

ASSESSING THE DISABLED, MAKING 'THE STATE'

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ASSESSING THE DISABLED, MAKING 'THE STATE'

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Thesis Abstract

Can Evren, “Assessing the Disabled, Making ‘the State’”

This thesis aims to analyze the contemporary framework and practices of disability classification and assessment in Turkey from a political anthropological perspective. The practices of assessment and classification are considered as governmental interfaces; that is, as determining the modes in which citizens encounter the state, and in which “the state” makes its population legible and governable. Disability as it is being re-defined, becomes an interface of encounters, which mutually construct new forms of statecraft and new forms of citizenship. The thesis maps out the forms of discourses and practices that emerge with this new classification framework in a three-fold perspective; first, from the perspective of governors, as the policy-makers who introduced this new framework; then from that of doctors and officers in a provincial state hospital, who take on the duty of assessors, day-to-day appliers of this new framework within the institutional conditions of state hospitals, which are undergoing a large-scale transformation; lastly, the thesis moves to the perspective of citizens, who apply for being assessed as disabled, to the everyday experiences of procedures of assessment and the mode of sharing these experiences online, through a which novel forms of disabled communities arise. Throughout this three-fold perspective, this thesis aims to map out a relational epistemology of state-making and cultural practices of experiencing the modern state. It is argued through this mapping, that the re-definition of disability within this new framework and the re-structuring of the state-citizen relations in contemporary Turkey are co-constitutive, and the one cannot be understood without the other. Consequently, disability can no longer be understood only as a medical or social phenomena; it involves a complex interaction of bodies, cultures, politics and socialities.

Tez Özeti

“Sakatları Ölçmek, ‘Devlet’i Yapmak”

Bu tez, Türkiye’de sakatlığın ölçülmesi ve sınıflandırılması için kullanılan güncel çerçeveyi siyasi antropoloji perspektifinden analiz etmeyi hedefliyor. Ölçüm ve sınıflandırma pratikleri idari arayüzler olarak ele alınıyor; yani, vatandaşlar ile devlet arasındaki ilişkiyi kuran, devletin de vatandaşları okuyup idare edilebilir kılmasını sağlayan araçlar olarak. Sakatlığın yeniden tanımlanması, yeni karşılaşmalar için bir arayüz oluyor. Bu da yeni devlet pratiklerine rehberlik edip yeni vatandaşlık deneyimleri ortaya çıkarıyor. Tez, yeni sınıflandırma ve ölçüm çerçevesi ile kurulan söylemleri ve pratiklerin haritasını çıkarırken üç katmanlı bir mimariyi izliyor: İlk olarak siyasa yapıcılar olan hükümet yetkililerinin bakış açısından, daha sonra il ve ilçelerde günbegün ölçüm ve sınıflandırma görevini üstlenen ve bunu büyük çaplı bir dönüşümden geçen devlet hastanelerinde yapan doktorlar ve memurların bakış açısından yaklaşıyor. Tez son olarak ise sakat vatandaşların bakış açısına geçiyor ve sakatlık derecesini ölçtürmek için farklı devlet kurumlarında muhtelif prosedürlerden geçen sakat vatandaşların deneyimlerini, bu deneyimlerin internet üzerinden paylaşılmasıyla oluşan yeni sakat topluluklarını inceliyor. Tezin bu üç katmanlı perspektifi, devlet-yapılışını ilişkisel bir epistemolojiye anlamayı, modern devletin kültürel pratikler içinde deneyimlendiğini göstermeyi hedefliyor. Tezin temel savı şu: Sakatlığın bu yeni çerçevede tanımlanışı Türkiye’de devlet-vatandaş ilişkilerinin yeniden inşası ile ilişki içinde anlaşılmalıdır zira bir idare arayüzü olarak tesis edilen sakatlık çerçevesi ne yalnızca tıbbi bir durum ne de yalnızca toplum tarafından yaralanma olarak anlaşılabilir; sakatlık, siyaset, kültür, bedenler ve toplumsallaşmalar ile kurulan karmaşık bir ilişkiler sahasıdır.

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GLOSSARY OF LEGAL AND ADMINISTRATIVE TERMS IN THE REPUBLIC
OF TURKEY, WHICH ARE REFERRED TO IN THE THESIS

Province (*İl*): Main administrative unit in Turkey. Currently, there are 82 provinces in the Republic of Turkey. The highest ranked administrators in provinces are Provincial Governors (*Vali*).

District (*İlçe*): The second degree administrative units under Provinces. Provinces are made up of Districts. The highest ranked administrators in provinces are District Governors (*Kaymakam*).

Law (*Kanun*): Laws are created by the Turkish Parliament, and denote general, abstract and continuous rules.

By-Law (*Yönetmelik*): Ministries prepare By-Laws in order to apply the Laws about their fields. The most referenced By-Law in the thesis is the ‘By-Law Concerning Disability Assessment and Disability Classification and Concerning the Health Committee Reports to Given to the Disabled’, which is prepared by the Ministry of Health based on the Law no. 5387, known as the “Disabled Law”.

Decree Law (*Kanun Hükmünde Kararname*): Decree Laws are created by the Government and have equal powers to Laws after being accepted by the Parliament. The authorization to create Decree Laws is given to the Government by the Parliament.

Official Notice (*Genelge*): Official Notices are released by the Ministries, in order to address the offices working under them, for purposes like informing the offices about new legislations, warning about misunderstandings, giving messages about applications and so on. Official Notices are categorized under “Unnamed Regulatory Operations” within the legal hierarchy, belonging to the executive power.

Announcement (Tebliğ): Announcements are released by Ministries. Like the Official Notices and they announce new regulations for applications. Announcements are also categorized under “Unnamed Regulatory Operations” within the legal hierarchy, belonging to the executive power, which have similar functions, informing offices about new legislations and regulations.

Provincial Revenue Office (Defterdarlık): The representatives of the Ministry of Finance in Provinces.

District Revenue Office (Mal Müdürlüğü): The representatives of the Ministry of Finance in Districts, working under Provincial Revenue Offices.

Counselor (Müsteşar): Highest rank officials under the Ministers.

Directorate (Başkanlık or Müdürlük): Directorates are main administrative units under Ministries. In the thesis, there are references to the Prime Ministry Directorate for Disabled and to the Ministry of Finance Income-Tax Directorate.

Disability Council (Özürlüler Şurası): Council is organized by the Prime Ministry Directorate for Disabled, with the involvement of bureaucrats, NGOs, academics, and other members of the civil society.

CHAPTER ONE

INTRODUCTION

Introduction

My thesis focuses on a particular fragment in the wider transformations that the Turkish state underwent in the last decade. This moment is the re-definition of disability, a term which became foundational for a widening field of legislation, policy making (therefore bureaucracy) and politics in the wider sense following the legal change in 2005, popularly known in Turkey as the Disabled Law, Law No. 5378. In line with legislative changes, the epistemology of disability also changed during the last decade. The epistemological re-definition of disability relies first on a 2002 survey and then on a by-law introduced in 2006 based on the Disabled Law of 2005. I will situate this redefinition within the wider transformations of the state-citizen relations in Turkey, in the last decade, through an analytical account of its epistemological and institutional aspects. Rather than taking this seemingly insignificant moment as merely a manifestation of a more expansive, epochal spirit (e.g. neoliberalism), I will try to situate this re-definition as it becomes an active agent in particular social and political interactions at different registers of politics and society. Briefly put, I will try to study the transformation of the conditions under / terrains over which citizens encounter what we call 'the state' and the effects of these encounters.

Theoretical Architecture

In the last two decades, an emergent object of study for social/cultural anthropological inquiry has been the modern state. I aim to start with a brief literature review as to how my research on a particular bureaucratic procedure is situated in the academic sphere.

The familiar narrative of the anthropological (disciplinary) interest on the modern state is based on a perspectival shift. The political register has long been analyzed with respect to the presence or absence of an object called “the state”. The global geography was divided into the categories “stateless” and “stately” societies, and anthropology discipline limited itself to the study of the former in the disciplinary partition of research topics. Nevertheless, this partition was not only a matter of division of intellectual labor between the academic disciplines but also the expression of theoretical premises which were effective in the consolidation of disciplinary boundaries and the clear expression of the historically constituted geopolitical inequalities and effective relations of domination. The emergent interest from the anthropological discipline towards the statetified societies is primarily based on, immensely influenced by a theoretical overturn of a fundamental idea; the constitutive (both analytical and ontological) separation of the realms of the state and that of culture as mutually exclusive spheres. Not coincidentally, the overturn has its basis in the fading away, from the intellectual agenda, of a progressive account of history where the modern state represents a teleological endpoint. Bureaucracy, as I will try to describe, is the name of this in-between as a troubling sphere of social and cultural interaction. The in-between in the sense of mutual exclusion of the state and society, gives way, in local bureaucratic experiences, to an intense co-penetration of

what had been termed the state and society, of assessment reports and disabled bodies. Experience of ‘the state’ through local bureaucratic encounters results in spillovers and mutual penetration, where cultural (extra-legal) realities penetrate into the working of the state apparatus, and the always unfulfilled ideals of the modern state spill over to the mundane level of cultural formations, becoming effective in the formation of subjective life-worlds. The detailed study of bureaucracies in the last decades have thus become valorized in the search for a better grasp of the troubling non-separateness of the realms of the state and society; of politics and culture; of ethics and ontology.

It would be an impossible task to try to pin down the “original” texts in which the overturn has originated. In the face of such impossibility, what remains to be done is to create an intellectual genealogy which would situate my thesis research on the Turkish state and “its” disabled citizens into a disciplinary habitat. Starting with publications in 1990s, studies of the theoretical/methodological relation between state and anthropology proliferated in the 2000s. Several of these works were influential in conceptualizing and situating my research agenda into what is named “the anthropology of the state”. *Anthropology of the State* (2006), *The Anthropologies of Modernity* (2005), *Anthropology in the Margins of the State* (2004), *State Formation* (2005), *State/Culture* (1999)¹, are some of these publications preceded by numerous works establishing the critical relation between anthropology and modern state with a particular focus on bureaucracy.² In these

¹Sharma, Aradhana and Akhil Gupta ed. *The Anthropology of the State: A Reader* (Malden MA: Blackwell Publishing, 2006); Inda, Jonathan Xavier, ed. *Anthropologies of Modernity: Foucault, Governmentality, and Life Politics* (Malden MA: Blackwell Publishing, 2005); Das, Veena and Deborah Poole, ed. *Anthropology in the Margins of the State* (Santa Fe: School of American Research Press, 2004); Krohn-Hansen, Christian and Knut G. Nustad, ed. *State Formation: Anthropological Perspectives* (Ann Arbor: Pluto Press, 2005); Steinmetz, George, ed. *State/Culture: State Formation After the Cultural Turn* (Ithaca, NY: Cornell University Press, 1999).

studies, workings of bureaucracy are not analyzed with respect to their compliance with the idea-typical Weberian bureaucracy, as functional or dysfunctional, but functioning and dys-functioning are taken as cultural phenomenon or as real practices of concrete actors which then requires ethnographic explanation.³ Another axiomatic characteristic of these studies is the de-centering of the liberal presupposition that rights and citizenship are defined primarily by legal inclusion. Instead, inclusion and exclusion are more complex phenomena, which needs detailed explanation through field work, and which are determined in a complex field of power relations that include but do not prioritize the formalistic legal structures in understanding “the state” and citizenship.

The State: Disaggregation and Aggregation

In terms of the object of study, the thesis is an attempt at political anthropological analysis of the recent and widely discussed political transformations in contemporary Turkey. What are at stake in these transformations? What do the changes in disability assessment and classification tell us about the general structure of these political transformations? This thesis is an attempt to understand the political transformations in Turkey, not by coming up with a general explanation as to the nature of these transformations, but by focusing on a fragment of the mobile and contested assemblage, we call ‘the Turkish state’. This fragment is disability policy, and more

² Akhil Gupta, “Blurred Boundaries: The Discourse of Corruption, the Culture of Politics, and the Imagined State”, *American Ethnologist* 22, no. 2, (May 1995), pp. 375-402; James Ferguson, *The Anti-politics Machine : "Development," Depoliticization, and Bureaucratic Power in Lesotho* (Minneapolis: University of Minnesota Press, 1994); Michael Herzfeld, *The Social Production of Indifference: Exploring the Symbolic Roots of Western Bureaucracy* (Chicago: University of Chicago Press, 1993).

³ Sharma, Aradhana and Akhil Gupta, “Introduction” in *The Anthropology of the State: A Reader* edited by Aradhana Sharma and Akhil Gupta (Malden MA: Blackwell Publishing, 2006), pp.1-41, p. 13; Ferguson, *The Anti-Politics Machine*.

particularly the process of classification and assessment, which creates the truth of what disability comes to stand for, in the eyes of the governors (Chapter Two), for the assessors in a local hospital (Chapter Three), and for a community of disabled citizens, the assessed (Chapter Four). Also, within this fragment, who is counted as disabled, or what sort of interventions does being disabled necessitate are decided within relations of power not exhausted by legal inclusion or by legislative formalisms.

Fieldwork, a method widely used in anthropological studies, is a suitable response to this ontological-epistemological complexity. If the state (therefore inclusion and exclusion) is an effect of different mechanisms of legibility, of government, of power and knowledge, then the analysis of these local mechanisms is an effective way to see the interpenetration of state and society. The state is an effect of a continuous mobility of practices and institutions, new forms of knowledge; a mobility which I describe as a double move of disaggregation and aggregation. From within this perspective, legal and the extra-legal, legislations and procedures, scientific disciplines which penetrate into the working of law and rights or cultural practices are understood in a materialist way; that is, all are taken as concrete forms of power which become agents in power struggles on a layered surface rather than a hierarchical way (as in law preceding power, or power preceding law).

Disaggregation

One methodological common point in the anthropological studies of the state is to disaggregate the reified totality called 'the state'. If we were to take Foucault's remarks on the state and define it as the assemblage of practices of government, the

state appears as the immanent aggregation of a series of not necessarily identical logics of institutional and epistemological matrices. In Foucault's words, "the state is not a universal nor in itself an autonomous source of power. The state is nothing else but the effect, the profile, the mobile shape of perpetual stratifications... The state is nothing else but the mobile effect of a regime of multiple governmentalities".⁴ Having its precursors in the Althusser's critique of Hegelian notions of the expressive totality -which argues that a totality we call by a concept is composed of identical elements, manifesting its essence at each of its parts⁵-, anthropological inquiry into the modern state aims to discover "multi-layered, pluri-centered, and fluid nature of this ensemble"⁶ we call the state, rather than taking 'the state' as a reified totality. Behind this lies a conception that "social formations are a complex hierarchy of functionally organized institutions or instances whose unity can be neither ignored altogether nor reduced to a single closed system."⁷

Not surprisingly, the critique of historicism goes hand in hand in Althusserian critique, since the historicist schema tended to categorize socio-political formations in their historical evolution with the modern European state and civil society at its endpoint as in Hegel's *Philosophy of Right*. State, in Althusserian terminology, is overdetermined, that is subject to multiple and not necessarily prioritized causations. "Turkish State" is neither a reified object nor an unitary structure. It is a complex composition of differential parts.⁸ Thus, how it is experienced at the subjective level

⁴ Michel Foucault, *The Birth of Biopolitics: Lectures at the Collège de France 1978-1979* (New York: Palgrave Macmillan 2008), p. 77.

⁵ Louis Althusser, "Contradiction and Overdetermination", in *For Marx* (New York: Vintage Books, 1970), pp. 87-128.

⁶ Sharma and Gupta, "Introduction", p. 10.

⁷ Robert Paul Resch, *Althusser and the Renewal of Marxist Social Theory* (Berkeley: University of California Press, 1992), p. 36.

is complex as well. Level of the everyday is a privileged site to demonstrate this differential composition where researchers position themselves at the surfaces of contact, in between the governmental practices (assessment) and the practices of the governed (assessed). To distinguish between the idea of the modern state as an expressive totality and the conception that the state is nothing but a concrete, differential, antagonistic aggregate becomes important if we do not take it for granted that Turkish state as an object is identical to and/or is an element of an epochal set called neoliberalism. If it was the case, then it would need not explanations but only manifestations, cases in point to demonstrate whether ‘the Turkish State’ is neoliberal or not. Rather than arguing that the formula is false, I argue that the disaggregating method of anthropology is suitable for properly distinguishing neoliberalism and clearly defining it.

For the purposes of this thesis, following the disaggregating method, I define neoliberalism by limiting it, as primarily a set of epistemological assumptions on human, on society, on economy and on government, which acts as guiding tools for discursively mediating social problems, and disability is one such problem that becomes an object of this discursive language, as I will show in the second half of Chapter Two. The extent to which the classification of disability can be called neoliberal lies on the affinity between the epistemological structures of neoliberal mode of thinking and the epistemology of disability offered by the ICF, in how a particular problem concerning population receives a governmental remedy, which is structured in line with a liberal mode of reasoning on economy. By defining neoliberalism as such, as a governmental reason, I try to stay away from historicist conceptions which take neoliberalism as an historical epoch, and also from those

⁸ Althusser, “Contradiction and Overdetermination”.

approaches, which takes neoliberalism to signify a particular functioning of the anthropological substance of individual subjects. As such, the method of disaggregation is also more suitable if researchers are to demonstrate the commonalities and differences between groups, spaces, geographies with regard to their experience of neoliberal frames/spaces of encounter, surfaces of contact, which are structured through the guide of neoliberal epistemologies. In other words, neoliberalism is taken as a governmental dictionary of 'how to govern', but the concrete realizations of such modes of government cannot be presupposed. They have to be analytically constructed through sensitivity to local forms of materialization, through a concrete analysis of the concrete relations between bodies and emerging forms of government, rather than taking insignificant moments as mere expressions of an all-encompassing spirit called neoliberalism.

