations of the respondents are very crucial for the aim of the thesis, the sample quatations taken from different interviews are given in the text in both English and Turkish versions for the readers.

During my research process, I also found a valuable opportunity to participate as an observer in one of the weekly meetings of the council. This opportunity appeared when I explained my research and asked the Local Governer in District A, whether I can participate in the meeting or not. I was given the permission. In the meeting I was a careful listener and observer, where they discussed the eligibility of the applicants to a funding and support from SASEF[7]. The major aim for my participation into the meeting was to be able to observe the discussions and debate on the distribution of funds and aid to the needy and to be able to learn about the basic criteria influencing their decisions in practical cases. In fact, I found out that there was a direct relation between the Green Card Commission and SASEF in the distribution of funds and granting of Green

Cards.These two commissions were complementing each other in terms of information channels and the implementations. The members of the council composed of the Local Governor himself, the local director of the Primary Health Care Units, the local director of finance and the local director of national education in addition to two representatives from among the inhabitants of the particular district. While these representatives were proposed by the council and they are approved by the Mayor of Ankara ("vali"), other members worked under the local governor within the bureaucratic hierarchy. Here I should note one specific point, which is that despite the existing council was formed as an attempt to realise 'a practice of governance at the local level', the members of the council were appointed and working within the definitions of the bureaucratic hierarchy. This structure is observable during the decision making process as well. The director of SASEF, who does not play an active role in the decision making process of who will be granted the funding or not, he is the one who analyses the information about the cases of applications. However, I observed that the local governor also takes his informal comments into consideration. During this funding process, the condition of having a Green Card or not was also considered if the application was about the coverage of the medical expenses of a family. Local Governor himself mainly took the final decisions and he only asked to other members of the Council when he was not quite sure of the case. At this point, he also asked to the director of SASEF whether the applicant (or his/her family members) has been taking any other funding or government aid or not. During the discussion on whether to grant the funding or not, the members of the Council were quite critical about some applicants whom they called / accused as "*addicts to social assistance*" and some commented that " *these applicants will spent the money no matter how much they are given, whether they really need it or not*". Also the "moral emphasis" some of them attributed to this funding was quite interesting for me. Those members even said at some point that, " *this is a sacred money on which sixty-five million people have rights on so we should be careful*".

[7] The Social Assistance and Solidarity Encouragement Fund; in Turkish Sosyal Yardımlaşma ve Dayanışmayı Teşvik Fonu.

Although a similar procedure was taking place in the Commission for the Green Card application, to decide the appropriateness of the application to the legal framework, I could not witness a meeting during the period of my fieldwork. When I arrived for fieldwork in both Districts, the members of the Green Card Commission have just finished signing the applications, without going through a detailed discussion like in the SASEF Commisison. In fact, this was also another interesting finding for my research. Hence, the SASEF Commission was directly related and controlled by the central SASEF organization and was subjected to checks on how the money was spent by some World Bank appointed officials from time to time. However, the Green Card was related to the Ministry of Health and checks were rather more routinized from paper work. So it was a good example of Lowe's argument about "policy is actually made in the course of implementation, rather than by central 'decision- planners' ".

Table 1. Demographic Information of the Respondents:

Age	Gender	Education Status of Respondent	Employment status of Respondents	Year of employment in the last job	Previous job	Education Status of Father	Employment Status of Father
33	Male	Hacettepe Univ. Social Service College	Director of SASEF	Six Years	none	Graduated from Vocational School	Retired Civil Official in PTT (Telecom)
35	Female	Girl Vocational High School	Official in Green Card Bureau	Eleven Months	Official in Ministry of Health in Budget Department	Graduated from Secondary School	Health Official
40	Female	Hacettepe Univ. Nursery Vocational Collage	Official in Green Card Bureau	Nine Years	Nurse	Literate	Retired Worker
37	Male	Anadolu Univ. Economy	Director of SASEF	Five Years	Private firm based on computer	He did not know exactly.	Retired Non-commissioned Officer
45	Female	Ankara Univ. Faculty of Medicine	Co-Director Directorate of Primary Health Care Units	Ten Years	Doctor in Primary Health Care Unit	Teacher Vocational High School	Retired Teacher
49	Female	Gazi Univ. Pharmacology	Specialist in Health Sector in SPO	Twenty Years	General secretary in SPO	Necatibey Education Institute	Retired Teacher
39	Male	Health Vocational High School	Official in Green Card Bureau	One and half Year	Health and environment Technician	Primary School	Farmer
46	Male	Ankara Econ. and Trade Science Academy	Head of Medical Treatment Department of Ministry Health	Seven years	Chief in Equipment Department of Same Ministry	Primary School	Farmer
35	Male	Northeastern Univ. MS	Specialist in Social Security Sector in SPO	Twelve Years	Co-inspector in Foundation General Directory	High School	Retired Official from İş Bank
40	Male	Ankara Univ. Faculty of Medicine	Doctor in Primary Health Care Unit	One Year	General Co-ordinator of Health Project in Ministry of Health	Could not asked.	Could not asked

CHAPTER II

THEORIES OF THE WELFARE STATE

2.1. Introduction

The history of the welfare provisions is as old as human history but the ways of delivering provisions and how this delivery is organised has changed over time. There are two actors, responsible from welfare provisions, that are strongly dependent on each other. One actor is the state and the second is other actors of society including family, religious institutions, and NGOs. Although the emphasis is on the role of the state within the welfare framework in this thesis, we should remind that this role is interdependent to the positions of other agencies in this field. Term of the 'welfare state' refers to a " set of institutions and social arrangements designed to assist people when they are in need because of factors such as illness, unemployment and dependency through youth and old age" (Pinch; 1997,150). There are three ways in which these institutions and arrangements are organised. These organisations are called as social security, social services and social assistance mechanisms. How the consolidation of the state's role takes place within this framework give us clues for the modern understanding of both welfare state and how this consolidation is implemented into the field of health. In the first part of this chapter an overview of the provisions before the welfare state as such has been formed in the West, is made. In this section the effects of such provisions on the present models of the welfare state is discussed. The alternative implementations proposed at present, which

leave out the state as the responsible body has very much in common with those practices of early capitalism. The second part of this chapter deals with the emergence of the welfare state. Through this part, two main trends of the conceptualisation of social role of state are examined. These are Bismarck's formulation in Germany and Beveridge's in England. Third part deals with the discussion on the period following the golden age of welfare and the transition from welfare state to welfare regime with reference to different examples especially from Southern Europe.

2.2. Brief History of Welfare Provisions before Welfare State:

Eighteenth and nineteenth centuries especially for Europe are known as an "Age of Transition" as Hobsbawn discussed. The whole social structure started to be changed. The old social relations, the feudal one started to be replaced by new capitalist relations. As a result of the dissolution of feudal relations and enclosure movement especially for Britain, migration to urban areas accelerated. The visibility of poverty in urban areas increased. Such a great transformation had also caused the birth of new social needs, because institutions like households and private charity organisations had not been successful in fulfilling the newly emerging demands. That caused both a re-formulation of social problems and measures against them. First attempt was to define the border between who was poor and who was not. As it is well known the concept of "work" is the key factor to understand the soul of age as Weber discussed. Work was necessary and a sacred activity for the well-being of both individual and society. The eligibility of the poor relief provided by local community determined whether people did work or not. If people were sick, unable-bodied, elder or woman or child, these people could take a poor relief and they were called as "deserving poor". Charities and voluntary organisations were responsible for the well-being of these people. So the moral, humanitarian and religious connotations of helping poor were emphasised (Becker; 1997). Others who were outside of the above definitions including idles called as an "undeserving poor". The emergence of Poor Law was an attempt to find measures to that issue. The first Poor Law that is called as the Elizabethan Poor Law enacted in 1597-98 and re-enacted in

of deserving poor transferred to local community. Another important act was the Poor Law in 1834. The distinction between indoor and outdoor relief became an important issue. While outdoor relieves which were given in kind or cash without any obligation in return were provided for 'deserving poor', people called as 'undeserving poor' were eligible to an indoor relief that refers to obligation of work in workhouses in order to gain their daily subsistence. These workhouses started to be formed after the Workhouse Act in 1723. It offered as an relief work for undeserving poor including idles, able-bodied and skilled people who were temporarily unemployed. So this act forced men to make a choice to work either in low-paid jobs or workhouses (Paci; 1993). So the eligibility to poor relief was restricted, only to members of the deserving poor category. The aim of these Poor Laws were both to extend a border of discipline and control and also to make distinction between poverty and unemployment (Novak; 1998, Parker; 1998). In addition to that, discouragement of the dependency culture was another important object of these laws (Parker; 1998). Through this period as Jütte (1994) discussed, the poor relief started to become a subject of the institutionalisation that has also brought both secularisation, centralisation and rationalisation. This change has also brought professional character to poor relief. So, poverty related issues were organised in that way.

When we look into the provision of health care through this age, the picture was quite different. What Jütte (1994) argues about institutionalisation, rationalisation, secularisation and centralisation in poor relief issues were not implemented in so called health related subjects. Quite contrary, the picture was fragmented. While, health care was provided by university trained physicians for upper classes, family and especially women were main providers of this service for lower classes. Up to the beginning of twentieth century, public health provisions and sanitary were not in the agenda of the central government (Paci; 1993).

Davies (1997) summarises the whole characteristics of the era with 'the emphasis on voluntarism on welfare related issues'. Under the individualistic conception of society, the responsibility of the poor does not belong to the whole society but to the individual him/herself. The emphasis on moral responsibility of well-being has accelerated the emergence of self-help, mutual aids organisations. These organisations were founded specifically either for a certain region or for branches of work. By bringing some criteria about who was eligible and who was not, the role of central government had been limited only to determine who were responsible in helping the poor and organising ways of delivering welfare. Another way to understand this age is to interpret the poor law tradition as an indicator of liberal political economy as O'Brien and Penna discussed (1998). The basic aim of the whole regulations was " to remove from the state any responsibility for provision against poverty and sickness except in the most extreme cases of destitution" (O'Brien, Penna; 1998,23).

Although the role of the state seems quite limited during this era, actually the idea of both 'social security' and 'social services' started to emerge in this period as a reaction of the state to rising visibility of poverty and the poor (Becker; 1997). In conclusion, the modern understanding of poverty and the role of state lies through these centuries, the fundamental structure of social policy and the role of the state are especially shaped within the twentieth century.

2.3. The Emergence of Welfare State with a Specific Focus on Social Assistance

The consolidation of welfare state especially in Europe is the response to a certain period of the history. This period covers the rapid societal developments. These are

> rapid industrialisation, population growth and the changing social composition of population, the growth of nation state and the growth of political democracy/the rise of political citizenship (Pierson; 1998, 12-13).

Although there are some attempts that basically transferred responsibility from family to local governments and charities as it has been shown in the previous section, they obviously did not satisfy the newly emerged and complex needs of society. So the voluntaristic conception of welfare started to be replaced by the conception of *incorporation welfare* (Davies;1997). According to this view, society is composed of social units that are interdependent to each other referring *organic solidarity* of Durkheim. So the responsibility of poverty does not only belong to poor themselves but to society as a whole. The individual responsibility of poverty has turned to a collective sin of society. As a result of that, society as a whole should take measures in order to prevent its members from falling under a certain level of income. The tool to realise such aim is in the hands of state. On the one hand state fulfils the responsibility of society towards the poor, on the other hand it creates a loyalty to itself in condition that competition among nation states started to accelerate (Davies; 1997).[8] Especially, two examples of the state intervention into these fields have important effects on the development of welfare states in European context. The first example was Bismarck's policies in Germany. Under Bismarck' administration, Germany initiated the first public health insurance of the world in 1883 (Schulz; 2000). The term of public health in this act provided health coverage for only employed workers not for whole citizens (Offe; 2000). Through the system applied by Bismarck, both employees and employers founded social security funds. The role of state is limited to provide a guarantee and a regulation of these funds. This system is totally based on the premium paid by workers and their employers. As opposed to its limitation as Offe discussed (2000), it is one of the key elements of the modern understanding of welfare state and it also presents first model for social security approach. As Baldwin (1997a) discusses that this approach categorises recipients according to their contribution based on their income level, class position and recipients get aid up to their premiums not to their objective circumstances in the time of insecurity. According to him, social insurance approach is "socially specific, unconditional and market oriented" (Baldwin;1997a, 7). Overall the system initiated by Bismarck includes

[8] In order to understand the role of social security funds in nation state building especially for Germany Schulz (2000).

decentralised funds and collection of proportional contributions from salaries. So the whole system is formed on the employment relations. While people have the right to access the social security system at an efficient level based on their position in the job market, outsiders of this market are eligible to only a limited protection of state. By offering necessary security measurement for certain kind of risks in work process, state provides loyalty to both itself and working life. Like other social services, health also financed through insurance in which both finance and delivery of these services are realised by different organisations (H.Moorse; S.Savaş; I.Sheiman and E. Tragakes; 1998).

Another important model, called as Beveridge model, emerged in Britain as a response to certain historical conditions. After two world wars, economic boom which had been experienced in developed countries could not remove the effects of both wars and Great Depression in (1929). These experiences showed everybody either poor or not, is under some risks and they need some form of protection against these risks. The question is who or what protects these citizens from these risks produced within the capitalist system as a whole. When the answers had been searched , two important answers came out. One came from Keynes, who offered planned economy under the supervision of state. This offers a full employment and a reduction of economic inequalities, a total elimination of poverty and a provision of basic needs to all members of society (Judge;1987, Mishra;1993). In sum, state is the main actor in order to create sustainable economic growth (Pierson; 1998).

Another answer to the problems discussed above came from Beveridge who claimed that "everyone was vulnerable and that the statutory provision of welfare was needed not only for the deserving poor or the manual worker, but for the population as a whole" (cited in Paci; 1993, 193).

Beveridge presented his report in 1942 called as Beveridge Report in the literature offering an extension of National Insurance System in order to cover whole population in time of unintentional loss of their income. So this is first offer to cover all citizens of nation under the protection of state. With the

acceptance of this system, 'social citizenship' which is the third component of the idea of citizenship developed by T.H. Marshall has been realised. The other components of this citizenship are the civil rights realised through 18th century including right of liberty, freedom of speech, and the political rights in 20th century including voting . Social rights referring to both provisions of equal access to education, health and social security and the protection of these rights of each citizen by state which is the latest component of the citizenship is started to be realised only after the Beveridge Report for T.H: Marshall (1963). T. H. Marshall saw this attempt not only to correct the failure of market for the well-being of citizens but also to make systems more equal (Lowe; 1993). According to Porter (1999), Marshall's social citizenship also 'justified interventionist planning by state in order to achieve a level of 'national efficiency'" (1999; 216). Beveridge's system is universal in terms of beneficiaries and it is financed through taxes under the control of state. As a result of Beveridge's policies and Marshall's conceptualisation, welfare rights gained an universal meaning through which both citizenship and national efficiency were formulated.

Health service is provided under the National Health System (NHS) established in 1948. The aim of this system is to provide comprehensive health services based on citizenship or long term residence in a country for free usage. It is totally financed by taxes. As opposed to a social insurance model in which accessibility to system is defined either according to occupational status or level of paid contribution to the system, NHS provides same health packages to every user. The responsibility of health services is divided so that it is composed of decentralised organisational units.

Both Bismarck and Beveridge attempt to introduce state in social policy with different responsibilities. For Bismarck, welfare state provisions are mainly based on the working position, income level and the amount of premium paid during the employment. It is called as an 'earning related system' (Clase, Oorscho; 2002) or 'social insurance model', which is based on;

- "Work experience
- Proven need

- Differentiated by occupational structure" (Esping- Andersen; 1996b, 72).

For Esping-Andersen, the aim of Bismarck is not to form welfare state but welfare monarchy based on authoritarianism, etatism and corporativism (1996b). As opposed to Bismarck, Beveridge offers safety ground for all citizens of the nation at a time of the crisis. Thus, the idea of social citizenship is realised by the British example. These two have become very influential to define what welfare state is for firstly Europe and then for the rest of the world from the end of World War II to the end of 1970s. Actually, the era called 'golden age of welfare state' is the consolidation of specific conceptualisation of both state and society under certain economic conditions. In addition to that, it is believed that "social policy played a constructive role to economic policy" (Porter; 1999, 235). The so called state intervention into the social field in order to provide full security to its citizens both to construct political legitimacy and to maintain social order and economic efficiency is becoming clear at that period. Family based on gendered division of labour that is breadwinner male and carer women, is the main concern of the social policy during this era especially for Bismarckian model. The all arrangements of welfare provisions belong to men as an employee and his family members have a right to use these services. For this reason Esping-Andersen called this model as a 'Familialistic' Welfare state (1996b).

2.4. Transition from Welfare State to Welfare Regime:

The consensus on welfare state started to dissolve after the mid seventies and following these years, it became more and more a target of the debate. Also the other actors rather than state has become important components of the study of welfare. Both rightist and leftist thinkers had criticised the role of state in welfare provisions. Basically the rightist critiques revolved around the loss of freedom in market relations. According to Hayek, the existing social policy mechanism limits the individual freedom and this causes the loss of responsibility. They emphasis the moral decline of individual under the protection of welfare benefits and the emergence of dependency culture. Even they try to make distinction between citizens and welfare dependants (O'Brien; Penna, 1998). Also they propose to turn to traditional institutions like family and community as care givers. They

proposed the mixed economy of welfare that includes "non-statutory for profit organisations, non-statutory voluntary organisations, the informal sector including family and community and also state in regulatory position" (Mooney; 1997, 233). The role of state is transferred from provider to organiser, legislator or planner of these services (Judge; 1987) and the involvement of private sector into welfare economy is supported and encouraged as well (Orszag; Snower, 1999). In Davies (1997) term, the voluntaristic conception of welfare state again started to become important as an attempt of these scholars.

In addition to New Right, Left also declares the crisis of welfare state. Gough (1979) offers Marxist political economy as a method in order to understand welfare state in the capitalist economy and social relations. According to his point of view, the existence of welfare state is closely linked to the maintenance of the capitalist system with its modification of the reproduction of labour power and protection of non-working population within this system. The basic contradiction emerged from the main components of the capitalist system. This is the contradiction between relations of production and forces of production, as Marx indicated. So each class has its own ideas, concerns and priorities on the issues related to welfare state, mainly the social policies. This crisis is not an inevitable one because the system itself has created it. On the one hand, welfare state symbolises this main contradiction between the capitalist and labour, on the other hand, it also tries to hide this contradiction somehow for sustainability of the capitalist social order. Within the Liberal Democracy principle the welfare state has been the legitimate ground for realisation of the interests of each class. The contiunation of the capitalist system had been realised through the possibility of each class to be able to make some achievements in terms of their class interests. For example, the capitalist state provided the basic needs for social reproduction of the labour and a socially controlled and a secure labour market for the capitalist on the one hand and the social services for labouring class on the other. By showing interconnection between capitalist system and welfare state, he discusses that the future of welfare state is closely linked to the faith of capitalist system. The period of restructuring process of capitalist system itself is experienced as the crisis of welfare state. So the post war consensus between classes on sustained

economic growth and between parties on the rules of the political game started to collapse (Pierson; 1998). Another critique to the Keynesian Welfare state is from O'Brien and Penna (1998) because of its understanding of stratified equality.

Under such atmosphere, Esping-Andersen (1990) analysis welfare state that as a ground in where it is possible to observe all class divisions, social inequalities and alliances can be observed. So he used welfare regime types instead of welfare state. The concept of 'welfare regime' refers to: "the combined, interdependent way in which welfare is produced and allocated between state, market and family" (Esping-Andersen; 1999, 34-35).

So it provides an explanation of the interactions among state, market and family in the sphere of welfare policies. In addition to that, the coalition among classes has determined the type of welfare regime. Esping-Andersen (1990) basically defines three types based on their logic of organisation, stratification within the society and how societal integration is realised.

These are;

- Liberal Model: The distinction between who is deserving and undeserving is quite important in order to understand the structure of the system. State supports only the deserving poor. While welfare insurance is based on mainly charity and voluntarism, it is also organised by private institutions. So the market has an important place in this type. Yet that type also creates the duality within society because poor people live based "on state and the remainder on the market" (Esping-Andersen; 1990,25).
- Corporatist Model: Social integration is the main aim of the organisation of welfare state. The status-differentiated system within those civil servants is the most privileged groups. The welfare structure is determined mainly by the insurance system but the role of private sector in it is very limited. It is defined itself against the suggestions of both individualism, socialism and liberalism. Etatism is also a key concept that identifies the certain privileges of civil servants in this highly segmented social security system. It also emphasizes the role of the family because the provision is based on the male breadwinner of the family.

- Social Democratic Model: Universalism and equality of standards are key words in order to understand this type of regime. The aim of social policy structure is to emancipate an individual from both market relations and traditional structures like family. This understanding tries to combine work and welfare in favour of citizens. That also creates solidarity of the nation. So it is a mixture of socialism and liberalism to some extend. Despite of his claims to analyse on the relationship among state, market and family, the scope of analysis could not include family's effects on the formation of welfare regime and has become limited rather with market-state relations as Wincott discussed (2001).

According to Gough (1999), Esping-Andersen, by conceptualising welfare system as a regime, tries to find a middle way between two ways of conceptualisation of welfare state. One of them is functionalist explanation that emphasizes similarities among states while the other is the over-emphasis on the national historical differences in terms of social policy.

Although the consensus on welfare state started to dissolve, there are some socio-economic reasons behind this fall. These can be summarised as follows (Esping-Andersen, 1996a);

- *The structural changes of society*: The organisation of production started to change from Fordist to Post-Fordist type that needs greater flexibility and new skills. Number of unemployment increased. The traditional family based on male breadwinner collapsed to some degree. While fertility rate is declining, ageing as a result of betterment of quality of life and medical improvements has become an important target of the welfare provisions including pension, health coverage. The life course also turned from stable to a fluctuated one.
- *Economic problems*: These are mainly based on increased numbers of unemployment. As Freeman (1998) discusses that the failure to keep its promise in terms of unemployment prepares the safety ground for the critiques especially from New Rights. Also existence of global economy reinforces to decrease the protection barrier provided by state. This idea is supported by international agencies as well. For example, OECD's repertoire's summary in 1981 says as

So dichotomy between social policy and economic growth in changing under the economic conditions are emphasised in different ways.

- *Inconsistency of existed welfare programs and newly emerging demands*: When the structure of both society and economy has changed, the new demands initiated. For example, increased proportion of aged population with their rights of pension and health and also care, has brought new demands. Also break -up traditional family makes necessary the re-organisation of social insurance that is based on male breadwinner. Also flexible production and the existence of service sector have created the fragmentation of job market. That requires new social risk management mechanisms.

> The 'endogenous' problems of the welfare state lie in the growing discrepancy between existing programme design and social demands. The contemporary welfare state addresses a past social order; its ideals of Universalism and equality emerged with reference to relatively homogeneous industrial working class. The much greater occupational and life cycle differentiation that characterises 'post-industrial' society implies also more heterogeneous needs and expectations (Esping-Andersen; 1996a, 9).

So this gap between existing programs and newly emerging demands for protection under new risks force the European states to formulate welfare provisions as shown by scholars like Beck (1992; 1998; 1999) and Giddens (1994).

On the one hand, Esping-Andersen's analysis gives a possibility to integrate other countries that are not classified as 'welfare state' by mainstream theoreticians; on the other hand it has its own limitations. Gough (2000a) argues that the welfare regime should be reformulated in order to capture different patterns of welfare development other than developed ones. This reformulation should include the *welfare mix* that refers to " interactions of public sector, private sector and household" (Gough; 2000a, 6) by including not only international components but also supra-national one, *stratification effects* and welfare cluster of countries which have some characteristic according *welfare outcomes* that refers to " the degree of de-commodification achieved- the extend to which household's standard of living is insulated against their position in the labour

market" (Gough; 2000a, 5). In conclusion, these analyses give possibility to integrate welfare experiences of countries other than Germany and Britain like Southern European Countries and South Asian Countries and also Latin ones in which the role of state in welfare provisions shows great variations (Gough; 2000a, 2000b). So the studies on welfare state have been diversified within the last two decades. These experiences show how different organisations are possible by bringing state, market and family together for the provision of welfare with special emphasis on socio-cultural and economic conditions of specific countries. Especially the result of the low level of welfare provisions are met by the family and the existence of informal market in the case of Southern European Welfare state for Rhodes (1997). The limited welfare provisions are distributed through the collection of stratified and hierarchical social rights and within clientielist relations. So the organisation of welfare provisions is not based on the idea of universalism for Keyder (1999b). The reason of such kind of organisation for Keyder is their experiences of modernisation that is realised through state without giving up its traditional paternalist character. The integration into the EU has changed South European countries to some degree but this is not the case for Turkey yet. So the situation for these countries can be explained with the coorparatist model of welfare regime of Esping-Andersen.

These different organisations of welfare provisions also make differences in how health services are provided under what conditions. For example, organisation and provision of health facilities especially in Southern European countries are provided under the mixed system. That refers to different insurance system under different social programs. Although their attempt to initiate a national health system for entire population has accelerated within the last two decades (Italy in 1978, Portugal in 1979, Greece in 1983, and Spain 1986), the success of it shows great variety from country to country. For example, the population in the well off economic position prefers private health insurance, whereas NHS is used by less privilege ones in Portugal (Guibentif; 1997).

These socio-economic changes that are discussed above have also affected the provision of health services in many European countries. Especially the re-

organisation of NHS without giving up public responsibility in health coverage is represented as an obligatory for Britain in early 1990s. The main problem emerges from the collection of provision of , financial source of and purchasing mechanism of the health services under the control of the same agency that is state. So the control and increasing of efficiency in health system in order to contribute to the newly emerging demands of society is seriously argued. Managed competition system is offered as a solution to the problems of the system. Managed competition system refers to division of providers into competitive entity in each regional level in order to put market relations into delivery system (Cabiedes; Guillén, 2001). The emphasis is on market force in the US application in this system but it changes to planned market into European translation under the regulation of state.

Although the role of state in welfare provisions has become more questionable compared with the "golden age of welfare", this role is still powerful and effective one in European context especially related to discussion of citizenship. Yet the new organisation or reformulation of state to turn to more "enabling one" seems quite necessary and it is open to discussion on what will be the future organisation of welfare provisions for both European and international context.

2. 5. Conclusion:

Although the term of welfare state usually refers to the experience of the European countries within the specific social, economic, historical and political conditions, the idea behind this term is older than this definition. The intervention of the state to welfare related issues has been shaped parallel to the development of capitalism as a mode of production and the nation-state formation and the extending limits of citizenship. Yet the way how the state intervenes or regulates the welfare provisions has changed over time as has been discussed above has started in the nineteenth century and is still continuing . This change has also become influential who are eligible to welfare provisions in the time of need. As discussed above, two main trends symbolised by Bismarck and Beveridge have

quite effective in organisations of welfare provisions. While the Bismarck' model is based on the working position, income level and the amount of premium paid during the employment, the access of these welfare provisions in Beveridge' model is totally on the citizenship in the time of need. These two trends have influences in every welfare regime to some extend.

The era called as the 'golden age of welfare' has experienced in European countries which is the result of complex web of relations of social forces between the end of World War II and the mid seventies. State as a main actor in welfare provisions started to implement certain policies that have been affected by these two models. With the fall of consensus on welfare state after the mid seventies (Pierson; 1998), both the role of state in welfare provisions and the welfare state as a whole has become the target of criticisms. The actors, which were left behind like families, communities and of course market, have been remembered once more. In addition to this fall of consensus, the search for a new way to organise welfare provisions has also brought the diversity of the welfare studies.

Countries, which have followed different paths to organise welfare, also started to become a subject of these new welfare studies. How the welfare regime organised among state, family and market with their different level of involvement can be understood with reference to national and historical divergences among the different practices of welfare. The term of 'welfare state' started to be substituted with the 'welfare regime' in order to cover the complex relations behind the welfare organisations. The state's intervention to the health field has also changed parallel to welfare experienced as summarised above.

In this context, next chapter will deal with the development of the Turkish welfare regime by trying to catch the similarities and differences compared to European experiences.

CHAPTER III

THE DEVELOPMENT OF WELFARE STATE PRACTICES IN TURKEY

As discussed in the previous chapter, the consolidation of state in welfare provisions has taken two centuries gradually. The role of state in the welfare provisions has gained central importance especially after World War II and then it started to decline after the mid seventies. Today, new formulations of welfare policies are searched for under the new economic regime that is influential all over the world called as 'global economy'. The aim of this chapter is to give an overview of how welfare is provided under what conditions to whom especially in the case of health services for poor people in Turkey's context. The historical summary of the welfare provisions of state beginning from Ottoman Empire up to today will be analysed in order to understand how the concept of welfare state has developed and paying attention to both legal framework and important socio-economic conditions has provided health services. This chapter includes five sub-sections. First deals with the last century of the Ottoman period. This period is when modernisation attempts were accelerated through the Empire and these attempts had influences on the Republican Period as well. So social policy making is not a new concern in the case of new Republic of Turkey. Although Republic was declared in 1923, existence of Ankara government against Ottoman Empire started to define itself as a legitimate representative of Anatolian people with the foundation of the National Assembly in 1920, and then it started to govern the country by their own regulations. For that reason, the second part covers under the name of the Early Republican Period between 1920-1959. Third one analyses the period between 1960 and 1980. The 1961 Constitution and Development Plans are

important elements to understand the soul of the age. The last section of this chapter covers the period after 1980 up to today when parallel changes in economic policies and their socio-political effects on the role of state in this field has dramatically changed. The Green Card Scheme, the subject of this thesis, also started in this period as well.

3.1. Ottoman Empire in the Period of Modernization (1839 – 1920)

Ortaylı (2000) calls the eighteenth century for Ottoman Empire as the 'longest century of the Empire" because rapid modernisation attempts mainly directed by central government had created many contradictions in the traditional environment. The direction of change had pointed as to 'West' especially, after the declaration of Tanzimat in 1839 as a result of influence of Western countries on the Empire. In addition to that, 'the western model of development' was seen as a solution to the problems the Empire faced with during the last centuries. The realisation of this aim started firstly in the army and then attempts to be 'modern' became influential in every aspect of social life (Ortaylı; 2000). This became very influential all in the whole modernisation history of Turkey as well.

The interventionist and regulatory practices of the Ottoman state in daily life started parallel to the modernisation attempts during the 19th century. The transformation of the administrative system of the Empire from de-centralised form to centralised one made these practices more influential over the whole country but especially in Istanbul, the capital city of the Empire. Before that there was not much concern of the state about the people, lay persons, who did not live in Istanbul. Although some other cities became subject to these regulations as well, the number of these cities was quite limited. During this period of the Ottoman modern state, social policy was understood as a field for state intervention and a means for constructing the new society, as it was experienced in the western world. Also as lived in the Western experience, social policy implementation represented an arena of struggle between the newly emerging social groups (Young Turks for example) and the old governing elite (the Sultan and his vassals) who competed with each other to strengthen their legitimacy

(Özbek; 2002a, 2002b, 1999). In fact, the power of social policy, in bringing loyalty and legitimate support for the governors, was a well understood mechanism by the Ottoman elite, new and old. At the same time traditional forms of welfare support in the Ottoman state (the Waqf- foundations)[9] started to lose their influence through this period. Instead new policies intended to bring some coverage and help for the orphans (Darülsafaka - orphanage), widows, the disabled, senior citizens (Darulaceze- nursing home for the elderly), victims of natural disasters, and so on. This new social policy was defined as "excluding the ones like the prostitutes, beggars and vagabonds as the 'undeserving poor'". Those categories of people were seen as potential threat to the new modern organisation of society and they became a subject of some regulations like *'Regulation on Vagabonds and Suspected Persons* " (Ergut; 2002, 154). There were some limited regulations on working conditions of miners like Dilaver Pasha Regulations in 1865 for Ereğli region (Talas; 1992). The emergence of central administrative structure caused the birth of both civil and military bureaucracy. This forced the state to take some protective measures for their well-being. So privileges like a pension scheme and social assistance to their family members in case of death to these newly emerged bureaucracy were provided with some regulations like Military Retired Fund (Askeri Tekaut Sandığı) in 1866, Retired Fund for Civil Servants (Sivil Memurlar için Emekli Sandığı) in 1881 (Talas; 1992, Kongar; 1989). These groups had access to health services that were also reorganised and directed to these groups by state as result of modernisation attempts (Akdur;1998). Other members of society excluding these privileged groups had bought medical services from private doctors (Oral; 2002). There were no regulations about how and under what conditions private medical services should be provided at that time. The situation is quite similar to what was experienced in Europe as Paci discussed (1993). Quite contrary to Western experience, some waqfs and hospitals founded by Sultans and their relatives for religious purposes were responsible for the provision of health services to poor people. If there were no such institutions in the region, it was guaranteed that poor people had accessibility to military health services by regulation enacted in 1877

[9] Waqfs were founded by one or more individuals under the state supervision as the guarantor to help people in the time of need for the religious or other humanitarian purposes.

(Oral; 2002). However, provision of both social and health services to people was not counted among the main responsibilities of state (Akdur, 1998) at that period. The existence of limited social security regulations by state is explained with the quite limited numbers of workers. The main production of the Ottoman was mainly based on either agriculture or handcraft (Kongar; 1989). Also "whole population of workers employed in one hundred eighty two industrial firms in 1915 was 14.000, while the population of the country was 15 million " (Ahmad; 1995, 109).

