

Turkish Nationalism and Social Policy: The Case of Compulsory Public Service of Physicians

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Paper Presented at the 2021 ASN World Convention, 5-8 May 2021

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This paper is on how mainstream Turkish political actors perceived, discussed, and responded to uneven geographical distribution of physicians, which has been one of the most severe and chronic problems of Turkish state healthcare provision since the early years of the foundation period (1920s) of the Turkish Republic. The physicians, both general practitioners and medical specialists, have been—*are*—concentrated in the major urban areas of the western region, like İstanbul, Ankara, and İzmir, and have generally avoided working in rural areas and eastern/Kurdish provinces.

Due to the specific characteristics of mainstream *ideo-political* climate, which I try to shed light below, compulsory public service of physicians (CPSP) has been one of the major policy tools used by the Turkish governments against the uneven geographical distribution of physicians. In varying forms and with some interruptions, they have always been on the government agenda. Five CPSP laws were issued throughout the Republic's history, the first in 1923, and the last, which is still in force, in 2005:

- The Law on Compulsory Service of Physicians: 1923-1932
- The Law on the Abolishment of Compulsory Service of Those Physicians Who Graduate from the Faculty of Medicine as of 1932 and the Obligations of Free Boarding Medical Students: 1932-1981
- The Law on the Requirements of the Recruitment of Medical Personnel in State Organization: 1952-1954
- The Law on the Obligation of State Service of Some Health Personnel: 1981-2003
- The Law on the Amendments of the Basic Law on Health Services, Law on Compensation and Working Conditions of Health Personnel, Civil Servants Law, Law on the Manner of Practicing Medicine and Its Various Branches and Decree Law on the Organization and the Duties of the Ministry of Health: 2005-

Discussions around uneven geographical distribution of physicians and CPSP laws are very important, as uneven geographical distribution of physicians is much beyond a technical problem of healthcare provision and embodies the limits of the idea of unitarian Turkey, Turkish nation, Turkish homeland. Therefore, when designed to deal with uneven geographical distribution of physicians, CPSP laws necessarily triggered nationalist discussions on how to close the gap between the idea and reality of Turkish nation/homeland. These discussions involved reflections on who an ideal Turkish individual is, what his rights and duties are, how individual and national interest can be reconciled, etc. Focusing on these discussions would provide us with not only new insights into Turkish nationalism(s) but also a ground to address how Turkish nationalism(s) shape social policy processes. That is why in what follows I provide a close reading of the laws, bills, the justifications of the bills, the commission reports, and the minutes of the discussions among the deputies during the enactment process of the laws to examine the discursive strategies through which compulsory service was brought forward, legitimized, and delegitimized in Turkish mainstream politics.

Nationalist-Modernizers versus Nationalist-Conservative Populists

An in-depth analysis of the arguments exchanged and polarizations occurred in Turkish mainstream political discussions between 1920s-2000s around the CPSP laws and uneven geographical distribution of physicians, and affiliated issues including the shortage of physicians, Turkish physicians working abroad, the concentration of physicians in a few developed cities in Western region to the cost of the rest of the country, makes it possible to identify two main groupings persistent in time. I call them nationalist-modernizers and nationalist-conservative populists.

Nationalist-Modernizers

1- Nationalist-modernizers had a governmental perspective in Foucauldian sense of the term. As Foucault argues, governmental perspective “inserts the phenomenon in question... within a series of probable events. Second, the reactions of power to this phenomenon are inserted in a calculation of cost. Finally, third, instead of a binary division between the permitted and the prohibited, one establishes an average considered as optimal on the one hand, and, on the other, a bandwidth of the acceptable that must not be exceeded.”¹ “Inserting a phenomenon in question... within a series of probable events” is to deal with a problem not directly as a matter of prohibition and permission and rather as a reality which is part of a “sort of complex composed of men and things,”² a “complex and independent reality that has its own laws and mechanisms of disturbance”³ (economy, society, population) and thus can be addressed and minimized by interventions made through the knowledge of these laws and mechanisms.

From this point of view, uneven geographical distribution of physicians is not a moral issue, good or evil in itself, that can be completely removed by prohibitions. It is rather an outcome of autonomous realities of supply and demand mechanisms of health labor force market that need to be intervened into through political economic knowledge of these mechanisms and in the least costly way possible.

2- Nationalist modernizers had a normative commitment to rights-bearing individual of bourgeois civilization, which is in direct conflict with the idea of “individual in debt to society” of solidarist

¹ Michel Foucault, *Security, Territory, Population: Lectures at the Collège de France 1977-1978*, ed. Michel Senellart (New York: Palgrave Macmillan, 2007), p. 6

² Foucault, “Governmentality,” in *The Foucault Effect: Studies in Governmentality*, ed. Graham Burchell, Colin Gordon and Peter Miller (Chicago: The University of Chicago Press, 1991), p. 93.

³ Foucault, *Foucault Live: Collected Interviews, 1961-1984*, ed. S. Lotringer (New York: Semiotext(e), 1989), p. 261.

corporatism of national-conservative populism. This may look puzzling at the first sight, given that Kemalists, who set the basic parameters of nationalist-modernizing orientation, subscribed to Durkheim's solidarist corporatist conception of society adapted into Turkey by *Ziya Gökalp*.⁴ Kemalists' references to the ideas of "organic solidarity", "interdependence of individuals", "individual in debt to society" was more instrumental than normative. What Kemalists did was to use the notion of organic solidarity to deny the conflicts in society and thus present it as "...unprivileged, classless and united mass" that does not need more than Kemalists to be represented, and to use the notion of "individual in debt to society" to provide a conceptual instrument for monopolized national sovereignty used to restrict the constitutional rights of individuals to carry out modernizing/nationalizing reforms. In other words, in nationalist-modernizing perspective of Kemalism, individual in debt to society was subservient to rights-bearing individual.

3- As a consequence, for nationalist-modernizers, compulsory service was not the only available and the most desirable instrument to be used against uneven geographical distribution of physicians. Rather it was at most a temporary instrument to be carefully used, reinforced by incentives and removed immediately when possible due to its deterring pressure on the supply side of health labor force market.

4-Nationalist-modernizers mainly consisted of Kemalist mainstream of Republican People's Party and non-Islamist-Turkist-Conservative groups and circles in centre-right parties.

Nationalist-Conservative Populists

1-Nationalist-conservative populist stance had three constants. First, it lacked any governmental perspective and was rather guided by juridical conception of power. Second, it was committed to

⁴ Taha Parla, *The Social and Political Thought of Ziya Gökalp: 1876-1924* (Leiden: E.J. Brill, 1985).

the solidarist-corporatist notion of individual in debt to society/nation. And third, it wholeheartedly subscribed to the anti-Western nationalist distinction between culture and civilization, the domain of spirituality and the domain of materiality⁵. In a very voluntarist fashion, nationalist-conservative populism reduces whole society to choices and decisions that are gathered under the sign of either West or People.⁶ The politics is thereby rendered into an activity of finding proper dose of combination of West and People, namely the combination of individual freedom, rationality, interest and national harmony, sentiments, self-sacrifice. In this framework the conflicts, disagreements, inequalities in the society are inevitably attributed to excessive Westernism unbalanced by national feelings, sentiments and self-sacrifice. The social questions are thus translated into cultural and moral problems that need cultural and moral solutions. To make the necessary correction, nationalist elites, accompanied by discourses of national sentiments, feelings, self-sacrifice, appear as sovereign over the culturally spoilt individuals as the embodiment of people and constrain the freedoms of the spoilt on the basis of the solidarist-corporatist notion of the debt of individual to society. Put otherwise, in nationalist-conservative populism there are only good or bad choices that are judged according to the criteria of the ability to achieve the “boundary management”⁷, but not limits, structures, autonomous processes (society, economy, population) which are given birth by or giving birth to these choices.

2- From this point of view, uneven geographical distribution of physicians was reduced to the terms of culture and morality as if it was a matter of cultural alienation and non-nationality of physicians. The proposals pronounced from this point was therefore devoid of any political-

⁵ Partha Chatterjee, *The Nation and Its Fragments: Colonial and Postcolonial Histories* (Princeton: Princeton University Press, 1993), p. 6.

⁶ Meltem Ahiska, *Occidentalism in Turkey: Questions of Modernity and National Identity in Turkish Radio Broadcasting* (London: I. B. Tauris, 2010).

⁷ Ibid, p. 14-21.

economic perspective and ranged from extension of compulsory service to all graduates of medical faculties to the denaturalization of Turkish physicians working abroad. All these proposals were, in complicit with their non-sociological/economic character, populist in that they brought solution to the problem of the moment without any calculations whether the short-term solution would result in long-term, say, the decrease of students in medical faculty, the acceleration of the immigration of physicians, the increase of the resignation of physicians employed by the Ministry of Health, etc. This populism was evident also in the anti-intellectualism of the proposals which frequently appealed to a contrast between poor people in the name of which the proposal talked and the materialist physicians who were concentrated in big cities and abroad and alienated to their people and national values.

3-Nationalist-conservative populists consisted of Turkist-Islamist-Conservative wings of centre-right parties (Democratic Party, Justice Party) and Turkist-Islamist-Conservative parties.

