

**HEALTH SECURITY AND SECURITIZATION OF COVID-19IN THE CASE OF
TURKEY**



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TURKEY**



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PLAGIARISM

I hereby declare that all information in this document has been obtained and presented in accordance with academic rules and ethical conduct. I also declare that, as required by these rules and conduct, I have fully cited and referenced all material and results that are not original to this work.

13.12.2021

Fatime Necmiye Tutar

ABSTRACT

Since Spanish Flu, the Covid-19 pandemic has been one of the greatest threats to existence of the human on the planet. It threatens human health, economic and political order, and ultimately the state's existence. For this reason, Covid-19 is a political problem, and need a political solution. The political resolution of Covid-19 in Turkey analyzed within the framework of the securitization theory of Copenhagen School. The basic assumptions of the study analyzed in three stages: practices, discourses, and audience consent within the framework of the criticisms brought to the theory. Turkey's response to Covid-19 has been in the form of unconventional security-based framing to a national crisis. The government has securitized a health problem that the country has faced for the first time with regulations and policy implementations. The discourses are framed as metaphors: nationalists, fear, war and military action. The Minister of Health placed at the centre of events as the prominent leader. The President's verbal messages focused on a sense of community and joint action. Since it is not sufficient to analyze a threat speech acts of the securitizing actor alone, it has been discussed with an intersubjective approach. In this context, it has introduced new way to the securitization of Covid-19, in which the public plays a key role. This thesis analyzed the perspectives of both the securitizing actor and the audience. The thesis has contributed to the theoretical discussion on the audience by emphasizing the special role given to the public in this particular securitization context.

A nuanced analysis of audience acceptance showed that despite a general resonance with threat perception, it highlighted the importance of safeguards and the audience's participatory role in the process. This study questioned whether Covid-19 could be considered as "successfully securitized" in Turkey. The study showed that the role of

the audience is essential for successful securitization. This study examines an intersubjective process from a historical perspective. It questioned the extent to which the public accepted the securitization of Covid-19 in Turkey. As far as we know, it is one of the first studies to examine the public perception of government response in Turkey within the scope of securitization theory. The findings here may help guide future decisions, especially given the impact of public perception on adopting government guidelines and policies.

Key Word: Health Security, Securitization, Turkey, Covid-19, Discourse, Audience Acceptance,

ÖZET

Belkide son 100 yıldır İspanyol Gribinden bu yana Covid-19 salgını, insan türünün gezegendeki varlığına yönelik en büyük tehditlerden biridir. Tüm insanlığın sağlığını tehdit ederek, ölüme sebep olması; ancak bununla da kalmayarak, bir toplumu, ekonomik ve siyasal düzeni, en nihayetinde de devletin varlığını tehdit eden bir nitelik kazanmıştır. Bu sebepten dolayı Covid-19 siyasal bir sorundur ve siyasal bir çözüm bulunması gerekmektedir. Türkiye’de Covid-19’un siyasi alanda ele alınışı Kopenhag Okulu tarafından ortaya atılan güvenlikleştirme teorisi çerçevesinde analiz edilmiştir. Tezin temel varsayımları teoriye getirilen eleştiriler çerçevesinde 3 aşamalı: pratikler, söylemler ve halkın kabülü şeklinde analiz edilmiştir. Türkiye’nin Covid-19’a tepkisi ulusal bir krize geleneksel olmayan güvenlik temelli çerçevelenme şeklinde olmuştur. Ülkenin bu ölçekte ilk defa karşı karşıya kaldığı bir sağlık sorununu hükümet, yönergeler ve politika uygulamaları ile güvenlikleştirmiştir. Söylemler nationalist, korku, savaş ve askerî harekât metaforları, şeklinde çerçevelenmiştir. Sağlık Bakanı olayların odağına sorumlu lider olarak yerleştirildi. Cumhurbaşkanı’nın sözlü mesajları bir topluluk duygusu ve ortak eylem üzerine odaklandı. Tek başına Güvenlikleştirici aktörün tehdit oluşturmaya yönelik söz edimleri yeterli olmadığı için öznelarası bir yaklaşım ile ele alınmıştır. Bu bağlamda halkın kilit rol aldığı Covid-19’un güvenlikleştirilmesinde yeni bir yaklaşım ortaya koymuştur. Bu tez hem güvenlikleştirici aktörün hem de alımlayıcı kitlenin bakış açılarını analiz etti. Bu, tehdit algısı ve acil durum önlemleri konusunda birbiriyle çelişen görüşlerin ortaya çıkarılmasını mümkün kıldı. Tez, bu özel güvenlikleştirme bağlamında halka verilen özel rolü vurgulayarak izleyici üzerindeki teorik tartışmaya katkıda bulunmuştur. Alımlayıcı kitlenin kabulünün incelikli analizi, tehdit algısına ilişkin genel bir yankıya rağmen, önlemlere ve izleyicinin süreçteki katılımcı rolüne ilişkin önemi ortaya

çıkardığını gösterdi. Türkiye’de Covid-19’un "başarıyla güvenlikleştirilmiş" olarak değerlendirilip değerlendirilemeyeceğini sorguluyor. Çalışma göstermiştir ki başarılı bir güvenlikleştirme için halkın rolü önem taşımaktadır. Güvenlikleştirme teorisinden yola çıkarak bu çalışma öznelerarası bir süreci tarihsel bir perspektifte incelemiştir. Covid-19’un güvenlikleştirmesinin Türkiye’de halk tarafından ne ölçüde kabul edildiğini sorgulamıştır. Bildiğimiz kadarıyla, güvenlikleştirme teorisi kapsamında Türkiye’de halkın hükümet algısını inceleyen ilk çalışmalardan biridir. Burada elde edilen bulgular, özellikle hükümet yönergeleri ve politikalarının benimsenmesi üzerindeki kamu algısının etkisi göz önüne alındığında, gelecekteki kararlara rehberlik etmek için faydalı olabilir. Ayrıca, ülkede ilk kez, küresel bir pandemi sırasında hükümetin tepkilerine ilişkin kamuoyu algısı hakkında bilgi edindik.

Anahtar Kelimeler: Sağlık Güvenliği, Güvenlikleştirme, Türkiye, Covit-19, Söylem Analiz, Alımlayıcı Kitlenin Kabulü

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LIST OF ABBREVIATIONS

WHO	World Health Organization
WHA	World Health Assembly
IHR	International Health Regulations
SARS	Severe Acute Respiratory Syndrome
MERS	Middle East Respiratory Syndrome
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immune Deficiency Syndrome
UHL	Umumi Hıfsihha Law
SSK	Health Insurance Institution
PCR	Diagnostic and Antibody Test
TRNC	Korea Center for Disease Control and Prevention
FHC	Family Health Centers
FITAS	Filiation and Isolation Tracking System
HSYS	Public Health Management System
AHBS	Family Medicine Information System
MGK	National Security Council
OG	Offical Gazatte

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Ibn-i Sina's suggestions for solutions against these epidemic diseases

Clean with vinegar.

Make sure to wash your hands, dishes and clothes with vinegar.

Do not travel together. Do not form crowds of five or ten people.

Leave the markets.

Drop the coins.

Do not worship in public.

Do not be afraid of the epidemic; beware of the disease, do not abandon your patients.

Sit at home and be HAPPY. Illness flees from joy.

“Avicenna” İbn-i Sina (980-1037) “El Kanun Fit Tıb”

1. INTRODUCTION

In late December 2019, it was reported that there were many pneumonia patients in Wuhan, China. The World Health Organization (WHO) first announced that on January 12, 2020, the cause of these was a new type of coronavirus was called SARS-CoV-2. WHO President Tedros Adhanom Ghebreyesus announced the opening of the Covid-19 coding: "CO" for "corona", "VI" for "virus", "D" for "disease". Such a name was chosen to avoid stigmatizing a particular region, animal species, or human. It spread to many countries shortly and became a global problem threatening the whole world. WHO accepted Covid-19 as a global public health problem and declared it a pandemic on March 11, 2020 (WHO, 2020a). From that date on, borders were closed, economies collapsed, and the world crashed.

This pandemic has emerged as one of the greatest disasters that mankind experienced in the modern world. In addition to the fatal outcomes of pandemic, social, economic, and political effects are also important, due to the spread of infection from person to person globally. It appears that the Covid-19 is a new pathogen with high mortality and hospitalization rate, spread quickly, and collapses countries' health systems readily. Lee Jong Wook who is former Director-General of the WHO, explained, pandemics do not respect borders. For this reason, he stated that it could weaken many societies, political systems, and economies (WHO, 2020b). One of the most discussed issues about the pandemic in the international arena was "security". In April 2020, the United Nations Secretary General's statement that Covid-19 threatened global peace and security contained a critical national and international security determination.

The relationship between pandemics and security emerged in the 1990s. The World Health Assembly (WHA) adopted the Health Regulations (IHR) in 2005,

which the WHO Member States must comply with against epidemics of infectious diseases under the international legal framework. The IHR's focus is mainly based on the prevention and control of international public health emergencies. Under the Regulation, Member States have committed to making policy, financing, national legislation, coordination, pandemic preparedness, risk, human resources for health personnel, and laboratory creation. However, it has been revealed that some countries need help to reach the recommended capacities. In this context, 110-member states from 195 countries have requested an extension until 2013 to improve their capabilities (WHO, 2005). The reason for this situation has been explained in two ways. First, Member States do not take the commitments seriously and interpret the use of a safety language in health as mere rhetoric. Second, many countries have faced great difficulties, mainly because their health systems are underfunded and inadequate to build the expected capacities.

Tackling the pandemic threat requires a global approach. The rapid transmission of the disease means that any member state's capacity failures can endanger other states or societies. Therefore, it encourages the pandemic to be handled as a security problem and to pandemic preparations. However, the proposed structural changes could not complete, and the world faced a major problem in this epidemic.

1.1 Turkey As A Case Study

With the end of the Cold War period, uncertainties have emerged in the international system, and the concept of security has changed. With these new developments, it has become more difficult for everyone to agree on the security phenomenon. First of all, the answer to the question of whose security has deepened from the traditional understanding of nation to state supra-state sub-state

communities. In addition, threats that are difficult to predict in origin, time and shape have emerged. Therefore, the state-centred and military-oriented security understanding, conceptualized within the framework of anarchic structure of international system, has begun to be reconsidered with the end of the Cold War and the effect of the globalization process.

It has led to the emergence of many different approaches, with the debates that traditional security studies do not adequately reflect the problems related to security in the world and cannot produce enough solutions to explain these insecurities. These debates in the 1990s led to the emergence of a "new security" approach, emphasizing that security should not be limited to military problems only. Especially in critical security, the Copenhagen School's inclusion of many sectors in the field of security has brought about the emergence of security areas outside the state in new security studies. The Copenhagen School, which forms the basis of this study, presented a different analysis model with a neorealist and constructivist view to security studies.

As of the time, these lines written, there are approximately 242,688,319 million people diagnosed with Covid-19 globally 4,932,928 million people who lost their lives from this disease (Worldmeter, 2021). The real issue is that a tiny microbial agent consisting of 104 nucleotides can acquire a quality that threatens human health, society, the economic and political order, and ultimately the state's existence. The world's reaction to this extraordinary situation was different. While some governments downplayed the threat of Covid-19, some states responded with very drastic measures. Governments have secured the virus based on their capabilities and health infrastructure. At this point, a state's primary responsibility respond to the Covid-19as a threat because a disease prevents society from living safely. In addition, Covid-19 has ceased to be just a medical problem and has created a political area that

the state should mitigate. At this point, the state has the authority to securitize against the epidemic danger. This study aimed to examine the consequences of making the Covid-19 problem a security problem, in other words, securitization, from the example of Turkey.

Covid-19 was presented to society by politicians in various countries with highly effective war metaphors. While the world is struggling with this virus, political leaders in different positions framed the pandemic as a security issue. A health problem securitized for the first time in Turkey with Covid-19. Although the virus has been mentioned before, official securitization was announced by the Minister of Health, "One of our citizens tested positive" with the emergence of the first pandemic case on March 11. "We will have a national struggle, and the risk is concrete measures are simple," he said. Turkey's initial reactions based on a framework of nationalism that the public and government were familiar with the solution. Discourses that invite people to fear and war call for national unity and mobilization. In fact, given the scale of Covid-19 and the scope of the necessary fight, it became clear later why the government chose to present the issue from a national security perspective. Because it was seen as the only method of giving the spirit to keep people together and implement the decisions taken in a threat of this gigantic scale, for this reason, the rhetoric of the government that "we will succeed together" prevailed.

Covid-19 has led to developments that have challenged governments in many ways. Because the only way responding to Covid-19 was health policies that was the only tip of the iceberg. In a short time, it was necessary to develop health capacities, supply necessary drugs and materials, vaccination studies, restrictions, quarantine practices, curfew, measures and rules that would enable people to comply with the regulations and ensure their implementation. Covid-19 has disrupted the whole order

that can affect daily life and the economic activities of the state. Although all measures to prevent Covid-19 have stopped or reduced the spread of virüs, it has brought many issues to be securitized. The government's success in responding to the entire pandemic has depended on public cooperation. Likewise, public trust in the government was also related to compliance with pandemic prevention policies.

The first statement about the coronavirus pandemic in Turkey was made on January 6, 2020, in the form of "Disclosure on Influenza Cases" from the official website of the Ministry of Health, before the virus was declared a worldwide pandemic. Subsequently, an information booklet named "2019-nCov Disease Guide" was published on January 14, 2020 (Ministry of Health, 2020). By March 2020, the virus has already entered the borders of Turkey, and the Ministry of Health has activated the Pandemic Influenza National Preparedness Plan.

With the emergence of Covid-19 and the spread of the virus, the most prominent factor has been whether the states' health systems can meet this heavy burden. Health systems have come to the fore with adequate countries' ability to provide sufficient health services to their citizens, in addition to the measures taken to combat this virus. In this context, this study will examine the health infrastructure, which has a significant role in Turkey's securitization of Covid-19. It will constitute one of the essential parameters of the securitization process.

In this research, a comprehensive, incremental and analytical method was applied as revealed by the Securitization Theory. Based on this theoretical framework, I will discuss the securitization process of Covid-19 in Turkey. The main components of the theory are analyzing how issues on the security agenda securitized, who or what the target audience is, and what reference objects are. In context, framing public health as a securitizing object emerged from the speeches of both the Minister of

Health and the President as the reference object. The discourses put forward by the President as the securitizing actor and the Minister of Health, who is the most effective executive body of Covid-19, and the Scientific Committee examined. The audience, which is one of the essential components of the securitization process, has been determined as the public. In this way, an approach displayed about which security policies created, why, and whether the public accepts decisions.

This thesis aims to contribute theoretically to the concept of "audience acceptance" by analyzing the securitization of Covid-19. The negotiation of meaning between mass conceptualized as the general public and securitizing actors works in this context. This thesis aims to fill the gap by analyzing the threat framework from both the securitizing actor and the audience. With the questionnaire used in this research, the people's compliance with the pandemic rules taken by the government measured. Descriptive, comparative and statistical method conducted to explore the public's reactions to pandemic policies in Turkey.

A three comprehensive analyses conducted in thesis. The first one is constructed on discourse analysis of securitization actors. The second is bureaucratic practices and physical actions. The third is the analysis of the audience with the application of a questionnaire. The first analysis aims to create a new and inclusive framework with the help of language theory, drawing on elements of political theory and using the perspective of social constructionism. Practices developed by other schools used in the research analysis since the study by speech act alone is insufficient. Analysis of the Audience Audience is one of the necessary conditions to complete the process. The public's acceptance determined as the audience evaluated the survey application. The question sought to answer in the analysis is whether the securitization discourse on Covid-19 threat to the public has been accepted?

1.2 Thesis Outline

The thesis consists of nine chapters, including the introduction and conclusion. The first part of the study started with a literature review. In the first part of the chapter, the concepts of health and security studied. The diversity seen in issues related to health security has also varied in the studies conducted. For this reason, a literature review has been carried out on the threats that have emerged in various geographies historical processes. In this section, based on the basic concepts in the literature, what the concept of health security means is revealed. The aim is to create the necessary factual and historical background for the studies in the following chapters. In this context, firstly, the pandemics that emerged in the world and their effects were evaluated. The historical development of the international policies put forward has been examined in detail. Both global and national level securitization studies in the literature included.

In the second part, the theoretical framework that shapes the general structure of the study is presented. The thesis is built on the securitization theory developed by the Copenhagen School. The security studies emerged in theory, and the phases of the security concept mentioned briefly and outlined. Then, the issues of how the security policy mentality is formed in the state and the actor are examined from a critical security approach. The perspectives of securitization as the main components, discourses and practices that make up the theory are discussed. The results obtained from the examinations made in this section were influential in the selection of analysis units.

With the end of the Cold War and globalization, the concept of security has undergone a meaning differentiation. The concept of securitization developed by the Copenhagen School has been examined holistically. In this section, the securitization

approach is examined, the in-depth descriptive method has been applied. Since the analysis of Turkey's securitization process of Covid-19 is in the study, it is to carry out a case study using the theoretical and conceptual framework developed in these sections.

The fourth part of the research consists of two parts. In the first part, the conceptual framework of the research was drawn, and a health threat was conceptualized from a security perspective. The emergence of the concept of health security and the current situation is examined in this section. The second part of the chapter is the methodology. The method of the research was completely shaped within the framework of the Securitization Theory. In this study, both a quantitative and a qualitative mix method were applied. The basic analysis units of research and what these units mean were determined. The structure of the threat investigated and revealed the general framework of the main subject. In this section, the dimensions of Covid-19 threat and the result of threat examined in the securitization process.

The fifth chapter has tried to present the argument that infectious diseases have been securitized considerably since the establishment of the Republic of Turkey. In this respect, the health and securitization stages of infectious diseases have been defined and evaluated. In the sixth chapter, studies on health infrastructure reveal the importance of health infrastructure in the securitization of health is presented in a historical perspective. The importance of health infrastructure in Covid-19 has been revealed. The applications for Covid-19 and the laws, directives and regulations taken in this context have been evaluated historically.

In the seventh chapter, discourse and survey analyzes are included. In this section, using the factual and conceptual framework drawn in the second and third sections of the study, Turkey's securitization process of Covid-19 is analyzed. It argues

that leaders have adopted a new, unconventional understanding of security since the 1990s. This changing understanding of security in Turkey has been revealed with historical analysis. The first part of this section is aimed to create a context with the Covid-19 security discourse by examining Turkey's national security perspective. Discourse analysis has been made over the speech acts of the securitizing actors identified regarding Covid-19. In the second part, evaluate the audience. In this context, the reference objects, actors, the audience and the stages of securitization discussed.

The last two sections consist of discussion and conclusion sections. As a result of research, suggestions have been made for securitization of Covid-19 in Turkey within the framework of findings obtained from applications, analyses, and studies on conceptual framework.

2. LITERATURE REVIEW

2.1. Health Security in Broader Literature

The concept of health security examined different definitions in the literature. It defined as an area where any health problem may pose risks that could threaten global and national security. WHO linked environmental change, poverty, food insecurity, violence, conflict and humanitarian crises, strengthening health systems, HIV/AIDS, chemical, biological and nuclear attacks, and infectious diseases with health security in 2007. The diversity of health issues has also differed in studies on health security. A literature analysis shows that the reactions to health threats emerging in different geographies in the historical process.

2.2. Historical Overview of Outbreaks in Pandemics

Pandemics have emerged as health events related to various human infections that have global effects. It is possible to see the results occur throughout world history. Pandemics have caused changes in many areas, from social life to commerce or the collapse of empires in the world. The Covid-19 pandemic, which we are experiencing nowadays, continues to affect the whole world. I like to begin by examining the pandemics witnessed by humankind in the history of the world.

The world's first pandemic was a Plague called the Black Death. Three major intercontinental plague pandemic diseases have been encountered in the last 1500 years. The first Plagues epidemic spread to the world on wheat ships from Egypt and Byzantine lands. The second created severe effects in Asia, Africa and especially Europe in the 14th century. The Plague in Central Asia spread first to Crimea and then to Europe via Italy in 1331. A quarter of the population in Europe had died. It caused political, social and economic effects also led to quarantine practices in the European

society. The last Plague effect on Central Asia and China in the 19th century. (Kamradt-Scott, 2014, p.190).

The contact that emerged between colonials and Westerners and societies in the rest of the world suffered more recent diseases in both groups without immunity. One of the most devastating examples of this is the spread of smallpox in America. By 1595, more than 18 million Native Americans died of smallpox and other diseases such as mumps and measles (Kamradt-Scott, 2014, p.192).

Among the epidemics that caused mass deaths throughout history, the Spanish Influenza left its mark in the 20th century. Influenza, one of the most devastating epidemiological events in human history, caused the deaths of approximately 40 million people worldwide. The Great Influenza Pandemic, the H1N1 influenza epidemic, emerged in 1918-1919, manifested itself as three waves. It started in April, and the first wave quickly survived, spread to European countries and ended in August. The second wave started at the beginning of October and spread to America, Africa, Asia and Europe and followed a deadly course. It is significant in representing the worst-case scenario for a pandemic with a global reach such as Covid-19. Spanish influenza caused the loss of life and significant consequences of potential economic damage from disruptions in international trade (Kamradt-Scott, 2014, p.196).

By 1948, it seemed that infectious diseases posed a real threat to the international community. In 1951, the International Health Regulations provided maximum security against the spread of diseases with minimum intervention to world traffic (WHO, 1951). According to the International Health Regulations, member states required to report six specific outbreaks of infectious diseases. These highly contagious diseases are cholera, typhoid fever, yellow fever, plague, smallpox, and

typhus. It has been determined that these diseases are incredibly destructive for international trade (Kamradt-Scott, 2014, p.181).

Increasing concern over traditional security issues during the Cold War period has reduced health scrutiny as a security concern. In addition, although attention and resources have been directed towards strengthening national defence capabilities, advances in science and medicine have also left health out of the security agenda. As Porter expressed, it created a sense of optimism that infectious diseases no longer pose a threat to medicine and that the threat of pandemics has been eliminated (Porter, 1999, p.87).

In the last quarter of the 20th century, developments in public health, especially in the Western world, showed remarkable decreases in death rates due to epidemics. This situation strengthened by the complete disappearance of smallpox in the 1970s. Developing antibiotics and vaccines, ensuring water sanitation, and improving food quality have improved populations' health. But in the 1980s, new infectious diseases such as HIV/AIDS, malaria, tuberculosis, meningitis, and dengue have reemerged. It affected all low-income countries and Western countries (Davies, 2008, p.295).

In 1970 vaccines and antibiotics were discovered. Many scientists proposed that the age of disease is over, but they returned with structural changes over time. Since the 1970s alone, more than 1,500 new pathogens have emerged, 70% of which are of animal origin. All of these pathogens have not turned into significant pandemics. The Ebola Virus emerged in 1976, HIV has been seen since 1983, drawing attention as a global problem on human health (WHO, 2018).

Human coronaviruses first described in the 1960s, and six human coronaviruses found. There are two essential coronaviruses Severe Acute Respiratory

Syndrome (SARS-CoV) and the Middle East Respiratory Syndrome (MERS-CoV). The virus that caused the pandemic first appeared in Wuhan, China, in December 2019 and caused the pneumonia epidemic in humans. It defined as the novel coronavirus Covid-19.

SARS-CoV disease first appeared in China between 2002 and 2003 and caused economic difficulties, especially in Asian countries. In this epidemic, one out of every ten people infected with the disease died. Eight hundred thirteen of approximately 8437 cases resulted in death. In 2009, the H1N1 virus emerged as the first flu pandemic of the 21st century. This virus, which appeared in North America, was also called swine flu and caused the death of approximately 400 thousand people. The virus transmitted to humans from pigs identified first in Mexico. In a short time, this flu spread to other parts of Mexico, to the USA and then to the intercontinental, affecting all countries. The World Health Organization declared the infection caused by this virus and affect the whole world as "Flu Pandemic" on April 11, 2009. Since the epidemic started in Mexico, it was first called "Mexican Flu" and "Swine Flu", but later it was called H1N1. The 2009 H1N1, feared could rival the 1918 pandemic, affected young adults with a cluster of fatal cases in adults aged 30 to 50 (La Russa, 2011, p.393).

MERS-CoV, seen between 2012 and 2013, was transmitted to humans from dromedary camels. It estimated that it reached 27 different countries since the date of the first exit. Again, in 2014, the Ebola virus appeared in West Africa, which transmitted to humans from bats, gorillas and chimpanzees. No intervention was able to be carried out for two months due to the insufficient health facilities in the region (Xu XT, 2020, p.28). Ebola has caused a massive humanitarian crisis, killing more than 1300 people in West Africa. The underdeveloped nature of the West African

economies left the countries vulnerable economically in Liberia, Guinea and Sierra Leone, where the impact of the crisis was most seen. The main reasons Why the Ebola crisis had a high effect: inadequate health systems, poverty, political reasons, especially the civil wars that have recently shaken Sierra Leone and Liberia, and the public confusion of the symptoms of the Ebola virus with other diseases such as malaria and cholera. (WHO, 2015 Ebola Report).

Zika virus emerged in Brazil in 2015, transmitted to humans through mosquitoes and affected 70 countries worldwide. It caused devastating damage to the brains of infants in the womb (WHO, 2018).

These pandemics, which occurred in the first 20 years of the 21st century, are enough to show how vulnerable people are to infectious diseases. HIV and AIDS are among the deadliest pandemics that have continued to date over time. AIDS, which first appeared in 1983, slowly destroys the human body's immune system, making the person vulnerable to diseases. In addition to HIV, which the World Health Organization calls pandemics, diseases such as cholera, influenza, meningitis, malaria, and yellow fever continue to affect different parts of the world (WHO, 2018). Although measures have been taken most of the time, the ability of viruses to spread rapidly causes these pandemics to continue. The most important reason is the insufficiency of the health systems in the countries where the disease continues and the insufficient amount of vaccines identified as the deficiency in the fight against pandemics (Schwetz and Fauci, 2019, p.219).

The World Health Organization has detected 1483 epidemic events in 172 countries between 2011-2018. Diseases that are the harbinger of a new era that is potentially rapidly spreading, more frequently detected, and challenging to manage have been described as epidemics (WHO, 2004). As can be seen, many pandemics

caused by viruses have affected the world since the beginning of the 20th century. A century after the Great Influenza Pandemic of 1918, no effective preventive and curative treatment has been found despite the epidemic. The sociological, psychological and economic consequences of the uncertainty and despair experienced began felt deeply worldwide. Despite the epidemic diseases that spread from country to country and from region to region by trade in slower and wider times in previous periods, the Covid-19 virus emerged in China. It lay in a short period and all over the world rapidly.

The new virus, called Covid-19, was declared an epidemic by WHO. This virus first reported in December 2019. Studies said the outbreak started with workers slaughtering pigs, dogs, rats, and snakes in a wholesale market in Wuhan, China (Jian, W. et al., 2020). After Covid-19 transmitted to humans, it resulted in fever, cough, respiratory problems and, in severe cases, pneumonia and severe acute respiratory syndrome, followed by death. Scientists in different countries such as Germany, China, the USA, the UK and Japan are currently racing against developing a vaccine and drug against this virus that current antiviral drugs do not treat.

Covid-19, which has become a global danger, is not only the most serious global health crisis after the Great Flu Pandemic but also is the highest pandemic feature in recent history. In addition to this feature, Covid-19 includes differences within the other pandemic crises that occurred globally. The global spread of the virus has blocked up health systems and caused social and economic deterioration. This pandemic obliges us to look again at the historical pandemics in our collective memory and the multifaceted consequences of these epidemics. Pandemics that occurred throughout history are an essential reference to evaluate today's pandemic rationally

2.3. Critical Social Science Research On (Re)emerging Infectious Disease

Health and IR relationship is inextricably linked to security. This relationship has initially been towards the impact of disease on national security, state stability, and military readiness. However, after the Cold War, it was discussed that threat to human security threatened the well-being of individuals and the public. With the introduction of securitization theory into the literature, health status as a security issue has been the subject of more radical inquiries. Instead of identifying health-related security threats, securitization studies have focused on the processes in which health problems emerge as security problems and their political consequences.

In a study by Colin McInnes and Kelley Lee discussed security as one of the five basic frameworks that shape the current understanding of global health. Four other studies are human right, economy, development and evidence-based medicine (McInnes and Lee, 2012, p.54). They examined mainly a health problem represented as security threats by the national and International actors. The approach that reflects this popularity has become arguably the most widely used framework as securitization studies used in health security analysis in International Relations.

The securitization theory has improved our understanding of the relationship between health and security. The contribution of framing the disease as a security threat allows us to view health security as a political method for dealing with problems.

From a conceptual point of view, as Stefan Elbe stated, there are three links between health and security. The first are some diseases that threaten human security. These diseases endanger millions of lives and the well-being of people and communities every year. Second, some diseases spread rapidly and cause mass deaths, but they also have negative consequences for economic activities and thus threaten

national security. Besides, faster travel opportunities today make it easier for viruses to enter the country from outside and pose a threat to national security (Elbe, 2013, p.334).

In the last 30 years worldwide, infectious diseases have increased, and new unidentified diseases have emerged. Pandemics such as HIV / AIDS, SARS, and influenza spread rapidly at national and international levels. Throughout history, epidemics have always resulted in the deaths of millions of people. Pandemics are now considered a security threat for different reasons (Elbe, 2013, p.35).

There is a growing interest in health security in both political and academic world. My analysis of the relevant literature has shown that this concept endangers security by the fact that infectious diseases can spread quickly and have economic, social, military and political implications. For this reason, pandemics have led to the perception of specific health problems as security risks through securitization theory. Therefore, it has been observed that some states included it in the national and international security strategies and the foreign policy agendas.

It has been seen that the risks posed by health in political discourse accepted in the International Relations literature. It is stated that such risks directly threaten the state or the state's ability to protect itself. These risks found to be important in terms of threatening the state's ability to defend itself and the potential of the state to fulfil its responsibilities. The starting point of international health cooperation is the International Health Conference, which was first held in France in 1851. This meeting is an attempt to formalize international quarantine regulations for cholera among European countries. Since then, developed countries have developed an international infectious disease control regime for their security interests. Health and security

actors, in particular, have formed the concept of global health security in scientific debates and international relations (Iliona and Drager, 2013, p.34).

Between 1851 and 1944, organized fourteen international health meetings in response to their epidemics on public health and international trade. This period also enabled the development of global health institutions to ensure cooperation on infectious diseases. Collaborations such as Office International de Hygiene Public in 1907, League of Nations Health Organization in 1923 and World Health Organization in 1948 were developed (Fidler, 2003, p.845). In the following periods, the outbreak of the World Wars temporarily interrupted international cooperation on health issues. However, with the establishment of the World Health Organization, resumed powers under a single flag.

A growing belief emerged in the decades that followed that scientific and medical advances could eradicate many diseases. Defence against disease, the discovery of antibiotics such as long-acting penicillin that can directly attack microbes or induce immunity has been strengthened by significant medical advances. Parallel to many other achievements, WHO optimistically declared the approaching victory over disease in 1977, setting the goal of "Health for All until 2000". But by the end of the century, it continued with the resurgence of apparently dormant diseases while hoping that WHO could turn its main focus to Primary Health Care (WHO, 2007).

Before the emergence of pandemic planning in the late 1990s, cooperation in international influenza governance appears to exist. WHO established the Global Influenza Surveillance Network in the UK in 1947. The establishment of this network intended to guide the annual production of vaccines and provide an early warning from the emergence of the rapidly spreading influenza virus's pandemic. The

influenza surveillance system, established as an international practice, was expanded to include many states in the following years (Fleming, ark. 2003).

The end of the Cold War required a redefinition of security issues. In this new process, new security terms, including health threats, were added to the security concept, limited only to military concerns. These new definitions expressed by McInnes (2014) is the emergence of global health risks. He stated that emerging diseases, migration, global warming, and bioterrorism create new security hazards (McInnes, 2014, p.7). Changes in the conceptualization of security have increased the importance of health on the global political agenda. The most notable example of this was the United Nations Security Council Law No. 1308, which recognized HIV and AIDS as a threat to international peace and security in 2000 (Feldbaum, Patel, Sondorp, & Lee, 2006). Several new outbreaks of infectious diseases have occurred, such as SARS in 2003 and the H1N1 epidemic in 2009. As a result of these outbreaks, health securitization has led to the development. Securitization policy has been used to advance public health goals, generate more significant political commitment, and secure additional resources, but has also drawn criticism.

The main question raised by the critics was that of questions about the aims, methods and values of health security. As Rushton (2011) argues, the question is safety for whom and safety of what? The response by many academics has focused on disease surveillance of global health security as defined by the IHR. He claimed that it would stop the spread by controlling the threats of natural or artificial infectious diseases (Rushton, 2011, p.788). On the other hand, Aldis argued that strengthening surveillance provides little benefit for countries that lack the public health infrastructure necessary for effective response (Aldis, 2008, p.369).

Ultimately, advanced planning in health and other sectors is expected to minimize serious illness and overall deaths in a flu pandemic and mitigate any social or economic disruption it may cause. Planning documents in some countries specifically target various social bodies or sectors that provide guidelines for planning and implementation before and during a pandemic. Preparation initiatives developed at the level of many governments. Turkey is one of the countries carrying out the preparation process in the most efficient manner. Pandemic preparedness and planning began in Turkey in 2004. The "Pandemic Influenza National Action Plan" was prepared in 2005 and published as the Prime Ministry Circular. Strategies applied at all pandemic stages have been determined, and the necessary measures have been initiated. In line with the Provincial Pandemic Plans prepared according to this plan, carried out a pandemic plan exercise with all provinces' participation in the same year(Health Ministry, 2005).

2019 Turkey National Pandemic Influenza Preparedness Plan has updated with the Global Pandemic Influenza Presidential Circular. All institutions asked to update their pandemic preparedness plans. All preparations aimed to stop spread of virus in the country, limit the epidemic, and reduce negative effects on economy and society before and during the pandemic. Pandemic preparations, which cover the entire society and are based on the smooth execution of public services, are essential in responding to the ongoing Covid-19 outbreak. All national strategy defined as integrated with civil defence and emergency disaster planning. In this pandemic process, it thought that would also prevent possible task conflicts and the efficient use of resources. Besides, effective public legislation is required for the implementation of plans when the epidemic period begins. There are longstanding and strong regulations are still in force in Turkey(UHL, 143).

As a reflection of all developments, concept of health security has initiated to develop in discipline of International Relations. This conceptualization is built on a wide range of food security, environmental security, community security and health security. Thus, it shows that the importance of individual requirements at the academic and political levels has increased. We faced considerable literature that shows that personal well-being held before the well-being of society and health issues are beginning to be included in the concept of security.

The analyzes in this literature handled at two levels as global and national health security studies. This distinction shows that it is built for a specific purpose, not to promote a particular agenda and privilege certain interests over others. Instead, it is whose interests served and what constitutes the reference object of health security in particular. Whose security protected in every work? Therefore, it is not to define whether a health problem can be considered a security issue.

Health security reveals that, like other forms of security, it does not conform to a single set of agreed criteria and thus reflects the interests and agendas of those who make the concept. Firstly, global health studies analyzed from the scholar's perspective widely. It has suggested that different analytical tools needed to understand better how and what consequences security perspectives lead to global health governance and infectious disease control, as well as the processes and their consequences—secondly, evaluated securitization studies on a national basis.

2.4. The problem Of Pandemic Influenza in The Literature

Significant academic debates on how to best understand the concept of health security and securitize health threats have taken place in the literature. It has been recognized that one of the main problems with the use of the term health security is the lack of an agreed definition. It has been argued that it is unclear how to use

security as a health problem, and answers are sought for the following questions. Whose security? Security for what values? Security against what threats? Protection against threats seen in current health safety literature; that current approaches are inadequate. Because it focuses extensively on a few key issues such as the emergence of new global conditions and the participation of new actors.

The securitization framework of health-related threats has created problems at both the institutional and political levels. There has been an expectation that states will effectively respond to health threats by following such a framework. It has been stated that it will be difficult to see that it will result in an effective response due to the lack of local health infrastructure or technical personnel to deal with such threats, especially in developing countries (McInnes and Lee, 2006, p.16).

Aldis's concerns about using a securitization framework of health threats have been directed specifically towards its work in Asia-Pacific. Scholars working on this subject have criticized the Eurocentricity of securitization theorizing within the scope of the Copenhagen School Theory. They argued that such a framework does not adequately consider how historical processes, state structure, private interests, and state-civil society relations affect and ensure the security of health threats in the Asia-Pacific region (Caballero-Anthony and Cook 2013, p.282).

In studies examining the link between health and national security, two types of threats were mentioned: direct and indirect threats. Like the pathogen microbe, the direct threat is the threat that the disease entering the country through travel and trade will erode the military-police forces and the state's power through its economic and political power. The indirect threat defined as military, economic instability. Adverse effects of the epidemic in another region caused by the collapse of that state. It has been claimed that epidemics can be both direct and indirect threats for developing

countries. According to Price-Smith, today, the Globalization of diseases is not an immediate threat for developed countries. The concept of direct threat can only be used when analyzing developing countries because epidemic diseases can directly damage the country's financial resources and cause economic problems (Fildler, 2003, p.788). So, the disease affects the UK and South Africa differently. On the other hand, the spread of epidemic diseases in crowded countries such as China, Russia or India damages the welfare of the people and then the state's military power. For this reason, pandemics in developing countries threaten developed countries.

So, how do pandemics pose a direct and indirect threat? Price-Smith and McInnes gave similar answers to this question. Price-Smith made a distinction between the internal and external effects of the disease. While internal effects are seen on demography, psychology, economy and power, external influences manifest in the international economic arena (Price-Smith, 2009, p.20). According to McInnes, outbreaks can pose a threat in three ways. Diseases threaten human health and well-being and may even cause death (McInnes, 2013, p.325). Price-Smith argued that disease poses a more significant health threat than migration and scarcity. A sick society may face high mortality rates, population decline, and uneven distribution according to age groups. The pandemic may also be a cause of immigration (Price-Smith, 2009, p.20).

On the other hand, the spreading of the epidemic may disrupt the functioning of society and the state mechanism. If the state fails to combat the disease, trust in power will decrease social unrest will increase. Undoubtedly, the supply of medicines and access to health services will be easier for the wealthy. This leads to the deepening of social inequality and the deterioration of the social order. May not be carried out public activities due to deaths or sick people not going to work. Unless the

state finds a solution, instability and social violence continue to increase. In the end, the state collapses (McInnes, 2013, p.327). Price-Smith has provided a broader explanation of this. First, epidemics can drive people away from power (Price-Smith, 2009, p.21). That is to say; the state can enact strict laws to control the outbreak and restrict social-economic activities in society. Second, diseases can cause competition and debate between classes or social groups and even ethnic conflicts.

Third, diseases can have a paralyzing effect on power. The state gradually begins to fail to fulfil its duties, and the state mechanism weakens. Thus, the government's ability to rule the state opened a discussion. Fourth, chaos arises in social relationships, and this chaos creates instability. In such a situation, the state enacts stricter laws and implements compulsory practices to maintain order. Finally, the expansion of the epidemic could seriously damage the country's economy. There may be consequences such as an increase in health expenditures, the loss of skilled workers and a decrease in production capacity, a decrease in domestic and foreign investments due to lack of trust, and an increase in health insurance costs (McInnes, 2013, p.325). According to Price-Smith, diseases reduce production possibilities at the macro level. Most likely, this will follow by economic deterioration and recession. Governments increase taxes or restrict various expenditures to remove the burden on finance. (Price-Smith, 2009, p.23).

According to Price-Smith, pandemics can destabilize the market, slow down international trade, and limit the movement of goods and people between countries. Outbreaks can lead to increased political aggression, reduced influence of international organizations, and negative effects on cooperation between actors. At the same time, diseases reduce the state's capacity to defend itself (Price-Smith, 2009, p.23). Thus, the state becomes vulnerable to external threats.

As seen, there is a versatile relationship between health and security. Aforementioned, there are two potential references to any threat: human health and the state. Which one's security is more important? Is there a conflict between the concepts of human and state security? When does such a conflict occur? Is it possible to protect human security? Answers the questions, the place of health security in today's world politics and how a state-centred answer created the securitization of health problems. They will examine the securitization process of Covit-19 in Turkey as a case study.

2.5. Securitization Health at Global PerspectiveIn Litrature

The rise of health security in International Relations first emerged in Global Health Studies. These studies range from a policy-oriented perspective to a constructivist IR orientation. Existing literature has attracted great interest in the emergence of health security as a new field and has contributed to the development of the literature with a wide variety of studies.

Researchers seem to have put forward two main themes, reflecting the last two decades of global health management, especially the deadly infectious disease outbreaks. First, there is a growing political tendency to frame such pandemics as security threats. Second, it claimed that health threats impact national and international security, based on concerns about these infectious diseases and biological weapons proliferation. It has stated that disease and high mortality rates can affect state operations, disrupt the global economy by disrupting travel and trade, and threaten military operations.

Generally, health threats have been evaluated as a low policy issue compared to war and military power (Youde 2016, p.158). However, transformation of HIV and AIDS into a global pandemic is considered a threat to security and stability of State.

This situation has revealed the need for action at the international level (McInnes and Rushton 2010, p.225). At the beginning of the 21st century, many pandemics, defined as health threats, have become an essential part of the biosecurity literature created by bioterrorism after September 11 (Elbe, 2018, p.5). These developments have also drawn the attention of the global health security agenda. The regulation on public health emergencies (International Health Regulations) revised in 2005 has been a milestone in global health security (WHO, 2007).

The pandemic influenza outbreaks that have occurred consecutively in the past two decades and have the potential to kill 2-12 million people worldwide have increased in the literature at the same rate. Especially after the SARS epidemic in 2003, it became more intense. This epidemic represented an event for the governance of the emergence of infectious diseases. Global disease governance has presented unprecedented dilemmas due to the rapid global spread of the disease, the possible severity of transmission, virus nature and transmission routes. While the virus contained, the pandemic provided significant legitimacy and encouraged political investment in infectious disease planning when such planning was already emerging. Some scholars have suggested that the SARS epidemic was the catalyst for, among other factors, the WHO to secure its current position as a key figure in global health security governance (Davies 2008, p.297).