3.2.Early Republican Period (1920 -1959)

The Ankara government, with the foundation of National Assembly in 1920 declared its legitimacy at the beginning of the War of Independence against the Empire and other countries. Starting from that period, it acted regulations related to not only war but also social and economic life in the country. For this reason, it is suitable to analyze the Early Republican Period starting from 1920.

After the foundation of the Republic in 1923, the first attempt was to bring and to apply the western types of institutions in the society. So the whole social structure was reshaped or continued to be changed as it started in the last century of the Empire. Whether modernisation attempts started in republican period or not is a highly debated issue in the Modernisation Literature of Turkey even today. Although liberal economic policies were dominant to determine the way of development of this new country between 1923 and 1932 (Koray; 2000), the influence of state in economy had gradually increased after 1932 as a result of Great Depression and its effects on the world economy. This also led to crisis of newly emerged merchants and industry in Turkey (Keyder; 1999a) and state came to economy stage as the main actor. After that period, statism or state control determined the economic development of Turkey. Formation of new institutions was followed by legal procedures. The first constitution of the Republic, enacted in 1924 included the germ of social responsibilities of state. The first act, called as the "Labour Code" related to the regulation of a job market, was passed in 1936 as a result of responsibilities of being member of both 'Milletler Cemiyeti'

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attempts of the state between 1945 and 1950. To form a worker's insurance administration and to control job market by regulations of state were two targets of this act (Koray; 2000). Talas (1992) criticises this law because of its limitation of both freedom of organisation of workers and definition of who is a worker, excluding agricultural workers who are still outside of the social security mechanism in Turkey. Democratisation attempts like in Europe started in Turkey as well, especially after World War II. The foundation of Ministry of Work was only after the end of war. There was only one political party (Republican People Party) as the carrier of the modernisation attempts from the foundation of Republic to 1946. After the foundation of Democrat Party in 1946, the politics started to be shaped with struggles between these two parties and social policy issues started to find their place in the party programs as well (Koçak; 1998).

Although Turkey was basically an agrarian society during these years, the mechanisation of agriculture had begun to change slowly the structure of society. Migration, a quite important term to understand social dynamics of Turkey even today, from villages to urban areas emerged as one of the results of this change. Industrial production by state offered new opportunities for these migrants. That caused growth of both urban and working class population. These newly emerging groups had some demands including the 'right for strike' from central government when Democrat Party was in power after the 1950 election. During their election campaigns, they proposed a right to be a member of an organisation including unions for everyone and the 'right for strike' for workers. None of them was realised. That caused the dissatisfaction of these groups and also prepared conditions for military intervention in 1960.

In the Republican era welfare was only defined as provisions for the "social security" for those who are employed in the formal sector jobs as a result of emergence of both industry supported by state and enlarged bureaucracy. At that point, it is necessary to remember that implementation of social security

measurements for civil and military servants had already started at Ottoman period but they were reorganised during this era. Hence, in 1945 for formal sector wage workers Social Insurance Institution (SSK), and in 1949 Retirement Fund for Civil Servants and Soldiers (ES) were founded. The employers and the employees base such social security institutions on the payment of premiums both during the employment period which was paid back as retirement pensions and health coverage for the employee and his family all through their lives. Such pension and health coverage schemes are divided according to different status of employment and started to be implemented at different times. While the situation in social security provisions was fragmented and not cover the whole population, health provisions were also quite limited.

Although the Ministry of Health was founded in 1921 even before the foundation of Republic, there were no special attempts to provide a health coverage to poor people during this period. In fact the first priority of the state was to prepare legal framework of how health services should be organised and administrated, and to make them more accessible all over the country, as opposed to the situation in the Ottoman Empire where health services were concentrated only in few cities. The main characteristic of this organisation was its both centralised and fragmented structure that resulted in a highly bureaucratic character and related problems. This legal framework related to both administration and organisation of health services has been used up to now. The organisational structure and its related problems has been the same for the other welfare provisions concerning different sections of the employed workforce based on different coverage principles and rules and without any coverage for the unemployed. Besides, such a fragmented structure has also created a wide diversity of privileges among the beneficiaries of different social security funds.

While the western type of state had been consolidated in the Early Republican period, its welfare dimension was quite limited and fragmented. Thus, this limitation of coverage and fragmented structure has affected the history of welfare regime of Turkey. Kongar summarised the characteristics of this period as follows:

- "Whole regulations were made by centre without any pressure from mass
- These regulations were made by ignoring any class differences" (1973; 163).

Social policy regulations like in the Bismarckian case in this era were used in order to create social solidarity by ignoring class differences and creating a powerful central authority. As Özbek (2002a) discussed, the corporatist tendencies and the 'idea of classes society', like Kongar (1973) pointed, are quite influential on social policy intervention of state in Turkey. So it is possible to define this welfare regime period of Turkey as Esping-Andersen (1990) calls 'corporatist model' in which authoritarianism, etatism and corporativism (Esping-Andersen; 1996b) are the important dimensions.

3.3.Planned Period (1961-1980)

Ten years of government of Democrat Party caused great dissatisfaction among supporters, including workers, university students and new immigrants because of failure of realisation of promises that included 'better conditions of life' and more democracy compared to the one-party administration. That resulted in increased opposition movements mainly formed by university students to Democratic Party and its authoritarian response to these oppositions. The military intervened in May 27, 1960 and then a new constitution that was prepared by mainly law professors enacted in 1961. This constitution was quite different from the previous one especially in terms of social responsibilities of the state. According to this constitution, state was responsible for the social well-being and social security of its citizens especially articles such 10, 48, 49 and 50. This responsibility of state was limited with the socio-economic resources of state in article 53. So civil rights and social justice were important consequences of this constitution as a response to the environment before the military intervention. While the state was still a powerful actor in the economic field, economy was organised in more rational terms compared to the previous era (Ahmad, 1995). The strategy of industrialisation was directed to import-substituting one. Not only economy but also health became a subject of rational planning. The 'Law about a Socialisation of Health Services' numbered 224 enacted in 1961. The aim of this law was to increase accessibility of health services by dividing to provision of

services into local level. Healthy life and accessibility to health services were basic rights and the responsibility of provision of these services belonged to state according to this act (Akdur; 1998). While access to health services with all its dimensions was defined as a basic right, its provision was the responsibility of state. The system, financed by both the premiums collected from individuals and funds from general budgets, would provide free access to health services for whole (Oral; 2002). So, the aim of this act was to prepare a ground for transition to general health insurance.

The military government in 1960 founded the State Planning Organisation (SPO). It was responsible to prepare 'development plans' to direct the future of the country. So the problems of country were going to analyse and to solve within these 5-year plans. These plans will be examined in order to capture how health and poverty are conceptualised within the state institutions. There are eight development plans from 1963 to 2004. First four of them will be reviewed in this section and last four of them will be analysed in the next section.

The First Five Year Development Plan (1963-1967): The economic and social target of the plan was to increase the quality of life and welfare of the masses. The main social targets of development were to provide social security to every citizen and to distribute income fairly, in order to create equality of opportunity. For the realisation of fair income distribution, social security system was renewed within fifteen years. Objects for this renewal were inclusion of self employed people who were outside of any social security program, unemployment security for permanent workers and to collect whole programs in one hand. In addition to these, provision of old age and health security to every one was another object. While these were the agenda of the state, voluntary organisations were responsible of the poor in terms of social assistance. So the state transferred its responsibility to voluntary organisations. The concept of poor in this plan included children without parents, elderly people, prisoners, disabled people and children with learning difficulties. So people who can be collected only under the category of 'deserving poor' were eligible to social assistance programs of state like in Western experience.

The Second Five Year Development Plan (1968-1972): While industrialisation and urbanisation were the main social targets of this plan, problems related to them started to experience heavily. The migrations from rural to urban areas accelerated and especially big cities were started to be surrounded by gecekondu (squatter housing) areas. While consequences of and problems related to this process like urban integration, provision of social justice and reducing social inequalities were accepted, transfer of income was not proposed. Only limited coverage of working population under the social security system was defined as a problem, because only forty-six percent of all salaried people and eleven percent of whole economically active population were covered by social security mechanism in 1967 (DPT; 1970, 479). Avoidance from fragmentation within social security mechanism was the target of this plan. In terms of social welfare, the responsibility of these services was divided between public institutions, either central or local, and voluntary organisations. The definition of who is eligible to these assistance is quite similar to the first plan. As a result of urbanisation, industrialisation and changes in family structure, elderly people needed more assistance of other members of society. They entered the agenda of the state with this plan as well. Increasing demand to social assistance was explained with increasing modernisation of the country.

While the need for inclusion of self-employed people in any social security program was pointed in first development plan, Bağ-Kur for self-employed was founded in 1972. Although the fragmented structure of social security was criticised in both of these development plans, it has become more fragmented with the foundation of Bağ-Kur. As Talas (1992) indicated what has been done with establishment of Bağ-Kur to include self-employed people is not appropriate to what was proposed in plans.

The Third Five Years Development Plan (1973- 1977): While attempts to include people who were outside the social security mechanism continued, these people were more crowded than the included ones. Although industry started to determine the whole social relations, that caused an increase in the number of both workers and industrialists and these two groups by their unions or organisations

had turned to influential political actors after the mid sixties. While the working population was the target population of these new regulations in this field, the agricultural structure was the main obstacle to the enlargement of these regulations proposed in this plan. Fragmented structure was also another problem to be solved with unification of different organisations.

For the first time, this plan indicated that people or families that were under the minimal standard of living had a need for social assistance. This social assistance was provided by either the state or voluntary organisations by using both income transfer and social help in order to make them return to their 'normal life'. Problems related to the social assistance were quite similar to what had been experienced in social security mechanism. There were so many organisations without any co-ordination among each other. People outside any traditional solidarity mechanism especially children, elder people, women were defined as target groups. Social assistance programs would develop by giving priority to these target groups.

The 'Management Regulation of Medical Treatment Institutions', which was enacted in 1973 and re-enacted in 1983 gave authority to the administration of hospitals in order to treat some people without payment (DPT; 2001b). Yet there were no objective criteria about who these 'some people' were and how people could be defined as eligible to this right. So the whole power to use this act in favour of people belonged to the administration of the hospitals. People who had opportunity to form a private/clientelistic relation with administrative people could access this right.

The draft of 'General Health Insurance Law' was prepared in 1974. This draft offered the formation of a General Health Institution under which some segments of health provider social security institutions would be collected. The possible members of this newly formed institution were people of beneficiaries of either SSK or Bağ-Kur, lawyers, farmers, retired people and people who were outside any social security system. These people would pay a certain limit of

premiums according to their income and they would be covered with this general insurance (Oral; 2002). This draft was not accepted.

As an effect of the third development plan, a social policy provision in the form of a little salary payment and free health coverage for the people who are above sixty-five years old and do not have any kind of social security and family support, was started in 1977. This implementation was the first intervention of the state in the field of social assistance with new legal regulations. Till 1980s, the Turkish state has made only limited provisions with such schemes.

The Fourth Five Years Development Plan (1979-1983): On the one hand the development experienced in the previous plan period especially the necessity of giving a salary to elder people was emphasised, on the other hand how both public and private attempts were limited to satisfy the needs of people who were in special situations as mentioned in other plans as well. What made the fourth plan different from the other three, was its emphasis on the realisation of the 'Law about a Socialisation of Health Services' numbered 224 enacted in 1961. Although it was enacted in that time, it failed to be put into practice within the whole regions of the country.

Although there was strong emphasis on the unification of social security institutions, the inclusion of people who were permanently outside of the security mechanism and the provision of easy access to health services, these have not been realised totally. Yet there are still important implementations like Bağ-Kur for self-employed people and provision of both a salary and a free health care for elderly people. Nevertheless these implementations were realised under different institutional structures and that has made the situation more complex and fragmented. It is the same for the general health insurance that came to the agenda of the state with different plans. It was not applied and the problems of access to health services were transferred to the last two decades.

3.4. Period Between 1980- 2000

1980s for Turkey started with chaos as a result of increasing violence in streets, collapsed or blocked political mechanism and poor economic performance (Zürcher; 1995, 391). These prepared the ground for another military intervention realised on September 12, 1980. After this coup, National Security Council (NSC) formed by generals stopped actions of political parties and banned unions. Before transfer of power to civil administration, they re-regulated the whole system and they had law professors prepared a new constitution in 1982. In the same year, this constitution was accepted and started to be implemented. Although the concept of 'social state' has been preserved, the priority of this constitution is neither civil society nor individual but the state (Talas; 1992). While the main responsibility of social security related issues belonged to the state according to 1961 constitution, the role of state was transferred to a regulator and a controller of the organisation of these issues in 1982 (Akdur; 1999). So the 'responsible' state from the social well-being and social security of its citizens in 1961 constitution has turned to 'regulator' state with this new constitution. The new proposal for the role of the state is quite parallel to what is offered for the crises of welfare states experienced in the European context (Mooney; 1997).

NSC conveyed the administration to civil government only after the 1983 election. The government of Turgut Özal was the symbol of liberal economy. So in the following years, the liberalisation attempts in economic field were the main determinants of the social structure. As parallel to changes in the world, structural adjustment programs started to become effective and principles of open market economy started to replace the import-substituting one. Integration attempts into world economy have quite important socio- political consequences for national context of Turkey. On the one hand the socio-economic structure of society as a whole has become a subject of rapid change, on the other hand these preferences defined the limit of policy choice in social welfare issues. The history of Turkish welfare state has been shaped under this climate.

The Fifth Five Years Development Plan (1985- 1989): As a result of the changes experienced in the socio-economic structure of the society, social targets and politics of this plan were to spread both to social security and social assistance programs to all citizens. In addition to that, these programs were also defined as a means of distribution mechanism of increased income. Different from the previous plans, the need for social assistance programs were emphasised strongly. 'Indigence' was used for the first time in order to define the situation of poor people. Families in indigence position were also included in the category of who was in need. Parallel to other plans, the responsibility towards these people was distributed among the state and voluntary organisations. The lack of co-ordination among them was pointed out as a major problem. The concept of 'general health insurance' that was quite an important concept in order to understand both the Green card implementation and the discussions experienced in the field of health provision during the last two decades in Turkey appeared as a target of this plan. The transition to health insurance was reviewed between 1985 and 1989. Two important efforts were made in order to apply general health insurance. First one is 'Basic Law of Health Services numbered 3359' in 1987 and the second one is the Proposal of Heath Insurance in 1989. The aim of act numbered 3359 prepared institutional framework of transition to General Health Insurance that included citizens nationally. As a result of this suggestion, forming a fund to cover medical expenses of poor people was also proposed (Oral; 2002).

A commission was formed by representatives of both insurance firms and the Ministry of Health in order to discuss and to create a new health insurance (Kongar; 1989). So the 'Proposal of Health Insurance' in 1989 emerged as a final declaration of this commission. The aim of creation of this insurance was explained as follows:

- to delete money relations between doctors and patients
- to create a fund for people who cannot pay medical expenses.

These people composed One third of the population. Their approximate number was eight million. The insurance premiums of this group were paid by state. Private insurance companies would collect the premiums and the only responsibility of the state would be limited to buy medical services and to sustain

co-ordination among private insurance companies, insured persons and hospitals. Although a name such as 'Green Card' had not been formed, the idea of responsibility of state for providing free medical care to its poor citizens started to become clearer in some sense. On the one hand, free medical care for poor people became a subject of draft version of insurance system, on the other hand the liberalisation effects of the period can be observed in this draft as well like a transfer of some responsibility of state to private insurance companies.

As a response to the emphasis of indigence in the plan and the Structural Adjustment Program, the Social Assistance and Solidarity Encouragement Fund (SASEF) was established in 1986. Similar organisations have been founded in countries that also applied structural adjustment programs like Latin American countries (Glaessner; Lee; Sant'Anna; St.Antione; 1994). Şenses (1999) discussed that SASEF can be interpreted as a response of government to people who have been affected negatively from these structural program in order to gain public support. This fund was financed by taxes and administered by the Prime Ministry. There are regional offices of funds in every province. These offices determine needy people and they are responsible for inhabitants of their provinces only. They provide an assistance that can be collected under the category of "deserving poor". The kind of assistance has varied from in-kind help to cash. As indicated in World Bank report (2000), " it is the largest program of pure social assistance in Turkey, having reached some 4.2 million beneficiaries through March, 1999" (The World Bank Report; 2000, 61).

The Sixth Five Years Development Plan (1990-1994): Providing a widespread access to social security programs was the main target of the plan. 'The family' was emphasised as the basic unit to transfer social help and assistance in which responsibility was shared among state and voluntary organisations. In order to do that, strong co-operation among related institutions was offered as in the previous plans. This refers to the increase a contribution at the local level including both local government and local people. For the first time in this plan, families in need appeared as a target of these kinds of social assistance programs, and the way to

cover these families was to encourage to participation to these social protection programs at the local level.

At the beginning of the 1990s, the reform of health system in Turkey was a quite attractive subject. While present conditions were far from fulfilling the needs of the country, four options were proposed in the 'Health Sector Master Plan Study', which was presented by the firm Price Waterhouse in 1990. These were;

- Existed status
- National health system model
- Open market alternative
- Conciliation alternative

The fourth one was the most appropriate solution for Turkey. Premiums collected from working population who were members of SSK (Sosyal Sigortalar Kurumu), ES (Emekli Sandığı) or Bağ-Kur (Esnaf ve Sanatkarlar ve Diğer Bağımsız Çalışanlar sosyal Sigorta Kurumu) and transfer from taxes were collected under the general health insurance that provided national access to health services. Finance and delivery of health services were separated and the organisation of medical services were decentralised. Under these changes, the role of the Ministry of Health was redefined as well. Some forms of protection mechanism that is quite similar to the Green Card scheme were proposed until the transition is completed. What is proposed in this study is quite similar to what has applied under the name of managed competition system. That is based on a division of providers into competitive entity in each regional level in order to put market relations into delivery system (Cabiedes, Guillén; 2001). Although the non-coverage of some parts of the population with health services is not the problem for Western countries, this is a quite important problem for the Turkish case. According to the report 'Health Sector Master Plan Study' presented by the firm Price Waterhouse, "twenty five million people were not covered under the insurance system in 1990 in Turkey" (1990; 138).

So the Green Card Scheme was started in 1992 for providing free health services for poor people, who could obtain the necessary documents to prove their

"degree of poorness" at this planned period. The issues related to Green Card Scheme will be analysed in the following chapter in detail.

The Seventh Five Years Development Plan (1996-2000): The role of state in welfare issues was questioned as a result of heavy burden of social security finance on budget, and as a parallel to the trend that was the wind of integration into the world market and radical changes were proposed in order to cover all citizens in these programs. Also to increase the role of the private sector in this field under the supervision of state is encouraged with parallel to the integration programs to the European Union. While the family was still the basic unit to direct help programs to it, the necessity to form institutions that will replace family in the future was emphasised. The reduction of poverty was for the first time at the agenda of the plan. For realising this, two mechanisms were proposed. One was direct mechanism of help and second one was both to remove inequalities in distribution of income and to increase prosperity for whole. To increase standard of living of social groups who live below the poverty line, both the reorganisation of SASEF and the collection of whole social asistance/help institutions under the Social Aid and Service Institution were offered.

Although Green Card implementation presented health coverage to a limited numbers of people [3.7 million people in 1995 (DPT;1995, 44)], to cover the total population without any security under ' general health insurance' and to collect all the institutions related to social security issues under one institution were the aim of the plan.

The important project, the "social mitigation project" financed by the World Bank in order to restructure and reorganise aids of the SASEF with more access to urban poor under the control of local councils started at end of the 1990s. This is also an attempt to build a practice of governance at the local level.

The Eighth Five Years Development Plan (2001- 2005): Social welfare and related attempts are one of the main issues discussed in this last plan. It is accepted that eight percent of the total population live below the poverty line,

while twenty four percent live under the risk of poverty. The number of this population has also dramatically increased as a result of recent economic crisis and earthquake in 1999. Sharp increase in the number of Green Card holders especially within the last three years has pointed to this effect to some point. While the number of cardholders was 8. 250. 294 in 1999 declared by the Ministry of Health (Milliyet, August 7, 1999), the last number announced by the Minister of Health who was Osman Durmuş at that time in the Assembly as a response to the question of a deputy in 2002 reached 12.021.827 (Radikal, June 30, 2002)[10]. So the problems related to poverty are on the agenda of this plan. Increasing urbanisation, high inflation, migration, unequal distribution of income, poverty and decreasing capacity of family as a main welfare provider have increased the demand for social assistance programs. Despite increasing demands, the important problems for this plan are the lack of both standardisation and non-existence of efficient aid mechanism.

In the last two decades in the history of Turkey, especially after the 1990s, parallel to the changes in the world, Turkey started to experience increasing unemployment, especially in the formal sector jobs and rising urban poverty due to structural adjustment programs, neo- liberal economic policies, changing preferences of the global economy and capital (both foreign and domestic capital preferring cheap labour resources like in Eastern European countries) and the narrowing down of the regular cash earning opportunities for the young is important. Accumulated problems with the bad management of the economy, which led to the recent economic crisis, were also a cause of the rising poverty. In addition to increased poverty, the fragmented structure of the social security mechanism and its failure to adapt itself to the new situation have made problems bigger. As a result of that, various governments in Turkey starting with 1980s, became concerned with social assistance programs, faced with the fact of rising urban poverty, increasing squatter housing, migrants without education, urban skills or job opportunities filling the metropolitan cities. In the period between 1980 and 2002 two significant policy implementations were made. These are the

[10] This number includes the total number of the given card within these ten years of implementation and does not refer to the actual number beneficiaries of the Green Card.

Green Card Scheme and the Social Mitigation project for the re-organisation of SASEF.

Although every five years development plan and different proposals prepared in 1984, 1990, 1997 (Oral; 2002) to change situation emphasised the necessity of General Health Insurance, these acts could not be implemented. However some regulations to provide a ground for the transition to it was applied like Green Card Implementation.

3.5. Conclusion

The idea of intervention to welfare issues had started in the last century of the Ottoman Empire but the provision of both social and health services to people was not counted among the main responsibilities of the state in that period. With the formation of the Republic, the responsibility of state was accepted and its role has gradually increased at the institutional and legal framework. How state formulates both its role and the organisation of welfare provisions is followed through the periods with specific reference to health and poverty issues.

When we look at the overall Turkish welfare system, it is quite limited and does not cover those who are outside of the formal job market efficiently. Those working in agriculture, those working in casual and seasonal jobs, those employed in marginal or informal sector jobs, those in homeworking and pieceworking (especially by women) are totally excluded from any such coverage. This uncovered population totals to nearly twenty percent of the whole population of Turkey (Radikal; August, 12, 2002). Even the coverage of the members in the formal job market is quite fragmented and this coverage works in favour of civil servants under ES which was developed by the end of the Ottoman Empire under a different name. As I indicated above, civil servants and their families can have access to more privileges than any other group, in terms of health insurance, pensions, yearly holiday leave, and job security. The etatism, as Esping-Anderson says (1990), plays a quite important role in this development.

When we look at the welfare regime of Turkey under these findings we find "an articulation of a relatively modernised institutional body together with strong family/kin networks which can be seen as alternative means of social control and organisation" (Rittersberger –Tılıç, Kalaycıoğlu; 1998; 78). So family mutual help, inter-generational transfers and reciprocity in kinship networks are very dominant in Turkey (Kalaycıoğlu, Rittersberger-Tılıç, 2000) including the welfare related issues. This domination of social networks and reciprocity gives us a different model of organisation of welfare state somewhat like in other Southern European models (Rhodes; 1997). In addition to that, the role of family actually encourages the limited development of welfare state, even further the state acts as a 'big family' (Buğra; 2001) in Turkey or quite contrary, the weak welfare provisions of the Turkish Welfare State from the beginning have increased the need to a 'strong family'.

In brief, in Turkey, with a limited welfare state experience, which is mainly based on fragmented retirement pension and health provisions only for a smaller section of the society, new social risk potentials emerge with the loss or weakening of the survival/ coping strategies based on family/kin and hemşeri[11] support. In this context, the Green Card Scheme is quite important as a new formulation of the relationship between state and family to some extend.

[11] It refers to people from the same village or city origin in Turkish.

CHAPTER IV

THE DEBATE ON GENERAL HEALTH INSURANCE IN TURKEY AND THE GREEN CARD SCHEME

The aim of this chapter is to discuss why General Health Insurance (GHI) was proposed as a solution to the health related problems of Turkey at the beginning of 1990s by examining both the national and international context. Examination of whether there is a relation between the Green Card Implementation and GHI and the nature of this relation is another subjects of this chapter. While analysing GHI and Green Card Scheme separately, I also try to display their connection to each other. For these reasons, firstly, changes experienced within the last two decades will be examined and their possible effects on the proposal of National Health Policy and GHI as a sub-branch of it will be displayed. Then GHI will be analysed by emphasising what its main propositions are and how it emerged. The following section deals with the emergence of Green Card Scheme by referring to whole dimension of Green card implementation. The Green Card Scheme is brought in "to provide health coverage to the poor, particularly those with a monthly income of less than one-third of the minimum wage (excluding taxes and social security premiums)".

4.1. The Debate On General Health Insurance in Turkey

4.1.1. International Context for Health in the 1990s

In order to understand the role of World Health Organisation's effects on reformation attempts of health related issues in early 1990s in Turkey, it seems

quite important to analyse the policy recommendation of organisation to whole world at the end of seventies after the Alma Ata conference held in 1978 by WHO. The accepted strategy was called as a 'health for all by 2000' and this strategy was displayed as the main target of the organisation after this conference.

The main subject of the conference organised by WHO in Alma Ata in 1978 was the 'health for all by 2000' for whole world. Under this headline, decisions taken at the conference have been very influential in policy determination of all countires to some extend. These decisions can be summarised as follows:

- universal availability of essential health care to individuals, families and population groups according to need;
- involvement of communities in planning, delivery and evaluation of such care;
- an active role for other sectors in health activities

(Tarimo; Creese, 1990, 1).

Proposes of this conference were quite parallel to what has been experienced after the end of 'golden age' of welfare capitalism. The responsibilities towards the most vulnerable group of society that is the poor should be shared and state should be limited to its role of regulating and supervising of these responsibilities. On the one hand universal accessibility to health services was emphasised in this conference, one the other hand, as parallel to changes, the responsibility of state was shared with other actors including communities and private enterprises. So the concept of public health has become a target of change led by especially WHO, by integrating new responsible actors to this field. These actors, as presented below, are communities, NGOs and private enterprises. Division of responsibility in the field of public health has brought the decentralisation of health system. What is proposed is not a regionalisation but either diversity of ownership or fragmented management is offered by decentralisation of health care (Mills;1990). These criteria have quite important effects on health care reforms not only in developed countries but developing ones as well.

Especially to develop an ability of the access of poor people to health services was an important target because the present situation showed how inequality was big within nation and between nations as well. Dealing with the

health of world poor population is related with not only poverty issues but also social justice and equity (Wagstaff; 2001). This growing concern of international organisations like WHO or World Bank about issues like equity in health and organisation of health provision has caused many countries to re-organise their health delivery systems (Pannarunothai, Mills; 1997). As a result of that, some countries started to provide a universal access to health care based on citizenship like Hungary and Russian Federation (1991), the Czech Republic and Estonia (1992), Latvia and Slovakia (1993) and Georgia (1995); some started to apply different strategies in order to integrate poor rural population into health system which failed like in Mexico (Stebbins; 1993). Indonesia started to implement the health for all strategy in 1978 with national health system organisation and reorganised NHS in 1982 in order to make health services accessible in every level of district or municipality by deleting geographical barriers (Yahya, Roesin; 1990). Quite similar to the Turkish case , ' the low-income-card scheme, which families apply for exempts poor families (defined as those with an income below a certain level) from fee" (Pannarunothai, Mills; 1997; 1781) started to be applied in Thailand. Financial resources of this scheme are provided by funds of government as well. For rural households in Thailand, another solution started to be applied that certain diseases are classified with different coloured cards like Blue Cards for pregnancy, mother and child health services; Green Cards for six episodes treatment of five members of one family. Their prices have also increased gradually (Belek; 2001). So each country has tried to find its own solution that is also supported by either WHO or World Bank and IMF in same cases by both of them (Topak; 1997). In sum, the search for new directions for health care reforms initiated by WHO in 1978 has resulted in;

- minimising the role of state trough privatisation
- decentralisation of provisions
- Transference of state's role from organiser to regulator (Saltman, R., Figuras J. C. Sakellarides; 1998).

Under both these impacts and socio-economic changes experienced within last two decades, provisions of health care have become an issue of discussion. As

discussed earlier, managed competition system is presented and applied in European context following the U.S. example.

4.1.2. Organisation of Health Care System in Turkey:

Before discussing General Health Insurance (GHI) proposal offered in 1992, it seems quite necessary to describe the bureaucratic organisation of health care system in Turkey. As mentioned earlier, health care system in Turkey, which is quite fragmented and multi-centred one, is provided under different social security institutions like ES, SSK and Bağ-Kur and also universities, Ministry of National Defense, municipalities, private institutions. While SSK and Bağ-Kur collect premiums for medical expenses from their members, the expenses of medical services are paid by institutions in which members of ES are in active labour force. This situation changes when they retire and ES is responsible to cover medical expenses from other financial resources without collecting premiums from its members. The health premium is not collected from the members of ES because the ES is responsible from the health up to complementation the transition to GHI. SSK has its own hospitals and clinics, whereas Bağ-Kur and ES has bought medical services from Ministry of Health. Also some ministries and other public institutions do have their own hospitals or clinics. Every user accesses the health provisions based on their membership of these institutions. The conditions of access to health care have been determined by certain conditions. For example, Bağ-Kur members should pay premium of health insurance at least for eight months and they should not have any debts from their unpaid premiums and interest emerged from late paid (Oral; 2002). If they do not fulfil these conditions, they have no access to health services. While the conditions for SSK members are quite different than Bağ-Kur's, they have to pay health insurance premiums for a total one hundred and twenty days, which sixty days should in six months before their disease is diagnosed (Oral; 2002). As one of my respondents (doctor, 40, M) explained, there were so many people who were members either of Bağ-Kur or SSK but without any health insurance because of these conditions to access to health services. The gap between collected health premiums and expenses for health services are met by general

budget and this has caused many problems. So the coverage of health provisions and access to these provisions has shown great diversity again based on membership to these institutions. In sum, these multi-centred structure in the provision of health care has created differences for both providers and beneficiaries of these services in terms of access to health coverage and under what conditions this access is realised to which degree. So it is possible to observe the effects of these fragmented and multi-centred structure in provision of health services.

4.1.3. The Proposal of General Health Insurance:

The solution offered in the Turkish context is the General Health Insurance (GHI) as a response to these policy recommendations and socio-economic conditions experienced within last two decades. Although the transition to GHI was in the agenda of the various governments starting from the 'Law about a Socialisation of Health Services' numbered 224 acted in 1961, then both the 'Basic Law of Health Services numbered 3359 in 1987 and lastly the Proposal of Health Insurance in 1989. These attempts also offered the re-organisation of health system of Turkey based three principles as discussed below. Mr. Savaş also called these attempts as a liberalisation attempt at that time. So the GHI in Turkey was presented as a suitable model to provide health services to whole segments of the population that has taken their medical services from different institutions by quite different rights and privileges under one system by covering whose are not covered up to that point legally. Although these proposals were accepted, they were not enacted.

4.1.4. The National Health Policy and GHI:

At the beginning of 1990s, GHI as a sub-branch of 'National Health Policy' was again in the agenda of the government. By analysing plans prepared by previous governments, policies recommended by WHO, and decisions and discussions held in First National Health Congress, the aim of the policy was to implement the 'health for all by 2000' strategy and to revise the health system of

Turkey. According to plan, it was not possible to reach this aim with existing situation in that nearly half of the population was covered under social insurance in terms of health. For realise this aim, the main object of this policy was to seperate finance and a provision of health services by offering a new mechanism to organise health services. On the one hand GHI would start, one the other hand all health related fields would be the subjects of the change. The plan offered the formation of;

- National Health Academy,
- Health Information System,
- Family doctor mechanism,
- Decentralisation of Bureaucratic Structure of Ministry of Health,
- Re-regulation of Human Capital in Health Sector,
- Restoration of legal structure of health related issues
- Health technology
- Health Law
- General health insurance for all.

While the Green Card is only related to general health insurance of this project, it can be meaningful to explore other items shortly to understand its projections and the effects of liberalisation in this project. Under The National Health Academy all health related disciplines would be collected in order to follow social, demographic and technological changes and produce policies according to these changes. While GHI would collect whole population under one insurance mechanism, the steps to access health care would be totally changed. Every three thousand persons would have a family doctor. These doctors would be responsible to follow their patients and would have a chance to apply preventive diagnosis to their patients. They could direct to their patients to specialist as well. Both family doctor and patient would have smart card belong to patient's him/herself. These cards would be used both to follow patients' medical history and to create national health information system. The hospitals governed by different centres would have their autonomy and they would compete each other. The autonomy for Mr. Aktuna means that they were not subsided by state but they took money from private insurance firms because every patient was insured under the GHI. Their personal would not be a staff of central government and they would contract the

administration of hospitals. Patients would be free to choose hospitals for their treatment. GHI includes collection of whole health insurance under one centre and both the premiums collected from citizens and subsidisation of state are determined based on income level of citizens. The role of Ministry of Health was limited to both a policy formation and a supervision of medical services (T.C. Sağlık Bakanlığı; Ministry of Health, 1992). Quite appropriate to development in the world, the role of state is limited to control or supervise the delivery of system as discussed in earlier (Judge; 1987).