The Law on Compulsory Teaching and Medical Practice*

The first one of the numerous attempts in the Republican history to overcome the problem of the shortage of physicians in certain regions of the country was the failed bill proposed by *Hamdullah Suphi Tanrıöver* and *İsmail Suphi Soysallı*, two prominent Turkish nationalists from *Turkish Heartlands (Türk Ocakları)*, then the ideological center of Turkism. They submitted the bill to the legislative body on 19 August 1920, when the independence war was going on. In the **justification** of the bill it was mentioned that:

In order to take care of people in return of the sacrifices we impose on them in this turmoil and to relieve their pains as much as possible, we propose that our class of intellectuals must be obliged to

* *Mecburi Muallimlik ve Tababet Kanunu.*

do medical practice and teaching and the dispatch of those who would be appointed as physicians and teachers to districts and sub-districts assigned by the council of ministers must be carried out by force irrespective of desire and will of anybody as in the practice of military obligation.⁸

The main articles of the law were as follows:

1. Of all physicians and the intellectuals, who are capable of teaching at varying levels, those below fifty years old are obliged to do medical practice and teaching in a suffering part of the country.
2. The council of ministers assigns the those obliged to wherever it wishes and employs them by wage at least for two years.
3. Those who do not obey the order are punished radically in a military style.⁹

The bill was never negotiated in the assembly and did not pass into law. Yet İsmail Suphi Soysallı once addressed to the assembly to convince the deputies to send the bill to the commissions of health and education. This is from the main body of his short speech:

...As you know, we impose obligations on the people but cannot provision a service in return of these obligations. The people have two main diseases: intellectual disease and bodily disease. We thought that the group, who are so-called as intellectuals (*münevver*) and have always lived off the people, are not directly concerned with the people. Therefore, let's serve for the people a bit. Let those who studied medicine and those capable of teaching at varying levels go to the parts of the country assigned by the council of ministers and treat the diseases of the people and teach them. We offer an almost military obligation and set two years for the duration of the obligation...¹⁰

Even if the justification for the bill and the speech of İsmail Suphi Soysallı did not give much evidence, it can be concluded on the basis of above given data that the reasoning behind the proposal was that of the populism of nationalist conservatism. Soysallı perceives the shortage of physicians and teachers in towns and villages of Anatolia as a problem of alienation of the intellectuals from the people to whom they owe their privileged position. Any political economic

⁸ *TBMM Zabıt Ceridesi*, term 1, session 78, vol 4, 4 December 1920, p. 517.

⁹ *Ibid.*

¹⁰ *Ibid.*

analysis of health labor force market is completely missing in both the way the problem was perceived and the solution formulated. The reduction of social and economic to cultural, which is the basic gesture of nationalist-conservative populism, is evident in Soysallı's following words reflecting the thoroughly anti-intellectualist spirit of the bill: "the group who are *so-called as intellectuals* [emphasis mine] and have always *lived off the people* [emphasis mine] are not directly concerned with the people." The culturalist essence of his anti-intellectualist populism behind the bill is most evident in his grouping teachers and physicians under the label of "class of intellectuals" and positing a duality between "class of intellectuals" and "people". The implication made here is clear: these teachers and physicians, who avoid serving in undeveloped settlements of Anatolia, are not national enough, and the lack of physicians and teachers in Anatolia is an outcome of the weakness or absence of national consciousness and feelings.

When shortage of "intellectuals" in Anatolia perceived this way as a matter of national alienation, the solution developed to overcome the problem could be imagined as decolonizing sovereign violence. The sovereign nature of the solution was most clearly evident in the references made to military methods in the proposal. Reflecting the limitless nationalist-conservative populist anger towards the intellectuals, the proposal suggests that law "must be carried out by force irrespective of desire and will of anybody" and "those who do not obey the order are punished radically in a military style." In other words, the proposal not so implicitly proposed that those physicians and teachers who refuse to fulfill compulsory service need to be executed.

One also needs to refer to the place of solidarist corporatist conception of individual and society in nationalist-conservative populist imagination of nation to better understand the conceptual grounds on which forcing teachers and physicians to work sought to be legitimized. In his speech, Soysallı called for the notion of the individual in debt to society, which is central to solidarist

corporatism, to justify constraining the individual freedom of the culturally spoilt intellectuals. He argued that these “so-called... intellectuals... have always lived off the people”, implying that suspending freedom of physicians and teachers and imposing compulsory service on them would be fair, as it would collect the so far unpaid debts of the intellectuals to the people.

The Law on Compulsory Service of Physicians* (1923-1932)

Dr. Rıza Nur, the minister of the Ministry of Health and Social Assistance, and also one of most known figures of Turkist-racist wing of Turkish nationalism, submitted a note to the Council of Ministers including a bill about the compulsory service of physicians in Eastern provinces (*Vilayati Şarkıye ve Elviye-i Selase*) and the justification of that bill in 26.10.1922,¹¹ approximately two years after the failed bill of Hamdullah Suphi Tanrıöver and İsmail Suphi Soysallı. The justification for the bill prepared by Ministry of Health and Social Assistance referred to the chronic reluctance of civil servants to serve in Eastern provinces. It was also mentioned that only 24 of 135 districts in these provinces actually had a government physician. In its meeting on 29.10.1922, the Council of Ministers accepted that bill. The articles of the bill were as follows:

Article 1- Those civilian physicians who would be graduated from the faculty of medicine are obliged to fulfill three-years lasting compulsory service.

Article 2- Two years of compulsory service have to be fulfilled in the Eastern region consisting of the following provinces: Erzurum, Van, Musul, Diyarbekir, Mamuretilaziz, Bitlis, Sivas and such sub-provinces: Ardahan, Artvin, Kars, Bayezid, Genç, Muş, Siird, Mardin, Malatya, Gümüşhane, Erzincan and Karahisar-ı Şarki.

Article 3- Government does not approve the medical adequacy of those physicians who do not fulfill their obligations.

Article 4- Apart from salary and extraordinary funds, all physicians fulfilling their compulsory services in Eastern region are equally given extra 25 liras per month. This amount is not paid to those physicians in Eastern region who fulfill their compulsory services in their home towns.¹²

* Etibbanin Hizmeti Mecburesi Hakkında Kanun

¹¹ *TBMM Tutanak Dergisi*, term 2, session 41, vol.3, 24 October 1923, p. 31.

¹² *Ibid.*

The bill was negotiated by the Health and Social Assistance commission on 4.9.1923 and subjected to some essential modifications. Below these modifications are brought into focus one by one with reference to the commission report to argue that in the differences between the bill prepared by Rıza Nur, who resigned from the Ministry of Health and Social Assistance just a few days before the negotiations, and the modified version offered by the commission headed by Refik Saydam, then the new Minister of Health and Social Assistance, one can follow the divergence of the perspectives of nationalist-conservative populists and nationalist-modernizers.

In the revised version of the first article offered by the commission, the most important thing was that the obligation of compulsory service was kept unchanged while the method of appointment of physicians and the commencing date of compulsory service were specified. The duration of service was reduced from three to two years and the scope of compulsory service was extended to all country instead of being restricted with Eastern provinces. The particular reason shown by Refik Saydam, the minister of the MoH and the head of the commission, to justify the compulsory service was that “among 380-390 districts of the country 150-160 districts constantly suffer from the absence of physicians due to the fact that the living conditions are so terrible that the physicians do not go to there regardless of the amount of salaries and allocations.”¹³

Article 1- Those physicians who would be graduated from the faculty of medicine as of 1923 are obliged to fulfill two-years lasting CPSD. They are appointed by drawing; however, all vacant posts have to be included in the drawing list.¹⁴

Second article in the new version was about completely a different issue missing in the original text: Free-boarding system. According to the commission, the number of physicians already available and of the ones who would be graduated from the faculty of medicine in next years would

¹³ *TBMM Zabıt Ceridesi*, term 2, session 43, vol 8, 29 October 1923, p. 87.

¹⁴ *TBMM Zabıt Ceridesi*, term 2, session 41, vol 3, 24 October 1923, p. 32.

not be enough to meet the actual demand. Free-boarding system was necessary both to be capable of providing general service and due to the fact that the commission was also convinced that this task needs a separate class of physicians to be educated.¹⁵

Article 2- Among those students who already study medicine or will register to the faculty of medicine as of 1923, accommodation and other needs of those pledging to serve for three years in the places prescribed by the government are provided by the government.¹⁶

Third article of the bill offered by the commission of Health and Social Assistance was about salary of physicians. According to the fourth article of the original text, all newly graduated physicians had to fulfill their compulsory services in Eastern provinces and sub-provinces and they were offered 25 liras extra payment for that service. The Health and Social Assistance commission maintained the logic of making extra payment to those physicians serving in deprived areas, however, avoided gathering those deprived areas together under the title of “Eastern provinces.” Health and Social Assistance commission saw the main reason of the difficulty of finding physicians for vacant posts as the amount of salaries offered by the government. According to the commission, it became almost a rule that the demands and applications made by physicians were generally for places comparatively having better living conditions (*şeraihi hayatiyesi binnisbe iyi*) whereas the appointments to the vacant posts in places having hard living conditions (*şeraihi hayatiyesi müşkül mahaller*) constantly ended up with resignation. To overcome that vicious circle, the commission offered the Ministry of Health and Social Assistance to designate those places having hard living conditions regardless of their regional location and assign extra payment to physicians serving in those places to increase the demand for such places.¹⁷

Article 3- The Ministry of Health and Social Assistance is authorized to assign extra payment to physicians who would be appointed to those places which would be designated and declared by a government order following the publication