Aggregation and Performance

However, on the other hand, the second, accompanying methodological question which follows the method of disaggregation is this: How does the state appear (and at most times function) as an omnipresent, total, mono-centered entity over and above the multi-layered, pluri-centered, overdetermined, antagonistic, disaggregated ensemble? Or, how is 'the state' imagined as such, as a unitary body within what Timothy Mitchell calls an "imaginary coherence"?⁹ What is the role of such imagination in actually making the state into an aggregated and functioning totality, reproducing 'the state', however inconsistent it may be? I call this role performative in the first half of the Chapter Two. This question is crucial in that the modern

⁹ Timothy Mitchell, "Society, Economy, and the State Effect" in *State/Culture: State Formation after the Cultural Turn* edited by George Steinmetz (Ithaca, NY: Cornell University Press, 1999), pp.76-97, p.76.

experience of the state, its reproduction is conditional upon the subjective consent of its subjects, upon the citizens imagining the state and its omnipresence. In the context of this study; how is it that we can talk about “Turkish neoliberalism” if we are to take seriously the anthropological critique which shows us the disaggregated picture? For this, anthropologists and cultural theoreticians relied on analyzing public performances through media, or speeches or more generally ideological representations; performances which allow/force citizens to imagine the state as a totality and in turn making the state what it is. Performance refers here not to an illusory appearance over the essence of things, but an iterative symbolic practice which constructs what the 'essence' is in its appearance. In other words, there is a research agenda to study how a discursive strategy of politics concerning particular events, or particular elements of this state ensemble, sublimates partial (bureaucratic) procedures so that they are imbued with the power of the unified state, become symbols for representing the omnipresence of ‘the state’. Or at times, studying the failure thereof.

Overview

Chapter Two has two parts corresponding to the two registers on which the emerging paradigm of disability policy was practiced. The first part will be called the performative dimension, referring to the structures in which a new classification of disability was an agent in the political imaginary guiding the political-economic transformations. The second part will be called the economic dimension, referring to the relation between the neoliberal paradigm of economics and the new epistemology of disability. In the first part, I read state documents, policy texts and more

importantly crucial speeches by politicians concerning disability policy in the post-2002 Turkey. I argue that in creating a legislative and policy structure for disability, the exhibition of governmental ability to classify and statistically count disability Turkey-wide was an important political performance: staging 'the state' as vertically encompassing, and in a process of advancement, on the geopolitical register; a reaffirmation of the ideological message that Turkish state is back on the route of progress after a pre-2002 period dominated by metaphors of crisis, dis-integration, fragmentation and inability to appear symbolically as an encompassing entity. In the second part of the chapter, I conduct a comparative reading of neoliberal economic theory and the theoretical definition of disability used in the new classification model of the World Health Organization (WHO), which is the same model that was taken as the basis for creating the 2006 Disability Assessment By-law. This model is called the International Classification of Functioning, Disability and Health (ICF). I argue that there is an affinity between the re-definition of labor in neoliberal economic paradigm and the functionality paradigm in defining disability.

In Chapter Three, I focus on the bureaucratic conditions under which this re-definition becomes a threshold of citizenship; it becomes a threshold through a by-law, By-law Concerning Disability Assessment, through which bodies are grouped into categories of *non-disabled* (able to work, assessed for 0%-39% loss of functionality), *disabled* (can be employed through positive discrimination, assessed for 40%-69% loss of functionality) and *heavy disabled* (cannot work/in need of assistance, assessed for 70%-90%), all three categories corresponding to operational categories in the emerging/consolidating economic distribution of citizenship and social policy. Here I use field notes from a two-month fieldwork on the everyday working of assessments in a provincial state hospital in the city of Bursa. The By-law

of Assessment indicates that assessment takes place in state hospitals; in line with the instructions in the By-law, which is created by medical experts working for ministries in Ankara, applicants are assessed for their loss of functionality. In Chapter Three, I demonstrate how this particular bureaucratic procedure cannot remain a simple technical matter but it becomes entangled in an overarching contestation between the doctors who are implementers of assessment and central government, with regard to the larger transformations in public health care. In demonstrating the tactics used in this silent contestation, I focus on the relationship doctors (bureaucrats, everyday implementers) establish with the materiality of this bureaucratic duty they are assigned; forms, signatures, petition, notices, corridors, computers and all sorts of other objects in relation to which the troubled relation is experienced. I argue that assessment is practiced in a transforming environment where doctors are alien and reactive to the new developments, which transform in great scale the conditions of medical practice. In this environment, disability assessment comes to signify a greater loss of professional autonomy and the transformation in general, of the conditions of labor. Doctors' feeling of being alien to the duty of disability assessment goes hand in hand with their experiences in response to the new institutional order of the medical field, of public hospitals in Turkey, which the doctors face daily.

In Chapter Four, I focus on how this new classification and assessment perspective becomes constitutive of a new community on the internet where the experience of this emerging field of legislation and policy making (therefore bureaucracy) becomes the common ground of coming together. Here I argue that the contemporary disabled subjectivity in Turkey is fed on an uneasy interpenetration of the new epistemology of disability and the bureaucratic terrains on which this new

epistemology touches the daily lives of citizens applying for assessment. Following from the Chapter Three, I show how the uneasy relationship between assessors (doctors) and the assessment procedure is translocated into the daily lives of disabled citizens. In the virtual space, the experiences with forms, signatures, corridors, namely with the material experience of the formal assessment process becomes constitutive of a disabled community, where disabled solidarity is established in response to the horrors of bureaucratic hardship and the sharing of personal experiences with fellow members of the web-site. As the daily conversations are recorded and simultaneously archived in the web-forum, it creates a research field to investigate how the new field of policy-bureaucracy become constitutive of a disabled (virtual) public sphere, and of emergent forms of disabled sociality.

My thesis will be investigating a part of the Turkish state ensemble, disability classification and assessment, in the last decade, asking these questions; 1) How it was created, what it is, and how was it presented to the public by governors? (Chapter Two); 2) How was it practiced by local bureaucrats and the analysis of the cultural practice of this fragment of the state ensemble (Chapter Three); 3) How was it experienced in the mundane level by ordinary citizens and how it became an agent in constructing civilian sociability (Chapter Four)? By extensively focusing on a fragment within the large-scale transformations, I aim to engage with the larger question concerning “Turkish neoliberalism” and its differential composition and its differential experience by citizens. And, also, I hope that this three-angled architecture of the thesis will help to undermine the ideological representation of the state as monist, and will help move between the different layers and perspectives in construction of the state. The cracks in between the different layers of “the state”, the fact that it never becomes fully integrated as a unity, allows the proliferation of novel

forms of sociability, or forms of improvised interventions by citizens (individually or collectively) to arise, like the virtual internet community I discuss in the chapter four.

CHAPTER TWO

CLASSIFYING/ASSESSING DISABILITY AND STATEHOOD: BETWEEN PERFORMANCE AND ECONOMIC REASON

Introduction

In this chapter I trace the governmental definition of disability (that is, the one used by government agents) which became popular in the last decade. This definition materializes in the now popular statement, “there are 8.5 million disabled in Turkey”. I trace the conditions for the emergence of this statement.

I argue that there are two methodological grids for analyzing this statement.

- 1) The dimension of performance. By and through this statement, the Turkish state creates the conditions for an imaginary of the state as unified and “spatially encompassing”, one that can perform its knowledge over the population. I trace the state discourse on disability from 1999 to 2010. I argue that 1999-2002 was a period when the Turkish state was fully exposed in its disaggregated parts and one can see this in the field of disability policy. However, disability policy in the post-2002 period became a site for performing the central government's authority and encompassing quality to several audiences: the public, the local bureaucracies and the international community. In order to map out how the performance is staged, I critically examine a nation-wide survey, an Official Notice and finally the adaptation of the WHO classification model, International Classification of Functionality, Disability and Health (*ICF*). By mapping out the consequent scenes, I try to show how these state practices function as parts of an ongoing

performance by the Turkish state, whereby ‘the inable state of the late 90s’ gave way to a new characterization of the Turkish state in post-2002, marked by its ability to appear as progressive and aggregated. “Shifting to ICF” comes to symbolize the ability of the state to move forward and join the level of advanced states on the performative register.

- 2) The dimension of economic reason. This statement, “there are 8.5 million disabled in Turkey” is prefigurative in the transformations in state-economy and state-citizen relations. In this second part, I trace the similar logics of aggregating disability through the perspective of functionality and the aggregating of the population in terms of human capital. Tracing the epistemologies of neoliberal reason and the definition of disability propagated by the ICF, I aim to show how the new definition of disability is affine to the transformations in state-economy-citizen relations in contemporary Turkey. As argued by Foucault, neoliberalism is a mode of governmental reason where the grid for making the population intelligible is *human capital* and for the individual, *homo economicus*. ICF in this part is a crucial dictionary for governmental language that the Turkish governors can use and articulate the problem of disability policy in parallel to the demands of neoliberal economy.

Data

For the first part on performative dimension, I use media archives, speeches, state documents such as the publications by the Prime Ministry Directorate for Disabled, photographs from governmental websites, survey reports, official notices, by-laws,

description of events such as the biannual meetings of the Disability Council to understand the ways in which disability is performed by state officials.

For the second part on the relationship between the disability definition and neoliberal mode of governmental reason, I use mostly secondary literature and theoretical work. I also refer to state documents and speeches to see how this mode of governmental thought -the articulation of the question of disability and economic reason- is reflected in governmental practice. I conduct a theoretical reading of two epistemological frameworks; first from rehabilitative medicine, second from economy.

Performing Disability Policy

In the Chapter One, I laid out the theoretical framework for an anthropology of the state. The question concerning such studies is two-fold; to demonstrate how in its everyday pluri-centered nature, despite its fragmented composition, the state appears as 'the state', in other words as a “concrete, overarching, spatially encompassing”¹⁰ entity? I argue in this part that, disability policy, and particularly the establishment of a new governmental definition of disability played a key role in performing 'the state' in the post-2002 Turkey.

By performance, I mean a mode of action where the presentation of an object is prior to the object, and determines the effects that the object produces. In other words, when I refer to performing, I am not interested primarily in the technical details of certain governmental apparatuses, but I am interested in the modes in which they are presented to different audiences and the effects that are produced through

¹⁰ Ferguson, James and Akhil Gupta, “Spatializing States: Toward an Ethnography of Neoliberal Governmentality”, *American Ethnologist* 29, no.4 (November 2002), pp. 981-1002, p. 981.

these stagings. Thus, in the first part of the chapter, I will be looking at the sceneries, discourses, photographic representations of disability policy, -particularly disability assessment and ICF- before going into analyzing the epistemological structure of this assessment framework in the latter part of the chapter. This concept of performance is what connects the Chapter Two and Chapter Three. I argue that the new assessment framework and the By-law are perceived by state hospitals as performances of the central government, produce effects in line with this perception.

The years before 2002, that is before the coming to power of the Justice and Development Party (from now on AKP), are a relatively less problematized sequence within the political history of Turkey. In contrast to the consolidation of an imaginary of vertical encompassment in post-2002, I argue that the years before 2002 witnessed an inability of 'the state' to appear as 'the state'. Here, I will demonstrate this argument by tracing the governmental discourse on disability policy and definition from 1999, when the first ever meeting of the Disability Council was organized. From 1999 to 2009, the council met four times, in 1999, 2005, 2007 and 2009. By looking at the change in the language and presentation of performance, I try to show how the state was publicly exposed in its disaggregation or disintegration in the years leading up to the elections in 2002, particularly from 1999 to 2002. The 1999 Council records are used as an example for analyzing the exposure of 'the state' and I try to conduct a parallel reading with the media representations of crucial events in the same period, most importantly the major earthquake on August 17, 1999, the political crisis of February 2001 and the following economic crisis of March 2001. This period is usually described in sociological studies as a period of instability and crisis.¹¹

¹¹ See for example Cihan Tuğal, *Passive Revolution: Absorbing the Islamic Challenge to Capitalism* (Stanford: Stanford University Press, 2009).

In 1999, the first ever Disabled Council was organized. The organization of the council was predicated on demands by UN on the member states to form governmental bodies to serve disabled citizens.¹² What concerns me in the archival records, is that the proceedings expose a picture of 'the state' as incoordinated and more importantly as unable, in publications which are prepared and distributed by the Prime Ministry Directorate for Disabled itself. This is revealed both in the discordant opinions of the governors and in the conflict which was experienced between the organizers, namely the government, and some participants, the disability NGOs. In 1999, a three-party coalition was in government, formed by the Democratic Left Party (DSP), National Movement Party (MHP) and Motherland Party (ANAP) while the president was Süleyman Demirel associated with the Right Path Party (DYP). Among the participants and speakers, there were also deputies who were members of the Felicity Party (FP).

The speeches were marked by different approaches to defining disability and to framing the Turkish state with respect to disability policy. The opening speech was by president Demirel, presenting a frame for disability policy which was heavily influenced by a preventative mode of thinking, associated with what is widely called the medical model of disability. Demirel emphasized the following;

I know, I see, many institutions, many associations, many scientific establishments are putting in efforts. Let's take a blood sample from your kid. We have the chance to cure him in 24 hours after his birth, families should respect this call. [...] I want to give another example. Before the Salk vaccine, there was this thing called Polio and this left kids impaired for life. Now, this vaccine is available and every year there are campaigns for promoting it. I attend many of the opening ceremonies for these campaigns. Because I see and know that if the poor adorable little thing gets caught by Polio there is no cure and he

¹² For a more detailed report on Turkey's involvement as a UN member in 1990s, see, United Nations Economic and Social Commission for Asia and the Pacific, *Turkish Republic Review of National Progress on the Implementation of the Asian and Pacific Decade of Disabled Persons*. Available [online]: <http://www.ozida.gov.tr/raporlar/uluslararasi/bm/ESCAP/7turkiyeraporu.doc> (Accessed 6 December 2011).

will suffer for years. Therefore we tell the citizens: don't keep your kids from this vaccine.¹³

His speech was followed by others speakers on disability, every voice presenting another picture with regard to how the state and disabled citizens relate to each other. Prime Minister Ecevit, the president of the DSP emphasized that “Turkey is a modern society and a social State. Attention to the problems of the disabled, producing modern solutions to these problems is a requirement of human rights, a signifier of respect for man and society.”¹⁴ Finally, the president of MHP, Bahçeli, chose to emphasize the relation between Turkishness and the disabled by stating that “Turkish society is a society which shows compassion and attention to the disabled and these derive from its historical traditions.”¹⁵

Discordant political opinions do not by themselves constitute exposure of 'the state' in its inability to appear as vertically encompassing. What I want to emphasize is the disruption occasioned by the declaration of the President of Turkish Federation of Disability, Faruk Öztimur, who was the sixth speaker after the speeches by government leaders and bureaucrats. Right after speeches by state representatives declaring a historical start in disability policy, celebrating the recognition of this problem, Öztimur spoke on behalf of the disability NGOs, rejecting the representativeness of the council, protesting the inaccessibility of the meeting room, the lack of funds allocated to transportation of disabled participants, and declaring that the participants in the council will leave the council after this announcement in

¹³ T.C. Başbakanlık Özürlüler İdaresi Başkanlığı, *I. Özürlüler Şurası Çağdaş Toplum Yaşam ve Özürlüler Komisyon Raporları Genel Kurul Görüşmeleri* (The First Council Modern Society Life and Disabled Commission Reports Proceedings of the General Assembly), (Ankara: T.C. Başbakanlık Özürlüler İdaresi Başkanlığı, 1999), p. 6. See Appendix A for the original quotes in Turkish.

¹⁴ Ibid., p. 6.

¹⁵ Ibid., p.11.

order to go to a separate place for continuing with works on improvements in disability policy.¹⁶

What is important in this event is that a governmental stage itself became a space for the exposure of the state's inability to appear to its citizens as an able, representative, encompassing entity. Moreover, the fact that the archival recordings of this conflict are published by the state bodies is itself significant. Yet a decade later in 2009, when the then President of Turkish Federation of Disability Turan İçli tried to make a speech of protest at a similar council meeting, he was removed by security guards, denied the right to speak, and the publication of the proceedings never refer to the event in its new, “pdf” form which all citizens (and also non-citizens) can access on the “.gov.tr” website.¹⁷ The second meeting of the council in 2005 was the last time Öztimur was among speakers, when he again brought up criticisms. One cannot see, since then, traces of conflicting statements in council recordings which are compiled and published by the Prime Ministry Directorate for Disabled.

¹⁶ Öztimur said: “If I am unable to enter this place, which means you are discriminating against me. I would have wanted it to be recognized that in an intense meeting yesterday evening, my federation presidents and the disabled representatives here decided that 70 something people are not enough to represent the disabled when it is said that somewhere around 118 billion is spent for this event, I don't know if this is correct. On behalf of the disabled, on behalf of the federations, we unfortunately declare that we can't be in a place where the expenses for our assistants are not paid, where there are so many problems even when so much money is spent. They asked me to do this difficult statement as the Confederation President. Personally, I will be attending today due to my great respect to the state and because I am a functionary of the Prime Ministry. But, my disabled friends informed us through a declaration that they will leave this meeting after my speech. This declaration will reach the Council. Moreover, they will keep working on works related to disabled in a different meeting place”. Ibid, p. 26.

¹⁷ See the publication of the 4th Council, T.C Başbakanlık Özürlüler İdaresi Başkanlığı, *IV. Özürlüler Şurası İstihdam Özürlüler Komisyon Raporları Genel Kurul Görüşmeleri* (The Fourth Disabled Council Employment Commission Reports Proceedings of the General Assembly). Ankara: 2009. Available [online]: <http://www.ozida.gov.tr/sura/sura4/kitap.pdf> . (Accessed December 5, 2011). The conflict appeared in media coverage of the council in 2009. For the press release of the Turkish Impaired Association on the event, see Türkiye Sakatlar Derneği, “Özürlü” Şurada Engelliye Şiddet ve Tahammülsüzlük (Violence and Intolerance against the Disabled in the “Disabled” Council), 17 November 2009. Available [online]: <http://www.tsd.org.tr/ozurlu-surada-engelliye-siddet-ve-tahammulsuzluk-6010> (accessed December 5, 2011). See more on the Chapter Four, on the virtual presences of ‘the state’.

The performance of statehood in 1999 was interrupted by an exposure of its dis-functionality, of its ability to appear as representative, on the very stage organized by the government. I want to end this part on the 1999 council with a final quote which would link us to the changes in post-2002. The quote concerns the subject of the thesis; the question of defining disability through classification and data-keeping. The State minister Hasan Gemici *confessed* the following:

Unfortunately we still use the numbers given by the World Health Organization when we refer to the number of disabled in our country. Last year [1998], work started on this subject in cooperation with the State Planning Agency but the plans for a disabled survey were delayed until 2000, when general population census will be conducted, to get better results. I think this is the right decision. It is really important to know the number of disabled in each province, in each village: how many from which disability category, so that policies and services concerning them can be developed.¹⁸

Before going into the post-2002 performances concerning disability policy, more specifically the practices of surveys and classification, I want to point out the emphasis on data-keeping in studies on state-making. James Scott summarized the role of statistics in statecraft, and argued that “the functionary of any large organization “sees” the human activity that is of interest to him largely through the simplified approximations of documents and statistics (...) These typifications are indispensable to statecraft. State simplifications such as maps, censuses, cadastral lists, and standard units of measurement represent techniques for grasping a large and complex reality; in order for officials to be able to comprehend aspects of the ensemble, that complex reality must be reduced to schematic categories. The only way to accomplish this is to reduce an infinite array of detail to a set of categories that will facilitate summary descriptions, comparisons, and aggregation”.¹⁹ Not only

¹⁸ Ibid., p. 36

¹⁹ James Scott, “Cities, People, and Language” in *The Anthropology of the State* edited by Aradhana Sharma and Akhil Gupta (Malden MA: Blackwell Publishing, 2006), pp. 247-269, p. 259.

classifications and statistical aggregations are indispensable for statecraft, but importantly they are the means through which “state effects” are produced, that is “the multiple arrangements that produce the apparent separateness of the state create effects of agency and partial autonomy.”²⁰ The state appears as 'the state' through knowledge of its population, its categorization so that the known population can be acted upon. In other words, knowledge of the (disabled) population is not merely a technical matter but a performative one, creating effects which go beyond the technical necessity of aggregation.²¹ This field of keeping data and producing knowledge is a field of power. One way 'the state' appears as vertically encompassing over a society is through the performance of the knowledge of its population.