How GHI was prepared will be discussed below with reference to interviews conducted with Mr. Savaş and Mr. Aktuna. Mr. Savaş was the co-consular in the Ministry of Health at the beginning of 1990s. He worked in different status in this Ministry but primarily dealt with the re-organisation of health care system in Turkey from the end of 1988 to 1993 except 1990. He participated into projects related to these issues. According to him, the main question of the projects dealt with what the politics of 'health for all' for Turkey, financed by the World Bank, is. Existing finance of health care system subsidised the cost of medical treatment that sold 1/3 of real price according to real prices and the users of these services, which was the subject of his unfinished doctoral thesis, were higher income groups quite similar to the British example (Judge; 1987). So the state financed medical treatment of these groups by taxes collected from both higher and lower income groups. Proposed subsidisation mechanism within the new system was not the price of medical treatments that were not accessible to lower income groups but to the users themselves. The whole population of the country would be divided into five groups based on their income level. The determined premiums would be collected according to these income groups. The top of this division would pay one hundred percent of whole premiums, the bottom would not pay any premiums, and instead the state would be responsible for their premiums. The other groups would pay seventy five percent, fifty percent or twenty percent of their premiums. State would support these groups by paying the rest of their premiums. So medical services would become accessible for whole social classes including non- covered population.

And hospitals would charge the real prices from users. This mechanism is more equal compared to the present situation. Mr. Savaş says:

> Subsidisation was directed not to institutions but to individuals. It makes sense for social justice because when institutions are subsidised that means subsidisation of users of these particular institutions. Thus poor could not access to subsidisation. So we say, let's give this assistance to individuals. The financial resources of state should become eligible to poor people instead rich one by subsidising in these income levels like 25-50-75-100 and the main aim of Turkey is the transition to GHI by this system. As a technician, this is our model.
>
> *Subvansıyon, kurumlara değil, bireylere gidiyor. Sosyal adalet açısından daha doğru bir şey çünkü sübvansiyonu kuruma yaptığın zaman, kurumu kim kullanıyorsa onu subvanse etmiş oluyorsun. Eeee o zaman fakirler subvanse alamıyordu destek. O halde dedik ki kardeşim sübvansiyonu biz bireylere yani şurdaki insanlar verelim. Bu devletin parası zengine gidene kadar fakire gitsin. Ha bu sübvansiyonu da işte bu 0-25-50-75-100 aşamasında yapalım ve Türkiye'nin amacı böyle bir formülle GSSna geçmek olmalıdır. Bizim modelimiz buydu teknisyen olarak.*

While Mr. Savaş defines the aim of the project as to create health policy for all in Turkey, Mr. Aktuna explains this aim during the interview as follows:

> The inefficiency of health sector, the queues of people on the hospitals' gate, their troubles because of their income level and non-distribution of health services equally and fairly to whole regions of the country that means accessibility to health services are not equal, fair and just, are the problems of health services in Turkey. Thus reform covers these problems. So it is aimed to correct them.
>
> *Sağlık sektöründekilerin, devlet hastaneleri yetersizliği, hastaneye giden insanların hastane kapılarında kuyruk olması, ondan sonra bütün gene ödeme gücünün sıkıntıları, ondan sonra sağlık hizmetinin Türkiye geneline eşit, adil ve hızlı yayılmasının yani sağlık hizmetine ulaşılabilirliğin eşit, adil ve yaygın olmayışıydı. Zaten reformda hep onları kapsıyordu. Yani onları düzeltmeye yönelikti.*

In order to realise this aim, the reform project consists of many bases for Mr. Aktuna. Aktuna explains these bases as follows;

> The first base of project is to insure people who do not have income level to pay by their premiums were paid by state. Second base is that everybody has become insured and whole premiums collected from members of SSK, Bağ-kur and ES and Civil Servants and state's finance for poor people were collected in same pool. This pool would be neither a publicly owned institutions, nor SSK or Bağ-Kur. This pool provide insurance for people based on their local region by contracting private insurance firms. So we want to do this with private insurance firms.
>
> *Birinci ayağı, ödeme gücü olmayanların sigortalandırmak, primlerini devletin ödemesi; ikinci ayak, herkes sigortalı olacak, ve bu havuza*

Bağ-Kur, Emekli Sandığı, SSK, devlet memurları için verilecek para ve ödeme gücü olmayanların parası hepsi buraya birikecek O havuz bir KİT olmayacak. Bir SSK, bir Bağ-Kur olmayacak, ve bu havuzdaki para bölgesel bazda, bu havuza gelen paranın sahiplerine sigortalarını sağlık sigortalarını yaptıracak özel sigorta şirketlerine. Yani biz özel sigorta şirketleriyle bunu yapmayı düşünüyoruz.

So the overall aim of the project was to re-design Turkish health system by covering the whole population under one health insurance. That would need a single responsible centre in terms of planning, regulation and provision of health care system that was Ministry of Health but decentralised organisation of this ministry would decrease both the responsibilities and its size. Other social security would deal with only pension scheme by transferring health-related issues to the GHI. This would create uniformity in terms of access and services for users. This draft of National Health Policy would start in May 17, 1993 and would comprehend all citizens up to 1998. While the coverage of poor population with free medical coverage was supported, despite opposition party in the Assembly, some dimensions of this plan was critized by Turkey Doctors Unification (Türk Tabipler Birliği, T.T.B.) like implementation of family doctor in Turkey, by arguing that the existing organisation structure which is based on regional provisions including health house and primary health care units, could not be set aside for the favour of family doctor mechanism (Hatun; 2002).

By offering integration of private insurance, the responsibility was divided among different sectors of society. Main responsibility would transfer from state to other agencies including private insurance firms. As a result of that, the health system would organise in decentralised way and everybody will have an equal access to health services that were quite parallel to policy recommendation of WHO. The prepared project was supported by WHO as Mr. Aktuna indicated as follows:

We have informed the European region of the World Health Organization about what we will do and what kind of a system we will build. They examined it for months, and then answered us with a booklet. They said "You are building a system that the EU countries want to apply in 2000's. We congragulate you." People cannot perceive you when you do something far beyond the level of Turkey.

Nasıl yapacağımız nasıl bir sistem kuracağımızı. Bunu Dünya Sağlık Teşkilatı Avrupa Bölgesine gönderdik. Onlar aylarca incelediler sonra bize bir kitapçıkla cevap verdiler. Bize siz 2000li yıllarda

So the whole proposal was designed according to the policy recommendations of WHO and the role of state was limited to regulation or supervision of the system. This is the reason why the period after 1980s was called as a 'liberalisation period in health policy in Turkey' (Akdur; 1998,1999: TTB; 2002).

The idea to cover people medically, who are below a certain level of income and without any health security was quite important and this has become the only realised aim of the National Health Policy. At that point, there should be also searched other dimensions that caused an emergence of the Green Card Scheme should be investigated. At that point, it should be emphasised that Mr. Demirel did not say anything related to GHI during interview. Although he defended the responsibility of state to its poor citizens in terms of providing free health care by Green Card Scheme, he did not say anything about the National Health Policy Reform for changing the organisation of health care delivery and finance in Turkey. This silence explains the failure of GHI attempt at that time while everything was appropriate to apply this change to the system for Mr. Savaş and Mr. Aktuna. Mr. Aktuna explain this situation as follow:

> Mr. Demirel have such an idea in his mind. But he interpreted this subject only as the Green Card. However, I understood it as a component of the reform. (I said) Let us do firstly the reform as a permenant solution but up till its implementation (which will take a long time), the Green Card would cover the people temporarily,who do not have enough income to buy these services, under the state protection.
>
> *Demirel'in kafasında da vardı zaten bu. Dolayısıyla yani ama o sadece yeşil kart olarak gördü olayı. Ben reformun bir parçası olarak gördüm. Biz esas reformu yapalım kalıcı çözüm olsun ama o çıkana kadar YK devletin şemsiyesi altına alsın ödeme gücü olmayan insanları.*

Mr. Savaş is also explain the situation quite similar to what Mr. Aktuna said:

> The purpose of Turkey should be to apply GHI with such formulas. This was our model as a technician. Then something called as a Green Card without any clear definition came to us as a project. We said that 'okey, to form such a system would take a long time and there are so

many poor people in country. What would happen up to its foundation?' Under this condition, we say that the Green Card would be a system which would be formed for the people whose premium would be paid by state in future. By that, we would also determine the number of people in this conditions without doing any research. We would define the number of people whose premium would be paid by state in one hundred percent during the transition to GHI. We had a transition plan for those year.

Türkiye'nin amacı böyle bir formülle GSSna geçmek olmalıdır. Bizim modelimiz buydu teknisyen olarak. Ha önümüze YK diye bir şey geldi ... belirsiz bir tanım. Dedik ki YK işte, ha peki böyle bir sistemi kurmak da zaman alacak yıllar alacak. E peki bu memlekette çok fakir insanlar var. Bu kurulana kadar ne olacak? O halde dedik YK bizim burda şurda, %100ünü ileride de zaten devletin ödeyeceği insanlara insanlar için kurulacak sistem olsun. Ve böyle olunca da , böyle olunca da biz bu insanların da sayısını hiç araştırma maraştırma yapmaya gerek kalmaksızın doğrudan tespit etmiş oluruz. Ve GSSna geçerken, ne kadarının %100ünü devlet ödeyecek bu kişileri tespit etmiş oluruz. O yıllar içinde de bizim bir geçiş planımız vardı bilmiyorum okudunuz mu o şeyleri.

Reform attempt to and promises on changes of health have continued up to today in Turkey. Although some propositions suceeded to come to National Assembly, none of them were issued. The radical reform attempts have continued in the slogans of political leader during elections even by offering different coloured cards like Blue Card that was offered by Tansu Çiller, the leader of True Path Party which Mr. Demirel was the previous leader (Radikal; August,13 2002). Also implementation of General Health Insurance was in the program of nearly all political parties with a few exceptions [NTV, Elections of Turkey: Health Politics (Türkiye'nin Seçimi: Sağlık Politikaları), October 18 2002]. Exactly the same promises of National Health Policy in 1992 are also again on the agenda of new government of Turkey that was formed after election held in November 3, 2002. This has increased the importance to display the relationship between Green Card Scheme and GHI.

4.2. The Green Card Scheme in Turkey:

As it is presented in the previous chapter, the Green Card Scheme in Turkey started to be applied in 1992 in order to provide free health services for poor people, who can obtain necessary documents to prove their "degree of poorness". In this section, it will be examined how it was issued and its legal framework and its limitations and reactions towards this implementation when it

is issued by using different information resources, including some newspapers, Official Gazette, and interviews made by important political figures at that period in Turkey.

4.2.1. How Was It Issued?

In the elections held in October 20, 1991, the first party, which won the majority, was the True Path Party (DYP) with 24 percent of whole votes. Its rival Motherland Party (MP) took 20 percent. Third party was the Social Democratic Populist Party (SHP) taking 20 percent of votes. After the election, DYP and SHP formed a cabinet by signing a coalition protocol that also included the realisation of Green Card Implementation, which was one of the election slogans of the True Path Party.

One of the slogans used by Süleyman Demirel who was the leader of the True Path Party in 1990s during election campaign was a 'free health care by using Green Card'. Green Card was also an important component of election declaration of the party as Demirel indicated in the interview. According to him;

> The state is necessary for the citizen. The state is not a firm. The state has some social obligations. The state is a social institution. The state is a necessity when the citizen is in need, and nobody gives a hand. Besides, the definition of republic is "home for the homeless". That is where the origin of the Green Card lies. We the thought and said: "Let's find a solution." This was the basis for our declaration and election slogans, it was one of the most important problems. So we said that the state would look after those without any money, and this will be done with the funds of the state. How will we know who has money and who has not? We will give each one a card verifying that he/she is in need; and this is the Green Card. It started out from this point, before the 1991 elections.
>
> *Devlet vatandaşa bir yerde lazımdır. Devlet bir şirket değildir. Devletin sosyal vecibeleri vardır. Devlet sosyal bir kurumdur. Devlet vatandaşın muhtaç bulunduğu, hiç kimse tarafından el uzatılmadığı zamanda lazımdır. Zaten cumhuriyetin tarifi de kimsesizlerin kimsesidir. YKın kökünde yatan budur. O zaman şöyle şeyler düşündük, dedik ki:Buna bir çare bulalım. Bizim seçim beyannamemize ve seçim sloganlarımızın şeyidir. Köküdür:En önemli meselelerden biridir. Yani biz dedik ki arkadaş parası olmayana devlet bakacaktır. Devlet bir takım fonlar ayıracak,bu fonlardan. Kim nemden bilelim parası olmayanı. İşte bu adama bu zat tedaviye muhtaçtır diye kart verilecek bu da YK. Burdan çıktı ve 91 seçimleri öncesinde çıktı.*

The idea behind this proposition was provision of free health care to poor citizens that is one of the responsibilities of state according to Mr. Demirel. Owner of this card would have a right to take a free medical care just by showing it.

The law of Green Card Scheme in draft version was discussed twice, on June 17 and 18, 1992 in the National Assembly. The draft was denied by co-operation of the opposition parties, Motherland Party and Welfare Party and Kastomonu deputy Mr. Münif İslamoğlu who was the old health minister of old cabinet formed by Mr. Demirel (Cumhuriyet; 1992, June, 18, 19: Zaman; June 19, 1992) during the first discussion. However it was accepted quickly one day later on June 18, 1992. After its enactment, the critiques directed by the main opposition party, Motherland Party had continued (Cumhuriyet; June 21, 1992). Their target was about the financial resources of this implementation and these critics were used against the government especially in local election (Hürriyet; June 01, 1992). Mr. Demirel did not remember any opposition to this act. He says that:

> Who could have opposed this? A man comes to the hospital and does not have any money, and you tell him to die. You cannot tell him to die. Who could have opposed this? No, no; what I remember is that it was greeted and accepted with applauses.
>
> Kim buna muhalefet edebilirdi ki?Yani hastane kapısına gelmiş parası yok öl diyorsunuz. Öl demiyorsunuz. Kim buna muhalefet edebilirdi ki? Yok yok benim hatırladığım kayda değer. Alkışlarla kabul edilmiş, karşılanmıştır.

While for Mr. Savaş who prepared the project behind the Green Card, the enactment process of the Green Card Scheme was the only one step to the implementation of GHI. By his own words, the situation is as follows:

> This the Green Card Scheme enacted immediately. We prepared that and immediately enacted. Of course the Green Card Scheme was only a tiny part of a big picture because it was the part of the financial section of the these refrom project. There are information system section, human resource and human power section and administration and organisation sections....
>
> *He şöyle YK kanunu şeyde çıktı hemen çıktı. Onu biz hazırladık efendime söyliyeyim hemen çıktı. Tabi YK kanunu benim için büyük resmin minik bir parçasıydı yani çünkü bu sadece finansman bölümü bu reformların enformasyon sistemi bölümü var ondan sonra insan gücü, insan kaynakları bölümü var, organizasyon yönetimi var, efendim...*

T.C. YÜKSEKÖĞRETİM KURULU
DOKÜMANTASYON MERKEZİ

4.2.2. The Legal Framework of the Green Card Scheme

The law numbered 3186 published in July 3 1994 in Official Gazette and it started to be applied. The aim of this law was defined as follows:

> In order to cover a health expense of Turkish citizens who are not under the protection of any social security institutions or not in economic situation to defray their medical expenses by state when General Health Insurance started to be applied.

The coverage of the law is limited to cover inpatients in hospitals whom;

- have not any coverage of social security institutions,
- have income that is lower than 1/3 of minimum wage for a person in a household for a month,
- Turkish citizens who reside in Turkey.

Income of every member of the household is added in order to calculate monthly income of household. The sources of income are;

- in cash like pay for services or daily wage
- agricultural revenues in cash
- rent from real estate, interests from stocks and bonds
- grants from either state or private enterprises or other people.

The income from these resources are collected and total amount is divided into number of members of household including spouse, children, mother and father and relatives in third generation if they live in the same household. This number by person should be lower then 1/3 of minimum wage for those members of household can get a card. People apply to Green Card offices based on their permanent residence addresses. These offices are authorised to search and to collect information about applicants both residence address and birth registration. In Turkey, there are two ways of collecting information about citizens. One is the residence address which every citizen has a record on mukhtar of the district where her/his residence is located. Second one is the registration which population bureau his/her family demographic information is registered. These two may not overlap. According to this law, the necessary information about applicants should

be collected from these two different types of registration. This collected information about applicants is evaluated by the administrative committee which is called either province or district administration committee. As a result of the decisions of these committees, governors in province, or governor of district gives cards to eligible people.

Ministry of Health is responsible to provide a necessary budget for Green Card expenses. The hospital charges what they spend for the medical treatment of Green Card holder in a bill in the name of Ministry of Health. The Social Assistance and Solidarity Encouragement Fund (SASEF) is responsible to cover expenses that are not covered with this law but this is not a clearly defined responsibility. To have a Green card by itself does not provide to access to an aid from SASEF. On the contrary, person should apply to SASEF and prove his/her poorness once more in order to take an aid.

Two points are important about this law. One is, state accepted its responsibility for providing health services to its citizens who did not have enough income and any social security coverage that for the first time in Republic history. With this attempt, the responsibility was transferred from an informal decision of hospital administration which was regulated with the 'Management Regulation of Medical Treatment Institutions', to formal obligation provided by law.

Secondly, the Green Card Scheme started to be applied in as a temporary implementation as indicated in text. It would be applied until General Health Insurance that was proposed by plans several times initiated. Whole explanations of Mr. Yıldırım Aktuna who was the Minister of Health at that time to newspapers in this time pointed to a temporary character of Green Card: " Green Card offered solution to the health problems of citizens up till the transition to General Health Insurance. We are proud of this application (Cumhuriyet; July 20, 1992)". "Green card is a beginning to transition to General Health Insurance (Cumhuriyet; July 29, 1992)". "Green Card will be a pride of poor patients. Nobody has to go and connect a relation with governor, politicians or assistance of familiar people for medical treatment of their patients (Milliyet; July, 21, 1992)". Also the nation

wide application of General Health Insurance would be completed up to May 17 1993 according to Mr. Aktuna (Hürriyet; July 9, 1992).

So the only The Green Card Scheme started to be applied within one month after the enactment of the law. Mr. Demirel explained this momentum with the political will. Accoding to him:

> It was put into practice immediately. The bureucrats. Now, a political power comes and says "I will do this and this for you". There is no political power that cannot do what he says; so political power is not a power that cannot realise what he promises to the public. Then the public will say let the ones, who can do it, come to power.
>
> *Hemen uygulamaya geçildi. Bürokratlar. Şimdi bir siyasi kuvvet geliyor halka diyor ki ben sana şunu yapacağım. Şunu yapacağım dediği şeyi yapamayan siyasi kuvvet olmaz. Yani siyasi kuvvet esasen halka verdiği sözü tutamayacak bir kuvvet değildir. O zaman kim yapabiliyorsa o gelsin diyecektir halk.*

4.2.3. Reactions to the Green Card Scheme:

The strong reaction to Green Card came from the main opposition party, Motherland Party both the during discussion on draft of this act in the National Assembly and local election campaign by indicating non-existence of enough financial resources (Zaman; June 19,1992) and slow access of poor people to the card.

The approval of act in National Assembly and its print in Official Gazette was announced 'Comedy of Green card starts" in Zaman, the daily newspaper with Islamic connotations in July 4 1992. Whereas Turkey Doctors Unification (Türk Tabipler Birliği, T.T.B.) critisised this policy provision especially the offered family doctor system, but it supported the Green Card Scheme as a positive attempt but a determination of card holder based on income level made this study just tool of political propaganda (Cumhuriyet; July 26, 1992). They also criticised for not covering medicine expenses in first stage by Green Card (Cumhuriyet; June 22, 1992). Quite similar to critiques of T.T.B., non-coverage of medical expenses and long queues for taking cards were the targets of People's Labour Party (T.C. Sağlık Bakanlığı, 1993).

For Mr. Aktuna, the target of the reactions was not the Green Card Scheme but the National Health Policy as a whole because of its radical reform attempt. Mr. Aktuna explained the situation as follow:

> No politician in Ankara could comprehend this reform properly. There was an opposition, why was there an opposition? "Why do you oppose it?", we used to ask , "so let these poor people live with their fate. The conditions of Turkey now requires this. So what shall we do?" , I used to ask them. "Shall we let them die?". No answer. "OK let's not do this but replace it with something else. Right, you may have some better idea, what could it be?". No answer again. We were already making the reform but it would be rejected and delayed, we needed to take measures against this. None of those criticisms had a strong basis, and they were neither relaible nor valid.
>
> *Ankara' da hiçbir siyasetçi bunu doğru düzgün anlamadı bu reformu.Muhalefet vardı. Muhalefet niye? Niye yani niye diyorduk ki yani buna muhalefet ediyorsunuz peki o zaman bırakalım bu yoksul insanları kendi kaderlerine terk edelim.....şu anda Türkiye'nin şartları bunu gerektiriyor. Dolayısıyla, peki ne yapalım diyordum ben onlara ne yapalım? Bırakalım mı ölsünler. Cevap yok. Peki bunu yapmayalım, yerine başka bir şey koyalım. Doğru, daha güzel bir fikriniz olabilir. O nedir? Onu söyleyin. O da yok. Eee reform. Reformu zaten yapıyoruz ama bu çıkmayacak, gecikecek. bu tedbiri şimdiden alalım. netice itibariyle bütün eleştiriler havada kalıyordu bence. Hiçbirinin tutarlı yanı yoktu. Geçerliliği yoktu.*

The reason of this objection was the lack of understanding and the fear of losing their political power, as Mr. Aktuna explains,

> Today there are over 300,000 people working at the Ministry of Health. The politicians opposed to my reform for this reason in a way. I reduced the staff of the Ministry of Health to 2000 people with this reform. There would be 2000 people working under the organization of the Ministry of Health. They told me that I was destroying the power of the Ministry of Health. Because some politicians measure the power of the MH with the number of the personnel. But I measure it with service quality and accessibility. If I could deliver the best health services to every region of Turkey when I was the Minister of Health, I have been doing my job the best with this system. I see myself as the most powerful Minister of Health. And he sees himself as powerful if he has 300-400 thousand people working under him. Because he plays with that personnel, he assigns this person here and that person there... You cannot think that simple. That was another reason for why they opposed to our reform. "You are destroying the power of the Ministry of Health". However, the MH only produces politics; coordination and control. The politicians and Ankara could not understand this. The opposition didn't want us to do anything because of their jealousy. This is the attitude of the opposition as always. Those in power were against me as well. They would say "Yıldırım Aktuna will make a reform" and would hinder it.
>
> *Ben mesela reformda bugün 300 binden fazla personeli var sağlık bakanlığının . Benim reforma biraz ondan da karşı çıktı siyasetçiler. Ben bu reform uygulamasıyla, SB'nın kadrosunu 2000 kişiye indirdim. Ankara'da SB'nın organizasyonunda çalışacak 2000 kişi. Sen dediler*

SB'nın gücünü yok ediyorsun. Çünkü bazı politikacılar SB nın gücünü personel sayısıyla ölçüyor. Bense hizmetin kalitesi ve ulaşılabilirliğiyle ölçüyorum. Ben Sağlık bakanıyken Türkiye'nin her tarafına en iyi sağlık hizmeti götürebilmişsem bu sistemle ben görevimi en iyi yapıyorum. En güçlü sağlık bakanı benim diye görüyorum. O da benim altımda 250-300 400 bin personel varsa bana bağlı, o zaman ben güçlüyüm diyor. Çünkü o personelle o oynuyor. Onu oraya tayin ediyor. Onu oraya... O kadar basit düşünemezsiniz olayı. Onun için ondan da karşı çıktılar bizim reformumuza. Sen SB nın gücünü yok ediyorsun. Halbuki bence SB sadece politika üretir. Koordinasyon ve denetim. siyasetçiler ve Ankara bunu anlamadı. Muhalefet kıskançlığından, bizim bir şey yapmamızı istemiyordu. Muhalefetin tavrı hep böyledir. İktidarda olanlarda bana yönelik bir takım işte "Yıldırım Aktuna reform yapacak" deyip yapmasın .

Mr. Savaş also supported Mr. Aktuna by claiming that the reform attempt failed lack of political support.

All the project as a package were ready, World bank was ready to finance this project and so everything was ready. Demirel was the Prime- minister, Tansu Çiller was the Minister responsible from economy and Mr. Yıldırım Aktuna was the Minister of Health and we took this to cabinet. The Green Card enacted and worked properly and we prepared the system and from now on reform with its whole dimension would be enacted. The Green Card by targeting the poor was the solution for three years of the whole health reform project. I mean the big picture is that: Finance model and it component towards the poor. So the Green Card was the tiny part of whole picture. The main thing was the enactment of this reform. World Bank was ready to give credit. We took this project and went to the cabinet to make presentation of it with multivisions etc. Mr. Demirel listened and listened us and then he said that these were imaginations. What is the imagination? Whole calculations were made and all components of the reform were ready. There was only one thing to do for him just to examine and then to say 'okey, do it'. Technically everything was completed. He said that these were imaginations and whole study stopped. And then one or two months later, Mr Özal was dead and Mr. Demirel became the President and Ms. Çiller became the Prime Minister and she changed the Minister of Health.

Eee işte bütün onlar bir paket olarak her şeyleri hazır, dünya bankası bunu finanse etmeye hazır, her şey hazır. Demirel başbakan Tansu Çiller ekonomiden sorumlu devlet bakanı, Yıldırım Bey sağlık bakanı ve biz bunu kabineye götürdük. YK çıkmış tıkır tıkır çalışıyor, sistemi kurmuşuz, artık bütün reform paketinin çıkması lazım. YK bütün bu sağlık reformu modelinin finansman komponentinin fakirlere yönelik ilk üç yıllık çözümüydü. Yani büyük resim şu:Bunun finansman modeli bu bunun fakirlere yönelik kısmı. bunun da üç yılı şu kadarcık bir kısmıydı YK bütün resmin. Asıl bu reformun çıkması Dünya bankası kredi vermeye hazır....Bunu biz aldık götürdük kabineye presentasyon yaptık çok şık bir presentasyon yaptık böyle şeylerle multivizyonlarla filan. Sn Demirel bizi dinledi dinledi baktı bunlar dedi tasavvurdur dedi. Ya ne tasavvuru kardeşim?Hesabı kitabı yapılmış, bilmem nesi bitmiş. Yapacağı bir tek bir şey var, bunu kendisi inceleyip ondan sonra tamam yapın demek. Herşeyi teknik herşeyi bitmiş. ....Bunlar tasavvurdur dedi ve bu çalışma durdu. Ondan sonra zaten ondan bir

kaç ay sonra Özal vefat etti, kendisi cumhurbaşkanı oldu, Çiller başbakan oldu, o da yerine bir tane sağlık bakanını değiştirdi

In conclusion, as the election promises of Mr. Demirel and accepted as a temporary solution to provide free health care to poor people up to transition to the GHI as Mr. Aktuna and Mr. Savaş indicated, the Green Card Program was enacted in July 3, 1992 "to provide health coverage to the poor, particularly those with a monthly income of less than one-third of the minimum wage (excluding taxes and social security premiums)". It has still continued to be in use after ten years. When this thesis is written there were twelve million-card holders as announced by the Minister of Health in July 8, 2002 as a reply to the question of one deputy in the Assembly (Radikal, 2002). Through the following chapters, I will try to analyse its drawbacks, limitations and outcomes after ten years of implementation from the point of both the social policy planners and social service providers.

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CHAPTER V

THE ROLE OF THE SOCIAL WELFARE STATE ACCORDING TO PLANNERS AND PROVIDERS

5.1. Introduction

By the beginning of 19th century with the transformation of capitalism into a new form of social and economic organization a more benevolent capitalism was also required. In that respect welfare state constituted a form which can be a solution to the reproduction costs of capitalism and created a remedy parallel to the principles of laissez – faire liberalism. So that most tensions and shortcomings will be solved and a new basis for social order will be constructed (Gough; 1979).

The welfare state represented institutional mechanisms for delivering some welfare provisions especially in public health and public education, which have also initiated social changes. In Turkey, such mechanisms started to be adopted since the late Ottoman Empire but mostly flourished after the 1950s. In the 1970s, when the Western Welfare State was living through its golden age, Turkish counterpart was still very far from being adequate compared to the Western forms. After 1980s, at a time when the welfare states started to withdraw many of its provisions in the global scale, and with increasing unemployment and poverty the discussions on welfare state gained importance. Such discussions also gained importance in the Turkish context, however, with different emphasis. In the West,

the emphasis was mostly on the dependency creating aspect of the older welfare provisions or on the need for a restructuration in the welfare state mechanisms for obtaining more inclusion of different sections of the populations who were negatively affected due to changes in these societies. In Turkey, however, the discussions mainly focus on the inadequacy of the provisions, how to improve the existing system of welfare provisions so that the impact of the rising poverty can be controlled, and to work on a new social insurance with wider coverage.

With such developments in mind I decided to ask the policy planners and service providers about their conceptions of a social state and its major responsibilities and also their evaluations of the existing system of welfare provisions with a specific focus on the Green Card Scheme in Turkey.

5.2. How do the Policy Planners and Providers Perceive and Define Social State?

I asked the policy planners and providers about their definitions of welfare/social state provisions in Turkey. Their perceptions and definitions were shaped by the Turkish experiences. The reason to ask this question was to understand how they perceived the role of state in social welfare provisions in the Turkish context. Turkish welfare regime displayed some differences from the welfare regimes and practices experienced in the European context. Especially, the domination of social networks and reciprocity (Kalaycıoğlu, Rittersberger-Tılıç; 2000) gave us a different model of organisation similar to other Southern European societies as Rhodes has discussed (1997). In this model either family or kin and other social networks based on vested interest or clientelistic relations, compensate low level of welfare provisions of state. These relations can be also interpreted as one of the influential reasons behind the perceptions of the state in the Turkish context as "the father of its citizens", as Buğra (2001) discussed. Through this perception the state is expected to help and give assistance to its citizens, however, when such expectations can not be fulfilled then it turns into disillusionment about the state.

All of the respondents criticised the practices of welfare regime of Turkey in one way or another by emphasising the disorders, unequal distribution of resources and the problems of access to existing programs.

The role of clientelistic relations or the family is not only limited to the compensation for the inadequate welfare provisions of the state institutions, but they also provide the efficient mechanisms of access to these limited welfare provisions. As Keyder (1999b) discussed, clientelistic relations and the family in Turkish context like any other Southern European countries have important effects in welfare distribution. A respondent (planner in SPO 49, F), argues that there is no social/welfare state in Turkey because the access to social rights are determined by whether the persons have clientielist ties or not. She explains this situation with the following words;

> In my opinion, it is arguable whether there is such a thing or not. I do not suppose there is. If you have an upholder (someone to support you), there is this social state thing, but unfortunately if you do not, there isn't. If the social state really exists, the state should support every individual. But unfortunately, the state doesn't seem to do that at all. Let me define it in this way: if I am ill, or if I have a job or look for a job, or whatever the case is, if I get a result easily wherever I go, this is the social state. However, if an individual needs an upholder for getting some money on credit, for being hospitalised, or if your only chance is through private rendezvous through somebody you know, etc. this is not social state.

> *Bu tamamen yani benim tanımlamama göre, eğer pek var mı yok mu tartışılır. Varolduğunu zannetmiyorum. Eğer kişinin arkasında dayısı, amcası varsa sosyal devlet şeyi var ama onun haricinde maalesef. Sosyal devlet varsa, devlet her bireyin arkasında olması lazım. Ama maalesef devlet o bireyin arkasında görünmüyor. Şimdi bu şöyle tanımlayayım, şimdi eğer ben hastaysam çok rahatlıkla veya bir işim varsa veya bir iş arıyorsam veya bir durum ne olursa olsun gittiğim yerde sonuca çok rahatlıkla ulaşabiliyorsam, sosyal devlet budur. Ancak fert bir yere giderken, bankadan kredi çekeceksiniz, arkanızda bir adam, bilmem hastanede yatıracaksınız, özel randevu alacaksanız ve yahutta bu çeşitli arttırılabilir herbirinin arkasında bir adam arıyorsanız bu sosyal devlet değildir.*

While her emphasis was mainly on the influence of clientielist relations or the family as the major reason explaining the non-existence of social/welfare state in Turkey, another respondent (Co-director in the Directorate of the Primary Health Care Units in District B, 45, F), defends this argument by emphasising the non-existence of the idea of equality in the state.