In the wake of the SARS epidemic, WHO approved changes to the International Health Regulations that are legally binding, requires all member states to report the outbreak of certain infectious diseases. These revisions were approved by WHO in 2005 and became international law in 2007. As well as the broader coverage of notifiable diseases, the revised IHR demonstrates the strengthening of surveillance and intervention systems and presents itself as a necessary update for international

law in the context of Globalization. At the same time, these regulations designed to prevent unnecessary interference with international traffic and trade (WHO, 2008).

Many Western countries have made significant investments in pandemic planning over the past decade in response to the potential flu pandemic threat. WHO led planning by establishing general guidelines for national health institutions and regional organizations. A critical response to the emerging infectious disease threat has been to focus on preparedness to deal with events seen as uncertain but impending events. Preparation is framed as the necessary stockpiling of antiviral drugs and the development of vaccines and requires a significant improvement in global vaccine production capacity (Webby and Webster 2003, p.519).

The United States has taken the lead in developing and supplying drugs and vaccines against Health-based threats by developing the Public Health Emergency Medical Countermeasures Initiative. It has done the same in Australia, Canada, several European countries, and Japan, creating policy frameworks for the use of drugs and vaccines to counter global health security threats. This increasing emphasis on pharmaceutical intervention strategies has revealed that Global health policy today is an area of securitization and pharmaceuticalization (Elbe, 2018, p.252).

The securitization of global health has been put forward in different ways by different scholars. An initial analysis of securitization and pharmaceuticalization processes linked to global health governance is suggested by Roemer (2016). The article explicitly examines whether making health issues safe promotes pharmaceutical responses to infectious disease outbreaks. The Elbe shows that securitization of health has intensified the government's interest in achieving a pharmaceutical defence. It has been a policy tool in the global health security of drugs (Roemer and Elbe, 2016, p.487).

Global health governance appears to have two broad trends. These are the tendency of infectious disease outbreaks to be framed as a security threat and to respond by providing drugs and vaccines. Roemer (2016) explained these trends with three mechanisms that link them together:

- 1.The securitization process encourages policy responses technologically.
- 2.It creates a unique political space where pharmaceutical development can be unrestricted.
- 3.It creates an institutional space that facilitates pharmaceutical policy responses.

Drug policies have strengthened strategies for health securitization. The study of securitization of the Ebola epidemic used two fundamental dynamics of global health governance: framing health as a security threat and identifying pharmaceuticals as a key tool of global health governance. Further, the study identifies three mechanisms by which securitization of infectious diseases strongly encourages pharmaceutical policy responses. First, framing health as a security issue is difficult to intervene internationally in the world order because national sovereignty is dominant. Medicines are qualified as the only "solution" in this context. Second, framing health as a safety issue has created a political space where private funds channelled to develop drugs and vaccines against Ebola. It has also ensured that the basic norms and rules governing the securitization of health and the development and approval of drugs and vaccines violated. Drugs that have never been tested in humans have been used to accelerate clinical testing, often not possible (Margaret, 2015, p.1910).

Another health security study in Global Health Surveys assumes that it is normatively necessary for policies followed in the new health security concept. Indeed, numerous studies have addressed this new agenda possible positive or

negative consequences in global health governance. Enemark, for example, found that the health security framework used to manage the pandemic response to the pandemic. Still, policies that focus on the security of certain states have disadvantages in terms of international cooperation on long-term needs(Enemark, 2010, p.284).

In line with this finding, the main starting point of global health security studies focuses on a few infectious diseases that threaten to reach the West. Melissa Curley and Jonathan Herington's article on how the Indonesian government has refused to share virus samples to develop medical measures against the pandemic demonstrated global health security cooperation. As a justification, Indonesia claimed that it would use rights to the examples that would serve the interests of the USA and European pharmaceutical companies rather than their citizens (Curley and Herington, 2011, p.145).

Health security in global governance framed as one of several possible health problems. For example, Colin McInnes has examined security and other possible frameworks in global health governance such as evidence-based medicine, human rights, economics, and development. According to Colin McInnes and Kelly Lee, these frameworks are essential in how health policies are followed. They are based on a set of norms and privilege specific ideas, interests, and institutions (McInnes and Lee, 2012, p.23). Other studies on this topic have examined the origins of health security as a new global paradigm. It developed from a USA / Canadian and Western initiative centred around new surveillance networks empowered by WHO and based on the idea of the emergence of communicable diseases from developing countries (King, 2002, p.772).

Likewise, in the Daves article, he revealed how Western governments and WHO joined forces to construct the disease that requires new rules and behaviours to

control infectious diseases as a security threat effectively. The result has been the development of international health cooperation mechanisms. It has been to place Western fears about the pandemic that reached them above the prevention of such epidemics. In contrast, WHO desires to assert its mandate in the disease surveillance and containment project has led to the development of global health mechanisms that prioritize the protection of western states from disease transmission. A dominant element of pandemic influenza planning activities is an investment by Western countries in the stockpiling of vaccines and antivirals. In part response, some scientists criticized the unequal access to these drugs before the H1N1 epidemic (Davis, 2005, p.295), because low-income countries depended on other international agencies for donations. Both of these issues highlight the tension between economic interests taking precedence over health and well-being and the unequal distribution of vaccines developed from flu samples collected through the allegedly equitable global infectious disease surveillance system. This is exemplified by the Indonesian authorities' first refusal to share viral examples with the Centers for Disease Control and Prevention due to the unequal distribution of vaccines worldwide.

Awareness among Western countries that infectious diseases can pose a significant threat to the health of their citizens and political and economic stability has led to the development of security responses to such threats. Davies (2008) argues that managing this health problem through internationally coordinated surveillance measures legitimizes the organization's authority in global health governance, so it is in WHO's interest in framing infectious diseases in terms of security. It also revealed that WHO prioritizes the interests of Western states in maintaining security against infectious diseases and that developing states excluded from this process.

Only a few studies, drawing on constructivist traditions in International Relations, have attempted to bridge the gap created by changing security perspectives in health governance. Some have demonstrated this by applying explanatory frameworks from the Copenhagen School of securitization studies. These studies take advantage of the securitization concept to detect changes in the national political discourse rather than engaging in international cooperation on global health security. For example, the securitization of HIV in Russia is explained by political leaders' internalizing national identity and norms (Sjöstedt 2008, p.11).

Securitization also used as an analytical tool by International Relations scholars to highlight the normative advantages and disadvantages of health security. Elizabeth Wishnick found that desecuring SARS and avian flu in the Chinese context contributed to cover-up rather than adequate risk management. (Wishnick 2010, p.454). Stefan Elbe's first study on the normative effects of securitizing HIV / AIDS is considered stigmatization. It also belongs to this stream of literature (Elbe 2006, p.122).

In short, Global Health Studies has spread as a USA and Canada based initiative within the framework of UN agencies. While studies on global health security have provided insights for these organizations, only a few contributions have highlighted how important security perspectives are in certain contexts. While the few existing studies, from a constructive perspective of International Relations, are stuck in the constant understanding of security that is characteristic of securitization theory, it has not given enough attention to global health security as a new set of priorities.

A small but growing literature has emerged thanks to the more theoretically practical work of Joao Nunes and Stefan Elbe on global health security under the name of critical security studies (Elbe 2010; Nunes 2013). From such a critical

perspective, these studies have provided a better understanding of how health security means and implications combined with fear-based discourse and security practices. By exploring the prism of both Nunes and Elbe securitization framework, how they framed in different ways health issues. They go one step further than previous studies on the positive or negative effects of securitization frameworks or global health security as a new global agenda. Most importantly, according to Elbe's findings, problematizing health problems as security concerns have also started to change the way we understand security and how it followed globally. These changes conceptualized by Elbe as medicalization. More specifically, this rationale has also evidenced the rise of public health professionals in health management and a security pursuit of medical interventions to cure diseases in the international system. It has been claimed that solved security problems by using the metaphors of vaccination and surgery (Elbe 2010).

More importantly, Nunes's work contributed by highlighting in detail that the fear-based understanding of health has become dominant in global health governance. According to Nunes' findings, this discourse has been put forward as a reconstructive argument for the figure of immigrants as carriers of infectious diseases emerging in the developing world. Nunes argues that if they avoid fear-based understandings of health security agendas, they address vulnerabilities, the goal of securitizing health will be achieved (Nunes, 2014).

2.6 Securitization Health at National Perspective in the Literature

In the past two decades, health problems have been placed intensely on the security agenda. Post-cold war improvements have helped shift from traditional military threats to the inclusion of health issues on the national security agenda. To

date, these developments have focused on three health-related risks: the spread of infectious diseases, HIV / AIDS, and bioterrorism.

There is extensive, interrelated literature focusing on the securitization of infectious diseases. Health security has come to the fore in public health issues in the national discourse. Labonte argued that health as an issue of national security had become one of the most dominant emerging discourses in recent years. Nation-states frequently raise the issue to protect their citizens from risks. Since the 1990s, the health security discourse widely included in the public health fields. However, he argues that looking at public health through the lens of securitization is in the post-securitization phase in public health management (Labonte, 2008, p.478).

Fidler (2013) discussed security from four different perspectives: realpolitik, ordinary, humanitarian and ecological. He examined how these four concepts constitute different visions of the link between public health and national security. The first was the threats posed by infectious diseases, and the second was biological weapons. Contrary to most literature on the link between public health and national security, realpolitik has argued that the security perspective conceptualises public health security. This article claimed that the evidence to date had guided the development of the realpolitik perspective on national security, the concept of public health security in the United States (Fidler, 2013).

The frequent and rapid emergence of infectious diseases has drawn attention to health. In this context, countries in Asia have considered infectious diseases as a security problem. It is important to examine how the East Asian states affected by the SARS epidemic were secured. Statements and press briefings in countries like Singapore, Vietnam, Malaysia and the Philippines revealed that the leaders declared SARS a national security concern. For example, the Philippines' national security

adviser stated that the SARS threat is more critical than any terrorist threat security adviser said that the SARS threat is more significant than any terrorist threat.

In some countries, crisis management measures implemented to secure the disease, especially mandatory quarantine. For example, the Singapore Ministry of Health has enacted the Infectious Diseases Act to isolate people known to have contact with people with SARS. Other countries in the region have implemented similar measures, such as closing schools and entertainment centres. While China was initially severely criticized for underestimating the severity of the problem and being slow to react to contain the spread of the infection, the Chinese government has taken drastic measures such as controlling the movement of people entering and leaving the capital Beijing.

Herington examined the Vietnamese government's response to epidemics in the article. The reasons for the differences in the Vietnamese government's policy approach not based on global norms but the importance of countries' internal dynamics. The domestic political sphere operationalized the securitization of avian influenza in Vietnam. The Vietnamese government initiated the securitization process mainly because of threats to the Vietnamese economy, rather than the so-called threat to international security announced by WHO and others (Christian, 2009, p.284).

In the Lo Yuk-ping study, cultural and religious agendas can significantly influence responses to health threats, and different social and political priorities can interfere with securing a health issue. In addition, the illiberal nature of many Asian states, combined with the politicized bureaucracy and close state-market relations, has narrowed the scope of alternative proposals available to policymakers. It has been argued that securing health problems in Asia is more easily suppressed by domestic political means. (Lo Yuk-ping, 2010, p.447). At both levels, these results claimed a

more profound recognition of the policy drivers behind the securitization of health threats and a broader understanding of the process than the model alone could provide. These studies have revealed that health problems securitized in Asian countries. As two articles on the securitization of health threats in international organizations show, states outside Asia also politicize health for their purposes (Enemark 2010, p.748).

Studies on the securitization of Covid-19 have also taken place in the literature. A preliminary assessment of Covid-19 securitization for the UK and Serbia: The securitization dilemma in the UK between public health and the economy has evolved during the pandemic, Serbia's Covid-19 securitizations claimed in the context of a pre-existing macro securitization of Serbia's national identity. Also, Serbia's securitization of Covid-19 has offered a new perspective on foreign relations in the Balkan region, more generally, the potential to apply securitization theory to Serbia. This study has value in examining Covid-19 securitizations in various political cultures (Giliberto, 2020).

2.7. The Evolution of Literature

Outbreaks have long been the greatest threat to humanity, and despite the continued advances in medical science, it seems likely to continue to do so in the foreseeable future. Pandemics are arguably one of the most devastating events in human history. With the documented impact on human populations, pandemic influenza has presented as a persistent threat in history.

The most critical factor in the emergence of health as a security issue was an expanded security agenda in the 1990s. The end of the Cold War saw security analysts shift their focus from military threats to more pervasive risks. This opened a new door for several more eclectic issues to be treated as security concerns. This has

opened up space where public health issues can be raised as security concerns. Moreover, raised questions about the security agenda and the object: Whose security would protect? While the Cold War prioritized national security, human security became a legitimate concern in the post-Cold War world. Although definitions of human security differ, the idea that risks to the individual from macro-level developments may be part of the security agenda provided a space for health to be included as a security issue. As a result, individuals were generally more likely to be at risk from new infectious diseases spreading as a result of Globalization than ethnic conflicts, environmental disasters, or terrorism.

While pandemics has been recognized as a public health hazard for centuries, they do not always seem to be constructed as a security threat. The three flu outbreaks in 1918, 1957 and 1968 killed millions of people while also causing social and economic devastation. It was never seen as a security threat, despite calls for recognition to the form of the pandemic. By the 1990s, although pandemic influenza was recognized as a public health hazard for centuries and attempted to securitize it in the past, the disease was not institutionalized as a security issue.

For example, both diseases, such as avian flu and immune deficiency virus, have been recognized as threats to international security at different times. Both are infectious severe disease problems in Vietnam. Still, the character of the government's response to these two outbreaks has been entirely different. While a security discourse surrounding an illness has worked internationally, this does not guarantee that securitization moves will occur locally. Ultimately, success in securitizing infectious diseases depends on local, political, economic and social factors. Governments do not operationalize global discourse linking security to infectious diseases in uniform or predictable. Instead, it takes place within the framework of political relations that help

build the securitization process. It is a rationale for why some health problems are recognized as national security issues while others are not.

Health problems didn't define as national security risks regarding a clear set of criteria. It seems that for a health problem to threaten international stability, it must provide the following features. The first is that health crises can have dramatic effects on the global economy. It recognized that the health crisis has detrimental economic impacts, but Globalization has increased this sensitivity and expanded the potentially affected geographic area. It can lead to reduced economic growth in regions not directly affected by an epidemic or, in the worst-case scenarios, trigger a global recession, increase poverty levels and stressful lifestyles and livelihoods even among affluent states. The second is poverty and poor health. It can lead to migration as people seek a better and safer life elsewhere. It is the fear that migration flows will increase the risk of disease spread and destabilize a region. Therefore, it argues that national security may be at increased risk with its potential effects on international stability.

For this reason, it has been seen in the majority of the studies that it is not the concern to improve global public health, the approaches of foreign policy concerns to protect national interests. And the interests of the West stand out in these approaches. Attention has often focused on how health risks in the developing world can affect the West (McInnesi 2006, p.7).

While health security initiatives benefit developing countries, health security efforts are geared more towards containing epidemics than preventing disease. This essentially means that global health security mechanisms mobilize in developing countries for various factors, particularly the lack of health infrastructure, to include infectious diseases and prevent their spread to the rest of the world. The disease

burden mainly borne by developing countries, which cannot address these outbreaks. This classic conceptualization of global health security offers little benefit to developing countries.

As a result, developing countries have neither the political nor the economic motivation to collaborate with WHO in managing infectious diseases globally. This is also evident in Indonesia's refusal to share H5N1 viral samples with WHO. Any securitization in WHO should be directed not only to the interests of developed countries but also to developing countries. These studies have shown that the public health debate needs to be framed by an equal focus on development, humanitarian and security interests at the basic level for all countries. The solution is based on tackling the gap between developed and developing countries in global health policymaking within the WHO framework.

As can be seen, most of the health security studies that emerged as a new global priority in the last two decades have created a new field of study for Global Health Studies and, to a lesser extent International Relations. This literature study has been to assess the possible normative implications of this new agenda. Diseases that have the potential to reach western countries and their prevention

The contagious disease seems to be the most important cause of morbidity and mortality in children and adults worldwide. The majority of cases occurred in developing countries and caused by treatable diseases. However, Covid-19, which expresses an epidemic that occurs in a wide area and generally affects a large part of the population, has affected the whole world, developing countries and developed countries.

The responses to the pandemic have often been formed by striking a balance between protecting people's health and protecting the economy. It raises the

assumption that countries faced with a trade-off between these two goals. But is this assumption correct? To answer the question, the epidemic will analyze the securitization process in Turkey so far. In this study, How Covid-19 will frame as a security threat in Turkey. It took only a few months for the virus to destroy its social structure and disrupt the economic order that would leave millions unemployed. The rapid increase in cases, especially in the second phase of the pandemic, points to a critical turning point in the state's role in human security and health governance. It is recognized that security threats to individual life rather than conflicts between states have political, economic and social consequences.

Moreover, many states are questioning global coordination and cooperation efforts and turning inward, addressing the pandemic as an internal security issue. This pandemic process opens the way for a more comprehensive security conceptualization, going beyond traditional regional threats that neutralize state forces' intervention. The Covid-19 unpredictability of influence population and socio-economic irregularities fear of state around the world, including in Turkey, has shipped to take measures. Covid-19 securitization in Turkey carried out under the Pandemic Disease Regulation. Cascading boards established at national and provincial levels to formulate a comprehensive plan to reduce threats, focus on preparedness and build capacity in the face of a threat. Covid-19 is the first case implemented to address a public health crisis. Turkey has created measures to ensure kept the spread of the virus under control. Framing Covid-19 as a high national security threat, it has developed discourses of state survival to affect lockdown, restrict movement and increase surveillance. Until an effective vaccine finds against the virus social isolation was of primary importance to minimize virus-related deaths.

The study's basic assumption is that the securitization made the problem not a human security problem, making it a state security problem. Hence, the Covid-19 problem has become a security problem that defines the state as the reference object in the final analysis. It will handle within the framework of the Copenhagen School's securitization concept developed within the discipline of International Relations. This theoretical framework, Covid-19 Turkey's how national security will use to address the problem. Dissertation Covid-19 in the securitization process in Turkey argues that the concept of state security transitions from human security. In other words, a public health problem has become a threat to state survivability.

Most pandemics studies are securitized at the global level. Existing regulatory techniques to securitize public health are improving global surveillance systems and drug policies. From the point of view, security issues must be politically controversial ideas and a frame of these illnesses' security issue representing the specific knowledge that builds on experiences. In this respect, the formations for the solution of these problems should form within national strategies. The Asian countries have studied securitize of health at the national level. These studies mainly criticized the policy of global securitization in the literature. This perspective, primarily as a subject, has never been studied in Turkish literature and will contribute to the international literature to be a national assessment

3. SECURITY DEFINITION AND THEORETICAL FRAMEWORK

In the last century, globalization, rapid industrialization and technology have reflected on the welfare of societies. Medical developments have contributed to reducing the impact of epidemics. However, the negative effects of modernization, such as population growth, poor living conditions based on the scarcity of resources, income inequality, poverty, and environmental devastation, have led to a relative increase in epidemics that have declined worldwide. During this period, the world has witnessed many pandemics: Ebola emerged in the 1970s, Human Immunodeficiency Virus (HIV) began to spread in the 1980s, and H5N1 emerged in the 1990s are an important epidemic disease. Severe Acute Respiratory Syndrome (SARS) emerged in China in 2002, H2N1 started in Mexico in 2009 and spread to the world and known as Swine Flu, were exposed in 21 Century. Today, the world is under the influence of the Covid-19 Outbreak in China in the last months of 2019.

Covid-19 has continued to affect citizen life and states from international politics to domestic politics in the world harmfully, and the new situation created by Covid-19 made insecure environment. This situation required the Covid-19 outbreak evaluated as a security issue in the context of public health. In this respect, it has become necessary to develop measures to prevent the loss of life caused by the pandemic and reduce the states' social, political, and economic effects by offering a security approach. The Covid-19 outbreak continues to affect a large number of people around the world. As of October 2021, nearly 4.7.533 million people lost their lives, many have been hospitalized, and many have been infected (<https://covid19.who.int>). The fact that the people is under threat assign essential duties to states. States must take necessary measures to secure their citizens' lives, raise awareness of people, and have sufficient hospitals, health personnel, and

healthcare equipment since still the pandemic's spread rate. The high mortality numbers leave people open to the impact of the virus. For this reason, the measures taken against pandemics have become the subject of both international and national security. Some countries show interest in pandemics that emerged last twenty years from the security perspective, but the pandemic is a new phenomenon associated with health and security in Turkey.

Pandemics, which can affect states in every way, have become the subject of national security due to their different and complex structure. The security needs of today's society have exceeded the traditional security threats based solely on nuclear weapons and military security during the Cold War. While this situation emphasizes the demands for freedom that focuses on the quality of life of the individual and places people at the centre, on the other hand, it highlights the importance of threats such as population growth, income inequality, immigration, epidemics and identity. New issues such as identity-based conflicts, climate change and resource scarcity, and the environment have introduced diversification of security needs. The effort to take precautions against these threats and make them safe has required the states' efforts at the national and security level that is directly related to society. Measures to be taken against different security threats are not limited to the armed forces. Still, they have turned into a need that requires many institutions to work together, such as health institutions. Covid-19 is a threat to human health; therefore, we can claim it a security issue. It is also a matter of subject to the securitization process. The securitization approach provides essential conceptual tools to examine Covid-19 and help answer how and why the Covid-19 turned into a security problem. Who are the securitization actors? What are the consequences of securitization? In this section, the securitization theory developed by the Copenhagen School analyze. The stages of the

security concept will be summarized. In this context, the issues regarding how the securitization policy works are detailed based on the theory's assumptions.

3.1. Security Concept

To be addressed the security concept correctly, the question of who is secured must answer. The answer to this question sometimes is the state, sometimes an individual, or a system consisting of both individuals and states. It is evident when we face a new security perception as the answers to these questions changes according to the situation. In other words, as the object to be secured changes, the search for and perception of security has developed at the same rate (Dedeoğlu, 2008, p.9).

Of course, the ever-changing perception of International Relations has brought about a change in the concept of security. The different political and ideological views of the societies and their socioeconomic structures have differentiated their needs for security. For these reasons, when defining the concept of security, many variables should be considered and analyzed according to changing security phenomena.

First of all, I want to start with Mark's (2014) conceptualization "security is the foundation of freedom, democracy, and a healthy society. How a state uses a power more effectively to ensure its security." Indeed, the starting point for security seems to be a form of government that helps reshape and reorganize individuals, societies, and modern capital. As Mick Dillon points out, security is a powerful technique. It is a political law frequently used in the exercise of power. (Mark N, 2014). Today, the concept of security is at the centre almost all political debates. It seems that the best way to make a political claim is to articulate it with security rhetoric. Yes, indeed, security is a powerful technique. It is a political method frequently used by governments.

Ken Booth explain security means the absence of threats, and freedom means getting rid of physical pressures(Booth, 2005, p.318). As can be seen here, security and freedom are two terms that complement each other. We can say that absolute security is power, freedom in its order.

While the concept of security simply defines the absence of threats, a multi-factor security perception emerges when evaluated in terms of states. Undoubtedly, survival has been one of the most critical security concerns of states. Survival of state means the peaceful life, existence and integrity of the citizens of a state. The Covid-19 pandemic brings with it a wide range of important global and national security challenges. At this point, the analysis of the security problem related to the pandemic highlighted the issue of survival and a multi-factor evaluation involving the economy, health, armed forces, environment and international organizations.

As Buzan expresses, security is a concept that is open to discussion and quite ambiguous, as the concepts of love, freedom and power. Hence, there are many theoretical debates and unresolved controversies over its meaning. McSweeney also supported the argument that security is a difficult concept to define, explaining it as a term that can be associated with many other concepts, such as peace, honour, justice (1999). According to Baldwin, Security can understand more easily the answers to the following two fundamental questions: "security for whom?" and "for what values are security?" (1995). According to Weaver, security refers to the presence of a security threat and how measures are taken against it. In this case, where there is no threat, the concept of security cannot be mentioned (2003).

When security is considered as a concept, there are quite different opinions. There are two main reasons for this difference. First, the idea changes according to historical events and processes and leads to different perceptions. Another reason is

that the concept of security is shaped depending on the ideological and personal views that define it. For these reasons, we can say that the issues related to a problem are shaped in the same international system, according to different understanding styles and theoretical views. The Security Concept interpreted with traditional international relations theories such as Realism, Neorealism, Liberalism, Constructivism. On the one hand, it includes different approaches that include theoretical studies developed as an alternative to the traditional theories such as Critical Approaches.

3.2. The Evolution of Security Studies

Security Studies were expressed in terms such as Strategic Studies or National Security Studies as a sub-branch of the International Relations discipline until the last decade of the Cold War. Strategic Studies, shaped under the conditions of the Cold War and mainly influenced by realist theory, Realist theory consider the state as both the subject of security and the leading Actor that will provide security and focus on the defence policies of the states against military threats. It took place in diplomatic and military history before World War II, and academic studies were carried out increasingly until the mid-1960s with post-war nuclear armament (Walt, 1991, p. 214).

The Renaissance of security work has taken place since the mid-1970s. While the security studies during the Cold War period included "National Security" and "Strategic Security", studies in the context of "International Security" in the post-Cold War period began to gain importance (Walt, 1991, p.216). After the Cold War, theoretical studies on security in the West can be summarized in three parts: traditionalists, expanders, and critical security.

Traditionalists continued to emphasize the importance of military security and state-centricity. The perspectives that emerged as an alternative to the traditional approaches used as a general term referring to realist, neo-realist, liberal, peace studies and strategic studies called "new security approaches". Although these approaches have started to develop since the mid-1980s, they are called "new", they should see as an innovation in perspectives and methods of analysis rather than periodic emphasis.

The most crucial point is that expanders are starting to include non-military issues in the scope of security. This context had economic and environmental problems in the 1970s and 1980s, identity and identity-related issues in the 1990s and international crimes in the area of security. Many studies examining security in the context of the interaction of economic and military sectors emerged during the same period. New security approaches expanded from structural security studies to poststructuralism.

Military security problems of states, defence policies, and similar military-political issues constituted the central axis of security studies. Since the last decade of Cold War, the problems of the second plan have begun to discussed, and the security scope of traditional understanding has started to questioned. Beyond military threats, many economic, political and social issues, environmental pollution, destruction of natural resources, socioeconomic inequality, ethnic conflicts, pandemics, and gender have been included in the security agenda. Hence, the first arrow of criticism directed to traditional security studies targeted the state-centrist perspective on national security. The first wave of critical security studies has been realized by extending security to society, communities, groups, and individuals without limiting the state's level of analysis. Initially, Barry Buzan (1991) started with the idea of providing

security in five sectors: military, political, economic, social and environmental, in his book "People, States and Fear," published in 1983.

Similarly, in 1989, Jessica Tuchman Mathews (1990) argued that international security should be reconsidered, including natural resources, environmental issues, and demographic issues. Booth argued that the threats are primarily economic collapse, political pressures, hunger, ethnic conflicts, environmental problems and diseases. Traditional researchers, who opposed efforts to expand the scope of security, argued that the security agenda should be limited to military issues if anything threatens the quality of life defined as a security issue, the concept will lose its focus (Walt, 1991).

The security debate that begins between these two poles made developed the scope of Barry Buzan and Ole Waever's Copenhagen School's security approach. It emphasized that security is a social reality constructed through speech acts rather than a problem caused by an objective threat to security. It focused on the political consequences of building an issue as security. In this study, starting from the perspective of critical security approaches, the sociological approach of the constructivist approach, the phenomenon of speech act will discuss.

3.3. Security Approach of Constructivist Theory

In this study, starting from a critical security perspective, the will discuss the constructivist sociological approach and speech act phenomenon. In this respect, it is useful to examine the constructivist theory to understand securitization. The fact that social sciences cannot separate subjects and objects with sharp lines has accelerated the efforts to make sense of points and actors according to their positions. Constructivism shapes practice by emphasizing social events and reality (Wendt, 1999, p.160). Constructivism, the international system, which has become complex

due to developments in science and technology and globalization, has arisen due to the inability of traditional approaches to analyze these developments. Constructivism has a special place in the discipline of international relations. Considering the social context in accessing information (Onuf, 2002, p.121), he brought the concept of constructivism to the literature. The concept accepted as a middle way between positivism and postpositivism. (Onuf, 1989, p. 36).

Constructivism is an approach to question phenomena' social and historical roots (Marshall, 1999, p. 760). Especially after the Cold War, the increasing visibility of ethnicity movements, the revival of identity, culture and norms and the emergence of social characteristics have been influential in the development of the theory. The state-centred approach of traditional theories in terms of security has made it necessary to consider new parameters with the change of threat definitions and actors. Besides, the traditional approach's definition of anarchy in search of security is influential in developing constructivism. Alexander Wendt argued in his famous article that anarchy is not necessary and given consider reality revealed by states (Went, 2009). Security is a built phenomenon, and insecurity is not the constant and natural state of the international system. Security is a phenomenon produced by states (Went, 2009). According to the constructivist approach, national security interests are determined by actors and affected by cultural factors. Strength in terms of physical capacity. Insecurity for the analysis of national security. The state and other actors' approach to power and security helps to understand their political behaviour. Although construction; nation alluded in the study of identity, values and culture in the security approach, the state is still the main Actor(Katzenstein, 1996, p.70).

The constructivist theory has developed a new perspective on security at four points. First, "How do ever-changing cultures shape the construction of security?"

The main problem is the starting point. The second is the concept of "Security Communities", which was introduced to the literature by Karl Deutsch, developed under the leadership of Emanuel Adler and Michael Barnett. It refers to the community of states by providing an institutional structure for the establishment of continuous peace. This approach is not to the traditional relationship types of sovereign states; It emphasizes establishing peace through interaction between peoples. In other words, a concept proposed in which policymakers and the citizens also participate in the decision-making processes. The third contribution is the manifestation of an attitude in which economic and social issues are included by expanding and deepening the concept beyond the military terminology of the traditional approach towards security. A human being is also taken into consideration. Finally, the main reason underlying the traditional attitudes of states towards security is their "strategic culture". In other words, constructivism has diversified traditional security parameters by emphasizing the importance of cultures on a sociological basis in the rational preferences of states. In this context, constructivism examines concepts such as identity, gender and culture, which does not consider all, apart from analysis of the state, as parameters related to security.

3.4. Critical Security Approaches

With the end of the Cold War, the bipolar structure in the international system disappeared. A period began when the USA was a superpower, and liberal policies represented by the USA started to implemented. With the onset of this period, the security understanding shaped only around military threats has changed with the acceleration of the globalization process. With this change, realism, the effective paradigm of international relations, has begun to be questioned. Because the main concepts such as power, interest and the state, which form the basis of realism, were

insufficient to explain this changing system. This situation has led to the emergence of a new security understanding. In the global system formed within this framework, security has turned into a concept that includes terrorism, environmental problems, the proliferation of weapons of mass destruction, and the risks caused by technological developments, rather than just military problems. Therefore, the security of states has begun to be determined not only threats of enemy but also by all kinds of threats that can disrupt stability and order.

These developments have led to the broadening and deepening of the concept of security:

- Broadening: Moving security beyond a military issue to cover the economy, environment, food, health, energy, cybersecurity.
- Deepening: No longer state-centric, security is designed and implemented at the individual, community, regional and global levels.

Critical security studies have been set up by specifying what reference needed at a lower level than the state. The Copenhagen School and the Paris School helped to develop the securitization concept in the new period. In this study, mainly the speech-act analysis of the Copenhagen School will be used as the mainframe. Besides, within the scope of the criticisms directed to the Copenhagen School, it will benefit the Paris School's perspective focusing on social practices from the fact that it may be insufficient to analyze the securitization process only by speech act.

3.5 Copenhagen School

The Copenhagen School first developed the securitization theory founded at the Copenhagen Peace Research Institute in the 1980s. It was published in 1998 by Barry Buzan, Ole Wæver, and Jaap de Wilde in the book "Security: A New Framework for Analysis", which discusses key propositions of securitization theory.

(Buzan, Weaver & Wilde, 1998) At this point, the Copenhagen School emerged as an approach that develops an understanding of security by criticizing the traditional / realist understanding of security. The Copenhagen School has introduced three main methods that include the concept of securitization, Sectoral Analysis, and Regional Security Complex (Buzan, Weaver & Wilde, 1998)

The most significant contribution to the discussions about extending the scope of the security concept has been made by introducing the concept of securitization. This new concept has presented a new analysis model to security studies with a neorealist and constructivist perspective. Securitization placed the state as the main Actor at the centre of analysis, but it contained differences from the state's position in the realist concept of security. Despite having a state-centred understanding, it diversified its analysis and took a constructivist approach that deals with how social facts mature in the light of specific social approaches (Buzan, 1991). It focuses on the question 'How do security problems and threats occur?' rather than the question 'What is security or threat? How does any public problem start to be perceived as a security problem?'

The level at which a securitization issue is addressed is also essential. In this direction, based on the necessity of examining the concept of security without losing its essence, a sectoral analysis approach has emerged by including issues other than military issues within the scope of security studies. By questioning non-military threats and state-centred security, the school has emerged with an approach that reveals new security reference objects such as social groups, individuals, the state, and even humanity, including a broad understanding of security. One of the most important contributions of the Copenhagen School to security studies is its adaptation to the environmental, social, military, political and economic securitization theory of

the five main sectors where the security of human communities is affected. Military threats are not the only source of distrust for societies, according to the school. Threats may come from many other areas as well. (Buzan, Jones & Little, 199, p.31). It has shown a different reference object for other sectors brought to the agenda besides military security by the Copenhagen School; however, it mainly was concerned with the concept of the state (Wæver, 1996, p.149).

Weaver defines different understandings of "survival" for other reference objects in various sectors. "Survival" for the state is the preservation of sovereignty; because states that lose their sovereignty will no longer be considered states and will not be able to become actors in the international arena. For societies, the most important motive is to protect the identity of the nation. People can survive only if they live authentically and with identity. Although sovereignty is the first condition in the context of the survival of states, societies should also be in a unitary identity consciousness so that the perception of "us" can be formed as a social unity. According to Wæver, economic security and state security are interdependent; because companies are the most important actors in the economic field, which is vital to the state. Finally, Wæver focuses on irreparable disasters within the scope of environmental security and draws attention to their relationship with security (Wæver, 1996, p.153).

In this sense, the Copenhagen School reviews each sector with different types of relationships: "Military sector-force-based relationships; political sector-authority, management status and recognition relations; economic sector-trade, production, finance relations; social sector-collective identity relations; the environmental sector is related to human activities and the biosphere of the planet. (Buzan, Weaver & Wilde, 1998, p.12).

So, the Copenhagen School's primary starting point is to focus on the non-military side of security. The school is also crucial in terms of addressing this conceptual framework. Because as discussed in later sections, the Covid-19 securitization issue in Turkey, based on the claim, can not be seen as state-centric security and its transformation into a security issue as a public health problem.

3.5.1. Sectoral Security

When it comes to military security, the main Actor of security is the state. In this case, it was considerably easier to determine what the threats were against the military forces. Therefore, in traditional security studies, military relations are considered a part of security. However, in situations such as peace, peacekeeping or humanitarian issues, military forces go beyond being a mere element of military security and exist in different areas

The environment itself is the central point of environmental safety. The main threat is the danger of losing the civilizational gains that humanity has created to date. The important point is that the threat to environmental security directed against the civilization created by humanity rather than the world itself. But the achievements of human civilization are at risk. In this context, risks related to environmental pollution and nuclear armament constitute the content of these threats. The way to protect security against these threats is to remove these risks or change this structure. (Buzan, 1991).

The main issue in economic security is the principle of maintaining the functioning of the economic mechanism. Therefore, the main Actor can be the state and various structures such as international companies and the whole of the global economy. Any danger to wealth-generating resources or impeding access to finance and markets poses a threat to economic security. One of the important issues is that

both threats to the state's economic structure and threats to the elements of the global economy are issues related to economic security.

The main Actor of social security is the society itself, and the identity existence that provides the feeling of being us in the society is the basis of this. Tribe, clan, ethnic group, a minority group, and the nation are seen as the main actors in this context. Social security can often be confused with social security. However, social security is an individual issue, and the elements that constitute the threat are economic. The threat in social security is directed against existential factors such as the identity and culture of society. These threats occur through dangers such as migration, assimilation, depopulation, and epidemics.

Political security is the continuity of the organizational stability of the social order. Although the main Actor is the state, supra-state organizations such as the European Union consider as an actor in this context. State sovereignty or its founding ideology are key elements. Any situation that questions the sovereignty, legitimacy or governing authority of the state considered a threat. In this context, we can examine the issue of political security in two dimensions. One of them is the state itself; it creates non-military threats against the state. Second, some situations require system-level elements, for example, to defend international law or the international community's security. Therefore, universal issues such as human rights are covered by political security. Interacting with all the security sectors of the Copenhagen School, human security is at the heart of the security agenda in the 21st century. It is acknowledged that human security will be achieved not only by being exempt from violence, war and conflict, but also by getting rid of poverty, hunger, epidemic and ignorance (Buzan, 1991.) Human security is applied equally to all people as a universal issue. Human security prioritizes prevention rather than intervention

independently of all sectors and is people-oriented. The dimensions of human security list as economic security, food security, health security, environmental security, personal security, social security, political security. The pandemic, which has recently emerged as a public health problem experienced by human beings, has turned into a human security problem covering all sectors (Roberts, 1990, p.67).

Although the pandemic's focal point and reference object are human, the only authorized Actor to take measures today is the state. In this sense, I embrace the Copenhagen School methodological collectivism and continue to see the state as the primary object of analysis. In certain situations, the society itself and the ecosystem can object of analysis. At this point, I will continue the securitization theory, which has an important place in the Copenhagen School.

3.5.2. Securitization Theory

The essence of the Copenhagen school is the securitization theory. The theory is also a key concept in explaining all other approaches to the school. Ole Weaver first introduced the concept of securitization in 1995 (Weaver, 1995, p.7). In its most general terms, securitization is the process of defining a problem by the relevant actors as a problem directed to the existence of any subject to be a security threat and therefore requires urgent measures. In this context, the main reason for securitizing an issue is to provide the necessary attention. If a problem is now made a security issue, it becomes more important than any other political agenda. At this point, the securitization theory analyses how and why a public question becomes a security problem. Although the problem is outside the political sphere, the state does not deal with it. It is not the subject of public debate and decision. The inclusion of the problem in the political sphere occurs when it becomes a part of public policy. Here the government chooses the politicized problem and transfers resources to this

problem. The inclusion of a security problem occurs by presenting it as an existential threat outside of ordinary political procedures, requiring urgent and exceptional/extraordinary measures.

Buzan, Wæver, and De Wilde (1998) state that securitization process consists of three stages: non-political, politicized and securitized. The authors treated non-political issues as matters outside the sphere of interest of the state and not the subject of any public debate or decision. On the other hand, political issues that are part of public policy and require government decisions and resource allocation. Situations in which a threat is posed that requires emergency measures and activities outside the political process are defined as securitized issues. Securitization theory is taken into the political realm through speech acts. It is based on speech act theory with an approach to the philosophy of language that emphasizes the necessity of expressing it in the realization of action. Political theory and social constructivism approaches were also used in the formation of an original speech act understanding. Thus, a securitization that emerges with the combination of speech act theory and political theory will mention.

Securitization theory is two essential contributions to Security Studies. First, it broadened the understanding of security beyond traditional political and military sectors. Second, it provided a "constructivist method" for understanding when problems became security issues. In other words, securitization is defined as an intersubjective process. Threat constructed socially through the speech act. We can consider security as a process between the discourse of the Actor who secures it and the acceptance of this discourse by the audience (Stritzel, 2014, p.50).

From this perspective Barry Buzan et al., There are three main elements of the expanding concept of security in terms of content. These are actors, threats and

policies, and they are defined differently according to their content. Securitization theory questions what, how and who will be secured (Buzan, Waeuver, Wilde, 1998, p.9).

In 1998, Waeuver, Buzan and De Wilde, in their article titled "Security: A New Framework for Analysis", stated that different target elements were needed for their analysis. They argued that the analyzes should be with a speech act approach in three units. In traditional security understanding, the main actors of security and policies generally determined as the nature of the threat and the measures to be taken against it. The securitization approach has been adopted to reveal the secondary aspects of the actor and the essential functions in the field of security studies. In this context, the actors express the existential threat to the security of the reference object, how security problems are produced, and the extraordinary measures taken against the existential threat at the centre of the securitization process. (Buzan, Wæver and De Wilde, 1998,p.40). Securitization Theory analyzes three stages; these are defined as follows.

3.5.3. Analysis Units of Securitization Theory

Reference Object: We can define them as objects that are considered a threat to their existence and desire to survive. According to the Copenhagen School's approach, the reference object is a social element threatened from the outside and must be protected and legitimate for survival. (Buzan, Waeuver, & De Wilde, 1998, p.39). Although one can select reference objects at any level, it is stated that intermediate-level (such as state) reference objects give more successful results in securitization applications than reference objects at the micro-level or system (global) level. (Buzan, Wæver and De Wilde, 1998, p. 40).

Securitizing Actor: The most important element of this application is the securitization actor. Actors who securitize an existential threat to a particular reference object through the speech act. Securitization actors present a problem as a security issue through the speaking. Generally, political leaders, bureaucrats, governments, lobbyists and pressure groups are seen as the main actors in securitization. (Buzan, Waever & Wilde, 1998, p.36). The securitizing Actor presents an issue as a threat to a reference object to take extraordinary measures. It is difficult for the securitizing Actor to present himself as a reference object. The Actor's speech gave the state, nation, civilization, or community as a reference object. (Buzan, Waever & Wilde, 1998, p.41). A wide variety of topics such as nation, state, liberal economic system and health addressed as reference objects. At this point, regardless of the subject being securitized, it should have the feature of having the right to continue its existence. In this respect, the securitization actor uses extraordinary tools to violate the rules to ensure the survival of the element allegedly facing security threats. At this point, rather than whether the issue presented poses a threat to security, the question arises in which environment and conditions and when the security actor will secure it (Buzan & Wæver, 2008, p.70).