Given this brief theoretical interlude, one notes that the words of the minister refer, not to a technical lack, but to a lack of state-hood as such. This is not to say that Turkish state did not exist in 1999. Yet it is saying that it was weakened in its ability to create state effects that 'it' does not know 'its population' that it cannot not appear to represent and therefore act on its disabled population and therefore it is not able to perform an imaginary of vertical encompassment. In such an absence, as the records of the Disabled Council demonstrate, the state appears bare, in its everyday dis-aggregated form, in its bare, multi-layered inconsistency. Without going into a thorough re-construction of the historical period in question, I want to suggest that an analysis of other, more spectacular events in the period exhibit a similar presentation. I use the term presentation here purposefully, in the sense of an inability to ideologically re-present the events as significant sequences in 'the state's unified re-

²⁰ Timothy Mitchell, “Society, Economy, and the State Effect”, in *The Anthropology of the State* edited by Aradhana Sharma and Akhil Gupta (Malden MA: Blackwell Publishing, 2006), pp.169-168, p.176.

²¹ For an anthropological study on the politics of disability data in China, see Matthew Kohrman, “Why am I not Disabled? Making State Subjects, Making Statistics in Post-Mao China”, *Medical Anthropology Quarterly* 17, no.1, March 2003, pp. 5-24.

production.

When thinking of aggregation and dis-aggregation, it is hard not to refer to a major event in the same year: the 7.4 earthquake in the industrial city İzmit on August 17, 1999. One need recall the scenery; photographs of dis-integrated building parts, dismembered body parts torn apart. Resulting in the mass fragmentation of buildings and bodies, the earthquake itself might be read as a metaphor of dis-aggregated exposure, yet what concerns my argument is clearer in the headline of the newspaper *Milliyet*, the day after the quake. The headline read: *Halk Sahipsiz Kaldı* (the people were left unowned)²², referring not to the destruction of buildings and bodies but to the public imaginary concerning 'the state' or more precisely the inability of 'it' to appear as such, to own up to its population and its responsibilities, as the owner of society. *Sahipsiz kalmak* is a widely used trope in Turkish, referring to being left without a protector or a supervisor. The subheading read: “*yetkililer aciz kaldı*” (the officials remained unable).²³ The same word *acz* (inability) or *aciziyet* (being unable) was used in other newspapers referring to the conduct of officials (for example in rescue operations) as being unable to give a solid performance, to cover up the dis-integrated environment of bodies and buildings.²⁴ The years leading up to the early election in 2002 -which was in itself an exposure by the government of its inability to govern- witnessed two further events; a political crisis resulting from the conflict between the prime minister Ecevit and the President Sezer, and an economic crisis which followed a month later. Newspaper *Zaman* and *Sabah* for example used

²² *Milliyet*, 19 August 1999.

²³ *Ibid.*

²⁴ See for example, Gece Felaket Gündüz Aciziyet (Disaster at Night, Inability in the Morning), *Zaman*, 19 August 1999. Available [online]: <http://arsiv.zaman.com.tr/1999/08/18/guncel/1.html> (Accessed 6 December 2011).

the metaphor of a rope being broken (*ipleri koparan sözler, ipler MGK'ta koptu*),²⁵ when describing the political language which caused the crisis. While political disagreement is by no means an adequate reason to call such events the dissolution of 'the state' as such, it is important to note that 'the state' was stripped to its bare inconsistency and fragmentation, in its dis-aggregated parts and its inability. To return to the subject under consideration, disability policy was no exception as the 1999 council shows.

Nevertheless, the question of disability policy did come to occupy a rather special if not exceptional place in the post-2002 political processes, after the elections of November 3, 2002 which resulted in the single-party government of the newly founded AKP, which continues to this day; a governmental change, which have greatly transformed state-economy-citizen relations in contemporary Turkey.²⁶

On December 3, 2002, exactly a month after the general elections in November 3, and fifteen days after the formation of the government in November 18, a Notice was released by the Prime Ministry, in which the new prime minister Abdullah Gül, who was to be replaced by Recep Tayyip Erdoğan four months later in March 14, addressed all public institutions and personnel. The Notice was one of the first official acts of the newly formed government. The Notice no. 2002/58 concerned public services for the disabled, who according to the Prime Ministry, “composed 12% of our population with almost 8 million in numbers, according to the data provided by the World Health Organization.”²⁷ Aside from stating the size of

²⁵ İpleri Koparan Sözler (Words that Broke the Ropes), *Zaman*, 20 February 2001. Available [online]: <http://arsiv.zaman.com.tr/2001/02/20/politika/politika.htm> (accessed 5 December 2011); İpler MGK'ta Koptu (The Rope Broke at the National Security Council), *Sabah*, 20 February 2001. Available [online]: <http://arsiv.sabah.com.tr/2001/02/20/p01.html> (accessed 6 December 2011).

²⁶ Sociologist Cihan Tuğal calls the process a 'passive revolution'. Tuğal, *Passive Revolution*.

²⁷ Republic of Turkey Prime Ministry General Directorate of Personnel and Principles, *Başbakanlığın*

this population, the Notice starts by listing the governmental priorities: “To make our disabled citizens self-sufficient, able to live without assistance from others, to realize equality of opportunity and to integrate them into society as productive members”.²⁸ The notice consists of six parts, the first on employment, urging businesses to comply with quota regulations at work, the second on built-environment and accessibility, the third on recognition of special days for highlighting disability at the national level, the fourth on special education of disabled, the fifth on allowances for public transport, and the sixth on health services and rehabilitation. The notice ends by urging public offices “to prepare for the 2003 European Year of Disability, in these days when our integration process to EU has seen crucial developments and to take necessary steps urgently to remove all physical barriers which disable our citizens” and “all public authorities are directed to work together in planning and implementation, with civil society associations, especially with the Turkish Disabled Confederation”.²⁹

The Notice, both in its content and timing, foreshadows significant transformations in the state-economy-citizen relations in Turkey. Released only fifteen days after the formation of the new government under the Justice and Development Party (AKP), the Notice is a message to all public offices connected in one way or another to existing or future disability policies (*see Chapter 3 and 4, on how official notices become agents in the mundane workings of the local bureaucracy and important determinants on how state-citizen relations take place at the micro level*). Being neither a law nor a by-law, Notices are a form of

2002/58 Sayılı Özürlüler ile İlgili Genelgesi (Prime Ministry’s Official Notice about Disabled Numbered 2002/58), 3 December 2002. Available [online]: <http://www.ozida.gov.tr/kurumsal/mevzuat/04-01-010.htm>.

²⁸ Ibid.

²⁹ Ibid.

administrative communication, where messages are directed to the addressees in rather informal language, informing on existing or future changes in policies, laws, or by-laws, flowing from centers to periphery, in this case from the Prime Ministry to public offices in entire Turkey. Preceding the by-laws and laws which were legislated after 2005, I read this Notice as a performative act through which the local bureaucracies are directed by the newly formed government that the word disability (*özürlü*) will be one to look for in the coming years. Yet, as the last part of the Notice alludes, such performance is closely knitted with another audience, where the national government performs “urgently” to the transnational sphere; the EU which became the central audience of Turkish politics following the elections. In this vein, it is possible to read the notice as an epitome of the national politics to come. It notifies *us* as well to a theme of statecraft to come.

The official notice no. 2002/58 indicated that disabled citizens constitute 12% of the Turkish population, almost 8.5 million people “according to WHO estimates”. Within the same month in December 2002, the month following the elections in November, a survey was conducted in order to create the first nation-wide disability database in Turkish history. By providing knowledge in the form of statistics, the survey prefigures a new classification which was to take effect in the coming years. This classification became the basis for disability policy in the coming years when it was institutionalized. I'll analyze the epistemological foundations of this classification in the second part of the chapter. For now, I want to keep the focus on the performances with regard to state's ability to count and classify the population.

The survey is important not only in terms of its epistemological underpinning but also in itself a performance. The introductory remarks in the 2003 report on the results of the survey start with the symbolic meaning of conducting the survey in the

first place:

Lots of countries, including our own, use the estimates given by the WHO because they do not possess statistical knowledge on the disabled. Countries with advanced registration systems gather information about disabled through the registers in their institutions. And, also, they supplement information lacking in those institutional registers through the regular surveys they conduct. In order to eliminate the problem of lack of information and data, the “2002 Turkish Disability Survey” was conducted on December 2002, with the cooperation of Prime Ministry Directorate of State Statistical Institute and the Prime Ministry Directorate of Disability.³⁰

The survey was conducted a month after the elections, the results being published a few months later. As the quote above shows, the conducting of the survey itself has to do with 'the state's movement from the level of those states which do not know their populations, to the level of those states which can count and register their populations; from the underdeveloped world, to the advanced world. Few months after the elections, the survey can be read as a performative act, reflecting the new government's will, through which the current governors distinguished themselves from their predecessors.

By taking the survey and the Notice as performances which stage the role of disability in the assertion of the new government, I suggest that disability policy can be read as a cultural stage through which we can analyze the performative construction of a new governance modality; more specifically the temporal and spatial imaginary which is promulgated through these policy acts. As Steinmetz argues, policy making cannot be understood as a practice of an already formed 'state', but is an integral part of the continuous cultural construction or re-construction of the state. Steinmetz makes an analytical distinction in studying policy acts as forms of

³⁰ Republic of Turkey Prime Ministry Directorate of Disabled, *Türkiye Özürlüler Araştırması Temel Göstergesi* (Fundamental Signs of the Turkish Disabled Survey). Available [online]: <http://www.ozida.gov.tr/arastirma/oztemelgosterge.htm> (Accessed 7 March 2011).

state formation: “(...) 'policies' that affect the very structure of the state are part of the ongoing process of state formation. A structure-changing policy is one that alters the state in a way that systematically affects the production of subsequent policies; a structure-reproducing policy expresses and affirms the existing state form.”³¹

The question of why disability is a privileged site is a wider question. My research led me to two partial answers, which are embedded in the two sub-parts of this chapter. One answer is related to a performative reason and the other to an epistemological reason relating disability and neoliberal economy. I discuss the second one in the second part of this chapter when discussing the affinity between the economic reason of neoliberal governance and the epistemology of disability offered by the ICF. Here, I want to keep tracing state performances in 2000s to demonstrate the performative dimension and demonstrate how disability might be a privileged site of structure-changing policy because of its new charge in contemporary geopolitics.

The Disabled Council, which was planned to meet biannually, had met for the second time only in 2005, skipping 2001 and 2003. That was also the year when the Law No. 25868 was passed. The official name of the law was “Law on Disabled and on Some Changes in the Laws and Decree Laws” although it is popularly known as the Disabled Law of 2005.³² All legislated policy interventions following 2005 were implemented through by-laws derived from this particular law. The set of policy interventions included (re)legislating and extending employment quotas, introducing work allowances, vocational courses, setting up a care wage system, subsidizing

³¹ George Steinmetz, “Introduction: Culture and State”, in *State/Culture: State Formation After the Cultural Turn* edited by George Steinmetz (Ithaca NY: Cornell University Press, 1999), pp.1-49, p.9.

³² Republic of Turkey. *Özürlüler ve Bazı Kanun ve Kanun Hükmünde Kararnamelerde Değişiklik Yapılması Hakkında Kanun*. Law no. 5378, Promulgated in 1 July 2005, Announced in the Official Gazette no. 25868.

private education centers, free transportation cards and others. In 2005, the Second Council's introductory declaration starts by stating the following:

Especially in advanced countries, the degree to which the needs of this section of the population are met is used as a measure of advancement. For this reason, as a nation, we have to increase the standards for the disabled in this period when we are fighting for membership in the European Union, and we have to take our place in the race by providing the same possibilities that the modern countries provide.³³

There is an increasing literature on the role of disability policy in peripheral countries as cultural signifiers of progress and advancement. Throughout the last decade, legal recognition of and policies for disability have been markers of geopolitical location and status. Eunjung Kim demonstrated how in China and South Korea, approaches to disability are propagated by the states “to make points about their society” and to stage particular imageries of “the state”, and how disability, therefore, becomes a crucial governmental interface for transnational performances.³⁴ Moreover, the 2000s were also a period when the human rights paradigm gained a new prominences in 2006, fifty-eight years after the Universal Declaration of Human Rights by the United Nations, an additional convention was adopted in order “to change attitudes and approaches to persons with disabilities. It takes to a new height the movement from viewing persons with disabilities as "objects" of charity, medical treatment and social protection towards viewing persons with disabilities as "subjects" with rights”.³⁵ The Convention on the Rights of Persons with Disabilities was opened for signature in March 2007, and was signed by the Turkish government in 2008 and it

³³ T.C. Başbakanlık Özürlüler İdaresi Başkanlığı, *II. Özürlüler Şurası Yerel Yönetimler ve Özürlüler Komisyon Raporları Genel Kurul Görüşmeleri* (The Second Disabled Council Local Governments and Disabled Commission Reports Proceedings of the General Assembly), (Ankara: T.C. Başbakanlık Özürlüler İdaresi Başkanlığı, 2005), p. xiii.

³⁴ See for example Eunjung Kim, “‘Heaven for Disabled People’: Nationalism and International Human Rights Imagery”, *Disability & Society* 26, no.1 (January 2011), pp.93-106.

³⁵ United Nations, *Convention on the Rights of Persons with Disabilities*. Available [online]: <http://www.un.org/disabilities/default.asp?id=150> (Accessed 13 March 2012).

was emphasized in all related governmental documents that Turkey is among the first group of states to sign the protocol.

In his call for an anthropological study of globalization, Michel-Rolph Trouillot hints at the importance of mechanisms of legibility, such as classificatory schemas or statistics, the “production of both a language and a knowledge for governance and of theoretical and empirical tools that classify and regulate collectivities”.³⁶ He adds, however, that globalization is a process where nation states and transnational bodies compete for provision of knowledge on populations.³⁷ It is in this sense that I've located the 2002 survey, as Turkey's assertion of statehood by a self-created database. The survey was complemented with a by-law in 2006, “By-Law Concerning Disability Assessment, Classification, and Health Committee Reports to be given to the Disabled”. It was passed on July 16, 2006, replacing the previous one dated March 18, 1998. The By-law changed the definition of disability through a new epistemology and a new assessment system. The purpose of the By-law stated that it was passed in order to “develop a common application in areas where needed assessments, classifications and definitions about the disabled and to spread the used of international classifications and assessment measures.”³⁸ The means of legibility, referred here as “international classifications” is the ICF, “a very extensive classification system, which allows defining the conditions concerning human functionality and disability, the International Classification of Functioning,

³⁶ Michel-Rolph Trouillot, “The Anthropology of the State in the Age of Globalization”, *Current Anthropology* 42, no.1 (February 2001), pp.125-138, p. 126.

³⁷ Ibid, p. 132.

³⁸ Republic of Turkey. *Özürlülük Ölçütü, Sınıflandırması ve Özürlülere Verilecek Sağlık Raporları Hakkında Yönetmelik* (By-Law Concerning Disability Assessment, Classification, and Health Committee Reports to be given to the Disabled). Promulgated in 16 July 2006, Announced in the Official Gazette no. 26230.

Disability and Health”³⁹. I now want to turn to the discourse surrounding this initial step in changing the national classification system in line with the one offered by the WHO. This discourse revolved around the words “shift to ICF” . I argue that this shift discursively shifts “the Turkish state”, becoming a third step, an opening of a new era in the 'advance'; from Turkey who cannot create data of its population but uses WHO estimates, to Turkey who creates its own data through a nation-wide survey and finally to Turkey who can classify and assess its own population with the latest model offered by the WHO, thus on *par* with the advanced world. The everyday workings of assessment guided by this by-law, classifying citizens under defined categories, is the subject of the next chapter.

Two years after the 2006 By-law of assessment and classification referred to ICF, in 2008, the Prime Ministry Disabled Directorate President Abdullah Güven said: “I can safely say that we are in the top four or five countries in Europe with the recent legal configurations”⁴⁰, in his opening speech in the conference for introducing academics, rehabilitation experts, pedagogues and others to the ICF framework which was to be the unifying perspective behind Turkish disability policy. The conference was organized with the participants from two audiences I referred to in the beginning of this chapter: the transnational audience, represented by policy experts from EU countries and WHO experts, and the national audience, represented by academics and bureaucrats. By emphasizing repeatedly that Turkey was 'one of the first five states' to translate and implement the ICF, it was emphasized that Turkey has progressed into the level of states that can classify their populations, and

³⁹ Ibid.

⁴⁰ T.C. Başbakanlık Özürlüler İdaresi Başkanlığı, *ICF İşlevsellik, Yetiyitimi ve Sağlığın Uluslararası Sınıflandırması: Sistemin Uyarlanmasında Eğiticilerin Eğitimi* (ICF International Classification of Functionality, Disability, and Health: Training the Trainers in Adapting the System), (Ankara: T.C. Başbakanlık Özürlüler İdaresi Başkanlığı, 2008), p. 7.

implement policy at the highest standards.

The last years of the ten-year long AKP government in Turkey have witnessed similar conferences of larger scale, where Istanbul became a regular meeting point for major international actors in the realm of disability policy. At the largest of these stages, on March 2011, one of the biggest new convention hotels in Istanbul, hosted the World Disability Symposium. The following photo marked the media coverage of the performative event, portraying minister and EU negotiator Egemen Bağış speaking in front of the rather telling diagram.