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ Ibid.

of that law. That extra payment cannot be less than half of and more than the sum of the salary and extraordinary funds.¹⁸

The subject of the next article of the revised version was the sanction against those physicians who would avoid fulfilling their obligations. The original text had given such an excessive power to the government that the physicians who avoid fulfilling their obligations would not be given the certificate confirming their medical adequacy. The commission revised the article on the ground that only the proved medical inadequacy of physician authorizes the government to seize the certificate. Therefore, they rewrote the article to convert the sanction into an economic cost which might dissuade newly graduated physicians from planning to avoid compulsory service.¹⁹

Article 4- Those physicians who avoid fulfilling their obligations prescribed in the first and second articles are banned to carry out their profession for five years.²⁰

The differences between two texts actually corresponded to the differences between the ways nationalist-conservative populists and nationalist-modernizers handled the issue of the uneven geographical distribution of physicians to national geography. The original text prepared during the period of *Rıza Nur* was devoid of a wider governmental and political economic perspective. It was almost completely designed to bring a short-term solution to the chronic shortage of physicians in more than a hundred districts of Eastern region based on the threat of banning those new graduates, who avoid fulfilling compulsory service, to carry out their profession. The instruments introduced by the bill were totally repressive except the 25 lira promised to physicians who would accept working in Eastern region. As for the text of the commission, it was guided by a totalizing bio-political perspective, which did not sacrifice the long-term solutions for the sake

¹⁸ Ibid., p. 32-33.

¹⁹ Ibid., p. 32.

²⁰ Ibid., p. 33.

of short-term solutions. Even if the juridical-repressive measures, like restricting the individual autonomy of physicians by obliging them to do compulsory service or threatening physicians with not allowing them to carry out their profession unless they fulfill compulsory service, were kept in the modified bill, these restrictions of individual autonomy, the single mechanism the original bill worked through in a punitive fashion, were redefined in the light of long-term and larger/macro perspective of bio-politics. The outcome was to alleviate the restrictions of individual autonomy of the physicians so as to balance the deterring effects of these restrictions and keep the demand for the faculty of medicine unchanged. The reduction of the duration of the compulsory service from three to two years, the conversion of the sanction against those who avoid compulsory service from permanent expropriation of the certificates to temporary suspension of the right to work, the increase of extra-payment promised to physicians working in deprived regions from 25 lira to at least 100 lira were all done with a political economic perspective to prevent short-term solution (compulsory service) to undermine long-term health of social body/population.

The commission, though strove to eliminate the deterring effects of the urgent solution, realized that the deterring effects of the compulsory service could not be nullified and that what is good for short-term would be harmful in long-term. Compulsory service was, from the political economic point of view of the commission, not more than an urgent solution to an urgent problem, the shortage of physicians in Anatolian towns and villages, which could not be surmounted by appeal to monetary incentives. The commission had therefore a separate long-term solution materialized in free-boarding system, which was totally missing in the original text. Free-boarding system for physicians was formulated, considering the simple economic fact that under post-war conditions thousands of family suffered from economic capability to finance the education expenses of their children and send them to the university. It was supposed to increase the demand for the faculty of

medicine both because the contract it offered was very attractive under given conditions and the deterring effects of the compulsory service imposed on all on those economically capable of studying on their own accounts would disappear once the number of free-boarding graduates reach to the point to meet the need to make compulsory service imposed on all graduates unnecessary.

Apart from being an outcome of a delicate political economic analysis of health labor force market, free-boarding system proposed by the commission headed by Refik Saydam, one of card carrying Kemalists of the period, was built on the Kemalist commitment to the idea of rights-bearing individual of bourgeois civilization, which is in direct conflict with the idea of “individual in debt to society” of solidarist corporatism of national-conservative populism. This may look puzzling at the first sight, given that Kemalists subscribed to Durkheim’s solidarist corporatist conception of society adapted into Turkey by *Ziya Gökalp*. Kemalists’ references to the ideas of “organic solidarity”, “interdependence of individuals”, “individual in debt to society” was more instrumental than normative. What Kemalists did was to use the notion of organic solidarity to deny the conflicts in society and thus present it as “... unprivileged, classless and united mass” that does not need more than Kemalists to be represented, and to use the notion of “individual in debt to society” to provide a conceptual instrument for monopolized national sovereignty used to restrict the constitutional rights of individuals to carry out modernizing/nationalizing reforms. In other words, in nationalist-modernizing orientation of Kemalism, individual in debt to society was subservient to rights-bearing individual.

This clarification is required to see why when possible Kemalists opted for working through “rights bearing individual” instead of “individual in debt to society” of solidarist corporatism. Given that compulsory service was the only available tool for the correction of uneven distribution of physicians to national geography, Kemalists were ready to suspend the constitutional rights of

physicians to impose compulsory service on them. However, for Kemalists, who always placed a heavy emphasis on cultural modernization and enlightenment, suspending constitutional liberties of physicians, then the most educated group of people, for a long period of time had some normative limitations. Normatively much more acceptable way of obliging physicians to fulfill compulsory service in Anatolia was to charge physicians with a debt through a contract they would sign by their free will. The debt a free-boarding student owed to the state was not a one invented with a mere discursive reference to solidarist conception of individual and society, but a one brought into being by contract by which student legally promised by his free will to do compulsory service for a certain period of time in places designated by the Ministry of Health following his graduation in return of the resources and accommodation provided to him as free boarding student.

The points of agreements and disagreements between nationalist-modernizing governmental perspective and nationalist-conservative populism can be most clearly seen in the polemical exchanges during negotiations of the law. The objections to the bill were two-fold. One objection was questioning the political-economic rationality of the law and the other pertained to the legitimacy of imposing compulsory service on physicians. The political-economic objection had to do with the deterring effects of compulsory service imposed on all in the first article of the bill. A problem in economic character had to be brought an economic solution, argued Dr. Mazhar Bey, the deputy of Aydın. Otherwise, an attempt to overcome a social issue by using coercive methods would backfire:

Instead of taking measures that are more scientific, more logical and in complicit with the character of the problem against such a simple and economic problem, it is supposed that relying on force and banning would be enough... No other professionals but only physicians are sought to be exposed to such a treatment. Do you want that the children of the nation boycott the faculty of medicine?... While it is needed to encourage everybody to study medicine and increase the demand for the branch, it does not serve to the interest of the nation and would contribute nothing to the country to

attempt for a coercive treatment which would discourage everybody. Dear gentlemen, create enthusiasm and desire. Do not discourage, instead.²¹

The other objection to the first article had to do with the legitimacy of the first article of the bill. In return of what, it was asked, the state appropriated the right to oblige newly graduated students to fulfill compulsory service? From the point of view of this criticism, the debt of an individual could only be based on a contract which s/he signed by his/her free will. For example, those voicing this question did not object to the second article of the bill, which recognized physicians as equal side of a contract and offered compulsory service in return of state support:

Dr. Fikret Bey (Ertuğrul): You [Government] did not support them while they were students but now ask for their service...How come you oblige those men of dreaming to be self-employed physicians, who completed their education with their own sources, to fulfill compulsory service? (Shouting: “In the name of public interest” (“Menafî amme için”)) ... [Ministry of Health and Social Assistance] can announce that it will admit students to the [faculty of medicine] with special conditions as defined by the second article. Then those students accepting those conditions make a contract with government and fulfill compulsory service following their graduation. Otherwise, how come you oblige him to go?²²

Against the objection questioning the legitimacy and the political economic basis of the bill, especially its first article, nationalist-conservative populists and nationalist-modernizers defended the law in their own specific ways. The nationalist-conservative populism was materialized in the approach of Dr. Mustafa Bey. Two characteristics of nationalist-conservative populism, solidarist corporatist conception of individual and society and absolute lack of political economic perspective, which is rather replaced by culturalist reductionism reducing social and economic phenomena to values, emotions, and culture, were clearly present in his perspective. This is how he tried to prove the legitimacy of the first article of the bill imposing two years-lasting compulsory service on all new

²¹ Ibid, p. 34-35.

²² Ibid, p. 37.

graduates of the faculty of medicine:

Dr. Mustafa Bey (Çorum): Although they were graduated from school of medicine without taking any state support, could they be physicians if there were not anything like a social and public life (*hayatı içtimaiye ve umumiye*)? Why not a physician serves for the well-being of his country? ...Because I am cognizant of the mood of the physicians, especially that of the faculty of medicine, I think that the physicians are ready more than everybody to make this sacrifice and recognize what the country needs first and foremost.

Dr. Mazhar: Nothing can be done relying on emotions. You do not have the right to monopolize the patriotism.²³

According to Mustafa Bey, then, national feelings, which manifest indebtedness of physicians to the nation, were sources of motivation strong enough for convincing physicians to act self-sacrificingly. However, national feelings were not called by Mustafa Bey only to legitimize the compulsory service imposed on all. Mustafa Bey also appealed to national feelings to avoid discussing and even to deny the structural, long-term effects of the compulsory service:

Dr Mustafa Bey: It is said that the demand for the profession would fall if we impose compulsory service. No gentlemen, I will prove the contrary. The faculty of medicine ... became the vanguard with full of patriotism, formed an organization against the autocracy in 1305* (1889)... and maintained that organization till the manifestation of the freedom...Why not those coming from the same faculty serve for two years for the health of the country? I cannot think the contrary. The faculty of medicine, which is aware of the importance of the health of the country and fulfilled all its duties toward the country, would fulfill the duty at stake proudly for the well-being of the country without any hesitation, not only for two years but even for five years..."²⁴

Nationalist-modernizers defended the law, like did nationalist-conservative populists, against liberal criticism, however its disagreement with liberal criticism was not a disagreement at

²³ Ibid, p. 37-38.