Facilitation Actor: The third component of securitization is the facilitation actor. These actors differ according to the sector in which the securitization action took place. A facilitation actor is an actor who directly affects a specific area and can significantly influence the decision of the securitizing actor. Facilitation actor, without reference object or securitizing Actor, can take securitization action on behalf of the reference object (Buzan, Waever & Wilde, 1998, p.36). In terms of health, healthcare professionals, health organizations, scientists, Non-Governmental Organizations shown as functional actors. In the Covid-19 process, the scientific board can present a

functional actor. In this context, the Covid-19 issue of the reference object in Turkey and actors working to identify the problem of how it is displayed will try to analyze how the creation of a new perception.

3.5.4. Audience

Another element of the securitization theory is the audience. Securitization actor engages in securitization through speech act and chooses a target audience (Buzan, 1998). However, the audience does not always have to be the whole population. Sometimes this may be a particular group of experts, sometimes a political party elite. Given in the light of this information, who will speak, under what conditions is essential. "Speaking" does not just mean speaking the word. The logic of presenting an existential threat that requires an emergency and necessary precautions and the consent of an expected target audience must be present.

3.5.5. Securitization Process

In the framework of securitization theory, the process initiates with securitization actors' evaluation existence threat. As a second step, the securitization actor needs to determine urgent actions for them. Finally, the audience needs to accept a threat given through the speech by the securitization actor and approve urgent measures to eliminate it. In this context, the use of language is promoted through the authorities to reveal the threat perception effectively. At this point, the act of speaking stands out in the securitization action. After that, the political leaders decide on urgent measures regarding the issue that poses a security threat, prepare an action plan in this direction and ensure its implementation (Stritzel, 2014, p.89).

Just like threats, policies that are thought to eliminate these threats are built with security discourse. While doing this, the attempt to convince the target audience,

namely the public, is applied simultaneously. In this way, the target audience accepts the issue determined as a threat by the actors at the same rate and agrees with the measures determined by the competent authority to eliminate the threat. In this point, there is an interaction between subjects. This is an important issue because the public's consent or the target audience is a basic condition for implementing the measures in effect. (Buzan, Waever, Wilde, 1998, p. 31).

Within the above framework, we can say that all kinds of issues are presented as a threat by the securitization actor using the language effectively. Since the audience accepts this threat, an issue that has not been a security issue until then can be a security problem. The critical point here is that it is not enough for a threat to exist objectively. The securitization actor should perceive it as a threat and present the measures to the audience through discourse. For example, the possibility of a war, an environmental problem, or a political movement emerges as a security problem to the extent that the state's authorities define it as a threat. Apart from that, an issue that can handle in ordinary ways can turn into a security problem depending on the choice of state officials (McDonald, 2008, p. 567).

The securitization action takes place by following the steps mentioned above. One of the important issues is the existence of factors that facilitate the securitization actor's action towards this whole process. In other words, the securitization actor should capture the emotional points of the audience by emphasizing the sensitive issues of the audience and create awareness in this direction. In this context, the securitization actor must have an authoritarian attitude. Finally, the conditions under which the alleged threats become concrete in the viewer's mind are necessary.

However, neither of these three conditions is a precondition for the securitization action. Even in their absence, they can realize securitization action

(Buzan, Waever, Wilde, 2008, p.33). As can be seen, securitization policy is not only an action of a state against the masses within its borders or in its region. It can also be a global problem. Moreover, this situation is not limited to the military and political sectors. The Covid-19, considered an environmental problem according to the sectoral security approach of the Copenhagen School, has turned into a phenomenon related to the five sectors of the approach. This issue, which concerns the whole world, is an issue with no borders that only one or a few states cannot see as a security threat. For this reason, it becomes a securitized issue at the macro level and political tools used together. (Barry Buzan and Ole Waever, 2009. p.254).

Non-military threats such as viruses can create distrust for whom or for what? How it is presented, and how it is perceived threats in Turkey? How and why is it considered a security issue, and what are the consequences? The questions analyzed within the framework of securitization via the Turkey case. The presence of authorized actors is important to acknowledge that the Covid-19 pandemic poses a threat and to act against this threat. Because the status of the Actor who speaks on this subject shows how important the subject is, they can identify a different reference object according to their priority. Thus, different reference objects can present by the president, prime minister, vice president, defence minister, health minister or foreign minister as a securitizing actor on Covid-19. For example, the head of state may be declaring the state as the reference object. The health minister points out reference object public health or the ministry of defence soldiers as a reference object.

3.5.6 Speech/Act

The Copenhagen School has developed a discursive approach to securitization theory with the help of language philosophy. Speech act has a constructivist approach. According to the theory, security issues are constructed by actors by transforming

them into security problems through speech acts. Actors legitimize their actions by presenting the issues they wish to resort to extraordinary measures as security threats. In this respect, it appears that every measure to prevent a threatening situation is justified (Waever 2003, p.490). According to the Copenhagen School, security is a self-referential practice; therefore, any issue can become a security problem. It is not how real the existential threat is but who presented this issue (Buzan, Waever & Wilde, 1998, p.25).

Discourse is the action itself. The action takes place by saying. As soon as the state official pronounces the word security, it shifts a particular development to a specific area and demands the right to use any means to prevent this development (Weaver, 1995, p.55). The questions of what might happen if the threat is not taken and what might happen if the measures are taken are dealt with in security discourse (Buzan, Waever & Wilde, 1998, p.25). Weaver used John L. Austin's concept of "speech act" while developing his speech act approach. In his book "How to Do Things with Words" (1992), Austin claimed that saying something is equal to performing an act. He argued that when a word is displayed or a statement is used, an act takes place. To say something (word, expression) is to pronounce for social action. Austin called it the performed speech act (Peoples & Vaughan-Williams, 2010, p.77).

According to Weaver, the facilitating conditions make the securitization speech for successful securitization. First, linguistic and grammatical internal conditions (correct grammar, phraseology) are required; because it is insufficient to say the word security alone. Discourse must contain existential threats. Secondly, the securitization actor making the speech must clearly state the relevant social conditions. For the securitizing Actor to adopt the threat claim against the target

audience, the Actor must have an authoritarian position that can sufficiently influence the audience (Peoples Vaughan-Williams, 2010, p.79).

This thesis will shape within the framework of securitization theory and mainly speech act analysis used in this study. Using the so-called approach, basic analysis elements of security such as securitizing Actor, reference object, and functional Actor will try to be determined. Covid-19 evolved into a security issue in Turkey, how the context in which the issue will address as a securitization. For this purpose, security-related words such as "security", "threat", "struggle", "distrust" will be removed from the speeches, interviews, declarations and statements of the relevant actors. While analyzing the texts on Covid-19, we will examine the context in which the concept of security is used. It will discuss how the Covid-19 problem will present under headings such as "health security" and "national issue". Studying the securitization of a virus is a problematic issue as Covid-19 is objectively a severe security threat. On the other hand, it is also difficult to objectively determine the potential of discourse to persuade the audience. However, securitization steps have significant consequences in the public sphere.

3.5.7. Extraordinary Precautions

Presenting a problem as a security issue implies the need to use unique tools and take urgent measures. According to Buzan, taking emergency measures makes securitization successful. In this case, securitizing actors gain the right to take urgent and legitimate measures beyond normal political processes (Buzan, Weaver & Wilde, 1998, p.25). Three important pillars of the extraordinary measures explained in three ways: 1 - Budget allocation, 2 - Political measures 3 - Law amendment or enactment of a new law (Lo, 2012, p.51). First of all, a budget and resource allocation made to take measures against the problem presented as a threat. Increasing the hospital budgets against the spread of Covid-19 is an application within this scope. By increasing the budget, the policy towards the issue can change, and the development of the old institutions or the establishment of new institutions can be planned (National Intelligence Council, 1987, Lo, 2012, p.51).

Thus, any extraordinary measures enter into current national policies and practices. Security practices and measures are applied against situations identified as threats or against newly detected threats (Buzan, Waever & Wilde, 1998, p.27). Policies against the threat, established principles and bureaucratic practices are much more important than speech and discourse. Covid-19 presented as a common national and international threat, but different states can make the process security with varying reference objects. This situation is entirely related to the social, cultural structure and economic situation of the country. In this case, the emergency measures taken according to the reference object vary. In other words, even if Covid-19 is perceived as a common threat, it is also possible that there may be differences between securitizing actors in the ways to combat this threat or whose existence is under threat (Vieira, 2007, p.146).

In this study, apart from speech act analysis, current policies and practices related to Covid-19 discussed. In particular: budget allocation political measures and their institutionalization, amendment of law or enactment of new laws restrictions processes will examine.

3.5.8 Critical Approaches on the Concept of Securitization of the Copenhagen School and Contributions of the Paris School

Many different approaches have criticized the Copenhagen School's excessive emphasis on the act of speech. According to the Paris School, it is an issue built as security through practices and discourse. Therefore, the Paris School has a more sociological approach to securitization. The Paris School argues that the Copenhagen School's concept of securitization doesn't analyzed the audience. (Buzan, et al, 1998).

Didier Bigo, one of the best-known representatives of the Paris School, examined the relationship between freedom and security within the framework defined as "International Political Sociology". According to Bigo, experts and institutions play an important role in securitization. Bigo states that security is built through "a set of routinized practices frequently applied in many other fields in addition to the speech act. In this context, security practices exist in a particular area and are designed by actors with special knowledge, called security professionals (Bigo, 2002, p.65). In this case, the speech act approach alone is not sufficient because discourse does not occur depending on external and internal conditions. Security practices are undertaken by those who have this knowledge. According to Bigo, the success of tact discourse directly related to the position and value of the securitizing Actor and the capacity of a speech act strengthened by special knowledge of what exists (Bigo, 2002, p.76). According to the author, security always associated with sacrifice: security of X always causes distrust of Y. That is, when the Actor

performs securitizing practices, it makes the other Actor insecure. According to Bigo, the Actor can never know the result of the securitizing action; because this movement always depends on other actors and whether the audience accepts the issue as a security problem. In this way, in security studies where a sociological approach is used, who is securitized, under what conditions. The reference object and consequences are important questions (Bigo & Tsoukala, 2008,p.124).

Thierry Balzacq argues that the speech act element of the securitization understanding of the Copenhagen School is not sufficient. According to Balzac, securitization is not self-referential practice; but it is an intersubjective process. According to him, securitization occurs within strategic practices (Balzacq, 2011a, p. 3). These practices include the context, the psycho-cultural structure and characteristics of the listener (emotions, thoughts, analogies, etc.). Strategic practices also use different persuasion methods and artificial discourses (metaphors, emotions, silence, or even lies). It is functional regardless of the actors' culture, context, and power. Balzac criticizes the Copenhagen School's philosophical approach to securitization theory. He argues that the act of speech is "universal and pragmatic" and is concerned with certain basic principles and rules. According to Balzac, although the success of securitization at the Copenhagen School had to be persuaded by the audience, their situation and characteristics not adequately analyzed. The success of securitization depends on the correct analysis of the emotions, needs and interests of the audience. (Balzacq, 2011a,p. 176).

According to Balzac, securitization actors are seeking two types of support. These are moral and official supports. To take extraordinary measures, the securitization actor must first get the moral support of the people and then the official support of the institutions (Security Council, Parliament, etc.). These supports will

legitimize the extraordinary measures it will take and the extraordinary tools it will use. It will gain a wider audience (Balzacq, 2011, p.9).

Studies on security draw attention to another shortcoming in the security theory of the Copenhagen School. Accordingly, the conditions under which the securitization process occurs are not adequately analyzed. McDonald draws attention to the social, political and historical conditions in which certain discourses can occur. According to the author, the Copenhagen School's facilitating conditions (facilitating conditions) are confined to a narrow framework (McDonald, 2008, p.573).

In this regard, Balzacq states that for the securitizing Actor who wants to influence the target audience, it is essential to shape the speech act according to external facts and the characteristics and perceptions of the target audience. To obtain a positive result from the securitization, the securitizing Actor must be the right time for the act of speech (Balzacq, 2011a, p.13). Balzacq states that the purpose of the security discourse is to draw the attention of the receptive audience to a certain person, object, idea, event or possible action through language because security discourse can only be understood by the person who knows and defines the securitizing actor's concepts (Balzacq, 2011, p.15).

McDonald argues that the conditions in which securitization develops have not been adequately analyzed. Besides, he also criticizes the sector approach used by Buzan. McDonald says that the Copenhagen School should define the securitization processes' different dynamics separately. The Copenhagen School has elaborated on the security dynamics in various sectors and their effects on the securitization process in analysis in different studies. Another approach that the school takes into consideration of different conditions is "facilitating conditions". On the other hand,

according to Wilkinson, the Copenhagen School's emphasis on security discourse analyzes physical expressions (McDonald, 2008, p.569).

Balzac is not enough to analyze the three components that make up the Copenhagen School's securitization theory. All of these are analyzed at the same agent level. But what matters is the analysis of action and context. At this point, Balzac suggests three analysis levels: the agent level, the second is action level, and the third is the context level. The actors and their relationships that shape the conditions at the agent level are examined (Balzacq, 2011b, p.35). The supporting and preventing actors are the Actor's power, personal identity and social identity, reference object and subject. Secondly, at the action level, practices are examined, not discourse. In this second level, four elements mentioned: action-type, that is, grammatical and syntactic rules that present the action; strategic practices, that is, artificial discourses (metaphors, emotions, etc.) used to influence the listener; third, interrelated practices and tools; fourth, policies (Balzacq, 2011b, p.36). At the third level, the context of the speech act is analyzed. In this case, centre-out analysis is done on contexts: In the context of Proximate, the actors' environments in meetings or summits examined. In the distal context, social and ethnic groups and institutions dealt with (Balzacq, 2011b, p.37).

Balzac talks about four research methods in understanding and analyzing securitization: Discourse, ethnographic research, process-tracing and content analysis. Here, he argues, the Copenhagen School's focus on verbal or written speech only limits its analysis. Visual expression, symbols and pictures are also effective in constructing a subject as a security problem, so they should be evaluated well (Balzacq, 2011b, p.39). According to Balzac, speech act analysis and critical speech act analysis using the sociological approach in securitization theory are similar. A wide variety of databases used in the critical approach. Various materials such as

interviews, participant observations, pictures, archive materials, statements on the first pages of newspapers and bureaucratic procedures and practices, technologies, norms are analyzed. In critical speech act analysis, text analysis and non-text action a Balzacq use two methods when conducting ethnographic research in security. These are participant observation and semi-structured interviews. Participatory observation generally takes the everyday practice's view of securitization. (Balzacq, 2011b, p.45).

A semi-structured interview aims to reveal the meanings of daily personal practices.

The process-oriented monitoring method uses to monitor the current conditions and situations while performing securitization action. The monitoring method examines the social mechanisms that bring social events to life. According to Balzac, the monitoring method deals with interactive questions, cause-effect relationships, and the situation's conditions. What conditions can secure the matter? According to the author, the monitoring method of such questions should be considered. Analysis are performed in the field of security (Balzacq, 2011b, p.46).

Content analysis is used to understand when, in what situations, and reactions the audience will react. In content analysis, the text treats as an independent entity. However, in speech act analysis, the text is dealt with within a frame and the social context. For content analysis, the meaning of the text is not dependent on time or place; that is, the text itself is immutable. Content analysis analyzes the document entirely: interviews, newspaper texts or speeches. Encoded words, paragraphs and sentences can be removed from the text by security actors. Scientists who examine texts have to make threat coding with words and sentences to draw a securitization framework (Balzacq, 2011b, p.51).

While this study is mainly based on the securitization approach of the Copenhagen School, the criticisms of the Paris School also adopted. It is accepted that

examining the securitization process only within the framework of speech act analysis is insufficient. Since securitization cannot be built only using speech acts, policies and measures taken against the threat. The conditions in which occur should examine in the securitization process. Using speech act analysis and process-tracing methods, how the Covid-19 issue turned into a threat will be investigated. Covid-19 issue of the national context and the policies implemented in Turkey examined whether it has been effective. Head of state, ministers and other policy-making political actors in the national political context, In the social context, especially the approach and role of the media will consider.



4. CONCEPTUALIZATION COVID-19 AS AN SECURITY ISSUE AND METHODOLOGY

I have examined the issue from a relevant social science perspective in previous chapters and outlined a theoretical framework for understanding health securitization. This framework has allowed for a specific focus on a health threat at the national level, as detailed by the securitization analysis. This section summarizes the methodology and research questions used in the thesis. In this context, I outline my sampling strategy and data collection approach. Following this, I provide a detailed description of the content of my sample and selected texts and then detail the data analysis process. I describe the classification and analytical choices made throughout the research.

4.1. Conceptualization Covid-19

Security, by definition, has emerged as a controversial concept and, no consensus has reached on its meaning. Because security is an abstract notion that means is different things to different people. Security has played a vital role in deciding who gets what, when and how in world politics (Lasswell, 1936). Therefore, there is a big difference in whether governments around the World should devote their priorities to dealing with development, health, education, or the military. In this respect, security is a powerful political tool that the State uses to raise a priority issue. It also helps create a consciousness in the citizen mind about attracting the subject's attention (Buzan 199,p. 370).

Covid-19, which affects almost the whole World, has forced governments to take measures rapidly to prevent more human deaths. To combat the pandemic, first, the authorities restricted people's freedom of movement. In the face of this unexpected pandemic, states have entered into a securitization process to implement exceptional

measures. Pandemic has framed a security issue throughout the World by the actors who presented the virus as a threat. They use different reference objects, such as a public health issue, an economic issue, a human rights issue, a risk management issue. Covid-19 also framed a security issue in Turkey.

4.2. Pandemic and Politics

Covid-19 originated in China and spread rapidly to the World, became a global problem. States suddenly closed borders and had to struggle with their means within their borders. Earlier experiences have shown that pandemics have very devastating effects on societies, such as a social, economic, and educational impact, as well as causing illness in humans. It is necessary to talk about the fear caused by the increasing death rates in society and the economic contraction caused by the restrictions on society. The exceptional measures introduced during this long-running pandemic highlight the importance of analyzing health as a political phenomenon.

So how can we examine health politically? Pandemics have led to political reactions many times throughout history. Because of the emergence of the pandemic, the normal course of politics has completely changed. Taking emergency measures, the rapid spread of infection; The painful death of the infected people, the visits of the affiliation teams in protective clothing, the crisis meetings, the restrictions, the risk of social disruption has revealed the political side of a pandemic. It shows the pandemic threat not only to people health but also to threaten the existence of the State. Wherever there is a threat, there is a security problem. The State becomes politicized as soon as it initiates to take measures to solve these problems. For this reason, we can say that health is political because it is a matter of security.

The security studies that changed with the end of the Cold War enabled new issues to emerge as a reference. The context in which the ideas about security

emerged began to examine. Security studies examine the political roots of concepts and the connection between political arrangements and regulations. Barry Buzan took the idea of security extremely politically for the first time (Buzan, 1991, p.2). Politics are not only theories and ideologies that reveal the way security is conceptualized. This new situation has laid the groundwork for the politicization of security by making a more fundamental questioning of the political nature and effects of security (Fierke, 2007, p.33).

The idea of a political examination of security gained momentum with the emergence of critical security studies. Essential security scholars have pointed out that how we conceptualize security cannot separate from our ideas about how politics works or should work. They also began to explore the link between the security theory and the political order. In this context, they started to draw attention to the impact of security understanding and practices on social relations and the formation of political order (Krause & Williams, 1997).

How can health define as a political problem? Why does framing health as a security issue leads to exceptional measures? Could health have a different impact on the political sphere? This thesis's main research questions aim to present a comprehensive analysis of health as a political problem. This analysis of health politics will examine the scope of the concept of security. However, this thesis reshapes our understanding of security, reconsidering our understanding of health, especially by addressing the problems related to current approaches to the health-security link in the literature of IR discipline.

4.3. General Assessment of Covid-19 in the World

After the Cold War broadening and deepening the security concept has transformed the traditional understanding of security into multi-dimensional, multilateral security applications. The Covid-19 outbreak is a phenomenon that has the potential to contribute to this transformation process. Besides, we can say that the applications to secure Covid-19 can reinforce this new multilateral, multi-dimensional security understanding. In this sense, the Covid-19 outbreak is at the centre of security research and practices, as a matter that concerns every actor involved in the emergence of security policies at every level of security research (international, national and humanitarian).

As a health problem in the context of the deepening of security, the pandemic primarily affected individuals then affected communities in certain cities or neighbourhoods during the initial spreading phase. Its spread throughout the country has become a social problem and a severe threat at the state level. It eventually became a global security issue as a cross-border threat. In this sense, Covid-19 has taken its place in the regional security approach of the Copenhagen School as a subject that includes the analysis of all levels of security and concerns every actor too has the power to act security policies.

In the context of the broadening of security, Covid-19 has turned into a threat that concerns social, economic and military issues and health security by becoming a regional epidemic, then a pandemic that spreads to many countries and continents. Despite the measures taken during the pandemic, the impact of the virus continued to increase. It has turned into a threat that requires analyzing the Copenhagen school's sectoral (social, political, military, environmental, economic) approach. This virus has

led to a securitization policy that brought into question the competence and legitimacy of states.

Securitization, detailed in the previous section, refers to defining an issue as a threat and framing it as a security issue requiring exceptional measures. It gives governments legitimacy to implement measures that would not be accepted commonly by citizens. This securitization process is started with the speech act and taken into the political field.

On March 11, 2020, two months after the outbreak of Covid-19, WHO declared a pandemic performing the act of speaking, which is one of the many steps in the securitization theory. Pandemic, classical definition, is a condition that occurs in a vast geography, transcends international borders and affects a large number of people. A pandemic occurs when the infection rates increase worldwide, the number of cases begin outside the region where the epidemic occurred (Kelly, H. 2011, p.540).

Covid-19 was presented only as a health problem when it first appeared in China and soon became a security issue requiring exceptional measures. Disease's political profile allowed to rise and take extraordinary measures to contain the disease. In addition to this indicative statement, concrete actions such as travel bans, quarantine, and the preparation of health armies similar to military actions probably played a role in strengthening the perception of urgency and insecurity associated with the pandemic (Burci, 2014). Suddenly, states abandoned everyday politics and started to take exceptional measures to ensure the regular functioning of health services, the economy and society. It is seen that two different types of discourse have emerged since the first announcement of the pandemic.

First, it was framed as a threat to all people in the World, requiring collective action. Generally, these statements took place in the speeches of the representatives of

international institutions. Tedros Adhanom Ghebreyesus described Covid-19 as "an enemy against humanity" and António Guterres as a "common threat".

Second, it framed as a national security threat. Rhetoric was widely featured in speeches by world leaders to their nations. For example, on March 16, Emmanuel Macron declared that France was "at war". It was a classic and powerful securitizing analogy that justified wartime measures such as curfews or the establishment of a state-run economy. "France has never had to make such decisions in peacetime," he added. He also called for "divine unity" and made speeches arguing that "all these measures are necessary for our security" and "to protect the integrity of our citizens and the nation." (Le Monde, 2020).

Again, Boris Johnson used the "national struggle" discourse against the virus. He warned citizens with expressions such as "harsh action" and "extreme measures". He added, "We will win," and with words such as "we have the determination and resources to win the war", he gave the citizens a sense of trust. Leaders around the World have similarly used the word security to present the virus as a significant threat.

In this process, states have strengthened their statements emphasizing self-confidence. International institutions such as the World Health Organization, which left countries alone, did not offer a solution against the pandemic. The states have realized the primary responsibility for protecting their citizens in Covid-19. In this context, the Turkish Government resorted to national rhetoric, the safest device, to strengthen its legitimacy actors in this process in Turkey have used similar metaphors. When the virus reached Turkey on March 11, the Government launched the securitization process for all citizens with nationalistic rhetoric that united against the

virus. The Government's Discourse of "national struggle against a global problem" formed the basis of the construction process.

National economic activity slowed down suddenly as lockdown emerged all over the World. As governments not prepared for this unexpected situation, the only option was lockdown accepted as the primary strategy. The rapid rise in death rates in many countries resulted from the unpreparedness and the inability of health systems to respond effectively to such crises. Governments faced a security dilemma at this point. Having to choose between taking lockdown measures to protect public health and the lives of its citizens or loosening measures to prevent an even worse economic crisis from happening.

Governments have had to come up with a wide variety of solutions to deal with this uncertain process. The most important precaution in this pandemic is to know whether they are in contact with the infected people, monitoring and even following their whereabouts, becoming the prerequisite for returning to normal. For this reason, governments have chosen to take control of contact tracking applications. The Chinese Government used QR codes to track its citizens and check whether quarantine practices were complied with. In South Korea and Taiwan, personal data used to ensure that people complied with quarantine measures (Park, 2020). Israeli intelligence services have deployed counter-terrorism tools to locate Israeli telephones and order quarantine for those who come into contact with infected people (Rolland, 2020).

Indeed, this is where the Securitization Theory help to understand Covid-19 policy. The emergence of the disease has shifted from a health problem to a primary security threat that requires emergency measures, bypassing everyday politics. Securitization actors have secured public health against the virus, which is a point of

reference to justify their actions. This period witnessed growing concern about the political dimensions of security. During this period, the assumptions and struggles underlying ideas and practices; the context in which they located, the processes in which they are framed and reproduced; and their political consequences are essential. It has to reveal how security came about politically.

When the pandemic examined more broadly, we see that the political profile of Covid-19 shaped through a series of actions and declarations with specific conditions that led to its intersubjective construction as a security issue. At this stage, security applications have become multi-dimensional and multilateral. The theory argues that securitizing a threat and framing through discourse enable extraordinary measures. Thus, suggests a specific action dealing with the proposed problem (Buzan et al., 1998). Understanding the sociopolitical implications of securitization requires exploring how the framework of the health crisis is shaped through discursive mechanisms and the use of security labels.

AIDS, SARS, and Avian Influenza outbreaks have been subjected to the securitization process by some states. These outbreaks have been framed as an international and national security threat and have attracted attention (Maclean, 2008). These infectious diseases have been securitized and have reached a complex structure surrounding economic systems and even political networks beyond a technical public health problem. Framing a health crisis ensures that the issue is dealt with politically and all resources are directed towards it. Therefore, it is an increasing priority for national security that Covid-19 constitutes a public health emergency (Elbe, 2010, p.479).

Framing a health crisis as a security issue has enabled it to be addressed with a higher political level and direct all resources to this area by giving budgetary priority

(Chen, 2004; Breslin & Christou, 2015). Therefore, public health emergency needs to portray the increase in national security due to Covid-19.

4. 4. A Mixed Qualitative and Quantitative Methodological Approach

The previous section outlined the theoretical framework that provides a basis for understanding the management of infectious diseases. This section will determine research questions by revealing the discourse and survey analysis approaches used in the research. Scientists note that they are increasingly benefiting from integrating qualitative and quantitative methods into a single study. In this study, a mixed-method was also applied (Tashakkori & Teddlie, 2019, p.312).

4.4.1. Central Research Question

Given the methodological approach presented in the theoretical framework, the following questions frame my research.

How was Covid-19 securitized in Turkey?

Three additional questions created to help answer this main question.

1. What role did the health system and legal infrastructure developed for infectious diseases in the historical process play in Turkey's response to Covid-19?
2. How has the security discourse in Turkey played a role in Covid-19 securitization?
3. How did the audience consent for securitization come about in Turkey?

Towards the main research question, I argue that the Government's response results from securitizing Covid-19. Turkey's response to the pandemic is relevant and compatible with the securitization theory presented by Buzan, Wæver and de Wilde. In this process, an existential threat justified the use of extraordinary measures to combat the virus. The securitization of Covid-19 in Turkey produced by framing it as a war against a so-called "invisible enemy". It showed that to continue this war, the

Government needs extraordinary powers and unconditional cooperation of the people. The devastating nature of Covid-19 highly emphasized by government and health officials. Because they saw the opportunity to demonstrate the State's capacity to respond consistently and effectively during the pandemic, they sought to justify the country's investments in health over the years for the same reason.

In response to Question 1, analyzing the State's health system and health infrastructure historically. It is argued that health experiences and health-related structural factors influence securitization in response to Covid-19. In this part of the research, historical experiences that securitization studies have given little emphasis.

The initial analysis demonstrates Turkey's flexibility to quickly adapt to a new operational context, using its health capacities to benefit public health. In this context, the Government used three main organizational advantages of the national security apparatus in times of national emergency:

1. central control,
2. quick decision making
3. proximity to decision-makers.

These features are essential for Turkey to act quickly and decisively from the first stage of the pandemic. However, Covid-19 has provided clear evidence on all aspects of Turkey's healthcare capacities' operational capacities and crisis management capabilities.

Turkey has demonstrated its ability to cope with various civil crises such as environmental or natural disasters for many years. But complex crisis scenarios like Covid-19 require a specialized and well-trained device that fully allows a nation to use its scientific and technological resources. Turkey has gained many advantages in managing large-scale civil crises in this regard.

In response to Question 2, the actors highlighted the devastating characterization of Covid-19 and used particular security objects as references. Covid-19 is framed on three themes on the political discourse and practices and analyzing audience within the theoretical framework. First, Covid-19 framed as a mobilization, the second is the strong health system, and the last is fear and anxiety.

The first official announcement on March 11, 2020, analyzed the decisions published by the Government and the Ministry of Health, the speeches and statements published on the main page of the Presidency.

Turkey's security-based approach to this national crisis can attributed to 3 pillars.

a. It is about Turkey's primary perception of the threat. It is seeing the Minister of Health as a natural actor in handling the pandemic, even though the response to threats in Turkey's strategic thinking is equivalent to the scenario of threats of war.

b. The fact that health professionals respond to a health-related threat is associated with the State's revealing its strengths in this regard. Because Israel knew its weakness in public health, it used military security actors

c. It can be attributed to the general tendency to securitize issues of national importance in Turkey's security strategic thinking.

In response to question 3, survey analysis conducted to measure the audience's perception, as the completion of a successful securitization is related to the audience's acceptance. During a pandemic, government leadership and public cooperation are essential, especially when there is a high level of uncertainty about risk and effective control measures. It is important to assess how individual characteristics can affect the public's level of trust in Government. This part of the study aims to contribute theoretically to the concept of "audience acceptance" of the securitization theory. In

addition, it will analyze the threat in terms of both the securitizing actor and the audience.

The final step in the securitization process is examining the audience's (public opinion) analysis. Successful securitization depends on whether the audience will accept the emergency measures. Also, the role of the audience in promoting security is little examined in the literature. Unlike the securitization of other infectious diseases studied in the literature, the Covid-19 process took place in a different and interesting situation. The Covid-19 securitization process required audiences to play an active role in accepting emergency measures and restrictions. While only the securitizing actor's role and discourses played an important role in the literature, Covid-19 played a key role in the audience. This situation has made it necessary to analyze this role in the audience of a threat such as Covid-19.

Attention is drawn here to the intersubjective securitization of Covid-19. It will seek to nuance the public acceptance of how the threat-related problem is framed, to understand the role of the audience in how the solution is framed. This study aims to analyze the securitization of Covid-19 in Turkey and examine the people's perceptions based on the survey data.

4.4.2. Defining Securitization Actor

In this thesis, President Recep Tayyip Erdoğan and Minister of Health Fahrettin Koca are identified as the primary securitization actors. Our research examines how the Covid-19 process in Turkey operates through securitization and the main features. As stated in the theoretical framework, the act of securitizing speech takes place institutionally. As with any public policy, the leading actor of Covid-19 is the Government at the national level. In this context, the Pandemic Influenza National Preparation Plan and the Ministry of Health are assigned to coordinate (Ministry of

Health, 2019). The Ministry of Health considered the leading responsible actor representing the Government, as it was responsible for preparing the pandemic preparation plans, service delivery, coordination, and communication.

In the early pandemic period, the management approach of the leadership shaped by two main actors—President Recep Tayyip Erdogan's tight control of the decision-making process. While we consider this decision to be politically motivated, the rationale behind the decision can be explained by the need to act quickly and decisively, avoiding bureaucratic procedures. In this respect, the Presidential Government System model, which recently passed in Turkey, facilitated the implementation of the measures taken in the fight against the epidemic and is very important in terms of efficiency and harmonious functioning.

The second is Health Minister Fahrettin Koca, who provides communication about the epidemic in Turkey. The most appropriate operating system for managing a health crisis of this magnitude has been the Ministry of Health and the Scientific Committee's creation. The decision to appoint the Ministry of Health to deal with such a pandemic is directly related to having a strong health system and infrastructure designed to manage public health issues.

The other actor that comes to the fore the most during the alarm phase of the pandemic is the National Pandemic Advisory Board, which consists of scientists on the subject. With the emergence of the virus, the Health Ministry invited academics from Turkey's universities. Before WHO declared a Covid-19 as a pandemic, the Ministry of Health took the first step. A scientific board of 31 scientists, chaired by Health Minister Fahrettin Koca, was formed on January 10. The Committee Members are selected from the fields: infection, microbiology, virology, internal diseases,

intensive care, chest diseases. Academicians who are members of the Scientific Committee ensured combating Covid-19 and citizens correctly in this process.

Appendix D as given, Members of the Scientific Committee, in various provinces of Turkey such as Ankara, Adana, Eskişehir, Istanbul, Izmir, Kayseri, Malatya, Sivas, Trabzon, Manisa and Samsun, at universities and State Hospitals, as well as at the Central Organization of the Ministry of Health and Higher Education Institution. It consists of people who are experts in their fields.

When we examine various countries in the World, we see that they use different actors in the securitization of Covid-19. For example, the main actors in Israel's Covid-19 securitization process identified as the Ministry of Defense, the National Security Council, the Intelligence Community and the Israel Defense Forces. (Murciano, 2020) In Israel, the security agency assumed a leading role and took responsibility for key strategic tasks performed by public health professionals in most countries.

The determination of the measures to be taken in line with the ideas and directives of the Scientific Committee shows that the process carried out with scientific understanding. It is an important tool in implementing policies, ensuring the people's consent through democratic methods and convincing them of the appropriateness of the measures.

4.4.3. Defining Reference Object

It is the object under an existential threat and a legitimate claim to its survival. The reference object determined by the declaration of the threat presence regarding a value. According to the approach of the Copenhagen School, the reference object is an element that is threatened externally and has the legitimacy of survival, which should protect. Health stands out as a value in terms of protecting human life. The

concept of public health security is defined as protecting the country's population against acute health problems and taking necessary precautions accordingly (WHO, 2007).

People are directly under threat, as public health is at stake in epidemic situations. Currently, Covid-19 is a serious public health threat. Therefore, it can be considered a security issue. Generally, public health crises should be addressed with a focus on human rights, with resources and decisions to support people facing economic, social and psychological difficulties. It requires significant policies to keep public security in tackling a global public health problem. Effective policies realized through a proactive approach to human rights. The fight against Covid-19 has varied according to the characteristics of states, such as economic level, social structure, and structure of health organization. Turkey has led to the pandemic process with human-centred policies and rhetoric. The process initiated by the Minister of health with the words "I lost my first patient" continued with the successful evacuation of his citizens in other parts of the World where experienced the epidemic. Secondly, it has used the Government and its officials as a reference object of the State's survival. There has been the rhetoric of "we are stronger together" and periods of extraordinary solidarity. Turkey's use of "we" is striking for its language. After March 11, 2020, Covid-19 presented as a threat and demonstrated the importance of intervention for the survival of the State. The media discourse analysis produced in this process has triggered the public struggle against this virus and the public health efforts.

4.4.4. Defining Facilitation Actors

Another critical factor in the securitization theory is the acceptance of measures by the audience. In the context of securitization theory, Since the declaration first pandemic on March 11, I will analyze public approaches by survey

analysis. How can we empirically determine the point where a problem is successfully secured?

4.4.5. Survey Analysis

A Survey created to analyze public perceptions of the securitization of Covid-19 in Turkey. Google tool that makes it possible to submit surveys online. The questionnaire included both open-ended and closed-ended questions. Open-ended questions also added, allowing the respondents to express themselves in their own words. Only two open questions included avoiding the risk of the survey being too difficult and reduced participation. The remaining 29 questions are closed-ended questions to enable a comparative framing analysis.

The data collection process, added five demographic questions related to age, gender, nationality, education and geographical location to control demographic diversity. The remaining 27 questions consist of questions about threat perception, emergency measures and expectations regarding the role of the public. Regarding threat perception, I asked participants to rate their concerns about risks to their personal health and government capacity and how balanced their perception of threat with that of the Government. Regarding the emergency measures, I asked them for their support in the quarantine decision. To analyze public perceptions, asked about what they thought they would change in dealing with Covid-19 and why they thought others were not following the rules and recommendations.

The population of the research consists of all citizens over the age of 18 living in Turkey. The formula below used to determine the sample size of the study (Taşdemir, 2017).

In the Formula;

N: Number of universe units, n: Sample size

P: Observation rate of X in the Universe, Q (1-P): Rate of not observing X

$Z_{\alpha/2}$: $\alpha = 0.05, 0.01, 0.001$ for α 1.96, 2.58 and 3.28 value

d= sampling error

σ = Universe standard deviation

$t_{\alpha, sd}$ = sd are the critical values of the t distribution with degrees of freedom ($sd=n-1$).

$t_{\alpha, sd}$ critical values $sd=$

when $n-1 \rightarrow 5000$ it can be taken equal to Z_{α} value

According to these calculations, it expects that there will be a minimum of 384 people in the sample—the data collected online and the snowball method used as the sampling method in the research. Within the scope of the study, firstly, frequency and distribution analysis made to reveal the effects of the subject. Thus, descriptive statistics showed comparisons between groups made through parametric and non-parametric tests—two different methods used in the survey analysis. The statistical analysis of the survey evaluated using the "vorkstada" program. The frequency distribution and "Mann Whitney-u" were applied to compare the averages of two independent groups in percentages. The content analysis method used in the analysis of the questions is based on the comments in the questionnaire.

Respondents asked to evaluate the Government's practices and policies towards the coronavirus. This assessment presented on a 5-point Likert scale:

- (1) Strongly disagree,
- (2) Disagree,
- (3) Neutral,
- (4) Agree,
- (5) Strongly agree.

5. TURKEY RESPONSE FOR INFECTION DISEASE AND PANDEMIC

Policies and regulations regarding infectious diseases have been implemented since the Republic of Turkey's establishment and how the government handled Covid-19 in Turkey analyzed in this section. Firstly, the historical background and current situation of the infectious disease problem in Turkey discussed. Then, Turkey's national health policy and the measures taken in the fight against Covid-19, the legal regulations and practices of politicians, bureaucrats and actors in Turkey evaluated.

Legal regulations and decisions regarding Covid-19 consist of laws published within the scope of health prepared in the first period of the Republic. Therefore, analyzing the policies and conditions of that period has become important to understand today's approach to Covid-19.

5.1. Addressing Health in Politics: Legislation, Institutions Dimension

Conceptually, the policy defines in a wide variety of ways. Some political scientists have defined politics as the process of allocating scarce resources to meet human needs within a social unit. It also defines as making collective decisions or providing power and authority (Heywood, 1997, p.32). Policies shape social life formed by the combination of many factors and their interactions with others. We can consider all aspects of health and health care in the policy concept, a part of the political system (Bambra C, and Fox D, Scott- Samuel, 2005, p.187). In this respect, regulations on health services make the role of the state essential.

To what extent will the government be responsible for health-related services? Health services are at the centre of political debates in countries like Turkey, where the role of the State is important. For this reason, it was necessary to look at the State as one of the crucial determinants of health. Because any activity aimed at promoting

health requires organized society efforts and political participation. In public health, it is an activity that operates through the State and its institutions (Winslow, 1920, p.980). In this case, it requires an organizational activity. In this respect, how the State creates and operates this organizational activity makes it political.

Nowadays, a state's social, economic and cultural conditions are the strongest determinants of health (Blane et al., 1996, p.89). Because states have different health systems. These different approaches are scientific or economic and indicative of the extent to which political ideologies influence health-related policy perceptions.

It is necessary to know society's health problems and how these problems turn into demand because knowing the problems allows the evaluation of the community's qualitative and quantitative adequacy of health services. Societies are affected by geography, cultural background, historical processes, policies, regional diseases, socio-political and economic characteristics. In this respect, it is necessary to evaluate all these factors together when preparing policies in the field of health. Therefore, examining it with all the elements in its background, not as a product isolated from the reasons and the factors that bring it into being, constitutes the basic step in forming the policy. The structure of the population, which started with the legacy of diseases in the last period of the Ottoman Empire: makes it essential to examine health policies according to the period in which they exist and the factors behind it.

5.2. Securitization of Infectious Diseases in the Historical Process

When we examine Turkey's history of combating infectious diseases, the legislation, organizations and practices in the field stand as a securitization that continues its effects until today.

5.2.1 Establishment Period and Refik Saydam Policies

When the Republic was proclaimed, a tired, sick and poor population had come out of long wars in Turkey. One of the most important problems of that period was underpopulation. In addition to the population health was not in good condition. Malaria and syphilis were among the common diseases. In addition, the disability rates of war veterans were very high. During the war, the health infrastructure was severely damaged, and doctors' death rate was very high. For this reason, the newly established State had to give importance to health and related policies and health infrastructure development.

With the opening of the Turkish Grand National Assembly on April 23, 1920, the State began to prepare policies to meet the needs in health. It is seen that the State, which is just in the establishment phase, attaches importance to the policies that will ensure the rapid restructuring of the society's health. There are many factors behind the priority of health. The most important need of the population, which is decreasing due to epidemics and infectious diseases, wars and poverty, is to ensure the health and increase the population. Policies that would solve the current health problems, especially the widespread infectious diseases, and ensure the professional organization and institutionalization of health services and education came to the fore in this period (Rasimoğlu 2014).

The Ministry of Health established on May 2, 1920, under the name of Ministry of Health and Auxiliary Social Affairs (Sıhhiye ve Muavenet-i İctimaiye Vekâleti). Adnan Adıvar appointed as the first Minister of Health in the Turkish Republic. The foundations of the current public health system established in 1923-1946 in Turkey. The foundations of the health system in Turkey were laid by the Minister of Health Refik Saydam between 1921-1937. Saydam's health plans and

practices have continued to be effective until today. Umumi Hıfssıhha Law No:593 (UHL), is the most important official regulation made at that time. This law includes the responsibilities of the State regarding all health services. UHL played an important role in the development of public health in Turkey (Saydam 1982, p.39).