This is the same diagram which is used in the main page of the symposium's website.⁴¹ The language, which was used by the state representatives in this global stage in Istanbul, marks the last level. President Abdullah Gül started his opening speech by claiming responsibility for the whole of world's disabled: “There are 650 million persons with disabilities in the world. Everybody has human rights acquired

⁴¹ Available [online]: <http://www.worlddisabilitysymposium2011.org/default.asp> (Accessed 6 December 2011).

at birth. There may be some reformed countries, however in most parts of the world there is still negligence. (...) Families and societies choose to avoid the issue by hiding their members with disabilities but this action does not pertain to honorable societies".⁴² In this speech and in the imagery used for the symposium, we see Turkish state representatives performing globally: Turkish state is now to speak on behalf of the disabled of the world, rejecting a hierarchy, with regard to disability policy, between advanced countries and Turkey. In short, it is a performance of simultaneity of Turkey with the advanced world. Besides the symposium, the first ever Turkish lady to speak in the European Parliament was the President's wife Hayrünnisa Gül in an event on October 2010, which had Europe-wide coverage. Most of the speech was allocated to disability policy and rights. Again, disability became a privileged site for creating stages as well as using existing ones, to perform the simultaneity of Turkish state with Europe or advance states, a geopolitical movement, from the periphery to the center.

Articulating Disability and Economy

In the first part of the chapter, I have demonstrated that the WHO classificatory schema, ICF, was part of a series of performances by the Turkish government. However, I also pointed out that it was institutionalized through a by-law, thus becoming an agent in everyday interactions between bureaucratic institutions and citizens in Turkey. The everyday interactions that result in this new field of classification and assessment are the subject of the later chapters. Before going into

⁴² World Handicapped Symposium&Workshop, *Symposium Report*. Available [online]: http://www.worlddisabilitysymposium2011.org/pdf/REPORT_ENG.pdf. (Accessed 7 December 2011).

how this new classification is experienced in the everyday -that is beyond the performative acts which sublimate the ICF into a signifier of progress- I want to examine these classification model ICF proposes, the epistemology offered by the ICF.

Parallel to the 2002 survey, the ICF complements a new governmental understanding of disability, which allows the state representatives to speak of “8.5 disabled in Turkey”. This aggregate is the result of this new epistemology. The basic novelty of this aggregate is that it groups together chronic illnesses and orthopedic, seeing, hearing, speaking, mental illnesses together and gives a coherent theoretical language as to how all conditions are universally understood. As Yilmaz shows, the survey conducted in December 2002 collected information on two groups separately, while at the same time presenting the results through an aggregate number, the 8.5 million.⁴³ The results of the survey, in its circulation usually focused not on the distinction but in the aggregation embodied in the “8.5 million”. As I will show, the theoretical language which allowed this aggregation as “the disabled” emerged with ICF after 2006, allowing the governors a new language of definition, as well as a new toolbox of governmental discourse for framing policy problems.

In this part, I will try to demonstrate the following argument: the second reason why disability policy became a privileged site in transforming state-citizen relations in Turkey has to do with the affinity between the epistemology of disability offered by ICF (the definition used by “the advanced world”) and the neoliberal mode of governmental thought. This affinity, I will try to argue, provides the governors with a language to articulate disability policy with the neoliberal economic transformations. The prime example of this language was Prime Minister Erdoğan's speech in the

⁴³ Volkan Yilmaz (master's thesis, Bogazici University, 2010), p. 109.

2005 Disabled Council, declaring that “instead of perceiving our fellow disabled as those who have problems, if we approach them by emphasizing potential contributions these citizens of ours can make to the country's economy and to its cultural accumulation, the issue will be transformed. As a result our 8.5 million disabled will not make the headlines as a group with problems but will be perceived as an important part of our country's intellectual capital.”⁴⁴ In short, the aim of this part is to explain the epistemological background which allows this articulation between the epistemology of disability classification and that of neoliberal mode of governmental thought.

- 1) The epistemology which allows the aggregate of 8.5 million.
- 2) The epistemology which allows naming this 8.5 million intellectual capital.

So, how is disability conceptualized in the ICF, how is it distinguished from other conceptualizations, and how is there an affinity between this conceptualization and the conceptualization of the human and society within neoliberal thought? To examine these questions, we have to start with a brief history of the conditions under which ICF emerged.

The Prime Minister, when he starts by saying “instead of perceiving our disabled as those who have problems”, tacitly refers to a particular framework of disability. What the prime minister claims to have superseded is “the medical model of disability” as it is termed by disability scholars and activists of the 1970s and 80s. According to the medical model of disability, the focus is directed to the body as

⁴⁴ T.C. Başbakanlık Özürlüler İdaresi Başkanlığı, *II. Özürlüler Şurası Yerel Yönetimler ve Özürlüler Komisyon Raporları Genel Kurul Görüşmeleri* (The Second Disabled Council Local Governments and Disabled Commission Reports Proceedings of the General Assembly), (Ankara: T.C. Başbakanlık Özürlüler İdaresi Başkanlığı, 2005), p. xvi.

injured and the body is an object of medical disciplines for healing and rehabilitation; disability referred to the substance of the body-object.

One of the main political targets of the disabled movements of the 1970s and 1980s was to challenge the definitions under which disabled were categorized and to come up with a new definition which could be emancipating.⁴⁵ According to the theoreticians of the movement, disability did not refer to the substance of the body but to the social structures which were dis-abling. The ontology of disability was to shift from the body itself bound by its skin to the relational structures in which a group of non-identical, non-normative bodies (impaired) were socially, economically and politically disadvantaged. The perspective which was formulated in this shift was called “the social model of disability” as opposed to the “medical model of disability” which was considered as the main mode in which impaired bodies were defined and categorized under capitalist modernity. Within the limits of the medical model, the impaired body is constructed as lacking and subject to possible rehabilitation or treatment, whereby the social and environmental norms were left unquestioned.

Michael Oliver has been one of the pioneers to demonstrate the affinity of the medical definition with the model of capitalist labor market which emerged in the nineteenth century.⁴⁶ On the other hand, disability historian Henri-Jacques Stiker, taking a Foucauldian approach to study the history of systems of thought on the disabled body, wrote in 1982, that rehabilitation was the system of thought which emerged to integrate a group of impairments (starting with those caused by the Great War of 1914-18 and later those caused by work/business accidents) in to the post-war era capitalisms of twentieth century. The object of Stiker's analysis was twentieth

⁴⁵ Throughout the thesis, I refer to works by disability scholars in the UK.

⁴⁶ Michael Oliver, *The Politics of Disablement* (London: Macmillan, 1990).

century France. Stiker argued that the rehabilitative reason which was used in that period, aimed to complete the lacking body, re-constitute integrity in order to integrate and assimilate the disabled into the normative functioning of the capitalist society, which is based on a regulative assumption that each every member of the society is identical to this normative construct. The manifestations of this reason could be seen in medical interventions, prostheses or legislation and social work.⁴⁷ Guided by analysis and the critique of the medical models in which the disabled body was discursively imprisoned, the disability movements starting in 60s and 70s and peaking in 80s came up with the social model of disability, rejecting the medical model and the system of rehabilitative thinking. The movements had taken as one of their primary aims to challenge the disability definitions of national and international bodies which were based on the medical model.⁴⁸

However, as the disability movements gained legal recognition throughout the 1980s and 1990s⁴⁹, WHO started working on a new definition, a new classification tool to replace the International Classification of Impairments, Disability and Handicaps (ICIDH) which was the framework used at the time. ICIDH was criticized for being encapsulated within the medical model. ICF was released in 2001 after more than a decade of negotiations and proceedings of working groups Europe-wide. Disability International – a disability NGO – was also among the constituent groups in the process of creating the new framework. The analysis of the claims of the new framework are crucial for our arguments in that it allows the inclusion of the social model, thereby enabling a governmental articulation of the

⁴⁷ Henri-Jacques Stiker, trans. William Sayers, *A History of Disability* (Ann Arbor: University of Michigan Press, 1999).

⁴⁸ Oliver, *Politics of Disablement*, p. 4.

⁴⁹ Americans with Disabilities Act (ADA) of 1990 in the USA, and Disability Discrimination Act (DDA) of 1995 in the UK are examples.

social model of disability. The ICF, released in 2001, is defined by the WHO agents in the following way:

The current ICF model represents the resolution of a long-lasting theoretical debate between two competing models. The medical model views disability exclusively as a problem of the person, directly caused by disease, trauma or other health condition ... Disability, on this model, calls for medical or other treatment or intervention, to 'correct' the problem with the individual. By contrast, the social model of disability conceptualizes disability exclusively as a socially-created problem and not an attribute of an individual. On the social model, disability demands social action, since it is created by an unaccommodating social environment. A better model of disability is one that synthesizes what is true and useful in the medical and social models, [...] .This might be called the biopsychosocial model. The classifications within ICF are constructed around this model,...ICF provides, ... a coherent view of health domains as well as domains that are influenced by or influence health, namely health related domains such as education, employment, community life and so on.⁵⁰

ICF, then, claims to have superseded the struggle between the medical model and the social model. Yet, it relied on a common criticism of the social model which culminated in 1990s. This line of criticism argued that, by emphasizing a radical social constructionism, influenced by Marxism, social model of disability neglected the embodied experience of disabled which are grounded in their daily lives. Before explaining in more detail how the ICF perspective constructs its own definition, we have to understand the critique of the social model from within disability scholarship. My argument will be the following; in critiquing the social model for its pure constructionism the critiques forgot an important part of the social model which is not related to social constructionism but to politics. In short, the social model had an ontology which was immanently political; shifting the definition from impairment to disability, the definition offered by the social model is necessarily a call to a politics, constructing the disabled as a political subject before the group becomes an object of

⁵⁰ Üstün, T. B. , Chatterji, S. , Bickenbach, J. , Kostanjsek, N., and Schneider, M., "The International Classification of Functioning, Disability and Health: a new tool for understanding disability and health", *Disability & Rehabilitation* 25, no.11 (2003), pp.565-571, p.568.

governmental policy intervention. The new perspective which gains ground in the 2000s employs the critique of the social model and replaces both the ontology and the politics of disability. As disability comes to be defined as not only social, the politics of disability becomes re-defined from an emancipating social movement to a governmental problem: a problem of how advanced democratic states can include the disabled in the universal paradigm of democracy and human rights.

For the theorists of the social model -most of who were influenced by Marxian thinking- the definition of disability was radically social. They argued that the historically contingent emergence of the capitalist mode of production has constructed the able bodied worker as its ideal economic unit; labor. The same mechanism created the conditions of disenfranchisement for a section of population who were non-identical with the constructed form of economic participation. Capitalist modernity, its conception of economic production and labor, practices of urban planning, industrial design, and legal frameworks were constructed around this normative construct of humanness as able-bodied. In this normative model, the human is about 140 cm to 190 cm, sees with two eyes, hears with two ears, walks on two feet, and has certain cognitive skills. The social model of disability by emphasizing the historically contingent nature of this normative structure, defined being disabled as a passive consequence of non-identity; bodies might be different but they are dis-abled by dis-abling structures planned according to a normative construct. The axis of politics was to push for recognition that not-all people are corporeally identical, and to challenge the economic, urban, legal, educational practices to transform in such a way so that different ways of being-in-the-world could be accommodated. The social model had a purely relational ontology where the ontology and ethics were both situated on the level of the in-between; that is not

in the substantive qualities of bodies but in the epistemological norms guiding the material construction of social-economic-cultural space. According to the social model, “the personal experience of living with impairment is not the concern ... and that intellectual and political energies should be concentrated on understanding and tackling the wider causes of *disability*.”⁵¹ At the same time the term disability came to refer to a political alliance in the struggle for rights, sharing an agenda with minority struggles; within the struggle of the non-identical, a struggle for a new hegemonic coalition.⁵² In other words, the social ontology of disability was accompanied by a political definition and orientation within a political culture of left-wing opposition and Marxian thought. This is how I distinguish the social model from its governmental articulation.

In mid-90s, this framework came under criticism from within the disabled public sphere. The main line of criticism was that the social model by focusing entirely on the relational level (which had its theoretical reference in the Marxian tradition) dismissed the embodied experience of disabled humans themselves. Among the critiques of social model, a way of thinking became widespread; disability was defined as the universal frailty of the human body an imminent condition inherent to the humanness itself. The argument “draws heavily on the notion that we are all only temporarily able bodied people and is commensurate with the claim ... that because disablement 'is an intrinsic feature of the human condition' it cannot form the basis of minority group status.”⁵³ One of the tools with which such

⁵¹ Carol Thomas, “Disability Theory: Ideas, Issues, and Thinkers” in *Disability Studies Today*, Mike Oliver, Colin Barnes, and Len Barton ed. (Cambridge, UK: Polity Press:2002), pp. 38-57, p.50. See also, Carol Thomas, “How is Disability Understood? An Examination of Sociological Approaches”, *Disability&Society* 19, no.6 (October 2004), pp.569-583.

⁵² Oliver, *Politics of Disablement*, p. 129.

⁵³ Bill Hughes, “Being Disabled: Towards a Critical Social Ontology for Disability Studies”, *Disability&Society* 22, no.7 (December 2007), pp.673-684, p.675.

an argument is supported is contemporary genetics. According to Tom Shakespeare (2003), genetics shows us that being able-bodied is not only temporary but also that being so is not the normal starting point of life, but is just another possibility contingent upon prenatal genetic determinations.⁵⁴ The political horizon which goes hand in hand with this ontology is a call for universal rights and citizenship which recognizes the empirical fact that “all of us bleed, suffer, get injured and die” and a rational call for egalitarianism on the grounds of shared universality of human existence. Everyone becomes (potentially) disabled in this perspective, hence the disappearance of a separate political category of disability, qualitatively defined as an alliance of a number of qualified groups such as deaf-mute, blind, wheel chaired and others. Disability comes to epitomize the frailty of the *humanité générique*, the species-being of man. This is what I call ontological universalism.

It is using this perspective that the governmental interfaces such as the ICF increasingly approach disability. The introductory description in the WHO website is as follows:

The ICF puts the notions of ‘health’ and ‘disability’ in a new light. It acknowledges that every human being can experience a decrement in health and thereby experience some degree of disability. Disability is not something that only happens to a minority of humanity. The ICF thus ‘mainstreams’ the experience of disability and recognizes it as a universal human experience. By shifting the focus from cause to impact it places all health conditions on an equal footing allowing them to be compared using a common metric – the ruler of health and disability. Furthermore ICF takes into account the social aspects of disability and does not see disability only as a ‘medical’ or ‘biological’ dysfunction. By including Contextual Factors, in which environmental factors are listed ICF allows to records the impact of the environment on the person's functioning.⁵⁵

⁵⁴ Tom Shakespeare, “Rights, Risks, and Responsibilities: New Genetics and Disabled People”, in *Debating Biology*, Gillian Bendelow, Lynda Birke, Simon Williams ed. (London; New York: Routledge, 2003), pp.198-209.

⁵⁵ World Health Organization, *International Classification of Functioning, Disability, and Health (ICF)*. Available [online]: <http://www.who.int/classifications/icf/en/> (Accessed 10 July 2011).

Disability is the negative of health in general; the immanent condition of dysfunctionality of man in his social-economic-cultural *milleux*. Whereas the social model have proposed a new theory of causality (the capitalist normalization as the cause of disability) and a political horizon of emancipation, the new perspective of the ICF remains on the level of effects. ICF, by remaining on the level of effects, distinguishes itself from both the social and medical models. From the social model, by cleansing any explanations of causality through mode of production, and from the medical model by its etiologically neutral structure and the valorization of the term “functionality” irrespective of the medical causes of that change in functions. Effects are defined as impacts on functioning and focus shifts to the measurement of this functioning (rather than the medical routine of diagnosis and treatment) thus making it a governmental problem of assessing, classifying and policy making. The redefinition of disability -as the name given to the universal and immanent frailty of the human body- institutionalized through the ICF, is institutionalized at a time period when the neoliberal paradigm of government takes root. Within this new paradigm, citizenship is predicated upon economic participation.

A number of critical disability scholars have emphasized the ideological articulation of the claims of the social model in the last decade, in discourses which attempt to legitimize the entrenchment of neoliberal modes of government and have proposed critical accounts of disability within the neoliberal constellation.⁵⁶ The overarching argument that is seen in these analyses is that the language of the social

⁵⁶ See for example, Debbie Jolly, “The Government of Disability: Economics and Power in Welfare and Work”, *Disability&Society* 18, no.4 (June 2003), pp. 509-522; Tanya Titchkosky, “Governing Embodiment: Technologies of Constituting Citizens with Disabilities”, *Canadian Journal of Sociology* 28, no.4 (Autumn 2003), pp. 517-542; Soldatic, Karen and Barbara Pini, “The Three Ds of Welfare Reform: Disability, Disgust and Deservingness”, *Australian Journal of Human Rights* 15, no.1 (2009), pp.77-96; Wilton, Robert and Stephanie Schuer, “Towards Socio-Spatial Inclusion? Disabled People, Neoliberalism and the Contemporary Labour Market”, *Area* 38, no.2 (June 2006), pp. 186-195.

model of disability is co-opted by governments in integrating disabled populations into employment and to legitimize workfare policies⁵⁷ where welfare provisions are precipitated on the precondition of employability. Such valuable critiques, however, remain inadequate in two respects. First, most of these analyses are made from within contexts (such as the UK, Canada and Australia) where there is a history of social movements leading to legal recognition of disability and policy interventions in 1990s. Neoliberalism is then understood as a threat to a successful journey, as the taking back of gained privileges of the 80s and 90s. The first limitation concerns this point when analyzing the Turkish context where laws specific to disability are not primarily understood as successful results of social struggles for rights, but are described by the governors as signifier of development and progress, brought by 'the state' to serve 'its disabled population'; acts of pioneering statesmanship rather than rights acquired by citizens (*see the first part of this chapter*). As a result, it becomes difficult to separate disability policy from the hegemonic power struggle between consequent governors. Therefore, disability policy is a structure-changing policy in contemporary Turkey, an important element in the re-construction of the emergent social contract, in the (re)parceling of individual, citizen, family, nation, and not limited to a result of compromise between a minority struggle and the governors.⁵⁸ The second limitation of these analyses is more general, in that they leave unproblematized the neoliberal mode of defining the human, and the theoretical edifice of neoliberal economics as it re-defines labor and its embodied modulations. In so doing, such perspectives are subject to an inadequate conceptualization of neoliberalism itself. To be able to explicate the second limitation, we will have to

⁵⁷For an analysis of workfare disability policies in Turkey, see Volkan Yılmaz (master's thesis, Bogazici University, 2010).

⁵⁸In the conclusion chapter, I discuss more about the relationship between political culture, historical conjuncture and disability policy.

take a theoretical detour.