> It ought to be a social state with the idea of equality before all else, however I do not see any idea of equality. There is no equality among our citizens; neither a job nor a salary according to the education level; no equality I mean. What I expect from the state is adjustment to the idea of equality first. Equal payments for equal levels of education. Equal payments for equal jobs. Equal payments for equal working hours. Everything should be equal, and I believe there is not such a thing.
>
> *Sosyal devlet olmalı ama sosyal devlette eşitlik ön planda olmalı ama ben eşitlik göremiyorum. Valla ne vatandaşlar arasında, ne eğitime göre iş, eğitime göre ücret, hiçbir şeyde eşitlik yok yani. Ben bir devletten önce eşitlik beklerim, eşitlik ilkesine uymasını beklerim yani. Eşit eğitime eşit ücret. Eşit işe eşit ücret. Eşit mesaiye eşit ücret. Her şey eşit olmalı. Yok öyle bir şey bence.*

Another respondent (working in the Ministry of Health 46,M), explains the term of social state by arguing that social/welfare state should be based on the idea of reciprocity. He explains this idea by saying that;

> In my opinion, in social state everyone should receive service proportional to the service he/she gives. But unfortunately this is not the case in Turkey. There is a fraction/group of people which neither works nor pays taxes, however continually gets service from the state; while another group which provides a good amount of income for the state but never gets the service they deserve. This is not the concept of social state. Social state is getting service from the state proportional to the contribution you make for it. There is no social context in this sense.
>
> *şimdi sosyal devlette benim anlayışım şudur herkes verdiği kadar hizmeti geri almasıdır ama maalesef Türkiyede bu böyle değildir bir kesim vardır hiç birşey vermez yani devlete hiçbir şey vermez vergisini vermez devlete çalışmaz hiçbir şey yapmaz ama devletten sürekli hizmet alır bi kesimde vardır devlete çokça gelir sağlar ama karşılığında belki de kendi alması gereken hizmetin hiçbirini almaz bence bu sosyal devlet anlayışı değil sosyal devlet anlayışı kişinin sağladığı katkı kadar tekrar devletten hizmet hizmeti almasıdır bu kapsamda değerlendirdiğiniz zaman pekte öyle sosyal içerikli olmadığını yani esasında sosyal içerikli olup pek sosyal içeriğe yönelik olmadığını düşünüyorum.*

Although they evaluated social/welfare state with quite different terms including the role of clientelistic relations and absence of both equity and reciprocity between the state and its citizens, the common point in their evaluations was that the social/welfare state was either absent or very insufficient in Turkey as Koray indicated (2000). While the other two respondents pointed to the same problems of the social/ welfare state in Turkey, they agreed that the Turkish social/ welfare state existed. Despite the absence of the equal distribution of income and some related problems, the idea of social/welfare state is declared

by the constitution and that was the proof of the social/welfare state for this respondent (planner in SPO, 35,M). He says:

> In Turkey, it is stated in the constitution that as a social state, this is a social state and each citizen has social security rights. They try to distribute social welfare widely but they are not so successful in that. This is a country with a terribly irregular income distribution. Although this is a country with a Gross National Product (GSMH) of upper-mid level in world standards, it falls behind in its division. There is not an equitable income distribution. There are some problems here but the state is trying to do its best in sense of social security.
>
> *Türkiye'de bir sosyal hukuk devleti eee olarak anayasasında eee sosyal hukuk devleti olduğunu belirtmiş, tüm vatandaşlara sosyal güvenlik hakkı olduğunu belirtmiş. Eee sosyal refahı yaygınlaştırmaya çalışıyor ama bunda çok başarılı değil, gelir dağılımı çok bozuk bir ülke. Eee GSMHsı ee orta üst grupta dünya klasmanında bir ülke olmasına rağmen paylaşımda çok arkalarda. Adil bir gelir dağılımı yok. Eee burada bir takım sorunlar var. Ama sosyal güvenlik anlamında devlet elinden geleni yapmaya çalışıyor.*

Another respondent (director of SASEF in district A, 33, M), argues that the social state exists and wants to give as much assistance as it can but limitations arise due to the fact that there are not enough funds to realise its aim.

> The facilities of the state are not sufficient at the moment. It does not fit in that idea of social state. It is partially sufficient I mean. Social security in the field of health, for instance: on this side one gets treatment, but on the other side he/she cannot buy the drugs (unless he/she knows anything about social aid. We have such cases that a patient comes to our district to get treatment in oncology hospital in our district, but as he/she lives outside Ankara, he/she cannot buy any drugs here, and goes back to his/her hometown to get the drugs. They come here to get X-ray treatment but because they do not have any place to stay at, they sleep in the parks here around the hospital. No facilities are provided for them, these things should be involved in the concept of social state.
>
> *Şu anda yani tam yeterli değil yani devletin imkanları tam yeterli değil yani o sosyal devlet anlayışına tam uymuyor yani herkesin kısmen bence yeterli. Mesela işte sosyal güvenlik sağlık alanında bir taraftan tedavisini oluyor diğer yerden ilacını alamıyor eğer sosyal yardımlaşmayı bilmiyorsa. Mesela öyle bir olay varki ilçemizde onkoloji hastanesi var. Adam burda onkoloji hastanesine Ankara dışından gelmiş, onkoloji hastanesinde tedavi görüyor bizden ilaç alamıyor, hiç bir ilçeden ilaç alamıyor ancak memleketine tekrara gidip ilacını alması gerekiyor buraya ışın tedavisine geliyorlar kalacak yerleri yok bursa bahçede şeylerde kalanlar var gözümüze çarpıyor onlara bir yer yapılmıyor bu imkanlar hiç bir türlü sağlanmıyor sosyal devlet anlayışında bunların sağlanması gerekiyor bence .*

5.3.How Do They Perceive the Responsibilities of Social State?

I asked them the responsibilities of the state towards its citizens. The reason why I asked this question is to show that these responsibilities also define the limits of these responsibilities.

The respondents who work in the State Planning Organization as policy planners and planners responded to this question by giving a textbook definition of the social/ welfare state which appears in the idealised form. But the respondents who work in the implementation of policies and distribution of funds reflected rather the shortcomings of the system. For example an expert from the SPO (49, F), responded that,

> In my opinion, in a social state, labour has to be paid in return. Besides, the state should share the troubles of people. There are plenty of uneducated students waiting at the gates of the schools, we can be a social state only if we can support them on time. We give them primary school, secondary school and high school education; but when it comes to the university we take only 10% of them inside the gates – not 50%, not 20% but only 10%. This means that 90% of these students are excluded. Where is the social state? If it has no facilities, it has to create them. It has to provide the graduates with appropriate jobs. Where is the social state? You have to pass 40 examinations to enter a job, but if you do not have an upholder... Where is the social state?
>
> *Benim kendi düşünceme göre sosyal devlet denildiğinde emeğin karşılığını tam vermesi lazım onun haricinde sıkıntılarını devletin ortak olması lazım iş yerinin bir sürü eğitimsiz okul kapılarında bekleyen öğrenciler var eğer onlara saatinde zamanında destek olabilirsek sosyal devlet olabilir ilkokulda eğitimini veriyor ortaokulu liseyi veriyor üniversite kapılarında bu kadar vermiş olduğu eğitimi %10nu ancak alıyor yüzde yarısıda değil %20side değil %10unu alıyor %10nu almak %90nı dışlamak demek nerde bu sosyal devlet eğer imkanların yoksa imkan yaratacak artı mezun ettiğin kişiye iş yok iş alanı sağlaması lazım nerde sosyal devlet bir iş için 40 tane sınavdan geçiyorsunuz arkasında eğer yine bir adam yoksa nerde sosyal devlet?*

On the other hand, a provider (director of SASEF in District B, 37, M) working in fund which provides services for a large section of the migrant and poor population living in squatter houses, in Ankara, comments on the responsibility of the state as ,

> Its main responsibility is related to the health of the people and sufficient income levels for them to afford their living – the point we have mentioned previously. So, social state should assure the health of all its citizens. Second, sufficient income should be provided for these people to afford their living. This depends on the economy of course. These can be done only if the economy is fine.
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> *En büyük sorumluluğu insanların sağlığı ile ilgili ve yaşamlarını sağlayabilecek bir gelirle ilgili daha demin bahsettiğimiz olay. Yani sosyal devlet tüm vatandaşlarının sağlığını güvence altına almalı bence. İkincisi de bu insanların yaşamlarını sağlayabilecek bir gelirinin sağlamalı. Tabii bu da ekonomiye dayanıyor. Ekonomi iyi olursa bunlarda gerçekleşir.*

From his point of view, the social/welfare state responsible from its citizens in the time of need which is also one of the main promises of the Beveridge's welfare state (Paci; 1993). Another respondent (Co-director in Directorate of Primary Health Care Units in District B, 45, F) from the same district office also supports previous argument by emphasising that,

> Yes, there is. In my opinion it should be responsible for the health. What can you expect from an unhealthy person? If he loses his health, how can you expect him to be productive? Could we expect education from these people? I think the state is responsible for people's health unconditionally. Education – it should give education. Paid or unpaid, whatever. And auditing. Both education and health services must be provided by all means. Other things must be provided as well, but without these two, others would be meaningless. Exactly.. Everyone should receive training and education. And even knowing that one has social security rights prevents him from getting ill.
>
> *Vardır. Bence sağlıktan kesinlikle sorumlu olmalı. Sağlıksız bir insan dan ne bekleyebilirsin ki? Sağlığını kaybetmiş, bundan üretim mi bekleyeceğiz? Eğitim mi isteyeceğiz bu insanlardan? Devlet koşulsuz insanların sağlıklı olmasından sorumludur bence. Eğitim, eğitim vermeli. Ücretsiz veya ücretli. Ne şekilde. Denetim yani. Eğitim ve sağlık bunları mutlaka yapmalı mutlaka.Diğer şeyleri de sağlasın ama bunları yapmadıktan sonra neyi sağlarsa sağlasın yani. kesinlikle eğitim almayan insanın kalmaması ve hasta olduğunda sağlık güvencesinin olduğunu bilmek bile insanı hasta etmez.*

A provider (official in Green Card Bureau in District A, 35, F), where mainly civil servants and workers, who work in jobs with lower status and pay in the public sector, reside, says that the state is not able to provide enough to its citizens, especially in terms of employment and health services. She says that,

> Not exactly, the state does not perform everything excellently. It can not provide job opportunities. Our hospitals have many deficits in the sense of social security. The state does not complete them. It has responsibilities, it provides some facilities such as the Green Card. But

we need more job opportunities. We should help unemployed citizens in that sense as well.

Ya tam yok yani devlet her şeyi dört dörtlük yapmıyor.İş imkanı olsun tam sağlamıyor.Yani güvence olarak hastanelerimizin eksik yönleri şeyleri var.Yani tam sağlamıyor diye düşünüyorum.Yani sorumlulukları var.Yani bize şey bazı imkanlarımız var.Yani vatandaşları güvenceleri olmayanlara bu işler var.Bu YEŞİL KARTı sağlıyor. Ama iş yönünden işte bazı imkanları açmamız gerekiyor.Yani boş olan vatandaşlarımız için yani o yönden de yardımcı olmaları gerekiyor yani.

Another perspective of responsibility was voiced by a provider (Co-director in Directorate of Primary Health Care Units in District B, 45, F) from district B, who emphasised the joint responsibility of the state and citizens;

First to the state, then to the citizen... The state ought to know what it wants the citizens to do. For the health insurance, the state has to take something in return of it, and it should explain it to them. If you want to live healthily or if you want me to give you health service when you get ill in the future, you have to pay something for it; or it is cut out from your salary or if you do not work, you pay it yourself, or if you do not have an income I should know that you can not pay for it. People should know these things, and the state has to explain everything to them but give back what it gets from them. It either takes but does not give, or gives but does not take anything. Some things are always lost in-between in Turkey. Same thing happened in BAĞ-KUR for years, they took advantage of many facilities without paying anything for years. Now there is big gap that cannot be filled in. There is lack of control and the state ought to provide it. The state is responsible to its citizens just as a father is responsible to his children

Önce devlete sonra vatandaşa... Devlet ne istediğini bilmeli vatandaştan sağlık sigotası bunun karşılığını istemeli bunu anlatmalı senin ileride sağlıkla yaşaman için veya ileride hasta olduğun zaman benim sana sağlık hizmeti verebilmem için seninde belli bir şey ödemen gerektiği veya çalıştığı iş yerinden kesilir hiç çalışmıyorsa kendi bir şey öder veya 0 ücretli ise ondan ödenmeyeceğini bilir yani bunları bilmeli insanlar devlette ne isteğini anlatmalı insanlara ama vermeli karşılığında alıp alıp vermiyor veya bilmem verip verip almıyor hep arada bir şeyler kaynayıp gidiyor Türkiye'de Bağ-Kur'da da bu yıllarca hiçbir ücret ödemeden bir sürü sağlık şeyinden yararlanmışlar bir sürü açıklar işte ödeyemiyorlar denetim yok denetim eksikliği var devletse sunmak zorundadır nasıl bir baba çocuklarına sorumluysa devlette vatandaşlarından sorumludur yani.

When I inquired further about how such wishes or claims can be realised; what will be the proper way/s of achieving the aims of better provision; the responses I gathered were mainly focusing on education and training. Through training they thought that citizens will also learn about their responsibilities in the form of the

" honest" payment of their due taxes. They were claiming that the citizens who were not paying taxes were causing the limitations in the state budget. Some others also claimed that, through training, citizens would learn that they have to pay for some part of the services. Although free services provided by the state are a must for some sections of the poor population, some people should learn that they are bound to pay for some part of major public services, like health and social benefits.A planner in the State Planning Organization (49,F) says that,

> I think all these can be done by raising consciousness with education. People should share responsibility with the state. If people do not pay their taxes regularly, what can the state do. It is not fair to expect everything from the state. Plenty of our citizens are rich enough to share responsibility with our state and... Yes, each individual should contribute for this responsibility from the day of birth. By means of parental and school education, tax consciousness should be raised. Not everything can be one-sided. The state needs to take the tax from its citizen in order to give him/her those facilities then. People may be rich, but we all hear news about tax smuggling from the papers and other media very often. As a government official the annual tax I paid was 1.5 – 2 billion Turkish Liras. If you add the tax my spouse paid, it makes 4 billion TL. How many of the artisans – let it be a pharmacist, or a grocer – pay 4 billion TL, even if they pay it, they do it with complaint. However he/she is not aware that the tax he/she pays comes back to him/her later on.
>
> *Benim kendi görüşüme göre bunlar hepsi bilinçlendirme eğitimle olur devlet nasıl ne kadar sorumluysa halkta o kadar sorumluluğu paylaşmalıdır eğer halkta yangında mal kaçırır gibi vergisini sağlıklı ödemezse devlet ne yapsın herşeyi devletten bekleme bir sürü zengin vatandaşımız var yani bunlar devletin üzerindeki yükü biraz olsun sırtlanırsa ...Var, tüm bireylerin bunu doğduğu anda herbir şeyde bu sorumluluğa katkıda bulunması lazım yani anne baba eğitimiyle okul eğitimiyle vergi bilincinin geliştirilip yerleştirilmesi lazım herşey tek taraflı olamaz devlet o işi yapabilmesi için o kişi imkanı verebilmesi için neyle yapacak vatandaştan vergisini alacak kişi zengindir ama vergi kaçakçılığı gazetelerde medyada sıkça duyuyoruz görüyoruz biliyoruz ben memurken vermiş olduğum karı koca vermiş olduğum şeyleri söyleyim senede 1.5-2 milyar vergi birde eşimin verdiğini düşünün 4milyar vergi 4milyar ki ben belli memur uzman olduğum halde bu kadar bide hangi esnafa belli bir esnafa vıgır vıgır çalışan bir esnafa bir eczane olsun bakkal olsun bilmem ne 4 milyar kaç kişi veriyor bunu verirken söylene söylene veriyor halbuki o vergiyi verdi bilhare ona kendisine tekrar kapsamlı olacak gelecek halbuki onun bilincinde değil.*

While the respondent (official in Green Card Bureau in District A, 35, F) argues that this responsibility belongs to 'the citizen', according to her work- mate, (official in the same place, 39, M) this responsibility belongs to the state.

I asked to the policy planners and providers about their definitions of duties of citizens towards or their expectations from welfare/ social state. As Marshall discussed, the third component of social rights was only realised after the formation of welfare state especially in the British context. For Roche (2000) citizens are able to participate in a society where they can realise their rights including welfare, work, education and health. According to her, this idea of citizenship is formed on basic rights during the 'postwar consensus'. This form of consensus started to lose its ground due to reasons quite similar to those that have also caused the end of the golden age of welfare state. The new conceptualisation of citizenship advocated by American Neoconservatism has become influential everywhere for Roche (2000) and it mainly emphasizes duties rather than rights.

In the research the respondents also mainly emphasised the duties of citizens in Turkey. However, such kind of understanding was not originating from a development parallel to the Western Welfare State. In order to be able to analyse the reasons behind such a definition of the Turkish respondents of the idea of citizenship for Turner (1993) can be helpful. He said that, citizenship is "a set of social practices which define the nature of social membership (Turner; 1993, 4)". In fact, their definitions of citizenship can give clues for understanding the boundaries of social membership within the welfare regime of Turkey.

A provider (Director of SASEF in District B, 37,M) explains his understanding of citizenship duties as follow,

> So we return to the same question but if people give us right information and if they do not mislead us, it will speed up the procedure and we will be able to help them more quickly. This is our citizens'duty. The more straightforward our citizens, the shorter our tasks last, and the quicker they are served. If they try to deceive us, it will be problematic both for us and them. What would be a problem for me? It takes half a day for my employee and in that period instead of serving and examining ten people, one person steals his time with lies. Why? As a result, I feel obliged to examine people in a more detailed way because I don't trust them.

E aynı soruya döndük ama vatandaşın doğrucu doğru bilgi vermesi, bizi yanıltmaması işlemleri hızlandıracak ve kendisine daha hızlı bir şekilde yardımcı olmamızı sağlayacak. Vatandaşın üzerine düşen görev bu. Vatandaş ne kadar dürüst olursa, bizim işimizde o kadar kısa olur. O kadar kısa sürede bizden yararlanır. Bizi kandırma yoluna giderse hem benim için sorun olur hem kendisi için sorun olur. Benim için ne sorun olur? Elemanımın yarım gününü alır, o esnada benim elemanım on kişinin daha işini bitirebilir, incelemesini yapabilir. Ama bir kişi on kişinin şeyini engelliyor zamanını çalıyor yalan beyanla. Niye? Ben daha detaylı araştırmak zorunda kalıyorum güvenmediğim için.

So he is blaming the people who are not 'honest' in declaring their needs and defending their rights. So he thinks that people who do not know about their citizenship duties are trying to cheat the providers by making false declarations.

A provider (Co-director in Directorate of Primary Health Care Units in District B, 45,F) in the same district declares that if citizens are trained then it is possible to keep them responsible for their duties. If majority is uneducated then you can not expect people to feel responsible.

If you do not train your citizens as a state, they will not know their responsibilities. Besides, Turkish people do not have the sense of responsibility; not only in health matters, they do not even know that they should not spit on the street, do they?

Vatandaşını eğitmiyorsan devlet olarak nasıl yani sorumluluğunun farkında da olmaz onlar zaten Türk halkında sorumluluk biraz kıt hiç yani sağlık konusunda değil yola tükürmemesi gerektiğini de bilmiyor insanlar biliyorlar mı?

Another provider (Official in Green Card Bureau in the same district B, 40, F) also claims that people tend to cheat the services because they are not employed in formal sector jobs. This is a very important point that makes a reference to an ethical development that may be only expected from an employed person. So he means that if most of those poor are unemployed or employed in causal, insecure jobs then we can not assume that they will have a proper understanding of "duty".

They have to work. They are said to be insured, but they work with the artisans and they are declared to be insured for three months, but not the other months. Besides our people do such things as -most do it in Siteler- instead of being paid 40 million TL weekly, they prefer to get 50 million TL and not to pay 10 million TL of insurance premium.

If they accept being insured and getting 40 million TL, there will not be such crowding any more.

Yani çalışması lazım. En azından ne bileyim sigortalı diyorlar gerçi esnafın yanına giriyorlar üç ay sigortalı gösteriyor, diğer aylar ama bir de şu var halkımızda Sitelerde çoğu öyle, 40 milyon haftalık almak varken gidiyorlar 50 mil. alıyorlar. 10 mil. sigortalı olmuyorlar. Ha o mu? 40a razı olup da sigortayı kabul etseler, belki bu kadar yığılma da olmaz.

A policy planner in SPO (35, M) approaches the issue of citizenship from a slightly different perspective of abuse of social insurance premiums by employers. He also says that it is the duty of the employees, also that they should not cheat their insurance rights by double usage / memberships.

Insured people, especially in SSK and BAĞ-KUR, have to pay the insurance premiums regularly. In SSK if we accept employers as individuals as well, they have to pay the insurance premiums taken from their employees regularly, too. Those who are insured should consciously use the rights and benefits the insurance has given them. Insurance should not be abused. For instance, a person with BAĞ-KUR insurance should not get his/her relatives and friends trated with his/her own health security. Because BAĞ-KUR insurance is a system that survives with the premiums he/she pays. Such kinds of abuse destroy BAĞ-KUR financially. Health expenditures exceed the health income in BAĞ-KUR, I mean there is a big gap in the field of health.

Eeee sigortalıların primlerini özellikle SSKda Özellikle Bağ-Kurda düzeni olarak ödemeliler. Eee SSK da işverenleri de bir birey olarak değerlendirirsek, işverenlerde sigortalılar için kestikleri sigorta primlerini düzenli ödemeliler. Eee sigortalılar, sigortanın kendine sağlamış oldukları hak ve menfaatleri bilinçli olarak kullanmalılar. Eee sigortada mesela suistimal olamaması lazım. Mesela Bağ-Kur sağlık karnesi olan eee bir Bağkur sigortalısı o sağlık karnesiyle yakınlarını eşini dostunu tedavi ettirmemesi lazım. Çünkü bağkurlunun ödediği primlerle ayakta duran bir sistem Bağkur sağlık sigortası. Bu tür suistimaller Bağ-kurun ee maliyetini bozuyor. Bağkurda sağlık harcamaları sağlık gelirlerinin çok ilerisinde. Yani sağlık konusunda çok büyük açık var.

A totally different perspective comes from a provider (Director of SASEF in District B, 37, M) who questions the role of the providers themselves. He emphasises that it is their duty as providers, to give the correct informations to the beneficiaries and also to keep them informed and direct them to access to their rights. So here the term "duty" is put on the providers' sides who are perceived by citizens "as the real representatives of the state". So if they do not perfom their duties right then they can not accuse the uneducated people for lack of responsibility.

As we talk about the social state, we accept ourselves as representing the state here. What we expect from our citizens is that they do not stall us and give us clear and correct information, so that we can help more people in shorter time. How do we try to help them? Basically I just gave this form you know. Where should our people go to ask for their social security rights? ES, BAĞ-KUR, SSK. Our people are so uneducated that they cannot express their problems, they are so poor that they cannot pay the fare. In order to overcome this, we decided to make cross-examination on the internet, so not our people would go to the institutions, but we would reach BAĞ-KUR, SSK, and ES from here and search for their records by means of the computer. But we were rejected by the institutions due to many reasons. If we could have done that, both the institutions and the people would be at ease and the procedure would work faster. It was rejected because of security problems and for the secrecy of information. We couldn't ask the institutions for any reasons, of course. They have reported some reasons of their own.

Ya şimdi şöyle sosyal devletin derken biz kendimizi devlet olarak gördüğümüz için yani biz devleti temsil ediyoruz burada. Bizim vatandaştan beklentimiz, bizleri yanlış bilgilerle oyalamamaları artı net ve doğru bilgilerle işlemi kısaltmaları yani biz elimizden geldiği kadar insanlara yardımcı olabilmek için işlemleri kısaltmak için işler yapmaya çalışıyoruz. Ne gibi işler yapmaya çalışıyoruz? En basitinden şunu söyleyim, bizim şimdi şu formumuzu verdim. İnsanların sosyal güvenliklerini sorgulayabilmek için nerelere gitmesi lazım?ES, Bağ-Kur, SSK. Ha biz dedik ki; vatandaşımız cahil kendi derdini anlatamıyor, yoksul yol parası bulamıyor. Bunu ortadan kaldırmak amacıyla internet aracılığıyla kurumlardan sorgulama yapalım dedik. Yani vatandaş gitmesin biz kurumlara buradan girelim Bağ-Kur, ES ve SSKya bu kişinin kaydı var mı yok mu bilgisayar aracılığıyla kendimiz sorgulayalım dedik ama tabi bu kurumlardan hep red cevabı aldık. Yani çeşitli sebepleredn dolayı talebimiz reddedildi. Böyle olsaydı, hem kendileri rahatlıyacaktı, hem vatandaş rahatlıyacaktı hem işlem hızlanmış olacaktı. Güvenlik açısından reddedildi, bilgilerin gizliliği açısından reddedildi. Kurumlara neden diye soramadık tabi. Kendilerince bir neden yazmışlar.

Duty is mostly understood as the duty of tax paying. Tax was the only way how Ottoman state forming relations with its subjects as Mardin (1963) indicated (cited in: Rittersberger-Tılıç, Kalaycıoğlu; 1998). In a society where tax avoidance is widely known and announced by the Government documents (Kızılot; 1997) and the media (Radikal; November,19, 2002), some providers claim that in Turkey it is only the civil servants who pay their taxes (because it is automatically cut from their wages) and so they are the only citizens who can be considered as 'honest'. An official in Green Card Bureau in District B (40,F) says that,

They have to pay their taxes. But unfortunately, even our rich do not pay taxes. My house rebt is 180 million TL, but it is written 150 million TL on the contract because he does not pay tax for it. Does he need it? No. Government officers are the best in paying taxes. It is cut off before they get their salaries. But even most of the artisans do not pay tax. If they do so, there will not be such malpractices, and our income will be higher. Peole give nothing to the state, it is good that the state can help people for their hospital expenses, food, fuel, etc. Municipalities and local administrators give them as well. There are people in really bad conditions. But I am angry with them for some reasons. Today I recorded 4 children for someone with a birth date of 1979. First comes family planning. "God gives its food". If they do not have enough money – which is obvious... The foundations or sometimes the police go and make research sometimes. There are some people in really bad conditions, they have 5-6 children –they have to make children not more than they can look after. "God gave it, god gave it". They need family planning first. If they cannot afford their living anyway, only then the state can help them. It is faulty that we expect everything from the state. They spend the whole day at coffeee houses and their wives go for house cleaning, or hey sell paper handkerchieves, etc. Or they sell their own wives – the Çin Çin[12] case. They should work; if they sell lemons on the street they would afford their daily livings. They may take the Green Card anyway. But it is not fair that we expect everything from the state. People do not do their duties in aproper way.

Yani vergisini vermesi lazım. Ama bizim maalesef ki zenginler bile vergi vermiyor. Benim kiram 180, kontratta 150 gözüküyor. Neden? Vergi kaçırıyor. İhtiyacı mı var? Yok. En güzel vergiyi veren memur. Maaşını almadan kesiliyor. Ama esnaf bile çoğu kaçırıyor yani. Vergisini verse zaten bu kadar yolsuzluk olmaz, bu kadar düşük de olmaz gelirimiz. Devlete halk bir şey vermiyor ki devlet iyi halka bu kadar yardım ediyor, hastane masrafı olsun, yiyecek, yakıt bilmem ne. Belediyeler veriyor, kaymakamlıklar veriyor. Çok zor durumda olan insanlar var. Ama onlarda yani ben şuna kızıyorum: Daha 79 doğumlu bu gün yazdım dört tane çocuk. Yani önce aile planlaması. Allah verir rızkını. Biz diyoruz ki madem durumunuz yok e belli yani giden vakıf gidip kendi de araştırıyor bazı çoğunu emniyet gidiyor. Gerçekten zor durumda evde beş altı çocuk, insan bakabileceği kadar çocuk doğurması lazım. E allah verdi, allah verdi önce bunu aile planmasını getirmesi lazım. Ondan sonra ha tamam, geçinemiyorsa devlet yardımını yapmalı ama hep devletten beklememizde suç. Gidiyorlar bütün gün kahvede, karısı ev temizliğine gidiyor geçiniyor veya şey kendisi karısını bilmem birşey selpak satıyor birşey satıyor o şekilde. Ya da karılarını pazarlıyorlar, Çin Çin yani o durumda. Bence çalışın, yani limon satsalar, günlük kazancını çıkarır. Yine YEŞİL KARTı alsın. Ama herşeyi devletten beklememiz bence şey değil. Halk üstüne düşeni yapmıyor.

A provider (working in the Ministry of Health, 46, M) also points to the importance of "duty" as a mutual responsibility between the state and the citizen.

As I said before in a social state things do not come out of nothing. If the state is charged with giving people service, it has to take things from them materially or by means of labor. So our citizens have to

[12] The district is a famous with crime and illegal activities among people.

> work and pay their taxes to the state, so they can take something in return. This is the idea of social state. If you give nothing as an individual or as a whole society, and have great expectations from the state, this is not a social state.
>
> *Tabii az önce söylediğim gibi sosyal devlet yanii hiçbir şey yoktan varolamaz vatandaşın hizmet etmesi için mutlaka vatandaşın ona gerek maddi gerekse emek yönüyle bir şeyler alması lazım yani vatandaş devletine çalışacak vergisini ödeyecek ve onun karşılığını alacak sosyal devlet anlayışı budur az önce ifade etmeye çalıştığım gibi budur yoksa sen fert olarak veya toplum olarak hiç bir şey verme devletine çok şey bekle bence bu sosyal devlet değildir.*

Also Mr. Demirel emphasised this mutual responsibility between the state and its citizens. According to him;

> State is not a firm. State is a social institution. There is an unwritten contract between state and its citizens. This unwritten contract is based on ethics, conscience and humanity. Some people do not understand that. If the citizens of the country make sacrifice of from themselves -like paying taxes, making military obligations-, then they are in need at the hospital gate if it is said to them that if you do not have money, you will die, this state has failed. Society have to support its citizens in the time of need.
>
> *Devlet bir şirket değildir. Sosyal bir kurumdur. Vatandaş ve devlet arasında yazılı olmayan bir mukavele vardır. Bu yazılı olmayan mukavele ahlaka, vicdana ve insanlığa dayalıdır. Bazı kişiler bunu anlamaz. Eğer o ülkenin vatandaşı bir takım fedakarlıklar yapıyorsa - vergisini veriyor, askerliğini yapıyorsa- o kişi acze düştüğü zaman hastane kapısında "paran yoksa öl" diyen devlet iflas etmiştir. Toplum acze düşen vatandaşı sırtlamak mecburiyetindedir.*

5. 5. To What Extent The Provisions And Benefits Are Considered As Adequate?

I asked to the policy makers, planners and providers about their evaluations on whether the state's policies of health and social security are adequate or not. The question was directed to the respondents asking them to evaluate the existing practice of welfare provisions and to comment on whether the aims referred in many government documents, including five year development plans and some reports by SPO, have been reached or not (DPT, 2001b; DPT, 2001a). The responses of the interviewees on the issue of the adequency can be grouped into three different ways. While some of the respondents have found that the existence of state provisions in social security and

health in Turkey is quite inadequate, others have found that such benefits are given in a sufficient amount. The third group argued that the existing situation is a limited and not desirable one but an acceptable situation because of the economic conditions of the country. One of my respondents who is a planner in SPO (35; M) pointed to the partial coverage of the population by the social and health security schemes as an example of inadequate practices of the state on these fields. For him,

> Of course I do not find it adequate what the state does in the field of social security and health. If it was adequate, over ten million people would not have the Green Card. We have to proceed more. Not all the population is covered with social service and social security programs. Not all the population has gained social assurance. The structure of the system is distorted. They are still a heavy load on the budget for social security. Reforms are continuing to be made in the field of social security and health.
>
> *Devletin sosyal güvenlik ve sağlık alanında yaptıklarını tabii ki yeterli bulmuyorum. Yeterli olsa yani on milyonu aşkın insanın YKı olmazdı. Daha alınması gereken epey bir mesafe var. Nüfusun tamamı sosyal hizmet ve sosyal güvenlik programlarınca kapsanmış değil. Nüfusun tamamı sağlık güvencesine kavuşmuş değil. Eee sistem kurgusu çarpıtıldığı için eee özellikle sosyal güvenlikte bütçe üzerine yük olmaya devam ediyorlar. Sosyal güvenlik ve sağlık alanında reformlar devam ediyor.*

On the other hand, one of the respondents (official in Green Card Bureau, F, 40) interpreted the provisions of the state as adequate under the conditions of limited economy in Turkey. For her, the problem is rather the misappropriation of these rights by most people. She says that;

> The state does as much as it can do. But people should not abuse it.
>
> *Elinden geleni yapıyor. Ama halkımızda bunu suistimal etmemeli.*

As opposed to that, the respondent who is working in the Ministry of Health (46, M) argues that to evaluate whether the provisions are sufficient or not, one should first consider the existing economic conditions of the country. The existing provisions of assistance should be evaluated as adequate under the conditions of a country which experiences economic difficulties. In his own words he argues that,

> if you compare it with the income or the present economic structure of the country, even if it is not adequate for these conditions, it is close to being adequate, I guess. Because as you know, we are living in a crisis, we all expect the state to give a better health and social service

> in better conditions, but in the present conditions we can say neither that it is poor or that it is good; it is something I between.
>
> *Eğer ülke geliriyle veya ülkenin mevcut ekonomik yapısıyla mukayese ederseniz bu şartlarda yeterli olmasa bile yeterliye yakın diye düşünüyorum ben çünkü biliyorsunuz bir krizden geçiyoruz ülkenin daha iyi şartlarda daha iyi hizmet vermesini hem sağlık hem sosyal hizmet yönüyle hizmet vermesini bekleriz ama mevcut yönüylede kötü diyemeyiz ama iyide diyemeyiz ortada bir şey.*

The existing economic conditions of country is also the 'excuse' of the limited welfare provisions of country for Mr. Demirel. He explains this situation as follow:

> Yes, a person has some social rights but whether those social rights are fulfilled or not is related to the economic power of that society. This is a much debated problem. We have a similar sentence in our constitution. This has been debated many times as well. Such sentences are put there as an excuse for not fulfilling these things. So how will we give without taking? So we come to the same point again, a state and a society must be rich for fulfilling their social duties.
>
> *Evet kişinin sosyal hakları vardır ama bu sosyal hakların yerine getirilmesi o toplumun ekonomik gücüyle mütenasiptir. Bu çok tartışılmış bir konudur. Bizim anayasamızda da benzer bir hüküm vardır. Burda da çok tartışılmıştır, yani işte bunları yerine getirmemek için, bahane için böyle bir hüküm konuyor. İyi ama olmadan vermek nasıl olacak ki?Öyleyse dönüp dolaşıp geliyorsunuz bir devletin ve bir toplumun sosyal görevlerini yapabilmesi için zenginlemesi lazım.*

Therefore the respondents agree that the provisions are far from being adequate for covering the needs of the population. However, they found different reasons for legitimating this gap. For them, it is either because of the economic difficulties/ crisis or because of the abuse of the system by the people that the help schemes are inadequate. So the state officials who work as either planners or providers, all agree that the state can be considered as doing its best under these limited conditions.