In that period, nineteen infectious diseases such as malaria, trachoma, syphilis, leprosy, and tuberculosis were defined as notifiable diseases for the first time. A vertical health organizational model has been established in which separate organizations are involved to combat the diseases effectively. Today, it is possible to see the work carried out with devotion by healthcare professionals as past projections of the filiation teams working in the Covid-19 pandemic. In this process, many developments such as immunization studies, eradication of smallpox, improvements in the notification and surveillance of infectious diseases, and development of early warning systems were experienced—these developments, which have evolved until today, show securitization processes with infectious diseases in Turkey. In the establishment period, there is a structure in which health-related services are under the control of the State. Health policies completely shaped according to the social structure and conditions of Turkey in that period.

The UHL was established on April 17, 1930, by the Minister of Health Refik Saydam. With this law, health services are guaranteed under the obligation and control of the State (OG-1489, 1930).

UHL, which is accepted as the constitution of health legislation, consists of 309 articles and one-third of this law is reserved for infectious diseases. UHL entrusted regulatory duties such as training on infectious diseases, keeping necessary records and making notifications to the Ministry of Health. In the law (OG-1489, 1930), health is stated as the service area of the State. In this respect, Article 1 of the

Law holds the Ministry responsible for protecting population health and combating diseases. The Ministry later imposed an obligation to report 31 more infectious diseases. (UHL,1930, pp. 33-34). With these securitization efforts, it was observed that infectious diseases declined significantly in the 1930s.

Article 1: "Improving the sanitary conditions of the state and combating all diseases or other harmful factors that harm the nation health, ensuring the healthy growth of the future generation and making the people receive medical and social assistance are among the public state services"(UHL, 1930, p.143).

The protection of public health, the healthy growth of future generations, the provision of health and social assistance to the society are clearly stated in the law as the function of the State. In the justification of the law, the importance of eliminating the lack of practice to protect public health is clearly stated.

The State has regulated in Article 2 through which institution is responsible in health service. The State will carry out this duty in the centre with the Ministry of Health and Social Aid. In this regard, Refik Saydam, architect of law numbered 1593, said in his speech at the opening of the Hifzissihha School in 1935.

"The doctor will make efforts to preserve the health of those who are in good health, rather than the role he plays in eliminating diseases."

He gave great importance to treatment and preventive medicine practices in the implementation of this law. He created private health organizations to combat common infectious diseases and provided special personnel training for these organizations. In addition, the Hifzissihha Institute carry out vaccine production and preventive health services(Erkun, 1935, p.11).

5.2.2. Statist Period Behçet Öz Era

After World War II, Turkey initiated plans and programs about industrialization, agriculture, transportation and health. One of these is the First Ten-Year National Health Plan. It was prepared during Behçet Uz Ministry of Health between 1946-48 (Ministry of Health Social Assistance, 1946). The plan accepted by the Supreme Health Council on 15-16 November 1946. This policy is quite different from Saydam's health policies. Because, as mentioned above, preventive services were provided by the central government (especially the Ministry of Health) during the Saydam period, while treatment services left to local governments. A more centralized and statist health policy and planning implemented during the Behçet Uz period.

5.2.3 Social State Period

The 1960s was a period in which the concept of social state came to the fore in the world. In these years, in line with the Constitution of the WHO, gave health a constitutional position with the understanding that being born healthy and living healthy is a human right, and providing health is a public duty. Socialization in health defined as providing the state's health services equally for every citizen and providing treatment opportunities.

The 1961 Constitution, which developed after the military intervention of May 27 1960, gave new tasks to the state with the social state approach. Article 48 of the Constitution brought the right to social security. Article 49 of the Constitution, which introduces the right to health. It states that

"The state is responsible for ensuring that everyone can live in physical and mental health and receive medical care. The state takes measures to meet the housing needs of poor or low-income families under health conditions."

This article, has brought a new understanding to the state's approach to health(OG, 1961).

The concept of right health become widespread with international organizations such as the United Nations and WHO. The transition to policies in line with the right to health in Turkey took place in the 1960s. Since the right to health could not find a legal basis until the 1961 Constitution, health was not seen as a state's duty in this context. In the first article of the Law on the Socialization of Health Services adopted in 1961, it is stated that health services, which are accepted as a right in the Universal Declaration of Human Rights, will be socialized to ensure that they are fulfilled within the framework of social justice (OG, 1961).

Law No. 224 on "Socialization of Health Services" dated January 5 1961, was enacted within the framework of these new developments. In this Law, the concept of health is discussed in a broader framework. It defined health as the elimination of various factors that harm human health, the treatment of patients, and the accustoming of those with physical and mental abilities to work. In addition, all health services in Turkey are a state's duty and should extend basic treatment services from cities to villages. A right of health guarantee by 1960's constitutional, health expenditures from the general budget in the 1950s tripled with socialization health in the 1960s (Fişek, A &Özsuca, Ş.T., 1930p.67).

Health services in Turkey managed to survive until the 1980s without being affected by the market order. However, at the end of the 1970s, in line with capital's desire for international expansion, health services provided by the public also became

an area of interest for the capital. They began to see an investment area of market mechanisms. In this direction, put the British National Health Service Reform into practice in 1991. The health care system implemented in both developed and developing countries with a method that entirely operates with market mechanism rules (Ener, M. &Demircan, E., 2008 p. 68). Thus, the commercialization and marketization process of health services has also affected Turkey.

It is seen that the state assumed a more important role in preventive health services until the 1980s in Turkey. Efforts were made to organize preventive health services throughout the country, but treatment services remained mainly under the responsibility of local governments. Due to the expensiveness of hospital services and the lack of any health insurance system, the state could not play an active role in treatment services.

5.2.4. Neo-Liberal Health Policies

The crisis that emerged late 1970s led to the end of the welfare state and the re-emergence of the liberal economy. This new era, called neoliberalism, reinvigorated the market economy. State intervention, cuts in public spending, privatization of state-owned companies, and the free market's importance. However, neoliberalism associated with the USA is seen as a hegemonic ideology in the policies of almost all countries. Turkey has been one of the countries affected by neoliberal policies. A neoliberal healthcare market has been created by providing public and private healthcare providers (Mishra R. 1999). In the face of this new neoliberal order, a new regulation was made for radical changes in health since the 1980s. These new regulations first brought along important changes in the Ministry of Health Organization. The definition of health harmonized with many new subjects that included health. Food safety responsibility began to shared with the Ministry of

Agriculture and Rural Affairs. Cancer also included in the scope of diseases that should be dealt with in particular. In addition, the protection of environmental health, which stands out on the world agenda, is among the responsibilities of the Ministry of Health.

Adapting to the neoliberal system conditions in the areas where the state provides public services for the first time in Turkey started with January 24, 1980. In this context, the health services required to be provided by the state are no longer a service that the state is obliged to provide with the 1982 Constitution. "The state is authorized to plan health institutions from a single source and to regulate the delivery of services" (TR, Constitution, 1982).

The first significant change that affected health policies in the post-1980 period was the redefinition of the duties undertaken by the state in the field of health with the 1982 Constitution. The Constitution emphasized that all citizens benefit from social security rights and that the General Health Insurance is implemented (TR, Constitution, 1982, art.56). The second important initiative is the Health Services Basic Law No. 3359. This Law is fundamental in terms of expressing the decisive structural transformation of our health policy. Since this date, the policies carried out in the field of health have generally been shaped within the framework of the state's monitoring and planning of health, encouraging the private sector to take a more active role in the field of health, and establishing a system in which market conditions are valid. Therefore, various legal and administrative regulations have been introduced in health policies in this direction in the following processes. The rationale for the provision of health services by the private sector in Article 56 of the 1982 Constitution:

"Everyone has the right to live in a healthy environment. The state and citizens have to improve the environment, protect environmental health and prevent environmental pollution. The state is to ensure that everyone continues their life in physical and mental health; It organizes health institutions to plan and provide services from a single source to realize cooperation by increasing savings and efficiency in human and material power."

"The state fulfils this duty by utilizing and supervising the health and social institutions in the public and private sectors. General health insurance established by Law to provide health services widely."

As seen in the above articles, the public character of health services stretched to include the private sector. The services that state should provide within the framework of access to health services rearranged and transformed into an area where the organizational role of the state increased.

The 1982 Constitution included a wide variety of provisions stating that citizens have the right to social security and that individuals' use of this right is the state's responsibility. According to article 60, "individuals have the right to social security ". According to the article, "In order to ensure that the state maintains the mental health of everyone; It organizes health institutions to plan and provide services from a single source to realize cooperation by increasing savings and efficiency in human and material power. The state fulfils this duty by utilizing and supervising the health and social institutions in the public and private sectors." Again, in the same article, there is a provision that "General Health Insurance" can be established (Ministry of Health, 2008, p.18).

The World Bank has implemented health policies through WHO. In this context, the Decree-Law No. 181 on the Organization and Duties of the Ministry of

Health enacted in 1983 (OG, 1983, No: 18251) and the Health Services Basic Law enacted in 1987 came into force. The health projects implemented under the leadership of WHO in Turkey are considered a step towards removing health from socialization. Then "National Health Policy" was published in 1993 within the World Bank's structural adjustment policy (World Bank, 1993). The implementation of these policies was realized in 2003 in the Health Transformation Program.

5.2.5. Health Reforms and Health Transformation Program

As can be seen, the state has put forward development plans, new health programs and legal regulations within the framework of the changing economic, social and political conditions in the world and Turkey. It shows that Turkey is searching for new structuring in health, which has been planned for a long time in this period. Having implemented a planned development policy for many years, Turkey has turned to policy changes, especially after the 1980s. It has adopted a private sector-oriented economic model. It aimed to gradually keep the public sector out of economic life and therefore started implementing structural reforms.

According to the 2003 World Bank Report, the general situation in Turkey's health system is as follows (WB Report, 2003 No: 24538).

"Turkey still lags behind most middle-income countries in terms of the health status of its people. Life expectancy is about ten years below the OECD average. In contrast, infant and maternal mortality rates are the highest among middle-income countries. In developed countries, poorer segments of society do not have access to health care, and the population's health status is far below low-income countries".

In the face of these findings, it was necessary to make radical and systematic changes in the financing, regulation, and management of health services to achieve the ultimate goal of improving people's health status in Turkey. In this context, the

United Nations, the World Trade Organization and the World Bank brought new approaches whose intellectual foundations created in previous years to the agenda as a new social project under the name of "Health Transformation Program" in June 2003 (Ministry of Health, 2003).

The changes envisaged made in health during the 59th Government Period are explained under "Health for All". "Health Transformation Draft", which is one of the main objectives of this government, was prepared with the joint foresight and cooperation of the Ministry of Health, Ministry of Labor and Social Security (Health Transformation Project Preliminary Proposal, 2003). After this development, IX. Development Plan (2006-2011) started to implemented in line with the goals of the Health Transformation Program. Many practices such as strengthening the planning and supervision role of the Ministry of Health, establishing a General Health Insurance system, facilitating access to health services, increasing the quality of service, developing health information systems, supplying medicines and materials have been put into practice.

Family Medicine Law No. 5258 dated 2004 was enacted for primary health care services within the "Health Transformation Programme" scope. This Law moved the health system practice from the family medicine system. With this system, maternal-child health and vaccination offered in primary health care services (Health Ministry, 2004).

After that, on January 6, 2005, the Health Insurance Institution (SSK) health facilities were transferred to the Ministry of Health with Law No. 5283. With this Law, the Ministry of Health took over 146 hospitals, 212 dispensaries and 11 oral and dental health centres belonging to SSK (Atasever, 2014, p.121). With this

arrangement, it was aimed to withdraw from the service provider of SSK and operate only in the field of financing.

The third step was towards the privatization of health services. Law No. 5396, dated July 2005, regarding the implementation of public-private partnerships in the health sector enacted. This Law, made changes in terms of service procurement, delivery, organization and financing (Ministry of Health, 2005b).

The next step merged with Law No. 5502 dated 16.05.2006 of the Social Security Institution, Bağ-Kur and Retirement Fund. Thus, it laid the foundation for a more comprehensive restructuring of social security institutions under a single roof.

The fifth step is Social Insurance and General Health Insurance, accepted by the Turkish Grand National Assembly. The Social Insurance and General Health Insurance Law dated 31.05.2006. (OG, 2006a). They numbered 5510, which put the Premium Social Security System into practice, is another phase of the efforts to open the health field to the market. According to Law, it has been decided that insurance premiums of those who earn less than 1/3 of minimum wage paid by state. Everyone above this criterion has been obliged to pay a certain amount of support premium. (Elbek & Adaş, 2009, p.37).

Finally, the Decree Law No. 663 on the Organization and Duties of the Ministry of Health and its Affiliates was published in the Official Gazette dated 2/11/2011 and numbered 28103 and entered into force. Turkish Public Hospitals Agency, Turkish Public Health Agency, Turkish Medicines and Medical Devices Agency and Turkish Border and Coasts General Directorate of Health institutions restructured under the umbrella of the Ministry of Health. With this Decree, the Ministry's policy setting, regulation, and supervision position come to the fore. All hospitals united under the umbrella of public hospitals associations connected to the

Ministry of Health. The management of hospitals classified according to the steps, and an organizational structure has been created in which health services are divided into more functional units (Ministry of Health, 2011).

The role of the Ministry of Health, Dr Recep Akdağ, Minister of Health at the time, He stated,

"We will not be rowers. We will take the helm".

In other words, as stated in the Constitution, regulations have been introduced that allow the Ministry of Health to plan the health system from a single source and structure the institutions affiliated to the Ministry in line with the principles of "decentralized management". At this point, the primary responsibility of the Ministry is to formulate policies. The Ministry focused on managing public health functions, surveillance of epidemic diseases, accreditation of institutions, and quality regulation in this process. In the restructuring process of the Ministry of Health, priority was given to strengthening primary health care services and preventive services within the framework of the social state understanding. It is planned to transform the Ministry of Health into a supervisory and regulatory institution with the Basic Principles of Management and the Draft Law on Restructuring" (Akdağ, 2012).

Studies have also been carried out on Strengthening the Infectious Diseases Surveillance and Control System. The Ministry of Health published 2009-2013 and 2013-2017 National Strategic Plans in this context. Again, there are strategic plans for 2014-2017 by the Public Health Institution (Ministry of Health, 2005a). As you see; The Turkish Health System has taken its current form with the Health Transformation Program, which is the last reform project.

5.3. Legal Practices Securitization of Covid-19 In Turkey

As the basics of the policies constituting Turkey's health system explained in detail, health has been among the policy issues that governments have focused on since the establishment of the Republic of Turkey. Turkey's current health system has taken its final shape with the multidimensional and comprehensive health reforms that started in 2003 with the accumulation of past years. These health reforms primarily included practices aimed at increasing access to health services. The result of the reforms has been a rapid and holistic development in the capacity of the Turkish health system, with noticeable increases in the delivery and use of health services, within a few years. As a result of the Health Transformation Program framework initiated in 2003, Turkey included all its citizens in the scope of universal health in 2011, after other OECD countries. Belgium, Denmark and Japan in the 1960s; France, Italy and Portugal to the 1980s; Spain and Korea in the 1990s; In the 2000s, Germany and the Netherlands covered by general health insurance.

5.3.1. Pandemic National Preparedness Plan

The results obtained from the pandemic shows specific characteristics to the conditions of each pandemic period. It prevents any definite judgment about when and how other pandemics will occur. For this reason, it has been an important securitization parameter for countries to prepare their own National Pandemic Plan against every possible epidemic and to be able to put into action the takes measures under the prepared plan. Because the results obtained from past experiences have shown that influenza viruses spread rapidly like a snowball from the moment they appear and can cause harm to countries. For this reason, protection from the resulting damages has also been associated with the states' preparedness against pandemics.

In general, the issue of pandemic policy came to the fore as a problem before Covid-19. It is seen that WHO draws attention to the point of influenza epidemics and warns countries prepared. WHO has seen national governments as natural leaders in national risk management related to the pandemic. WHO has recommended that states guide all institutions and organizations within the scope of global risk assessments and prepare the necessary laws and regulations for the pandemic (WHO, 2019: 12). The State of readiness recommended by WHO has also been achieved by Turkey since 2004.

The first pandemic preparedness plan studies in Turkey started in 2004 under the chairmanship of the Ministry of Health representatives, academics and experts on the subject came together and, the Pandemic Preparedness Plan introduced under the name of the Prime Ministry Circular in 2006. In this framework, Provincial Pandemic Plans were also prepared and implemented throughout the country and announced as "Preparations to Made for a Global Influenza Epidemic (Pandemic)" (Ministry of Health, 2005).

The first legislation prepared regarding the measures to be taken against a Pandemic in Turkey is the Prime Ministry Circular No. 2006/23 (OG. 2006b,no:23) published in the Official Gazette in 2006 due to bird flu. (OG, 2006 no:26268). The Presidency published the circular on the flu epidemic in the Official Gazette in 2019 (OG, 2019 no:30744). In these circulars, Pandemic National Preparedness Plans and Pandemic Provincial Preparedness and Activity Plans defined, and decided to continue the activities according to these plans. The brochures prepared by the State in line with the relevant Pandemic Plans and the first information in the newspapers and media considered the first securitization stage of this problem. These first widely broadcast briefings intended to impress the audience on the topic of Covid-19—the

measures taken against Covid-19 characterized as a passive initiation of securitization. In light of the experience gained from the H1N1 virus that emerged in 2009, the European Center for Disease Prevention and Control, led by the WHO, warned that each country should prepare their national plans against emerging influenza viruses. Member countries have started working to prepare their pandemic control plans. They were taking this warning of WHO seriously. Turkey became one of the countries that prepared the pandemic plan. In this direction, Pandemic Preparation Committee was formed, and algorithms defined the methods applied in the fight against Covid-19 were created and shared by the Ministry of Health.

The emergence of a flu pandemic Influenza (H1N1) again in 2019 brought up the necessity of updating these studies, and Pandemic Influenza National Preparation Plan to coordinated by the Ministry of Health against the possibility of a future pandemic with the Presidential Circular No. 2019/5 (OG, 2019). It was announced in 2019 by updating the National Pandemic Plan under the coordination of the Ministry of Health. The Pandemic Influenza National Preparedness Plan, updated with the Presidential Circular, was published in 2019. In addition, Turkey has recently taken important steps to strengthen preparedness. For example, the Ministry of Health has established an influenza surveillance network in line with Global Outbreak Alert & Response Network and Global Influenza Surveillance Network. Pandemic preparations in Turkey have shown improvement in the responses to the bird flu. Regulatory developments brought by SARS considered securitizations for avian influenza due to the 2003 and 2004 outbreaks. For example, the Law on the prevention and treatment of contagious diseases includes avian influenza in the list of Class B (notifiable) infections (Ministry of Health, 2005a).

5.3.2 How Turkey Health system prepared to Covid-19 Pandemic

Pandemic preparations in Turkey have improved with the response to bird flu. The Law on the Prevention and Treatment of Infectious Diseases included avian influenza in Class B (notifiable) infections (Ministry of Health, 2005a). These responses to SARS securitized. The emergence of a flu pandemic again in 2019 brought up the necessity of updating these studies. Turkey's response to Covid-19 evaluated within the scope of health services in this section.

The first statement regarding the coronavirus pandemic in Turkey was made on January 6, 2020, in the form of "Disclosure on Influenza Cases" from the official website of the Ministry of Health, before the virus was declared a worldwide pandemic (Ministry of Health, 2020c). In the statement, the public informed about the fight against the virus, which gives importance to personal hygiene and especially washing hands. Subsequently, an information booklet named "2019-n Cov Disease Guide" was published on January 14, 2020. (Ministry of Health, 2019). When the virus was seen in Turkey in March 2020, the Pandemic Influenza National Preparedness Plan was activated by the Ministry of Health.

Accordingly, all phases implemented after WHO declared the pandemic alarm phase clearly stated in the plan. In order to inform the public, all kinds of regulations, from how and through which units the information flow provided and the posters and public service announcements to be used by these units, are included in the plan (Ministry Health, 2019).

Following the Preparation Plan, it convened January 10, 2021, Scientific Committee with the Covid-19 agenda and started scientific studies on this subject under the coordination of the Ministry of Health. In this context, the government took measures: stopped flights firstly, passengers from countries disease tested with a

thermal camera at the airport, people returning from Umrah and other citizens of the Republic of Turkey living abroad quarantined, Turkey-Iran border gates were closed to stop the entry of the virus into the country. The first case was announced by the Ministry of Health on March 11, 2020, in Turkey. It can say the work has been carried out successfully within the planning framework until this stage because one of the main purposes of the plan expressed as delaying the epidemic as much as possible.

Postponing the epidemic will, on the one hand, save time for the development of the necessary treatment; on the other hand, prevent the overload of the health infrastructure. Since the first case detection, the preventive and treatment measures foreseen in the plan were put into practice step by step. Some are measures to prevent contamination from people in contact, ensure social distance, patient isolation, disinfection measures, and to avoid contact with diseased areas. The implementation of these measures, a series of measures such as closing schools, restricting collective activities, switching to flexible working in the public and private sectors, providing financial support by explaining incentives, partial curfews and quarantine have been implemented (Hoffman, 2015, p.869). They are also communicating with scientists from other countries struggling with the epidemic. Studies have been initiated to evaluate information and data and to develop appropriate treatment.

All decisions and regulatory actions within the scope of the Covid-19 outbreak have been published in the Official Gazette. In addition, these decisions were announced through the social media accounts of institutions and organizations or press releases. The measures taken due to the pandemic are attached with the Ministry of Internal Affairs circular and articles.

5.3.3. Scientific Committee

In the early stages of the fight against coronavirus, a Scientific Committee was formed on January 10, 2020, under the chairmanship of Minister of Health Fahrettin Koca, by the "Pandemic Influenza National Preparation Plan" prepared in previous years. This board aims to monitor the development of the crisis and make various recommendations to the main decision-makers, especially the Presidency and the Ministry of Health. However, the last word belongs to the political decision-makers who consider the administrative, political and economic variables and the medical analyses for solving the problem. The government aimed to bring scientific and more effective decisions by considering the issue's health, social, and economic aspects by using the Scientific Committee's recommendations.

5.3.4 Digital Health Application for Covid-19

Reducing contamination within the scope of the Covid-19 process and ensuring that risky people access health services without threatening public health has been one of the securitizing issues. In this context, the online examination service application was developed under the Ministry of Health "Tele Health System" name on October 20, 2020. It was possible to benefit from the services of public hospitals determined in their region. (Ministry of Health, Teletıp)

5.3.5. Pandemic Health Organization Applications

The health services carried out in the primary, secondary and tertiary level, measures, and the planning of the protocols to be applied are determined by the Ministry of Health. In this context, organizational structure planned in two ways.

5.3.5.1. Structuring in therapeutic organizations:

The General Directorate of Health Services declared some hospitals as "Pandemic Hospitals" in its circular dated 20.03.2020. The roles of all public-private hospitals in the pandemic process have been defined. Accordingly, hospitals with at least two infectious diseases, clinical microbiology, chest diseases, and internal medicine physicians and with 3rd stage adult intensive care beds are considered Pandemic hospitals. Pandemic hospitals, by definition, are hospitals where cases diagnosed with Covid-19 (test positive) are treated. The treatment of cases other than Covid-19 in pandemic hospitals continued within the framework of the determined rules. The health personnel of the pandemic hospitals are primarily recruited from the health workers working within their bodies and appointments are made from other hospitals in case of need. (Ministry of Health, 2020d).

5.3.5.2. Structuring in protective and preventive organizations:

Although the treatment algorithms of Covid-19 patients in treatment institutions and the job descriptions and working conditions of healthcare professionals are defined in detail by the Ministry of Health, there are no detailed guides on the methods to be applied to control the epidemic in primary health care institutions.

The Provincial Health Directorates Established filiation teams in the according to capacities of each province. Community Health Center employees predominantly work in some regions, while dentists or health workers participate in filiation studies. Filtration teams are assigned to carry out most of their work in the field and to carry out contact scans. The teams formed within the Provincial Health Directorate are responsible for screening the people who are in contact with people diagnosed with

Covid-19. These people are either directed to hospitals or followed up at home, depending on their clinical status. Individuals identified as a contact reported to the family physician they are registered with, and their status questioned by calling the family physician daily for 14 days.

In addition, Provincial Pandemic Boards have been established under the chairmanship of Provincial Governorships to implement different measures according to each province's characteristics. These boards are composed of the administrative chiefs of some public institutions such as the Provincial Health Director, the Provincial Police Director, the Mayor, and the representatives of non-governmental organizations deemed appropriate by the Governorship, and faculty members of the Faculty of Medicine, under the chairmanship of the Governor.

Provincial Pandemic Boards established within the scope of the pandemic. In addition to measures taken from the centre, they also played an essential role in evaluating the course of pandemic detail by assessing the different measures throughout the province. Decisions taken in the Provincial Pandemic Boards do not carry sanctions since they do not have a place in the legislation; they are only advisory. For this reason, almost all provinces have implemented some suggestions put forward by the Provincial Pandemic Board with the "Provincial Hygiene Board" decision.

5.4. Providing Free Healthcare

It has been decided that all Covid-19 patients treated free of charge in Turkey. With this important decision, a crucial step has been taken from the first moment of pandemic within scope of securitization. The Ministry of Health determined as the authorized institution regarding the principles regarding the implementation of the decision. The decision, which effective as of March 1, 2020, entered into force on the

date of its publication (OG,2020:2399). According to the decision published in the Official Gazette, treatment of each person who applies to hospital within scope of Covid-19, regardless of whether person has social security or not, covered by the State free of charge. In this context, it was decided that included the diagnosis and treatment services for Covid-19, the emergency health service, and that private health institutions would not be able to charge patients for the treatment of Covid. In addition, the drugs used in the treatment of Covid-19 determined to be covered by the SGK. With this decision, free covid- treatment provided every citizen to overcome health, social and economic inequalities for the people for whom the State is responsible.

In academic literature, claims on this subject include "health and well-being are human rights; they are also public goods" (Barnett& Whiteside, 2006, p. 374). In a pandemic, social inequality has come to fore as an important factor, and the practices of the State at this point become important. Because Covid-19 is the most significant health crisis in human history, lack of access to treatment is a severe foresight in securing a critical problem.

During the Covid-19pandemic, the preparation of legislation and guidelines is very early the compliance with the current Pandemic plans is high in general. In addition to the national measures taken, by the Provincial Pandemic Boards according to the special conditions of each province were also among the important practices of securitization.

When we look at the history of combating infectious diseases in Turkey, the legislation, organizations and mobilizations in the field stand as a serious securitization that continues its effects until today. In the years when the Republic was founded, there were infectious diseases such as malaria, syphilis, trachoma,

tuberculosis and smallpox, which threatened the public health of Turkey, where had just emerged from the war. In this process, the most crucial approach in combating infectious diseases and protecting public health; In 1930. Dr. During the Refik Saydam period, it became the health structure whose foundations were laid with the Public Health Law No. 1593. The laws that were put into practice for the organization of the health system in this period, especially the UHK, played an important role in the improvement of public health.

Fighting infectious diseases is defined as the duty of the State in Article 1 of the UHL. The Constitution has given the State the obligation to protect the people health and provide health services, including the fight against infectious diseases. This duty has been given to the Ministry of Health since 1930, with the laws defining this obligation.

The January 1980 decisions and neoliberal policies placed the State's obligations on a legal basis with Decree No. 663 (OG, 2011a). The Ministry of Health was appointed only in the health services and emergency services provided in disaster situations. Provided Health services to the affiliated organizations: Turkish Public Hospitals Institution and the General Directorate of Border and Coasts Health.

Between 2005 and 2010, there were public health emergencies similar to today, with the "Avian Influenza (bird flu)" and "H1N1" pandemics. After these experiences included preparedness for such public health emergencies in the national health agenda, Pandemic Influenza National Preparedness Plans created and updated every year. It is a fact that our primary health services perspective from the past and our experience in service delivery have a positive contribution to the fight against Covid-19.

To clarify why and how the Republic implemented an institutional framework in health emerged in the 1930s. It is necessary to place the development in its historical context. Development has been transmitted for years and has been formed with many efforts such as immunization studies, eradication of smallpox, eradication of polio, improvements in the notification and surveillance of infectious diseases made the development of early warning systems. It is seen that a culture of fighting against infectious diseases.

Public health has emerged as a field of study with successful results in Turkey for a long time. With Covid-19, the perspective of public health in society has changed. The State's prioritization of public health as a social policy for the well-being of everyone, a strong infrastructure that can be easily accessed and monitored by each individual, and the fair use of the services provided by each citizen showed the importance.

6. ASSESSING COVID-19 THROUGH PERSPECTIVE OF HEALTHCARE INFRASTRUCTURE

In general, security for whom and security of what? The answers given in this context, seeking answers to the questions of health security, consist of studies focused on national and international norms of global health security. This approach of global health security focused on disease surveillance and control has linked states' ability to fight the epidemic only to a strong health infrastructure (Rushton, 2011, p.779). It has been determined that the securitizations of the contagious disease threat that have emerged so far are directly related to health systems (Lakoff & Collier, 2008, p.9).

Security means defence and depends on the state directly. At this point, how could the Pandemic affect the high policy of the state as a survival problem, and what kind of securitization could the states provide in health issue? We see that almost all countries describe the Covid-19 problem as a high policy issue directly linked to the state. Generally, the subject of security regarded as an enemy that must fight and defeat. Therefore, they evoke the traditional security language. The process of securitization of Covid-19 initiated by using the traditional language in Turkey. Many new terms such as filliation and surveillance instead of intelligence, healthcare worker instead of the army, health infrastructure as equipment have begun to take their place in the security literature. Although the securitization actors' discourses evoke the language of national security, the security of Covid-19 in Turkey has come to the fore with their discourses about Turkey's strong health infrastructure and capacity.

The world facing a common threat since the detection of Covid-19. Politicians have taken a wide variety of measures to contain the spread and deal with its far-reaching effects on our health systems, economies and social relations. The studies carried out, daily death rates, number of PCR tests, a, number of intensive care units

became the terms that entered our lives. So, what does the Covid-19 crisis tell us about healthcare and its systems? In answering this question, I would like to examine how securitizing a health-related threat, in particular, depends on structural factors.

The most notable securitizing factor in the fight against Covid-19 is health infrastructure and its capacity, which underlines the importance of structural factors in the beginning of pandemic. In this context, forming unions with public officials working from different groups to provide more patient beds for rapidly increasing, build new hospitals or provide free treatment were the main factors in the securitization of Covid-19. Providing training, materials and protective equipment of these troops depends entirely on the state capacity. The new situation caused by Covid-19 mandated that the state mobilizes all its assets and resources to defence the threat, and the government framed the Covid-19 as a security issue rather than a public health crisis.

6. 1. Health Sytems

As of March 08, 2020, 3,100 deaths were recorded in China and 484 deaths in more than 100 other countries. Based on these data, the WHO has designated the Risk Assessment as "Very High" globally. On this date, WHO gave instructions to all countries to prepare emergency action units against the possible arrival of the Covid-19 virus, increase their capacity for the diagnosis and treatment of the disease, and take life-saving measures such as sufficient space in hospitals, the medical supply of necessary personnel (China CCDC Weekly).

While some countries' health systems were more prepared for this new situation, some countries were caught unprepared, and their health systems were insufficient to respond to the health care needs of their citizens. Undoubtedly, the economic crisis of the nations, the preferences of their administrations to deal with

this new situation, their geography and culture were determinants in the fight against Covid-19. However, it would be appropriate to argue that another critical factor shaping the decisions of the governments and the behaviours of the citizens is the trust in the health systems.

For this reason, it is a necessity for states to have resilient and uninterrupted health systems that can respond to pandemics at any time. Combating a pandemic requires a strong public health response, proactive healthcare delivery, and health system resilience. Resilience is identified as being prepared to respond effectively to crises and having health institutions and health workers who can maintain their basic functions when an emergency occurs (Kruk et al. 2010. p.90).

The designs of the health systems of the countries differ from country to country. The roles of the private and public sectors, both in financing or health care, is differentiated. In addition, there may be methodological differences between countries in the calculation of health statistics. Therefore, one-to-one comparisons of countries' health systems may lead to erroneous research approaches. In this respect, the resilience of Turkey's health system against this virus examined and its role in the securitization of Covid-19 revealed.

The health system is the organization of institutions and resources that provide health services to meet the population's health needs. Governments design and develop health systems according to needs and available resources. However, common elements in almost all health systems are health promotion, disease determined to ensure prevention and quality of health care delivery. A country's health system managed, ideally with other partners, through a set of evidence-based and developed policies and plans by the government. A responsive health system is

built around the country's epidemiological profile and the needs of communities (Murray C.J.L. & Frenk J., 2000, p.717).

6.2. The Role of Health Systems in Securing Covid-19

The Covid-19 global epidemic brought radical changes in almost every field, especially in health services. This process has led to the questioning of the current health system in the world. The Covid-19 process has rediscovered the role of the state, easy access to health services and the importance of public health services. The pandemic process has shown that it has revealed the necessity of structuring the health systems of states in a way that can respond to a global epidemic. In this global epidemic, the priority of health systems has been to reduce deaths due to Covid-19. In this context, the organization of activities such as ensuring coordination, regulating the flow of information, determining the necessary health interventions, strengthening health systems, and informing society have become important to control the epidemic. In this context, it is required to address the issue from the perspective of the social sciences and ensure that the designed health policies are sensitive to public health. Parameters based on health infrastructures such as protective equipment, diagnostic kits, respirators and intensive care beds have played a key role in the securitization of Covid-19 and the need for health systems to have sufficient health personnel in terms of quantity and quality to combat Covid-19. Legido-Quigley (2020) conducted a study claiming that high-performing health systems such as Hong Kong, Singapore and Japan gave a more successful in the Covid-19 process. They pointed out that the fight against the epidemic is important for integrating health systems and other sectors. The trust of health personnel and the public in the state is important in overcoming crises.

According to the results of Covid-19 in Turkey, six dimensions come to the fore in a health system's high performance in a global epidemic:

1. Detection and isolation,
2. Treatment of patients within the scope of social security,
3. Provision of routine health services,
4. Health infrastructure and capacity: hospitals, intensive care beds, equipped healthcare workers, drugs used in the treatment of Covid-19 and personal protective equipment (mask, overalls, visor, etc.),
5. Health information system and information,
6. Communication and management.

As a result, strong health infrastructure is an important tool to fight against a pandemic. Turkey's health infrastructure and its services have formed the basis of the securitization of Covid-19. Turkey has had an accessible and inclusive health system with significant transformations in health since its establishment. Carrying out fast and effective filtration, adequate hospital and intensive care capacity, providing the drugs in the treatment plan within the scope of social security, planning the delivery of health services at the local level, establishing committees such as the Scientific Committee and ensuring coordination with international organizations and other countries enabled to carry out an effective fight against the virus.

6.3. How Some Countries Health Infrastructure Respond Covid-19

All states in the world have taken extraordinary measures to control the Covid-19. These measures are directly related to hospital occupancy rates or the state's health capacity. In this pandemic, the debate over the number of hospital beds and intensive care units has been at the centre of politics in the first period of pandemic. Throughout the process, these services required augmentation with equipment, technology and personnel. The high death rate from Italy's Lombardy region at the beginning of the pandemic can probably explained by the emphasis on health

infrastructure. The frightening images from Italy had positive reflections on Turkey's taking the virus seriously at the beginning of the process. But the rising mortality numbers and the inability of the Italian health system to respond to the disease has become a disaster. Italian government delayed the start of the securitization process. Because Italy has not experienced a pandemic threat before, another reason is that the securitization process started on March 11 2020, when the number of Covid-19 cases in Italy reached 12,250 (Capano, 2020, p.331). Since the date, the rapidly increasing number of deaths prevented the current system from removing capacity, and patients had to be left to die without being treated. The lack of bed capacity and few medical devices in the hospital increased death and case rates.

South Korea is one of the countries that successfully carries out the Covid-19 threat. Experienced with the SARS threat, South Korea activated the Korea Center for Disease Control and Prevention (TRNC), which established at that time. The South Korean Government assigned the TRNC as a securitization actor to monitor and manage the threat of pandemic disease (Lee et al., 2020: p.2466). It has accomplished the securitization of the Indonesian government by establishing a Covid-19 task force that will control the disease rate from the central to the municipal level. In this context, Indonesia first increased the number of hospitals from 100 to 227 (Djalante et al., 2020: p.2).

Germany performed successfully in the world in terms of death/case ratio. In addition, Germany ranks first in Europe in the number of hospital beds and doctors per capita. In the measures taken within the scope of Covid-19, the government has provided rapid adaptation by increasing number of personnel in the laboratories. At the very beginning of the pandemic, the intensive care capacity of hospitals increased, while there were 28,000 ventilated intensive care beds. This number increased to

40,000 in a short time (Bennhold, 2020). In addition to the health system's performance, Germany has successfully fought against the pandemic by ensuring that many people tested quickly.

Russia took similar measures to strengthen the health system. The capacities of existing hospitals increased and built temporary hospitals for Covid-19 patients. All testing and treatment costs for the diagnosis and treatment of Covid-19 have been made free of charge. Although Russia has an extensive healthcare workforce in the healthcare field, 5th and 6th-grade medical students were also assigned to combat the epidemic. Given the role of strong health infrastructure in the spread of the disease, the importance of such measures in securitization becomes apparent (Schmitt & Vujnovic, 2020, p.3).

As of May 29, 2020, Brazil became the second country with the highest number of cases worldwide, after the USA. Brazil also had some advantages in the fight against Covid-19. For example, it is a country with a young population. In addition, Brazil is where infectious diseases such as cholera, polio, avian flu, smallpox, severe acute respiratory syndrome and Zika are seen. They have gained significant experience, especially with the H1N1 epidemic in 2009 and the Zika epidemics in 2016. As part of the measures taken for these diseases, 0.4% of GDP allocated to the Brazilian public health system (Morales et al. 2020). In addition, taxes and import duties on materials used in hospitals abolished, and import transactions facilitated. Field hospitals built quickly, ventilators supplied, and intensive care units' capacities increased (OECD, 2020b).

Covid-19 has been taken very seriously in China because they have experienced the threat of a similar virus. The Chinese government is the leading actor in the securitization of Covid-19. People's temperatures were measured with thermal

cameras on the streets, and anyone who could be infected was tested. Private hospitals were built for Covid-19 patients. In addition, areas such as stadiums and congress centres were converted into mobile cabin hospitals for medical observation and treatment of suspected cases and people in close contact with patients. Wuhan, where the outbreak began, was supported with medical supplies and more than 42,600 healthcare providers and medical rescuers (Liu et al., 2020). In addition, local authorities in Wuhan have implemented various measures such as isolating suspected cases, closely monitoring contacts, collecting epidemiological and clinical data from patients, developing diagnostic and therapeutic procedures, and treating and controlling the epidemic (Zhao & Wu, 2020, p.777).

As can be seen, countries have been able to secure the process by increasing their health capacities and services. The situation progressed in Turkey, state-provided securitization by opening new health facilities and increasing its investments in Covid-19. In this respect, I reconsidered the transformation of the Turkish health system since its establishment. I reviewed the reforms, regulations and planning activities that laid the groundwork for capacity building in the health system. Thus, I also aimed to provide the necessary research ground for studies examining the process of combating the Covid-19 Pandemic.

6.4. How Turkey Health Infrastructure Response to Covid-19

Framing and securitizing a health problem as a threat means dealing with the problem urgently. Responding to emerging threat requires preparedness and government investment. It is seen that Turkey attaches importance to health since the first years of the republic and tries to create a state of preparedness by making investments in this issue.

The coronavirus outbreak has highlighted the importance of public health services worldwide, demonstrating the importance of having robust, well-structured health systems. Restrictions and measures taken during pandemic periods aimed at solving short-term acute crises (Davies, 2008, p.305). The restrictions aim to minimize the morbidity rate caused by the Pandemic and ensure the health system does not collapse. Because the failure to prevent the rising death numbers will bring social deterioration (Enemark,2017, p.80).The situation has caused great fear and horror in society with the images coming from China since the first times' Covid-19. In fact, due to the enormous scale of the Pandemic, securitization has depended on the collapse of health care capacity and health infrastructure. The measures like opening and closing are in direct proportion to the hospital and intensive care occupancy rates. In this respect, the first parameter of securitizing Covid-19 in Turkey has been the durability of the health infrastructure.

The total and daily death cases in Turkey. The first death case in Turkey occurred on March 17. While number of patients who died daily was 60 at the beginning of April, it increased to over 100 as of April 14. At the end of April, the total number reached 3 thousand. The case fatality rate in Turkey is as low as 2.2%, and all the factors mentioned before are effective on this rate. The therapeutic service capacity has not been exceeded, and that these services are qualified seems to be effective.

The response of the Turkish health system to the Pandemic is shown in Table 1. The restriction (lockdown) measures were taken in Turkey when the cases were not peaked, but when the number of hospital intensive care units and beds peaked. The start and end times of all the measures taken were entirely parallel for the capacity of the health system.

Lockdown Dates	Number of Intensive Patients	Number of Case	Hospital Bed Occupancy Rate	Intensive Care Occupancy Rate
17 November 2020	3657	103	%54	%70
29 April 2021	4778	399	%57	%71

TABLE 1 : INTENSIVE CARE OCCUPANCY RATES FOR THE TWO DATES WHEN THE CURFEW WAS DECLARED IN TURKEY.

(https://tr.wikipedia.org/wiki/Turkey_COVID-19_pandemisi_zaman_schezesi)

6.5. The Capacity of Turkey Health Infrastructre

A health system consists of all organizations, individuals and actions whose primary purpose is to improve and maintain health. Health care includes the medical system and public health systems that focus on prevention, health promotion, and addressing the determinants of health. The relationship between public health and health institutions and practitioners in each country has developed depending on the institutional backgrounds of the countries, the characteristics of the medical education and the social boundaries between the related disciplines (Murray C.J.L. & Frenk J., 2001, p.1698).