In the last part of this chapter I focus on the second limitation. I want to follow the new conception of “human capital” and how the Turkish prime minister announced that the 8.5 million disabled are defined as “important part of our intellectual capital”. ICF, according to the argument of this section, conditions the possibility of articulating the critique of the medical model of disability (disabled bodies are lacking) into a governmental schema in line with the neoliberal paradigm by taking into account the frailty of the human body in a particular way; by re-fashioning the immanent frailty in terms of differentials of capacity to functioning leveled in the cause-free perspective. Disabled, once the name for a political coalition, now refers to this universalism of differentials of capacities to function, varying through temporal trajectories (injuries, ageing, illnesses etc.) and spatial particularities (termed environmental factors). ICF allows recognizing difference in a particular grammar which allows, on the theoretical also hence on the governmental level, to articulate the recognition of difference with its economic utilization without necessarily referring to the medical model of rehabilitating, as making or presupposing an identity based on a normative body.

What is intellectual capital and how does it relate to the integration of disabled people? In *Birth of Biopolitics*, Foucault demonstrates that one of the theoretical novelties of the neoliberal paradigm which distinguish it from the liberal economic paradigm is the re-working of the category of labor through the concept of human capital⁵⁹. If Stiker's and Oliver's analyses focus on the complicity of medical models with nineteenth and twentieth century capitalisms and the epistemology of rehabilitation, we should ask if the biopsychosocial model proposed by the ICF

⁵⁹ Foucault, *The Birth of Biopolitics*. See the 9th lecture dated 14 March 1979, pp. 215-237, for a detailed discussion of human capital by Foucault.

shares an epistemological affinity with the contemporary neoliberal governmentality.

According to Foucault, in criticizing the previous economic doctrines, the theoreticians of the neoliberal economics claimed that hitherto economic theory treated labor as an abstract category and failed to “grasp its specification, its qualitative modulations, and the economic effects of these modulations.”⁶⁰ In a way, the very life of the worker becomes through the operationalization of the theory of human capital, the object of neoliberal modes of governmental intervention and planning by being partitioned, disaggregated into elements on which governmental intervention can be conducted.⁶¹ In ICF terms, the differentials in functionality of the human body (be it by social, biological or psychological causes since the perspective of ICF is etiologically neutral) becomes an explicit question of economics in the formulation of the economic theory of labor as human capital. To repose the question concerning the President Erdoğan's words: Why are the 8.5 million disabled not referred to as part of the labor force or a reserve to be integrated to the labor force but as a chunk of capital? What is the governmental grid to translate experiences of impairment and corporeal difference to economically utilizable capital?

The theory of human capital introduces economic analysis to the subject itself; that is, translates the biological, anatomical, psychological, pedagogical, socio-cultural composition of the subject into economic terms. Labor is broken down into elements of human capital which can be enhanced. In this paradigm, the wage-labor relation that dominated industrial capitalism gives way to a capital-income relation.

“Broken down in economic terms, from the worker's point of view labor comprises a

⁶⁰ Ibid., p.222.

⁶¹ See two very important contributions: Jacques Donzelot, “Pleasure in Work”, in *Foucault Effect: studies in governmentality*, Graham Burchell, Colin Gordon and Peter Miller ed., (Chicago: University of Chicago Press, 1991), pp. 252-280; Ruccio, David F. and Jack Amariglio, *Postmodern Moments in Modern Economics* (Princeton: Princeton University Press, 2003), pp. 92-136.(See Chapter 3, titled “The Body and Neoclassical Economics”).

capital, [...] it is an ability, skill; as they say: it is a “machine.”⁶² Foucault continues, “...the machine constituted by the worker's ability is not [...] sold from time to time on the labor market against a certain wage. In reality this machine has a lifespan, a length of time in which it can be used, an obsolescence, and an ageing.”⁶³ “In the same way, we can analyze medical care and [...] all activities concerning the health of individuals [...] which enable us, first, to improve human capital, and second, to preserve and employ it for as long as possible.”⁶⁴ The body both at the anatomical and the population registers become disaggregated and then subject to governed modulations, whether through education, through practices of health and rehabilitation etc.; in other words, the assessment of the social, biological and psycho-emotional registers through which the functioning of the human capital is a re-conceptualization of the economic register of human activity. The machine imagery allows according to Foucault, breaking down the body into parts, the subject is translated into a machine which produces an income stream.⁶⁵ Rather than identical units of labor, labor power is taken into account as a problematic of capitalist economy termed as “ability”. From a negative conception of disability as lacking, we shift to disability as a positive condition of differentiation of functioning, of embodying contemporary forms of economic participation which might not be necessarily those requiring physical participation as industrial workers. From the competing constructions on the causes of disability, we move to the register of pure effects which are to be governmentally manipulated. Simultaneously, this is a shift

⁶² Foucault, *The Birth of Biopolitics*, p.224.

⁶³ *Ibid.*, p.224-225.

⁶⁴ *Ibid.*, p.230.

⁶⁵ See Chapter Five for quotes from a speech by Family and Social Policy Minister Fatma Şahin, a few months after this chapter developed. She said that “whatever organ is functioning, we’ll add that to economic growth of Turkey”.

from the category of labor as a reserve to be employed into mechanisms of production towards a post-industrial labor market.⁶⁶ At the same time on the biopolitical (population) level, the aggregate human capital is subject to governmental interventions for enhancing and employing functionality even when the units of labor are non-identical.

The 8.5 million disabled as intellectual capital talks from within this frame of capital-income in that the physical deficiency of the bodies -broken machines- are taken at hand through the positivity of their qualitative modulations, their qualitative difference. The governmental question is; what to do with the broken machines. Stiker's and Oliver's historical analysis of the link between medical discipline, disability and capitalism focused on the paradigm of fixing and rehabilitating synonymous with making identical; that is the fantasy of making each body into the idealized normal, able body. Yet – and this sounds very similar to the neoliberal shift from the conception of wage-labor to capital-income – the current paradigm of integrating the disabled section of the population into the workings of the economic stream takes as its starting point an assessment of the disabled body as a modulation of the ability-capital which is to be assessed and governed for its functional abilities.⁶⁷ Intellectual capital in the Turkish governmental discourse takes the

⁶⁶ Obviously Foucault is not the only analyst of the shifting conception of labor in neoliberalism. I take him as his method of analysing shared epistemological assumptions in a particular historical epoch is instructive. As Foucault emphasizes, his analysis does not intend to make claims about the anthropological substances whether or not they see themselves as such but point to a reason of state which appears in different forms. The arguments on the grids of intelligibility “does not imply an anthropological identification of any behavior”. (Foucault, *The Birth of Biopolitics*, p.252) My analysis is limited to the epistemological analysis and I do not problematize in this paper the relationship between the change in the forces of production and the conditions of economic utilization of disabled. However, it should be noted that this analysis should be complemented by an analysis of the relationship between the development of post-fordist forces of production and disabled employment.

⁶⁷ It would be very interesting to take a Foucauldian method of study to investigate if there are shared epistemological structures between the paradigm of re-cycling and of the attentiveness to economic utilization of the injured body. After all, both garbage and the disabled body have been

intellect to mean what still remains even if the body does not comply to the norms of normality in terms of functionality; similar to the dualist schema, the intellect stands for what the body is not where the body is perceived as injured and less-functional.

This perspective is all the more clear in the depiction of ICF by the president of OZIDA, Abdullah Güven. The following is how he presented this new classification and assessment tool to the participants in the 2008 conference held in Antalya titled “ICF: Training the Trainers in Adapting the System”:

On the subject of employment which is one of the most important elements of participation in social life, we will be able to determine - thanks to this new assessment tool which assesses ability or disability incredibly well- in which jobs the disabled individual can be successful, to which occupations the disabled individual should be directed towards in the education process and how he can participate as a productive individual throughout work life. The contributions that this new assessment tool can make in these areas are the reason why this revolutionary perspective has entered the Turkish agenda.⁶⁸

Although my focus concerns the biopolitical register on which disability is defined – that is, the level of the population, and the level of population aggregates – I should briefly note that this definition is always supplemented by a moral discourse on the disabled individual, as complying with the new economic order. As I emphasized in the beginning of the chapter, the neoliberal mode of thinking understands population in terms of human capital, while making the individual intelligible through the operational construct; *homo oeconomicus*. The individual is understood as a unit who would see himself as an economic enterprise. We can see this perspective clearly in Lokman Ayyva's definition of the ideal disabled, when the visually-impaired

conceptualized within the paradigm of monstrous within modernity. See for example Zeynep Direk, “Bataille: Tarih, Egemenlik ve Çöp” (Bataille: History, Sovereignty and Garbage), *Cogito*, no.43 (Summer 2005), pp.171-179 ; Bülent Somay, “Çöp Nereye Gider?” (Where Does the Garbage Go?), *Cogito*, no.43 (Summer 2005), pp.162-169; Bill Hughes, “Wounded/Monstrous/Abject: A Critique of the Disabled Body in the Sociological Imaginary”, *Disability&Society* 24, no.4 (June 2009), pp.399-410.

⁶⁸ T.C. Başbakanlık Özürlüler İdaresi Başkanlığı, *Sistemin Uyarlanmasında Eğitimcilerin Eğitimi*, p. 7.

representative addressed the Disabled Council in 2005:

We have to be realistic. Values and fine morality do not only belong to the non-disabled, they are values for all of us. Therefore, we will be realist. For instance Turkish Labor Office and Turkish Physically Disabled Foundation have cooperated and they are carrying out good work in Istanbul. In four months 198 people were placed in jobs. The abilities of the disabled are discovered, the needs of the employer are determined and the disabled is placed into a job. The employer says, “Come my friend, you are the man I'm looking for” and he employs. 198 people! You know what, even when there was demand, 90 people rejected these jobs and only 108 are working. Now, why did these 90 people not accept? The job they were looking for was found for them. No one has the right to lie in a corner, and be lazy. We will develop this country all together. The disabled will also contribute to the promotion of Turkey to the first league. We will also put labor into the fine working of the roads, hospitals and schools of this country. Don't get offended, but if we can't do these, we will be parasites and this would not look good for us.⁶⁹

Disabled citizens are welcomed as members of 'the country' on the grounds that they construct themselves as economic actors possessing an economic morality.

Otherwise, they are perceived as parasites. Everyone can be disabled but everyone can be accepted on the grounds of market participation. Keyder and Buğra have called this market universalism⁷⁰, as the guiding principle behind the political economic change. I want to end this chapter by explaining the following argument I have put forth in the beginning: the new classification of disability is an important part of the new terrain of state-economy-citizen relations during the last decade in Turkey. The epistemological affinity between the ICF and the neoliberal economics lay behind these new institutional configurations.

What Keyder and Buğra call market universalism refers to the dissolution of the previous social policy order and the state-citizen interfaces (terrains of encounter) based on what they call hierarchical corporatism. In the previous order, state-citizen

⁶⁹ T.C Başbakanlık Özürlüler İdaresi Başkanlığı, *II. Özürlüler Şurası*, p. xxxi.

⁷⁰ Buğra, Ayşe and Çağlar Keyder, “The Turkish Welfare Regime in Transformation”, *Journal of European Social Policy* 16, no.3 (August 2006), pp. 211-228.

relations were regulated on a three-fold interface, each corresponding to a particular segment of the previous socio-economic order; Retirement Fund (*Emekli Sandığı*) for the bureaucrats, Bağ-Kur for self-employed, and SSK for workers. In the last decade, the major step in the transformation of state-citizen relations is the establishment of the General Health Insurance (GSS) replacing the previous three-fold structure. If one takes social policy not as the practices of an existing state but as intervention into the interfaces of state-citizen relationships through which states come to exist, we should understand changes in the social policy structures as the change of terrains on which states and citizens interact. I call these changes neoliberal, on the grounds that the mode of governmental thinking behind the recently introduced terrains is affine to neoliberal economic conceptualization of how society and individual are made sense of. For example some scholars focus on the category of the 'poor' within this perspective, studying how the category becomes an interface for encountering “the state” in its transforming faces.⁷¹ Disability, as the category comes to include a very large set of bodily conditions in the new classification perspective, becomes an important terrain on which state-citizens interact, especially as a result of increasing social policies for the disabled such as employment quotas, free transportation, tax cuts, care wages most of which were implemented after 2005, posterior to the Law No. 5378, popularly known as the Disabled Law.

Within this neoliberal market universalism, the newly introduced disability classification which is institutionalized through the 2006 Disability Assessment By-law plays an important function for a new categorization based on ability, rather than based on a hierarchy of professions. According to the functionality paradigm, the

⁷¹ Nazan Üstündağ, *Belonging to the Modern: Women's Suffering and Subjectivities in Urban Turkey* (Ph.d diss., Indiana University, 2005); Çağrı Yoltar, (master's thesis, Bogazici University, 2007); Çağrı Yoltar, “When the Poor Need Health Care: Ethnography of State and Citizenship in Turkey”, *Middle Eastern Studies* 45, no.5 (September 2009), pp.769-782.

population (human capital) is segmented into three; functional citizens, dys-functional citizens who are economically utilizable, and dys-functional citizens who are economically non-utilizable. The first group consists of those who are assessed for lower than 40% loss of total body functions, which are defined to be eligible for fair competition within the liberal paradigm of equality of opportunity; *the non-disabled*. The second group consists of those who are assessed for 40% to 70% loss of functionality in their capacities which then are assigned as able to be integrated into the labor market through the implementation of employment quotas; *disabled able to work* (employment quotas and vocational education). The last group consists of those who have lost more than 70% percent of their capacities to work which are then framed as either “heavy disabled” or disabled “in need of care” which are not subjects for whom work can be found but are objects of an emergent economy of care and social assistance and the space of caring is defined as “the house”; *the disabled to be cared for* (At-home care allowances). In other words, this last segment of population is deemed un-recoverable for employment which then has to be integrated as nodal points in an emergent economy of care.⁷² As the previous hierarchies within the labor force/citizenship fade away, degree of disability becomes

⁷² The articulation of the logic of capital, the discourse of progress and policies of care were captured in the opening speech by the president in the 2007 Council: “Today, the index of development of states is measured according to the degree to which the society is one of solidarity and the degree to which the states allow disabled, old-aged and children to enjoy in the best way possible, social rights, social services and social security. Countries which are advanced in terms of social development have created social systems guided by principles of health services, social services and social security taking as a totality the medical, vocational and social rehabilitation of disabled and the care of those in need of care. [...] Yet, to investigate these services both qualitatively and quantitatively and to search for new ways is increasingly important for our process of membership in the EU. The quantitative and qualitative advancements in care services will open new doors of export to the EU. The young population of Turkey will demand to take care of the ageing populations in member countries in EU”. T.C. Başbakanlık Özürlüler İdaresi Başkanlığı, *III. Özürlüler Şurası Bakım Hizmetleri ve Özürlüler Komisyon Raporları Genel Kurul Görüşmeleri* (The Third Disabled Council Care Services and Disabled Commission Reports Proceedings of the General Assembly), (Ankara: T.C. Başbakanlık Özürlüler İdaresi Başkanlığı, 2007), p.7-8. See Appendix A for the original quote in Turkish. The titles of the Councils of 2007 and 2009 are 'Care Service' and 'Employment' respectively signaling to the grouping of the disabled population with respect to their interfaces of integration and governance.

an important axis of differentiation for social policy and citizenship. One can say that as *homo economicus* becomes the central grid for thinking of the citizen, disability becomes its other face, articulating through economic reason the dysfunctional modulations of the economic man.

Conclusion

In this chapter, I have tried to do two things. One was to demonstrate the performative role played through disability policy and show that it served as a privileged site for establishing the political transformations of the last decade. More particularly, I have shown that state practices concerning disability data and classification are much more than technical matters but are symbolic performances in state restitution. Second, was to demonstrate that the classification of disability that is used in the last decade is epistemologically affine to the epistemology of neoliberal economics. Both present a universalism; first of human rights, the second of the market. I also tried to remind that there is another epistemology of disability, again a universalism but based not on consensual universalism, but on a conflictual one based on Marxian thinking. In general, the classification of disability which took root in Turkey throughout the last decade can be read as providing state restitution rather than an expanding social space for movements. In other words, the language which is used in disability allows the problem of the non-identical to be articulated not as conflict but as integration and governance.

Yet, one cannot say that this state restitution is univocal in that the new interfaces of state-citizen relations create new forms of imbalances, conflicts and

new forms of sociabilities. In the following chapter, I trace the bureaucratic field of disability classification and assessment which widened in the last decade as a result of new policy measures. The attempts to implement the ICF transfigured into the By-law of Assessment, to be applied in provincial state hospitals, assessing applying citizens for their percentage of functionality. The subject of the next chapter is this assessment process as it takes place in the everyday workings of provincial state hospitals, the physical terrain on which state-citizen relations take place with regard to disability. The bureaucratic field shows the conflictual, inconsistent and multilayered workings of this new classification process, its entanglement in new forms of unrest, in contrast to the picture presented within performative stages. The change in assessment system, claims the government actors, is a sign of “shift to ICF”, but insights from a two-month fieldwork in the place of assessment points to directions other than the univocal direction of national progress. The everyday as I stated in the Chapter One, is a privileged site for exposing this multilayered nature of state-citizen relations, of the multi-vocal composition, which is called 'the state'.

CHAPTER THREE

LOOKING FOR ICF: THE EVERYDAY WORLD OF DISABILITY

ASSESSMENT IN BURSA STATE HOSPITAL

Introduction and Method

In outlining the theoretical and methodological architecture of the thesis in the Chapter One, I mentioned the disaggregating method of anthropology with a special interest in the everyday register whereby the ideological articulations, performances of 'the state' can be stripped bare. In other words, the everyday register, in this case a provincial state hospital, is a privileged realm to demonstrate the back-stage of the ideological performances where disability assessment looks and sounds different than the accounts we spectate on national or sometimes international stages like the Disabled Council and/or the International Governance Conferences. Throughout this chapter, I map the assessment process from mostly the assessors' perspective, through observations of the relationship between the doctors, hospital personnel, the new Assessment By-law, new hospital regulations. In so doing, I demonstrate contestations and inconsistencies, which have significant consequences for the applicants in search of rights and citizenship benefits. As I will explain below, such inconsistencies are due to the fact that legal-bureaucratic materials are not purely formal mechanisms for regulating the interaction of citizens and bureaucrats but are material things and real social relations of power. The data for this chapter was collected during two-month fieldwork in a provincial state hospital, one of many provincial state hospitals responsible for disability assessment.