5. 6. Their Perceptions of Poverty, the Poor And the Deserving Poor

The distinction between deserving and undeserving is quite important. In this context I asked the respondents about how they perceive poverty, the poor and the deserving poor. As we know, the responses to both what is poverty and who is the poor were related to the discussions on the criteria of eligibility to

social aid and the distinction between deserving and undeserving poor. The role of policy planners, makers and providers in the decision making and selection processes about "who can be considered as poor" and "who is eligible to an aid or a Green Card" is important. For that reason, their responses should be read as their own perceptions and explanations of these criteria of eligibility for provisions. While they are defining what is poverty, their responses are quite similar. Almost all the respondents emphasised that "poverty means lack of basic requirements to sustain a physically healthy existence including income, housing and food". According to the co-director of the directorate of Primary Health Care Units (F, 45) poverty means people without access to basic needs of human being including income, food and education. For her,

> I define poor people as those who cannot feed themselves well, who do not afford the education of their children, who do not live in houses with good conditions -let alone travelling or cultural activities.
>
> *Yani karnını doyuramıyorsa yeterli beslenemiyorsa yeterli eğitim alacak kadar parası yoksa veya iyi koşularda oturacak evi yoksa ben bu insanlar içim yoksul diyorum hani gezmesi tozması kültürel faliyetleri bırak iyi beslenemiyor iyi oturacak bir evi yok çocuklarına eğitim verecek parası yoksa yoksuldur yani insan .*

Not to have an access to *education* is another significant indicator of poverty for them. That indicator has also prepared the necessary conditions for the continuation of poverty for the director of SASEF in District B, (M, 37). For him,

> The main reason for poverty in our country is illiteracy. Illiteracy is like a chaining traffic accident. An illiterate person, being uneducated, drags himself into such things as poverty. How does he drag into poverty? With the traditional rural logic, he has plenty of children. The living conditions are very poor. Why? The economic conditions of people are poor. So poverty in our country is the worst. We are at the extremities. Passing from this side to the other is an abyss for us. You stay either here or there.
>
> *Bizdeki yoksulluğun en baştaki kaynağı cahillik. Cahillik zincirleme kaza, trafikteki zincirli kaza gibi. Cahil insan eğitimi olmadığı için kendini hep böyle şeye sürüklüyor yoksulluğa sürüklüyor. Nasıl yoksulluğa sürüklüyor? Eski kırsal mantığı güderek çok çocuk yapıyor. Yaşam koşulları çok çok zayıf. Niye? Ekonomisi zayıf insanların. Dolayısıyla bizdeki yoksulluk en berbat yoksulluk. Yani biz uç noktasındayız. Yani bizim şurdan şuraya geçişimiz uçurum. Ya buraya gider ya bu tarafa gelir.*

Another important dimension of poverty for him is its *relative character*. Other respondents also emphasize this relativity of poverty in different ways.

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They have underlined the gap between the real poverty experienced in daily life by majority of the people and the formal/ statistical definitions of poverty by the policy makers in various state agencies and institutions. A planner from SPO (F, 49) criticized this gap. According to her, the definitions of state agencies and institutions "do not cover the reality of poverty".

> To define someone as poor, he should not be able to buy certain nourishment, those who cannot afford the house rent, education, health, food, clothing are poor. DİE has made a definition for poverty and a specified an index for monthly cost of living. According to this index, those who cannot earn 900 million or 1 billion TL monthly are considered as poor. There are some other factors of course, how many people are there who earns 900 million TL? Ten years ago there was a "mainmast" ("ortadirek") concept, and we were over that mainmast class. If 1 billion is the criteria now, we should be considered as poor as well. DİE does this classification according to its own data but how does it draw a limit for that?
>
> *Valla yoksul demek için bence şöyle belli gıdaları evine alamayan kişilere ben yoksul diyebilirim ancak tabii bunu tanımlaması lazım ev kira yani eğitim sağlık yiyecek giyecek bunları alamayan kişi bence fakirdir. Yoksul evine ekmek götüremeyen yani tabii bunun tanımı çok çok farklı. DİEde yoksulluk tanımı şey yapılmış, aylık geçim endeksi çıkarılmış. Buna göre ayda 1milyar veya 900 milyon evine girmeyen kişi yoksul oluyor tabii bunun şeyler var faktörler giriyor 900milyonu alan kaç kişiben bundan 10 sene evvelorta direk diye bir olay vardı orta direğin üstündeydik şimdi eğer bu 1milyarın üstünde şey yapıyorsa biz de fakir sınıfına gireriz yanii sınıflandırma yapmak DİE kendi verileri neye göre sınırlama yapıyor neye göre şey yapıyor.*

According to a respondent who is working in the Ministry of Health (M, 46) *the population below the poverty line is composed by,*

> Those who work for the minimum salary and 2/3 of those we describe as government officials; those who do not work; and people we define as 'the small farmer'; as a result 50% of our population are included in this category.
>
> *Şimdi asgari ücretle çalışan kimseler girer kamuda çalışan memur diye nitelendirdiğmiz insanların 3\2 si girer zaten çalışmayan işsiz olanlar girer küçük çiftçi diye sınıflandırdığımız kimseler girer diyebilirim ki bu tarife ülke nüfusunun %50si girer bu şartlarda.*

Only one respondent explains poverty with a moral term which is the *'lazin*ess'. According to an official in the Green Card Bureau in District B (F,40), the reason of poverty is ;

> Poverty is free-loading (haybecilik). Everybody should work, really. There *is* poverty and crisis, we all are influenced by them, but our people are really lazy. They do not work. If they stay at their home-lands, maybe they afford their living more easily, at least they can deal

> with their vineyards and orchards. But they always choose the easy part, they are very lazy. They only think of the bed, nothing else. I cannot say anything else; there isn't povert or poor people; there is lazy people. Nobody likes working. Instead of sitting at a coffee house all day long, he can sell lemons and earn his living, but there are many of those who don't.
>
> *Yoksulluk insanların haybeciliğidir. Ha herkes çalışsa, gerçekten. Ha yoksulluk var kriz var ve hepimiz etkileniyoruz ama bizim insanımızda çok tembel. Çalışmıyorlar. Yani gidip bilmiyorum, memleketinde kalsa bu insanlar belki daha rahat geçinirler, en azından tarlasını bağını bahçesini eker. Ama bizim insanımız hep kolayı seçiyor, ve çok tembeller. Bir tek akılları yatağa çalışıyor başka hiçbir şey değil.Ben başka bir şey demiyorum yani fakirlik yok fakir insan yok. tembel insan var. Öyle tembel ondan başka bir şey yok ki. Tembel insan var. Çok tembeller, çalışmaktan hiç kimse zevk almıyor. Yani bütün gün kahvede oturmaktansa bir pazarda limon satsa nafakasını çıkarır ama yapmıyan çok.*

For her, there are no 'poor people'; they are just 'lazy' people. Her argument reflects a moral definition of poverty and claims that as a result of the personal choices of some individuals there is poverty. In fact for her majority of the population do not like to work or reluctant to create some alternative survival strategies for themselves. This kind of an approach was used for the distinction between deserving and undeserving poor which started the New Poor Law in 1834 (Himmelfarb;1984). Also the Culture of Poverty thesis by Oscar Lewis (1959) comes close to this understanding. While the reason of poverty is a result of complex relations of social and economic circumstances, its definition with moral terms

> served to justify the mean spirited treatment of the poor, which in turn checked expenses for poor relief and provided a powerful incentive to work. In this way, the moral definition of poverty helped ensure the supply of cheap labour in market economy increasingly based on unbound wage labour (Katz; 1990, 14).

The reason of using such labelling towards the beneficiaries of the Green Card can be explained by the existence of the insufficent funds. According to Lowe, these insufficent funds will the officials to use such labelling:

> Insufficient funds were allocated to the service and that, in the absence of any criteria by which to ration benefit, local officials fell back on the traditional- but highly arbitrary and unscientific- distiction between 'deserving' and 'undeserving' poor (Lowe;1999, 48).

5.7. Their Evaluation of the Attempts by the State Towards Alleviation of Poverty

5.7.1. What has been done for the alleviation of poverty?

I asked to the respondents about their evaluations of the attempts by the state towards the alleviation of poverty. Since the persons included in the research were working in critical positions in the decision making and distribution of the social provisions by the state, their assessments are expected to give us an insider's view and a better evaluation of these help efforts. It is necessary to emphasize that their assessments included their assessments but also their own intentions and interpretations. Although there is a growing concern for poverty in Turkey, as discussed in the previous chapter, the state's intervention is quite limited. Respondents also indicated that they have only known about or heard about the Green Card Scheme and the SASEF as the only examples of state provision for the poor. By pointing to these, the respondent (Co-director of the Directorate of Primary Health Care Units in District B, 45, F) criticises the way these schemes function, the way they approach to the poor and the implementation. According to her;

> The state doesn't afford anything, there are only some foundations that help the poor and there is the Green Card. Nobody is intersted in what the poor eats and drinks or how well they are nourished their 7-8 children living in a shanty. I mean our citizens consult and report how bad conditions they live in. Or when the schools are opened, the head of a school determines the poor students. In order to make it cheaper they shoes or coats of the least quality by bidding, and these are delivered to the children 3 months later.
>
> *hiç bir tarafını karşılamıyor bir vakıfları görüyorum şurda fakirlere yardımcı olan şurda bir de YK ı görüyorum gecekondu da iki oda bir sofada yaşayan yedi çocuk sekiz çocuk ne yemiş ne içmiş ne kadar besleniyor hiç onlarla kimsenin ilgilendiğini düşünmüyorum yani vatandaş kendisi müracat ediyor çok kötü durumdayım bilmem ne veya işte okullar açıldığında okul müdürü tespit ediyor çocuklar fakir diye en kalitesiz en ucuza gelebilecek şekilde ihaleyle olduğu için bu işler ayakkabı alıyor mont alıyor o da 3 ay sonra dağılıyor ayağında çocuğun bu şekilde*

Like the previous respondent, the way these provisions and the help for the poor is organised and the actual amount of these help aid was a subject of criticism for another respondent (working in Ministry of Health, 46, M) as well.

Although he accepts that mostly the economic conditions of the country determined the level and size of these provisions, the amount of provisions were very low in most cases and very much insufficient to cover the needs of the poor. He explains that;

> The social state, as we have mentioned before, should afford the health and education expenses of the poor. Besides, if it has a goog economic structure and a high income level, that is if it is a developed country, certainly it can afford other basic needs such as shelter, food, fuel, etc. But these are limited with the power of the state in during the crisis period, and it ahs been the same for the past years as well. For instance in Kars, if fuel aid is given to the poor and th eprice of firewood and coal is 200-300 million TL per tone, it would be an absurd case if they give 50 million TL of fuel aid, what else can we say?
>
> *Sosyal devletin yine söylediğimiz gibi eğitim sağlık giderlerini kesinlikle fakir ve yoksul kimselerin mutlak suretle karşılaması gerekiyor bunun yanında da eğer ekonomisi iyise geliri yüksekse yani kalkınmış bir ülke ise elbetteki günlük diğer ihtiyaçlarını karşılama gibi bir yön seçebilir yani barınmadır normal yiyecek içecektir yakacaktır vb. şeyleri elbetteki karşılamaya gidebilir ama bu devletin gücüyle sınırlıdır tabii kriz ortamında da böyle olmuştur geçmiş yıllarda da böyle olmuştur yanii örnek Kars gibi bir yerde vatandaşa yakacak yardımı yoksul olan vatandaşa yakacak yardımı yapılıyor odunun körün tonunun atıyorum 200-300 milyon olduğu bir yerde kalkıp 50 milyon yakacak yardımı yapmak abesle şitigaldi başka hiçbir şey deme şansımız yok buna*

5. 7.2. What are The Causes Behind The Limitations of Provisions?

Although the responsibility of the state is to provide minimum subsistence conditions for the poor, the definition of who the poor in Turkey are is a major problem for the policy makers and planners as argued by one of the respondents (planner in SPO, 35, M). The difficulties of reaching to a consensus about the definition of the poor in Turkey are the major cause behind the limitations because the target group for the provisions can not be determined.

> The central state does its best with some policies, but they are not adequate. There are still some poor people who cannot get te services they should get from the state. No studies are done to determine who are more in need in Turkey. I mean who is in need and who is not, this is not known well. There are no common norms or standards in the aids made to the poor. Thus some people get more than they need, and some cannot get the aid they should. There is no common criteria. There is a problem here. There is a World Bank project concerning the reduction of social risk. I guess, in this project, Turkey will lack a study for determining such aspects.

Merkezi devlet bir takım politikalarla elinden geleni yapıyor ama bu yeterli değil hala muhtaç ve fakir durumda olup devletten alması gereken hizmetleri almayan bir takım insanlar var. Bu insanlar olacak devlet Türkiye de muhtaçlığın tespiti ile ilgili bir çalışma yok. Yani kim muhtaç kim değil bu ciddi anlamda bilinmiyor ve muhtaçlara yönelik yapılan yardımlarda da ortak bir norm ve standart yok. Nitekim birtakım insanlar yapılan yardımlardan alması gerekenden fazla alabiliyor ya da alması gerektiğini alamıyor. Yani ortak bir kriter yok. Bu anlamda bir sıkıntı var.

To identify the poor in Turkey goes as far as to the unemployed university graduates. In the determination of the poor whether the unemployed university graduates will be also considered as poor or not is a major question for the state agencies as argued by one of the respondents (official in Green Card Bureau in District A, 33, F). The underdeveloped economy even leaves the university graduates without any jobs. If they had jobs this would decrease the tension on the system. According to her, the job opportunities for university graduates will solve the problem. She states that;

I mean even university graduates are unemployed. If the state gives them jobs, maybe later on they open their own workplaces, and this gives job opportunities to those who cannot afford education or who cannot open workplaces.But there are no job opportunities for them.

Yani üniversite mezunları bile boş geziyor. Onlara en azından bir iş sağlasa, belki ileride onlar kendileri bir işyeri açar, bu okumayana veya işyeri açamayacak olana iş imkanı sağlanır. Ama onlara iş imkanı yok.

5.7.3. The Implications of The Limitations

I also asked about the implications of such limited state provisions to alleviate poverty, to the respondents. As discussed in Koray (2000), Buğra (2001), Keyder (1999b), and Kalaycıoğlu; Rittersberger-Tılıç (1998) the family is the main provider of the welfare to its members. Bugra (2001) argues that the dominant role of the family and family ties tend to weaken and dissolve under the unstable economic conditions and chronic economic crisis. So referring to Beck (1998), erosion of the tradition or kinship solidarity in the Turkish context in addition to worsening economic conditions has created new social risks for individuals, that they are also faced with the end to their traditional safety nets by their family/ kin and have to learn to be able to make their own strategic and appropriate "life plans". Hence they feel that they are forced to stand on their

own feet without any help from the family, make their own decisions rather than family taking the responsibility of decision-making and all this has to be done without depending on state provided security mechanisms. In other words, they are expected to become "successful life- planners" suddenly, where previous experiences have become redundant. Even if there are some mechanisms, "trust" to such state mechanisms, especially among the youth, is very low. In general it is a very "low trust" society. Trust or confidence is based mainly on the lineage ties (Kalaycıoğlu, Rittersberger-Tılıç; 2000). Under these conditions, what the possible mechanisms created for individuals without the protection of either state or family are for the policy planners and service providers.

The responses of the interviwees can be collected under two headlines. One group argued that the implication of the limitations is the increase in unemployment and crime like the director of SASEF in District B (37,M)

> The gap isn't closed because the number of unemployed people increases. This brings all kinds of bad action. I do not say anything to those who steal because they are in bad conditions. Well, some of them has made it their occupations but those in bad situation choose this way as well. The same thing is valid for those who go mad and kill people. Life conditions bring people to this point.
>
> *Kapatılmıyor yani böylece hep işsizler çoğalıyor her türlü kötülük bu hırsızlık yapanlara ben artık bir şey diyemiyorum çünkü zor durumda. Ha kimisi meslek haline getirmiş ama gerçekten zor durumda olanlar bu yollara başvuruyor. Ben bu cinnet geçirenlere de artık hiçbir şey diyemiyorum. İnsanın hayat şartları sırası geliyor getiriyor yani bu duruma.*

For many respondents, the potentiality of crime has emerged where family solidarity could not work for different reasons. These reasons are that for the another respondent (planner in SPO, 35, M),

> So the abuse of the insurance system or the social aid system, and solidarity of friends and relatives are put on the agenda. Of course there are. Besides the central management, there are local governments, foundations, aids carried out with some religious feelings, standing as a protector to the poor in the neighborhood, can be defined as aids for filling in these gaps.
>
> *Sistemdeki suistimaller gündeme geliyor gerek sigorta sisteminde gerek sosyal yardım sisteminde bahsettiğimiz o eş dost akraba dayanışması gündeme geliyor.Tabi var merkezi yönetim dışında mahalli idareler vakıflar ee dini duygularla yapılan bir takım yardımlar ee mahallede işte fakire fukaraya sahip çıkma şeklinde*

yapılan yardımlar bu açıkları kapatma anlamında yapılan yardımlar olarak nitelendirilebilir.

Other planners in SPO (49,F) also argues that

> Some afford their living with the help of their neighbors or relatives, and some try to live on thievery, hungry people can do anything.
>
> *bir kısmı konu komşu vasıtasıyla geçiniyor akraba vasıtasyla geçiniyor bir kısmıda hırsızlıkla yada uygunsuz işlere düşerek bu şeylerini kapatmaya çalışıyor aç kalan kişi herşeyi yapar*

The following respondent (official in the Green Card Bureau, 35, F) also claims that;

> If a man cannot buy even a loan of bread, he may think of stealing it to feed himself. They may choose to do such things if they live in such bad conditions and if they are not given job opportunities.
>
> *Yani çok şey kalsa bir ekmek bulamayan kişi yerine göre yani çalmayı düşünür karnını doyurmak için yani hırsızlık yapmayı...Karnını doyurmak için yani...O yollara baş vurabilirler.Yani öyle zor durumda kalırlarsa iş imkani filan da sağlamazlarsa olabilir...*

For the another respondent (Official in the Green Card Bureau in District A, 39,M), the situation as follows:

> One's right is given to the other, this gap is not filled in. If you are poor they give the food or fuel you need to me even I live in good conditions. So you can't get it and the gap isn't filled; one gets the other's right.
>
> *Başkasının hakkı başkasına veriliyor bu açık kapatılmıyor senin durumun fakir ise senin alacak olduğun gıdayı veya yakacağı benim durumum iyiyse bana veriyor sen alamıyorsun sen açıkta kalıyorsun açık yani orda bir açık dolmuyor başkasının hakkı başkasına gitmiş oluyor*

On the other hand the second group claimed that the gap left by inadequate provisions are tried to be fullfilled either by informal mechanisms and relations including kin and family networks, or when some public services, like health and education, are provided without any pay again through using informal relations. One respondent (working in Ministry of Health, 46, M) explains this as follows;

> This gap is filled by the state again. For instance the hospital lets the patient go without taking any money, or although it needs to get a

> share from education, it doesn't. And again some charitable foundations or some social part of ourselves that has developed the sense of helping one another (relatives, friends, etc.) fill the gap with their own resources.
>
> *yine boşlukta bir şekilde devlet tarafından dolduruluyor nasıl dolduruluyor tedaviyi yapan hastane ücretini almadan hastayı bırakıyor veya eğitimde belli bir pay alması gerekirken eğitim bunu payını almıyor veya yine hayır kurumları dediğimiz veya insanlığımızın kendi sosyal yönü yardımlaşma yönü gelişmiştir kendi akraba eş dost yakın vb. kimselerin sağladığı imkanlarla boşluk doldurulabiliyor.*

Also Mr. Savaş argues that social solidarity among the people. For him;

> This gap is filled by social solidarity if it can be filled, most often it cannot be filled. The child looks after his mother, her neighbour gets a prescription for her, another one does something else... These are all solved with social solidarity. The gap which the state fills in, is not a large one especially for the poor. The Green Card has been useful in this matter. But except that, there is still a big gap and it will continue to exist. This is a shame for Turkey.
>
> *Bu açığı tamamen sosyal dayanışma kapatıyor. Eğer kapatabiliyorsa çoğu zamanda kapatamıyor. Yani çocuk annesine bakıyor komşusu ona ilaç yazdırıyor, öbürü ona bilmem ne yapıyor. Sosyal dayanışma ile çözülüyor. eee devletin şu an da kapattığı alan özellikle yoksullar için çok geniş bir alan değil. YK biraz bu işe fayda sağladı. Ama onun dışında ciddi bir açık var ve olmaya da devam edecek. Bu da Türkiye'nin ayıbı.*

So limitations in provisions will lead to an informal economy and society where the people who do not have access to such ties or relations will suffer. In fact, such informality may be helpful but it is not guranteed for all. This vulnerable and insecure situation may easily create a potential for rising crime rates.

5.8.What Do The Planners And Providers Think of Various Governmental Programs Towards The Integration to European Union?

The thoughts on European Union (EU) of the group of planners and providers would be crucial in such an issue related to social state. So I inquired about their views on some governmental programs and policies towards the integration to EU. The attempts towards integration have led to a comparative approach in social spending, agricultural policies and general economic performance between Turkey and the other members of EU. The period after

Helsinki in 1999 has witnessed many reform attempts of Turkey in many fields. Although democratization and human rights related issues are mostly discussed and publicly known ones, regulations about social security and social welfare started to be programmed and restructured. Uniting different and fragmented social insurance and security schemes under one roof will be one of the major achievements (Resmi Gazete; 2000). Also the realisation of co-ordination with EU related to social security and social provisions is one of the major aims of the restructuring processes. Keyder (1999b) pointed how the integration to EU has become influential for other Southern European countries including welfare provisions. Within this environment, the level of information of the policy makers, planners and providers will show their interest to follow the changes and their responses to these changes. There are two different responses captured in terms of their levels of information. The planners working in SPO know what is going on around them. They are aware of the new regulations based on EU criteria, and they aware of the atmosphere of discussion and their planning duties.

A planner in SPO (35, M) described the process as a dynamic one. He says that,

> European Union is a subject put on the agenda again. As a candidate country Turkey tries to do the things it should do. We have to do things and prepare some plans in the frame of Participation Document, national plan, and national program. Studies are carried out for this matter. EU experts come to Turkey, related institutions, experts and academicians in Turkey study in this field. Both the government and other institutions in Turkey study hard to fasten up the candidacy process of Turkey. We are in this event as well.
>
> *Avrupa Birliği tekrar gündeme çıkarılan bir konu.Türkiye bir aday ülke olarak yapması gereken şeyleri yapmaya çalışıyor.Katılım ortaklığı belgesi, ulusal plan, ulusal program çerçevesinde bizim de yapmamız gereken işler var, hazırlamamız gereken planlar var.Bu konuda çalışmalar yürütülüyor, AB' den uzmanlar Türkiye'ye geliyor Türkiye'deki ilgili kuruluşlar,Türkiyedeki uzmanlar akademisyenler bu alanda çalışıyorlar.Türkiye'nin adaylık sürecini hızlandırmak için gerek hükümet gerekse Türkiyenin içindeki diğer kuruluşlar çalışıyorlar.Biz de olayın içindeyiz.*

While another respondent, who is working in a responsible position in Ministry of Health (M, 46) explains the changes in the Ministry of Health recently. He says that

Bakanlıkta uyum yasalarının diyebilirim ki hemen hemen tamamı hazırlandı yani Sağlık Bakanlığı olarak basından takip ettiğim kadarıyla burda ki yapılan işlemlerden takip ettiğim kadarıyla uym yasalarının tamamı sağlığı ilgilendiren uyum yasaların tamamı hazırlandı ve uygulamaya konuldu diye düşünüyorum.

Providers of Green Card scheme or street level bureaucrats only hear about this process as much as it is explained in the media, and they do not think that this process will become a reality. So involved in their daily experiences, they can not see much hope of such things to take place. As the co-ordinator of the directorate of primary health care units in District B says (F, 40),

I hear things but I don't see anything. I don't see any progress for us to enter the EU. If my shoes are mudded in the street I don't think that this country can enter the EU. If the patients lie on the stretchers moaning with pain till morning, or wait in the queues in the hospitals, and an official sees that; I am afraid they won't accept us. I cannot see any progress, those numbers are all on papers. There has to be this much percent of licensed drivers. We have that proportion of licensened drivers but I guess there is the same number of traffic monsters. They will show these on paper; how many has a driving license, how many knows to read and write. But it is not only reading "ali veli".

Yani duyuyorum ama hiç gözümle göremiyorum. Ben gözümle gördüğüm ATye girebilmemiz için ilerleyen bir kısmı göremedim şahsen benim ayaklarım sokaklarda çamur oluyorsa bu ülke ATye giremez kardeşim diye düşünüyorum hastanelerde hastalar sedyelerde inleyip sabahlara kadar yatıyorsa kuyruklarda bekliyorsa bunu gören bir kişi orada görevli kimse kazara allah muhafaza görürse sokmaz ben gözümle bir düzelme göremiyorum sayılarda kağıtlar üzerinde işte yüzde şu kadar olması gerekiyor ehliyet sahibinin olması gerekiyor o kadar ehliyet sahibi var ama o kadar trafik canavarı var benim için trafik canavarı onlar kağıtta gösterecekler onlar şu kadar ehliyet şu kadar okumuş yazmış olmamızı okum yazma işte ne bileyim ali veli diye okumakla olmuyor ki.

The reaction to these policies also differentiated with the distance of the planner or provider to the level at which they have to come face to face with the individuals in need. So especially providers can develop more empathy to such restructuration attempts and hope that they can be efficiently implemented. They interpreted this process as a very positive development for the future of Turkey.

> Yes it is meaningful, at least there was a study on the regulations related to the export, import, or production of a medical device inserted to the body. When you think on this, everything passing into this country illegally will be hindered. And the production in this country will reach a EU standard. Even in such a simple frame it is clear that it will be very adventageous. And if things are done well, this will be reflected to the people and the social welfare level will increase I guess.
>
> *Anlamlıdır tabi en azından tıbbi cihaz vücuda yerleştirilebilir tıbbi malzemenin ithalatı konusunda ihracatı konusunda üretimi konusunda bir mevzuat çalışması yapıldı ve çıkarıldı sadece bunu ele aldığınız zaman bugün ülkeye nasıl diyeyim kanun dışı giren birçok ürünün önüne geçilecek artı ülkede yapılan üretimlerin en azından AB düzeyinde bir standardı yakalaması söz konusu olacak bu yönüyle alsanız bile çok basit çerçevede alsanız bile büyük faydalar sağlayacaktır bu da tabi bunun bu şekilde iyi olması otamatikmende topluma yansıyacak ve toplumunda refah seviyesi biraz daha yükselecektir diye düşünüyorum*

Still there are a few who think that all such efforts, policies, programs are just a show to the people. The respondent (Co-director of The Directorate of Primary Health Care Units, 46, F) claims that

> I think it is only for show, I cannot see anything changing. If six educated friends sit here like this, trying to forget their potential knowledge, and nobody does something for it and no opportunities are given to them, why do we go towards the EU?
>
> *Göstermelik geliyor bana özünde değişen bir şey göremiyorum ki ben burda altı tane eğitmli arkadaşım böyle oturuyorsa potansiyel bilgilerini her gün unutmaya çalışıyorlarsa unutmak için çaba gösteriyorlarsa herkes çünkü hiç yapılan bir şey yok ve bunlara fırsatta vrilmiyorsa nesi ilerliyor bu ülkenin nesi ATna doğru gidiyoruz yani*

5.9. How do They Evaluate Relations Between Poverty Alleviation Programs and Human Rights: Green Card Example?

I asked their evaluations of the relations between poverty alleviation programs and human rights with a specific focus on the Green Card example to understand whether they think of free access to health care by the poor is a right or not. All respondents answered by saying that there is a direct relation between human rights and a right to access to free health care . For one respondent (director of SASEF in District B, 37, M),

> What does it have to do with civil rights? The main right of a person is the right for living. What does the right of living include? Health, and an income to afford living. And the state has to provide them for its citizens
>
> *Valla insan haklarıyla bir ilişkisi var mı? İnsanın en büyük hakkı ne yaşam hakkı. Yaşam hakkının içine de ne giriyor? Sağlığı giriyor, yaşamını sürdürecek gelir giriyor. Bunları da devletin karşılaması lazım kendi vatandaşına.*

For the planner in SPO (35,M) there is also a direct relation

> Yes there is. In the Universal xxx of Civil Rights (İnsan hakları evrensel beyannamesi) social security is defined as a right. This means that civil rights has a relation with social security. Beyond this, the main right of a person is the right for living. And it is more meaningful it that is a healthy living. So health being the most important one, health and social security are the basic rights of people.
>
> *Tabi var.İnsan hakları evrensel beyannamesinde sosyal güvenlik bir hak olarak sayılmış demekki insan haklarının sosyal güvenlikle bir ilişkisi var.Onun da ötesinde insanın en önemli hakkı yaşama hakkıdır.Bu yaşama da sağlıklı bir yaşama sağlıyorsa daha anlamlı o yüzden sağlık daha önde olmak üzere sağlık ve sosyal güvenlik temel haklarıdır.*

Although there is a direct relation between having access to health services and human rights, the problem is the non-implementation of this relationship in the application for one respondent (official in Green Card Bureau in District B, 40, F). According to her,

> So every person has social security right or the right to get treated at a hospital. It is included in the civil rights, there is a connection between them, but how much of them are met and realised?
>
> *Yani her insanın sosyal güvenliğe ya da hastanede hizmet göremey hakkı var tabi. İnsan haklarına giriyor ama yani var bağ var da, ne kadarı karşılanıyor gerçekleşiyor.*

CHAPTER VI

THE EVALUATION OF THE IDEOLOGY BEHIND AND THE IMPLEMENTATION OF THE GREEN CARD SCHEME IN TURKEY

6.1. Introduction:

The idea of welfare state refers to a "set of institutions and social arrangements designed to assist people when they are in need because of factors such as illness, unemployment and dependency through youth and old age" (Pinch, 1997:150). Illness, unemployment and dependency are three critical issues on which it is possible to define both how welfare regime is organised and the border of the social citizenship (Baldwin, 1997b) by analysing existing situation in a particular country. Especially, in this thesis, the topic of health is chosen as the subject of research, significant for understanding the Turkish case.

There are three ways developed for the intervention of state in health care. These are 'public health', 'social insurance' and 'social assistance' (Starr; 1986). In chapter 3, how Turkish state regulated the social insurance and social assistance mechanism in the field of health during the last century is discussed. While some part of the working population was covered by one form of health insurance in a fragmented social security system, the access to health coverage of the poor was only possible through the patron-client relationships within the existing health system in Turkey, until up to the introduction of the Green Card in 1992. Such an implementation started to be applied as a temporary solution to problems faced by the poor in Turkey. This partial practice was expected to be eliminated when the

immediate solution to the access problem of the poor during the transition period to General Health Insurance. Yet this transition has not been realised within the last ten years and Green Card Scheme, with its twelve million beneficiaries, has turned out to be one of the basic components of the health system in Turkey.

Under these conditions, I decided to ask policy planners and service providers about their perceptions of the Green Card Scheme and its major problems, drawbacks and also their evaluations with a specific focus on the existing system of welfare provisions in Turkey.

6. 2. How do policy planners and service providers perceive the Green Card Scheme ?