Turkey health system mainly focuses on medical care and public health. Health services are delivered in two types in Turkey as public and private service. Health services in Turkey organize at primary, secondary and tertiary levels. The public health system is the main healthcare provider in the country located at the primary level. The Ministry of Health is the only national regulator and policymaker. Since preventive health services aim to protect public health, the only executive in this field is the Ministry of Health. The second and third levels carried out treatment services. The Ministry of Health provides Two-thirds of treatment services, and the other is provided by private health institutions (Akdur, 1998).

A study conducted focusing on the health capacity of 86 countries related to Covid-19. The study argues that countries with higher healthcare capacity had lower case fatality rates. In the research, each additional unit increase in health capacity resulted in a 42% decrease in mortality (Khan, 2020). In this context, resilient health systems and the speed of response to the Pandemic have also become important. Turkey is among the top three countries with the best performance in the fight against Covid-19 in terms of low death rate and recovery rate by case. Table2 shows that despite the rapidly increasing infection rates in Turkey, it has lower death rates. The death rate per 1 million population in Turkey is 37 per cent.

Country	Total cases	Total Deaths	Deaths/1M population	Tests/1 Million population
USA	1,064,572	61,669	186	18,549
Spain	236,899	24,275	519	30,253
Italy	203,591	27,682	458	31,603
France	166,420	24,087	369	7,103
Germany	161,539	6,467	77	30,400
UK	165,221	26,097	384	12,058
Turkey	117,589	3,081	37	11,157

TABLE 2 :TOTAL NUMBER OF DEATHS AND TESTS PER MILLION POPULATION IN DIFFERENT COUNTRIES.
SOURCES: *WORLDOMETER*

Compared to some countries in total confirmed Covid-19 deaths (per 1 million people) by population. The death rate in Turkey is lower than Spain, Sweden, USA, Germany. It is higher than Norway, Israel, Russia, Greece, Bulgaria, Japan, South Korea and Australia (Table 3).

Countries	Number of Deaths (Million population)	Number of Cases (Million population)
Singapur	4	6129
New Zeland	4	301
SouthKorea	5	225
Japan	7	133
Saudi Arabia	16	2560
Greece	17	282
Russa	35	2904
Nory	44	1560
Turkey	54	1955
Iran	95	1875
Denmark	100	2026
Germany	103	2196
Brazil	324	2498
USA	142	5638
Frenh	442	2899
Sweeden	443	3823
Italy	554	3857
United Kingdom	575	4072
Spain	580	6133

TABLE 3 :TOTAL NUMBER OF DEATHS AND TESTS PERMILLION POPULATION IN DIFFERENT COUNTRIES.
(WORLD METER 1 JUNE 2020)

As seen in Table 3, mortality rates in Turkey remained low compared to other countries. There are many reasons for these low rates. Turkey has lower elderly rates than European countries; therefore, the number of older people staying in nursing homes is also low. In addition, reasons such as the late arrival of the epidemic in Turkey prevented the health system from reaching a point where it could not cope.

However, especially in Turkey, the main reasons for the low mortality rates are that effective supportive treatment is applied in hospitals. There is no shortage of drugs and supplies and well-trained healthcare workers.

Many factors are responsible for the differences observed between countries in the success of epidemic control. Selected epidemic control method, level of democracy, level of income inequality, quality of public health, effectiveness of treatment, prevalence and timing of epidemic control methods (testing) strategies, surveillance (isolation-quarantine activities), health infrastructure (availability of personal protection tools, diagnosis and treatment facilities). There are many variables such as poverty, education level, immigrant/refugee population ratio, past epidemic experience, urban population density, old age, obesity and comorbidity prevalence, and collectivist or individualist culture dominance.

6.6. Why does Turkey Have Low Death Numbers?

To draw further attention to the political nature of this health crisis is how the factors determining the virulence and lethality of Covid-19 depend on the disease interaction with social and political institutions. Table:2 shows the variation in death rates in selected countries. The death rate depends on two factors: the reported number of cases and deaths. Both are influenced by the state's political strategy and systemic health capacity. Thus, testing policies determine the likelihood of diagnosing real cases, while the structure and capacity of national health systems affect the quality of care provided to infected people. Thus, South Korea and Germany owe their significantly lower death rates to policies of mass testing that bring them closer to diagnosing the true number of cases. Batch testing also helps isolate asymptomatic patients before they infect someone more vulnerable, significantly reducing the pressure on healthcare systems.

The resilience of health systems results from public health policies and budgets pursued by governments that determine the accessibility and performance of health infrastructure. Various indicators used to approximate health capacities, including the number of laboratories capable of diagnosing cases and the number of available hospital beds, doctors and health workers.

Concurrent deaths and indirect deaths should equally when assessing the impact of pandemics. The greatest risk from pandemics is the accumulation of cases that strain health systems and go far beyond their capacity. With an estimated 20% of cases requiring hospitalization, Covid-19 diverts medical, financial, and human resources and limits access to healthcare, putting the health of many other patients suffering from non-coronavirus-related illnesses at risk. This is particularly burdensome for countries suffering from two burdens of disease, both infectious and non-communicable, where Covid-19 poses an additional threat, both increasing their vulnerability and impairing their access to adequate services.

We can associate the low death figures in Turkey with Turkey's health infrastructure. When we examined these death rates, it was shown that many factors strengthen the health system and enable it to respond quickly. The rapid response of the Ministry of Health, which is the main actor of this process, the establishment of the Covid-19 Scientific Committee, the continuous effective use of written, visual and social media in this process, the provision of accurate information and a health system with sufficient capacity prevented the collapse of the health system.

In this process, everyone living in Turkey (citizen or foreigner) covered by general health insurance and health services was provided free. In addition, pandemic hospitals were built rapidly in Istanbul, and pandemic services were put into service in existing hospitals. Within the framework of the health policies that started before the

pandemic, the increase in the number of patient beds and intensive care units throughout the country, hospitals with technology medical devices and materials played a major role in the securitization of the pandemic. In addition, two hospitals with 1000 beds were built in Istanbul in 45 days, and the health capacity strengthened in the first stage of the epidemic (TÜSPE, 2020). For this reason, the speed of such measures in the first stage of the epidemic played a major role in keeping the death rate low in Turkey despite the rapidly increasing virus rates and was decisive in the securitization of Covid-19.

6.7. Turkey in The Provision Of Health Services During The Covid-19 Process

A health system that functions effectively in normal times How can a balance between primary, secondary and tertiary levels achieved in a pandemic Covid-19? It has been witnessed in many parts of the world that many health facilities closed during the pandemic, and many patients received treatment delayed or interrupted. Resilient health systems must also maintain uninterrupted health care services, even when they compelled to respond to a pandemic.

6.7.1 Securitization Of Health Of Patients Who Are Not Infected With Covid19

During this period, mortality and morbidity rates caused by non-coronavirus diseases emerged as another threat and an area that needs to be securitized. In this direction, an organization has been established in health services in Turkey during the pandemic period. In terms of service delivery, the balance between primary, secondary and tertiary health care services has been shaped according to the dynamics of each health system.

The disease surveillance system, which is at the centre of the pandemic, and its integration with health management information systems are organized within primary health care services. Primary health care services also continued to coordinate medical care, social care services, and mother-child care health services during and after the pandemic. It is also necessary to demonstrate the importance of maintaining health services during the pandemic. Inability to maintain and routine health services can lead to an increase in preventable deaths by bringing with it indirect deaths and diseases and the direct effects of the pandemic. Although responding to the pandemic and maintaining basic routine health services did not reduce the health capacity, immunization, pregnancy and child follow-ups, outpatient clinic services, emergency health and polyclinic services in hospitals continued to be carried out in family health centres. Some private hospitals did not accept Covid-19 patients and continued their routine health services. Thus, the safety of the patients whose treatment continues is ensured. In addition, people over the age of 65, who brought to the curfew, were periodically called by their family physicians, and their health follow-up continued.

6.7.2. Organization Health Institutions

Turkey has welcomed the Covid-19 in secondary and tertiary healthcare institutions located at the highest level of the healthcare system. As of March 11, 2020, Turkey started to take strict controls and drastic measures to better prepare for this critical disaster across the country. Covid-19 patients directed to state hospitals designated for treatment and isolation. However, the continued rise in Covid-19 cases has overloaded the public health system and healthcare resources. In particular, Intensive Care Services for Covid-19 patients have reached maximum capacity in some major hospitals in major cities. Due to the spike in the number of Covid-19 cases and the near full capacity of public hospitals, the government has had to reach

out to the private sector to cooperate in managing the pandemic. Private hospitals were transformed into Pandemic hospitals and free treatment was provided to the entire public (OG, 2020: 31094).

As long as Covid-19 was declared as a pandemic certain public hospital designated as pandemic hospitals. However, in the face of the rapidly increasing number of cases, all state, private and university health institutions, which have at least two specialists in infectious diseases, clinical microbiology, chest diseases, internal diseases and have a third level adult intensive care bed, have been declared as pandemic hospitals (AA Haber, 2020).

Hospitals and healthcare workers in Turkey were very experienced in working intensively in the period before the Pandemic. For example, dozens of tertiary care hospitals had more than 1,000 patient admissions to their emergency departments per day. From this point of view, it has made it easier for healthcare workers and institutions in Turkey to maintain the intense pace of the pandemic, in which they are already in disaster and pandemic conditions. During the pandemic period, physicians were not stuck in the dilemma of patient clinic and PCR. Since it is known that the PCR test has a very high false-negative rate, the easy use of tomography and other ancillary services has played an important role. These factors have been observed to reduce the deterioration of patients and fill intensive care units (Ministry of Health 2020d).

It has been observed that there are technological accesses in health, which I think should be emphasized digitalization much more during pandemic period. Digitization has played an important role in quickly identifying and isolating the threat of the pandemic and providing primary health care. In this epidemic, it has been seen that access to information, the connection between the service user and the

healthcare team, the follow-up of suspicious and mild cases has become important both for controlling health and preventing Covid-19 patients from getting seriously ill.

6.8. Capacity of Turkey Health Infrastructure

In this period, the necessity of examining Turkey's health sector capacity has emerged. Official statistics show that there has been a noticeable increase in Turkey's health capacity between 2003 and 2020. Despite the increasing population, there is an increase in physician and paramedic personnel, hospitals and bed capacity. It is important to reveal the role of these changes in Turkey in the fight against Covid-19.

6.8.1 Capacity of Healthcare Worker

Human health worker resources are vital importance in the effectiveness of interventions in health emergencies. More than 1 million healthcare professionals serve in Turkey. According to the Ministry of Health, (Table4); The number of physicians per 1,000 people in Turkey is 1.87; the Number of nurses and midwives per 1,000 people is 3.01; The number of nurses per physician is 1.6. In addition, the number of intensive care beds and equipment during the pandemic period and the presence of experienced intensive care personnel have also revealed that it is essential. Increasing the health workforce with intensive care knowledge and experience, incorporating clinical decision support systems and telemedicine applications into intensive care processes has become important in this process.

Health Personel	Number of Health Personell 2002	Number of Health Personell2021
Physicians	91 949	174 187
Dentist	16 371	35637
Nurse	72 393	230 048
Midwife	41 479	59 329
Pharmacist	22 289	36 045
Other Health Staff	134 010	655.000
Total	378 551	1 176 858

TABLE 4 :NUMBER OF HEALTHCARE STAFF IN TURKEY

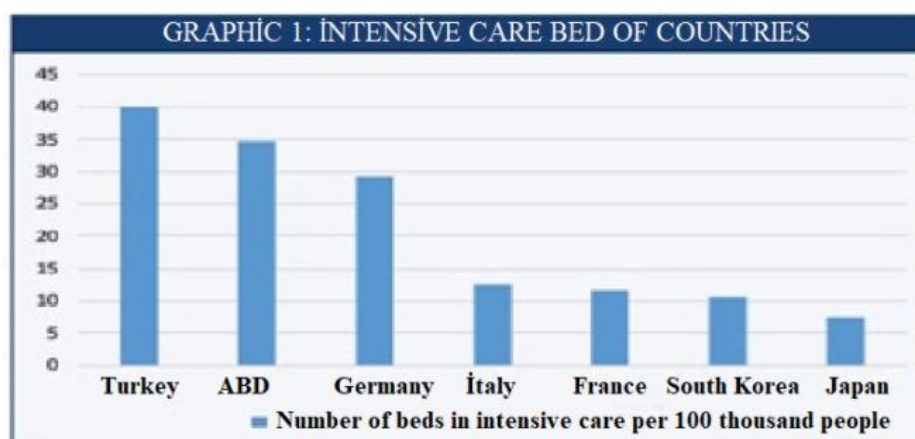
Sources: Global Pandemic of the Century Turkey Successful fight against Coronavirus.2021 Puplications By Presidency Directorate of Communications.

It is seen that Turkey has invested to some extent in the education of health care professionals. However, although the health mentioned above personnel ratios still have shortcomings, they responded to the need in the Covid-19 period (Ministry of Health, 2019a). With the addition of other health and support personnel, Turkey has more than one million health human resources and has the opportunity to provide the necessary staffing to the regions needed in the fight against the epidemic. To support its current capacity, Turkey has strengthened its measures in the fight against the pandemic by providing 32 thousand additional employment in April 2020 and has increased its health staffing capacity (TÜİK, 2020).

6.8.2. Hospital and Intensive Care Capacity

The intensive care bed capacity is around 40 thousand, with the pediatric intensive care bed capacity (Ministry of Health, 2019a). The total number of beds in Turkey is 239 thousand 715 as of 2020. In this context, the intensive care bed capacity

of Turkey reveals its role in securitization. Tablo: 5 is one of the elements securitized Covid-19.



GRAPHIC 1 : NUMBER OF INTENSIVE CARE BEDS IN COUNTRIES

As of the end of 2018, Turkey has 1534 hospitals owned by the public and private sectors. The bed capacity of these hospitals is 231.913. Approximately 71.9% of the beds are in the category of qualified beds. If an evaluation makes in terms of the bed capacities of the countries, there are approximately 28.3 hospital beds per ten thousand people in Turkey. This rate is 46.5 on the average of OECD countries; The average of European Union countries is 49.1 (Ministry of Health 2019a).

	2002	2020
Number of Hospital	1 156	1 518
Number of Bed	164 417	239 049
Number of Intensive Care Bed	2 214	39 994

TABLE 5 : TURKEY INTENSIVE CARE BED CAPACITY

<https://www.verikaynagi.com/konu-basligi/saglik/>

Turkey's health system has gone through a restructuring process. As a result of the investments made in hospitals in Turkey in the last 15 years, it is seen that the

health system has gained structural capabilities to respond to such an epidemic and crisis. The bed capacity and the number of intensive care beds and ventilators used to fight against Covid 19 met the need during the pandemic. Although the peak point has exceeded in the epidemic; It has not put pressure on Turkeyhealth system.

In addition to the existing hospitals, Emergency and Field Hospitals and new hospitals were put into service rapidly. During the period when there were no cases in Turkey, built field hospitals in Şırnak, Iğdır, Ağrı, Hakkâri, Artvin and Van, which are border gates with Nakhchivan, Georgia, Iran and Iraq. In addition, emergency hospitals Pandemic hospital have been established in Istanbul, Sancaktepe and Yeşilköy that can serve not only during the pandemic period but also permanently strengthen the physical infrastructure of the health system. Yesilkoy Prof. Dr Murat Dilmener Emergency Hospital, 1.008patients'bed, can convert into intensive care beds; Sancaktepe Prof. Dr Feriha Öz, Emergency Hospital Hospitals with 1010 patient beds, were built. Hadimkoy Dr İsmail Niyazi Kurtulmuş Hospital is a 100-bed hospital restored and put into service during this period.

Constructed Hospitals in Service During the Pandemic Process and Their Capacities		
Dates	Name of Hospitals	Beds/ Int. C. Beds
6 March 2020	Mersin University, Onkoloji Hospital	150
30 March 2020	Prof Dr Cemil Taşcıoğlu City Hospital	600 / 99
8 April 2020	Marmara University Pendik Research Hospital	535 / 60
18 May 2020	Erzurum City Hospital	914
21 May 2020	Başakşehir Çam ve Sakura City Hospital	2682 / 456
29 May 2020	Prof Dr Feriha Öz Acil Durum Hastanesi	1008/432
31 May 2020	Yeşilköy Prof. Dr Murat Dilmener Hospital	1008/ 432
31 May 2020	Hadımköy İsmail Niyazi Kurtulmuş Hospital	101 / 59
20 June 2020	MÜ Prof Dr Asaf Ataseven Hospital	530 / 60
4 June 2020	Kartal Lutfi Kırdar City Hospital	1105 / 145
5 Sept. 2020	Göztepe Prof Süleyman Yalçın City Hospital	786
6 Sept. 2020	Bilecik State Hospital	300 / 44
2 Oct. 2020	Konya City Hospital	1250 / 256
13 Nov. 2020	Tekirdağ İsmail Fehmi Cumalıoğlu City Hos	566 / 102
15 Nov. 2020	Lefkoşe Emergency Hospital	100 / 24
30 Nov. 2020	Bayburt State Hospital	200
7 Dec. 2020	Giresun University Research Hospital	350
16 Dec. 2020	Batman Research Hospital	810 / 130

TABLE 6 : HOSPITALS HAVE BEEN CONSTRUCTED DURING THE PANDEMIC,

<https://khgmsaglikhizmetleridb.saglik.gov.tr/TR-75221/kamu-hastaneleri-genel-mudurlugune-bagli-2-ve-3-basamak-kamu-saglik-tesisleri-guncel-listesi.html>

According to the OECD health report for 2019, Turkey lagged in the share allocated to health expenditures from national income among member countries.

However, sufficient medical equipment and emergency care units in the country meet the epidemic's needs did not pose a security problem.

Turkey's advantage in the field built a flexible and quick response health system, and the policies pursue public health. Turkey ranks first in the number of intensive care hospital beds per 100 thousand people can also be considered an important factor. Quality equipment, physical facilities and the effects of sufficient health personnel need to included in the evaluation health system.

6.8.3. PCR and Tomography Capacity

The methods used to detect Covid-19 cases also play an important role in preventing the epidemic, accelerating the treatment processes and increasing treatment success by detecting infected cases early. RT-PCR and CT scans are the most important methods to diagnose SARS-Covid-19 infection (Li et al. 2020, p.1618). Turkey has the necessary molecular tests for the diagnosis of Covid-19. Diagnostic tests carried out in the National Virology Reference Laboratory of the General Directorate of Public Health, authorized by the Ministry of Health. The number of authorized tests centres has increased rapidly, and the detection of infected people has accelerated with the increasing number of daily tests (Ministry of Health, 2020).

Recent studies have shown that tomography can also be used together with RT-PCR testing to diagnose Covid-19 infection. In this sense, Turkey has had the opportunity to diagnose and treat cases early with its high RT-PCR test capacity and Computed Tomography devices. While Turkey had 323 IT devices in 2002, it increased to 1,211 IT devices by 2018. The number of IT devices per 1 million people is 14.8 in Turkey. The usage cases of these devices are 15,130 in Turkey, while the

number of views per IT device as of 2018 is 6,765 in OECD countries. IT devices in Turkey have played an important role in securitization (OECD, 2020).

In addition, Turkey has ensured the domestic production of respirators, which are important in the treatment of Covi-19 patients, especially in intensive care units. For the device's production, which was previously developed as a prototype by a start-up company, the private sector and public institutions cooperated. The devices have started production in the Ministry of Health (Anadolu Agency 2020). It is known that many countries in the world have difficulty in providing respiratory support to their patients. This step taken by Turkey enabled the financing of Health Services and rapidly increased the production of devices.

In Turkey, the General Assembly of Health is the institution that finances health services. This institution finances health services to the insured under the General Health Insurance. The diagnosis and treatment methods, payment procedures and principles of the health services are determined by the Ministry of Health.

The "Health Practices Communiqué" was published on April 4 and May 9, 2020, for all kinds of procedures and treatments of patients diagnosed with Covid-19 by SSI during the pandemic process. With these regulations; A new service fee, defined as "pandemic care service", has been included for all expenditures used in the treatment of Covid-19. With these regulations, the diagnosis and treatment of pandemic cases are included in the scope of the emergency. No additional fee charged drugs used in the hospital, treatment of the Covid-19 and PCR test. This type of regulation covers not only citizens but all people within the borders of the country. Such a circular has wholly taken the situation within the scope of securitization by providing free health services (OG, 2020. no:31094).

6.9. Case Detection And Filiation Practices In Turkey

The main question raised by the criticism of the health security agenda has focused on the meaning and consequences of the concept. As Rushton (2011) suggests, the question is security for whom and security of what? The answer by many scholars is that global health security as defined by the IHR is primarily concerned with "containing potentially serious and rapidly spreading communicable disease threats, natural or man-made", with a focus on disease surveillance (Aldis, 2008, p. 373). notes that "strengthening surveillance for epidemics is essential for an effective response but of little benefit to any country that lacks the public health infrastructure". Thus, this classical conceptualization of global health security has benefited countries with strong health systems in Covid-19.

Surveillance is an effective method to respond to pandemics, control them early and reduce their effects. The word filiation means finding the source of the disease in medicine. It means the study was done to find the first cause of the disease, especially in infectious diseases. Filiation is the name given to the process of determining the cause of any infectious disease. In other words, it is resource search work. As a result of these studies, important information such as whether the risk continues and other people are at risk can be obtained (Palmer, 2000, p.885). The filiation studies carried out within the scope of Covid-19 in Turkey ensured strict follow-up and isolation of the case contacts in the community.

Active surveillance; It covers the detection of cases with studies to be carried out on the source of the disease and its contacts, the monitoring of contacts and keeping records of epidemic data. Establishing a reliable surveillance system is important in controlling the pandemic. Digital tools are used to improve surveillance.

The standardization of data collected by surveillance and its integration with other health data are important for analysis and interpretation before and after the epidemic (Ministry of Health, 2019, p.170).

Identification of the source, contact tracing and filiation in the coronavirus pandemic determination of the source of the virus, follow-up of contacts and isolation are the most important steps in the fight against the epidemic. Identifying and tracing Covid-19 contacts is implemented differently in many countries. In Turkey, since the 1960s, both source-oriented and contact scanning has been a method used in epidemic control. In 2017, a circular was published by the Ministry of Health as a Guide to Combating Infectious Diseases. In this circular, Filiation; is defined as carrying out work to identify the source, taking protection and control measures, including contacts. (OG.2007: 26537). Contact tracing: To identify the people in contact with during the contagious period, determine the risk situations, and control and follow the spread of the virus.

Filiation is carried out in the first health care service but requires good integration with the second and tertiary health care. Although filiation is not used widely, it is carried out in primary health institutions based on region, health service and by health workers who perform preventive service activities in the field. Filiation carried out in the person's home, workplace and community living spaces. It aims to support the early diagnosis of possible cases and, as a result, to prevent the spread of virus secondary cases to others through rapid identification and management (TTB, 2020, p.36).

In many countries, contact tracing is usually done by telephone after the first visit of the case, and mobile programs are used. In case of an increase in the number of cases, the filiation and contact scanning application method changed due to heavy

workload. Data collected through contact tracing also contributes to a better understanding of the epidemiology of Covid-19. It plays a key role in the effectiveness of the measures to be taken. It provides conclusive evidence about places that may need to be quarantined, such as which work should be closed periodically and the precautions taken according to which transmission route.

6.9.1. Contact Tracking (Filiation) Application in Turkey

Contact tracing has been an important element of securitization policies. An organization contact tracing in Turkey is a very comprehensive. It was formed in the organization of the Ministry of Health but under the control of the police force. It has brought legal responsibilities to citizens. It was implemented with practices that limit the movement of positively confirmed cases and give the police the right to take criminal action.

"Contact tracing" (filiation) is defined as screening for the disease by following everyone who has come into contact with the person carrying the disease in epidemics. This follow-up is essential to carry out a retrospective study to determine the source and the causative agent after the case is reported and take protection and control measures for all potential contacts (Ministry of Health, 2018, p.15). Contact tracing carried out in the primary health care institution is one of the techniques used by Turkey in the fight against the coronavirus epidemic.

In primary health care institutions, treatment services and preventive health services are offered together. Preventive health services include primary, secondary and tertiary prevention. Primary protection is the process taken to prevent or eliminate the cause of any health problem before it occurs in the individual or society. Secondary prevention measures to detect a health problem early in a person or society (Social Security Institution Health Implementation Communiqué). Thus, these

measures to avoid contact with the virus, early detection of contacts, and isolation from their surroundings are important securitization practices

A large filiation team was formed in Turkey that carries out contact tracing. This team carries out filiation studies in Provincial Health Directorates (ISM) and Community Health Centers (TSM). During the epidemic, dentists, dental technicians, emergency medical technicians, social workers, medical secretaries, biologists, teachers and other public officials, in addition to hospital nurses in some provinces, were assigned to this team. The filiation and contact screening teams in Turkey have a much broader job description than the one recommended, unlike the examples in the world. The structure of the filtering teams, their job descriptions and working hours differed from province to district. Many factors necessitated the formation of region-specific teams.

Since the first case on March 11, the virus has been traced in the contact of each new patient. With the tracing method, everyone who has been in contact with the person carrying the disease in the last 4 days was reached, the necessary tests were carried out, and positive cases were quarantined. Contacts were reached, their isolation was ensured, and their tests were carried out by going to the places where they live. Training has been provided to prevent contamination potentials. In this way, 99% of those who come into contact with positive cases within 20 hours (Euronews, 2020).

Filiation studies have played a significant role in detecting cases early and minimizing the risk of transmitting the disease to others. Again, early detection of filiation patients enabled early initiation of the treatment process. Therefore, it was observed from the increase in recovery rates that concerns about the hospital occupancy rates were prevented (Ministry of Health, 2018).

In addition to ISM and TSMs, Family Health Centers (FHC) also took part in the organization of Filiasyon. FHC have the largest resources in terms of the number of employees and equipment, followed up the people with positive Covid-19 test over the phone. FHC where primary health care services are carried out; It is applied for preventive health services, examination, medical procedures such as injections, and various health reports. Individuals can access all these services by applying to the family doctor.

In order to reduce the intensity that may occur in secondary and tertiary health care providers during the pandemic process, patients were first directed to FHCs, and at the same time, when and how to apply for FHCs were rearranged. Preventive health services continued their services in the same way in terms of the continuity of public health. Persons who will apply for vaccination, infant-child follow-up and pregnant follow-up were contacted by phone as much as possible, and appointments made and the density that may occur in the FHC and the risk of disease transmission due to this were reduced.

6.9.2. Public and Civil Society: VEFA Support Application

While the measures taken against the epidemic were aimed at protecting public health, this situation brought some problems in maintaining a social life. In solving these problems, both state organs and non-governmental organizations have been active in producing solutions. For this purpose, two important actors, the public and civil society, have been involved in some social capital production activities. In particular, activities for the disadvantaged segments most affected by the pandemic have come to the fore. The Vefa Social Support Group, which was created by the state, emerged as a new formation and aimed to meet all kinds of needs of citizens

over the age of 65 with curfew restrictions. When necessary, met the needs of all citizens within the scope of the same application (TRT News, 2020).

Following the detection of the first case in Turkey on March 11, a took a series of health and social assistance measures. The most important of these was the Vefa Social Support Group, which was established on March 21 with the circular of the Ministry of Interior. VEFA Social Support Group started its activities with the circular issued by the Ministry on March 22, 2020 (Ministry of Interior, 2020a) with the recommendation of the Scientific Committee and the Ministry of Health. Vefa Social Support group; composed of the provincial/district police chief, gendarmerie commander, the representatives of public institutions and organizations to be determined by the governors/sub-governors, local administrations, AFAD, Kızılay and non-governmental organization. By establishing communication networks that citizens can reach in 81 provinces, realized service provision in line with their needs (AFAD, 2020a), (Anadolu Agency, 2020a).

One hundred nineteen thousand two hundred sixteen people work in Vefa Social Support Groups. Among these groups, a total of 108 thousand 673 public personnel, including religious officials, teachers, school principals, Social Assistance and Solidarity Foundation employees, police, gendarmerie, and other public officials, 1204 motorcycle crew, 3612 Kızılay, 5727. It consists of a total of 144907 people, 10543 of whom are volunteers from other non-governmental organizations. Citizens were able to meet their needs by reaching from phone numbers 112, 155, 156. As of May 31, 2020, these groups visited 14.5 million homes, met the travel permit requests of 3 million 600 thousand people, and delivered the salaries of 4 million 500 thousand people at their homes. Thet visited 7 million 600 thousand citizens and chronic patients over 65 (Ministry of Interior, 2020c).

These groups can consider an example of a civil institution jointly formed by the public sector and civil society, including volunteer teams, apart from being a state-affiliated public institution. It can be among the securitization factors to prevent problems arising from restrictions during the pandemic and ensure social equality. It is seen that social injustice has emerged more, especially during the pandemic period, and an area that needs to be secured is provided through VEFA groups.

6.9.3. Effective Communication

The pandemic has brought with its profound uncertainty, which has led to the need to provide a serious flow of information. The desire to learn about the epidemic and the disease, and learn first-hand the government's measures has increased the interest of public authorities, health officials, and experts on social media. (Reuters UK Coronavirus Information Report-2020), Minister of Health in Turkey, Fahrettin Koca, reached millions of people through his Twitter account and became the person who set the agenda. Minister Koca regularly shared information, organized press conferences. The daily transparent disclosure of the data on the case and death rates related to the epidemic from a single centre has prevented the lack of information. In addition, communication campaigns and public spots prepared under the leadership of the Ministry of Health played an important role in sharing the measures to be taken against the epidemic with the public.

Announcing the number of cases every day since the first case seen in Turkey, Koca called on the public to take precautions and be careful, usually with video shares. The people are regularly informed about the characteristics of the virus, the modes of transmission of the disease, treatment, prevention and precautions. Minister Koca used a particular language in his posts and mostly shared it from the mobile application. It is seen that Koca, who does not use any professional application,

prefers the mobile device and shares his messages instantly and quickly to inform and warn. Minister Koca used expressions, language and visuals that could attract the public's attention in his posts. The messages inform society about the disease and call for implementing the measures accepted by the audience. It is understood from the increase in the number of users following him and his messages that the Minister of Health Koca is an important source of information for social media and Twitter users in particular. Providing such information flow on time and by securitizing actors has provided effective securitization.

6.9.4. Health Information Systems and Automation Health Security and Technology Use

The Covid-19 global epidemic also brings new types of struggle to the agenda, implemented mainly by the security forces and whose legitimacy is questioned. This new type of struggle required a serious technological infrastructure and organization. The integration of the digital structures built during the struggle with the health system was of great importance. The Ministry of Health has collected data on the epidemic through information systems such as the Public Health Management System (HSYS), Health Statistics and Causal Analysis (SINA). Filiation and Isolation Tracking System (FITAS) used in case detection, follow-up and contact follow-up. Family Medicine Information System (AHBS) used by family physicians; Family Health Centers also took an active part in the surveillance network by entering the data of cases and contacts, those coming from abroad, those entering and leaving the provinces, and Covid-19 patients monitored at home. In addition, the mobile application called "Corona Precaution" was developed by the Ministry of Health in the first days of the pandemic to inform and guide the society about Covid-19, to evaluate the possibility of people being infected with the disease and giving directions

accordingly, based on the answers given to the questions. Within the scope of the Pandemic Isolation Tracking Project, the "Hayat Eve Sığar" mobile application was developed to control the compliance of cases and contacts with isolation and to share the risk of infection instantly according to the location information of the case contacts. The creation of information systems that will support the treatment processes and the integration of the whole system is the most important structural actors with critical importance in this epidemic period.

6.10. HES Application

The Ministry of Health established the <https://covid19bilgi.saglik.gov.tr/tr/Covid-19> information website in the days when the first case was seen in Turkey. It has transparently conveyed current information about Covid-19, the daily and a total number of cases to the public. "HayatEveSığar" (HES) application was developed to prevent the spread of the virus.

HES was developed to offer a safe social life to citizens in all social areas. With the safe area application, it has become obligatory for people to display the code at the entrance points of shopping malls, restaurants, workplaces, public transportation, taxis, markets, etc. by creating a QR code. When the QR code is scanned through the application during entry to these places, it is saved. In this way, the spread of the virus is prevented by notifying people who are in the same period in the same environment with the positive case detected later. It is ensured whether the citizens are at risk and whether they come into contact with risky people. The aim is to minimize the risk for all social areas.

Social life controlled with the HES code application. It allows citizens to securely share whether they carry any risk in coronavirus disease during their intercity journeys, visits to institutions, or in public areas that require individual attention

communication and monitoring the epidemic. In addition, this application aims to make a risk assessment by seeing how many positive cases there are in a place on the map.

Regulations regarding the use of the HES code, which become "mandatory" in social life, have been made with the circulars issued by the Ministry of Interior (Ministry of Interior, 2020d). In this context, with the circular published on May 30, 2020, a HES code requirement was introduced only for the plane, bus, and train travel. However, many bus companies did not comply with the circular was reinforced by the circular published on 12.09.2020, which stipulates administrative sanctions against the relevant companies by the governorships. With September 23, 2020, circular, HES code inquiry has been implemented at entrances to all public institutions. On September 30, 2020, two separate circulars on "HES" code inquiry in urban public transportation" and "HES code requirement in accommodation facilities" were published to 81 Provincial Governorships. With the circular published on December 1, "HES" Code in Shopping Malls" was introduced. On December 3, 2020, the Ministry of Justice published a "Guide" and requested the Chief Public Prosecutor's Offices to make an inquiry for the HES code at the entrances of the Courthouse (Ministry of Interior, 2020).

As of January 2021, individuals cannot purchase an intercity plane, train and bus travel tickets without informing the HES code and cannot use public transportation without defining the HES code on their urban public transportation cards. In addition, private security guards ask people for their HES code at public institutions, shopping centres, and many public places. People cannot enter these areas unless they give the HES code or read the HES QR code to the cameras on their

smartphones. Likewise, it is not possible to stay in any accommodation facility without notifying the HES code (Ministry of Interior, 2020b).

In addition to these, the "Coronavirus Database" created by the Ministry of Health and the "Coronavirus Turkey Web Portal" created by TUBITAK has created essential data sources for coronavirus researches. Considering that all these studies are carried out with the opportunities provided by information technologies, it is understood that information technology is in a securitizing position during the Covid-19 pandemic process.

6.11. Filiation and Insulation Tracking System, FİTAS

A mobile application called FİTAS was created quickly to facilitate the work of the filiation teams working in the field. With this application, people followed are displayed on the map and accessed by the shortest route. All records of the filiation process are made over FİTAS. FİTAS and T.C. Ministry of Health Spatial Business Intelligence Platform is integrated. From this system, called the Health Panel, the status of the cases and the location information of the filiation teams instantly displayed on the map (Ministry of Health, 2020e).

It is an application that started to be implemented by the filiation teams on April 18. As soon as a case occurs in 81 provinces, it reaches case, and its contacts perform the filiation with the FİTAS application. While field studies prevented the spread, they could start treating people in the risk group with an early diagnosis. From the day the first case was announced in Turkey, drew an epidemic map with filiation studies.

A comprehensive isolation measures offered by the system, each positive case infecting 2.6 people and isolating these people were prevented. Approximately 22 million filiation procedures have been performed, with more than 23 thousand teams

of 67 thousand people. While carried out 33 million inspections with 32 thousand teams composed of 114 thousand people (Ministry of Health, 2020e).

6.12. "E-Devlet" Applications

E-Government Application is among the essential digital platforms used in the securitization of Covid-19. It has been used as an important tool in announcing and implementing public policies produced for Covid-19 organized by Interior Ministry. The Ministries also provided additional services through the e-Government infrastructure during the epidemic process. A "travel permit document" has been created for citizens who have an excuse during the restriction period, obtained through e-Government. Mask applications, which were provided free of charge by the government at the beginning of the pandemic, were also distributed with the applications made with the e-government application. Finally, the preliminary applications for the "Pandemic Social Support Program" initiated by the Ministry of Family, Labor and Social Services were also made within the scope of the e-Government application (Ministry of Family, Labor and Social Services, 2020).

6.13. Evacuation of Turkish Citizens Outside of Turkey

Bringing Turkish citizens abroad to the country can be considered as one of the Covid-19 securitization particles. The safe transportation of citizens who live worldwide and the management and organization of quarantine processes is an important practice. Within the scope of the evacuation operation initiated by President Erdoğan, around 70,000 citizens in 114 different countries evacuated. The citizens brought to Turkey were examined by the Ministry of Health to determine whether they had coronavirus symptoms. Citizens who has positive and need to hospitalization treated in hospitals. Rest of the citizens hosted for fourteen days in KYK dormitories

in 77 provinces prepared. AFAD organization carried out distribution of all citizens to dormitories from airport (AFAD, 2020b).

With 2 thousand personnel, AFAD played an important role in transporting 76 thousand citizens to their homes after being kept in quarantine during the coronavirus epidemic. In this context, AFAD carried out evacuations across Turkey with 430 vehicles with 1,300 trips. AFAD spent a total of 77 million TL. for the services provided in the dormitories and the work of the Loyalty Social Support Groups until June (AFAD, 2020b).

6.14. Overall Evaluation Healthcare Infrastructure and Responses to Covid-19

The health system is one of the basic pillars of a society that has to stable, comprehensive, accessible, social, and respects people's most basic rights. Coping with a pandemic Covid-19 scale to have strong health system is the only key. Identifying a country's health-related needs and investing in healthcare infrastructure based on those needs requires deep expertise. However, such investment facilitates rapid adaptation to changing environmental conditions and positively influences responses during a pandemic.

Healthcare investments consist of a wide variety of components. Investments are physical infrastructures, health workers, universities that train these workers, and a very comprehensive system, from the technology that ensures the execution of the health system. Responding quickly to a pandemic has been directly proportional to the capacities of health systems. In other words, strengthening and supporting systems requires serious expertise and vision. It was necessary to use digital technologies and information systems to respond effectively to the crisis. It is seen that many databases are used by the Ministry of Health in Turkey to identify patients, provide tests and treatment positively. This context demonstrated that countries with healthcare

investment identify new challenges more quickly due to a pandemic such as Covid-19 and then respond better to such challenges.

The Health Transformation Program, which Turkey has recently completed, ensured that the health system prepared to fight this virus with the necessary infrastructure and capacity before such a critical global epidemic. The confidence in the capacity of the health system in Turkey was an important factor shaping both the decisions of the country's administration and the behaviour of the citizens.

When evaluating the health systems of countries; Life expectancy at birth, fundamental health indicators related to infant and maternal deaths, number of physicians, nurses, other health personnel per population, number of patient beds per 100 thousand people, the budget allocated to health and health expenditures in Gross Domestic Product (GDP) In addition to criteria such as the ratio of out-of-pocket health expenditures, preparedness for crises for health threats, development of early warning and response systems, intensive care beds per population, qualified patient beds, number of ventilators, needed equipment and capacity to access drugs. More is needed.

It is seen that countries with developed basic health services and primary care organizational culture are more successful in combating the pandemic. In systems with strong health infrastructure, preparations for pandemics and public health emergencies integrated into existing mechanisms and national disaster preparedness plans.

Comparing the number of cases is much more difficult. The more tests, the higher the number of cases. The prevalence of tests and testing criteria differ from country to country. Even today, there are still countries that do not test at all. In addition, the demographic structure of the countries is another factor to be considered. More than a

fifth of Italy's population is over the age of 65, which considered riskier against Covid-19. Africa's population is much younger, and 19 of the world's 20 countries with the youngest populations located on this continent. Nevertheless, it has been observed that steps taken by governments in the direction of securitization of this process have profound effects on the results of the pandemic on a country basis.

WHO has determined health expenditures per country as total investments in improving health infrastructure and improving access to health(WHO, 2020). Investment in any healthcare service requires depth and breadth of specialist knowledge on this topic. However, it has been observed that such investments positively affect the state's response during a pandemic. The increase in health investments is within the scope of physical infrastructure. It provides an opportunity to develop human capital such as health workers and the formation of digital technological systems. Therefore, there is a necessity for the existence of a health capacity that can affect the reactive response to Covid-19 and routines and protocols to deal with outbreaks.

The health infrastructure that Turkey has in response to Covid-19 has been very effective. It quickly used healthcare professionals and multiple databases, such as the National Health Insurance database, to proactively identify, test, and provide patient treatment. Therefore, it has been seen that countries with healthcare investment can identify new challenges more quickly arising due to a pandemic such as Covid-19 and then respond better to such challenges. That's why I argue that there is a positive correlation between Healthcare investments and a country's response to Covid-19.

7. ANALYSIS SECURITIZATION ACTOR AND AUDIENCES

7.1. Analyzing Securitization Actors

The relationship between deadly epidemics and security, which attracts more attention with the measures taken by the states against the Covid-19 Outbreak, is a relatively new phenomenon. Many countries were negatively affected by the epidemic and caused mass deaths. The main reason epidemics or similar threats are also the subjects of national security is the complex situation of insecurity that can affect any country.

The existing security structure in the world has been shaped based on military centred on conventional weapons and armies. Liberal values and the free market economy, which were the winners of the Cold War, enabled the development of personal freedoms and social welfare in the international arena in the following period. With this new situation, the demands for independence, which focus on the individual's quality of life put people in the centre, came to the fore. On the other hand, threats such as population growth, income inequality, migrations, epidemics, identity-based conflicts, climate change, and resource scarcity have revealed the necessity of diversifying security needs in political, economic, social and environmental dimensions. The effort to take precautions against health threats and make them secure has made it mandatory for states. The measures taken against these differentiating security threats have turned into struggles by national institutions and tools such as medical teams and the armed forces.

7.1.1. What is Covid-19 and How Is It affecting The World? Why Has Covid-19 Been Characterized as A National Threat?

Covid-19 is a respiratory disease that first identified in China at the end of December 2019. The virus spread in a short time outside of China was first seen in Taiwan on January 13. The World Health Organization declared the Covid-19 pandemic on March 11 2020 (WHO, 2020a). The Covid-19 pandemic has spread worldwide; only a few countries remain that have not reported any Covid-19 cases.

The worldwide spread of the Covid-19 pandemic has manifested itself in all dimensions of social life. The epidemic, which affected all areas of life from economy to religion, from education to working life, from politics to media, has caused millions of people to struggle for survival due to its consequences. A worldwide struggle waged against such a global problem, and each method differs from the other. Although the situation is global, the fact that the solution is national, and in this context, the fact that each nation-state continues its struggle with a self-sufficient understanding in the fight against the pandemic, shows the increasing importance of states (Bieber, 2020, p.9).