The ICF which was presented as a revolutionary shift in Turkish disability policy, a sign of progress, became the reference point for a by-law, henceforth, to play a significant role in the lives of Turkish citizens who apply for being assessed for functionality, and state hospital doctors and personnel who become the assessors. The By-law concerning the new classification and assessment was named the "By-Law on Disability Assessment, Classification and Health Committee Reports for Disabled", which passed on July 16, 2006, and replaced the previous one passed in March 18, 1998.^{73,74} The workings of this by-law constitute the subject of this chapter. The By-law defines 1) the official bureaucratic location and the procedure by which disability assessment and organization of medical committee reports (disability reports) will take place, 2) a new disability assessment manual, which translates medical diagnoses to percentages of body function loss, 3) and a method to sum for each applicant a final, total body function loss, combining multiple diagnoses, through the Balthazar Formula. Institutions which have disability related services require disability reports with designated percentages of total body function loss, so that for bureaucratic procedures the percentages written on the finalized reports determine the position of applicants vis-a-vis some thresholds. For example, one needs to demonstrate through the disability report that he/she has lost at least 40% of functionality of his/her body to be able to register with the Labor Institution (*İş-Kur*) in order to apply for employment quotas for the disabled; at least 70% in order to apply for home care wages; or, 20% to become eligible for "special education", although such percentages have changed throughout the last five years. My field research is limited to the state hospitals and reports making, but one has to

⁷³ As I was writing this in December 16, 2010, the Assessment By-law was replaced with a new one although arguments through the paper are still relevant.

⁷⁴ Republic of Turkey, *Sağlık Kurulu Raporları Hakkında Yönetmelik* (By-Law Concerning Disability Assessment, Classification, and Health Committee Reports to be given to the Disabled).

remember that for almost all services provided by different institutional agencies, these reports are only prerequisites for applications. Reports with adequate percentages are not always guarantees, but only entry passes usually to another set of qualification processes in various institutions. The everyday bureaucratic encounters opened up by the widening field of disability are a larger net composed of many institutions. Yet, the assessment in the state hospital is the only one which is prerequisite for all; it is the determination of disability which is then subject to further determinations like being in need of assistance (*bakıma muhtaç*).⁷⁵

Before going into the detailed discussion of the everyday assessment process, I want to share a story which I noted as a field note at the time of my fieldwork. The story will be followed by a methodological reflection on the anthropological study of local bureaucratic procedures:

Visiting the neurology polyclinic, I observe a man on a wheelchair coming into the room. He is paraplegic and has applied for a home care wage in a neighboring city 150 km away. He needed to be assessed for 70% body functionality loss to be eligible for the wage, but could only get 60% so he appealed. The case was not handled there after his appeal and the Provincial Health Directorate followed the By-law and assigned him to the nearest adjudication hospital. He came in shouting, swearing randomly, complaining about his journey. Apparently he came to the city on Tuesday but he was unable to complete the required procedures until 12:00, so he had to wait for the next day. Since the hospital reduced the disability reports days to two by then, he had to wait for Thursday, spending the two nights on his car as he explains to the

⁷⁵ For example for the home care wage, it is not only %70 functionality loss that is required but also the applicant should meet the standards of being in need defined by a separate by-law. See, Republic of Turkey, *Bakıma Muhtaç Özürlülerin Tesbiti ve Bakım Hizmeti Esaslarının Belirlenmesine İlişkin Yönetmelik* (By-Law Concerning the Determination of the Disabled in Need of Assistance and the Determination of Care Service Principles), Promulgated in 30 July 2006, Announced in the Official Gazette no. 26244.

doctor he has not enough money for disability accessible hotels. He cries loudly to the doctor that he had to urinate to his pants. The doctor tries to calm him down, the security is sneaking from the door, checking if everything's okay. While his urination becomes a medium of negotiation, impaired bodies follow him into the room. Noise and urination enters the room, filled forms leave.

The main theoretical premise of the chapter is the following: in contrast to the sterile, sublimated performances of the governmental representatives concerning the new model of disability assessment, the everyday state-citizen relations (mundane bureaucracy) has a material aspect which is far from being sterile. Such unsterility exposes the backstage, the underside of the ideological performances discussed in the previous chapter. The formal procedures have a material underside; disability assessment reports are not mere formal communication tools but real things, which are embodied by both the bureaucrats and citizens primarily through intra-state, intra-bureaucratic relationship. Or more generally, assessment is not a purely technical process, but happens within institutions with social relations of power, architectural configurations and unofficial procedures which are not reflected as such in the official discourses and the procedures defined by the by-laws. In order to understand the structure of how assessment actually takes place, one needs to specify the real actors who conduct assessment; diagnose the power structures and reveal the tensions which determine the actual process of assessment. This is the object of this chapter. Not only that the materiality of bureaucracy (reports, forms, charts, signatures, pens, pencils, corridors, and rooms) becomes an important agent in the regulation of unofficial underside of assessment, the everyday state-citizen encounters are crucial moments if we are to understand how larger political transformations are made sense or experienced by citizens in general. In the next

chapter I dwell more on these, arguing that the collective experience of disability in the last decade have been predicated upon the ability to surf through the ambiguous terrains of legal-bureaucratic procedures and their unofficial undersides where the everyday encounters of disability assessment throughout Turkey follow similar structures with the story above.

I start by laying the legal background, the official procedures for assessment, while simultaneously demonstrating that procedures are always supplemented by an unofficial underside. After that I go into the description of the daily flow of assessment followed by the analysis of the subjective orientations of assessors (doctors) and their manifestation in circulating material (reports, papers etc.). In general -as I will try to demonstrate through examples from my observations- the assessment process is shadowed by a larger contestation between doctors and the central government over what is generally called the Project of Transformation in Health Services; a contestation where doctors simultaneously adopt to and challenge the new conditions of being a doctor-bureaucrat in a state hospital. I analyze the relationship between the doctor-bureaucrats and the bureaucratic artifacts so as to show how subjective orientations of assessors become materialized in assessment artifacts; reports, forms, signatures, files, x-rays etc. In other words, the power-ridden world of inter-bureaucratic contestation manifests itself in things and by this very manifestation produce real effects rather than being purely communicative vehicles. In the following chapter, I look at how the disabled citizens, or more generally applicants for disability assessment experience the relationship with the same bureaucratic artifacts.⁷⁶

⁷⁶ I use the term artifact in relation to anthropologist Matthew S. Hull's conceptualization: "... to develop an approach to contemporary governance as a communicative practice fundamentally organized by what I call "graphic artifacts" – discourse-mediating materials such as files, maps, letters, reports, and office manuals". "The file: agency, authority, and autography in an Islamabad

Description of the Hospital Order and the Assessment Process

Legal Background of Assessment in the State Hospital and the Practical Order: State hospitals are as the spaces in which assessment takes place. The medical establishments authorized for processing assessment and organizing reports (*özürlü sağlık kurulu raporu vermeye yetkili sağlık kuruluşları*) and adjudication hospitals (*hakem hastane*), responsible for finalizing disputed assessments are listed by the mentioned By-law , in supplements one (*EK-1*) and two (*EK-2*) respectively. The details of how reports (*sağlık kurulu raporları*) will be regulated in authorized medical institutions are stated in the third section of the By-law concerning how reports will be organized. (*Üçüncü Bölüm: Özürlü Sağlık Kurulu Raporu Düzenleme Usul ve Esasları*).

Data presented in this chapter is based on observations in one the authorized hospitals, Bursa State Hospital, an institution which also acts as one of the 28 'adjudication hospitals' in Turkey.⁷⁷ One of the largest fully equipped state hospitals in Southern Marmara with an annual 1.2 million patients examined in polyclinics, 50,000 inpatients in 700 beds and over 60,000 registered applicants for medical committee examinations, the hospital is a crucial state institution. Almost 6,000 of the applicants last year (2009) were for disability assessment.

What is a medical committee? Defined by the Inpatient Health Care Institutions Management By-Law, the medical committees are “the organs authorized to decide for the persons' health conditions in cases where the

bureaucracy”, *Language & Communication* 23, no.3-4 (July-October 2003), pp.287-314, p.288. According to Hull, the concept “graphic artifacts” allows us to see that bureaucratic materials such as files are not merely semiotic vehicles, but “much of the denotational discourse mediated by files refers not to the matter under consideration but to the actions and statements of functionaries.” (Ibid., p.301).

⁷⁷ For 2010, 5200 disability reports were prepared in this hospital. (as of December 8, 2010)

authorization of a single doctor is not enough or when the regulations stipulate that a medical committee report is necessary.”⁷⁸ The Disability Assessment By-law, on the other hand, defines under “Definitions” (*tanımlar*) a “Medical Committee for Disability” (*Özürlü Sağlık Kurulu*) responsible for processing disability assessment, organizing disabled reports in authorized hospitals.⁷⁹ Yet in the hospital I did my research, there exists no specific committee for disability assessment although this constitutes an important part of medical committee work, the totality of which goes by the name *heyet* in the hospital, referring to a sub-structure within the functioning of the hospital in general.

According to the Assessment By-law, the disability reports committee⁸⁰ is to be made up of an internal specialist, a general surgeon, an ophthalmologist, an ear nose and throat specialist and a neurologist (or a psychiatrist), to be joined by a physical medicine expert if available in the hospital and others if the applicant's condition concern any other branch of discipline.⁸¹ In Bursa State Hospital during the time of my fieldwork, the committee was regularly made up of a neurologist, a psychiatrist, an ophthalmologist, an internal specialist, an ear nose and throat specialist, a general surgeon, an orthopedist and a physical medicine expert. What this means is that each day one doctor from each of these branches is on duty for

⁷⁸ Republic of Turkey, *Yataklı Tedavi Kurumları İşletme Yönetmeliği* (Inpatient Health Care Institutions Management By-Law), Promulgated in 13 January 1983, Announced in the Official Gazette no.17927, with changes in 5 May 2005, Announced in the Official Gazette no.25806.

⁷⁹ Regulations concerning the military are given an exceptional status and are not subject to this by-law. “Disability health committee reports for those who will receive invalidity wage through the military hospitals, under the Turkish Armed Forces Health Ability By-Law, will not be assessed under the extent of this By-law”. For the Turkish original see Appendix A. Republic of Turkey, *Sağlık Kurulu Raporları Hakkında Yönetmelik*.

⁸⁰ As different tasks require different regulations and definitions of the medical committee, there emerges for the hospitals an empty space of organization to be filled by each hospital in its specific conditions. I'll try to explain the tensions and how they affect disability assessment in my research site.

⁸¹ Republic of Turkey, *Sağlık Kurulu Raporları Hakkında Yönetmelik*.

medical committee (*heyetçi*, meaning the “committee man” in the language of the hospital). The medical departments have their own rotations for committee duty; the frequency for committee work for a doctor depends on the number of personnel in the department. Doctors on committee duty first examine applicants one-on-one in a polyclinic room from 09:00 to 12:00, and then in the afternoon, they attend the medical committee, downstairs in the committee meeting room, with the doctors of other branches on duty for that day, constituting the committee. The committee is responsible for finalizing assessment reports proper to the demands of the By-law.

Disability assessment is not the only process which takes place in medical committee examinations and decisions. From licenses for possession of fire weapons⁸² and 'able-bodied for being a security official with a fire weapon' reports, to 'ship men' reports and health reports for applicants to Turkish citizenship, a wide array of legal procedures require medical committee reports to proceed. Accordingly, medical committee polyclinic rooms are occupied by a large number of applicants in body conditions varying all the way on the spectrum of able-bodiedness and being disabled, of health and illness. In my research site, the committee work can be categorized into three; 1) disability assessment and disability reports, 2) confirmation of able-bodiedness (*sağlam raporları*, meaning “healthy reports” as called in the hospital) for various purposes and 3) reports for medications which require committee confirmations (*ilaç raporları*, meaning “drug reports”) for prescription.

Entrance and the Committee Floor: One walks towards the hospital facing a huge building extending horizontally from the east side to the west. The building was

⁸² This is expected to change soon: <http://www.ntvmsnbc.com/id/25159548>, 13 December 2010. “[...]silah ruhsatı isteyenlerin “nörolojik”, “psikolojik” ve “fiziki” rahatsızlığı olup olmadığına dair tam teşekküllü bir hastaneden almaları gereken altı kişilik heyet raporuna ilişkin hüküm ortadan kaldırıldı” (the decree concerning the fact that, those applying for firearms licenses are required to get a report from a committee composed of six, in a fully equipped hospital, determining whether or not the applicant has “neurological”, “psychological” or “physical” troubles, is removed).

completed in 1952, one of the largest structures in Bursa town center which was constructed in the republican period. The building looks over the Bursa fields from high up. The same place was ground to a *Tekfur* (name given to the local governors in Byzantine Empire) Palace from the Byzantine Bursa, only to become the imperial center when the city became the Ottoman Capital after the Turkic conquest. The *Tekfur* palace was afoot until it was demolished in the major earthquake in 1850s, then to be replaced by the *Tanzimat* era structures of the nineteenth century, like the clock tower, and the tombs for earlier Ottoman rulers. The area holds two other larger examples of republican architecture; the gendarme headquarters and the Industrial Technical High School stand next to the State Hospital. Today, the area generally known as *Tophane* (Arsenal), and is surrounded by urban regeneration projects, renovating former walls of the imperial Bursa and *hans*, the commercial centers of Ottoman Bursa.⁸³

In the middle part of the hospital, there is the administrative section extending northward almost all the way to the entrance gate of the hospital garden, with a statue of Atatürk holding a book with the title "Science, Culture, Arts" (*Bilim, Kültür, Sanat*) and the statue of a nurse accompanying it next to the door. On both sides of this monumental entrance are two auto parking spaces and the two sections of the hospital. The hospital is structured on a basic divide: on the right (west) side is the emergency entrance and the emergency clinics. On the left (east) side is what are called polyclinic rooms where doctors see patients on appointments for consultation. On the upper floors, mostly there are beds for patients being treated in the hospital.

⁸³ For the history of Bursa town center and the architecture, see Aptullah Kuran, "A Spatial Study of Three Ottoman Capitals: Bursa, Edirne, and Istanbul", *Muqarnas* 13 (1996), pp.114-131; Sureyya Faroqi, "At the Ottoman Empire's Industrious Core: The Story of Bursa," in *The City in the Islamic World*, edited by Renata Holod, Salma Jayyusi, Attilio Petruccioli and André Raymond, 2 vols. (Leiden: E. J. Brill, 2008), vol. 1, pp. 357-381.

Walking towards the polyclinics on the left, one passes the garden with a broken pool in the middle to reach the canteen serving doctors, patients and visitors. Right after the canteen reads a wall sign on the outer wall of the building: Medical committee (*Sağlık Kurulu*). The sign is hung even below the lowest windows yet one realizes that the entrance to the committee is through a door on the left. The stairs behind the red door lead to a narrow basement space through a downward ramp; a low ceiling basement with a narrow L-shaped corridor allocated for the medical committee work. Entering the basement through a steep ramp, one first faces on the wall a list of possible reasons for which the applicant is there and on the right is given the expected time in which those applications will be completed. For example for the disabled reports, the table says 5 days, whereas for some others, the chart says 45 minutes.⁸⁴ On the right side, a large room has a big sign on its door: “Medical Committee Meeting Room”. (*Sağlık Kurulu Toplantı Odası*).

The Applications: The applicant coming to the hospital for disability reports has to first go to the basement to either show his referral from a prior institution (*sevk*) or hand in his/her personal petition (*dilekçe*) to the medical committee application desk.⁸⁵ The doctors are supposed to start to see the applicants at 09:00 but from 08:30, the medical committee officers start accepting referrals and petitions so that the *the purpose of application is registered on the form*. After the applicant states why he/she is here, the medical committee officers give the applicant a form called Medical Committee Examination Form⁸⁶ (*Sağlık Kurulu Muayene Formu*), an

⁸⁴ There are more than 10 possible reasons for applying to the medical committee.

⁸⁵ “Personal applications” and “Prior Referral” are two categories of applicants for the administration of disability reports. The first means that the applicant declares the reason why he/she is applying for a disability report through a personally written petition; the second means that the petition is written by another institution to which the applicant has already applied. We will return to this crucial distinction below, and how the purpose of application is a major factor in organizing reports.

empty form to be filled by doctors. The officer gives the applicant directions for what to do next. The form includes 8 rows, for eight medical professions. The applicant is told by the medical committee officers to go to the medical committee examination rooms of the *ticked* rows on the form.

The Morning: The Polyclinics and Examination Forms: For each of the branches participating in the medical committee, a room is designated for medical committee where from 09:00 to 12:00, a doctor examines the applicants one-on-one. The applicant should find the door with the sign “Medical Committee Examination” (*Heyet Muayane*) and get in line. Contrary to regular consultation, there is no appointment system regulating access to committee examination rooms as the good old “first come first go” becomes the rule among applicants. Applicants for disability assessment have the priority in hospital procedures as ruled by an Official Notice sent to hospitals from the Ministry of Health.⁸⁷ Clinic rooms are small, including a desk with a computer which is used by the secretaries, registering applicants into the hospital registration system as applicants go in and out until noon.

The doctors *first ask the incoming applicant to show the forms and their purpose of application*. What follows is the applicant introducing him/herself to the doctor. After that, usually, the doctor asks the applicant to go through necessary procedures (*tetik*) to validate his/her condition. If an applicant already has his/her

⁸⁶ Appendix B.

⁸⁷ Republic of Turkey Ministry of Health General Directorate of Fundamental Health Services, *Official Notice 2008/43*, 5 June 2008. After the Referandum on September 12, 2010, a second, extended Notice was released by the Ministry of Health: Republic of Turkey Ministry of Health General Directorate of Fundamental Health Services, *Official Notice 2010/79*, 7 December 2010. The committee officer talks about this as government's populist practices. He even told me that Ankara sends notices in the times of crises, telling the hospital to treat the disabled better being more generous with reports. Later, I found out that this is the notice he talks about, yet the notice has nothing as to the reporting. See below for more about the tension. As Hull argues, “the interplay between official and unofficial interpretations is central to the way actors make use of official procedures”. “The file: agency, authority, and autography in an Islamabad bureaucracy”, p. 301.

laboratory results, EEG or X-rays, or *epikriz* (a small-sized report summarizing the experience of hospitalization or previous hospital visits), they are examined by the doctor. The doctor sees if the handed materials are up to date. If they are, those documents are attached behind the form or the applicant is reminded to keep those documents safe and hand them to the committee officers downstairs before noon. The applicant has until the lunch break (at 12:00) to complete his/her visits to the rooms and complete any tests that are asked. Latest at 12:00 the forms and other relevant documents attached behind it should be handed back downstairs to the desk in the basement as the doctors on committee duty leave the rooms for lunch break only to come back for the committee meeting in the afternoon. If an applicant has failed to complete the necessary procedures until 12:00, the day is over and the applicant should come again on the next disability reports day. In the morning session doctors see applicants and write the diagnoses in the rows on the form under the findings (*bulgular*) column, in the row allocated for their specialty. Next to the diagnoses are written the percentages of body function loss, defined by the Disability Assessment By-law and the form is stamped by the doctor.⁸⁸ Nevertheless, some doctors might leave this "pointing" to the afternoon, for the committee meeting. The assessment manual in the By-law is a constant reference in the medical committee examination rooms, as doctors look and find the corresponding percentages if they haven't memorized them "yet".