I asked my respondents about their perceptions of the Green Card Scheme within the existing health system in Turkey. How they perceive the functions of this implementation is quite significant because of their effectiveness of the distribution of this assistance as a policy maker or a service provider. The basic function of the Green Card Scheme in their opinion is to provide social security in accessing health services by the poor and the disadvantaged groups who are not covered by any system of social security. Similarly, the respondent (Co-director in Directorate of Primary Health Care Units in District B, 45, F) defines

> The function of the GC is to provide health assurance to people without any social security.
>
> *Y.K.ın işlevi herhangi bir sosyal güvencesi olamayana sağlık güvencesi sağlamak.*

While the following respondent (Officer in Green Card Bureau in District B, 40, F) defines the basic function of the Green card in the same way as the other respondents, the other chief place is the priority to access to aids distributed by SASEF in her point of view. She explains this situation as follows:

> The GC pays for all kinds of medical examination and treatment for the inpatient, and the hospital expenses. Besides, people with GC are

given priority in delivery of the aids coming from the SASEF. And most of our citizens take this card for this purpose, with the thought of benefiting from this foundation. Some take the GC to use it only for expensive treatments like giving birth, and do not use for other treatment expenses. There are people saying that they have the GC to get fuel aid from the foundation.

Y.K. yani hastane masraflarını karşılıyor yani muayenelerini ayaktan tedavi yataklı tedavi hepsini karşılıyor hastane masrafını karşılıyor bir de şu var vakıfın sosyal dayanışma vakfının yardımlara Y.K.lılara öncelik tanıyorlar onu çoğu vatandaşta o amaçla alıyor vakıftan da yararlanırım diyerekten Y.K. tı da alıp bir doğumda kullanırım normal şeyde kullanmayan çok sadece doğumda büyük masraflarda kullanan ama vakıf yardımını kışlık odun kömür alabilmek için Y.K.ım var deyince ha bu gerçekten fakir anlamına geldiği için onda kullanan da almak isteyende kişiler var.

Although there is a co-operation between these two welfare provisions applied in Turkey, having a Green Card does not offer a priority to access to welfare provisions distributed by SASEF. On the contrary, the beneficiaries of the card have to become once again the subject of investigation that is carried out by SASEF based on their own criteria which may or may not overlap with the criteria of the Green Card Scheme. Despite existing target group, the poor, the criteria of defining who the poor are and who are eligible to welfare provisions is quite different between different state agencies. For example, while the eligibility of the Green Card is limited to Turkish citizens, welfare provisions by SASEF can be given to immigrants and refuges in cases of need. Also, access to Green Card is dependent on a means testing, and if the total household income is below a certain level (see Chp. 4) the persons will become eligible for green Card. In SASEF eligibility is determined differently for the distribution of funds. So the Green Card beneficiaries under SASEF's welfare provisions, on the contrary, have to prove their situation once again based on the SASEF's criteria.

The same respondent also defines that in the existing practice, the ones with a Green Card can benefit from dual advantage, one is that they gain easy access to health services and the other is that they can be given priority to get access to SASEF's funds.

Another view about the Green Card is that it may be a means for getting access to General Health Insurance. This respondent claims that in theory such a

card was planned for individuals to get access to General Health Insurance (working in Ministry of Health, 46, M). According to him, the Green Card Scheme was implemented to prepare a base for this transition. However, this dimension of the Green Card has not been implemented at present. For him,

> The Green Card Law has come into force in 1992 with the aim of providing financial support for those who are not constituted by a social security institution and who cannot afford their treatment expenses; and forming the infrastructure of the GHI. People who can benefit from the GC include citizens of the Turkish Republic without any social security, who live in Turkey and have an income of less than one third of the minimum wage, and having the necessary qualifications for having treatment as an inpatient in treatment institutions.
>
> *Şimdi Y.K. kanunu kısaca Y.K. kanunu diyelim 1992 yılında yürürlüğe girmiş, amacı hiçbir sosyal güvenlik kurumunun bünyesinde bulunmayan ve tedavi giderlerini karşılayacak durumda bulunmayan kimselerin tedavi giderlerini karşılamak ve yine bana göre ikinci ve en önemli amacı, GSSnın altyapısını oluşturmak. Amaç bu, kapsama geldiğiniz zaman, yine bir kişinin Y.K. alabilmesi için bir hiçbir sosyal güvenlik kuruluşunun güvencesi altında olmamak, TC vatandaşı olmak, Türkiye'de ikamet ediyor olmak, hane halkı yani birey olarak gelirinin asgari ücretin üçte birinden az olmak, ve Türkiye'de yataklı tedavi kurumlarında tedavi olabilmek veya olmak şartlarının taşıyor.*

As discussed in Chapter four, this temporary character of the implementation is also emphasised by both Mr. Aktuna and Mr. Savaş. Mr. Aktuna defines this situation as follow:

> I saw as a component of the reform. We would enact reform as a permanent solution but the Green Card would cover the people who do not have enough income for these services up to the enactment of the reform.
>
> *Ben reformun bir parçası olarak gördüm. Biz esas reformu yapalım kalıcı çözüm olsun ama o çıkana kadar YK devletin şemsiyesi altına alsın ödeme gücü olmayan insanları.*

Mr. Savaş also emphasized the temporary chracter of the Green Card Scheme.

> Under this condition, we say that the Green Card would be a system which would be formed for the people whose premium would be paid by state in future. By that, we would also determine the number of people in this conditions without doing any research. We would define the number of people whose premium would be paid by state in one hundred percent during the transition to GHI. We had a transition plan for those year.
>
> *O halde dedik YK bizim burda şurda, %100ünü ileride de zaten devletin ödeyeceği insanlara insanlar için kurulacak sistem olsun. Ve böyle olunca da , böyle olunca da biz bu insanların da sayısını hiç araştırma maraştırma yapmaya gerek kalmaksızın doğrudan tespit*

etmiş oluruz. Ve GSSna geçerken, ne kadarının %100ünü devlet ödeyecek bu kişileri tespit etmiş oluruz. O yıllar içinde de bizim bir geçiş planımız vardı.

As a whole, the respondents define the basic function of Green card as an access to free health care by the poor. The implementation of the Green Card Scheme has covered the population with limited health security, who do not have any formal mechanism to access health coverage before this implementation. So it can be argued that the border of social citizenship in Turkey was tried to be enlarged with this implementation in a quite limited manner (Turner, 1993).

The reason of why such implementation is necessary differs from respondent to respondent but the main reason as discussed above is **the provision of free health care to the poor.**

Despite the misappropriation of this card by some beneficiaries, one respondent (planner in SPO, 35, M) evaluates the Green Card Scheme as an important application. He explains this importance by arguing that it provides an access to health services for the people who do not have enough income level. For him,

> The GC practices? Yes the GC has settled in the system. It is an important practice. Over ten million people have the GC but most of them do not deserve it. Still many people do not have the solvency. Without this card, they can not benefit from any health services. So this is an important practice for people under these conditions.
>
> *Y.K. uygulaması mı? Y.K. tabii artık yerleşti sisteme. Önemli bir uygulama. Yani on milyonu aşkın insanın Y.K.ı var ama belki bir çok insan bunu hak etmeden alıyor. Ama bir takım insanlarda hakikatken ödeme gücüne sahip değil. Bu kart olmasa hiçbir suretle sağlık yardımlarından yararlanamayacak. Bu durumda olan insanlar için önemli bir uygulama.*

For another respondent (doctor, 40, M), the basic force behind this implementation was the need of people and it was presented as an inevitable solution to the problem of these people. Now the situation for him is that:

> For some period, the GC has been a good solution, and brought people into a system that time, but at the same time it brought us something unsystematic and closed the paths going to the real system. All this

> passing time –and nobody could foresee that this much time would pass, such a thing wasn't planned- has been a handicap for us and this was a result of the conditions. Some research must be carried out to find a solution for it; and before critisizing these things, some quantitative research must be done like research on income and property, whether they have been insured or not, the accounts of the insurance companies/institutions. We should make these institutions work more effectively, and concerning social security, other social services should be added to the health insurance. This requires a process of serious study and a political stability, but I suppose EU laws will force these, they already do.
>
> *Y.K. bir ara çözüm oldu yani o sıradaki insanlara bir ara sistem getirdi ama aynı zamanda sistemsizlikte getirdi ve gerçek anlamda sisteme gidecek olan bazı noktaların önüne de geçen bu kadar zaman içerisindeki bu kadar zaman geçeceği düşünülmüyordu planlar içerisinde böyle şeyler yoktu tabi geçen bu kadar sistem içerisinde şu anda engel olmaya da başladı neden gelişen şartlardan kaynaklanan bir şey tabi nasıl bir çözüm üretilir için araştırmalar yapmak lazım ama yinede bu tür şeyleri konuşmadan önce çok sayısal bir takım araştırmalar yapmak lazım yani gelir mal varlığı araştırmaları ile birlikte sigortalık durumlarını araştıran araştırmalar sigorta kurumlarının hesaplarını kontrol edebilmeleri ve daha efektif işlem yapabilmelerini yapabilecek boyutlar getirilmesi ve de işte sosyal güvence altında düşünülüyorsa iş sağlık sigortası dışında diğer sosyal sağlık yani sosyal hizmetlerinde buna eklenmesi lazım bir şey ister süreç ister ciddi bir çalışma ister ve de siyasi bir istikrar ister ciddi anlamda ama AB yasaları bunu da zorlayacağını zannediyorum zaten zorlamakta.*

According to this respondent, the implementation of the Green Card at the beginning was to prepare a transition to a more general reform in the health services in Turkey. However, failure of this reform attempt and the continuation of the Green Card Scheme have caused the formation of the barrier in front of the new reform attempts. This can be one of the reasons of why every attempt of reform in health system of Turkey, since the date Green Card Scheme was enacted in 1992, until the present, has experienced many failures.

6.3.How do They Describe the Conditions Under which the Green Card emerged? Why?

As discussed in chapter 4, the Green Card emerged as a result of the quite complex web of decisions, actions and also influences. Although it was presented as a political slogan of one political party during the election of 1991, the proposal for such implementation had been both presented by the beginning of 1980s and supported by international agencies like World Bank and World Health Organisation. In addition to that, some facilities to make the poor access to free

decisions, actions and influences. In this context, it is important to know how policy planners and service providers remember the context and how they do interpret this context after ten years of implementation of the Green Card Scheme.

The respondents' replies also show how multiple dynamics have influences in the emergence of this implementation. One respondent (planner in SPO, 35, M) defines the context as follows,

> There were elections in Turkey in 1991. One of the parties taking part in the elections, after coming to power, legislated the practice it had promised during the elections and turned it into a policy. It became a government policy and put into practice. As far as I remember, Süleyman Demirel, the general president of True Path Party (DYP) whom you will meet, was taking out a card from his pocket and showing it during the election meetings, saying that the hospital doors would be wide open to people who had that card. Perhaps for the aim of collecting votes, with a populist approach, such a practice has started.
>
> *91de seçim olmuştu Türkiye'de. Seçim öncesi eee seçime giren partilerden bir tanesi işte o parti hükümete geldikten sonra, seçim meydanlarında vaat ettiği bu uygulamayı kanunlaştırarak politikaya dönüştürdü. Hükümet politikası oldu ve uygulamaya geçildi. Valla benim hatırladığım işte, eee sende görüşeceksin DYP genel başkanı sayın Süleyman Demirel cebinden bir kart çıkartıyordu seçim meydanlarda. İşte bu kartı olan insana hastane kapıları ardına kadar açılacak diyordu. Eee belki oy toplamak gayesiyle, popülist bir yaklaşımla, eee böyle bir uygulama başlanmış oldu.*

His explanation demonstrated that the Green Card emerged as a result of the political will that was explained by Mr. Demirel this during the interview in Chapter four. The idea of the Green card was expressed in both the election declaration and election campaign of the True Path Party in 1991. However, the idea behind the Green Card was proposed as a response to a problem of lack of medical coverage of the whole population at proposal of the health reform attempt at the beginning of 1980s as showed in chapters three and four.

While the 'Management Regulation of Medical Treatment Institutions', which was enacted in 1973 and re-enacted in 1983 gave authority to the administration of hospitals in order to treat some people without payment (DPT; 2001b), the question of who was eligible to this free medical treatment was totally

based on the decisions of hospital administration. There were no descriptions of this eligibility. According to one respondent (officer in Green Card Bureau in District B, 40, F), this had caused the misappropriation of these rights. So the emergence of the Green Card was to prevent this kind of problems. She explains this as follows:

> Those who take a poverty certificate from their local administrators (Mukhtar) receive free treatment from the hospitals. The local administrators (Mukhtar) give these certificates to everybody, ıf I asked one of them, I would get a poverty certificate, too. Maybe GC has been accepted to prevent such things. I didn't know anything about the GC, before I came here, I learned everything here. The GC had been practised for one year when I started working here.
>
> *Yani hastanede fakir daha önceden şimdi fakirlik ilmühaberini alan hastaneye gidiyor ücretsiz muayene oluyormuş ama muhtarlarımız genelde herkese veriyor ben gitsem bende alırım fakirlik ilmühaberi onu belki önlemek amacıyla yapıldı o zaman ben buraya gelmeden önce Y.K. ın hiç bir şeyini bilmiyordum ki buraya gelince öğrendim ben buraya başladığımda Y.K. bir yıl olmuştu başlayalı biz burada değildim ben.*

The aim of the emergence of the Green Card was to control misappropriation of the free health services under the control of the head doctor of the hospital. Also giving up this responsibility to the head doctor has created the another problem that is where the head doctor would create a financial source to treat the poor patient for Mr. Savaş. The implementation of the Green Card also solved this problem as well.

> The law of Green Card was to force the state to share money for health especially for the access of the poor because head doctor in hospital was responsible from that. How s/he does create a financial source from sky? S/he is not a god and s/he can not create this financial source. If you send money to head doctors, they treat the poor with this money otherwise they can not. Where do they treat?
>
> *YK devleti sağlık hizmetlerine özellikle fakire para ayırmaya mecbur kılmış bir kanundur ondan evvel çünkü hastanede başhekim. Kardeşim başhekime gökten mi kaynak yaratsın?Başhekim haşa Allah değil ki sana kaynak yaratsın. Sen gönderirsen parayı fakire bakar Başhekimler baksın nerden baksın başhekimler?*

Another force behind it explained by the another respondent (planner in SPO, 49, F) is the request of the Ministry of Health to figure out the numbers of the poor patients who were freely treated in hospitals in . This request was also one of the main arguments of the Ministry to defend the Green Card Scheme against the opposition parties. The reason for her is;

> Every party raises an objection to an innovation. There was an opposition to it, too, in such a setting. But the Ministry of Health, as far as I remember, has declared that they assume responsibility in this practice, and that it was their duty to apply it. Many poor patients get treatment in our hospitals, and the number of these people cannot be determined. This is a system to bring them under discipline, with the G.C. they have a document and a name. We know how many people will come. All the members registered in a family get the card. It is easier and a more standardized thing to follow them and determine their number. 11.5 million people use this card and it brings a very very high cost. The treatment of poor and uninsured people in the hospitals is very very costly. I mean it costs us big sums of money which reaches billions; and every year some amount of money is transferred to this budget for the G.C. payments.
>
> *Valla her yeniliğe partiler karşı çıkar. Bundan da böyle bir ortamda muhalefet edildi. Ancak SB o zamanlar hatırladığım kadarıyla, bunun yükünü biz çekiyoruz, biz mecburen bunu uygulamak zorundayız. Çünkü benim hastanelerimde bir sürü fakir hasta tedavi oluyor. Bunun sayısını belirliyemiyoruz, böyle bir zapturapta almak amacıyla çıkan bir olay. Y.K. da en azında belgesi var ismi var. Kaç kişi gelecek edecek? bir ailecek kütükle böyle bir kart çıkıyor. Bunu bu şekilde takip etmek sayılarını belirlemek daha standart ama gittikçe 11,5 milyon kişi kartı kullanıyor ama bunun karşılığında eee meblağlar çok çok yüksek. Yani çünkü belli bir kesimin fakir kesimin, zaten sigortasız kesimin böyle bir kişilerin haliyle hastanelerde daha çok tedavi altına alındıklarında masrafları da çok çok fazla. Yani miktarı bayağı yekünleri tutuyor. Trilyonları buluyor, ve her sene bu bütçeye belli bir meblağ Y.K. ödemeleri için para aktarılıyor.*

The main force behind the emergence of the Green Card Scheme was to prepare a base for the transition to General Health Insurance for another respondent (working in Ministry of Health, 46, M). The aim of the legislation for him is as follows:

> I told you the reason of its emergence. There was a purpose more than a reason. There was an inclusion. There was an aim, and it was forming the infrastructure of the GHI. And in my opinion again, it was evaluated as a short-term law. Of course it was a temporary practice. Forming the infrastructure of the GHI was a temporary practice but although ten years have passed over it, there has been no innovation or a change in the law. It could be evaluated as a political investment for that period. But it is a necessary practice for the country.
>
> *Ben çıkış nedeni söylediğim gibi. Yani nedeninden öteye amaç vardı. Kapsam vardı. Hedef vardı, hedefte de GSSnın altyapısını oluşturmaktı. Ve yine benim kanaatime göre kısa süreli bir kanun şeklinde değerlendirilmişti. Geçici bir uygulama, tabii. GSSnın altyapısını oluşturmak, geçici bir uygulama ama üzerinden on yıl geçmesine rağmen herhangi bir yenilik, herhangi bir değişim hatta kanun yönetmelik üzerinde herhangi bir oynama, değişim söz konusu olmadı. A o dönem içinde belki bir siyasi yatırım olarak da değerlendirebiliriz. Fakat ülke için gerekli olan bir uygulama.*

The transitory characteristic of the scheme is only emphasised by this respondent. Like Mr. Aktuna and Mr. Savaş, he defends the necessity of the transition to General Health Insurance. Mr. Savaş emphasised this situation as follow:

> The real target of it was the studyof the health reform and the Green Card only itself was not a solution. However, it has a great utility and I always defend the application of it in this way. Yet it will gain its real meaning when it will be integrated into health reform but they did not allow.
>
> *en önemlisi de tabii bunun asıl gitmesi gereken sağlık reformu çalışması yoksa tek başına YK ee bir çözüm değildi. Gene de çok büyük faydası hala vardır hala savunurum ben bunun bu şekilde uygulanmasını. Ama bu sağlık reformunun içine yerleşecekse asıl anlamını o zaman kazanacaktı ama şey yapmadılar.*

Mr. Aktuna also emphasised this situation as follow:

> Our application that initiated by Demirel government of True Path Party after the election in 1990s was the right application according to the conditions of those days. It was the late application and it would have previously applied. Yet the reform would have been done. When reform would be enacted, the Green Card would delay.Unfortunately, none of them was realised.
>
> *bizim bu uygulamamız Doğru Yol Partisinin 90lı yıllardaki seçimden sonra Demirel'in başbakanlığındaki hükümetteki bu uygulama bence o günün şartlarına göre çok doğruydu. Geç kalmış bir uygulamaydı. Önceden olmalıydı. Ama reform yapılabilmeliydi. Reform çıktıktan sonra YK gündemden kalkmalıydı. Maalesef hiçbirisi de olmadı bunun.*

While one respondent (doctor, 40, M) defines Green Card as a component of the social/welfare state in addition to its political character. Another important point for him is the influence of international agencies in addition to political environment of the country. He explains that as follows:

> When the G.C. has first been accepted, it was more one of the requirements of being a social state than it was something political. Did these people think of doing these with the consciousness of being a social state, or to fulfill some other obligations as it is today with the EU integration laws. I don't quite want to answer such a question. But I guess both had an influence.
>
> *Y.K. ilk çıkartıldığında bir siyasi şey olmasının ötesinde bir sosyal devlet olmanın mecburiyetleri arasında olan şeylerdendi yani bu mecburiyetler insanlar biz sosyal devletiz aman bunu yapalım mı diye düşündüler yoksa mesela bugün AB uyum yasaları olduğu gibi farklı*

zaruretler karşısında mı kaldılar sorusuna cevap vermek çok istemiyorum ama ikisinin de payı var bu işte diye düşünüyorum.

These respondents' reply to this answer give us a picture of these complex decisions, relations and influences that had influential role in the emergence of the Green Card Scheme.

6. 4. The Process of Accessing to the Green Card the Beneficiaries

I asked the process of accessing to the Green Card by the beneficiaries to investigate whether there were differences in terms of information about this process among policy planners and service providers. Service providers as street-level bureaucrats involve the implementation of this act so their informations about the process include every components of it compared with policy planners. One respondent (officer in Green Card Bureau in District B, 40, F) explains this situation as follows:

> First comes the concept of the head of the familiy: although the woman is said to be the head of the family as well, in our application, the husband is accepted as the head, and he is the one who applies for the G.C. . He takes a residence certificate and a photographed copy of his identity card from his local administrator (mukhtar) and he brings these documents with the identity cards of the other members of the family; we take these documents and fill in the registration form. If they are registered in Erzurum, we send the documents to Erzurum. He gets both Ankara and Erzurum documents prepared and brings them to us. By the way, when he gives the first form, we make a police investigation, the result of this investigation comes no later than he gets the other documents prepared. Then we send all the documents to the commission for the final decision. Those owning a car can never get the card, because it is luxury today to have a car, yes it is a need, but it is conceived as luxury. It is thought that one who can buy petrol for his car, doesn't need the G.C. . One who has a car cannot, but one who has a house can get the G.C. ; if he has a house we take the return of tax. If he has a an apartment with three or four flats in it, and six shops all rented out, his G.C. is canceled. If he lives in a gecekondu or has only one flat, then he takes the G.C. .
>
> *Öncelikle işte aile reisi her ne kadar da kadında aile reisi dense de bizde hala koca gözüküyor koca başvuruyor muhtardan ikametgah ve resimli nüfus cüzdanı örneği kendi adına ve hepsinin kimliğiyle geliyor biz bunları alıp formumuzu dolduruyoruz kütüğü mesela Erzurum Erzurum'a yazıyı veriyoruz Ankara evrağını veriyoruz hem Erzurum hem Ankara evrağını yaptırıp bize getiriyor biz bu esnada ilk formu verirken karakol araştırmasını da yapıyoruz o araştırmada yapılıyor onları hazırlayana kadar araştırmada geliyor hepsini alıp heyete veriyoruz heyet kararına göre de alıyor ya da alamıyor arabası olan asla alamıyor o çünkü lükse giriyor hele bu devirde şimdi ha ihtiyaç normalde ihtiyaç ama lüks sayılıyor arabaya benzin parası*

olan herhalde Y.K.'a ihtiyacı yok diye düşünülüyor arabası olan alamıyor ama evi olan alıyor ha onu da şöyle evi çıkarsa vergi beyannamesi istiyoruz vergi beyannamesinde işte kaç bina mesela bir tane var evi var vergi beyannamesini gördük üç-dört tane ev apartmanda ve altı da dükkan kirada ve onun Y.K. iptal edildi gecekondudur veya evidir yani bir belgesi de olabilir bir evi de olabilir o zaman o alıyor bir evi olan alıyor .

As Lowe (1993) discussed policy is the implementation of street-level bureaucrat and their decisions play a very active role in the determination of eligibility. This determination is especially influenced by the traditional distinction between the 'deserving' and the 'undeserving' poor in the absence of clear definition of criteria as in the case of the Green Card. The calculation of income is quite complex in the legal framework of the act as discussed in Chapter four and having either house or car is not an obstacle to obtain the card, if the income is below the certain level. Yet whole application of this calculation, which I faced with during the research process, is not based on this criteria and overall having a house or a car blocked the access to the card as seen in the respondent's reply.

The other respondent (officer in Green Card Bureau in District A, 39, M) also indicates that every individual should apply by him/herself if s/he is above eighteen years old. How he follows the development about the implementation of the law is also understood during the interview because of his information about the newly acted by the Ministry of Health circular referring to the situation of mothers who are Green Card beneficiaries and their babies about the usage of the card.

People over 18 can apply independently, but for those under 18, the head of the family applies. We give the G.C. to those under the protection of the head of the family. Unmarried girls benefit from their fathers right of G.C. We give each individual a different card. For instance, previously a newborn baby couldn't benefit from the G.C. of his/her mother, but now the baby can be treated for maximum two months after birth with this card..

Şimdi bizde şöyle 18 yaşını dolduranlar kendileri herkes ayrı ayrı başvuruyor ama 18 yaşından küçükler aile reisi başvuruyor biz aile reisinin şeysi altında onlara Y.K. veriyoruz yalnız kızlar evlenmemiş ise onlar yine babalarının şeyinden her ferde ayrı ayrı veriyoruz çünkü şundan diyelim ki bir anne hastaneye gitmiş doğum yapmış şimdi önceden hiç bebek kullanamıyordu şimdi SBnın çıkarttığı bir genelgeyle annenin karnesiyle bebek iki aylık tedavi oluyor iki aya kadar iki aydan sonra bebeğe de çıkması lazım

While this is the case for service providers, policy planners can explain the process only with its basic points. A respondent (planner in SPO, 35, M) describes the process as follows:

> The users apply to the government offices, i.e. governors in the districts or provinces. I guess there is a commission that evaluates the applications and investigates whether they are really in need or not. If they are in need, the G.C. is given by the government offices.
>
> *Kullanıcılar mülki idare amirliklerine şey pardon mülki idarelere ee başvuruyorlar ve ilçelerde kaymakamlıklara, illerde valiliklere başvuruyorlar. Zannediyorum, bir komisyon var. Komisyon değerlendiriyor müracatları, araştırıyor gerçekten muhtaç mı değil mi diye. Muhtaçsa Y.K. veriliyor vali ya da kaymakamlıklarca.*

So the respondent level of information has changed according to his/her job. While service providers know the details of the process, policy planners only know the basic components of the process.

6.5. Evaluations of Both Policy Planners and Service Providers on The Success of the Green Card Scheme

Since the role of policy planners and service providers have crucial positions in the implementation of this scheme, I asked my respondents about their evaluation of the Green card scheme after ten years of implementation in order to understand to what extent Green Card Scheme has been successful. Lowe (1993) argues that " policy is actually made in the course of implementation, rather than by central 'decision- planners' (46)." So they have encountered with both the problems and success of the scheme in their daily experiences; for this reason their feedback related to this implementation is quite important. Their evaluations can be analysed under two different headings. These are the success and the weakness of the scheme. The basic function of the card, which is the provision of free health care to the poor as discussed above is its strength because state started to cover one of the most vulnerable groups of the society with this implementation. A respondent (Officer in Green Card Bureau in District A, 39, M) argues that

> The G.C. is beneficial for those really in need. If a poor person needs to be operated in a hospital and cannot afford it, and doesn't have an income, it is normal that the state pays for him.

şimdi Y.K. gerçek ihtiyacı olanlar için yarar sağlar yani gerçek ihtiyacı olan fakir durumda olan bir kişi için hastaneye gittipte bir ameliyat olması ödeme gücü yok hiç yani bir geliri yok onun devlet tarafından karşılanması normaldir.

For other respondent (director of SASEF in District B, 37,M) , the strength of the card also comes from its basic function because the access to health service is expensive for the poor. By implementing such scheme, state provides the health security for its poor citizens. He summarises the situation as follows:

> Do you mean the citizens by saying "to whom"? The hospitals are the most expensive treatment centers, a medical examination costs 20 million TL. These people can't even find money for a ticket to come, or even for a loan of bread. It is hard for them to pay 20 million TL. So these people have a health assurance.
>
> *Kimlere derken, vatandaş açısından mı? Düşünün hastaneler en pahalı tedavi merkezleri, en ufak bir muayene 20 milyonken dışarıda, e bu insanlar zaten gelecek yol parasını bulamıyorlar. Bir yere gidecek yol paraları yok, ekmek paraları yok. 20milyonu ödemeleri kolay mı? Değil, bu insanların bir sağlık güvencesi oluyor.*

While policy planners and service providers emphasised the health coverage of the poor as a powerful feature of the Green Card Scheme, such emphasises were made by the 'founding fathers' of the scheme as well. Mr. Demirel interpreted ten years of implementation as follow:

> It was a great service. Look, if this service was not provided today, so many people would have stayed in streets and they would have lived in bad conditions and they would cursed and this will damage the social peace of Turkey... I can not think high esteemed thing than this. So great service was provided.
>
> *Çok büyük bir hizmettir. Bakın bu hizmet bu gün olmasa pek çok insan sokaklarda kalır. Sürünür beddua eder ve Türkiye'nin sosyal barışını bozar...Bundan daha saygıdeğer bir safi düşünemem. Çok büyük bir hizmet görülmüştür.*

Mr. Aktuna also defended this implementation by saying that:

> So the poorer the society, the more the demands. So this is a good practice. Well we pay so much for it. You have to pay for it or pay for it! In fact you transfer some of the taxes you collect from the society to here. So you use the taxes you take from the richer part of the society, for affording the health expenses of the poorer part. This is not a bad thing. Especially when you look at the billions of dollars wasted in the banks, right?
>
> *Demek ki toplum daha yoksullaştıkça talep artıyor. Demek ki doğru bir uygulama bu. Ha biz buna çok para veriyoruz. Vereceksin*

kardeşim. Ya vereceksin. Zaten ya ne demek bu toplumdan aldığın vergilerin bir kısmını buraya kaydırıyorsun. Toplumun zengin kesiminden aldığın vergilerin bir kısmını yoksulların sağlık giderlerini karşılamak için kullanmış oluyorsun. Bence bu kötü bir şey değil. Hele hele bankalarda heba olup giden milyar dolarları göz attığınız zaman, Öyle değil mi?

The Green Card Scheme is also important implementation for Mr. Savaş despite its shortcomings that would be eliminated with the transition to GHI. He says that:

> The Green Card only itself was not a solution. However, it has a great utility and I always defend the application of it in this way. Yet it will gain its real meaning when it will be integrated into health reform but they did not allow.
>
> *tek başına YK ee bir çözüm değildi. Gene de çok büyük faydası hala vardır hala savunurum ben bunun bu şekilde uygulanmasını. Ama bu sağlık reformunun içine yerleşecekse asıl anlamını o zaman kazanacaktı ama şey yapmadılar.*

The extension of the coverage of health services especially for the most vulnerable members of the society is the powerful indicative of this card for policy planners and service providers as well as for the three leading figures who pioneered and took the policitical responsibility of the scheme. In addition to strength, policy planners and service providers also observe the weaknesses of this implementation. The weaknesses of the scheme can be analysed into two different parts according to the interviews conducted with policy planners and service providers. The first part covers the deficiency of this scheme in the process of application to the card, and the second one covers their observations on the beneficiaries' problems related to implementation. They also have some propositions against these weaknesses.