At this point, the primary responsibility of states is to respond to the threat posed by Covid-19. Because such a threat, like a war situation, cannot be considered separately from the state's role. Nunes stated that states have the authority to secure society against the dangers of pandemics (Nunes, 2012, p.351). Because if pandemics cannot manage, it can drag the country into other social conflicts such as riots, coups, regional instability and international disputes (Nunes, 2012, p.355). The threat of virus is one of the most important factors that threaten the security of society and the stability of the country. The Covid-19 is a threat, needs to be securitized. Infectious diseases originating from viruses cannot detect by nature. Due to its feature, the threat

can spread and infect many people. Detection, treatment and control of diseases require a large number of specialists and advanced equipment. Therefore, the process of securitizing the Covid-19 threat requires the accession of all State actors.

Whether Turkey's response to Covid-19 has been securitized, the discursive evidence emerging in the early stages of the pandemic indicates that public health has been securitized.

7.1.2. Framing Covid-19 as a National Security Threat

The pandemic is by definition a global crisis, and the way to combat this crisis is through international cooperation. But the rapid spread of Covid-19 in the world has re-emerged nationalism. The nationalism trend emerged at a time when Covid-19 started to increase. From Vladimir Putin in Russia to Jair Bolsonaro in Brazil and Rodrigo Duterte in the Philippines, the leaders with overly nationalist policies. Turkey has become one of the countries that keep up with this trend in the world. This conjuncture in the world has also shaped the response of states to the Covid-19.

States have had to deal with the crisis in their way. This new situation brought about a return to nationalism. Florian Bieber (2018) argues that, "nationalism is like the "weather; It is both ubiquitous and difficult to understand." But in a time of crisis, these dormant feelings can arise (Bieber, 2018, p.519). Nationalism has provided a powerful mechanism to manage the fears and anxieties caused by the Covid-19 period. To overcome the feelings, nationalism gives states the sense of community necessary to get through tough times, stay in their community, rally around our flag, help ourselves, listen to leaders for guidance. We have experienced similar examples many times in the past. Nationalism, which is often used during the war and in economic crises, leaders applied the ideology. Therefore, it claimsthat nationalism as a powerful weapon to fight Covid-19. The fight against Covid-19 is similar to the

kind of solidarity needed in the war, as nationalism demonstrates a strong sense of community that can motivate people to die for others. It has been seen in the Covid-19 period that it motivates healthcare personal in the same direction.

7.1.3. Securitized Subjectivity of Nationalist Construction in Turkey

The securitization theory, which forms the basis of this study, is flexible enough to be applied in almost all political fields. However, there cannot be one type of application of this theory. Pandemics or infectious diseases that arise suddenly studied at the national or international level as a security issue, but different ways and results are encountered depending on the actors and audiences involved in this process.

States can frame the disease as a national security issue to channel resources to combat the pandemic. The most significant potential of constructing health as a security issue is allocating resources to defend people's well-being and the promise of state survivability. Of course, dealing with such a security problem can be accomplished by getting rid of normal political processes. According to this approach, states must value national security, whether they value the health of their citizens or not (Elbe 2006, p.119). Although securitization may initially appear like a process that invalidates everyday politics, it shown to have a much greater purpose than generating consent for emergency measures (Balzacq 2005, p.68). Because securitization motivates political actors and strengthen social control.

The Covid-19, in which there are extreme uncertainties, has created the need for more security. Therefore, it causes political elites to put forward more strategies. At this point, nationalism, which is a powerful ideology for politicians, has been an essential tool in shaping the reactions of many states to Covid-19. In this context,

national discourses have constructed political narratives and shaped Turkey's struggle against Covid-19.

Nationalism is always at the forefront of political debates and processes in Turkey. It involved almost all political parties' agendas in different forms. Nationalism is deeply embedded in the subconscious of Turkish society and has strong links with societal threat perceptions. Therefore, nationalism offers appropriate templates that effectively mobilize the actors' responses to the coronavirus crisis issues in Turkey. Examining the political discourses of the Nation at critical junctures such as Covid-19 sheds light on its role as mechanisms that legitimize policies that shape social perception.

In addition, when nationalism combines with religion, it becomes a compelling reaction in times of rapid changes and uncertain futures (Kinnvall, 2004, p.742). In most Muslim societies, contemporary nationalism blended with narratives that emphasize religious elements. A mixture of religious and nationalist narratives observed in Turkish politics in recent years. At this point, examine Turkey's security discourse, which helps understand how Turkish nationalism has evolved and why it is a key, shaping actors' response to the pandemic.

7.1.4. Discursive foundations of constructing Covid-19 as a security threat in Turkey

In the construction of securitization, health practices have essential effects as well as discourses. For this reason, analyzes of selected policy texts and non-discursive factors also included. There is a need for an approach that allows us to discuss the discursive power relationship by examining the relations between discourses and texts at the micro-level within the scope of the social and historical context, thus making visible the ideologies embedded in the discourse.

7.1.4.1 Constructing Covid-19 as a threat

In this section, I have resorted to discursive backgrounds, making the idea that "Covid-19 is a security threat" in specific ways plausible. Because understanding the origins of its discourse strengthens our understanding of pre-existing discourses and conditions and is vital to provide the context in the analysis. Because discursive histories define as an essential factor that reveals a particular speech act, Covid-19 is a security threat that has emerged very recently. But discourse constructed against this threat has a historical background.

To understand the securitization discourse of Covid-19, I examine the national discourses of "survival" and "nationalism", which are seen as threats in Turkish security history. I will begin by explaining the relationship between discursive history and threat. I am presenting an overview of the discourses used against the threats that emerged in the historical process. The security discourse is structured as a threat to the state's existence and shapes the discursive context of Covid-19's speech acts of actors.

The act of speaking is the oral or written form of linguistic expression. It encodes the speaker's message to be delivered to the receivers via a particular channel. The way of coding carries traces of the culture in which lives; the socializes in which social groups, education in which training, the class and position. The founder of the idea of discourse, Michel Foucault, defines discourse as a power and the processes of discourse and power proceed similarly. He stated that it is not possible to go out of the discourse. In essence, the old discourse somehow continues to be valid within the new discourse. Foucault stated that discourse constitutes a social practice as well as a theoretical formation. Therefore, it includes power and

knowledge; for this reason, the categories embodied within the boundaries of a particular discourse constitute knowledge and power (Foucault, 1987, p.48).

Discourses are a giant organism that includes many hierarchical structures and power relations, consisting of thoughts, beliefs, judgments, values, symbols, words, letters, institutions, norms, traditions and language that shape the whole world and people. Discourse is a powerful and complex structure (Foucault, 1987, p.49). So, there is rhetoric that makes possible the idea that Covid-19 is a security threat. As for discursive history, it is the way to work backwards from an act of speech to discover its origins. The need for historical research has been noted in the literature. It is seen that the term national is used very widely in Turkey's security literature. The actors refer to the issue of survival. National security concerns were also evident in the securitizing rhetoric of Covid-19, and many actors expressed concern that high death rates could threaten states' stability, economic productivity, and military readiness.

7.1.4.2 Discursive History in Turkish Security

Like living organisms, states have a mind that they have formed within their geography, demographic structure, social characteristics, political system, cultural codes, neighbours, and global dynamics (Kissinger, 1995, p.305). These features constitute the security policies of states. Within the framework of these features, cultural contexts and the constructed identities of actors determine security policies. A state's approach to national security emerges from the combination of all these factors (Kissinger, 1995).

Turkey's approach to national security has emerged due to historically in-depth consideration of material elements such as culture, identity and norms. Turkey is located at the confluence of three continents, contains a wide variety of ethnic factors, and it is primarily Muslim. All these components play an important role in Turkey's

security approach. The articulation of the historical process to all these factors is an undeniable necessity.

Turkey's security conceptualization is heavily influenced by the definition of national interests, historical experiences, and position, which gives severe security problems arise. The heavy emphasis on the issue of national security and the development of security conceptualization has also related to the role of the Turkish Armed Forces in the country's political tradition and its place in society for many years. Security in Turkey has traditionally been defined as "the state of being protected from danger or not exposed to danger". It is expressed as "the survival of community, protection its territorial integrity and preservation of the basic identity of the nation" (Ministry of Foreign Affairs, 2001).

The Republic of Turkey was established on October 29 1923, within the framework of nationalist ideologies. Nationalist movements that started in the last periods of the Ottoman Empire continued in the Republican period and showed themselves in the political and social arena as Kemalist nationalism, Turkism, and Nationalism. Since the establishment of the Republic, traditional discourse on security has been produced by the civil-military bureaucratic elite. Turkey's definition of national security is rarely expressed outside of military actors. Two components make up this traditional discourse: "fear of separation and loss of territory due to self-determination" and "geographical determinism". Due to the perception created by these two components, Turkey's security culture has always been built on factors such as offensive, realpolitik, defensive realpolitik, nationalism and national unity (Bilgin, 2005, p.185).

Since the first years of the establishment of the Republic, the civil-military bureaucratic elites, who monopolized foreign and defensive policy, started a

comprehensive and long-term securitization process. Of course, in this framework, the army has taken a central position in Turkish political life as a securitizing actor. This influence and authority, provided by historical and cultural conditions, has been effective for a long time by using the opportunities provided by the securitization tool. This military position continued to show itself as the General Staff and the National Security Council (MGK) at the centre of Turkey's national security system until the 1990s (Özcan, 2000, p. 66).

At the end of the Cold War, while a direct relationship was established between democratization and security in the West, the focus shifted from state security to social and human security. Based on this change, it is not a change of mindset that questions the securitizing side of the securitizing actor but a change in the scope of the threat. However, the beginning of radical changes in Turkey's understanding of national security was determined by internal threats. Due to emerging threats such as terrorism, Turkey has had to maintain its classical security perception. Therefore, while the liberal-democratic perspective in security developed in the West, the perception of military-oriented security continued to dominate Turkey. The strong position of the military bureaucracy and tutelage in Turkey has made the problems that solved on political or economic grounds included in the field of "securitization" and made it the subject of security policies (Gürpınar, 2016: p.125).

Despite all the changes in the understanding of security, Turkey's national security system continued to display a quality compatible with the security perceptions of the Cold War era in the 1990s. The system in question prepared by the National Security Council, which was power between 1980-1983, prepared constitutional institutional foundations of the system. This structure, dominated by the

army, played a decisive role in forming national security policy and foreign policy through the MGK (Ozcan, 2000 p.65).

In the National Security Policy Document, also called the "Red Book", prepared by the MGK in 1992, the "fight against terrorism" took place as the most critical threat issue (Özcan, 2000, p.20). In the National Security Policy Document reshaped by the MGK in February 1997, reactionary Islamism, which was called "reactionism", was the number one threat. Thus, with the addition of reactionism to the security discourse in 1992, the spectrum of threat perception expanded (MGK, 1983, no:2495).

Following the EU's decision in 1999 that started the reform process in Turkey, new debates about Turkey's national security approach began to emerge. With the reform process, a period began in which the state's securitization practices opened to public discussion (Kaliber, 2005. P.333). Within the scope of the reform, the new MGK structure, in which the civilian bureaucracy is predominantly involved, was wholly restructured. In the National Security Policy Document, which was re-prepared in 2010, security concepts include economic security, energy security, virtual environment security, food and water security.

Within the scope of the harmonization process with the EU, which started with the Helsinki Summit. Many amendments made in the Constitution, such as changing the balance of power in NSC favouring civilian members and the expulsion of military members from YÖK and RTÜK. (Aras and Karakaya Polat, 2008 p.500). With the changes in the laws, the tools that allow the army to influence politics removed.

The transformation of Turkey's understanding of national security caused a change in the securitization and functional actors, which are the units of security

analysis of the Copenhagen School. The new content of the National Security Policy Document, which described the most important document reflecting Turkey's security agenda, expanded to include elements such as democracy, economy, and national and regional peace and the constant threat elements such as national unity, territorial integrity, and secularism.

Turkey has been under threat for years due to its geopolitical and geostrategic structure always caused the security issue on the agenda. Due to its proactive feature, the concept of security presents itself as a preventive system against both internal and external threats. Although this concept has the same meaning for every country, the strategies and methodologies applied are different. When viewed chronologically from history to the present, the developing world economy, the relationship of interest between states and the security understanding and systems due to the continuity of the state have made security an indispensable element. Although security has changed in parallel with global strategies, it has also revealed the necessity of scientifically different systematic developments.

7.1.4.3. The Concept of National Security in Turkey

National security, previously expressed with "security" or "defence", is a relatively new concept in Turkey. The military first used it with the development of relations with the USA after the Second World War. Its widespread use began with the 1961 Constitution and the creation of the National Security Council. The national defence discourse, which widely used in military and civilian terms before this regulation, left its place in the national security discourse (Özcan, 2010).

The official security conceptualization based on basic principles: such as survivability, territorial integrity and the protection of the regime. The Constitution of the Republic of Turkey based on goals of independence and integrity of the Nation, the

indivisibility of the country, and the protection of the Republic and democracy. In this framework, the constitutional definition of the traditional security conceptualization is general and ambiguous, as in almost every country (Constitution of the Republic of Turkey, 1982).

National Security Council (MGK) operates as the leading institution of the national security system. In the second article of the law, national security defined as "the constitutional order of the state: its national existence, its integrity, its political, social, cultural and economic interests in the international arena, and its protection against all kinds of contract laws, external and internal threats". According to the same law, security policy defined as "politics covering the principles of domestic, foreign and defence action styles to achieve national goals by the Council of Ministers within the framework of the views determined by the National Security Council to ensure national security"(MGK, 1983).

The MGSB, also known as the Red Book, is the most fundamental policy document on national security prepared by the NSC on behalf of the Council of Ministers. Ministries and General Staff determine their general policies and strategies in the light of this document. The MGK defines the MGSB as a roadmap that includes the principles of national security policy followed for the survival of the Republic of Turkey and the welfare of the Turkish Nation and covers the principles of security and defence policies for the national interest of Turkey and the achievement of national goals.

7.2. Discursive Analysis of Securitization Actor's of Covid-19

In general, two different discourses about Covid-19 emerged during the first period of the epidemic. The first is the national discourse in which the state's survival is under threat and invites the people to unity and solidarity. The second is the "strong

health system" discourse, which indicates that reference objects are safe. Whenever there is a need to keep society together, a sense of solidarity is brought community through "national" discourses. However, with the broadcasting of terrible images from the world on the screens, the robust Turkish Health System discourse put forward, and people's feelings of fear and panic tried to prevent. Generally, the concepts of threat have become prominent in these discourses.

In the first discourse on Covid-19, the threat was clearly expressed by the President. He said it as a question of survival that could endanger Turkey's political and economic stability and influenced by longer discursive histories in national security. The second discourse, built on the health system and its capacity, is constructed in securitization that reveals the importance of structural factors in this process. It has been seen that the securitization of Covid-19 varies according to the population to which it is linked. The social-cultural structure, historical background, religion and employment, quality of the population is essential. Therefore, the discourses are structured to pose a threat to the state and the Nation.

7.2.1. Securitization Actor President Recep Tayyip Erdoğan Discourses

So far, the discursive histories that make possible the idea that Covid-19 is a security threat examined in this chapter. Because it is necessary to analyze the origins of discourse to understand the discursive conditions that existed before securitization and provide contextual approach.

The rhetoric of "life fits to home" and "the problem is global measures are individual" were the keywords of public communication in the pandemic and characterized the government's emergency management. The starting point of this rhetoric was personal responsibility. Although it emphasized that all citizens are the same in the face of the virus, the extreme inequalities caused by the virus began to

emerge gradually in the following process. The government invited society to respond with sacrifice and heroism to the rhetoric of war, namely individual responsibility.

Turkey's response to this public health crisis carries an intense perception of a health threat, the official discourse in this extraordinary period carries a strong securitization message. "Security" is not used as a term very often, but the terms "public health" and "health" are replaced by terms intended to protect "health" rather than the state or Nation as the object of reference.

Security framing in Turkey has been activated gradually since the beginning of the crisis. The President, who is the head of the executive, was the first to set the framework for securitization. He framed the situation as an existential threat and declared mobilization.

7.2.2. Framing Covid-19 as a National Threat

In the face of this threat that every country has to find a solution to a global epidemic within its borders, Turkey has framed this security problem within the scope of nationalism. Because it was thought that in the face of such a great threat, keeping the Nation together and strong could be fought more easily by revealing the national feelings of the people. Previous experiences of Turkey, its role in redefining the destiny of a nation were important. The epidemic, which was carried out in the form of a national struggle, led to the development of the national concept because each country has started to produce and implement solutions within the scope of their possibilities and potentials.

The Republic of Turkey has faced many national crises since its 98-year existence. But what these crises had in common was that they were often military. Therefore, Turkey national security experience based on military challenges, threats posed by military attacks, ballistic missiles or terrorist attacks against its civilian

population. The Covid-19 crisis presented a threat is the first of its kind in the history of the Republic of Turkey. Covid-19 has a feature where the national security dimension plays only a marginal role, centred on public health but threatening every sector in Turkey.

Securitization at the national level refers to the perception of threats through a conceptual expansion in which several issues of national importance placed under the category of national security. On a practical level, securitization often used to provide legitimacy for the state to use extraordinary measures and heighten the public's sense of urgency. Leaders in Turkey described Covid-19 as a national security crisis from the early stages of the pandemic. Turkey's approach to this issue has made the security apparatus the central component of the campaign to contain Covid-19. In the early days of the pandemic in Turkey, securitization framed by Erdoğan as a threat to the state's survival.

"At a time when it is fighting a historical survival in the field of health, Turkey is leaving this troubled period behind with a motivation that looks the future with more confidence and hope. We are starting to reap the results of the sacrifice we show with our patience, our national unity, our developed domestic production infrastructure, and our exemplary solidarity" (Erdoğan, 20.04. 2020).

Seeking a remedy for a global epidemic within borders required a wide variety of methods. In preventing this pandemic in Turkey, it acted with a technique that this Nation knew and was ready to endure and made national feelings visible. Nationalism envisages the organization of states within their borders. Society needs solidarity and organization in the fight against an epidemic. Nationalism facilitated solidarity in the community by mobilizing the national feelings of the organization.

"As we always say, Turkey's greatest strength is its unity, solidarity and brotherhood. With the help of Allah and the support of our Nation, I believe with all my heart that we will get through this difficult period, let alone stumble or collapse, by getting stronger" (Erdogan, 18.03 2020).

"The greatest strength of this Nation is its unity and togetherness. It is the ancient brotherhood that kneaded with joy and sadness for a thousand years. As long as we unite with each other as 83 million, no obstacle can destroy us and hinder our blessed journey. We remind ourselves of our national solidarity and the measures we need to take against the epidemic at every opportunity. We also emphasize unity, togetherness and brotherhood. We draw attention to the importance of solidarity in each of our speeches" (Erdoğan, 02.04.2020).

Every state, every society has produced solutions to the pandemic with the slogan of self-sufficiency. In the face of the globalization of the pandemic, suggestions and solutions for Covid-19 shaped within the scope of nation-states. In other words, the leading prescription against the global epidemic is to produce solutions based on the nation-state. Because, as emphasized before, although the disease is global, its treatment is national. In the social struggle against the virus, nationalism has turned into a source of motivation for society. It is necessary to consider Turkey's fight against the coronavirus pandemic in the context mentioned above.

The pandemic has also exposed socio-economic inequalities. It has created an environment that threatens low-income groups. For securitization practices to work, they must accompany by social policies that ensure equality in society. During the fight against the pandemic, Turkey, under the leadership of President Recep Tayyip Erdogan, launched a solidarity campaign called "We are enough for us, Turkey". This

campaign is a symbol of national solidarity that Turkey has put forward under the conditions of the global epidemic. The campaign's primary purpose is to support the disadvantaged groups of the society affected by the pandemic.

"No threat can ever deter us from our goals. Because we are Turkey, because we are the Turkish Nation, we are launching a national solidarity campaign because we see that the state should lead. For this campaign, we started by saying, "We are enough for us, Turkey", an aid account opened by our Ministry of Family, Labor and Social Services, whose information displayed on the screen" (Erdogan, 30.03.2020).

The "We are Enough for Us, Turkey" campaign. However, it has an economic content and is essential in showing the role of nationalism in the processes of social solidarity, cooperation, and integration in Turkey. The campaign includes concrete reflections of how Turkey organized according to its possibilities and potentials during the epidemic. Donations made within the campaign framework were collected by the Ministry of Family, Labor and Social Services and distributed to citizens in need during the epidemic. The campaign, as mentioned earlier, is vital in terms of showing Turkey's strength in the fight against the epidemic. Turkey declared a national mobilization with this campaign in the battle against the epidemic. Large segments of the society expressed their support for the struggle by contributing to this campaign.

In the face of the global epidemic, it shows a national experience that each nation-state finds itself instead of looking for its solution elsewhere. The "we to us" statement in the name of the campaign shows that nationalism in Turkey builds an identity across borders. In this context, the government declared that everyone staying within the boundaries of Turkey provides free Covid treatment.

We can see the five-minute applause at 21:00 daily in the country's expressions of gratitude towards healthcare workers. In addition, such actions create a sense of "us" that the Nation is altogether. The Minister of Health published this event on social media with the hashtag "#Together We Will Success" (Dr Fahrettin Koca (@drfahrettinkoca March 19, 2020). This approach strengthened the inclusive, nation vision.

"Turkey is a state of patriotism, loyalty, justice and dignity that takes its inspiration from its civilization. In our civilization, working to serve humanity and fighting for human life is a sacred duty. Today, we are fighting this struggle together with our 83 million people" (Erdogan, 13.04.2020).

"I would like to say this in particular: We attach great importance to being one, being together, being big, being brothers, being Turkey together" (Erdogan, 20.04.2020).

Erdogan stated that the Turkish Nation is a nation that has put all its resources into its independence with the "Tekalif-i Milliye" orders issued with the signature of Gazi Mustafa Kemal Atatürk during the War of Independence. On this occasion, Erdogan reminded the Nation of these orders, consisting of 10 titles and 55 articles, in his speech. Again, he framed this threat as mobilization and referred to the Liberation Struggle.

"There are many examples of this kind of solidarity and even more in our history. For instance, at the beginning of the War of Independence, Gazi Mustafa Kemal Atatürk published a 10-item order called Tekalif-i Millie. With this order, a certain proportion of almost every material needed in the war, from weapons to ammunition, clothing to food and drink, machinery to riding animals, was requested. By participating in this call for solidarity voluntarily beyond necessity, our Nation did

not hesitate to give all it has to its state for its future and its children” (Erdogan, 03.4.2020).

The President urged the public to make equal sacrifices to stop the spread of the virus. The need for this collective effort framed as a temporary but necessary sacrifice that everyone must make in solidarity with the most vulnerable. Acting as a collectivity against this crisis revealed the spirit of national struggle. It drew on historical, cultural and religious motivations to encourage people to contribute to this collective effort. The framework that motivates the public to be a part of this securitization process clarifies the need for everyone's action.

President Erdoğan reminded in his speech; the state has to mobilize all their resources when faced with a threat to the Nation. It is a single collective effort, portraying the solution as requiring everyone's equal contribution. In this speech, Erdogan framed the threat by using cultural and historical references and revealed the role of every citizen in this strategy of Turkey. For this reason, this aid framework described as the Tekalifi Milliye of the crisis. This situation means "sacrifice of the society in case of mobilization, " which only has a special meaning in Turkish culture. It is not a collaborative ability. It is a model built between the state and society and framed to deal with this crisis. These historical and cultural references in his framing show that Erdogan expects the public to contain Covid-19. The use of cultural and historical references seems to connect vital in motivating people to act in harmony.

"Turkey is leaving this troubled period behind with a motivation that it looks to its future with more confidence and hope. We are starting to reap the results of the sacrifice we show with our patience, our national unity, our developed domestic production infrastructure, and our exemplary solidarity" (Erdogan 24.04.2020).

7.2.3. Framing Covid-19 as a Mobilization

The President used threat posed by virus as a metaphor for the struggle in the War of Independence. He appealed to society by showing the same spirit of courage, honour and self-sacrifice that he had done to the Turkish Nation 100 years ago. The fight against this pandemic shows that every health worker is compared to a "soldier" and tries to give a sense of danger that turns people into war-like.

"Right now, we are fighting an insidious enemy that threatens future of our homeland and life of our Nation. The enemy we face is the coronavirus. We can only defeat this enemy by sticking together with each other. We can only overcome this threat with solidarity" (Erdogan, 02.04.2020).

The health army is not only the duty of the armed forces or law enforcement officers to defend the right to life of the society. During this epidemic, it was seen that the main army protecting the community and fighting the enemy was the health army. It has come to the fore that healthcare professionals who fell ill and died as an occupational disease during the pandemic struggle should be considered as "martyrs" like soldiers who lost their lives during the war; health workers called "soldiers in white uniforms". It understood that the paramedics were also fighting the enemy (virus) hand-to-hand.

Stories of military heroism have had a powerful place in the nation-building of the Republic of Turkey. Therefore, it is a natural choice for a President who wants to make this struggle relatable to the general population and take advantage of the unifying forces of such calls for war. Using it as a security framework can have positive results if militarism is prevalent in society or if a large part of a country's nation-building done through stories of military heroism. It makes the socio-economic phenomenon relatable by presenting it in terms familiar to the general public and

calling for duty for the social traits (unity, sacrifice) that a government should foster when struggling. It is an example of where Erdogan's security framework used positively. Looking at the wider context, it was seen that he understood the issue as a socio-economic issue and acted accordingly, clearly framing it as a security issue as he felt it would most effectively touch the hearts and minds of the citizen.

7.2.4. Erdoğan Also Invoked Religious Themes in His Public Address

"There are examples of countries in the world that first took the epidemic under control and then fell back into the grip of the evil disease because they did not sufficiently comply with the rules. Hopefully, we will not be in such a situation. Reckless trust is a sign of ignorance. We will take refuge from one destiny of Allah to another by strictly fulfilling every precaution our scientists have said to combat the epidemic. This is ummah of Prophet who advised not go to where there is a pandemic and not to leave place where there is an epidemic" (Erdogan, 05.05.2020).

While the Covid -19 pandemic has shaken the whole world since March 2020, states have had to partly or entirely move away from their usual management procedures to combat the pandemic, either formally or informally. This epidemic, which causes irreparable or complicated damages in many areas that fall under the responsibility of states, especially human health, leaves a painful trace in world history as an unusual cause of the emergency. Turkey has also carried out the fight against Covid -19 with the slogan "the problem is global, our struggle is national" and has tried to raise awareness and create public opinion in the public sphere in this way. In this case, it seen that; While national security was previously handled within the border, Today, the scope and meaning of the security have expanded (Ministry of health, 2020a).

7.2.5. Framing Covid-19 as a Strong Health System

The state plays a central role in the political management of health and affiliated institutions in Turkey. The measures and interventions taken by the institutions during the pandemic witnessed a strict discipline on the society. From the same day that the World Health Organization declared the Covid-19 outbreak a public health emergency, the government has introduced measures and "has taken the management of the pandemic under control with all levels of government from the early stages of the epidemic.

President Erdogan's rhetoric surrounding the pandemic highlights themes of familiar executive achievements. He emphasizes that the health infrastructure, which rebuilt during Erdogan's rule, guarantees economic stability and continuity in fulfilling the "social obligations" of the state towards its people.

"Thanks to the incredible transformation we have made in the primary service areas and infrastructure of our country, especially in the last 17 years, Turkey has been caught in this process in the most prepared way possible. The balanced policies implemented by our government, on the one hand, support the production power of the private sector, and on the other hand, ensure that services in areas such as education, health and social security continue uninterruptedly with public guarantees"(Erdogan, 22.03.2020).

Since the beginning of the pandemic, the president has spoken to the citizens about the capacity and quality of health services in Turkey.

"Turkey has entered this process as a country that has implemented the world's most powerful and widespread general health insurance in the last 17 years, built the most modern hospitals in the world, and reached the highest service quality standards with over one million health personnel. Today, our country has 165 thousand

employees in the Ministry of Health, universities and the private sector. It has a giant health army with its doctor, 490 thousand health personnel in other classes, 205 thousand nurses, and 360 thousand support personnel. In addition, we are self-sufficient in many materials needed by the health sector with our advanced production power. In the past, we were a country that asked for help from the world in such crisis periods. Today, 69 countries have requested assistance from Turkey and the necessary materials sent to them. We are doing our best not to leave our friends alone in these troubled days" (Erdogan, 25.03.2020).

The President sought to position Turkey as a regional leader in the fight against Covid-19 and praised his government's efforts to stabilize the Covid-19 situation. Their conversations were centred around promises to help people, especially those who lost their income sources and lacked an economic safety net.

"We are the country with the highest number of intensive care beds in terms of population in the world. We are also rapidly making progress in the production of respirators. We also procure materials from abroad when necessary" (Erdoğan, 27.03.2020).

"Our 600-bed Okmeydanı Hospital started to serve as of Today. We also put our 150-bed capacity Kartal Hospital into service a while ago. We plan to open our İkitelli City Hospital in May with a bed capacity of 2,682, 520 are intensive care units. We are nearing the end of the construction of our 1,000-bed Göztepe City Hospital, one of the most modern hospitals in our country, and hopefully, we will put it into service in September. Thus, Turkey further consolidates its already strong position in the health infrastructure (Erdogan, 30.03.2020).

In his various speeches, the President stated that the health system in Turkey gave a good test during the epidemic and that the embarrassing images encountered in

developed countries did not occur. He made special references to city hospitals with the statement, "Our city hospitals, in particular, became one of the health facilities we benefited most and are most proud of during the epidemic."

"Our biggest advantage in this process is that we started the fight against the disease early with our strong health infrastructure" (Erdogan, 01.04.2020).

"The citizen of the Republic of Turkey is with him wherever he is in the world. With this understanding, when the epidemic started, we brought our citizens abroad for various reasons to our country with the air bridges we established. We put every citizen we got to our country through health screening and kept them in quarantine for 14 days in the higher education dormitories we have allocated for this purpose. With the coordination of our Presidency and the cooperation of our Ministries of Health, Interior, Foreign Affairs, Youth and Sports and Turkish Airlines, we have brought 39 thousand of our citizens back to their homeland. Currently, the quarantine process of more than 12 thousand citizens in our dormitories continues. We are still bringing our 25 thousand citizens from various countries to Turkey (Erdogan, 20.04.2020).

"Thank God, none of our citizens turned away from the hospital door, no patient's treatment neglected, no people have been left unattended. We provide first-class service to all our citizens with our existing hospitals, newly opened hospitals, and health institutions that we have reorganized against the epidemic. If Turkey Today is an epidemic, we would all have been devastated if we had not entered the period with approximately 15 thousand primary care institutions, close to 4 thousand treatment institutions and 1,526 modern hospitals. If it were not for the effort and sacrifice of more than 1 million health workers, more than 700 thousand of whom we have employed in the last 18 years, there would be painful scenes similar to those in

other countries in the streets, nursing homes and homes. If we hadn't set it up, people would have had to come back through the hospital gates" (Erdogan 28.04.2020).

" When health system collapsed due to the epidemic in many countries in the world, Turkey came to a different position both by using its existing opportunities in the best way and by producing new opportunities like this one. We completed this hospital, which has an intensive care infrastructure when its full capacity is required, in a short period of two months" (Erdogan 29.05.2020).

"Turkey is a country that has attracted attention during the epidemic process with its strong health infrastructure and available health insurance system. We know very well that our general health insurance, which covers almost the entire population and provides the same standard of service to everyone, is envied. In the past 18 years, we have had a health infrastructure equipped with new buildings and devices, which we have completely renewed a large part of the existing ones. We are at the service of our Nation with our health army of 1 million 100 thousand from doctors to nurses and support personnel" (Erdoğan, 31.05.2020).

The discourses of some applications framing securitization examined. Alongside the aspects as mentioned earlier, these narratives seem to make a lot of reference to particular objects of concern, such as public health and social order, to justify the continuation of the framing approach. The most critical resource that the state can use to give a consistent response to pandemic influenza is the health system and capacity developed during their government and the political assurance provided.

At first glance, Turkey's fast response to Covid-19 has given the image of a strong state capable of quickly mobilizing security forces, implementing lockdowns, and maintaining stability. The main thrust has been given at every opportunity with

the country's strong health system. The ability of the health system in Turkey to prepare for and respond to the crisis has revealed the state's capacity for health.

7.2.6. Securitization Actor: Ministry of Health Fahrettin Koca Discourse Analyses

Fahrettin Koca is a Child Health and Diseases Specialist. He is the leading actor in the conduct of the Covid-19 pandemic in Turkey. He is also the Chairman of the Scientific Board, which established to support against the Covid-19 pandemic. In crises such as epidemics, where public security is essential, the more the public trusts the leaders responsible for managing the process, the more audience tend to adopt the measures taken. Poor communication can worsen the adverse effects of the crisis. Crisis communication, which has the mission of informing and warning the public, supports the efforts carried out to calm the public's concerns in this process. In this direction, the fast and transparent information flow that the leaders will adopt and the attitude they will assume is important in calming the fear and panic situations during the crisis processes. In the light of this information, during Covid-19 pandemic in Turkey, the Minister of Health addressed public as a spokesperson.

The Minister of Health provided information on the current situation and warned of the measures in the press conferences he held and his personal Twitter account in front of the national press and public. He provides a rapid information flow with the daily shared pandemic data. Fahrettin Koca paid attention to scientific and medical language rather than being ideological or political in his discourses. He has come to fore with his speeches to the public during the pandemic process. The arguments persuade the public and his sympathetic oratory style. Minister Koca's expression of the virus as a threat developed differently from Erdogan's discourse. Since the first case was seen in Turkey, he presented the issue to the audience on a

transparent platform and enabled the listeners to make a correct judgment about the epidemic.

The Health Minister revealed his strategy to combat Covid-19 in his speech on the day of the first case. Throughout the ongoing process, He has built his securitization framework on these four pillars.

"Four things establish success against fast-spreading infectious diseases:

1. Strong precaution,
2. Rapid response,
3. Widespread health infrastructure
4. Reassuring information.

We have all 4 of these. We are together in action. We will fight together. We will meticulously notify you of every important event" (Koca, March 11 2020).

7.2.6.1. Framing Covid-19 as Fear and Worry

Minister Koca framed the problem as an equal concern for all citizens, emphasizing that the Covid-19 virus is contagious and spreading rapidly, therefore, not who, but how many people infected. The situation framed in collective terms under the theme of fear. The motivation took place in Koca's scenarios of fear and anxiety that forced the public to take precautions. The Minister referred to these scenarios in his speeches and tweeter posts.

"The coronavirus is spreading fast. It creates fear and anxiety for both children and adults" (Koca, March 12).

An attempt was made to create a collective consciousness based on fear. This situation framed in a way that creates fear and anxiety for the entire population. Noting that the risk is very high and the contagion of the virus is high, he calls for measures to prevent the community from being infected. Because He prevented the

collapse of the health system and brought the fear to the fore. The aim was to reduce panic among the public and strengthen the capacity of hospitals to fight disease through transparent communication.

Fahrettin Koca portrayed Covid-19 as a situation that the elderly should worry about first. But as the numbers continued to rise rapidly, he pointed out that all people were at risk, not just the elderly but the young and everyone else. This approach can link to the health system. The collapse of the hospital system was framed as a primary concern because it poses an emergency security situation and poses many deaths and capacity problems.

"We have 2,436 patients identified Today. The number of seriously ill patients is increasing. To not experience any difficulties in health care, we should give our health workers time to rest. It is only possible by following the precautions together. Wear a mask. Keep your distance" (Koca, November 6).

Koca's speeches and announcements vividly describe the fear posed by the virus. He attributed presenting a threat and getting rid of it to rational steps taken by the government and measures to be taken by individuals. Fear presented as infused by an imminent danger threatening human life, society and the economy. It framed to motivate the public to take precautions because of all this fear and anxiety.

The Health System framed as the main concern for Covid-19. It also frames the consequences of a collapsed health system putting the lives of young and healthy people at risk as a collective problem; it emphasizes that not only the elderly is put at risk. He states that the situation will worsen, more people will die, and health services face capacity problems. The future scenario framed as a situation in which the health system is distressed, and death rates may increase, is to present the situation as urgent and dangerous. Thus, the problem is framed as a security issue, depicting it as more

challenging than ever before. He frames the situation as a deviation from the normal, emphasizing that the measures are comparable only to problems in which there are no times of peace. He frames the situation as an immediate crisis, pointing out that people are dying:

The situation thus framed as a security situation where people struggle for their lives and health personnel work day and night. This is further illustrative of the situation in the March 18 speech. Koca framed the need for a strategy that includes 'hard' and 'hard' measures to 'destroy', 'fight' and 'suppress' the virus. In this strategy, the role of the citizen is strongly emphasized.

The restriction measures taken legitimized by basing them on the health system. Here, all restriction measures are shown as the correct solution, legitimizing the actions to be taken. "Stay at Home, Turkey" is depicted as the only solution with "Life Fits Home" rhetoric. Fahrettin Koca shared a post on his official Twitter account with the start of the curfew. He started the hashtag #bizevdeyiz. Health Minister Fahrettin Koca asked citizens to comply with the restrictions, stay at home, and share photos and videos showing that they are at home. After Minister Koca shared on his social media account with the hashtag "we are at home" and a photo taken in his office, the campaign received excellent support with messages from millions of followers, famous people and celebrities.

Fazıl Say uploaded his photo taken while playing the note to the story section of his Instagram account with the hashtag #hayatevesiğar. After Fazıl Say's photo, Health Minister Fahrettin Koca posted on his Twitter account, "Our world-class composer Fazıl Say says, "Life Fits Home. Thank you for participating in our campaign. Where there is music, life is beautiful."

Muazezz Ersoy addressed his followers in the video he shared on his social media: "The whole world is going through a big test. We need to listen to the advice of our government officials and experts. Let's take care of our elders together. Their life experiences are important. We wish to be together again in healthy and happy days together as before."

Sibel Can share an old photo of herself wearing a nurse's uniform on her Instagram account and said, "Let's help healthcare workers by staying at home".

Selami Şahin, in his post, said, "I ask all our people to carefully follow the calls of our official institutions and comply with the warnings. No virus is more substantial than our measures.

It has been observed in the increase in the number of follow-ups that the Minister of Health's posts on social media have a powerful effect on convincing citizens. Social media such as Instagram and Twitter are particularly suitable for political communication in personalized political communities. They focus on the individual politician rather than the political party they represent, thereby expanding the political arena for increased personalized campaigns (Enli & Skogerbø, 2013. P.765). Although the measures are framed as legitimate, they affect the economy, personal freedom, and life regarding the state's responsibility to protect the population. They responded quickly and effectively to such a crisis required such framing to expose the risks of health system collapse.

7.2.6.2. Framing Covid-19 National and Metaphorical War: Strong Health Infrastructure

Framing based on nationalization, unity and social solidarity during the pandemic period took place in Minister Koca's speeches. The Minister used these words that are known as a strategy of persuasion and that everyone will accept.

"A wise saying says we are each other's hands, feet, eyes, hearts. The way to protect ourselves is through attention and care to others. Our society has this consideration. There is high sensitivity in our community. Let's all be sure: With the cooperation of the Nation and the State, we will defeat Corona."(Koca, April 10 ,2020).

"National vaccine means domestic strength and trust"(Koca, April 22, 20219).

"With the sacrifice of our health army, our hospitals, where we constantly put new ones into service and increased their capacities, and our strong infrastructure, it has made a legend in the field of health" (Koca, March 11 2021).

"The weapons of our medical army have been prepared. They are now more protected in their superior struggle. We completed the first step of our vaccination program by vaccinating healthcare workers."

"What I have to say is for all of us. First of all, I ask you this. Please listen to me as if we are talking to each other. I want the attention of my whole country to be on these words. I give you some numbers. The number of our health personnel is 1 million, 61 thousand 635. Of these, 165,363 are doctors, and 204,969 are nurses. This is the health army that is on duty day and night for you. There is no example of such a rapid recovery. We are the most advantageous country in Europe in terms of intensive care capacity."

"Turkey has done everything it can to protect its people, has chosen the path of national struggle against the global problem, and has taken strict measures to protect its citizens against the threat from outside"(Koca, 27.3.2020).

"We are fighting a War of Independence. The fight to survive an epidemic. As a national mobilization, each of our citizens is doing their part. This time, our army at the front is not the military, but the medical army, our health army. Doing it for the

sake of rehabilitating people he has never met and risking his own life is the same as a war on a front. We cannot pay for this army. We are trying to provide financial support with the resources we have. These efforts have had significant value in our society. We will need healthcare workers not only during the pandemic but also in the future. We have to protect our healthcare workers. Our strict compliance with the measures to prevent the spread of the pandemic will be the greatest response to their efforts by easing the burden on them. As the Minister, I am pleased that my colleagues' catching Covid-19 while on duty is accepted as an occupational disease and those we have lost are considered martyrs. I respectfully welcome the step that our great Nation will take on this path" (Koca, 27.3.2020).

"This is a moment of mobilization. We all have to do our part in unity and togetherness" (Koca, 11.10.2020).

Turkey's traditional security approach built on real politics. Relying on the high political priorities of power and administration, the Turkish government has raised the rhetoric of national solidarity to respond to the Covid-19.

7.2.6.3. Framing Covid-19 Reassuring Information.

Considering that medical disciplines primarily carry out the management of global epidemics, Fahrettin Koca presented the data and practices in the field of health with an effort to persuade the public with logical reasons and evidence. During the crisis created by the Covid-19 pandemic, it has developed discourses to meet the sense of confidence that the public will need in this direction.

"We manage the process with the decisions we make in our Scientific Committee. The issue is above politics. The solution is solidarity. The condition of struggle is a precaution. Our strategy is transparency. Let's trust our health system, our scientists" (Koca, March 11 2020).

The seriousness of the process is given to the audience by providing the total number of tests, cases, deaths, patients in intensive care and recovering patients during the epidemic process, and the number of tests, cases, deaths and recovered patients in the current history. It enabled the message degree and effect in their discourse to be more effective.