The Afternoon: The Meeting Room and Finalization: Towards the end of the lunch break, two security officers working on the medical committee floor help line wheelchairs, wheeled beds in front of the medical committee meeting room. Each body lining up to be certified as disabled should be physically present to the doctors

⁸⁸ See, Appendix B.

in the morning and to the committee in the afternoon. As the By-law of assessment states, “disability reports committee decides only through seeing the disabled person in person.”⁸⁹ Fathers and mothers with their mentally disabled kids, sons or daughters with their elderly parents try to move in the crowd through the narrow corridor of the medical committee floor. Towards one o'clock, the medical committee starts to gather while the medical committee officers bring piles of paper into the meeting room; these are the reports from the previous day's morning sessions waiting to be given final signatures by the committee members. The afternoon session is mostly about signatures of previous day's printed reports (finalized forms at the end of each day are turned into report-form, the standard form decided by the By-law, the form in which all institutions accept applications). Then start the acceptance of the current day applicants into the meeting room.

The meeting room is a large room with two entry doors. In the room there is a U-shaped table where the doctors sit facing the entry doors. One of the doors is a larger one used for wheelchair and wheel bed entries. The other door is a used for applicants who are able to walk on their feet where the entrance is narrowed due to a few computer desks for the relevant bureaucratic purposes. When they are called into the meeting room by the security officers after the doctors' call, the applicants stand in the middle of the U-shaped table to physically present themselves and usually leave after standing there for less than a minute. As applicants are accepted into the room in groups of five, most applicants just go in and out while eight doctors are busy signing the reports from the previous day, heads down on the table. At the same time, the committee president and the committee officer observe the incoming forms from the current day. If there exists examination forms, which are not completely

⁸⁹ *Sağlık Kurulu Raporları Hakkında Yönetmelik.*

“pointed”, that is if the doctors did not write in the morning visits, the corresponding percentages in the By-law on the reports next to the listed diagnoses under the findings column (see attachment one), or if he (or more likely the committee officer) detects an uncertainty or misapplication in the reports, the committee president asks for the proper finalization of reports.

During most of the afternoon session, one observes doctor-to-doctor interaction. When there are disputed or unclear assessments, doctors discuss about how they can finalize the assessment report; usually, the committee president asks the doctor from the relevant branch and the problem is handled. Only when there is confusion among doctors is the report re-examined. A neurologist in one of my visits told me how she imagines the meeting room: “I always think that there is an assembly line in front of the table on which patients move horizontally like an exhibition while the doctors are chitchatting among themselves. Sometimes they (referring to the committee president and the committee officer) say there is a problem with the percentages and we just correct it.” After all the reports are signed and all forms are finalized for signature the following day, the doctors leave the room. “It rarely passes 3 o'clock,” as a doctor says.

Forms to Reports: Completed forms are turned into disability reports⁹⁰ to be confirmed the following day by the next disability reports committee. Three copies of the single-leaf report are produced, one to be archived in the hospital, one to be sent to the relevant institution (if the application is through a prior referral (*sevk*) from an institution) and one to be given to the applicant. In order to archive, the hospital personnel attaches the reports to the examination forms and the test results, as the By-law requires that the “information related to examinations, test results and

⁹⁰ See, Appendix C.

laboratory findings should be attached to the disability reports.”⁹¹ Usually five days after the application is completed, the applicants are given back their reports. On the application day, the applicants are given a date on which they should revisit the hospital to receive their reports.

Assessing disability follows the route described above. Beneath the apparent workings, however, there is an underlying subjective orientation of the hospital toward the new assessment structure and the increasing number of applicants. My fieldwork allowed me to see this troubled relationship between the doctors and the assessment duty. This concerns the encounter of the hospital personnel with the large-scale re-structuring of the health care services; the change in the mode of governing health services. My main argument in this chapter is that the disability assessment process is caught up in a larger conflict between the doctors and the central government. The problems of the assessment process have been criticized in public solely in terms of technical mistakes and legal confusions.⁹² Chapter Two discussed why disability policy and the new classification became an important site for larger political transformations in post-2002 Turkey. The changes in assessment introduced in 2006 are part of these larger changes; therefore the assessment becomes entangled in the ongoing political conflict between the government and the doctors concerning the restructuring of the health care system. Beyond how the conflict plays out in the public sphere, the conflict has other, real effects and it manifests itself in the relations between doctors and bureaucratic things, things as the objects of the new order. Disability assessment By-law, official notices concerning

⁹¹ *Sağlık Kurulu Raporları Hakkında Yönetmelik.*

⁹² See for example the report by Turkish Impaired Association. Türkiye Sakatlar Derneği Genel Merkezi, *Özürlülük Ölçütü Yönetmeliği ve Sağlık Kurulu Raporlarının Düzenlenmesine İlişkin Görüş ve Öneriler* (Opinions and Suggestions Concerning the Disability Assessment By-Law and the Organization of Health Committee Reports), 28 November 2009. Available [online]: <http://www.tsd.org.tr/ozurluluk-olcutu-yonetmeligine-iliskin-gorus-ve-oneriler-6128> (Accessed 22 December 2011).

disability and the increasing number of petitions for disability assessment are among these things with which the hospital personnel deal every day.

Transformations in Health Care Services: Performance System, Economy of Assessment and Subjective Orientations

In Chapter Two, I emphasized that one of the urgent political acts of the AKP government after coming to power in 2002 was to alert all public offices about disability policy, and disability became, throughout the decade, an important terrain on which the state-citizen relations were reconfigured. Furthermore, the disability policy was signified as an important vehicle of progress and advance. On December 2003, a year after the elections, an extensive report was published by the Ministry of Health which used a similar language. The report is titled, "Transformation in Health" (*Sağlıkta Dönüşüm*).⁹³ As the introductory presentation stated, the transformation in health was part of "new structuring of the public sector in line with the contemporary global norms so that a just development could be achieved".⁹⁴

The transformation proceeded in two main lines. The first line was the change in the organization of social security from a three-fold hierarchical structure to a single social security provider, a general health insurance which was to include all Turkish citizens. I mentioned this in the previous chapter and argued that disability as a category of citizenship emerged in tandem with this structural change in state-citizen relations. For this chapter, the second line of the transformation in health is

⁹³ Republic of Turkey Ministry of Health, *Sağlıkta Dönüşüm* (Transformation in Health), December 2003. The '.pdf' form of the reports in both Turkish and English can be found here [online]: <http://www.saglik.gov.tr/TR/belge/1-2906/saglikta-donusum-programi.html> , (Accessed 22 December 2011).

⁹⁴ Ibid, p.3. From the introduction signed, Recep Tayyip Erdoğan.

our subject. The second line of the transformation concerns the new definition of the Ministry of Health from a service provider to planner and supervisor.⁹⁵ In line with the dissolution of the three-fold structure of state-citizen relations, the citizen-hospital link by type of provider also changed. In the previous order, Social Security Hospitals were for citizens with SSK security, State Hospitals were for Bağ-Kur and Emekli Sandığı, and University Hospitals were for Emekli Sandığı only.

The dissolution of the three fold structure was accompanied by a major change whereby state hospitals became autonomous financial units and the conditions of employment in public hospitals changed. The latter was mostly defined by what is called the performance system for doctors working in state hospitals. When state hospitals became autonomous financial units, a performance system was instituted which changed the conditions under which doctors related to their labor. It is in the context of these structural changes that we should locate the disability assessment procedure, the medical committee duty performed by doctors in state hospitals. One of the major tenets of the “Transformation in Health Project” (*Sağlıkta Dönüşüm Projesi*) was the by-law called "By-Law Concerning Extra Payments to Officials from Revolving Fund Incomes in Health Medical Institutions and Establishments Connected to the Ministry of Health", which passed in May 12, 2006 and has been modified twice in 2007, once in 2008, 2009 and 2010.⁹⁶ The Revolving Fund By-law redefined how the doctors in state hospitals are to be paid from the revolving fund (*döner sermaye*). Accordingly, each procedure conducted in the hospital was assigned a “performance point” the monthly accumulation of which

⁹⁵ Ibid, p. 26. The section titled *Planlayıcı ve Denetleyici Sağlık Bakanlığı* (Ministry of Health as Planner and Supervisor).

⁹⁶ Republic of Turkey, *Sağlık Bakanlığına Bağlı Sağlık Kurum ve Kuruluşlarında Görevli Personele Döner Sermaye Gelirlerinden Ek Ödemek Yapılmasına Dair Yönetmelik (By-Law Concerning Extra Payments to Officials from Revolving Fund Incomes in Health Medical Institutions and Establishments Connected to the Ministry of Health)*, Promulgated in 12 May 2006, Announced in the Official Gazette no. 26166.

becomes decisive in the amount of share a doctor gets from the revolving fund of the hospital, which lead doctors to commonly call this the Performance By-Law. Under the "entrepreneurial operations" (*girişimsel işlemler*) table in the Performance By-law, payments for health committee (*sağlık kurulu ücretleri*) correspond to “0” points.⁹⁷ Basically, the medical committee duty remains an unpaid public service in an institutional environment where public service is structurally transformed to one of economic calculations of cost and benefit. Although the doctors register the morning consultations as “regular consultation” into the hospital system allowing them 21 points per disability applicant, the afternoon session becomes ticking time with no points. Moreover, during the time spent with patients, there may arise the possibility of performing operations which are rewarded high performance points. The monthly totals of these points in turn determine how much payment the doctors are rewarded from the revolving fund. The degree to which the performance system transformed the subjective stances of doctors and how they relate to their labor was most apparent in an incident I witnessed. While sitting with a group of doctors, a cat fell into the half-full pool struggling to get back out. When one of the doctors stood up to save the cat from the pool, the others were laughing at a joke made by another doctor at the table: “how many points do you get from saving the cat from the pool?” Although I have not received explicit commentary on the committee labor being profitless, one should note this as a factor which constitutes disability report-making as an undesirable duty. Anyone talking to medical experts in the hospital cannot but see how the performance system became effective in shaping attitudes of the doctors. Yet, as I will show through different observations, this change in attitude is two-fold; simultaneously, an adaptation to the new economic framework coupled with a

⁹⁷ Ibid. Points and payments (*ücret*) are used interchangeably in the Revolving Fund By-law.

contestation of the new conditions of work, and an opposition to the political transformations concerning the public health sector. The tensions related to this two-fold attitude is determining in how disability assessment is practiced.

Another, explicitly stated concern is about the expenses resulting from laboratory and radiological tests. As I stated above when describing the daily flow of assessment, the By-law requires reports to be archived, attached with all the relevant documents, an imperative taken very seriously in the hospital, since doctors keep telling me that reports without proper archiving might result in accusations against the hospital. At the same time, there exists an ambiguity on the question of how the diagnostic expenses will be financed especially with regard to applications without prior referrals or those without social security. From 2004 onwards, a series of official notices were circulated taking note of this ambiguity and informing the state hospitals also how the costs will be financed.

The wording on these series of Official Notices testify to the fact that this ambiguity is not specific to the hospital in question, but that this ambiguity became an important agent of confusion in how assessment is practiced throughout state hospitals. This ambiguity became important in how the relationship of assessment between the assessors and the assessed took place. For example, the Notice No. 2004/30 shows that this ambiguity precedes the By-law of 2006, since it starts with the following wording: “It was seen as necessary to clarify this topic in order to remove the confusions in application concerning whether or not the applicants will be charged examination, tests and reporting prices, when they apply for disability health committee reports, which they need to take for benefiting from their rights granted to them by the special law for Disabled.”⁹⁸ Yet, in the following years,

⁹⁸ Republic of Turkey, Ministry of Health General Directorate of Treatment Services, *Official Notice 2004/30*. [Italics my emphasis]. Available [online]: <http://www.ozida.gov.tr/yenimevzuat/5-11.htm>

similar wordings were used in respective Notices. After numerous legal transformations concerning the medical field, another Official Notice was released in 2010, stating that, “It was thought to be useful to clarify with this Notice *again*, in order to ensure a unity in application concerning the costs related to health committee reports, which are organized by health committees under the health institutions under our Ministry; related to whether these costs are to be billed to persons or institutions, about back-payments and similar issues”.⁹⁹ But, as the notices were not clear and also contradictory, and since the unofficial interpretations of these already open-ended Official Notices proliferate, this has opened up a space for intervention by hospitals in dealing with diagnostic expenses, as well as a space for complaints from applicants. The ambiguity has led to improvised solutions by individual hospitals.¹⁰⁰

One manifestation of such improvised solutions in my research field was the practice of 'ticking'. The committee officer, who is the first person to face the applicant early in the morning, ticks the clinic rooms that he thinks the applicant should visit. Ticking the form in the morning, the committee officer limits the rooms the applicant visits. As he tells me in one of our conversations: “otherwise the budget will bust” (*bütçe gümler diğer türlü*). The form provides material visibility to the tactical interventions of the hospital management, setting up a set of rules the applicant has to learn. One observes in the rooms that doctors require the applicant to hand in the form so that the doctor can check if the applicant is in the right room

(Accessed 22 December 2011).

⁹⁹ Republic of Turkey, Ministry of Health General Directorate of Treatment Services, *Official Notice 2010/31*. Available [online]: <http://www.saglik.gov.tr/TR/belge/1-10364/saglik-kurulu-raporlarinin-ucetlendirilmesi-hakkinda-g-.html> (Accessed 22 December 2011).

¹⁰⁰ On Chapter Four, I discuss the forms of sociality and subjectivities in relation to these cracks between official paperwork, their inconsistent applications, and unofficial interpretations by citizens as well as bureaucrats.

ticked by the heyet officer in the morning. "You're in the wrong room, you should go to ... room" (*Yanlış gelmişsin, ...'e gideceksin*) one hears frequently. This frequent refrain may be addressed to an applicant or any patient seeking help. In rare instances where the applicant is well aware that given points are not enough for the expected threshold, he/she can ask the doctor "can you tick psychiatry as well?" (*psikiyatriyi de işaretler misin*). In this way, the applicant asks the doctor for a favor so that a new space of negotiation will be opened in another clinic room.

As the personnel try to reduce the number of costly tests in disability assessment, there are other improvisational practices which aim to finance expenses by billing them to the Social Security Institution (SGK). As the committee officer tells me, "for those who have a prior referral from SGK, we lay red carpets." He tells me that they bill personal (meaning without prior referral) applications to SGK if the applicant has social security, although the latest notice clearly states that if the applicant is not sent there by prior referral from the SGK, the expenses should not be billed. According to the latest notice, the expenses should be billed to the institution who signed the referral. Before an applicant is assessed for his/her functionality, he/she is assessed for his/her social security status. A doctor tells me about another set of related expenses which are not accounted for, highlighting the internalized calculations of costs by hospital personnel: "not only the tests cost money, but frequent use of machinery means that they have to go to technical service more frequently. Let's say, I'm just guessing, after 500 uses the x-ray machine has to go to technical service. I don't know maybe after 2000, it is broken and the hospital needs to buy a new one."

The examples given suggest a picture where the doctors are smoothly adjusting to the new structural arrangements. It is true that there is a degree of

embodying the new calculative rationality, brought about as a result of adaptation to the new institutional structure of state hospitals to the Transformation in Health Project: the financial autonomy given to state hospitals and the performance system regulating payments from the revolving fund. In terms of the new economy of state hospitals, disability assessment is undesirable, because it is an unpaid public service in an environment structured according to competition and economic rationality; a public duty where public sector becomes more and more adapted to the rationality of neoliberal reforms.

Nevertheless, the undesirability of disability assessment cannot be reduced to its economic aspects. Disability assessment, report-making as it is perceived by doctors, is viewed among the hospital staff as a burden to be avoided or at best managed, expressed in Turkish words such as *idare etmek* (manage), *halletmek* (handle, get it over with), *satmak* (pass over to someone else) or *sallamak* (throw away). Such attitudes are best embodied in the spatial installation of the medical committee, down in the low-ceiling basement, an excluded part of the hospital building with narrow corridors, no windows, no daylight but crowded; a space one desires to get the job done and leave as soon as one enters. The hospital attempted, before, to re-locate the morning examinations down to the basement as well but the crowds were impossible to manage in the limited space. Similarly, in 2009, the hospital tried to limit the processing of disability reports to two days of the week, yet “there was the home care crowd, so it didn't work” (*o ara evde bakım yoğunluğu vardı, olmadı*).¹⁰¹ Currently, the hospital “handles” disability reports three days of

¹⁰¹ The officer is referring to the Home Care Wage, introduced in 2008 on the basis of some changes in the law commonly known as the Law 2022. Republic of Turkey, *65 yaşını doldurmuş muhtaç, güçsüz ve kimsesiz Türk vatandaşlarına aylık bağlanması hakkında kanun* (Law Concerning Wages for Turkish Citizens In Need of Assistance, Incapable Citizens, Helpless Citizens and who are over the Age of 65). Law no. 2022, Ratified in 1 July 1976, Announced in the Official Gazette no. 15642. The introduction of new policy measures based on this Law, made a significant increase

the week from Tuesday to Thursday. The attitude of getting it over with is most visible in how doctors talk about the duty. During my visits, I frequently heard doctors talking about the duration of meetings. “How long did it take today” a doctor asks the day's committee doctor and adds, “yesterday we handled (*hallettik*) it only in an hour and a half. Remember the late Mehmet Abi? When he was the committee president, it took only twenty minutes.” In another day, in the morning session when I was observing one-on-one encounters in the polyclinic room, the doctor turns to me and asks, “See our speed!” (*Hızımız nasıl?*), emphasizing how quick they have become in dealing with the load of applicants.

In the remaining part of this chapter, I will take this attitude of ‘getting over with’ in two aspects. The attitude, I argue, is determinative in how disability is assessed. First aspect is factual: the increase in number of applicants where the number of assessors remains the same, the limitations of the physical space of the hospital, limitations of time and organizational difficulties concerning the order of the hospital where disability assessment is part of medical committee duty which includes other tasks. To these must be added the real difficulties that the doctors experience in trying to read and apply the new By-law introduced in 2006. The hospital personnel were given no information about the changes, no briefing or explanation except for a book, sent to the hospital from the Ministry of Health, a book titled, *ICF: The Training of Trainers*.¹⁰²

The second aspect is symbolic in that it concerns the orientation of the doctors toward the changes in general, or more generally against the larger transformations in state-citizen relations implemented by the AKP government. The experience of the doctors with neoliberal transformations is not confined to the

in the number of citizens applying.