It is possible to examine problems with reference to both application itself and general condition of the country for one respondent (planner in SPO, 35, M). These references are quite influential on the weakness of the scheme. By his own words, these problems are

> This practice has not been designed well in the beginning, and the G.C. Officers' having insufficient sensitivity, the general decisions in the country form a reason to consider the treatment of people without a G.C.; these should be taken into account. The general poverty of our country, low level of employment, irregularities in the distribution of income, social insurance programs that don't include the whole

> population could all be counted as reasons for the inaccuracies in the G.C. policies.
>
> *Belki başlangıçta bu uygulamanın iyi dizayn edilmemiş olması veya Y.K. dağıtıcılarının eee gerekli hassasiyeti göstermemeleri, ülkedeki genel kararların eee aslında Y.K.ı olmayan insanların da tedavi edilmesine yönelik bir neden oluşturması. Bütün bunlar sayılabilir. Ülkedeki genel fukaralığın eee, istihdamın düşüklüğü, gelir dağılımının bozukluğu, sosyal sigorta programlarının bütün nüfusu kapsamayamaması, bütün bunlar Y.K. politikalarında , Y.K.ta izlenen politikalardaki eee yanlışların nedenleri olarak sayılabilir.*

Although he emphasised the inconvenient design of the implementation, he does not explain the reasons of this inconvenience. One of the consequences of this existing design of the card is the non-coverage of medicine expenses if the patient is not treated in hospital as an inpatient. In this line the other respondent emphasises that (planner in SPO, 49,F). According to her,

> People with G.C. most suffer from the fact that they cannot buy their drugs after getting treatment in the hospitals as inpatients, but even the state can't undertake it. After operation and treatment, it pays for the hospitalization for a long time. After being discharged from the hospital, unfortunately the person can't get drugs. If he has enough money, he tries to afford it with his own resources. If he doesn't, he buys them with recipes of friends and relatives. Some of them go back to get hospitalization and occupy the bed capacity in the hospitals.
>
> *Y.K.la en çok sıkıntı yataklı tedavide bakıldığını taburcu olduktan sonra ilaçlarını alamadığından dolayı yakınma var bu sıkça gündeme geliyor ama maalesef devlet bile bunu üstlenecek durumda değil İşte ameliyatını yapıyor tedavi oluyor yatarken uzun süre masrafını karşılıyor ancak taburcu olduktan sonraki ilaçlar falan bunlar maalesef verilemiyor tabii bunlar sorun oluyor Eğer imkanı varsa kişi kendi cebinde almaya çalışıyor yoksa sağda soldaki arkadaşlarına ahbabına yazdırıyor oda olmuyorsa yani tekrar yatağa yat yani hastanede yatma eğilimi gösteriyor boş yere yatak kapasitesini artırıyor yani sıkıntılar bunlar.*

As she indicated, the non-coverage of this kind of medicine expenses has caused different problems like staying in hospitals longer than needed or trying to find medicine from other people. Another solution for Green Card beneficiaries is to apply to SASEF but it is only possible to get fund for their medicine expenses if they have a medical report from hospital that shows that those medicines are essential for the patients. The problem is that beneficiaries can not take this report for their diseases in every case. This kind of report is only given for 'serious diseases' like cancer, and heart diseases etc. If they do not have such reports, the only chance is to take medicine by using health insurance of the person who can

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be a relative, neighbour or work-mate with social security coverage. Medicine is taken as if people under one of health insurance are taking. As a result of great amount of expenses for medicine in Turkey, application of this strategy has become hard to apply from day to day because of precautions of state. I also asked this weakness of the scheme to Mr. Savaş who designed the legal framework of the implementation. He replies that as follow:

> The greatest exploitation in Turkey is that in the usage of drugs by outpatients. We shouldn't make way for this exploitation. The Green Card application was a one-year application for us. After one year, the steps for transferring to the GHI would start for us. When you transfer to the GHI then, everyone would have a family doctor and the exploitation would be done away with.
>
> *Türkiye'deki en büyük istismar ayaktan ilaç kullanımında yapılan istismardır. Bu istismara yol vermeyelim. Çünkü neydi bu bir yıllık bir uygulama YK uygulaması bizim için bir yıllık. Bir yıldan sonra zaten GSSna geçişin aşamaları başlayacak bizim için. GSSna geçtiğin zaman o vakit, herkesin belirli bir aile hekimi olacak, aile hekimine bağlanacak o zaman istismar ortadan kalkacak.*

So the inconvient design emerged as a consequence of the temporary character of the scheme for Mr. Savaş. Another problem related to medicine expenses has caused in the practices of hospitals as other respondent (Director of SASEF in District B, 37, M) indicates. In his own words,

> There are some problems with the G.C. that the patients experience in the hospitals. The G.C. law obviously states that it affords the expenses of the patient who gets hospitalization and this includes prosthesis, orthesis, anything used during an operation. But the hospitals don't do that. What do they do? When they need something, they give a recipe to the relatives of the patient, and tell them to buy it from outside. How will they buy it? According to the circular, even if the hospitals don't have it, they have to afford it from their rolling funds and use it for their patients. But most of the hospitals don't apply it and we hear it from our citizens, it isn't something we can observe directly. They tell us and we see it. How do we see it? The patient who takes hospitalization comes with his recipe. There is a circular saying that "hospitalization recipe cannot be given to a patient with G.C. ". The hospital affords it. At least we have this. I canalize these people to the Ministry of Health. I tell them to see the department of treatment services of Ministry of Health and tell their problem. We canalize them to the social service department of the hospitals. We tell them to see the head doctor of the hospital. Sometimes things can be out of their control.
>
> *Şimdi Y.K.' la ilgili sorunlar şurada, hastanelerde hastalar bir takım sorunlar yaşıyor. Şimdi Y.K. kanunu çok açık diyor ki Y.K.'ta, Y.K. yatan hasta için. Yatan hastanın her türlü masrafını hastane karşılar diyor yani protezi, ortezi, aklınıza gelebilecek ameliyatta*

kullanılabilecek her şeyi hastane karşılar diyor. Ama hastaneler bunu yapmıyor. Ne yapıyor? Bir şey lazım olduğunda hastanın yakınına reçeteyi tutuşturuyorlar, git bunu dışarıdan al diye. Yakını ne ile alacak onu? Ama şey diyor ki hastanelerin eğer elinde olmasa dahi diyor döner sermayeleri aracılığıyla onu temin edip o hastaya kullanmak zorundadırlar diyor genelge. Ama tabi çoğu hastane uygulamıyor. Uygulamadığını da biz vatandaşlardan duyuyoruz. Yani birebir gözlemlediğimiz bir olay değil. Vatandaşların söylemleri bu şekilde. Anlatıyorlar ve görüyoruz da. Nasıl görüyoruz? Yatan hasta reçetesiyle geliyor. "Yatan hasta reçetesi Y.K. sahibine verilmez" diye genelge var. Hastane karşılar diyor bunu. En azından. Ha ben ne yapıyorum böyle durumlarda gelenleri Sağlık Bakanlığına yönlendiriyorum. SB tedavi hizmetleri birimiyle gidin görüşün derdiniz anlatın diyorum, hastaneyle ilgili veya hastanenin sosyal hizmet servisine yönlendiriyoruz, ilk önce. Sosyal hizmet servisiyle gidin görüşün, başhekimle gidin, görüşün. Çünkü bazen hani onların kontrolü dışında da olabiliyor bu tür şeyler.

Despite the legal guarantee, the non-coverage of medicine expenses of the patient is the problem experienced in hospitals as the respondent observed. The other weakness is the bad treatment of the Green Card beneficiaries in hospitals for the following respondent (Officer in Green Card Bureau in District B, 40, F) based on her own experiences in hospitals. With her own words, the situation as follows:

I witnessed in hospitals that if you have a G.C. you are treated as a second class person and the hospitals do not accept you saying that the Ministry of Health doesn't pay for them. It really works for people with permanent and serious illnesses, but if you go to the emergency service or to get treatment for an acute illness you remain in the background. And if he has a report the foundation affords it, if he doesn't have a report he buys them himself.

Yani hastanelerde ben kendimle sağımızda solumuzda şahit oldum hep ikinci sınıf yani Y.K.' lı diye hastaneye masrafını hastane alamıyorum SB'dan diye hep geri planda yetersiz tabiki ha zor durumda olanlar için çok iyi oluyor sürekli hastalığı olanlara çok iyi bir şey ama normal bir mesela acil git veya bir tedavi için git bir şey için git hastanelerde hep ikinci plan. Onuda işte raporu olursa vakıf karşılıyor raporu olmazsa kendileri alıyor.

From respondents' points of view, the weaknesses of the scheme have emerged from either the inconvenient design of the act or the implementation of the scheme in hospitals. The inconvenient design refers to non-coverage of the medicine expenses for the outpatient status while these expenses have to be covered by hospital for inpatient. Despite of the fact, this coverage is not always realised and that situation has created other weakness of the scheme during the application for the respondents. Another problem, which emerges during the

application, is the bad treatment of the Green Card beneficiaries in hospitals. The reason for that is the problems related money transfer between the Ministry of Health and hospitals because of some legal procedures, which are not appropriately applied, by hospitals for İvgin (1997).

The second part deals with the weaknesses related to beneficiaries of the Green Card. Most of the respondents define characteristics of the beneficiaries as a reason why the scheme does not work properly. For one respondent (Co-director in Directorate of Primary Health Care Units in District B, 45, F), the determinant factor in beneficiaries is the migration from rural to urban areas. As it is known, the migration to urban space with its all aspects is an influential social phenomenon for the last fifty years in Turkey. According to her,

> I cannot define them as village-origined, they are most often shanty-origined. They are in between. I don't know how you define them in sociology. The village-origined people are more noble and more conscious ones. The gecekondu-origined people are less educated and poorer. I don't know, village people have a cow and drink its milk, or they have a field and eat what they grow there. But in the gecekondu areas, they produce nothing. Nothing. They have plenty of children. I cannot tell their origin, I don't know. Their education and income level are zero. There are many illiterate people...
>
> *Daha çok gecekondu kökenli yani köy kökenli de diyemiyorum ben onlara. Ara form yani bunlar. Nasıl tanımlıyorsunuz sosyolojide bilmiyorum da onları. Yani köy kökenli çok daha asil ne bileyim çok daha bilinçli insanlar. Gecekonduda yaşayanlar artık daha eğitimsiz çok daha fakir. Ne bileyim köyde yaşayanın bir ineği olur sütünü içer, tarlası olur azıcık oradan bir şey üretir, yer. Ama gecekonduda hiç kimse hiçbir şey üretmiyorlar. Hiçbir şey. Çocuk sayıları çok fazla. Yani köken olarak nereli diyeyim bilemeyeceğim. eğitim düzeyleri, gelir düzeyleri ise sıfır. Okuma yazma bilmeyen çok fazla çok fazla...*

She defines immigrants with negative terms such as illiterate, non-productive being non-educated and having many children. Explanation of the poverty such negative terms refers to 'moral reasons of poverty' which were quite influential in the nineteenth century under the name of 'undeserving poor'. The respondents, as reasons of weaknesses of the scheme, present these features of the beneficiaries.

While the respondents define the beneficiaries with negative terms, like the previous respondent, they also make distinction among users. According to

this distinction, there are two groups of beneficiaries. One group comprises of the people who are not in need as this respondent (officer in Green Card Bureau in District B, 40,F) indicates

> Some people are not in need, but many of them are. For instance, the son of our mukhtar owns a petrol station, the mukhtar owns a car and two pickup trucks, they own a flat but none of them is the property of the son formally. He is over 18 now, he applied for the G.C. because he is married. We relied on the police but as he had nothing formally, the commission gave him the card. Because you look at the documents and see nothing belonging to him, so he seems appropriate for giving card, but the conditions of his father are obvious. The gendarme reported this situation of his father. The system has corrupted. If your father is in good conditions... There was a jeweller, for example, whose father owned two jewellery shops as well; he complained that his father didn't look after him because they were offended to each other and he hadn't paid rent for 9 months. There are such families as well. Sometimes a son may say "I am married now, does my father still have to look after me?". There was a lady who owned an apartment house at Keçiören. She applied for a G.C. but couldn't bring it to an end. Her son-in-law told us that she lived in good conditions and has no need for the G.C. There are such people. But it is obvious that the income and education level of Altındağ is very low. Almost each family has got the G.C. . I was absent last month but I guess we have reached 47-48 thousand families. Of course some people who have a supporter come here as well, I deliberately put them to the end of the queue. They know something that they come with a support, but I try to help the poor who show themselves standing there with no confidence. If an individual earns the minimum wage, he/she cannot get the G.C. . One person earns 100-150 million TL if he is working at one place. If his salary exceeds 90 million TL, he cannot get the G.C. . Can 90 million TL be enough for the hospital expenses? Is 100-150 million TL enough? No it can't be.

> *Ya ihtiyacı olmayanı da var ihtiyacı olan çok çokta ama ihtiyacı olmayan da çok çünkü ya ne bileyim öyleleri var ki bir muhtarımızın mesela oğlu babası muhtar oğlu muhtarın fırsatları şey aa benzin istasyonu var muhtarın arabası var iki tane kamyoneti var evleri var oğlanın üzerine değil hiçbir şey o da 18 yaşını geçti ve evli olduğu için başvurdu ama biz burada karakollara güvendik evrakta bir şey olmayınca vermek zorunda kalıyor heyet çünkü evrağa bakıyorsun hiç bir şeyi yok gayet uygun ama babasının durumu belli jandarmada babasının durumunu yazmış bu böyle böyle diye tabii düzen kötü oldu yani öyle olan babanın durumu iyi olan mesela bir tanede kuyumcu vardı babasının iki tane kuyumcu dükkanı babamla küsüm diyor bakmıyor bana kiramı bile ödemdim 9 aydır diyor öyle aileler de var bize gelen evrakta bazen çocukta diyor ki babam bana bakmak zorunda mı ben evlendim barklandım diyor mesela bir tane bayan vardı o bunların şeyde Keçiören de daireleri varmış apartmanları varmış Y.K.a başvurdu ha devam ettiremedi kaldı zaten devam ettirseydi ismini falan almıştık damadı geldi söyledi gayet durumları iyi böyleler de var ama gerçekten bizim Altındağın zaten gelir durumu çok düşük kültür seviyesi düşük gelir durumuda düşük için herhalde almayan aile kalmadı çok alan var biz herhalde şimdi bu ay yoktum kaç oldu herhalde 47-48bini bulduk. Bir de tabii torpille gelenler oluyor, onları da inadına arkaya atıyorum. Bu bir şeyleri biliyor ki torpille gelmiş ama ihtiyacı olan bir garibana yardım etmeye*

çalışıyorum zaten belli oluyor hemen ezik duruyor. Bir de tek kişi asgari ücretliyse alamıyor niye? Tek kişi bir yerde çalışıyorsa 100-150 milyon aylık alıyordur. 90 mil. kişi başını geçince alamıyor. Bu 90 milyon hastane masrafına yeter mi? Yeter mi 100-150 milyon. Yetmez bu ama.

According to her, the usage of this card by people without need is also widespread among the beneficiaries. The other case is the usage of other person's Green Card as if it was his/her own card as another respondent (director of SASEF in District B, 37, M) claims.

It can be enough in this way: a person without a G.C. takes that of his/her neighbor's, and brings his/her child to the hospital to get treatment. We have lived such a judicial fact recently. Again, a child is brought to a hospital with someone else's G.C. , but on the way to the hospital he dies. The G.C. doesn't belong to him and the owner of the G.C. is still alive. So they went to the court but the problem has been worked out, because there was no underlying motive and it was an emergency case. The hospital put an end to the case.

Oluyor nasıl oluyor mesela eee bir kişinin Y.K.ı yok, çocuğunu götürüyor. Komşusunun çocuğu var ise aynı yaşlarda onun Y.K.ıyla o çocuğu tedavi yoluna gidiyorlar. Hatta böyle bir adli vakada yaşadık biz geçenlerde. Nasıl oldu? Yine bu şekilde çocuk götürülmüş fakat çocuk ölmüş, götürülen çocuk hastanede. E bu ölünce ama asıl Y.K. onun değil. O Y.K.ı olan çocuk yaşıyor. Dolayısıyla adliyelik oldular, savcılık oldular ama tabii çözümlendi. Art niyet olmadığı, acil götürüldüğü için, olay çözümlendi. Hastane sorunu kapattı.

Such usage is not treated with negative terms by respondents as indicated above. Even the decision of the court shows this evaluation. While the people can not reach the card, the usage of the card in the time of need has become possible and the possible outcomes of such usage can be solved within the formal mechanism.

In addition to needy people, there are also people who do not need such coverage according to respondents. These people are rich ones, and they do not have such a limited coverage actually. Although respondents claim such unfair usage of the card, they have given their examples not from their own experiences but from news like two respondents argue. One of them (Director of SASEF in District A, 33, M) explains as follows:

For instance, I last read about someone with a G.C. who died and that much money was found on him, and he was said to have houses and lands. We hear that kind of things.

Mesela en son sepebini söyle okuduğundan beri biri vefat etti Y.K.lıymış üzerinden bilmem şu kadar para çıktı yok şu kadar evi arsası var diye okunuyor çıkıyor onları duyuyoruz

Actually the other respondent (35, F) is an officer in Green Card Bureau at the same district for one year, she defines such beneficiaries not from her own experiences but from the news as well.

I follow and read when I see them on TV.Mostl about rich people who get the card. I last heard about a very rich man getting a G.C. in Antalya, I heard such news on TV.

Yani TVde falan duyduğum zaman öyle okuyorum, takip ediyorum. Daha böyle zengin olup alan tabi son duyduğum Antalya'da bayağı zengin biri Y.K. çıkarttırıyor falan o haberleri duydum TVde.

In conclusion, the policy planners and service providers defined some weaknesses of the scheme from their own experiences. The reasons of this scheme are either inconventient design or the characteristics of the beneficiaries and both in some case. Especially service providers have to deal with these weaknesses in their face-to- face realtions with the beneficiaries. From their own experiences, they also have propositions to overcome these weaknesses.

One respondent (Co-director in Directorate of Primary Health Care Units in District B, 45, F) argues that the problems emerge in the process of investigation of applicants. The police in the city and the gendarme in the village usually carry out these investigations. Using these kinds of people who do not have any education about social investigation has caused problems. Instead of that, she offers to use social welfare workers for these investigations.

There must be a serious investigation in these G.C. bureaus. We analyze again and again if we see even a small hesitation. We have an inadequate number of social workers, so we trust the police. But we do not know the relationships there, it is Turkey here. You trust the mukhtars. But trusting an educated person is much better I guess. If social workers are employed for these offices, they do the investigations themselves as our agents, I would trust them more.

İşte bunu veren bürolar Y.K. bürolarında çok güzel incelenecek. En ufak tereddütte, tekrar tekrar inceleme yaptırıyoruz biz. Hiç olmazsa mesela.. Şu eksik bizde sosyal hizmet uzmanları eksik çalışan. Polise güveniyorsun. Artık oradaki ilişkileri bilemiyoruz, Türkiye burası. Muhtara güveniyorsun. Ama eğitimli birine güvenmek bence daha

güzel. Eğer bu bürolarda sosyal hizmet uzmanları çalıştırılsa, bu araştırmaları bizzat gidip, aracımız olsa şu olsa bu olsa yerinde yapsalar daha çok güvenirim şahsen ben.

The other respondent (Official in Green Card Bureau in District B, 40, F) also emphasizes the problems that emerged from investigations carried by either the police or the gendarme. She also criticises the need of the renewal of the visa of the card every year because every year both citizens and workers of the Green Card Bureau have to do the same thing.

Yes, and I don't know how we can overcome it. There are so many units. When they first take it there is the visa problem, same units are visited every year. They don't only go to the Registery of Births, they also send the visa here. If they only could do it once every two years, people wouldn't be that bored. A year passes so quickly and we see the same people every year. I am from Balıkesir, but I have been seeing these people in District B every year for the last 9 years and we have become friends now. Another problem arises from the police investigations. They complain about the hard work; and some citizens claim that they are given negative reports and by stating higher income because they squabble with the police. The gendarme investigate the villages. There is a problem here, I don't believe these investigations are sufficient. Tax officers who own cars, are found to be having no cars after these investigations. If the state pays adequate salaries to the government officers, they will not choose to use such methods.

Evet onu da nasıl hallederiz bilmiyorum bir türlü anlatamıyoruz çok yani bir sürü yer belki hadi bu ilk alırken tamam diyoruz vize olayı var vizede de aynı yerler her yıl tekrarlanıyor bir tek kütüğüne gitmiyor nüfustan faks çekiyor vizeyi hiç olmazsa iki yılda bir yapsalar belki vatandaş bu kadar bıkmaz e vatandaş bazen öyle diyor ne çabuk görüyoruz aynı insanları sene çok çabuk geçiyor yani her yıl aynı insanı artık ben Balıkesirliyim ama buradaki Bölge B'dekilerle ahbap olduk her yıl dokuz yıldır görmekten. Bir diğer sorunda polisin araştırmaları yapmasında doğuyor. Onlar hem işin yoğunluğundan şikayetçiler hem de bazı vatandaşlar polisle takıştıkları için raporlarının olumsuz yazıldığını söylüyorlar. Gelirini yüksek yazı gönderiyorlar. Jandarma köyleri araştırıyor. Bu konuda problem var. Bu yüzden araştırmaların doğru olduğuna inanmıyorum. Sağlıklı olduğunu düşünmüyorum. Vergi dairesinde de üzerine arabası olanların arabası araştırmalarda çıkmıyor. Yani devlet en azında memurlarına doğru düzgün ücret verse memurlar bu yola kaymaz.

As the main purpose of the Green Card is to find the most "needy" and the "poor", investigations by the officials of the Green Card Bureau in each district is crucial. Normally such investigations of means - testing are made in disguise without creating many problems. However, in District B, where the migrant population is very heteregenous and have frequent problems with the police, the help of the police and gendarme makes the investigations. Especially because the

sensitivities are high in this district and since the officials are also reluctant to do the assesment there is a high irritation to use the police and the gendarme for the investigation of the "poor". This aspect comes in some interviews as a major issue remains to be solved.

The other problem is the absence of co-ordination of between two ministries another respondent (working in Ministry of Health, 46, M). These ministries are Ministry of Internal Affairs and Ministry of Health. The council where the decisions about who is eligible to obtain this card are taken works under the control of the Ministry of Internal Affairs, while the expenses of the Green Card are paid from the budget of the Ministry of Health. So the Ministry of Health is responsible to pay expenses of Green Card on which it has no control over the decisions. This lack of control is the cause of the reason of misappropriation of the card or other related problems. Mr. Aktuna also indicates this problem as follows:

> Why every system in Turkey does not work properly? They treat preferentially people, when they give the Green Card. District council is formed. Governors do this. If s/he treat preferentially people, of course problem emerges. If everybody does his/her job effectively, the system works properly. These but can be. There are three or five flaws in every system. Who object that always says these. If so, you give properly, namely, governors. As a matter of fact that I had the Green Card in many districts examined by inspectors when I was minister again in 1996 and 1997. And I determined who got or was given this card. I applied the fines for both who took and the governors according to the law. Everybody should do that. Simple way is the other. Hard way is to try.
>
> *Türkiye'de niye her sistem çok iyi yürümüyor? YK'ı verirken insanları kayırıyorlar.İlçe yönetimi kuruluyor. Kaymakamlar Yapıyor. Orada insan kayırırsa, tabii problem olur. Herkes görevini iyi yapsa sistem iyi işler. Bunlar ama olabilir yani. Her sistemde üç beş defo daima vardır. Hep buna karşı çıkanlar, bunları söylediler. E kardeşim o zaman kardeşim uygun verin allah allah. Yani kaymakam. Nitekim ben 1996-97 yıllarında tekrar bakan olunca, sondajlama yaparak birçok illerde müfettişlerle YKları incelettirdim. Ve almaması gerektiği halde almış/ verilmiş olanları tespit ettim. O tespitin sonunda hem kaymakam hakkında çünkü ceza var kanunda hem de alana karşı cezai hükümleri uygulattım. Herkes bunu yapsın. Kolay yol öbürü çünkü. Zor yol uğraşmak didinmek.*

However, he tried to form this co-ordination while he was the Minister by using his power in the cabinet. Although this respondent also tries to form this co-ordination, he can not be successful because of the reasons as follows:

We have a problem there, too. Because the units that give the G.C. , those who give the decisions are the government offices of the districts and provinces. You know that they are units dependent to the Ministry of the Interior. But the secretariat of the G.C. belongs to the Ministry of Health. The Ministries of Health and the Interior must do the auditind together, especially by the civil inspectors. At least the administrative part, I mean checking whether the applicants deserve the G.C. or not, must be done by the Ministry of the Interior. But although we have continuous demands from the MI –I have been working here since 1996- we couldn't get a positive answer. The Ministry of Health does the investigation, but we have a problem here. The inspectors of MH have no chance of investigating the decisions of the board of directors of the districts and provinces, according to the present structure. What can be done ? We can determine those who have used the card improperly, or we find out the exaggarated bills of universities, that is more administrative and practical. But the problem is in the delivery of the card. The media show this as the fault of the Ministry of Health. I think it is not the fault of the MH, it is a collective one. If some unit will be found guilty, it concerns the Ministry of the Interior, the Ministry of Labour and Social Security, the Ministry of Finance and the Ministry of Health. This is the bad luck of the MH, all the secretariat is done by the MH and any malpractice seems to be doen by the MB. It is a wrong impression.

Şimdi esasında orada da sıkıntı var. Çünkü Y.K.ı veren birimler il ve ilçe idare kurulları yani karar veren birimler orası. Malum il ve ilçe idare kurulları İçişlerine bağlı çalışan birimlerdir. Fakat Y.K.ın sekretaryasını yapan SBdır. Denetlemenin SB ve İçişleri Bakanlığı (İ.B.) ile birlikte yapılması lazım. Yani özellikle de mülkiye müfettişleri tarafından yapılması lazım. Yani en azından idari kısımlarını yani Y.K. almak için başvuran kimseler bunu haketti mi haketmedi mi, o yönünün içişleri bakanlığı tarafından yapılması lazım. Fakat İ.B. dan bu konuda sürekli istek ve talebimiz olmasına rağmen ki 96dan beri ben bu görevi yürütüyorum, maalesef olumlu bir cevap alamadık. Araştırmasını SB yapıyor fakat SBnın da şöyle bir sıkıntısı var. SBnın müfettişlerinin gidip il ve ilçe idare kurulu kararlarını inceleme şansı bence yok. Bence yok yani mevcut yapıya göre yok. Ne yapıyor? İşte usulsüz kart kullanmışsa onların tespitini yapabiliyoruz. Hastanelerimiz tarafından abartılı faturalar düzenlenmişse onların tespitini yapabiliyoruz SB olarak. Yine üniversitelr tarafından yapılan abartılı faturalar varsa onların tespitini yapabiliyoruz. Daha çok idareye yönelik ve uygulamaya yönelik. Ama esasında problem kartın verilişinde olan problem. Basında da hep bu SBnın suçu gibi gösteriliyor. Bence SBnın değil. Ortaklaşa bir eğer bir suçlu kabul edilecekse, bu İçişleri Bakanlığını da bağlar, Çalışma Sosyal güvenlik Bakanlığını bağlar, Maliye Bakanlığını bağlar, ve SBnı bağlar. İşte SBnın şansızlığı burda sekretarya işlerinin yürüttüğü için işte bütün usulsüzlükler sanki SBdan yapılmış gibi bir intiba var. Bu yanlış bir intiba.

This lack of both co-ordination between the two Ministries and control of the card has negative impacts for the Ministry of Health according to him. As a whole, the fragmented structure of bureaucracy related to both the health and

social security issues is the one of the main problems of the Turkish welfare regime with reference to chapter three.

So for overcoming these weaknesses, policy planners and service providers have some propositions analyed above. These propositions can be summarised as follows:

- Employment of social workers for the social investigation of applicants and avoidance of the police or gendarma in this process;
- Making period longer than one year for visa in order to make system work effectively; and
- Forming a co-ordination among different ministries for an opperative control over especially the process in which beneficiaries access to the card.

These critiques are related to the transition of the temporary implementation to the permanent component of the health system in Turkey with its ten years history and twelve million cardholders. Especially service providers can define the weaknesses of the scheme and offer some practical solutions to deal with these problems from their own experiences. Although, they are aware of the fact that the weaknesses of the scheme are quite related to the general problems of both the health system and the general conditions of the country, they could not develop the empathy towards the Green Card beneficiaries. So respondents also offer the general reform for overcoming these problems, in addition to these practical ones.

6.6. What are Their Suggestions for the Improvement of the Health System and Insurance?

The only way to improve the health system in Turkey is the transition to the General Health Insurance for this respondent (working in Ministry of Health, 46, M) as the attempts have been made by various governments until now.

> At this point, improving the GHI will be more beneficial for people with G.C. , than making cahnges over the G.C. system. It will also be more economical for the country because at this moment, if we pu together the G.C. and the financial support the state gives for the G.C.

law, the expenses of the state, or the health expenditures of the SASEF; people in good conditions who can pay 25-30-50% of their premiums are resources for the GHI. In my opinion, the GHI should be put into force rather than changing the G.C. system. It has no chance of being an alternative for the GHI. Some insurance companies or institutions giving private health services may come into service then. At first stage a triangle of state-citizen-state hospital is obvious here. But some private insurance companies and health institutions, and even treatments abroad will be included in the GHI; there will be a unity and everyone will benefit from this system equally. People with G.C. won't have to return from the hospital gate, or wil face no problems with buying drugs, they will go to any hospital they want. But at the moment there is a consignment chain, and people with G.C. have no chance of getting out of this chain.

Valla bu saatten sonra Y.K. kanunu üzerinde oynama yapmaktan ziyade hep söylediğim gibi GSS yani bu GSSnin çıkarılması Y.K. tan faydalanan insanlar içinde bir önemlilik arz edecek ülke içinde belki daha ekonomik olacak çünkü şu anda Y.K. olsun veya Y.K. kanununa devletin sağladığı gelirler olsun veya devletin giderleri olsun SYDVnın yine sağlık için yaptığı harcamalar olsun bunları üst üste koyduğunuz zaman ve yine durumu iyi olan yani nedir priminin %25ini,%30unu,%50sini yatırabilecek kimselerin o katkısını da sağladığınız zaman sanki GSSnin kaynak kısmı karşılanmış gibi bir durum çıkıyor bence oynamadan ziyade GSSnin çıkarılmasıdır. GSS na alternatif olma şansı yok çünkü adı üzerinde GSS burada belki aracı sigortalar diğer bazı sigortalar belki özel sağlık hizmeti veren kurum kuruluşlarında bu hizmete girmesi söz konusu olacak ama şu anki uygulamada devlet hastanesi devlet ve vatandaş Y.K. alan vatandaş bu üçgen ilk kapsamda ilk basamakta görülen şeyler ama GSSında bunun içine özel sigorta şirketleri girecekti efendime söyleyeyim özel sağlık hizmeti veren kurum kuruluşlar girecektir hatta belki yurtdışı tedaviler açılacaktır en azında tabii bu birlik sağlanacaktır herkes eşit bir şekilde faydalanacaktır. Yani kişi Y.K.la gidip hastane kapısından dönmeyecek ilacını ayaktan yazılan ilacını alamamak gibi bir durumla karşılaşmayacak belki istediği hastaneye gitme şansı olacak ama şu anda bir sevk zinciri vardır bu sevk zincirinin dışına çıkma şansı yok Y.K.' lının.

Although this transition was offered and still is offered, its realisation seems quite hard because it proposes total change in the organisation of the health field in Turkey as discussed in Chapter four with reference to interviews conducted by Mr. Aktuna and Mr. Savaş.

For another respondent (Co-director in Directorate of Primary Health Care Units in District B, 45, F), the only solution is the collection of both providers and beneficiaries of the health system in Turkey under one social security system. According to her,

> All of these can be done with our budget. But as we said that day, there should be a single system. The solution is not in the G.C. , Bağ-Kur, or ES. There should be a single system. But if nothing can be done right now, this is a good solution for people. The patient you saw a moment ago has lenforma you saw how he looks, he can't even tell you a word. The treatment of cancer requires billions. He will either die, or use the G.C. I think it is a good thing.
>
> *Bütçeye göre herşey yapılır aslında ama. İşte o günde konuşuldu ya tek sistem olmalı.Y.K., Bağ-Kur, ES şu bu değil, çözüm bunlarda değil aslında. Tek sistem olmalı. Ama şu anda bunlar yapılamıyorsa bu insanlar için çok güzel bir çözüm. Bak demin ki hasta lenformaydı. Görüyorsun halini. Derdini anlatacak halde bile değil. Bir kanser hastalığının tedavisi milyarlarla. Ya ölecek, ya da Y.K. kullanacak. Çok güzel bir şey bence.*

Despite of the absence of such single system, the Green Card provides a health coverage and makes health services accessible to the poor. That is the best solution for her.

6.7. Conclusion:

I asked policy planners and service providers about their perceptions of the Green Card Scheme and its major problems, drawbacks and also their evaluations with a specific focus on the existing system of welfare provisions in Turkey. In addition to the legal framework of the Green Card Scheme, their conception is especially important because of their effectiveness in the implementation of this scheme. Their positions within the existing system of both welfare and health make their conceptions important because the policy has turns into what they (apply) define in the end.

The idea to present health coverage to the poor behind the Green Card scheme is supported by the respondents but they are critical about how it should be done and what is done with Green Card. Although they defined the conditions under which the Green Card emerged emphasising only one side of the complex story, it is possible to see total picture by bringing their answers together.

According to their positions, their level of information or specialisation area changes. While planners among respondents explain the legal procedures with forming its relations to the wider context, service providers point the

problems related to the implementation of the scheme. Most of these problems are related to the temporary nature of the act but they are not aware of that. Both fragmented structure of welfare regime of Turkey at institutitonal level and the lack of co-ordination among them have implications regarding the respondents conceptions of the problems related to the card. In conclusion, from their points of view, the strength of the card is the inclusion of the poor into the health system with its all drawbacks and limitations.

CHAPTER VII
CONCLUSION

In this thesis I made a study on exploring social welfare state as conceived and implemented by the policy planners and service providers in Turkey. Besides the social budget and the provision of available mechanisms for welfare, it is important how the policy planners and service providers view the need and functions of the welfare mechanisms. Among the welfare mechanisms which are actually quite limited, the Green Card was chosen as an example because it has ten years of implementation and it is the most controversial welfare provision among others because it provided partial coverage and tend to become permanent although it was intended to be temporary.

In the study firstly I made interviews with 3 influential figures of the Health Reform Project of the 1990s, to inquire about the conditions under which the Green Card Scheme appeared. Their responses indicated that there is a conflict between the politician and the policy maker. Especially at a time in Turkey for attempts of reforms and restructuring the bureaoucracy, this finding is very significant. Though the policy makers can bring the best thought projects and formulations, the politicians, who are responsible for accepting these changes or not, have the power to stop those very crucial changes due to the reasons of maintaining their positions and clientele, especially their voters. This thesis argues that, in any reform policies in Turkey, even in such a case of health and poverty, the politicians have the mechanisms and great initiatives to delay the much-needed reforms in the society.

The next step of research was to make interviews with 10 respondents, who were actively employed as planners or service providers in positions related to the implementation of Green Card. During the interviews I asked them about

mechanisms for provisions of help and assistance; and more specifically their views on the Green Card and the problems related to its application.

One of the hypothesis of the research was that the planners and providers will have limited information on welfare state, poor relief and social security systems despite their high levels of education. Also it was expected that they will be disinterested to learn and find about the new developments related to their jobs as planners and providers. Additionally, it was expected that the planners and providers would not be very knowledgeable about the reality of the conditions and scale of poverty in Turkey. During the interviews, however, almost all respondents showed great interest in explaining the strengths and weaknesses of the system. Also they were quite well informed about the functions of the state and the need of social security in other parts of the world. Hence the first hypothesis was falsified by their responses.