Minister Koca, just like the President, included health infrastructure and newly built hospitals in his speeches. Unlike the President, Minister Koca gave his strong health system rhetoric to increase the people's confidence. Reinforcing the public's trust in the existence of hospitals and the discourse that the proper treatment method is applied, he also expressed the difference between Turkey from other countries.

"Let's trust our country. Let's count our doctors, our army of health. The decrease in our death rates is due to the different approaches of our healthcare professionals to treatment, the practices in the intensive care unit, the use of drugs and the system" (Koca, 18.04.2020).

"Turkey is a country with well-trained health professionals and extensive health facilities, an important health service delivery capacity and a strong health system. In the light of this capacity and experience, it is determined to protect its country and citizens from this threat. However, this determination also constitutes an important force to support other countries, especially China, who are suffering from this trouble" (Koca, 03.02.2020).

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Fahrettin Koca, who encourages the public to follow the rules by talking about the dangers of the virus, the difficulty of being under control, and the uncertainties about when the process will end, uses the elements of fear appeal at this point. The press statements made by the Minister Koca to the public show that rhetorical elements take place in broad scope. It aims to reduce fear and panic, instill confidence, and encourage and motivate the public by frequently sharing the positive situations expressed and the data as evidence of these situations.

"In line with the recommendations of the Scientific Committee, we have implemented many measures to prevent the spread of the infection. But the measures are not enough" (Koca, 21.04.2020).

"Although we have been able to withstand this increase thanks to our strong infrastructure and devoted health personnel, it has been inevitable that we resort to radical measures to stop the trend. As a matter of fact, in the Cabinet meeting held yesterday, a series of decisions were taken in line with the recommendations of our Scientific Committee" (Koca, 25.04.2020).

The government tries to reveal the legitimacy of the decisions by referring to the Scientific Committee and experts in the decisions taken.

"Filiation", in which the contact chain related to a contagious disease is scanned, entered the life of the citizen with Minister Koca. He repeatedly stated that they controlled the spread of the coronavirus with "Filiation", a method used only by Turkey in the world. "It is Turkey that adopts the method in principle and makes filiation most widely."

"With this filiation, we have ensured that the rate of increase in the case decreases early. Since the first case, we have applied filiation management in every case we detected. We tried to reach and screen all the people with whom each patient with a positive diagnosis had come into contact in the last three days. It isn't easy to understand from the outside how much attention and meticulousness this process is. The slowdown in the rate of increase in death in Turkey took place in the 5th week. Turkey is the first country to catch the slowdown in the death rate increase."

"There are 900 people in the city of Ankara work as a group of the filiation team. It means a serious health army in Turkey. We have a Public Health Information System. We are constantly filtering this system. We received call when we see a new patient. Then, our teams in the field are informed, and the patient is isolated first. Later, their contacts identified one by one. We recommend that contacts who share the same house with the patient first sit in different rooms or far away from each other. We ask them not to use the same items. After us, family physicians call these people and make symptom inquiries. First of all, we ask people, 'Do you have a fever, have you had a cough, do you have shortness of breath, who have you been in contact with?' We always go back to the beginning and start watching him and his contacts

from his workplace. When taking a swab from the patient, we wear our special clothes, wear masks, and attach great importance to hygiene rules."

In Minister Koca's statements, it is understood that the share of self-confidence given by Turkey's health system is excellent. It has been an essential factor that Turkey is equipped with a comprehensive Health Structure and policies that it has developed throughout the historical process and infrastructure and capacity ready to fight such a critical global epidemic.

"Filiation teams consist of 3 health personnel on average, one doctor, one medical officer, and one assistant. Every detection of a new coronavirus case, the teams move on the field. They reach people who contact with the positive case within 48."

Koca is overconfident that advanced health security measures will be sufficient to stop the pandemic. This is the government's health professionals have all the gear and equipment.

"We have started to control the rate of spread in the current conditions against the spreading power of the virus. So how did this happen? That's the main agenda for Today. You have heard the word filiation a lot in process. You will not forget the word. Perhaps the filiation will interfere with your daily life from the language of us physicians. This word deserves it."

The morality of Minister Koca, combined with the discourse of medicine and transparency, allowed the securitization of the Covid-19 problem. He used communication as a doctor and patient relationship. On the one hand, metaphors of fear used profusely to justify the measures taken during the lockdown. On the other hand, the associated figurative language and figurative meaning with examples of bad hospitals worldwide, such as Italy, relate it to real-world references and events. It

revealed how the links between visual information and discourse are created with both contexts to strengthen the persuasive effect on citizens.

The discourse-oriented national unity of cohesion and action, but in the photographs, Minister visualized the hero of the fight against the Covid-19 virus. From the beginning of the process, the use of health-related terminology in social media posts intensified directly or indirectly in connection with Covid-19: intubation, filiation, contact.

"Intubation is a term most of us learned from the case chart; The procedure applied to severe patients receiving treatment for Covid-19. It is not easy for the patient, take a breath without the tube. They would not have enough oxygen to keep themselves alive. It's so hard not to breathe. Intubation is grueling."

Turkey's early response to the Covid-19 crisis demonstrated securitization not just conceptually but mainly in practical terms. The dominant role given to the Ministry of Health in this crisis is considered a result of necessity. Turkey has made investments and development in health for years; the process of Covid-19 made it visible. On the other hand, the development of civil systems created by Turkey in earthquakes in the fight against national emergencies has been widely used in this process. Organizational and technical capacity and experience accumulated over years of crisis management have been instrumental in securitization. It also stems from a style of strategic thinking that tends to view it as the most capable and reliable actor in non-military threats in dealing with national crises because the decision-making process in the Covid-19 based only on healthcare professionals.

In the 20th century, Turkey sometimes perceived threats to its territorial integrity and sometimes to its political regime. However, threats to national integrity in the 21st century included in this list. For this reason, it is seen that the primary

security perception is to protect its existence. However, it is stated that the factors that threaten the preservation and continuation of Turkey's existence as a sovereign nation-state varies according to time and conditions.

Such a historical perspective helps to highlight the relationship between previously raised ideologies, thus demonstrating that national security concerns are not new but that different emerging threats responded to with the same familiar response. The securitization of Covid-19 in Turkey has deconstructed the fundamental security dynamics. The Health Science Board replaced the MGK. Tanks, guns and soldiers were replaced by hospitals, health workers and health equipment. The securitization process in Turkey started very quickly after the first case in the country was announced. The Minister of health's leading actor of this social structure was one of the first to securitize publicly. But the President said it needed to be considered "with the same urgency applied to the defence of national security". Later, with the increasing number of Covid-19 cases in the country, the disease gained official status as a national security issue.

As a result, when the actions and discourses of the securitizing actors are examined, the traces of the state's dominant elements of the national security culture of the state should be sought. Otherwise, it will lead to invalid or incorrectly formulated stereotypes that see every situation as one type.

The research universe consists of 63 speech texts made by President Recep Tayyip Erdoğan and Health Minister Fahrettin Koca between 11 March 2020 and 30 September 2021 and the press announcements of the Minister of Health after the Scientific Committee meetings. Speech texts classified under different categories. Speeches were categorized, mainly the public addresses, the speeches after and before the cabinet, the speeches made at the hospital opening ceremonies collected. The

President speeches took on the President's official website (<https://www.tccb.gov.tr/receptayyiperdogan/konusmalar/>). Minister of Health's speeches took on the Ministry's website (<https://www.saglik.gov.tr/TR,3197/basin-duyurulari.html>). The texts are arranged (Annex-1) in chronological order.

In discourse analysis, I used a qualitative approach based on interpretive policy analysis. Analyzes of the actors' discourses on Covid-19 and how they framed and coded this problem. A similar system has analyzed the content of the discourses. In this study, the actors' discourses coded within the framework of the themes related to 3 different categories. (Tablo 7 and 8)

Framing	Themes or discourses	F / %		Threat
Framing Covid-19 as a National Security Threat	Turkey's Historical Past	19	%0,18	The existence of the state Survival of the state
	National Solidarity	55	%0.53	
	National Mobilization	8	%0.07	
	National Production	23	%0.22	
	Nationalism	16	%0,15	General public
	National unity	35	%0,34	
	National measure	25	%0,24	
	We	32	%0.31	
	We are Turkey	15	%0,14	
	Our struggle is national	15	%0,14	
Framing Covid-19 Mobilization and Wartime	An insidious enemy	5	%0,04	General public
	Health army	9	%0,08	
	Martyr	22	%0,21	
Framing Covid as Strong Health System	Heroism	15	%0,14	Public Health
	Health infrastructure	32	%0,31	
	Health Team	51	%0,52	

Hospitals	57	%0,54
Health Insurance	41	%0,40

TABLE 7 : THEMATIC ANALYSIS OF PRESIDENTIAL DISCOURSE

Framing	Themes or discourses	F / %		Threat
Fear and Anxiety	Precaution- Restriction, Carantina	179	%0,83	Collapse of the Health System
	Struggle	68	%0,31	
	Collective consciousness/ problem	12	%0,55	
Covid-19 national and metaphorical war: widespread health infrastructure	Strong Health Infrastructure	42	%0,19	Public Health
	Solidarity	12	%0,55	
	National Vaccine	14	%0,54	
	Health Army	14	%0,54	
	War	12	%0,55	
	Scientific Board and Scientist	32	%0,14	
Scientific regular and reassuring information				Public Crises
	Filiation- Contact	30	%0,13	
	Vaccine	419	%1,94	
	Treatmet	20	%0,92	
	Testing, Case, Fatalities	152	%0,70	

TABLE 8 :THEMATIC ANALYSIS OF MINISTER OF HEALTH DISCOURSE

7.4.Analyzing AudienceAcceptance

As stated in the theoretical framework, “discourse”is only a “securitization attempt” and, an issue has been securitized until this attempt is proven (Buzan et al., 1998: 26). Therefore, although any issue can be interpreted as an existential threat, it

is only securitized when there is a certain degree of harmony between discourse and an audience and actors. Until then, the act of interpreting a reference object as an existential threat is simply an act of securitization. It is stated that it is not enough for the securitizing actor to define the threat for the securitization to be successful, in addition, the audience must accept the threat identification of the securitizing actor and be convinced to take urgent and extraordinary measures (Buzan et al., 1998,p.34). Because only as a result of persuasion, the issue is taken into the urgent category and tried to resolve with extraordinary measures. The Copenhagen School, therefore, assigned the key role to the success of securitization to the audience.

7.4.1 The Role of Audience in Theory

Securitization discourses and practices were examined in the previous chapters. This section will analyze whether the securitization was successful or not. Successful securitization is only completed by a study that also reveals whether the audience will accept the emergency measures. There are also few studies in the literature on the role of the audience in promoting safety. The process of securitizing Covid-19 took place in a different situation compared to other securitization processes. Because emergency measures require the audience to play an active role in the Covid-19 process. While only the securitizing actor was active in previous studies, but audience played an active role in Covid-19. It has become necessary to analyze the role of the audience in a threat like Covid-19.

7.4.2 Identifying the Receptive Audience

Despite this critical function of the receptive audience, CS has not explained audience structure and persuasion. It is important for the success of the process, which people and groups the audience is, and where persuasion can realize by consent or

pressure. However, CO stated that the current situation should be discussed even a little (Buzan, Wæver & De Wilde, 1998, p.23; Williams, 2003, p.523). In addition, although the persuasion of the audience is required for the success of the process, this audience is not clearly defined in terms of quality and quantity. In addition, the exact meaning of “convinced” is not explained by the CS. In this context, it is necessary to determine which audience is receptive to reveal the characteristics of this determining audience and to create a pattern and formulation for these features by the securitizing actor.

Since the target audience is not specified in the securitization theory, the target audience has been analyzed in different ways. For example, (Rychnovska, 2014) analyzed Security Council members as audiences, and Salter (2008) analyzed multiple audiences simultaneously in a single study. However, a clear focus on the general public as the audience doesn't show much scientific interest. Both CS, (Floyd, 2016) and second-generation securitization experts e.g. Wæver argues that the role of the audience “changes according to the political system and the nature of the issue” (Wæver, 2003, p. 12). The reason for this gap in the literature seems to be the second factor. The role of the public is often not as strong in securitization as in the case of Covid-19, where it has a participatory role. The nature of this issue has required public participation in the securitization of Covid-19 because of it. While this has given insight into how important the target audience is in securitization processes put forward by previous scholars, it means that there is a lack of academic study of the role of the audience in a securitization process comparable to the Covid-19 case.

7.4.3 Analysis of Audience Acceptance in Turkey

This analysis is based on survey data. It is trying to understand the securitizing actor's frameworks of Covid-19 from the perspective of the public perception. As

reported in this study, we explore the securitizing aspect of Covid-19, which encompasses the socio-economic support offered by the securitizing actor, the continuity of health care, communication and disease control.

7.4.3.1. Survey analysis

This analysis relies on survey data that seeks to understand the securitizing actor's frameworks from the public's perspective. Analyzing the securitization dimension of the Government regarding the measures taken against Covid-19, health care, health infrastructure and vaccine, the policies developed examined in this study. Questionnaire created via Google Form (To search via <https://docs.google.com/forms/d/1O05smWISQ0phVJgtr6DdAnbo9EolkR40dFQt1EOik/edit?ts=613ae0eb>). The study was designed as an online survey to cover the whole country for ten days between 5 -15 October 2021. Due to the pandemic conditions, reached participants through an online survey. Before administering the questionnaire, a pretest was applied with 35 participants to intelligibility, acceptability and accuracy. Participation accessed to survey via the link given above to the entrance page. The home page contained information about the survey's objectives, the conditions of participation and data privacy. Participants were informed about the number of questions and the need to spare 8 minutes to complete the survey. Participants were able to access the survey via a computer or mobile device. The questionnaire consists of 28 questions. 26 semi-structured questionnaires consisted of demographics, information on Covid-19, and individual government assessments of Covid-19 management and response. Two questions were open-ended questions that allowed participants to provide detailed written answers to gain a deeper understanding of their perspective of government response to Covid-19.

7.4.3.2. Demographic Characteristic of the Participant

The demographic characteristics of the respondents are given in Table 10 show their age, gender, region and educational status. Participation in the survey was determined as 18 years and over. The sample size is 558 people, which is quite large, and there is sufficient representation by gender, age and other demographic groups. When we look at the gender, 40% of the respondents are male, and 60% are female. Education level coded within three groups as below university, university and above university. Those who state that they have completed lower secondary education, "university" include those who have completed higher education, and "post-university" consists of those who have completed their master's and doctorate. Two variables were determined when the participants compared to the effect of the region they lived. The metropolitan and other areas in the country, which are the most populated and central industrial zones, constitute the reference group. 77% of the participants were from metropolitan cities and 23% from other regions.

University and higher participation in this survey were seen to be 87%. In the context of Covid-19, we assume that more educated people are more knowledgeable about the importance of countermeasures in reducing the spread of the virus. Therefore, in this study, we establish a direct relationship between education level and Covid-19 securitization measures due to these rates.

Variable	Group	Frequency	Percent
Region	Metropolitan	433	%77
	City	125	%23
Age Group	25 <	107	%20
	25>	449	%80

Gender	Female	335	%40
	Male	223	%60
Education level	Elementary S	71	%12
	University	271	%48
	Master- PhD	216	%38
Chronics	Female	335	%51
	Male	223	%42

TABLE 9 : DEMOGRAPHIC EVALUATION OF PARTICIPANTS

7.4.3.3. Content Analysis of Open Ended Quesitn

Each of the answers given to the open-ended questions analyzed with the content analysis method in Tablo 10 and Table 11. The codings classified according to the answers provided by the participants in the questionnaire. Question one is, why do you think some people don't follow the rules? Answers given to the question was categorized: "ignorance", "inpatient", "selfishness", do not trust the government".

The second question is What would you change if you were? Answers categorized "vaccine", "measures taken", "heavier securitization", "more effective information and scientificity", "transparency", "satisfaction with the process", "fear", "general opposition to the government". Then, the sentences related to these concepts were determined and interpreted below.

Q1: What would it be and why if you could change one thing about Turkey's handling of the Covid-19 virus?			
Categorization		Frequency	%
Vaccintion	Securitization to make vaccination mandatory for all	37	8
	Response to the General Vaccine Policy	38	9

	National Vaccine	10	2
Taking Measures	Restrictions at borders	46	10
	Education/economics/social benefits restrictions	50	11
	Quarantine	67	14
More severe quarantine measures and practices		64	13
More Effective Information and scientific approach		38	8
Failure to provide information transparently		60	12
%100 completely satisfied with the process		27	6
Fear-based securitization		11	2
General opposition to government 475		25	5

TABLE 10 : CONTENT ANALYSIS OF SURVEY QUESTION 1

Q 2: Why do you think some people do not follow the rules and recommendations regarding Covid-19?		
Categorization	Frequency	%
Illiteracy	183	36
Impatience	13	5
Distrust and opposition to the government	40	10
Disbelief in Covid-19	101	21
Selfishness	110	22
Social, cultural and economic effects	19	6

TABLE 11 :CONTENT ANALYSIS OF SURVEY QUESTION 2

7.4.3.4 Findings

This survey aims to measure the public acceptance of the measures taken by the Government within the scope of securitization. It evaluated questions by grouping

them in this way. It also analyzed whether there was a congruence between the Government's framing of securitization and the public's acceptance of them.

Government's Overall Pandemic assessment

For the overall pandemic management assessment question of the Government, 25% of the respondents were positive, and 40% were undecided. In the general pandemic management evaluation, males interpreted it more positively than females. When examined according to education levels, there was no fundamental difference. However, the group aged 25 and under, which makes up 20% of the total participation, is the group that voted the pandemic management the lowest. Another group that evaluates low is the lowest rating among the participants with chronic diseases.

The questions asked to the participants to evaluate the Government's policies regarding the measures taken within the scope of Covid-19 analyzed the functioning of health services and vaccination services in 3 main frameworks. Each framework was grouped within itself and evaluated both separately and jointly.

Since March 2020, a strict quarantine regime has been implemented in Turkey with numerous restrictions. Especially in the first periods of the virus, the measures taken to reduce the contamination consisted of measures that directly affected the public and required cooperation with the public. It analyzed separately whether the public supported the measures taken and their attitudes towards the importance of quarantine rules. Generally, Pandemic measures evaluated positively by 75% of the participants in the answers to the questions numbered 2.3.4.5.6.7 of the survey questions (Table 12). When considered in general, university graduates found the measures taken more successful—as mentioned above, having more information is essential in securitizing the process.

	Closure of educational institutions	14-day quarantine application for residents and visitors entering Turkey	14-day quarantine for close contacts of confirmed/suspected cases	Cultural events, restaurant facilities, shut down	Ministry to present daily statistics and make explanat.	Gover. filiation (contact tracking) application	Average score per item and overall Covid-19 score
1.2	40	3	3	23	12	12	%14
3	22	7	9	30	12	14	%11
4.5	%37	%90	%88	%47	%76	%73	%75

TABLE 12 :GOVERNMENT'S PANDEMIC ASSESSMENT

Regarding the importance of the quarantine and other rules applied during the pandemic, 75% of the participants evaluated it as very important. While 11% of the participants assessed little or little, 14% remained neutral. The public has recognized the perceived importance of practices to address Covid-19 regarding the Government's pandemic policies.

The survey study decomposed the analysis question for each of the responses to the different measures. Participant's answer to the closure of educational institutions and various workplaces was different from the other questions. While there is strong support for the pandemic rules in general, only 37% of the support for the closure of restaurants and educational institutions is low compared to the support given to other users. Response to applications for travel quarantine (14-day quarantine

for Turkey and visitors), infection quarantine (14-day quarantine for close contacts with confirmed/suspected COVID-19 cases), or filiation applications was higher.

The table above, which shows the significant difference in the highest and lowest support for the measures taken, reveals that public acceptance varies according to different practices. These responses showed congruence between the Government's frameworks of securitization practices. Participants agreed with the problem but had different opinions about the solution. Support for implementations has been high, but support for the measure still varied.

Respondents were asked to express in their own words what they would change about their handling of Covid-19. The participants' statements included the transition from much more stringent securitizations to less stringent measures. 7% of the respondents stated that everything was correct or that they trusted the authorities' decision. The severe reaction of those advocating the adoption of stricter measures was 13% of the participants and 10% authorities' finding that the implementation of the decisions taken for tourism in the summer was wrong. Participants attribute the rapid spread of the infection to the free movement of tourists in the country. Therefore, the participants perceived that the borders were closed as a precaution to stop the spread of the virus. In addition, private enterprises' schools are closed, tourists are free to roam, and the Government's organizing congresses are among the reactions.

"I wouldn't have lifted the closures before the tourism season in the first year, and I wouldn't have undermined the foreign exchange that tourism would bring to the country by keeping the numbers low."

"I would close the country's borders because I think the risk is even greater if citizens go abroad and tourists come here."

These responses are clear examples of how the security of the public weighs against other values. Adverse effects of the rules for themselves others show that according to these participants, measures are not seen as legitimate in proportion to the problem. It illustrates how the value of social needs outweighs the value of securitizing Covid-19. Or it contradicts the securitization framework.

The answer to why they did not the followers was given to the participants by 40% as "ignorance". They framed the fact that those who do not follow the authorities cannot understand the situation or the consequences of not following the rules as "selfishness, insecurity, and disbelief". When it comes to following the rules, no one said that each individual should decide for himself. This was related to people's risk perception. Many made statements that some people thought the rules did not apply to them, were not worried, or that the risk of the virus was low.

The most common answer to the incompatibility question was simply ignorance, followed by selfishness. The mismatch was also associated with framing the importance of personal responsibilities in securitizing Covid-19. Some said that some people did not follow the rules because the rules were perceived as exaggerated. Many said they didn't participate because everyone was "tired". Other answers were more detailed:

"They do not believe in the existence of Covid-19".

"I would like to change being fanatical, like supporting the football team, in a way that is too emotional, and to ensure more effective communication so that both sides can calmly express their right and wrong sides and understand each other. I can't understand the attitudes of the two groups, who act exaggerated as if this is the first vaccine produced in the history of the world, and talk as if they have seen, watched and contributed to the making of the vaccine themselves, and their insults to each

other. Because we get through this period by living together, no one had had this disease before and gained immunity. We cannot draw right and wrong so clearly that it is a constantly changing and developing concept in science. Extreme fanaticism must end in every sense in Turkey".

Evaluation of the Health System and Services

The respondents to the activities carried out within the scope of Covid-19 for health services gave 54% positive response and 20% undecided response. Confidence in the health system was lower than the measures taken. Contrary to the measures taken, the participants with a lower education level gave higher answers. While university graduates found the measures taken to be more reliable, their evaluations of health services were more inadequate. Again, chronic participants gave more inadequate evaluation than the others. (Table 13)

	The government had a strong pandemic preparedness team of public health and medical professionals to lead our national response to the Covid-19 pandemic	The government has given everyone access to free and Covid-19 testing	During the pandemic, access to health services other than Covid-19 treatment was provided when needed	Average score per item and overall Covid-Score
1.2	33	22	28	%26
3	22	15	25	%20
4.5.	%50	%63	%47	%54

TABLE 13 :EVALUATION OF THE HEALTH SYSTEM AND SERVICES

The Government has framed the healthcare system as a security situation that the entire population should be concerned. Because a collapsed health system will pose a risk that will threaten the whole population, all the people were invited to a

collective sacrifice by both the president and the health minister. In addition, national discourses that will keep people together and past sacrifices reminded. In this context, the health capacity to be exceeded framed as facts that would result in death, clearly revealing the emergency security situation. The general perception of trust in the health system was lower than the perception of the measures taken.

The investments made by the Government in health, such as increasing the health capacity, did not comply with all participants with an average evaluation in the service provided to Covid-19 patients. However, none of the answers given by the participants is about the health system or that there is no service available. Participants never expressed any concerns about the health system in Turkey or the health system during Covid-19. However, the rate in their evaluations was low. As mentioned above, the Government's stance on transparency has also affected the perception of pandemic management.

Evaluation of Vaccination Services and Policies

64% of the participants responded positively to the Government's vaccine-related policies. (Table 14) 17% of the participants gave an undecided response about vaccination policies. From the beginning of the pandemic, a vaccine included in the Government's plans and framed a securitizing element. The framing brought the public's expectation of a domestic vaccine, both with the discourses of scientists on vaccine studies in the media and the vaccine studies of the minister of health. However, responses to vaccine policies partially aligned with the Government's vaccine framing. Although a positive response given by 72% to the question that everyone should vaccinate according to the vaccination schedule, it is seen that this rate decreased by 64% in the evaluation of the Government's vaccination policy. Assuming that this situation may be due to the absence of a local vaccine, only 25%

of the respondents responded positively to their decision if there was a local vaccine. The solutions provided by the participants on this subject can also be seen.

"They should have addressed the vaccine factor before our vaccine because if we see ourselves as a developed country, we should have done that"

"I would make it faster to find a vaccine; other than that, I wouldn't change anything; everything was in place. "

"I have imposed serious sanctions on those who are against the vaccine. Because the epidemics have decreased thanks to the vaccine for a long time, it has not reached the pandemic level."

"I would have provided more limited social opportunities for the unvaccinated.

	I think everyone should be vaccinated according to the national vaccination schedule.	Government vaccination policy	I believe a vaccine can help control the spread of Covid-19.	Average score per item and overall Covid Score
1.2	%16	%23	%14	%17
3	%12	%22	%16	%17
4.5.	%72	%55	%70	%66

TABLE 14: EVALUATION OF VACCINATION SERVICES AND POLICIES

In the survey, 37 people clearly expressed their views on domestic vaccine production when asked what they would change if they were you. The majority of the participants agree that they can achieve a return to normal with vaccination. It turns out that those who disagree are entirely against the vaccine. In addition, the fact that 20 participants did not believe in the pandemic reduced compliance with the vaccine policy.

It is seen that the government's policies on vaccines are evaluated positively and reflected positively on the public. We can conclude that the group that evaluates

vaccine policies negatively is generally anti-vaccine because it has been proven that the same group remains at the same level in the question of whether it affects the national vaccination decision. In this part, it is clear that the government's wrong data policies create distrust in people. Has this insecurity also affected the confidence in the domestic vaccine? The insecurity revealed by this study provided a research topic for future studies.

The descriptive analysis results show that factors such as the education level of the individuals, age and gender are related to the survey results. There is a positive correlation between all relevant variables regarding a bivariate relationship, which is consistent after controlling for some individual-specific factors. The correlation coefficients are statistically significant at the 5% significance level.

Asked people to evaluate their personal and Government assessments of Covid-19. 80% of the participants found the measures they took to be correct in their evaluations, and 50% of them found the Government's policies accurate. (Table:15) The public more appreciated the effectiveness of the measures taken to reduce personal risks. They have applied the mask distance hygiene recommendation. The self-quarantine practice of participants from abroad and people diagnosed with Covid-19 rated as high and very effective. However, while we thought that closure of workplaces such as restaurants and hairdressers would have a high/very high impact, it did not have the same effect.

Age	How appropriate do you find your individual actions to prevent transmission in the fight against the pandemic?	How appropriate do you find the government's actions to prevent contagion in the fight against the pandemic?
50>	36	212

50	40	107
<50	480	238

TABLE 15 :EVALUATION OF GOVERNMENT AND INDIVIDUALS' PERFORMANCE BY AGE

Education	How appropriate do you find the government's actions to prevent contagion in the fight against the pandemic?	How appropriate do you find your individual actions to prevent transmission in the fight against the pandemic?
University>	46.88	73.39
University	51.77	81.06
<University	52.15	83.37

TABLE 16 : EVALUATION OF GOVERNMENT AND INDIVIDUAL'S PERFORMANCE BY EDUCATIONAL LEVEL

Those who trust the government's statistics gave the government's general pandemic management about 80 points out of a hundred. In comparison, those who did not trust the government's statistics gave the government's general pandemic management 36 points out of a hundred. However, those two groups who trust the statistics and do not trust, evaluate themselves close to each other (74 and 84).

Table:16

	How appropriate do you find the government's actions to prevent contagion in the fight against the pandemic?	How appropriate do you find your individual actions to prevent transmission in the fight against pandemic?
Trust statistics	79.52	84.56
Don't trust statistics	36.21	79.95

TABLE 17 :CORRELATION ANALYSIS

	All Information	Posted in	Communication of the	Ministry's daily
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	Provided Completely	Statistics Trusted	Minister of Health was inclusive of all the public	statistics and explanation
1.2	51	58	27	12
3	25	20	23	12
4.5	24	22	50	76

TABLE 18: EVALUATION OF GOVERNMENT AND MINISTRY OF HEALTH STATISCS

People think that they are taking individual measures, and they also find the measures taken to be correct. However, the answer to why the general evaluation of the pandemic is low reveals the opinion that it is related to trust. Because of doubts about the reliability of the information provided during the pandemic, it observed that it reduced Government's overall pandemic assessment score. Only 24% of the participants indicated that they believed the statistics provided were correct. The perception of the transparency of the information presented lowered the Government's score. Because I agree with the general pandemic management of the Ministry to share statistical data with 76%, with 49% regarding Minister Koca's communication, and 24% with participants reporting that they are undecided, only a situation arises where they experience insecurity about the transparency of information. (Table 18)

The answers of the participants on this subject were obvious. The most negatively evaluated part of the process is that the trust in the Government has decreased because the accuracy of the shared data and statistics raises doubts.

"I would explain the data correctly. I wouldn't find a reason for those who died in the hospital with Covid just because the number was low.

"I think that rate of spread of the virus has increased because the number of cases was not transparent for a while.

When the virus first broke out, I would directly ban people from entering the country abroad. Or I would provide controlled entry and apply the 14-day quarantine period before I saw the first case in our country".

"Natural immunity. The rest is ours. The purpose of the virus was already clear. Why so much fear?

In the analysis, as confidence in statistics increases, trust in government increases by 0.2. This statistically significant result revealed the lack of transparency in terms of trust in the Government. A recurring theme among all groups has been the Government's accuracy and openness of all information about the pandemic. Minister Koca's statement on this issue regarding disclosing the information was framed as a threat to national security and pointed to necessary concealment. The Government's attitude in this direction has damaged the general assessment of the pandemic, even though it should control the people's panic in an environment of uncertainty. It would be wrong to evaluate this finding only in itself. I also believe it is necessary to consider the possibility that the public's attitudes towards the assessment of Covid-19 may be influenced not only by the management of the pandemic but also by broader perceptions and past evaluations.

In the process, it was seen that governments' responses to Covid-19 differed significantly between countries. In the survey analysis part of the thesis, we wanted to measure the public perception of the government's securitization to the Covid-19 pandemic and identify the critical factors associated with these perceptions. The main objective here was to determine public reflection and acceptance of the government's securitization framework. The analysis also provides a perspective that they can use to improve public commitment to disease prevention and control and support updating measures to mitigate the social, health and economic impacts of Covid-19. As far as I

know, this study is one of the first to examine the public perception of government response in Turkey. The information obtained here may be useful for guiding future decisions, especially given the impact of public perception on adopting government guidelines and policies. Also, we learned about public perception of government responses during a global pandemic first time in Turkey. Finally, in this study used nationally representative data with an appropriate sample size, which strengthened the external validity and generalizability of the study.



8. DISCUSSION

8.1. Theoretical Debate

The complex and intricate nature of today's security environment necessitates a review of the theory and the correct determination of its subcomponents. Therefore, it has become essential to establish a framework for the mentioned issues in the securitization process. In this context, it would be more beneficial to discuss the issues that are considered problematic.

There is a group of theorists who contradict each other in the debates within securitization theory. On the one hand, realists narrowly view national security as states' territorial integrity and their ability to reflect their power and defend against military occupation. On the other hand, critical security theorists have a reference object to people and communities rather than states and see security as a project of emancipation, such as scarcity, environment, based on attributes such as gender or religion. Against these incomparable claims about security, the Copenhagen School proposes a constructivist approach that focuses on securitization and presents issues as a special kind of politics. This approach put forward a constructivist framework based on what the actors and policymakers said. Two basic studies have been carried out on this subject. Speech act and current practices characterized the securitization approaches of the Copenhagen and Paris Schools.

When the theory's basic assumptions examined, it is unclear which actor is the securitizing actor, when, and for what purpose the audience is evaluated as the "related" audience. In addition, there are uncertainties and deficiencies in which situations and how the audience is entirely convinced.

Another point is that the Copenhagen School's emphasis on the speech act in the securitization process has been subjected to a lot of criticism. It is challenging

today's communication environment to claim that pronouncing and saying constitute an action in itself. The issue has been moved to a more private area as soon as the word is spoken. 21st-century technological developments have revealed that speech act alone will not be sufficient. For example, the Covid-19 period, in which actors communicate via social media, has been a process in which all securitization's dynamics have differentiated. Another critical shortcoming of the securitization theory in this process is that it partially excludes the conditions that constitute the analysis process. In other words, questions about how security threats created.

The basic understanding of securitization theory based on the speech act. It is constructed between securitization actors and audience. The Paris school criticized this issue and showed that the process analysis only with speech acts was insufficient. By expanding this process, a little more, they included everyday practices in which the audience is actively involved in the process. Of course, this approach of the Paris School also brought some discussions. There have been criticisms such as which practices include in the process. The theoretical debate previously initiated between traditionalists and extenders is an issue that needs restructuring between practices and speech acts.

In this thesis, I also discussed the practices of the Paris School as structural factors. Because I would like to emphasize the importance of health services and infrastructure as securitization factors that play an essential role, at this point, securitization is a health threat. However, the infrastructure is similar to the realist approach of security, but the practices are related to directly securitization actors' point of view. Because the practices put forward by the leaders also depended on the structural factors. To give the public confidence in a pandemic, there must be sufficient health capacity and trained health personnel to maintain their services. For a

leader to decide to close schools, he must have the infrastructure and system to provide online education. If you are closing businesses, you need to have economical packages to ensure that people do not starve to death at home.

8.2. The Context in The Securitization Process

The securitization theory, which was created to reveal a universal theory, was criticized for being superficial about some variables. In particular, the theory left the "context" of social, cultural, historical and political events out of the analysis. In this context, the second sub-question of the research on the context problem revealed the necessity of a historical perspective. In response to this question, it is claimed that experience influences and securitization of infectious diseases in Turkey. This section highlights an underdeveloped issue in securitization, considering historical experience. Because the Copenhagen school has not sufficiently emphasized its integration with historical experience in securitization studies. At this point, facts such as historical accumulations, identity and culture come into play. Thus, variables are considered by an approach that theorizes the process by which the threat constructed. According to McDonald, the mentioned issues were ignored by the Copenhagen School and left out of the analysis. A very simple expression such as 'facilitating conditions' was used to fill this gap (McDonald, 2008,p.573).

Ignored contextual issues reveal the theory's weakness and the main idea of the study shaped around this gap. The speech act was strong enough to provide this change, and that it was necessary for determining the rhetoric for the difference in the preferences of the receptive audience. Therefore, the interaction of audience and context emerges in the securitization process. In this context, it is considered that the approach has serious shortcomings in the mentioned areas. Although the context is the most important factor in the process, it is also difficult to define. For this reason, the

effect of the historical context has been revealed in this research. It is claimed that the rhetoric put forward by the actor is based on historical origins. Traces of the past have been seen in most of the discourses of the actors.

In other words, analyzing of the securitization process, it is insufficient to examine only practices and discourses of securitizing actors. The state needs to look for traces of dominant elements of the national security culture. Even in a health-related issue in Turkey, it was felt necessary to use a national securitization discourse with historical reminders. Otherwise, the process completed by formulating it with a uniform security discourse. However, securitization is a social construction process and is formed as a result of inter-subject relations. For this reason, making sense of the process will be possible by examining the motivation of each unit, from the actor who started it to the audience that is trying to be persuaded, in the light of historical, political, social and cultural factors.

It is not enough to analyze a threat just from the discourses of the actors. However, combining the discourses with a country's historical, social, cultural and economic context will help us make sense of these discourses. The framing that the actors apply in their discourse helps us understand why that text was chosen, the government's role in the pandemic, and what measures it took to deal with it.

Insufficient Participation of the Buyers in the Analysis Process

Again, the area of research that securitization theory lacks is the audience. The theory did not reveal an approach about who the audience is and how acceptance occurs. The third sub-question of this study was to investigate this deficiency. Audience acceptance, one of the most important stages of the securitization process, has been analyzed with a survey application and contributed to the insufficient research on audience acceptance. Public perception was measured by analyzing the

securitization of Covid-19 in Turkey. This thesis analyzes audience acceptations from point of view of the securitization actor, both terms of threat and the solution the threat.

Although the theory requires the persuasion of the audience for the wheather securitization process is successful or not. The fact that the audience acceptance is not clearly defined in securitization theory. The meaning of persuasion quantitatively and qualitatively is not specified. It makes the understanding of securitization problematic or incomplete. It is necessary to analyse the process and define the target audience correctly to determine which audience is appropriate (Balzacq, 2005, pp.171-174). Accurately analyzing the audience's characteristics by the securitizing actor and the determination of the rhetoric in this direction will also increase the probability of the success of the process.

Ciaran O'Reilly contributed to characterizing the audience. According to O'Reilly, the concept presented as "the audience only" has no clarity on how much of this audience an actor needs to persuade. To fill this gap, O'Reilly developed the concept of "critical mass". The critical mass is explained that the securitization process will succeed if persuaded (O'Reilly, 2008, p.67). In other words, the securitizing actor convinces the audience, the issue placed on the security agenda and securitized. According to O'Reilly, two main elements, namely "volume" and "diameter", are for the audience. Volume here refers to the number of the audience. More than half of the target audience needs to persuaded to gain legitimacy on an issue. The diameter is related to the relevance and relevance of the selected target audience to the subject. Although the role of the audience in the securitization process is recognized as a critical element, it is not thoroughly analyzed and detailed.

Although the Covid-19 securitization meets the all securitization processes of the Copenhagen School, it showed that the role of audience is weak in the theory. The survey results applied according to the qualifications determined by O'Reilly seem to be more than fifty percent convinced. The perception of threat and the reference object has a security status and requires extraordinary measures to protect the health system. However, there were differences in support of the public for the measures taken regarding the solution. However, the public accepted the measures; they expressed different solutions from very strict to very little securitization. This showed that the type of measures taken was important, and it turned out that it was related to the people's social, economic, and cultural situation.

The success and sustainability of public health programs largely depend on the positive perception and acceptance of the public. The risk associated with an emerging hazard requires exchanging information and advice between experts and the public. The rapidly increasing cases of Covid-19 in Turkey after the first case on March 10, 2020, worried the public. Because the public was wondering about the adequacy of the government's response to the pandemic and the chaos, create uncertainty. Compliance with guidelines and recommendations issued by the government was high throughout the pandemic.

In this study, most of the respondents consisted of a group residing in various regions of Turkey, having higher education and knowing the viral aetiology of Covid-19. This study showed that the participants were educated and had some knowledge of the virus and therefore could form a meaningful opinion about the decisions made by the government. Responses to questions asked for each of the measures taken by the participants differed, but overall it resulted in an above-average evaluation. However, the response of the participants to the general pandemic management was below

average. This may be an indication of a response due to the inaccurate information about Covid-19.

The government has implemented a wide variety of measures to stop the spread of the virus. There was a resonance in this regard, as 75% of the participants supported the measures taken. But despite the support for the measures taken, the support for the different measures also differed. It is seen that some of the participants agree with the problem but do not agree on the solution. Participants expressed other frameworks of resolution, such as more stringent measures or an earlier response, and others for less stringent measures. Thus, there were comments for both more intensive securitization and desecuritization.

It framed as quarantine measures, which were the only and definitive solution during the pandemic process. In this regard, personal freedom, economy and the sacrifices required by the citizen have revealed the role of every citizen equally as a solution to stop the virus. In this regard, the framework of the government was compatible with the public. 43% of the participants agreed that the measures taken limited their freedoms. The participants emphasized that the measures are difficult to follow because they are vague and constantly changing. In this way, for some people, this tension between purpose and everyone's contribution was a practical issue, not a willingness to follow them.

There is little evidence that it is due to the government's rallying effect around the flag in the face of the threat posed by Covid-19. But citizens understood that strict restraint measures were necessary and supported the government, which decided to implement them soon. Overall, the results showed that authoritarian control, collectivist cultures, and actual government performance significantly impacted people's satisfaction with government performance during Covid-19.

In this respect, knowing a significant correlation between indicators can help assess possible policy outcomes. In this context, policy decisions will directly affect people's perceived satisfaction with their health, financial situation and social environment, affecting public opinion and life satisfaction in society. As far as we know, it is one of the first studies to examine the public perception of government response in Turkey within the scope of securitization theory. The findings here may help guide future decisions, especially given the impact of public perception on adopting government guidelines and policies. Also, for the first time in the country, we learned about public perception of government responses during a global pandemic. Finally, this study used nationally representative data with an appropriate sample size, which strengthened the external validity and generalizability of the study.

The interest towards the audience, which has an important role in the securitization process, has remained insufficient. There are few studies in the literature on how the public accepts a securitization process. The role of the public in securitizing threats such as terrorism and immigration has undoubtedly developed a very different form from the role of morality in securitizing Covid-19. Perhaps the role of the public has been left unscrutinized by scientists, as it has not faced a severe threat similar to Covid-19 since the Spanish Flu for the last 100 years.

The study has shown that the role of the public is important for successful securitization. This study examines an intersubjective process. Questioned the extent to which the public accepted the securitization of Covid-19 in Turkey. This way contributed to studies aimed at the audience, which is rare in the literature. In addition to speech acts, the securitizing actor create a threat; it discussed with an intersubjective approach. In this context, it has introduced a new approach to the securitization of Covid-19, in which the public plays a key role.

8.3. A New Approach to Securitization Theory

A key feature of Covid-19 has been integrating an overall security framework, where the public health sector overlaps with the political sector. The lack of convergence between the scientific and political agenda has not been explored in sufficient detail by the Copenhagen school. Indeed, this thesis revealed the absence of a framework for the relationship between scientific and political agendas. He covered a pandemic moment when the response to a virus had an impact on its course. This process has been instrumental in determining the scientific committees' handling of the management of the pandemic. It can say that scientific and technological perspectives have guided the government's response to Covid-19. In this process, science and scientists began to influence politics. Healthcare professionals pioneered this. It has been discussed that boards similar to the Pandemic Science Board established within the Ministry of Health should establish in other ministries, especially in agriculture, education and economy. Hope arose in society that science would become the guide of politics.