* He refers to the foundation of the Union and Progress.

²⁴ Ibid, p. 83.

principles. Unlike nationalist-conservative populism seeking to prove the legitimacy of imposing compulsory service on all graduates of faculty of medicine with reference to solidarist notion of “individual in debt to society/nation”, Kemalists did not attempt to frame compulsory service as a fair exchange between the new graduates and the Ministry. For example, when answering the liberal objection to the law, Refik Saydam, the minister of Health and Social Assistance, argued that “the objection might be true in principle.” In Kemalists’ view, the restriction of the autonomy of physicians by compulsory service was a sovereign exception suspending the “principle”, and this was necessitated by a bio-political perspective concerned with overall health of population:

Dr. Refik Bey (İstanbul): Some deputies oppose the two-years lasting compulsory service. The objection might be true in principle. But if the needs of people and country conflict with the autonomy (*imtiyazat*) of the individual, we certainly have to opt the former for the latter.²⁵

That Kemalists did not rely on solidarist conception of individual in debt to society/nation when imposing two-years lasting compulsory service found its most crystallized expression in the government order dated 14.11.1925 expounding the law to clarify that even those physicians graduated from the faculties of medicine abroad without taking any state support were subject to the law about the compulsory service.²⁶

That Kemalists did not essentially disagree with political economic aspect of liberal criticism of compulsory service can be seen in the disagreement between Kemalists and nationalist-conservative populists over the second article, which imposes three-years compulsory service on free-boarding students of the faculty of medicine. The populist side found the duration of compulsory service too short to pay the expenses made for the students. They were asking the

²⁵ Ibid, p. 88.

²⁶ *T.C Resmi Gazete*, no. 226, 13 November 1925.

Minister to extend the duration of compulsory service to five or six years:

Ahmed Remzi: It is not adequate that we oblige those whose expenses funded by us to do compulsory service for three years while we impose two years lasting compulsory service in the first article. Therefore, I propose that the article be revised to extend three years to at least five years.²⁷

Süleyman Sirri B: ...In the faculty of engineering students are obliged to do two years lasting compulsory service in return of each year of their studies. While we oblige the new graduates to do two years lasting compulsory service... by relying on force and compulsion that can be deemed despotism, the government is lenient on the students who would be accepted to the faculty and provided accommodation and provisioning in return of a sort of contract. I propose that those students must be obliged to do two years lasting compulsory service in return of each year they study thanks to the accommodation and provisioning provided.²⁸

It is seen that neither of the deputies above demand the extension of the compulsory service from a political economic perspective and on calculations concerning supply and demand dynamics of health labor force market. Neither takes into account, say, the impact of the extension of the duration of the compulsory service of the free-boarding students upon the demand for the free-boarding system. Neither makes a comparison between the surplus labor that would be available by the extension of the duration of the compulsory service and the loss of labor that might occur by the fall of demand that this extension would result in. Rather the proposals are guided by the terminology of juridical conception of power, especially equality. This is materialized in the comparisons made between the durations of compulsory services between two years of day students and three years of free boarding students or between the three years of free-boarding students and the two years in return of each year of the studies of engineering students.

The answer of the minister of MoH, Refik Bey, to these populist arguments reflected a quite

²⁷ *TBMM Zabıt Ceridesi*, term 2, session 50, vol 3, 8 November 1923, p. 310.

²⁸ *TBMM Zabıt Ceridesi*, term 2, session 44, vol 3, 30 October 1923, p.108.

another way of reasoning that considers the possible impacts of the extension of the duration of compulsory service of free-boarding students of the faculty of medicine on supply and demand dynamics of health labor force market:

Dr Refik B: ... That we fixed it as three years in the commission resulted from our goal to increase the demand. Five years would be seen excessive and the applications would be very low...²⁹

The text offered by the commission was accepted without any modification and remained in force till 1932, the year when the compulsory service imposed on day students was abolished and the free-boarding system was elaborated.

The Law on the Abolishment of the Compulsory Service of Those Physicians Who Would be Graduated from the Faculty of Medicine as of 1932 and the Obligations of Free Boarding Medical Students*:

In its meeting on 21.12.1931, the Council of Ministers accepted a bill about the abolishment of the compulsory service of day students who would be graduated from the faculty of medicine as of 1932. The justification of that bill referred to two facts: Thanks to the opening of the dormitory in 1924, the number of students of the faculty of medicine increased enough to fill the vacant posts for government physicians. There were actually 350 free boarding students; 100 of them were in prep class and the rest 250 students were faculty students. On the other hand, there was not a significant change in the overall number of day students in the faculty of medicine between 1923 and 1932 because of the deterrent effect of compulsory service. Based on these facts the government was “convinced that it was the time to abolish the compulsory service of the day

²⁹ Ibid

* 1932 senesinden itibaren Tıp fakültesinden neşet edecek tabiplerin mecburi hizmetlerinin lağvı ve leylî tıp talebe yurduna alınan tıp talebesinin tabi olacakları mecburiyetler hakkında kanun

students.”³⁰ In other words, the issue at stake was to reformulate the measures against the uneven distribution of physicians, given that the urgency, which the Ministry of Health and Social Assistance strove to manage with the imposition of compulsory service on all graduates of the faculty of medicine, was now behind. It was not unavoidable any more to abide the deterring effects of the compulsory service, which was sought to be canceled out by using incentives. Compulsory service imposed on free-boarding students would be the single policy tool hereafter and therefore needed to be much more elaborated. That was precisely what was intended by the law. The articles of the bill were as follows:

Article 1- Those students who would be graduated from the faculty of medicine as of 1932 would not be obliged to fulfill two years-lasting compulsory service defined by the law 369 dated 8 November 1923.

Article 2- Those students who are accepted as free boarding medical students and stay in dormitory in whole or part of their study in return of their promises to fulfill compulsory service are obliged to fulfill three years-lasting compulsory service in those places prescribed by the Ministry of Health and Social Assistance following their graduation.

Article 3- Those physicians who avoid fulfilling their obligations prescribed in the second article are banned to carry out their profession for five years and are made to reimburse the expenses made by the state for them.

Article 4- Those free boarding students who drop out of the faculty of medicine or are expelled from the dormitory and faculty without reference to any health problems have to reimburse the expenses made by the state for them for the period they stayed in the dormitory.³¹

The bill was negotiated by Health and Social Assistance commission, Education commission and Budget commission respectively. The draft proposal was elaborated during these negotiations and took its final form in the discussions in the parliament. The first article of the bill was kept, however, a paragraph added to clarify that obligations of some physicians arising from their being free boarding students in high school years were not abolished.

Article 1- Those students who would be graduated from the faculty of medicine as of 1932 would not be obliged to fulfill two years-lasting compulsory service defined by the law 369 dated 8 November 1923. The obligation of compulsory service arising from the article 1237 dated 9 May 1928 are except from this decision.³²

³⁰ Republic of Turkey, *TBMM Tutanak Dergisi*, term 4, session 43, vol. 8 5 May 1932.

³¹ Ibid.

³² Ibid.

The second article specifying the duration of compulsory service was also subject to modifications. The motive of the discussions in the commissions around the second article was to establish the best equilibrium between the level of support provided to the student and the duration of compulsory service expected in return of that support so as to secure the demand for free boarding studentship in the faculty of medicine. Therefore, the original version of the second article, which imposes three years-lasting compulsory service invariably on all free boarding students without making a distinction between them in terms of the level of support provided, was revised as follows:

Article 2- Those students who are accepted as free boarding medical students in return of their promises to fulfill compulsory service are obliged to fulfill compulsory service for two third of the years they stayed in the dormitory in those places prescribed by the Ministry of Health and Social Assistance following their graduation from any faculty of medicine. However, the duration of compulsory service cannot be shorter than a year in any case...³³

The logic of the revision can be followed in those sentences of the report prepared by the Budget commission:

All the needs of free boarding medical students are provided by the state, and this amounts to 700 liras in a year. Compared with the annual cost of students sent to Europe and the imposition of two years-lasting compulsory service on those students in return of each year they study in Europe, it seems legitimate and logical to expect one-year compulsory service from the free boarding medical students for each year they stay in the dormitory. However, we found it more adequate to specify the duration of compulsory service as two third of the years passed in the dormitory on the ground that imposing six years-lasting compulsory service on those free boarding students who stay in dormitory during whole of their studentship would possibly result in the fall of demand for the dormitory.³⁴

The third article of the bill which specifies punishments and cost of avoiding compulsory service was revised on the ground that banning all those newly graduated free boarding medical students,

³³ Ibid

³⁴ Ibid

who avoid fulfilling their obligations from carrying out their professions, for five years would not serve the goal of increasing overall number of physicians. The offer of education and budget commissions was to give physicians an option to get rid of the compulsory service by paying a fine. In other words, the principle guiding the revisions of the article was to formulate punishments in the law in such a way that compelling free boarding students to obey the contract would not result in decline of total number of physicians.