When asked about the functions of the social state almost all identified the social state with the rights of equality of the citizens. They thought that the state has to provide equal access to all public benefits by all citizens. They claimed that clientelism and influence of family relations may ease the path for access to such opportunities by some individuals, but the individuals who do not have such means will suffer if the state cannot reach them. In fact they had correctly diagnosed the problems of leaving the social support to the family and to other social networks which may not be sustainable everytime. So they argued in favour of the social state as a guaranteur of priviledges in health, education and employment for all people. They said that the social state should be able to bring controls on equal pay for equal work for all, equal opportunities and pay schemes for everybody. They argued that when the social state takes full responsibility of its citizens' comfort, welfare and future prospects, then the protective nature of the social state is more represented. Such responses indicated that both the planners and the providers have a clear image of the state as the guaranteur of equality for all, which is parallel to the Beveridge's policy.

However, they mostly claimed that such guarantees do not take place in the case of Turkey. One major reason is that the Turkish state does not or cannot support policies for equal pay. Hence, many people cannot get reasonable returns for their efforts. Almost all respondents argued that the citizens deserve to get a decent wage for their work. In this aspect the state should be able to check and develop policies about a rewarding system which is just. If this condition is not fulfilled, as in the case of Turkey, then they claimed that we can not talk about the proper functioning of many public services. So they were thinking that the social state in Turkey was not able to provide the equality of its citizens. Contrary to our expectations both the planners and providers were aware of the cultural and social problems that may create difficulties for the Turkish welfare state.

Some of the respondents, on the other hand, insisted that the social state should be able to train its citizens about their own duties. So the tone of the arguments turned towards citizens' duties and how the citizens should learn to participate into the costs of services to some extent. In Turkey, a tendency among citizens, which is proven by many studies before, is that they expect all services from the state without taking any responsibility of the burden. According to the conceptions of the planners and providers, this tendency may lead into "abuse" of the services in any system, not only in Turkey. In fact, they were claiming that 'if the indviduals are not paying for something then they would not realize the actual value of the service'. Hence, with this comment they were turning to a Bismarkian view, emphasising the responsibilities of the individuals.

When the respondents were asked to comment on the Green Card, interestingly main comment was on the duty of the state. They thought that provision of such a free health service, despite the fact that it is giving partial coverage, is a very important service of the state. Hence, they were somewhat equalizing the Green Card application with the equality-providing characteristic of the social state. They emphasised the importance of this service while they were evaluating the ten years of implemetation of the Green Card scheme. Despite the success of it, they also criticised the weak points of this implementation. Most

of the weaknesses of the scheme have emerged from the implementation. They also pointed both to the partial coverage of the medical expenses and the treatment of the Green Card beneficiaries as 'second class' people in hospitals. This led them to criticise the state by not fulfilling its social duty fully towards the poor in line with Beveridge.

At the same time they can see the other side of the coin and can claim that most of the Green Card beneficiaries are 'lazy', 'uneducated', or 'tend to have many children'. Also they claim that those people are very much inclined to abuse the system even if they do not have the need. This kind of prejudiced attitude of the planners and providers was expected in the starting hypotheses of the study. The basis of this expectation was Lowe's (1999:48) comment, relating such attitudes to the

> ...insufficient funds were allocated to the service and that, in the absence of any criteria by which to ration benefit, local officials fell back on the traditional- but highly arbitrary and unscientific- distiction between 'deserving' and 'undeserving' poor.

So especially when the providers met with the insufficiencies of the Green Card due to partial coverage and limited supply of funds (which can be only allocated after a humiliating investigation- a means-testing- and by the decision of the Commission of SASEF) they feel helpless at the point of direct contact with the people in need. So turning to such kind of accusations mostly originate from the helplessness of the officials. In fact, in the words of Mr. Savaş,

> The Green Card only itself was not a solution. However, it has a great utility and I always defend the application of it in this way. Yet it will gain its real meaning when it will be integrated into health reform but they did not allow.

Also the legislation of Green Card is found insufficient which may lead to abuse by some people who are not in need or without coverage. This understanding is part of a bigger issue related to the fragmented structure in the social insurance system in Turkey. The planners and providers, when they accused some people with abusing the system, they were again referring to this problem of fragmented structure of social security which is open to fraud besides leaving nearly %20 of the population without any coverage. It is well known through other research in Turkey that some people may have a coverage from the Social Insurance Institution or from the Social Insurance of the Self-employed,

but because of many reasons, like they did not like the hospitals connected to the Social Insurance Institutions, or they have not paid their premiums, or they were unemployed for some time, or the state hospital is nearer to his/her house, and so on, they can take a Green card and gain access to all hospitals connected to the Ministry of Health, which have better conditions. On the other hand, as the providers claim, the people in 'real need' who are not covered by any system, can be left out because of the mistakes in the legislation and in the implementation of Green Card. Hence, the planners and providers were in agreement about the possibilities of abuse.

All these findings were consistent with my starting hypothesis. On the other hand, an interesting result came out from the findings which was not foreseen in the beginning. The planners and service providers had different and even contrasting views on the definition of social citizenship and about the social/welfare state and its functions. Related to the social citizenship, while the planners are stressing more on the national interests and duties of the individuals towards the state, providers are sensitive to the interests and rights of the individuals. Although they, like the planners, also emphasised the duties of the citizens towards the state, then they argued that the state has to consider the rights of the citizens as well. So the providers' conceptualization of citizenship was based on duties as well as rights, whereas for the planners the social citizenship was defined only with duties. The reasons for this difference may be attributable to the fact that the providers are working in "real practices". They are the ones who at the point of contact with the beneficiaries, are experiencing the dilemma of excessive demands and requirements but very limited amounts of welfare provisions. So they have a "soft heart" towards the people in need and they can argue for the rights of the individuals. At the same time, compared to the planners the providers were more on the side of blaming the people with abuse. This was again related to the fact that they are working at the point of contact where the "real life practices" are much harder than the planners can realize. So we can say that the providers, like many in other parts of the world, live and experience the contradictions of capitalism, poverty and welfare of the citizens. They realize that the welfare benefits and provisions are far from being adequate to cover the needs.

So they are effected from such insufficient provisions which in turn effect their approaches and work as Lowe says,

> ....localofficials ('street-level bureaucrats') who are heavily influenced by economic constraints, prevailing social prejudice and actions of competing agencies. Policy, in this perspective, is not what Cabinets and senior officials plan but what lower-paid officials do... (Lowe;1999: 46).

Planners, on the other hand, are far from knowing the real conditions and from the point of contact with the scale of need and problems. So that they were rather explaining the social citizenship in terms of duties, which is a very much middle class view of seeing the role of the state versus the citizens.

Another contrast between the planners and providers was about the role of the social/welfare state and its functions. Especially related to the insufficiencies of policy making and implementation practices in the social welfare state in Turkey, planners and providers tend to think differently. Planners claim that the lack of resources and the negative consequences of the economic crisis, which are experienced periodically in Turkey, are the main reasons behind such insufficiencies. According to them, despite the fact that the state and the bureaucracy is using its maximum capacity and resources with good will, since the conjenctures are not stable the insufficiencies can not be eliminated. On the other hand, providers believe that the reasons are mainly not the lack of resources or economic crisis but rather the lack of honest politicians, bureaucrats and administrators who are well involved with fraud and cheating in various degrees and their lack of interest with the interests of the citizens. Additionally, providers also blame the tax evasion and/ or avoidance by the well off sections of the society which cuts the major income of the state. Their arguments were very much shared by the public opinion in the Turkish society at large.

Furthermore, in relation to the functions of and the failures in the Green Card Scheme, while both groups defended the Scheme due to its "contribution to a welfarist and egalitarian approach towards the poor", their explanations about why problems appeared in the implementation were also different from each other. Planners accused the bad administration as a result of lack of means, which will provide a better system of information. Also they claimed that, the fragmented structure of the Turkish welfare system is another possible reason why

Green Card Scheme does not work properly. On the other hand, because of their working practices, especially face-to-face in the Districts where most of the poor people live, providers first accused the system of insufficient funds available, then the wrong legislation of the Scheme. So when they accused the beneficiaries with the abuse of the system, they were also saying that it is created by the system itself. They, also, did not accept to be accused of by the planners by not doing their duties properly, but rather they thought that the insufficiencies in the implementation was mainly due to the lack of sufficient amounts of funding, the legislation and also lack of personnel so that the problems of many applicants cannot be dealt with properly. So one major conclusion from these findings is that the positions and the level of responsibilities of the planners and the providers effect their conceptions of the state, of welfare services as seen in the example of the Green Card Scheme. While the service providers, working in real and the ones who are experiencing the dilemma of very big needs but very little welfare provisions are in favour of increasing social investments both by the state and by the increasing responsibility of the well to do sections of the society, policy planners, following the tendencies of the intellectuals since the Ottoman times, are far from knowing the real conditions and the scale of need and think that changing the legislation and some administrative procedures the Green Card Scheme will be improved. They cannot realize the problems are much deeper in fact.

All in all, when the responses of both groups were analysed in general, both displays a clear tendency of legitimating the existing shortcomings of the welfare social state in Turkey. Both groups attributed the lack of assistance and the chaos in the distribution of resources to different reasons. First of all, they all agreed that the limited coverage and fragmented structure of the Turkish Welfare State is effective in the creation of main problems. But this cannot be changed very quickly since this was a long process of restructuring of the state in terms of both the legislation, the implementation infrastructure as well as the total conception of the relations between the citizens and the state. Additionally, they all emphasised the increasing role of the global effects on this restructuring and conceptualisation of the state.

Another important conclusion of this thesis is that, rather than by central decision- planners, it is the actual providers and implementers of any social welfare policy which matters. I argue that this conclusion is a very relevant and important information explaining the Turkish situation at a time when the restructuring of existing policies and social reforms during the process of Turkey's membership to the European Union has been discussed. So the thesis argues that it is not the enactment of new legislation but actual implementation that matters. "The civil service is not, after all, a homogeneous body and battles both between and within departments can be easily exploited (Lowe; 1993, 45)".

Finally, another significant conclusion for understanding the condition of welfare system in Turkey is that, the low level of welfare provisions are met by the family and the existence of informal market similar to the case of Southern European Welfare State as stated by Rhodes (1997). The limited welfare provisions are distributed through the collection of stratified and hierarchical social rights and within clientielist relations. So the organisation of welfare provisions is not based on the idea of universalism as Keyder (1999b) also points at. On the other hand, in a time of global effects, neo- liberal economic policies and privatisation attempts of the major state services, the future of the family based welfare system is also becoming impossible to continue in Turkey, as may be in many other countries. The major question for all policy makers, providers seems to be what to do in a time of increasing poverty on the one hand and the decreasing or elimination fo state welfare benefits on the other. A very important question here should be whether the various Non-Governmental Organizations would be able to solve the enormous scale of problems like poverty, social exclusion and deteriorating conditions of health, education, employment and a decent living. So this thesis starts a new perspective to such questions and implementation of new social policies in the case of Turkey, at the start of a new era.

It should be also mentioned however that the thesis, since it was the first in kind, has some deficiencies. First of all, policymaking process and the policy application are very complex issues. But of the limited time and for the limited aims of the study, only policy planners and service providers are examined within

very limited numbers. If these findings can be compared with a sample of beneficiaries of the Green Card or some other welfare provisions, some very interesting results could come out. Secondly, asking the people themselves, who are covered or not with social insurance will be very illuminating. Thirdly, the views of various civil society organizations could have been very important in terms of developing policies in Turkey.

Finally, the last word is about the policymaking and the implementation process. The policymaking and the implementation process are very complex issues that can not be understood with a single thesis. It needs to be investigated further especially for the Turkish Case in which studies are quite limited in number. Additionally, any such policy needs to follow a more participatory approach in order to capture the complexity of the process itself. In fact the providers' experiences should be integrated into any policy making process and into the capacity building mechanisms anywhere in the world, not only in Turkey. Their positions within the existing system of both welfare and health have made their conceptions important because the policy has turned what they (applied) define at the end.

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APPENDICES

APPENDIX A

THE DETAILED INFORMATION ABOUT THE THREE INFLUENTIAL FIGURES IN THE GREEN CARD SCHEME

As founding fathers of the Green Card Scheme, I also conducted in interviews with Mr. Demirel, Mr. Aktuna and Mr. Savaş. I want to introduce them shortly to remind their responsibilities and roles in the enactment of the Green Card Scheme.

Mr. Süleyman Demirel was graduated in İstanbul Technical University as a civil engineer. He started his political active life after 1960 and than he became a leader of Justice Party in 1964. He became a prime minister of Turkey for several times including 1965-1971, 1974-1978, 1979-1980 and 1991-1993. Between 1991 and 1993, he was prime minister of the coalition government during Green Card Scheme acted in 1992. He continued his political career as the ninth president of The Republic of Turkey between 1993-2000.

Mr. Yıldırım Aktuna is a doctor. He worked as an administrator of Bakırköy Ruh ve Sinir Hastalıkları Hastanesi and he became known after this work. Then he started in active political life at the beginning of 1990s. He worked as a minister of health in the coalition government between 1991-1993.

Mr. Serdar Savaş was graduated from Istanbul Medicine Faculty in 1983. He worked as health director when he was twenty-six years old and after two years later he became a counsellor of the Ministry of Health and then he became a co-counsellor in the same ministry. He made master degree on health policy in London School of Economics and he involved every projects related to re-organisation of health services in Turkey after end of 1980s to 1993. He left his job in 1993 as a result of failure of National Health Policy Reform in 1992 and started to work in World Health Organisation up to 2000. Now he worked in his own private company dealing with constancy in health related fields.

APPENDIX B

THE DETAILED INFORMATION ABOUT THE RESPONDENTS:

First respondent was the director of SASEF in District A in Ankara. He was thirty-three years old. He graduated from Hacettepe University Social Service College six years before. After his graduation, he started to work in this SASEF in where he also did his internship. Although he was at the position of director, he actually participated in every day activities including selecting who is the deserving poor, influencing the decisions upon the distribution of aids and implementing policies for the poor. He as a director of the fund participated the weekly meeting of the council in which decisions of who are eligible to aid of fund and who are not are taken. His father graduated from technical vocational school and he was retired from PTT (Turkish Mail Telephone and Telegraph General Inst.) as a civil officer.

Second respondent was the civil officer in Green Card Office in District A. She was thirty-five years old. She graduated from girl vocational high school. She has been working this office for 11 months. She was dealing with new comers to take a Green Card by explaining the procedure through which these newcomers should collect some information about their income level, their possessions and their registration to other social security institutions. Then she prepared their files for meeting of council and if their applications are accepted, she prepares their Green Card. She was working as a civil official in Budget Department of Ministry of Health before coming to this office and she did not know even the existence of Green Card Scheme. Her father graduated from secondary school and he retired as a health official.

Third respondent was the civil officer in Green Card Office in District B. She was forty years old. She graduated from Hacettepe University Nursery Vocational Collage. She has been working this office for nine years. Five or six persons are working in these offices and there is no strict division of labour among them. She was dealing with new comers to take a Green Card by explaining the procedure through which these newcomers should collect some information about their income level, their possessions and their registration to other social security institutions. Then she prepared their files for meeting of council and if their applications are accepted, she prepares their Green Card. She says that they do all these jobs when necessary. She worked as nurse only for three months and then she came to this office as a result of her husband's job. Her father was illiterate and he retired as a worker.

Fourth respondent was the director of SASEF of the District B for five years. He was thirty-seven years old. He graduated from Anadolu University Department of Economics. Quite contrary to other director, he doesn't participate

every job and he only does what responsibilities of director are. These are participation of meeting of council, sign documents as a responsible person and form a relations with other NGOs and related institutions. He has more personal compared with other SASEF. He worked on computer in private firm before this job. As a result of his previous job, he developed a computer program to follow the recipients of the fund. He does not know in which school his father graduated but he was retired as a retired non-commissioned officer military.

Fifth respondent was the health group Co-director in Directorate of Primary Health Care Units in District B. Health group directorship is formed every provincial and it is responsible to co-ordinate health branches within borders of this particular province. She has been in this position for ten years before that she was the doctor in primary health care unit for ten years in administration of governor in district B as well. She is forty-five years old and graduated from Ankara University Faculty of Medicine. Her responsibility is quite same with director. Two of them are responsible bureaucratic organisation of this directorship, they also participate the meeting of council for SASEF and they also participate the meeting for Green Card. They also examine the files of applications for Green Card. Her father graduated from Teacher Vocational High school and he was a retired teacher.

Sixth respondent was the specialist in the health sector of State Planning Organisation for twenty years. She was forty-nine years old. She was graduated from Gazi University Pharmacology. Before this job, she worked for ten year in general secretary in SPO. The health sector in SPO is responsible to create policy for both investment and finance for health field in Turkey. They are planning the future of health policy and these plans like Five Years Development Plans directs the policies of government to certain degree including Ministry of Health as well. These policies are obligatory for public sector while they just encourage the private sector. Her father graduated from Necatibey Education Institute and he was a retired teacher.

Seventh respondent was the civil officer in Green Card Office in District A. He was thirty-nine years old. He graduated from health vocational high school. He has been working this office for one year. Before this position, he did the same job in Trabzon for six months. His job is actually health and environment technician and he worked in this position for thirteen years. He was dealing with new comers to take a Green Card by explaining the procedure through which these newcomers should collect some information about their income level, their possessions and their registration to other social security institutions. Then he prepared their files for meeting of council and if their applications are accepted, he prepares their Green Card. He sometimes goes to houses of applicant to Green Card for investigate their income level and life conditions. His father graduated from primary school and he was a farmer.

Eighth respondent was the head of Medical Treatment Department of Ministry Health for seven years. He is forty-six years old and graduated from Ankara Economy and Trade Science Academy. This department is responsible to financial issues of the ministry including Green Card. So Green Card is interpreted with its financial dimension of the issue. He worked as a chief in

equipment department in the same ministry. His father graduated from primary school and he was a farmer.

Ninth respondent was the specialist in the social security sector of SPO for twelve years. He was thirty-five years old. He graduated from Northeastern University with MS degree in Economy Politics and Planning. Before this job, He worked as co-inspector in Foundation General Secretary. The social security sector in SPO is responsible to create policy for both investment, finance and regulations for social security field in Turkey. They are planning the future of this policy and these plans like Five Years Development Plans directs the policies of government to certain degree including related ministries as well. His father graduated from High School and he retired as a bank official from İşBank.

The last respondent is the doctor in primary health care unit for one year. He graduated from Ankara University Medicine Faculty. He was forty years old. The reason I chose him as a respondent in this interview is his previous job. He worked in General Co-ordinator of Health Project in Ministry of Health for more than four years. This department of the Ministry of Health was formed in late 1980s in order to prepare the proposal for the reform in health services in Turkey including National Health Policy reform proposal in 1992.

APPENDIX C

BOTH ENGLISH AND TURKISH VERSION OF THE FIRST QUESTION FORM:

Demographic Information:

1. Gender
2. Age
3. Which school did you last graduate from?
4. What is the profession of your father?
5. Which school did your father last graduate from?
6. Could you define your present job? (What are your responsibilities/duties? Can you please tell me about your typical work day?
7. For how many years have you been doing this job?
8. (If any) what were your previous jobs?
9. Do you read any periodicals related to your job? If so, what are they? How often do you read them? (Publications of the state, regulations, the gazette, newspapers and magazines, books of publishing firms, etc.)

I will ask you some questions about the Green Card practices:

10. What is the function of the Green Card? (In respect of practice, scope, and procedure)
11. For how long ahs the GC been practiced.
12. What might be the reason for the emergence of the GC in those days?
13. Do you remember the debates made in those days when the GC had come into force? Did you follow those debates? Do you remember them?
14. As far as you remember, was there a disagrement during the legislation of this card? If yes, who said what? How was it discussed in public? How was it resolved?
15. What did you think about this law then?
16. Is it an important application? Why?
17. What do you think now?
18. Have you ever read a news about the GC in the papers by now? If yes, can you explain it? If no, if there was a news about it, would you read it?
19. What benefits does it have, for whom?
20. How do you define the users of the GC? (considering their gender, age, urban/rural, how big their families are: the number of their children, their income level, education level)
21. How can users obtain a GC? Can you explain this process?
22. How do families use the GC? Individually? Collectively? Should everyone in the family have a card on his own?
23. What is the propability of close relatives and neighbours using this card? How?
24. Do you think the Green Card is used by people who are really in need?
25. What percent of the population does the GC serve?
26. Is the GC used by others than its owner?
27. How can such cases be controlled?
28. Are there any sanctions for those cases?
29. What kind of problems are experienced related with the GC?
30. What are the reasons behind these problems? Please explain them in order of their importance.
31. Are the services provided with the GC adequate? If not, what can be made additionally? Why? (People who don't have an income from their properties cannot benefit from this card. How will they afford their drugs?)
32. What difference does the green card have from other social security systems?

33. Can the scope of this card be broadened? If yes, how? (It has become an alternative for the GHI. How do you interpret it?)

Now I want to ask some questions concerning the perception of social state in Turkey:

34. How do you define the social state practices in Turkey?
35. Does the social state have any responsibilities for its citizens? If yes, what are they? Please explain them.
36. Does the social state have any expectations from its citizens? If yes, what are they?
37. Who is responsible with the social security and health in the society? (Think it in the social context)
38. What duties do you think the state has in fields of health and social security towards its citizens?
39. What responsibilities do the citizens have in the fields of haelth and social security?
40. Do you find the activities of the state adequate in the fields of health and social security?
41. How do you define "poverty" in Turkey?
42. Who is the poor?
43. What are the responsibilities of the social state towards the poor people and families?
44. To what extent do the present activities of the state meet this responsibility?
45. What happens when the social state can't fulfill its responsibilities for social security, health and poverty? How is the gap closed in such cases?
46. Do you think that it is handled extensively enough in related laws and law definitions?
47. The Eu is often discussed in our country nowadays; and some studies are carried out in the frame of the National Plan of Turkey. Do you know what studies are carried out?
48. Are all these activities meaningful for the future of our country?
49. Do the plans made for the fields of social security, health and poverty; have a relationship with the human rights? If yes, can you explain his relationship? If no, why isn't there a relationship? (please explain it extensively)
50. What is the position of the GC among all these?
51. Finally, how do you think the future of the GC will be?

Soru Formu:

Demografik Bilgiler:

1. Cinsiyet
2. Yaş:
3. En son mezun olduğunuz okul:
4. Babanızın mesleği:
5. Babanızın en son mezun olduğu okul:
6. Şu anda bulunduğunuz görevinizi tanımlar mısınız?

(Sorumluluklarınız/yetkileriniz neler? Kısaca bir günde yaptığınız işi anlatır mısınız?)

7. Kaç yıldır bu görevde bulunuyorsunuz?
8. (Eğer varsa) Daha önceki görevleriniz:
9. İşinizle ilgili takip ettiğiniz yayınlar var mı? Varsa nelerdir? Ve ne sıklıkla takip ediyorsunuz? (Devlet yayınları, yönetmelikler, resmi gazete, gazete ve dergi, yayınevleri tarafından basılan kitaplar vs.)

Size şimdi Türkiye'deki Yeşil Kart Uygulaması ile ilgili sorular soracağım:

10. Yeşil Kartın işlevi nedir? (Uygulama, kapsama alanı ve prosedür açısından açıklattır.)
11. Yeşil kart ne zamandan beri uygulanıyor?
12. Yeşil Kartın o tarihte çıkış nedeni ne olabilir?
13. Yeşil kartın çıktığı dönemdeki tartışmaları hatırlıyor musunuz? Siz bu dönemdeki tartışmaları takip ettiniz mi? Biliyor musunuz?
14. Hatırlayabildiğiniz kadarıyla, kanunun çıkışında anlaşmazlık var mıydı? Yanıt evetse: Kimler neler dedi? Kamuoyunda nasıl tartışıldı?Varsa nasıl çözüldü?
15. Siz o zamanlarda bu kanunla ilgili ne düşünüyordunuz?
16. Önemli bir uygulama mıdır? Niye?
17. Şimdi ne düşünüyorsunuz?
18. Bugüne kadar gazetelerde Yeşil Kart 'la ilgili bir haber okudunuz mu? Evetse açıklar mısınız? Hayırsa Y. Kart' la ilgili haber olsa okur musunuz?

19. Kimlere ne gibi yararlar sağlar?
20. Yeşil Kartı kullanıcılarını nasıl tanımlıyorsunuz? (Cinsiyet
Yaş
Kır/kent
Aile büyüklüğü (çocuk sayısı)
Gelir düzeyi
Eğitim düzeyi dikkate alınacak)
21. .Kullanıcılar Yeşil karta nasıl ulaşırlar? Süreci anlatır mısınız?
22. Aileler Yeşil Kartı nasıl kullanıyorlar? Bireysel mi? Topluca mı? Aile içinde herkesin ayrı kartı mı olmalı?
23. Yakın akrabaların ve hatta komşuların bu kartı kullanma ihtimali nedir? Nasıl?
24. Sizce Yeşil kartı ihtiyacı olanlar mı kullanıyor?
25. Yeşil Kart toplumun kaçta kaçına hizmet ediyor?
26. Yeşil kartın hak sahibi dışında kullanılma durumu nedir?
27. Böyle durumlar nasıl denetlenebilir?
28. Yaptırımları var mı?
29. Yeşil kart ile ilgili ne tür sorunlar yaşanıyor?
30. .Sorunların arkasındaki nedenler nelerdir? Önem sırasına göre sıralayınız ve açıklayınız.
31. Y.K. ile sağlanan hizmetler yeterli midir? Yeterli değilse, ek olarak neler yapılabilir? Neden? (Ama mülk sahibi olup da mülkünden gelir elde edemeyen insanlar var alamıyor? İlaç giderlerinin nasıl karşılayacak bu insanlar?)
32. Yeşil Kart'ın diğer sosyal güvenlik sistemlerinden farkı nedir?
33. Kapsamı genişletilebilir mi? Evetse, Nasıl? (Genel sağlık sigortasına alternatif olmuş durumda. Bunu nasıl yorumluyorsunuz?)

Şimdi Türkiye'deki sosyal devlet anlayışına ilişkin sorular sormak istiyorum:

34. Türkiye'deki sosyal devlet uygulamasını nasıl tanımlarsınız?
35. Sosyal devletin vatandaşlarına karşı sorumlulukları var mı? Varsa nelerdir? Açıklayınız?
36. Sosyal devletin vatandaştan beklentileri var mıdır? Varsa nelerdir?
37. Toplumda sosyal güvenlik ve sağlık alanlarında sorumluluk kime aittir? (Sosyal içerikli düşünürseniz)
38. Sağlık ve sosyal güvenlik alanında devletin vatandaşlarına karşı ne tür görevleri olduğunu düşünüyorsunuz?
39. Sağlık ve sosyal güvenlik alanlarında vatandaşların sorumlulukları nelerdir?
40. Devletin, sosyal güvenlik ve sağlık alanlarında yaptıklarını yeterli buluyor musunuz?
41. Türkiye'de "yoksulluğu" nasıl tanımlarsınız?
42. .Peki yoksul kimdir?
43. Sizce sosyal devlet yoksul kimse veya ailelere yoksul kimselere karşı yükümlülükleri nelerdir?
44. Şu anda yaptıkları bu sorumluluğun ne kadarını karşılar?
45. Peki sosyal devlet, sosyal güvenlik, sağlık ve yoksulluğa karşı yükümlülüğünü yerine getiremeyince ne oluyor? Böyle durumlarda açık nasıl kapatılıyor?
46. Bu konu hakkındaki kanunlarda ve kanun tanımlarında yeterince kapsamlı ele alındığını düşünüyor musunuz?
47. Avrupa Birliği ülke gündeminde sıklıkla tartışılıyor. Bu tartışmalar Ulusal Plan çerçevesinde Türkiye'nin birtakım çalışmalar yapılıyor. Siz neler yapıldığını biliyor musunuz?
48. Peki bu yapılanlar ülkenin geleceği için anlamlı mı?
49. Sosyal güvenlik, sağlık ve yoksulluk alanında yapılması planlananların insan hakları ile ilişkisi var mı? Varsa bu ilişkiyi anlatır mısınız? Yoksa da niye yok? (geniş açıklama)
50. Peki bütün bunların içinde Yeşil kart nerede duruyor?
51. Son olarak, Yeşil Kart'ın geleceğini nasıl görüyorsunuz?

APPENDIX D

BOTH ENGLISH AND TURKISH VERSION OF THE SECOND TYPE OF QUESTIONAIRE

THE GREEN CARD EXAMPLE WITHIN THE CONCEPT OF SOCIAL STATE AND SOCAIL WELFARE IN TURKEY

This study has been planned to include part of the extensive studies related to the analysis of the policies of welfare, development and poverty reduction in Turkey after 1990's. This study will concentrate on the re-evaluation of plans and policies related to the "Green Card" practice under the light of the economic, social and political conditions of the period in which it has come into force. Can we start our discussion over the following questions?
I designed the questions thinking that our starting point should be primarily the historical background of the "Green Card" practice, but we may make slight differences according to you and how the discussion progresses.

1. What were the social and economic conditions of Turkey after 1990's accordind to you?
2. How did thoughts and policies concerning poverty and the poor develop in this period?
3. What were the discussions related to the field of health in that period?
4. Why was the Green Card a primary choice among the solution proposals for the problems in the field of health?
5. When and how did the concept of "Green Card" first emerge? Which needs was it though to meet when it was first proposed?
6. How was it put into practice? For instance, did it cause any inconveniances with the bureaucrats who would practice it in that period?
7. Who showed reaction, and how did they react? (Who showed reaction especially inside and outside the Parliament?)
8. How do you evaluate the 10-year history of the Green Card practice?

We could get information over the GC but in addition to this, may I ask some general questions that determine this theme?

1. How important is the concept of social security according to you? Can you please explain your opinions about this?
2. What is the position of health security and health services within social security?
3. How do policies concerning social security and health emerge and put into practice in Turkey?
4. If the social state has been regarded as the most important actor in the social security and health practices by now, how is the gap filled when institutions do not fulfill their duties?
5. What will be the role of the state in the privatization practices that have been discussed in the whole world recently? How do you see this case?

TÜRKİYE'DE SOSYAL DEVLET VE TOPLUMSAL REFAH ANLAYIŞI İÇİNDE YEŞİL KART ÖRNEĞİ

Bu çalışma 1990 sonrası Türkiye'sinde toplumsal refah,kalkınma ve yoksulluğu azaltma politikalarının analizine yönelik kapsamlı çalışmaların bir kısmını içermek üzere planlanmıştır. Bu çalışmanın üzerinde yoğunlaşacağı konu"Yeşil Kart" uygulamasına ilişkin plan ve politikaların,başlatıldığı dönemdeki iktisadi -sosyal- siyasi koşulların ışığında yeniden değerlendirilmesidir. Aşağıda belirtilen sorular üzerinden tartışmamıza başlayabilir miyiz?

Öncelikle konuşmaya başlamamız gereken noktanın "Yeşil Kart" uygulamasının arkasındaki tarihi arka plan olacağını düşünerek soruları bu şekilde tasarladım sırasında duruma ve size uygun değişiklikler yapabiliriz.

1. Sizce 1990 sonrası Türkiye'sindeki sosyal ve iktisadi koşulları neydi?
2. Bu dönemde yoksulluk ve yoksullara ilişkin düşünceler,nasıl başladı?
3. O dönemde sağlık alanıyla ilgili tartışmalar nelerdi?
4. Sağlık alanındaki sorunlara çözüm önerileri olarak yapılan öneriler arasında Yeşil Kart niye öncelikli olarak seçildi?

5. "Yeşil Kart" fikri ilk ne zaman ve nasıl ortaya çıktı? Hangi ihtiyaçları karşılamak amacıyla ortaya atıldı?
6. Nasıl uygulamaya geçildi? Örneğin, o dönemde uygulayacak olan bürokratlar ile bazı sıkıntılar doğurdu mu?
7. Kimler, nasıl tepkiler gösterdiler?(Özellikle, Parlamento içinde ve dışındaki tepkiler kimlerden geldi?)
8. Yeşil kart uygulamasının 10 yıllık tarihini nasıl değerlendiriyorsunuz?

Şimdi yeşil kart üzerinden bilgileri alabildik ama, buna ek olarak bu konuyu belirleyen daha genel bazı sorularda sorabilir miyim?

1. Sosyal güvenlik sizce ne kadar önemli bir kavramdır? Bununla ilgili düşüncelerinizi açıklayabilir misiniz?
2. Sağlık güvencesi ve hizmetleri sosyal güvenlik içinde nerede duruyor?
3. Türkiye'de sosyal güvenlik ve sağlık alanında politikalar nasıl ortaya çıkıyor ve hayata geçiriliyor?
4. Eğer sosyal devlet sosyal güvence ve sağlık alanında bugüne kadar uygulamalardan en önemli aktör olarak kabul ediliyorsa, kurumlar bu konuda üzerine düşenleri yerine getirmeyince ortaya çıkan boşluk nasıl doldurulur?
5. Bugün dünyada tartışılan özelleştirme uygulamaları içinde devletin rolü bundan sonra ne olacak? Durumu nasıl görüyorsunuz?

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