At this point, it is time to make a critique. It has been seen in the pandemic process that Turkey has provided all kinds of investments in health infrastructure and health for the last 20 years. However, it lacks in scientific and technological issues.

There is no specific and definitive treatment for SARS-CoV-2 infection. Therefore, the only way to secure Covid-19 would be with the vaccine to developed. From the early days of the pandemic, it has been discursively constructed that the vaccine is the only securitizing actor. But the development of the vaccine was only possible in countries that required a long-term policy with technical skills and technological investments. From the first stage of the pandemic, a discourse about a new drug and vaccine has emerged from many countries in the world. In other words,

the securitization of Covid-19 depended solely on the vaccine to be found by any state. All the measures taken by the state against the virus, all the policies they developed were only temporary measures without a vaccine.

States have politically addressed the question. How to better protect their populations against the pandemic? This virus has shown that governments need to acquire very different capabilities to manage such health-based threats. Therefore, states need to invest in a new set of pharmaceutical defences such as new generation vaccines, antibodies and antidotes (Elbe, 2018, p.31). If a new virus is causing the epidemic, governments must also have the ability to develop new medical countermeasures in response. Proactive development, production, and availability of new medical countermeasures for defence purposes have become key strategies in the twenty-first century.

Since the beginning, Turkey has searched for a developing vaccine for the pandemic. The issue of finding a vaccine was not merely the eradication of a virus. Still, it would provide prestige to the states in the pandemic. In the same way, discourses about vaccines in Turkey have been at the top of the political agenda. In this process, there was always the expectation of a national vaccine. Scientists from many different universities-initiated vaccine studies. The process started with Prof Dr Ercüment Ovalı's statement that he entered the laboratory for vaccine studies and would find the vaccine on April 23 2020. The discourse about inventing a vaccine continues until today. We have still no domestic vaccine(Hürriyet, 2020).

What can states do to strengthen health security? In answer to this question, in previous chapters, I have revealed the role of health infrastructures and pandemic plans in this process. However, the Republic of Turkey should focus on the issue of vaccination, and we felt the lack of it as a nation during this whole process.

To develop a new vaccine, it must have the necessary resources and technical capability and attract political attention. The development of a new vaccine during such a crisis proved highly desirable for governments and public. States should have the scientist and infrastructure to develop a range of related drugs and vaccines for pharmaceutical defences against viruses. In this sense, Turkey cannot rapidly produce medical countermeasures in the face of any attack or threat. It is seen that Turkey has a weak scientific team and infrastructure to develop pharmaceutical defence projects in this process.

In fact, instead of establishing a vaccine and serum production facility suitable for new technology in Turkey, vaccine imports were made because it was less costly. The main elements of the health reform package are the weakening of public health services, the deprivation of technical equipment, the opportunities provided to foreign capital in areas such as open privatization and especially drug and technology transfer. Unfortunately, while Turkey was a country can produce vaccines, no investment made in the public institution that produces vaccines, and the vaccine problem was solved by importing it.

"Immunization", which forms the basis of public health, can only be achieved with vaccines. Developing countries like Turkey can save themselves from being capitalist countries' markets by producing their vaccines. From another point of view, a vital product such as a vaccine has to be under the state's guarantee, and foreign dependency shows the point we have reached today in this regard.

Today, vaccine-related services: Vaccine Tracking System, Vaccine Distribution Chain, Vaccine Preventable Invasive Bacterial Diseases Surveillance and Infectious Disease Surveillance carried out in a multi-planned manner. However, there is no vaccine production in Turkey, and imported vaccines used in all these

activities. Countries like Turkey that have come a long way in universities should have vaccine development goals as well as providing health services., but for this, technological Infrastructure investments should be made, and policies should be developed in this regard.

8.4. Has Adequate Transparent Support Been Provided for Vaccine Studies in Turkey?

Considering timeline and BSL infrastructure, limited number of researches could be performed on COVID19 vaccine. However, even research centres have BCL facilities, non-infectious forms of Sars-CoV-2 virus may help perform vaccine research to elucidate the molecular mechanism of infection (Construction of Non-infectious SARS-CoV-2 Replicons and Their Application in Drug Evaluation).

Research grants are provided by TUBITAK in Turkey and recently at a certain type of projects TUSEB also supports scientific research. TUBITAK supported 35 projects on intensive care devices, diagnosis, masks, drugs, disinfection, other PPC (Personal Protective Clothing), informatics applications and vaccines with a budget of 13.4 million TL (Covid-19 Data Portal, Turkey). TUBITAK also support small molecule therapeutics (<https://covid19.tubitak.gov.tr/klinik-calismalar>) as well as drug repurposing. TUSEB supports phase studies of scientific research. For example, TURKOVAC (a nationally developed SARS-CoV-2 vaccine candidate) phase studies are supported by TUSEB.

There are around 90.000 scientists in Turkish Universities and if we assume just 10 percent population has laboratories (Chemistry, biology, medicine, pharmaceutical, virology, microbiology, oncology, bioengineering, biochemistry, biotechnology etc), the amount of grant was not enough to use scientific workforce (<https://www.yok.gov.tr/Sayfalar/Haberler/2021/turk-universitelerindeki-kadin-profesor-orani-avrupa-ortalamasini-gecti.aspx>). Despite all these efforts, these types

of disasters are not foreseen and desired measures are not taken by TUBITAK, TUSEB, Higher Education Institute (YOK) and Universities. It is well known that virus infections are an ongoing problem (i.e. Crimean-Congo Hemorrhagic Fever, Zika, West Nile viruses) but efforts in developing therapeutics in the field are insufficient. University-industry cooperation projects remained at basal level.

TUBITAK supports distinct projects, but the amount is still insufficient for advanced technological projects and for developing innovative products. YOK started a program (100/2000) to direct PhD students to work on specific topics and establishing key programs at universities serve planning a scheduled approach to solve unpredictable outcomes like pandemic disasters.

The long-term plans are not coordinated neatly and scientist at interdisciplinary fields are not coordinated properly. Universities did not support their scientists efficiently and provided insufficient grants for drug designing and vaccine development. In addition to these, Health Science Ministry asked researchers (physicians and scientist) to obtain permission from the Provincial Health Directorate to conduct scientific research on the Covid-19-related records of the patients (TTB, 2020a). All these problems and lower grant budgets and allocation were not transparent in supporting scientific research and invention. It should be noted that wet lab scientists and computer scientists who work on bioinformatics and computer-aided drug designs may help design a vaccine and small organic molecules.

Institutions and agencies tried to support Covid-19 research like Istanbul Development Agency (IDA) but all grants were compiled under TUBITAK (İSKA, 2020). IDA initially allocated two million Turkish Lira but TUBITAK decreased the grant to six hundred thousand. When supported project numbers divided into total allocated support, average grant was around three hundred Turkish Lira. If the

average sum is converted to Euros, the corresponding budget comes to 30.000 Euros. The amount is way below grants at Europe and USA. In addition, the evaluation process in a single institute may not meet all needs. TUBITAK Marmara Research Institute itself conduct research but Turkey has eminent scientist in every field that may contribute experience for innovative findings. TUBITAK has supported collaboration but at pandemic time frame this was not used. Budget, scientist and collaboration among scientist was not coordinated and institutions were not cooperated. All these delays bypassed through individual efforts and vaccine candidates are underway at phase studies.

8.5. Since The Ministry Of Health Takes Many Of Its Decisions Politically, Should There Be An Independent Committee Especially On Vaccines?

Advisory board on COVID-19 was established at January 2020. Thirty-eight scientists led by Health Minister Dr Koca in infection, microbiology, virology, internal medicine, intensive care and chest diseases. The board recommends their decisions to the Minister and the decisions have no binding on the Minister decisions. The board performed several online or physical meetings. These scientists are from diverse majors and put key regulations and decisions starting from the initial days of Covid-19. The board prepared "2019-nCoV Disease Guide" and published by the Ministry of Health (Karaaslan, S., and Yeşim, Y. D. 2020). "Türkiye koronavirüse karşı tedbirlerini aldı" (Anadolu Agent. Archived at 30 March 2020. Date of Access: 30 March 2020). The guide includes the care and isolation of patients, the conditions necessary for identifying the case and the ways to be followed after identification, general information on the virus and the disease.

The board also decided to move Turkish citizens from China to Turkey, ban international flights, close the country's land borders to certain countries, determine

reference and pandemic hospitals, delay foreign travel of citizens, 14-day quarantine advice for citizens coming from abroad, suspend education, accommodation facilities. The board made recommendations to diversify the measures in restaurants, dormitories and nursing homes, and to postpone open visits in open and closed prisons. Many professional groups and chambers discussed the scope and diversity of the Board. Uğur Emek, Head of the Department of Economics at Başkent University, stated that the Scientific Committee was formed on the basis of the discourse that "the establishment of a scientific advisory board and this committee should help in communication with the public" within the framework of the "Pandemic Influenza National Preparation Plan", while stating that it was a mistake to form the board only from medical scientists and stated that the effects of the epidemic on a multidimensional sectoral basis.

Mental Health Association President Ömer Akgül stated that the board plays a very important role in combating the epidemic, and made the statement that "The Coronavirus Scientific Board should be strengthened with psychological and sociological factors or an independent Psychosocial Coronavirus Board should be established". He stated that the Scientific Board should be reshaped in a way that attaches importance to the psychological struggle of the epidemic as well as to the biological effectiveness of the epidemic (Cumhuriyet, 2020).

Atilla Ataç, President of the Turkish Dental Association, criticized the absence of a dentist in the Scientific Board. He considered the absence of dentist representing the union as a deficiency. In the coming days, after the decision that the members of the Scientific Board should also be dentists, one of the dentists joined the board as a member. The first institutional response to the Ministry of Health's Scientific Committee was made by the Academy of Science and Enlightenment at the end of

March, and the Academy issued a statement declaring that the members of the board should resign immediately as a reaction to the political power that does not take science seriously. Following this statement, the Academy issued another statement stating that "this time they did not call the board to resign, but turned into a propaganda device of the government". While the Turkish Pharmacists Association wanted the mandatory curfew to be implemented throughout the country, it declared that diagnostic tests should be applied to pharmacists and that they should have a member in the Scientific Board.

On April 5, 2020, Nuri Ünal, President of the Public Servants Union of the Turkish Religious and Foundation Services Branch, said that they wanted one of the members of the Scientific Board from the Presidency of Religious Affairs. In his statement, he said, "We think it would be appropriate and demand that a member of the Religious Affairs High Council of the Presidency of Religious Affairs be appointed in order to present the correct information on religion in scientific committees." He also announced that they had notified the Minister of Health, Fahrettin Koca, in writing. Following such criticisms, it was said that an advisory body called the Social Sciences Board was formed on April 7, 2020, where "a different team will work with the dimensions of psychological, sociological, statistical and sociology of religion."

Although the Board has no power to manage the rules, the government takes the Board decisions. And public supported the Board, although there were few criticisms on education decisions. Several interviews and TV programs have been broadcasted, and Board members and scientists elaborated Covid-19 cases and discussed the reasons of peaks as well as importance of vaccination. Almost always there are contrary ideas but scientific board has been supported. Rifat Hisarcıklıoğlu,

President of the Union of Chambers and Commodity Exchanges of Turkey, said that social media content and rumors, which caused the citizens to lose their trust in the Scientific Board, caused serious damage in the fight against coronavirus, and said, "The Scientific Committee is guiding in this fight. This is the truth." The scientific committee and the Minister of health were supported because the public had confidence in scientists. Since common sense prevails, the scientific committee makes the right decisions readily.

Recurrent pandemics throughout history have created and will continue to create fear in public. In this respect, understanding the public's perspective on security will reference the responses to the upcoming pandemics. As Stevens and Vaughan-Williams (2016) have stated, states have recently highlighted the need for citizens' role in their national security agendas due to the changing nature of security threats. As stated study, it has emerged that in crises such as Covid-19, where the role of the public is high, the need for a better understanding of the public's opinion and the need for the State to discuss the scientific deficiencies in health-related issues. As can be seen, in Turkish politics, socio-economic decisions about the future of a country are now left to representatives who require a special technique and knowledge. The Covid-19 pandemic has shown that the initial political reflexes are strikingly dysfunctional and replaced by a new style of policy that prioritizes technical knowledge.

9. CONCLUSION

The high pathogenicity of Covid-19, with effects on all aspects of life, posed a threat to a paradigm of infection dependent world of the 21st century. Infectious diseases that have emerged throughout history have threatened the human security and the stability of states. Pandemic threats are inherently hidden and undetectable. Therefore, detection of the virus requires a large number of specialists and infrastructure equipment. The securitization of Covid-19 has turned into a phenomenon that the state actors must carry out. When the epidemic succeeded in changing the "normal" order, it became a securitized problem.

Securitization theory is one of the most effective approaches to security studies in the last two decades, mainly when discussing the collapse of the Soviet Union and the validity of traditional security concepts. Contributed to the broadening and deepening of security perspectives. Since the theory introduced, it has been applied to various industries, including global health security. Indeed, fundamental work in this area has also used securitization.

First of all, the link established between the security and health relationship with HIV/AIDS epidemic. In this context, developing countries have been presented as a threat to industrialized countries as the source of epidemic diseases. When Turkey's security approaches examined, it is seen that a security concept including non-traditional security and its various sectors adopted since the late 1990s. When WHO published its first pandemic plan, IPP, in 1999, it prepared pandemic preparedness plans by controlling pandemics in Turkey. Securitization practices have been implemented against various pandemics in Turkey. Due to the emergence of bird flu in 2005, Congo with Crimean Hemorrhage in 2007 and Swine Flu in 2009 took measures against the virus. Turkey has shown a tendency to frame infectious diseases

in terms of security, especially since the beginning of the 21st century. Not much research has been done in Turkey on a comprehensive analysis of health or infectious diseases from the country's safety studies. It can say that close attention to security studies mainly focused on issues such as immigration and terrorism. Therefore, Covid-19 was chosen due to a literature gap regarding the research question presented to research health safety in Turkey.

Turkey's response to Covid-19 has drawn a framework in line with the conditions associated with the securitization theory. The securitization conditions are clear at this point; a security essence level determines their successful framing as security questions. If this trait is strong, it has a good chance of making a legitimate survival claim (Buzan, Wæver & de Wilde, 1998, p. 36). Therefore, Turkey's response to the pandemic can be considered a securitized response.

The study's primary research question is to investigate the securitization status of Turkey's response to Covid-19 and how the process went. It is seen that actors in Turkey tend to secure the country's integrity, sovereignty and survival when it is considered a threat. Since the establishment of the Turkish Republic, the main sector for the security framework has been the military. Adoption of unconventional security concepts and their application across multiple industries. We can say that the handling of infectious diseases within the framework of safety started with Covid-19. Covid-19 was a catastrophic disaster for all countries, both in terms of public health and politics. That's why the leaders were in urgency to fight the virus. It has been made clear that we are at war with the virus threat. In this context, the uses of rhetoric, the measures implemented, and their specific effects on the public confirm that Covid-19 securitized.

The critical observation of this study is that it takes place in the discourses of the Government that legitimize its actions. A striking example to demonstrate this need is the statements made by the minister of health regarding the number of cases and deaths. Taking care of the public's health, the actors emphasized one aspect of the exercise of power and the legitimacy of the goals pursued by the state. These security frameworks provided legitimacy in securitizing this process to validate the importance of survivability. Declaring some form of mobilization in demanding public participation confirms that it is a powerful tool to achieve the state's goals. The mobilization carried out during the pandemic increased the participation in the campaigns to ensure the implementation of the measures taken. We can say that these actions have had a decisive impact on the response to the pandemic. It was an important motivation to create a sense of community to achieve a specific purpose and empower people against the pandemic. In this short period, not only was war declared but built health facilities in record time, passed regulations and created an emergency fund with the participation of the entire public.

We discussed the role of health infrastructure in securitizing Covid-19. Because the reactions to Covid-19 in the world were directly proportional to the resilience of health infrastructure in the early stages of the pandemic, at this point, states came to the fore with the health systems and infrastructures they established. In this respect, Covid-19 has revealed the importance of a publicly financed health system and the need for a strong social state. We can say that the concept of state capacity will be critical in health and fields such as economy and food.

In addition, we examined the practices followed in the process within the scope of the Paris School. We have shown that the measures taken to reduce the burden on the health system, such as physical distance and isolation, depend on social

cohesion. In addition, the fight against the pandemic has also required a broader social and economic struggle. Cohesion requires good communication and trust and a policy that allows people to stay home without starving. While asking people to stop going to work, it is necessary to provide the required support and make the required arrangements to ensure the order of society. Because if these cannot offer, there is no point in telling people not to go to work. In other words, if it cannot scientifically explain the logic of wearing a mask, or if schools are closed and children cannot give online education, the measures will not make sense. In other words, it cannot just impose specific rules and impose penalties on those who do not abide by them. The country's pre-existing social policies and those specifically enacted to respond to the Covid-19 challenge were important elements of securitizing public health.

We can say that Turkey is structurally successful in its fight against Covid-19. Structured state capacity, institutional infrastructure and health workers in health have been the main components of this struggle. At this point, it has revealed the importance of state capacity in finding solutions to social crises such as pandemics and ensuring the safety of the people. However, the fact that social state policies are still an important tool and indispensable has emerged. Indeed, in this process, it has been understood once again how vital the state's fulfilment of critical public services such as health has in managing the global epidemic crisis. Health is the subject of the state, and it has emerged in this pandemic that responding to a health threat is not only the duty of the Ministry of Health and health personnel. It observed that many occupational groups, from the governor to the traffic police, from the teacher to the municipality official, have duties. Most of these services provided by sectors other than the Ministry of Health.

In this process, the Ministries of Internal Affairs, Finance, National Education, Tourism, Commerce, Family and Social Policies, municipalities, non-governmental organizations, universities, and the private sector worked in coordination together under the control of the pandemic. However, states with a strong health structure used only their health and health-related units as the main actor in this pandemic. They responded with a system in which the military is the leading actor in countries with inadequate health infrastructure, such as Israel.

In the treatment of the Covid-19 pandemic; Prompt diagnosis, isolation and clinical management were of paramount importance for the prevention of infection. In this context, countries with a strong health services infrastructure have given their citizens more confidence in this process. One of the concerns experienced in the countries where the epidemic first emerged was whether the health infrastructures were sufficient or not. The capacities of the intensive care units, the number of intensive care beds, and the adequacy of the respirators, which are especially needed in treating patients infected with the Covid-19 virus, were among the types of equipment that were first questioned. The importance of intensive care beds for the success of the disease's diagnosis and treatment processes emphasized and argued that the states should increase the capacity (Phua et al., 2020, p.1). Turkey has shown a successful performance in securitizing the disease in terms of infrastructure service capacity. Of course, it is not correct to evaluate only the intensive care capacity and the health infrastructure. Turkey has also provided securitization with the number of physicians, nurses, ambulances, hospital beds, qualified beds and intensive care beds, especially in Covid-19, which has increased rapidly since 2003. Thanks to this infrastructure and experience, the health system has not collapsed in responding to the crisis caused by Covid-19. The process implemented practices such as economic

measures taken with various regulations highlighting the state policy, curfews, no charge from Covid-19 patients during the hospital processes.

The records of the last 20 years in Turkey are that the health sector's capacity has increased rapidly before the outbreak of Covid-19. The Government's reforms and investments to increase healthcare capacity have also been seen in its response to Covid-19. A strict quarantine regime has been implemented three times since March 2020. Comparing the number of beds and intensive care units at the start of the quarantines revealed that the Lockdown measures taken in Turkey are directly related to the health infrastructure. Having more beds means treating more people in the hospital. Therefore, despite the increasing number of cases, the number of deaths was low. In addition, the health infrastructure, which can offer the chance of diagnosis and treatment with ultrasound at an early stage of the disease, emerged in the early stages of the pandemic with its securitizing role.

Considering the size and destruction of the Covid-19 pandemic, we can say that the threats to national security come first. In particular, the fact that it is struggling with a threat that directly targets people but cannot easily identify, whose borders cannot be determined exposes the whole world to an unusual security problem. In terms of its multifaceted effects, the epidemic has unusually threatened public health. Therefore, the epidemic; has also clearly shown that security is not just about protecting borders or taking classical protective/preventive measures. Within the framework of these multifaceted security problems that experienced today, must take various security topics such as medicine, genetics, perception, water, migration, energy, and food.

At this point, the necessity of restructuring the security bureaucracies of the countries following this diversification has become much more debatable. The

pandemic has shown that health-related issues should be part of national security, among many other effects. This new situation, which signals the need for a change in the traditional understanding of security, requires states to make a paradigm shift in the field of security. It can say that we are living through a period in which the traditional understanding of security has lost relative importance, and the understanding of human security has gained importance. It is possible to state that the main reference object in security studies has become individual analysis with the virus.

On the other hand, the Covid-19 crisis brought under control as a result of national measures. The epidemic crisis brought about changes in economic, social, political and security threats that made the state's intervention necessary and inevitable. In this context, the state is the only actor with the required legitimacy and resources to resist the disaster with multidimensional results. The primary mechanism that solves the problems that occur is the measures taken by the governments. In other words, with the economic and social security mechanisms, the nation-state is rising again and returning to its decisive role. In this context, the Covid-19 crisis brings to light again the realism that states are the central actors.

However, in Turkey, the pandemic approach was handled as a security issue. And security-related framing was included in the discourses. We can consider that the elements that lead Turkey to a securitization framework stem from militarism in the structure of Turkish society. We were fighting the enemy that seemed to be at war in the frames, we used contacts abundantly and declared mobilization. Made people's call for this mobilization entirely with the analogy of the War of Independence. In addition, the field hospitals built in the border regions provided a connection between the pandemic and the war.

In this study, a questionnaire was applied to measure the public's perception of the Government's pandemic management. Rather than considering how the public understands the Government's securitization frameworks, it looks at whether people accept it. In Covid-19, it explores the detailed processes of how people internalize the Government's message and, more importantly, evaluate whether the Government's attempts to get people to follow directions have been successful. But it is essential to know how individuals perceive government framing, as this naturally also influences individual decision-making in response to government frameworks. Also, the framework will act differently on different people because of the various personal experiences and mindsets individuals have.

The high uncertainty around the coronavirus pandemic has resulted in governments using whatever frameworks they initially wanted, as the general public does not have enough information to evaluate the Government's framework critically. Governments have emphasized the security framework and its metaphorical threats to security to unite their peoples under a common cause and justify the sacrifices they demand from their citizens for those governments.

Using a security framework creates a sense of danger and urgency. The implication in such a framework is that if people are to regain a sense of security, they must trust and support their governments to be strong and swift in responding to the crisis.

Health crises, on the other hand, are not traditionally projected through a security lens. Health issues cannot make the headlines, with acts of violence dominating public dialogue because of their sensational nature. At the same time, the minister of defence has consistently ranked higher than the minister of health.

Respondents also asked to compare their concerns about the disease with the Government's perception. Trust in health authorities and acknowledgement of the Government's handling of the crisis are proxies of connection and trust between the public and health authorities. If both trust and approval are high, it assumed that the framework in which the Government's communication strategy is adequate is credibly affecting people, thereby increasing the Government's compliance with coronavirus regulations. Measuring how people view government performance is helpful because, ultimately, framing is a matter of words and perceptions.

If the death rate were high, but the Government implemented a credible framework to justify the high deaths, trust and approval would be high. The Government could use the measures it wanted with little widespread opposition. If the Government's aims or recommendations are beyond questionable, this is not necessarily a desirable outcome. Still, it is a useful measure as it allows us to understand the strength of the link between government and population and estimate the relevance of creating and maintaining that relationship when framing is much lower than the medium-term trend. The three graphs show a moderate correlation between frame and compliance, trust in Government, or optimistic views of government management. The government framework has little impact on how people perceive the pandemic and its role. So, the Government is effective in using a particular framework to instil desired behaviours or thoughts.

The coronavirus pandemic was a new threat not only to many governments but also to the general population. Making the crisis relatable to people was a significant early challenge for governments, instilling in people the sense of urgency needed to approach the problem with a "whole country" approach from the start. A health crisis is not one that Western governments and peoples have faced recently, so there was no

shared experience or history of pandemics that governments and people could talk about it. However, The Republic of Turkey has a strong history of military and security challenges. If militarism is prevalent in a society and there are foundations of nation-building built on stories of military heroism, it is positive to use a security framework. From this perspective, there is nothing more natural than using a security framework to deal with a serious health crisis like Covid-19.



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Appendix A

List of Recep Tayyip Erdogan's Speeches

18.03.2020	Koronavirüsle Mücadele Eşgüdüm Toplantısı Sonrası Konuşma
18.05.2020	Kabine Toplantısının Ardından Yaptıkları Konuşma
25.03.2020	Ulus Sesleniş Konuşması
26.03.2020	G-20 Zirvesi'nde Yaptıkları Konuşma
27.03.2020	Ulus Sesleniş Konuşması
30.03.2020	Ulus Sesleniş Konuşması
01.04.2020	AK Parti İl Başkanları Toplantısı'nda Yaptıkları Konuşma
02.04.2020	AK Parti Belediye Başkanları Toplantısı'nda Yaptıkları Konuşma
03.04.2020	Ulus Sesleniş Konuşması
06.04.2020	Kabine Toplantısının Ardından Ulus Sesleniş Konuşması
10.04.2020	Türk Dili Konuşan Ülkeler İşbirliği Konseyi'nin Koronavirüs Salgını ile Mücadelede İşbirliği ve Dayanışma Konulu Olağanüstü Toplantısı'nda Yaptıkları Konuşma
13.04.2020	Kabine Toplantısının Ardından Yaptıkları Konuşma
20.04.2020	Kabine Toplantısının Ardından Yaptıkları Konuşma
20.04.2020	İstanbul Başakşehir Şehir Hastanesi Hizmete Alım Töreni Konuşma
23.04.2020	23 Nisan Ulusal Egemenlik ve Çocuk Bayramı Konuşması
28.04.2020	Kabine Toplantısı'nın Ardından Yaptıkları Konuşma
04.05.2020	Kabine Toplantısı'nın Ardından Yaptıkları Konuşma
11.05.2020	Kabine Toplantısının Ardından Yaptıkları Konuşma
21.05.2020	Başakşehir Çam ve Sakura Şehir Hastanesi Açılış Konuşması
28.05.2020	Kabine Toplantısının Ardından Yaptıkları Konuşma
29.05.2020	Prof. Dr. Feriha Öz Acil Durum Hastanesi Açılış Konuşma
31.05.2020	Hadımköy Dr. İsmail Niyazi Kurtulmuş Hastanesi Açılış Konuşması
31.05.2020	Prof. Dr. Murat Dilmener Acil Durum Hastanesi Açılış Konuşma
09.06.2020	Kabine Toplantısının Ardından Yaptıkları Konuşma
20.06.2020	Marmara Üniversitesi Hastanesi Açılış Töreni'nde Yaptıkları Konuşma
29.06.2020	Kabine Toplantısının Ardından Yaptıkları Konuşma
10.07.2020	Millete Sesleniş Konuşması

14.07.2020	Kabine Toplantısının Ardından Yaptıkları Konuşma
15.07.2020	Millete Sesleniş Konuşması
27.07.2020	Kabine Toplantısının Ardından Yaptıkları Konuşma
09.08.2020	Kocaeli Üniversitesi Sağlık Tesisleri ve Araştırma Merkezleri Açılış Töreninde Yaptığı Konuşma
10.08.2020	Kabine Toplantısının Ardından Yaptıkları Konuşma
24.08.2020	Kabine Toplantısının Ardından Yaptıkları Konuşma
31.08.2020	Milli Savunma Üniversitesi Harp Okulları Diploma Alma ve Sancak Devir Teslim Töreni'nde Yaptıkları Konuşma
05.09.2020	Göztepe Şehir Hastanesi Açılış Töreni'nde Yaptıkları Konuşma
07.09.2020	Kabine Toplantısının Ardından Yaptıkları Konuşma
21.09.2020	Kabine Toplantısının Ardından Yaptıkları Konuşma
05.10.2020	Kabine Toplantısının Ardından Yaptıkları Konuşma
10.10.2020	Kabine Toplantısının Ardından Yaptıkları Konuşma
15.10.2020	2020-2021 Yükseköğretim Akademik Yılı Açılış Konuşma
03.11.2020	Kabine Toplantısının Ardından Yaptıkları Konuşma
17.11.2020	Kabine Toplantısı'nın Ardından Yaptıkları Konuşma
22.11.2020	G-20 Liderler Zirvesi'nde Yaptıkları Konuşma
30.11.2020	Kabine Toplantısı'nın Ardından Yaptıkları Konuşma
4.12.2020	Kabine Toplantısı'nın Ardından Yaptıkları Konuşma
28.12.2020	Kabine Toplantısı'nın Ardından Yaptıkları Konuşma
11.01.2021	Kabine Toplantısı'nın Ardından Yaptıkları Konuşma
01.02.2021	Kabine Toplantısı'nın Ardından Yaptıkları Konuşma
17.02.2021	Kabine Toplantısı'nın Ardından Yaptıkları Konuşma
01.03.2021	Kabine Toplantısı'nın Ardından Yaptıkları Konuşma
15.03.2021	Kabine Toplantısı'nın Ardından Yaptıkları Konuşma
05.04.2021	Değerlendirme Toplantısı'nın Ardından Yaptıkları Konuşma
13.04.2021	Kabine Toplantısı'nın Ardından Yaptıkları Konuşma
26.04.2021	Kabine Toplantısı'nın Ardından Yaptıkları Konuşma
1.05.2021	Kabine Toplantısı'nın Ardından Yaptıkları Konuşma
17.05.2021	Kabine Toplantısı'nın Ardından Yaptıkları Konuşma
21.05.2021	Küresel Sağlık Zirvesi'nde Yaptıkları Konuşma
21.06.2021	Kabine Toplantısı'nın Ardından Yaptıkları Konuşma
05.07.2021	Kabine Toplantısı'nın Ardından Yaptıkları Konuşma
5.07.2021	Millete Sesleniş Konuşması
12.07.2021	Kabine Toplantısı'nın Ardından Yaptıkları Konuşma
27.09.2021	Kabine Toplantısı'nın Ardından Yaptıkları Konuşma

List of Fahrettin Koca's Speeches

22.07.2020	Koronavirüs Bilim Kurulu Toplantısına İlişkin Açıklama
16.11.2020	Koronavirüs Bilim Kurulu Toplantısına İlişkin Basın Açıklaması
02.12.2020	Koronavirüs Bilim Kurulu Toplantısına İlişkin Basın Açıklaması
17.12.2020	Koronavirüs Bilim Kurulu Toplantısına İlişkin Basın Açıklaması
30.12.2020	Koronavirüs Bilim Kurulu Toplantısına İlişkin Basın Açıklaması
07.01.2021	Koronavirüs Bilim Kurulu Toplantısına İlişkin Açıklama
20.01.2021	Koronavirüs Bilim Kurulu Toplantısına İlişkin Açıklama
27.01.2021	Koronavirüs Bilim Kurulu Toplantısına İlişkin Açıklama
03.02.2021	Koronavirüs Bilim Kurulu Toplantısına İlişkin Açıklama
16.02.2021	Koronavirüs Bilim Kurulu Toplantısına İlişkin Açıklama
18.03.2021	Koronavirüs Bilim Kurulu Toplantısına İlişkin Açıklama
25.03.2021	Koronavirüs Bilim Kurulu Toplantısına İlişkin Açıklama
31.03.2021	Koronavirüs Bilim Kurulu Toplantısına İlişkin Açıklama
28.04.2021	Koronavirüs Bilim Kurulu Toplantısına İlişkin Açıklama
05.05.2021	Koronavirüs Bilim Kurulu Toplantısına İlişkin Açıklama
26.05.2021	Koronavirüs Bilim Kurulu Toplantısına İlişkin Açıklama
02.06.2021	Koronavirüs Bilim Kurulu Toplantısına İlişkin Açıklama
09.06.2021	Koronavirüs Bilim Kurulu Toplantısına İlişkin Açıklama
16.06.2021	Koronavirüs Bilim Kurulu Toplantısına İlişkin Açıklama
30.06.2021	Koronavirüs Bilim Kurulu Toplantısına İlişkin Açıklama
07.07.2021	Koronavirüs Bilim Kurulu Toplantısına İlişkin Açıklama
14.07.2021	Koronavirüs Bilim Kurulu Toplantısına İlişkin Açıklama
28.07.2021	Koronavirüs Bilim Kurulu Toplantısına İlişkin Açıklama
04.08.2021	Koronavirüs Bilim Kurulu Toplantısına İlişkin Açıklama
11.08.2021	Koronavirüs Bilim Kurulu Toplantısına İlişkin Açıklama
18.08.2021	Koronavirüs Bilim Kurulu Toplantısına İlişkin Açıklama
08.09.2021	Koronavirüs Bilim Kurulu Toplantısına İlişkin Açıklama
15.09.2021	Koronavirüs Bilim Kurulu Toplantısına İlişkin Açıklama
22.09.2021	Koronavirüs Bilim Kurulu Toplantısına İlişkin Açıklama
06.10.2021	Koronavirüs Bilim Kurulu Toplantısına İlişkin Açıklama
13.10.2021	Koronavirüs Bilim Kurulu Toplantısına İlişkin Açıklama
20.10.2021	Koronavirüs Bilim Kurulu Toplantısına İlişkin Açıklama
27.10.2021	Koronavirüs Bilim Kurulu Toplantısına İlişkin Açıklama
03.11.2021	Koronavirüs Bilim Kurulu Toplantısına İlişkin Açıklama

Appendix B
Survey questionnaire

YEDITEPE UNIVERSITY
Informed Consent Form

Survey on the Handling of Coronavirus in Turkey

This survey is a part of the dissertation of a PhD student in the Department of Political Science and International Relations at Yeditepe University. The study aims to investigate how the people in Turkey experience the response to the Covid-19 pandemic. The study is carried out for research purposes only within the framework of education. By participating in the survey, you contribute to crisis management research that increases knowledge of how the public perceives a government's handling of pandemics such as Covid-19. The survey consists of 32 questions and will take approximately 8 minutes.

I know that I participated in the research voluntarily, and I can leave the research at any time with justification. I voluntarily participate in the study in question without any pressure or coercion.

I agree () I do not accept ()

1. How old are you?
 2. What is your gender
 3. Your education status
 4. Do you have a chronic disease?
 5. Where do you live
- In the metropole () in the city ()

Do you think during the pandemic?

6. Overall, pandemic management

I totally agree I totally disagree

☐ ☐ ☐ ☐ ☐

7. Closure of educational institutions (schools, universities and childcare centers)

I totally agree I totally disagree

☐ ☐ ☐ ☐ ☐

8. 14-day quarantine for residents and visitors entering Turkey

I totally agree I totally disagree

☐ ☐ ☐ ☐ ☐

9. 14-day quarantine for close contacts of confirmed/suspected cases

I totally agree I totally disagree

☐ ☐ ☐ ☐ ☐

10. Cultural events, restaurants, educational facilities, etc. shut down

I totally agree I totally disagree

☐ ☐ ☐ ☐ ☐

11. The Health Ministry's daily statistics and explanation

I totally agree I totally disagree

☐ ☐ ☐ ☐ ☐

12. The government's filiation (contact tracking) application

I totally agree I totally disagree

☐ ☐ ☐ ☐ ☐

13. Government vaccination policy

I totally agree I totally disagree

☐ ☐ ☐ ☐ ☐

14. I believe a vaccine can help control the spread of Covid-19

I totally agree I totally disagree

☐ ☐ ☐ ☐ ☐

15. As a citizen during the pandemic process, I think that individual sacrifices are very important in the fight against Covid-19.

I totally agree I totally disagree

☐ ☐ ☐ ☐ ☐

16. All information about the prevalence of the epidemic is presented to citizens accurately and completely.

I totally agree I totally disagree

☐ ☐ ☐ ☐ ☐

17. Minister of Health Communication was aimed at the entire population.

I totally agree I totally disagree

☐ ☐ ☐ ☐ ☐

18. I relied on government reports of the spread of the epidemic and statistics on the number of Covid-19 cases and deaths.

I totally agree

I totally disagree

☐ ☐ ☐ ☐ ☐

19. The government had a strong pandemic preparedness team of public health and medical professionals to lead our national response to the Covid-19 pandemic.

I totally agree

I totally disagree

☐ ☐ ☐ ☐ ☐

20. The government has given everyone access to free, reliable Covid-19 testing.

I totally agree

I totally disagree

☐ ☐ ☐ ☐ ☐

21. During the epidemic, access to health services other than Covid-19 treatment was provided when needed.

I totally agree

I totally disagree

☐ ☐ ☐ ☐ ☐

22. The government has provided special protection to vulnerable groups at higher risk, such as the elderly, the poor, immigrants, prisoners and the homeless, during the Covid-19 pandemic.

I totally agree

I totally disagree

☐ ☐ ☐ ☐ ☐

23. How appropriate do you think your individual actions are to prevent contamination in the fight against the pandemic? (0 – not in applicable & 100 – totally appropriate)

24. How appropriate do you find the government's actions to prevent contamination in the fight against the pandemic? (0 – not applicable & 100 – totally appropriate)

25. Why do you think some people do not follow the rules and recommendations regarding COVID-19?

26. If you could change one thing about Turkey's handling of the virus, what would it be and why?

27. Compared to my concern about the disease, the government's overall perception of COVID-19 was as follows:

- a) Similar to my own anxiety about the disease
- b) Exaggerated compared to my own anxiety about the disease
- c) I am relieved compared to my own anxiety about the illness
- d) Other

28. Trust in the health system and necessary institutions is an important shield in the fight against the epidemic.

- a) I totally agree
- b) I partially agree
- c) I partially disagree
- d) I strongly disagree

29. How did you react when you heard that he was going to impose a curfew?

- a) I thought it necessary to reduce deaths
- b) I thought it was part necessary, part overreaction.
- c) I took it as an overreaction
- d) I found insufficient and even more stringent measures were needed

30. I think quarantine measures restrict my personal freedom too much

- a) I totally agree
- b) I partially agree
- c) I partially disagree
- d) I strongly disagree

31. If a Covid-19 vaccine is found in Turkey, my decision to get vaccinated will change.

- a) I totally agree
- b) I partially agree
- c) I partially disagree
- d) I strongly disagree

32. I think everyone should be vaccinated according to the national vaccination schedule.

- a) I totally agree

- b) I partially agree
- c) I partially disagree
- d) I strongly disagree



Appendix C

Yeditepe University Ethics Committee Approval



T.C.
YEDİTEPE ÜNİVERSİTESİ REKTÖRLÜĞÜ

05.10.2021

Sayı : E.50532705-302.14.01-998
Konu : F. Necmiye Tutar Kurul Onayı

İLGİLİ MAKAMA

Üniversitemiz Sosyal Bilimler Enstitüsü Siyaset Bilimi ve Uluslararası İlişkiler Doktora öğrencisi F. Necmiye Tutar'ın, Prof. Dr. Emin Gürses danışmanlığında yürütülecek olan "Sağlık Güvenliği ve Türkiye Örneğinde Covid-19'un Güvenlikleştirilmesi" başlıklı araştırmasının beşeri bilimler etik standartlarına uygunluğuna ilişkin Yeditepe Üniversitesi Beşeri ve Sosyal Araştırmalar Etik Kurul Onayı ekte sunulmuştur.

Gerekli iznin verilmesi hususunu bilgilerinize arz ve rica ederim.

İmza
Prof. Dr. Fatma Yeşim EKİNCİ
Rektör a.
Rektör Yardımcısı

Ek: Etik Kurul Onayı.pdf

**YEDİTEPE ÜNİVERSİTESİ BEŞERİ VE SOSYAL BİLİMLER ETİK
KURULU KOMİSYONU**

**28.09.2021 TARİHLİ
21/2021 No'lu TOPLANTI KARARLARI**

- 16) Yeditepe Üniversitesi Sosyal Bilimler Enstitüsü Siyaset Bilimi ve Uluslararası İlişkiler Doktora Öğrencilerinden F. Necmiye Tutar'ın, Prof. Dr. Emin Gürses danışmanlığında yürütülecek olan "Sağlık Güvenliği ve Türkiye Örneğinde Covid-19'un Güvenlikleştirilmesi" başlıklı araştırmasının Beşeri Bilimler etik standartlarına uygunluğu Yeditepe Üniversitesi Beşeri ve Sosyal Araştırmalar Etik Kurulu tarafından değerlendirilmiş ve onaylanmıştır.
- 17) Yeditepe Üniversitesi Sosyal Bilimler Enstitüsü İşletme Doktora Öğrencilerinden Burçin Tüzemen'in, Doç. Dr. Özlem Kunday danışmanlığında yürütülecek olan "A Study on the Effects of Business Incubators on their tenants under the light of Positive Psychology" başlıklı araştırmasının Beşeri Bilimler etik standartlarına uygunluğu Yeditepe Üniversitesi Beşeri ve Sosyal Araştırmalar Etik Kurulu tarafından değerlendirilmiş ve onaylanmıştır.

Appendix D

Covid-19 Scientific Committee List

Prof. Dr. Ateş Kara, Hacettepe University Faculty of Medicine- Pediatric Infectious Diseases

Prof. Dr. Levent Akın, Hacettepe University Faculty of Medicine- Epidemiology

Prof. Dr. Tevfik Özlü, Karadeniz Technical University Faculty of Medicine- Chest Diseases

Prof. Dr. Ayşegül Füsün Eyüboğlu, Baskent University Faculty of Medicine- Chest Diseases

Prof. Dr. Recep Öztürk, Istanbul Medipol University Faculty of Medicine- Infectious Diseases and Clinical Microbiology

Prof. Dr. Firdevs Aktaş, Gazi University Faculty of Medicine- Infectious Diseases and Clinical Microbiology- Retired

Prof. Dr. Serhat Ünal, Hacettepe University Faculty of Medicine- Infectious Diseases and Clinical Microbiology

Prof. Dr. Alpay Azap, Ankara University Faculty of Medicine- Infectious Diseases and Clinical Microbiology

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Prof. Dr. Akın Kaya, Ankara University Faculty of Medicine- Chest Diseases

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