Article 3- Those who avoid fulfilling compulsory service defined in the second article or those who partly fulfill compulsory service are obliged to pay two times of expenses made for them in the dormitory. Those who avoid paying that fine are sentenced to prison from three months to twelve months and also are compelled to pay that fine. Those physicians who avoid fulfilling compulsory service mentioned in the first paragraph and paying the fine mentioned in the second paragraph cannot be employed in any public and private institution and also are banned to carry out their profession in a self-employing manner. Any body corporate or real person who employs those banned physicians as physicians or as staff responsible with medical tasks in the knowledge that those physicians are banned are sentenced to law fine which is not less than 1000 liras. Those free-boarding students who stay in the dormitory less than a year are compelled to reimburse the expenses made for them.³⁵

There was a large consensus in the assembly on the law, reflecting the hegemony of nationalist-modernizers over nationalist-conservative populism by 1932 when Kemalists fully established their authority and prevailed against their opponents. Yet still Rüştü Bey, the deputy of Bursa, voiced the typical populist rhetoric over physicians, accused them of being handicapped by materialism and opposed the abolishment of the compulsory service imposed on day students:

Rüştü Bey: Our physicians are handicapped by materialism beginning from their youth. We all agree that medicine is a profession of highest virtue. We bear in our minds that those who lead our greatest revolutions are the greatest physicians of our country. However, the level of being handicapped by materialism has begun to prevail over the virtuous aspect our physicians....

Once the people of Izmir complained to Gazi recently about the taxes that they are excessive, Gazi answered that taxes are required by the operation of the state machine and thereby emphasized that the people should not avoid this self-sacrifice. Soon after this, the Medical Congress was held in Istanbul and a decision was taken to attempt initiations to ensure the exemption of physicians from

³⁵ Ibid.

income tax. While Gazi said in his speech that the duty of all the intellectuals of the country is to enlighten people and semi-skilled people who do not know what tax payment is, our physicians... took a decision to be exempted from income tax on the same days... Please notice how handicapped by materialism these people are...It is said in the justification that because we will not need physicians in next years this obligation must be abolished. It seems that this obligation would not exist anymore. There are such towns that though their populations are more than some districts they do not have any physicians... Why not we do not send physicians there?³⁶

Despite the populist objection of Rüştü Bey, the law was accepted on 4.6.1932 and replaced the old law which imposed compulsory service invariably on all graduates.

The Law on the Requirements of the Recruitment of Medical Personnel in State

Organization*:

The third law on the compulsory service of physicians of the Republic was the one issued by Democrat Party, which won the 1950 general election against the RPP. In its meeting on 15.4.1952, the Council of Ministers prepared a bill which brings compulsory service for those physicians who would like to work in public sector. The reason shown by the justification for the law was the insurmountable conflict between the reluctance of general practitioners and medical specialists to work in certain regions and the necessity to staff health institutions which would be opened in these regions by Ministry of Health to provide preventive and curative services. According to the justification, the conflict was insurmountable given that the dormitory, the single tool government could use in dealing with the uneven distribution of physicians, had been closed in 1950, the financial situation of the country did not allow to make the posts in deprived regions desirable, and physicians had alternatives like private practice and working in public enterprises with higher wages. There was “no way available but speaking to national sentiments to send physicians to the

³⁶ Ibid, p. 43-44.

* *Tip Mensuplarinin Devlet Teskilatında Vazifeye Alınma Şartları Hakkında Kanun*

places where they are needed.”³⁷ The main articles of the bill were as follows:

Article 2- Those Turkish physicians, who were graduated from the faculties of medicine in Turkey or abroad and would like to be employed by the Ministry of Health, are obliged to serve in those areas prescribed and classified by the Council of Ministers as exceptional areas with reference to their remoteness or sanitary, administrative and economic reasons.

Article 3- Second article applies to medical specialists. However, they are commissioned in accordance with their specialities.

Article 5- Those physicians who do not fulfill that compulsory service cannot be appointed to any medical post in any medical establishment or organization managed by national budget, supplementary budget, special provincial administrations, municipalities and Public Economic Enterprises.³⁸

The bill was negotiated by the Health and Social Assistance commission and the Budget commission respectively. The bill was elaborated during these negotiations and took its final form in Budget commission. In its final version, the first article was almost a sum of second and fifth articles of the original draft. The new elements introduced by final formulation of the article were the extension of compulsory service to dentists and pharmacists and the establishment of drawing method as the way of appointing physicians:

Article 1- Those Turkish physicians (including specialists), dentists and pharmacists who would be employed in offices governed by national, supplementary and special budgets, in Public Economic Enterprises, in those institutions whose capital partly or wholly belongs to State and in Workers’ Insurance are obliged to fulfill two-years lasting compulsory service in those areas classified as exceptional areas with reference to geographical, economic, social and administrative reasons by the Ministry of Health and Social Assistance.

They are appointed by drawing.

Those appointed personnel are not employed in offices, institutions and enterprises mentioned in the first paragraph unless they complete their compulsory service.³⁹

Put simply, the bills suggested by the government and the budget commission were updated versions of populist way of handling with the uneven distribution of physicians. They were

³⁷ <https://www.tbmm.gov.tr/tutanaklar/TUTANAK/TBMM/d09/c016/tbmm09016088ss0237.pdf>

³⁸ Ibid.

³⁹ Ibid.

populists in the sense that their horizon was limited by the restriction of the autonomy of physicians and the imposition of compulsory service. Yet it was an updated populism formulated under the impact of hegemonic liberalism of post-war world. The way the bills offered government to restrict the individual autonomy and impose compulsory service was to intervene in and restructure health labor force market as the biggest purchaser of that market so as to lead physicians to act in accordance with market rationality and sign the contract offered by the government. The law was both an intervention to health labor force market and also a labor contract offered by an employer to applicants. In this way the sovereign violence suspending one of basic liberties of physicians, that nobody can be forced to work, was sought to be hidden behind a labor contract between an employer and an employee. The logic of the bills is clearly present in the below mentioned words of Democrat Party deputies:

In the name of budget commission, Mazhar Şener (Giresun): Some of our friends, who oppose the law, tried to present the law as a compulsory service law. As the title of the law shows, this is neither a compulsory service law nor an obligation law. The law just includes the conditions of recruitment of physicians, dentists and pharmacists in the state.

Is not the state authorized, *as an owner of an enterprise*, to expect from an applicant to satisfy the requirements of recruitment? (emphasis mine) That's the very point of departure of the law. It is not correct to call the law compulsory service. For the law does not restrict the occupational activities of those physicians who prefer working as self-employed.⁴⁰

Natık Poyrazoğlu (Muğla): We do not restrict the liberty of anyone. The law should be read carefully and its spirit should be comprehended. We just stipulate a condition to those physicians seeking to work in the state. *As far as I know, even a shopkeeper says to an applicant that "this is what I demand. You can start working if you accept it. Otherwise, I cannot do anything."*⁴¹ (emphasis mine)

The populism of the bills suggested by the government and the budget commission encountered

⁴⁰ *TBMM Tutanak Dergisi*, term 9, session 88, vol. 16 20 Haziran 1952, p. 391-392.

⁴¹ *Ibid*, p. 393.

nationalist modernizers and liberals' opposition during the negotiations of the bill in the assembly. The essence of the liberal opposition to the bill had to do with whether the state was allowed to freely fix the requirements of recruitment of physicians in the state institutions as it wishes. According to this critique, the requirements of the recruitment in state were constitutionally and legally fixed and applied to all Turkish citizens equally. Therefore, government could not act as an employer as if he was authorized to write the articles of labor contract without any limitation. For example, Arif Hikmet Pamukoğlu, the deputy of the Giresun from the Nation Party, demanded the negotiation of the bill by the Constitution commission with following arguments:

Arif Hikmet Pamukoğlu (Giresun): ... We cannot violate the principle of equality... The liability imposed on those who would be recruited to public service first time is same and equal. For example, any civil servant must be Turkish citizen, adult and is obliged to submit a certificate of good conduct and several photos. One cannot impose any extra liability except those mentioned.⁴²

Hikmet Fırat, the deputy of Malatya from the RPP, also opposed the bill, asserting the unconstitutionality of the bill:

We have a law on civil servants which details who are eligible to be civil servant and who are not. This bill is a punishment. It imposes a penalty in advance... To assert that one cannot be recruited in the state, in the institutions where the state has a share and in the autonomous institutions unless he does not work in places designated by the state is irreconcilable with prevailing legal principles.⁴³

The answer given by the minister of MoH to the liberal quest of the legitimacy of the imposition of compulsory service sheds light to the pragmatist and populist use of the notion of individual in debt to society:

It must be taken into account that these young people are raised from the primary school to the end

⁴² Ibid, p. 401.

⁴³ Ibid, p. 386.

of university by virtue of the sacrifices of this state and nation. In return, they of course are charged with a duty to be fulfilled towards the nation and the state. Yet this duty is not imposed on everybody...This obligation is brought only for those who would like to work in the Ministry.⁴⁴

As for the nationalist modernizers' opposition, the main bloc of the nationalist modernizers' opposition to the populist bill was the health commission whose draft proposal was totally neglected and put aside by the budget commission. The essence of the nationalist modernizers' objection to the bill was bio-political in character and was questioning whether the intended goal, correcting uneven distribution of physicians, could be attainable only by restrictions. The alternative offered by the health commission was not to demand the abolishment of the compulsory service at all but to provide encouraging incentives to those obliged with compulsory service to ensure the sustainability and efficiency of the law.

It has been agreed... on that it is necessary to provide some incentives to the members of the profession of medicine, who are already obliged to carry out public service under most difficult conditions, to impose them compulsions which are not imposed on other professionals. For that purpose, it has been accepted that those who would undertake compulsory service be given a preferential right under given formal limits in their appointments to assistantships and be given extra payment up to half of their salary. It is possible only under these conditions that the members of the profession would carry out their country service with maximum efficiency... Otherwise, it has been concluded that the law cannot be implemented efficiently.⁴⁵

That the budget commission did not take the suggestions of the health commission into account and refused granting some incentives to those obliged led to the confrontation of nationalist modernizers' arguments with populist arguments during the negotiations of the law. The decision of the budget commission was leveled at harsh criticisms from political economic perspective of nationalist modernizers. The criticisms had two aspects. One aspect had to do with the possibility

⁴⁴ Ibid.

⁴⁵ Ibid.

to attain intended goals. In case that the physicians are deprived of extra-payment, claimed nationalist modernizers, finding available physicians for deprived regions was nothing but a dream:

The Head of Health and Social Assistance Commission, Talat Vasfi Öz (Ankara): Imposing a two-years lasting compulsory service in exceptional areas on a medical specialist and a general practitioner and then depriving him of economic opportunities which might enable him to advance his scientific status is to refuse that law.⁴⁶...

Esat Oktay (Kars): The health commission offers... an extra payment up to half of the salary. However, in the justification of the [bill of] Budget commission there is no mention to this; the article was completely removed from the bill. How come it is possible to accept such a bill...Reward is proportional to burden. We designate a place as deprived region and send the guy to there where even he cannot find any house to live in. Moreover, he is deprived of an extra-payment... That the budget commission canceled out the allocation has nullified the bill.⁴⁷

The answers given by the populist side to these criticisms had nothing to do with political economic perspective of bio-politics. One strand of populist response to this criticism was culturalist and, as it is understood from the affirmative voices in the assembly, had a certain enthusiastic support among the deputies. Notice that Natic Poyrazoğlu, the deputy of Muğla from Democrat Party, in the lines of his speech quoted below, which posits the typical anti-Western nationalistic distinction between the domain of spirituality (national) and materiality (Western), refused not only granting some incentives to physicians charged with compulsory service but also political economic perspective itself:

One of our friends asserted the holiness of this profession, on the one hand, and questioned, on the other hand, whether this duty is performed in return of such a small salary. In my opinion, materiality

⁴⁶ *TBMM Tutanak Dergisi*, term 9, session 88, vol. 16 20 Haziran 1952, p. 391.

⁴⁷ *Ibid*, p. 389.

and spirituality cannot co-exist. (Voices: Bravo) They correspond to different routes.⁴⁸

The other answer given to the claims that the annulment of the extra-payment would make the implementation of the law impossible, though not culturalist, was still devoid of any political economic perspective as well. As can be seen in the answers given, extra-payment was assessed through the lens of juridical conception of power (its possible impacts on the equality of the civil servants), not in terms of its possible effects on the geographical imbalance of the distribution of physicians.

In the name of budget commission, Mazhar Şener (Giresun): The head of the health commission complained that the budget commission annulled 50% premium. This issue was negotiated in the commission and removed from the bill, first of all, in principle and later economically. To put it in terms of principle, if the way of paying premiums to the physicians appointed to the East and deprived regions is adopted, it cannot be possible to limit this payment to physicians. Then all engineers, teachers, judges, physicians, etc. appointed to these regions need to be paid premiums...As for the second point, there is no available allocation...These two points led to us remove the article from the bill.⁴⁹

The words of the minister of the finance were in parallel to that of Şener:

Hasan Polatkan: If a decision is taken to grant extra-payment to physicians who would work there (deprived regions), it would not be possible to constrain it with only physicians. For there are members of the Public Works, Ministry of Education, Ministry of Finance, etc. already working in the same places. The extension of extra-payment becomes unavoidable on principle.⁵⁰

The law was accepted on 20.6.1952 without any modifications in spite of those criticisms and remained in effect until 2.3.1954 when the government realized that physicians' unwillingness to serve in deprived areas cannot be overcome by relying on mere coercive mechanisms exerted through state's power in health labor force market. Before the law on compulsory service was

⁴⁸ Ibid, p. 394.

⁴⁹ Ibid, p. 392.

⁵⁰ Ibid, p. 407.

issued 329 of 2620 posts had been vacant. The rate of the vacancy had been 12.5%. After the law, among the 2954 posts 536 posts were vacant. The rate of vacancy was 18%. Not only vacant posts increased by the law but also the demand for the faculty of medicine decreased. While the sum of students applied for the first class of the faculties of medicine of Istanbul and Ankara Universities was 449 in 1951-1952, it decreased to 372 in 1952-1953 and 365 in 1953-1954. In addition, the migration of physicians to America and Europe accelerated as well.⁵¹

That the law, let alone lessening, encouraged the uneven distribution of physicians was not interpreted by all as the proof of the adequacy of the predictions that the nationalist modernizers and liberals put forward from political economic perspective of a governmental stance. The nationalist wing of the Democrat Party, including Tevfik İleri, Arif Nihat Asya, Sabri Erduman, and who were most enthusiastic supporters of the law, attributed the failure of the law not to its one-sidedly relying on punitive and juridical measures, to its lack of a political economic analysis of health labor force market, and its indifference to the objective and autonomous realities of the social body, but rather to the lack of altruism and national feelings on the part of physicians. They were opposing the abolishment of the law on an absolutely culturalist and voluntarist ground in the sense that in their speeches there was not any single reference to the statistical data, economic realities, the facts of health labor force market, the dynamics of accelerating brain migration in post-war world, the falling demand for the faculty of medicine, etc. Instead of the analysis of social and economic, their speeches were full of accusations launched from a sovereign position towards individualist and culturally alienated physicians, national emotions called into help, demagogic covering of the realities, etc. In the following words of the Sabri Erduman, deputy of Erzurum from Democrat Party, one can see an instance of this populist culturalism. Notice the demagogic

⁵¹ *TBMM Tutanak Dergisi*, term 9, session 40, vol. 28, 10 February 1954.

covering of the reality in the denial of the existence of deprived regions, the populist contrast between seaside of İstanbul and Anatolian countryside, with the former standing for cosmopolitan and comfortable Westernized life and the latter for suffering Turkishness, and the sovereign position assumed in the name of the nation, which obliges “not-so-national” physicians to do compulsory service:

Sabri Erduman: Turkey is unitary...I do not regard anywhere as deprived region. There is neither deprived region nor East and West but Turkey.

All parts of the country, whether they be villages, neighborhoods, provinces, districts, have unique beauties. The beauty of İstanbul is of course different from that of Tunceli. However, Tunceli has a beauty of its own, like Başkale, Erzurum and Trabzon. In other words, we should not regard anywhere in Turkey as deprived region...The places where we call as deprived regions are comparatively underdeveloped places, yet they cannot be wholly regarded as deprived regions.

The graduates of the universities in our country should work as headman of village for two years ...If we let the graduates of the İstanbul University live in seaside and how they wish, then we do not serve for the purpose of national development...

Dear friends, [practicing] medicine is not to go to and serve in places where income is higher. Physicians are expected to go to the villages and treat the peasants in their homes. They are obliged to do so.⁵²

Another figure of this populist-culturalist opposition to the abolishment of the law on compulsory service was Arif Nihat Asya, the deputy of Adana from Democrat Party. As can be seen in his speech partly quoted below, the whole issue is reduced to the terms of culture and morality as if the failure of the law to overcome uneven geographical distribution of physicians was a matter of cultural alienation and non-nationality of physicians. He identifies with the “people of deprived regions” and thereby assumes a sovereign position over not-so-national physicians to such an extent that even he enjoys the authority to expel the physicians who did not give a positive answer

⁵² *TBMM Tutanak Dergisi*, term 9, session 41, vol. 28, 11 February 1954, p. 189-190.

to the law and rather migrated to foreign countries:

It is seen that we have offended physicians by demanding from them “please be occupied with health care provisioning in deprived regions for two years.” In response, they have not gone there and even boycotted.

I learnt that...some physicians turned away from the country in face of the law and migrated to foreign countries, making contracts with foreign institutions. (Voices: Farewell) No, I do not say farewell to them, they can go to hell for all I care. (Voices: Bravo) Let them go, let them plunge... I believe that this nation and the people of deprived regions would curse them. (Voices: Amen)

...This nation would benefit nothing from those who dislike the very homes in which they raised and are in search of golden covering for their fragile bodies.... I am sure that those migrated, -please forgive me- those deserters did not immigrate because of the law. Even if that law were not issued, they would nevertheless have gone and escaped.

I am asked to take pity on the physicians. It is said that first of all deprived regions should be rehabilitated so as to make there appropriate for living by constructing houses, furnishing these houses and bringing electricity to them as well. In other words, it is claimed that physicians and pharmacists should be invited to there after villages are urbanized. Do they demand us to treat the patients as well before we invite them to there? It is fortune that we had not specified the duration of compulsory service as 5-10 years. Otherwise, they would have killed us.

...An extra-payment or a premium may be regarded as a right. It is negotiable.... However, as far as I see, we did not discuss these issues too much. Indeed, it may be sometimes shameful to associate issues with wage and premium. Yet it is excusable. On the other hand, it is fortunate that altruism, self-sacrifice and even heroism... have not died yet. 70 people whom I heard yesterday that obeyed the appointments, in my opinion, have restored the honor of this profession.⁵³

Assuming a sovereign gesture over the physicians, Asya was based on the solidarist notion of debt.

To him, physicians were indebted to the society due to the fact that education was almost free of charge in Turkey. He was simply asking the return of the loan lent by the treasury:

In my opinion, among the reasons shown to justify the annulment of the law, namely the compulsory

⁵³ Ibid, p. 193-196.

service, the most invaluable one is that: one who is not engaged any contract cannot be charged any obligation. Because we impose obligation on those who studied on his own account, they should of course be exempted from this obligation. Let me refute this argument.

Beginning from the primary school till the university education is free of charge in our country. (Voices: Bravo). Studying on one's own account is nothing but an empty talk.

...What is the amount of the allocation assigned to the faculties of medicine in the section of the university budget negotiated together with the budget of the Ministry of Education that we approved a few days ago? Divide the amount you allocated based on the calculations of the yearly expense without taking the building and laboratory [expenses] into account into the number of the graduates of the same year. This is the cost of a student who studies on his own account...Then you will notice how small the difference between the cost of a student who study on his own account and a free boarding student.⁵⁴

Despite the opposition, the law on compulsory service was completely annulled on 2.3.1954. The annulled law was the first compulsory public service law bringing compulsory service to the medical specialists.

The Law on the Obligation of State Service of Some Health Personnel: 1981-2003

The analysis of the discussions on the measures to be taken against uneven distribution of physicians and the absence of physicians in certain regions shows us that the positions taken during the discussions made between 1960 and 1980 were seriously influenced by 1961 Constitution. 1961 Constitution was a response to the unrestricted power enjoyed by Democrat Party in the name of national will and based on 1924 Constitution. It therefore had two main emphases directed to restrict this enormous power. One was the strong emphasis put on the rights of the Turkish citizens. Individuals were granted strong civil, political and social rights by the constitution and thus were rendered into shareholders of the sovereignty. The other was the emphasis put on expertise. Granting large autonomies to some state institutions as a response to the negligence of expertise

⁵⁴ *TBMM Tutanak Dergisi*, term 9, session 55, vol. 29, 2 March 1954, p. 55.

and exclusion of experts by Democrat Party, the constitution invested for the notion of society as a domain external to moral judgements, voluntary interventions, political decisions, and has laws of its own that must be found out and respected to for the sake of the health of social body.

One can talk about one major impact of the ideological climate given birth by 1961 Constitution on the discussion on necessary measures to be taken against uneven distribution of physicians. Between 1960 and 1980 no any compulsory service laws were issued, albeit many attempts to do so. Rather governments regarded question as an economic problem and had recourse to full-time laws and deprivation premiums to abolish dual-employment system, which was addressed as the real cause of the uneven distribution of physicians.

The enactment of a new compulsory service law, which nationalist-conservative populists attempted several times after 1954, became possible in 1981 under military rule. Bülent Ulusu, then the prime minister, submitted the “Bill Regarding Compulsory Duty Obligation of Some Health Personnel” prepared by the Ministry of Health and Social Assistance to the Presidency of National Security Council, then the legislative body consisting of the members of the junta. In the justification for the law it was mentioned that the uneven geographical distribution of physicians makes it impossible to provide qualified health care provision in some regions. Apart from the geographical issue, the insufficiency of health personnel of the Ministry of Health and Social Assistance (the MHSA needed 6300 more physicians) was another major problem waiting to be resolved. For the prime minister, “The Law Regarding the Full-Time Employment of Health Personnel”, which mainly relied on economic incentives to hire physicians, proved to be dysfunctional. The bill was negotiated by the Specialized Commission and given its final shape. The basic articles of the bill regarding compulsory service were as follows:

- Physicians are obliged to perform state services for a total of four years, two years in general practice and two years in medical specialty, in institutions and organizations where the Ministry of Health and Social Assistance is legally obliged to appoint physicians and in MHSA approved positions of other ministries, higher education institutions and other organizations.
- Those who have completed a total of four years of state service in the general practice are deemed to have performed the service specified in the first paragraph.
- Persons within the scope of the law cannot perform their profession freely without fulfilling their state service obligation.
- Health personnel who have completed their education or specialization abroad without receiving foreign currency from the state by studying on their own behalf and account are not subject to state service obligation.⁵⁵

The bill was an outcome of a nationalist-conservative populist way of reasoning that we are familiar from the discussions made around previous laws on compulsory service. First of all, the bill was exclusively based on punitive and juridical measures restricting the liberties of the physicians. There was no any mention of economic and any other incentives neither in the articles of the bill nor in the regulations prepared to detail how the law would be executed. Two of the articles of the bill prepared by the Ministry of Health and Social Assistance, which were later removed by the Specialized Commission, shed light to how far the military regime was ready to go in suspending the basic liberties of physicians. Considering the possibility that physicians obliged with compulsory service might go abroad and prefer working in Europe and USA, as happened during previous compulsory service periods, the bill attempted to restrict the freedom of movement of obliged physicians:

- Physicians and other healthcare personnel who do not fulfill their compulsory service as prescribed by the law are not allowed to go abroad beginning from the date of their graduation from medical faculties and during their compulsory service, except for personal or family health reasons.⁵⁶...

⁵⁵ *Milli Güvenlik Konseyi Tutanak Dergisi*, session 69, vol 4, 21 August 1981.

⁵⁶ *Ibid.*

Again with the same concerns, the bill prepared by MHSA proposes to seize the diplomas and certificates of those obliged with compulsory service until the end of the fulfillment of compulsory service.

- Diplomas of physicians and other healthcare personnel who cannot prove their fulfillment of compulsory service with official documents... are retained by the Ministry of Health and Social Assistance until the end of the period specified in the above paragraph and are not given to their owners...⁵⁷

The law did not provide any incentives (premiums, allowances, extra-points needed for subsequent appointments for posts in Western Turkey) to the obliged physicians and rather relied exclusively on coercive mechanisms to correct uneven geographical distribution of physicians. Behind this, two factors can be detected. First of all, this cannot be thought independently of that the juridical conception of power centered on unity, equality, legitimacy, order, homogeneity, and affiliated notions shaped the establishment and nationalist-conservative perspectives. As Kenan Evren, the head of the junta and National Security Council, makes it clear in his following words expended during the negotiation of the law, designating special and privileged working conditions for physicians that cannot be generalizable to other groups of public servants working under same conditions was not imaginable for the junta; and, moreover, this was not acceptable given that these might have undermined established hierarchies assigning juridical and military sections of bureaucracy to more privileged positions among different groups of public servants. Notice the special emphasis Evren placed on judges in his answer to the question of the minister of MHSA whether incentives like public housing were going to be provided to the obliged physicians:

As for their other rights, we thought about it too; but our government is currently deprived of the opportunity to provide this. Because the personnel we send [to deprived regions] are not only physicians but also engineers, census

⁵⁷ Ibid.

officers, teachers, officers, judges as well, if we provide [public housing] to physicians only, do not the others say that “why do not you give us public housing as well?” Consequently, if this is to be provided, it should be provided to all of them. For compulsory service applies to them as well; we appoint judges to these places, but we cannot give them [public housing]. That’s [providing public housing to physicians] not true in that respect.⁵⁸

That the law relied exclusively on restrictions and did not include any incentives also echoed the culturalist, anti-Western distinction posited between the domain of materiality and spirituality. The distinction implies that the national (identity, emotions) inhabits the domain of spirituality and is defined by its difference from and opposition to the domain of materiality, political economy, and economic calculations. This is we can observe not directly in the articles and justification nor in the negotiations of the law, but in the speech Evren delivered in Ağrı, one of the poorest cities of Turkey and Kurdish region, shortly after the coup d’état in September 12, 1980. When promising to enact a law on compulsory service of public servants in Eastern Turkey, he identifies fulfilling duties in deprived regions of Turkey with patriotism, which cannot be expected from those acting self-interestedly:

We will also impose compulsory service on our physicians, engineers, teachers, district governors and governors. Everybody should come to here and serve in every inch of the land of this homeland. *Fulfilling duty is not a matter of money* [emphasis mine]. We, who love this homeland and grew up on it, are obliged to do our duty all over this homeland.⁵⁹

The law reflected nationalist-conservative populist way of reasoning also in the way it legitimized the imposition of compulsory service on physicians for four years. The law was openly based on solidarist-corporatist notion of individual in debt to society and imposed compulsory service in a way as if it was a collection of debt that physicians owed to the state. This can be seen in the following article of the law defining who would be exempted from compulsory service:

⁵⁸ Ibid, p. 298.

⁵⁹ Kenan Evren, *Kenan Evren’in Anıları 2* (İstanbul: Milliyet Yayınları, 1991), p. 88.

- Health personnel who have completed their education or specialization abroad without receiving foreign currency from the state by studying on their own behalf and account are not subject to state service obligation.

The assumption behind this exemption is obvious: Those who study medicine at public universities largely funded by the state owe a debt to the state, and those who study medicine abroad without having any public fund do not owe any debt to the state. The assumption is not hidden and openly mentioned in the justification of the bill:

It is not seen in almost any of the countries in the world that education and training related to medicine and medical branches are provided free of charge. As all the burden of free medical education, which is still applied, is covered by the state, it is a fair requirement and a ... national duty for those who study medicine to provide services to meet the needs of our country.⁶⁰

This solidarist-corporatist notion of individual in debt to society was called for also by Kenan Evren during the negotiations of the law in the National Security Council. Referring to the ratio of tuition fee for faculty of medicine to the total expenses made by the state to train a physician, Evren sought to present compulsory service as a fair obligation:

Why did we bring this state service obligation? Because the guys studying medicine here study it free of charge. The state spends nearly 10 million within six-seven years for training him. What he pays is not even a tenth of that, the rest is paid by the state. In that case, we say that in return for the aid provided by the state, this person should fulfill state service obligation. This is the primary primary purpose of the law... If someone who studies medicine abroad without using any public fund comes to Turkey to work as a physician and we tell him “ok, fulfill compulsory service”, then he refrains from coming here. And moreover we have no right to say that.⁶¹

The negotiations finished in a day and the law was accepted on 21 August 1981. It remained in force with some interruptions and modifications until 2003, the year when the AKP replaced the law with a contract-based recruitment system.

⁶⁰ *Milli Güvenlik Konseyi Tutanak Dergisi*, session 69, vol 4, 21 August 1981.

⁶¹ *Ibid*, p. 296.

The Law on the Amendments of the Basic Law on Health Services, Law on Compensation and Working Conditions of Health Personnel, Civil Servants Law, Law on the Manner of Practicing Medicine and Its Various Branches and Decree Law on the Organization and the Duties of the Ministry of Health: 2005-

In 2003, the AKP removed the CPSP law issued by the military regime in 1981, which was suspended in 1995 and reintroduced in 2002, on the grounds that the last twenty-two years had revealed the impossibility of establishing a geographically balanced distribution of physicians by such a policy of compulsory duty. Instead, the government adopted the contract-based recruitment of physicians and offered higher salaries to overcome the shortage of physicians in deprived areas; but they experienced a serious failure in the attainment of this goal, also. For 1081 posts announced by the Ministry of Health for medical specialists and 3524 posts for general practitioners, only 171 medical specialists and 2066 general practitioners applied for. With reference to the uneven geographical distribution of physicians among the provinces and specifically the shortage of physicians in “Eastern Anatolia”, in June 2005, the AKP amended the Basic Law on Health Services so as to make compulsory public service obligatory for newly-qualified medical specialists and GPs.

Based on the justification and articles of the bill and also negotiations during the enactment process, I argue that the compulsory service introduced by the AKP is in many respects similar to compulsory service imposed by Kemalists in 1923, and the political way of reasoning behind current compulsory service is essentially different from nationalist-conservative populism. First of all, those proposing the law took a clear distance to culturalist-populist perspective and avoided reducing the problem to an individual issue of lack of patriotism and self-sacrificing on the part of

physicians. In their view, as can be seen in the following words of Recep Akdağ, then the minister of health, the political economic origins of the problem are clear:

It is clear that the solution to this problem in the long run is to increase the number of physicians in the country... We know that there are 52 countries in the European region of the World Health Organization and, unfortunately, among these 52 countries, we are the last in terms of the number of physicians per capita... In Turkey, physician supply, currently, is not enough for our needs. Therefore, no matter how much we encourage and try to ensure recruitment on a voluntary basis, our two years of experience has shown us that... our physicians never come to the public.⁶²

From this point of view, compulsory service is the only alternative available in the short and middle term to be able to ensure the presence of physicians in “eastern Anatolia” and deprived regions. In other words, when introduced in 2005, compulsory service was not an outcome of a culturalist populism, which is completely devoid of a political economic perspective and does not have a tool box than that of sovereign violence to handle uneven geographical distribution of physicians. The law has a solid political economic ground. This is most evident in the way the duration of compulsory service is calculated. The law borrows the classification of the State Planning Organization that divides all districts into six groups, based on a socioeconomic development index,⁶³ and then assigns different service durations to each group of districts varying from 300 days for smaller towns and villages to 600 days for the most developed places, thus:

In towns and villages in sixth region districts: 300 days

In towns and villages in fifth region districts, and in sixth region districts: 350 days

In towns and villages in fourth region districts, and in fifth region districts: 400 days

In towns and villages in third region districts, and in fourth region districts: 450 days

In towns and villages in second region districts, and in third region districts: 500 days

In towns and villages in first region districts, and in second region districts: 550 days

⁶² *TBMM Tutanak Dergisi*, term 22, session 112, vol. 87, 15 June 2005, p. 562.

⁶³ Bülent Dincer and Metin Özaslan, *İlçelerin Sosyo-Ekonomik Gelişmişlik Sıralaması Araştırması* (Ankara: Devlet Planlama Teşkilatı, 2004).

In first region districts: 600 days.⁶⁴

Specifying different service durations for different areas, the motivation and efficiency of the obliged physicians sought to be kept high. Moreover, to serve the same purpose, the obliged physicians were given the option of not being public servants and fulfilling compulsory service on a contract based employment scheme offering higher salaries than that offered to physicians fulfilling their obligation as public servants.

One another major difference of the political way of reasoning behind the law from nationalist-conservative populism concerns the emphasis placed on the notion of rights-bearing individual. When the AKP abolished the compulsory service law enacted by the military regime and substituted it with contract based recruitment scheme in 2003, one of the main arguments of the AKP was that the compulsory service law violated the basic rights of the physicians:

Recep Akdağ (Minister of Health):

Today together we are eliminating a practice that does not suit the 21st century. As a result of the twenty-two-year lasting implementation of this law, it has been understood that the balanced and just distribution of physicians throughout the country cannot be achieved by coercion.⁶⁵

And even when they had to bring compulsory service back in 2005, they did it with reference to citizens' right to healthcare services and needed to acknowledge that imposing compulsory service on physicians is an exceptional restriction of the rule that no one can be forced to work. This is how the issue was articulated in the justification of the law:

The right to a healthy life and health care is one of the most fundamental rights that human beings are born with. One's being deprived of the opportunity to get the medical assistance s/he needs may result in irreparable consequence. The health service that the state is obliged to provide, due to the nature of health service, cannot be delayed, postponed and substituted. Therefore, recruitment of the personnel required by the importance and priority of health services is essential. On the other hand, Article 13 of the Constitution states that fundamental rights and freedoms can only be limited by law and depending on the reasons specified in the relevant articles of the Constitution without touching

⁶⁴ Republic of Turkey, *T.C Resmi Gazete*, no. 25866, 5 July 2005.

⁶⁵ *TBMM Tutanak Dergisi*, term 22, session 104, vol. 21, 9 July 2003, p. 45.

their essence; Article 18, having mentioned that no one can be forced to work, clarifies that working in the fields necessitated by the needs of the country as a citizenship duty cannot be regarded as forced labor.⁶⁶

That being said, there was still a strange concurrence of the political way of reasoning behind the law and solidarist-corporatism. The reference made to “citizenship duty” cited in the Article 18 of the 1982 Constitution, and whose origins can be traced back to 1961 Constitution,⁶⁷ to constitutionally justify the partial suspension of the rule that nobody can be forced to work was a solidarist-corporatist gesture. And this solidarist-corporatist gesture repeated in the main body of the law, specifically in the following article defining who would be exempted from compulsory service:

Those who have completed their education on medicine, medical specialty and subspecialty abroad without receiving any foreign currency from the state by studying on their own behalf and account are not subject to state service obligation.⁶⁸

This article is likely to have been copied and pasted from the relevant article of the compulsory service law enacted by the military regime. In this view, that the most of educational expenses of students of Turkish medical faculties are met by the state makes these students indebted to the state, which thus has a legitimate ground to require the graduates of these faculties to reciprocate. This article was cancelled by the Constitutional Court in 2006 on the grounds that the article violated the constitutional principle of equality⁶⁹; however, the main body of the law is still in force.

⁶⁶ *TBMM Tutanak Dergisi*, term 22, session 112, vol. 87, 15 June 2005.

⁶⁷ For a research shedding light to solidarist-corporatist emphases of 1961 Constitution, see Taha Parla, *Türkiye’de Anayasalar* (İstanbul: İletişim Yayınları, 1991), p. 37.

⁶⁸ *TBMM Tutanak Dergisi*, term 22, session 112, vol. 87, 15 June 2005.

⁶⁹ <https://normkararlarbilgibankasi.anayasa.gov.tr/ND/2006/38?EsasNo=2006%2F21>

Conclusion

1-Turkish nationalists were divided into two main groups in the way that they perceived, discussed, and responded to one of the major social policy issues of Turkey. At the center of the differentiation was the absence/presence of governmental perspective. I think we have no reason not to hypothesize that this internal differentiation of Turkish nationalism was not limited to this particular discussion examined and extended to similar discussions on other major social policy issues as well.

2-That there were five compulsory service laws and numerous failed legislative attempts in 1920s-2000s indicates that the notion of “rights-bearing citizen who has inviolable rights that cannot be suspended or restricted” was not firmly established in Turkish mainstream politics largely shaped by Turkish nationalism. Nationalist-conservative populists were not normatively committed to the idea of “rights-bearing citizen who has inviolable rights” due to their solidarist-corporatist ideology and nationalist-modernizers were always ready to suspend basic rights of physicians, though temporarily due to their normative commitment to the idea, when their totalizing governmental/political economic perspective requires them to do so.

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