¹⁰² The book is the same book I referred above. See, *Sistemin Uyarlanmasında Eğitimcilerin Eğitimi*.

economic. Their experience also involve a feeling of loss of privilege, an affective attachment to the old corporatist order, and a generalized anxiety concerning Ankara and the transformation of health care services in general. Disability policy and therefore the assessment duty becomes a sign of the new order, an emblem of lost privileges of the corporatist regime: particularly the loss of professional autonomy within and outside the hospital.

During my visits to the hospital, the words *kargaşa*¹⁰³ (commotion), *karmaşa* (confusion), *karışık* (complex), *karmaşık* (complicated), *kalabalık* (crowds) have been used frequently. Below, the word commotion will be used as a trope for the doctors' problematic and confused relations to the new conditions of public health care in an economic and political environment which is in the process of a large-scale transformation. The uneasy relations can be seen both as an adaptation to and as silent, tactical contestations of the new regime of public health care. Adaptation in the sense that it is very easy to observe how the performance system and the new economic rationality have become part of their subjectivities, and contestation in the sense of minor infractions of routines, for example coming late to clinics in an environment where work hours are more tightly surveilled, as silent responses to the loss of privilege and professional autonomy.

Commotion of Bodies, Prosthetics and Files

Unlike other instances of bureaucratic queues, the crowd waiting for the disability reports consists of heterogeneous forms of corporeal existences and objects such as

¹⁰³ I take this word from a text written by the committee officer, in response to demands from the Ministry of Health for suggestions about the application of the disability assessment by-law. The officer shared the text with me. Nevertheless, the officer tells me that the committee president at the time “decided to show them the finger” (*nah çekti*) deciding not to share the written suggestions with Ankara. I elaborate more on the tension with Ankara.

wheelchairs, wheeled-beds, blood serums, walking sticks, crutches as the consultation rooms are visited. Since the By-law requires the disabled applicants to be physically present in all instances of assessment, persons who have lost functionality in different ways and their escorts struggle to reach the consultation rooms in the morning and the meeting room in the basement in the afternoon. The disorderly crowds do not include only applicants as mentioned above, but able-bodied citizens try to move in between wheeled-beds and chairs, and fights occur regularly, although the rule is to give priority to disabled applicants. Actually, one of the stories I heard frequently from doctors is the constant presence of a security guard which is specific to the committee days. As bodies are registered unto single-leaf disability reports, the hospital emerges as a site governing corporeal difference, made commensurable through the functionality assessment manual in the By-law, assigning each body a percentage from zero to hundred percent. Crashing wheel-beds unable to fit through narrow doors are not the only instances where the order crumbles. Screams of Alzheimer patients and mentally disabled kids are often heard. Noise is heard and is shushed by their escorts. Noise again, shush again.

Another set of challenges to the institutional order concern the inflation of documents. The archivist working for the medical committee floor complains to me that the disability reports in particular take up a lot of space because they are always filed together, attached with a whole load of other papers; petitions, x-rays, test results, forms, laboratory findings etc. According to the archive regulations and the Assessment By-law, the hospital is required to archive these reports ready for inspection or ready for possible disputes for 101 years before their destruction. Rooms are full of report files, laid onto the floor with no shelves or lockers, since all the existing shelves are full. Both in the suggestions petition he wrote in order to

send to Ankara and in our conversations, the committee officer complains about the report-making process as “stationerism” (*kırtasiyecilik*). Since the committee officers spend the other half of their time organizing “medicine reports”, the basement floor is about to be completely full says the officer.¹⁰⁴ In other words, the assessment duty involves quite a challenge in terms of managing in the most efficient way, a commotion of bodies, prosthetics and paperwork.

When asked about the disability assessment calculations manual, which was introduced in the 2006 Assessment By-law, a neurologist tells me; “We thought that this is a translation of some sort” (*bir tür çeviri bu herhalde diye düşündük biz*) and adds when I ask him permission to attend his one-on-one sessions for observation: “come watch, you wouldn't understand shit, I just put down some numbers from my head.” (*gel izle bir bok anlamazsın kafama göre atıyorum zaten*). Or another doctor explains this foreignness in more educated terms: “before there were diseases but with this one they introduced something called loss of functionality. The previous one we could fix but this one we don't really understand” (*eskiden hastalık vardı şimdi fonksiyon kaybı diye bir şey getirdiler. Öncekinde ayarlayabiliyorduk, bunu anlayamıyoruz*).

¹⁰⁴ For the year 2010, as of December 8, besides the 5200 disability reports, 53,000 reports authorizing subsidized payment for medicine are archived. Another strategy of spatial management by the hospital was to stop requiring *ilaç rapoları* applicants to attend the meeting room downstairs, since as the committee officer explains, “it was like those lines in football matches.” (*maç sırası gibi oluyordu burası*). Hospital started handling medicine reports in the morning session upstairs. The applicants for medicine reports who need signatures from three doctors, were required to get in line for the individual interviews in the morning and collect the three signatures themselves. Yet, the archive labor still goes on. On a Friday when I visited the hospital, the Ministry of Health had recently introduced a new system of computing medicine reports, MEDULA, allowing Ankara to inspect the report-making more tightly. As the new system introduced a lot of new labor, the line for applicants waiting to get back disability-reports for which they applied before, was handled less efficiently. A woman starts to shout “I am a psychiatric patient, don't make me wait for long.” One of the personnel leaves her job to help her, when another man starts mimicking what she had done. The archivist explains to me, “he understood that this is appropriate currency here” (*burda geçerli akçe olduğunu anladı o da başladı*) highlighting the constant negotiation between the applicants and the hospital personnel in the face of commotion.

A seventy three page long assessment calculation manual which includes charts notes, guidelines, and instructions was introduced in 2006 replacing the 30-page easy to read manual.¹⁰⁵ The references to the current one all underline its complexity, strangeness and the prevailing sense of confusion. When I asked the doctors and the officers about how they learned about this change, I got answers like, “they send this new one one day and say after today you apply this. There was no briefing or training”. The process I am trying to describe in this chapter can also be understood as a self-learning process of how to relate to this new tool under the given circumstances, which includes improvised interpretations and practices concerned with the graphic details more than the semiotics of the manual.¹⁰⁶ In fact, two years later, a book was sent to the hospital from the Ministry of Health, a guideline about ICF as the framework of disability assessment, which had been the epistemological basis of the 2006 Assessment By-law. The content of the book is not about the By-law, but about the ICF framework itself which is not relevant at all to the daily proceedings of the assessment process.

Confusion becomes materialized in mis-assessed forms, sometimes leading to higher percentages (e.g A Chopart amputation of a mid-foot corresponds to: 25 (62) [100], which means that it corresponds to 25% loss of whole body functionality, 62% of lower extremity and 100% of the foot).¹⁰⁷ Sometimes, doctors confuse loss of

¹⁰⁵ For a sample page from the previous manual, see Appendix D.

¹⁰⁶ Compare Appendix E and F, for the Neurologists’ intervention into the complexity of the original graphics of the assessment manual.

¹⁰⁷ See Appendix G for the graphic outlook of the Chpart Amputation assessment. In the following chapter, I will try to show how these complications become important agents in the construction of disabled subjectivity in contemporary Turkey. A story from an internet forum; A member with a username in 17th February 2010, initiates a discussion with the title, “What is the ratio when getting a report for Chopart (mid-foot) amputation?” (*Chopart (orta ayak) ampute için hangi oranda rapor veriliyor?*) and asks, “hi friends, my foot is Chopart amputated and I have %25 disability ratio in the 1994 report by the Gulhane Military Medical Academy (GATA). I did a research on the website and I found a result like this 25 (62) [100] does this mean that over 100, it is at least 25 at most 62? Can I get a new report and if I do, does the previous report by GATA is cancelled? (does

functionality with regard to the system parts, with loss of functionality with regard to the whole body where the former is usually higher. The latter is the only one that counts for the purposes of disability assessment. There are numerous charts of other percentages which mean nothing for the assessment process for reports. As the committee officer says, “we fix most of those but in the crowd, we sometimes miss them and they come back from Ankara as well”, he refers to his duty of correcting assessments in line with the instructions of the By-law. “They couldn't learn the square brackets” he complains to me. The bracketed numbers are about rehabilitation medicine, about possible one-on-one encounters in rehabilitation centers, but are not relevant to the application of the assessment By-law which is only concerned about producing a single-leaf report with a finalized percentage of loss of whole body functionality which in turn determines whether or not the applicant passes or fails to pass the thresholds for social policy benefits after the reports go through other routes of circulation among different state offices.

In fact, what the neurology doctors did¹⁰⁸ is telling. In clinic rooms and in the meeting room, the doctors use the printed version of the original By-law when they

average neural conditions, digestive system, muscular loss in the injured foot etc. contribute to changing the overall percentage in the report?" (*merhaba arkadaşlar benim ayagım Chopart ampute GATA'nın 1994 tarihinde verdiği kesin raporda %25 sakatlık oranım var Sitede araştırmalarımda 25 (62) [100] böyle sonuc buldum burada bahsi geçen oranlar % üzerinden en az 25 en çok 62 anlamına mı geliyor? Yeni rapor çıkartabiliyordum çıkartırsam oranım ne olabilir ve yeni rapor çıkınca GATA'nın verdiği rapor devre dışımı kalıyor? (orta derecede sinirsel, sindirim sistemi, özürlü olan ayagımda kas kaybı, w.s gibi durumlarda mevcut buların raporda oran degisimine katkısı varmı?).* The moderator of the forum, OturanBoğa, replies: "This is what I understand: 25 is the individual's disability ratio, (62): the number in paranthesis is the ratio you get when you take the lower extremity as the basis. [100]: the number in square brackets is the ratio when the foot is taken as the basis. The ratio which is relevant for you is 25%" (*Ben şöyle anladım: 25: Bireyin özürlülük oranı (62): () parantez içindeki rakam alt ekstremitte baz alınınca ortaya çıkan oran [100]: [] köşeli parantez içindeki rakam da Ayak baz alınınca ortaya çıkan oran Sizin için dikkate alınacak oran %25'tir*). Then he asks further, “thanks for your interest mr. Oturanboga, do you think that my ratio can increase because of the sicknesses I mentioned above? At least to over %40?" (*ilginize Teşekkürler ederim sayın oturanboga peki yukarıda bahsettiğim diğer rahatsızlıklardan dolayı sakatlık derecem yükselebilir mi? en azından %40 gibi*). Noone replies and the discussion page joins hundreds of others in the website's archive. <http://www.engelliler.biz/forum/saglik-raporlari/40212-chopart-orta-ayak-ampute-icin-hangi-oranda-rapor-veriliyor.html> (Accessed 22 December 2011).

¹⁰⁸ See Appendix E and F.

want to refer to it. The By-law as a whole is a massive document with complicated numbers, charts, tables and words; it is experienced as doubly complicated given that the assessors were given no prior training or explanation. In the neurology room, on the desk stood something else: a ten-fifteen page folder printed with large fonts which include only definitions and percentages which are relevant for the filling out of assessment forms.¹⁰⁹ What the neurology clinic did in material practice actually points to the general grammar of how to relate to disability assessment; as efficient management of commotion and complexity that the hospital is experiencing as a challenge.

Commotion as Intervention of Ankara and the Loss of Autonomy in the Hospital

The actual state of affairs in state hospitals is commotive as any visitor or observer can easily tell. However, what is more striking is that the assessors find their own work as commotive, as disorderly, and unintelligible. The By-law and the assessment process are not 'commotive' only in terms of physical arrangement of bodies, places and paperwork. The By-law is more than itself; the introduction of the Assessment By-law in 2006 signified a greater political transformation in Turkey, which had profound effects on the daily practice of medicine in state hospitals. The process led to an ongoing conflict between the central government in Ankara and the doctors working in state hospitals.¹¹⁰ In other words, it is primarily through these objects such as the new assessment calculation manual of 2006, that the transformations are felt, experienced and reacted to.

¹⁰⁹ Appendix E.

¹¹⁰ Turkish Doctors Union have been a critical voice against the project from its initiation onwards.

As I quoted above, the doctors tell me that the By-law, to which some doctors refer as 'the notebook', after its material form rather than its content, was sent one day from Ankara without any briefing or training, and the doctors were expected to assess accordingly from then on. This narrative echoes the daily complaints I heard about the general changes in the hospital, an authoritarian intervention coming from the central government. When I first started visiting the hospital in late 2009, I used to meet doctors and talk to them in a small teahouse which was funded by doctors themselves, everyone paying 20-30 liras per month, set up after the Minister of Health, Recep Akdağ, in his televised visit to the hospital asked for the shutting down of the doctor's lounge which used to be the meeting space of doctors before with comfy chairs and tea service. Later on, the canteen manager asked the shutting down of the little teahouse in the backyard where doctors spent time asserting that he was losing trade after the huge amount of money he paid in the bidding for managing the canteen.¹¹¹ The doctors now sit in the canteen in the mornings and during their self-decided breaks; yet, they also tell me that the office of the chief physician (*başhekim*) sees the front yard canteen.¹¹² Doctors complain about the tightened supervision of work hours, called signature (*imza*), which refers to the sheet they have to sign when coming and leaving the hospital imposed in the last years. One of the odd examples of circumventing the signature strictures concerns a cardiac surgeon, who was the one who helped me meet doctors and ask questions in the front yard canteen. He was able to help me because he was free all day, sitting in the canteen. I have then learned his story. When he was diagnosed for bipolar personality

¹¹¹ I listen to these stories usually in a canteen table with a group of doctors talking. They also tell me how they boycott a local pub, which was recently opened in the city, and which belongs to the canteen manager who is regarded as the friend of chief physician.

¹¹² One easily sees that tea-parties in the morning are a sort of indirect protest, while in front of the committee examination rooms are formed lines of applicants usually waiting for the doctor to come for an hour.

disorder, his fellow cardiac surgeons and he made a tacit agreement. He “sees” (meaning examines) no patients but in exchange, he is the earliest to come to the hospital in the morning and the latest to leave. By doing so, he becomes an autographer for everyone, signing the roll call for all others and allowing his colleagues to conduct minor infractions (coming half an hour late, leaving fifteen minutes early) on work hours. In exchange, I am told by another doctor, his colleagues assign him enough performance points so that he can get the average payment from the revolving fund. Whether or not the story is correct is not of importance; yet, the story signifies a general attitude of dislike towards new arrangements.

A further major intervention into the working arrangements of the doctors by the central government, the controversial full-time law, was also a hot topic during my research. The new arrangement, which is yet to be fully institutionalized, bans the doctors who are employed by the state from practicing privately and forces them to choose between the public and private sectors. The law was passed a few times but constantly challenged rejected by the Council of State (*Danıştay*).

The narratives of intervention include the Assessment By-law as well. Among the practices of assessment, tax-cut applications are more intensely related to Ankara. As doctors tell me, tax-cuts assessments "come back from Ankara". When I asked and tried to learn what this refers to, I found out that the tax-cut assessments in state hospitals are subject to re-examination in Ankara by the Central Health Committee and that most of the assessments are not accepted, sent back to the state hospitals for re-assessment with a note from the Central Health Committee; "because the findings about impairment are not fully detailed and specified, no decision was made ... In order to reach a decision on this case, clinical findings, findings about impairment,

laboratory findings and the other requests below should be fully specified in-detail followed by the authorization of the hospital Director so that a new report be prepared which includes the requested information, a report which then should be sent to the Revenue Administration for further investigation by our Committee.”¹¹³

I read this statement quite a few times as I picked a random file of hundred reports from the archive of disability reports in the hospital. Almost all of the applications for tax cuts, among the random hundred I selected, were asked for reassessment, reassessed and filed again. The Central Health Committee is situated within the General Directorate of Revenues of the Ministry of Finance in Ankara. It is composed of a number of medical experts from a number of institutions: "The Central Health Committee is composed of two medical experts assigned by the Ministry of Health, one medical expert assigned by the Ministry of Labor and Social Security and a representative from the General Directorate of Revenues and the committee meets under the chairmanship of the chief physician of the Ministry of Finance. The Central Health Committee meets at least twice a month and decides by majority of votes."¹¹⁴ As the Assessment By-law also states, disability reports organized for two purposes, tax-cuts (*vergi indirimi*) and handicapped allowances for those who have been working under social security (*malüllük aylığı*) are not finalized according to this by-law¹¹⁵, but are subject to review by the Central Health Committee. Yet, most doctors are ignorant about the content of the Central Health

¹¹³ See the Turkish original in Appendix A.

¹¹⁴ Republic of Turkey, *Sakatlık İndiriminden Yararlanacak Hizmet Erbabının Sakatlık Derecelerinin Tesbit Şekli ile Uygulanması Hakkında Yönetmelik* (By-Law Concerning How the Ratios of Impairment is to be Determined and Applied for the Service Personnel Who Will Benefit From Impairment Cuts), Promulgaed in 28 April 1981, Announced in the Official Gazette no. 17324.

¹¹⁵ *Sağlık Kurulu Raporları Hakkında Yönetmelik*. For the complete statement in Turkish, see Appendix A.

Committee; they call it Ankara and ask me what “it” is, as they learned the name through the appeal papers that they face daily.

The frequent reassessment requests for tax-cut assessments by Ankara, echoes the narrative of authoritarian intervention of the hospital order by the Transformation in Health Project in general. The demands for reassessment are understood as surveillance by Ankara. This is not wrong, but the symbolic meaning attached to the re-assessment demands are closely related to a more general anxiety concerning the central government, and a generalized negative attitude toward the disability policy measures introduced in the last years.

The frequent response from doctors that "the previous one was better" referring to the assessment calculation manual from the 1998 Assessment By-law is indicative of a resentful attachment to a previous order, where doctors were not tightly supervised bureaucrats but were autonomous and privileged medical experts and civil servants with a high degree of professional autonomy. By resentful attachment, I refer to an attitude, juxtaposing the lost order and the emerging one, where everything new is resented as part of a new order, being implemented authoritatively by the government. As a result of this attitude, concrete relations with concrete situations give way to a generalized resentment. Similar to how tax-cut appeals are categorized as rejections by Ankara without any particular knowledge of the role or composition of the Central Health Committee, the disability policy measures are skeptically seen as as manifestations of government's populism. When doctors talk about the cash benefits introduced for disabled in the Justice and Development Party's rule, it's common to refer to the benefits as “populism of the government” (*hükümetin popülizmi*), “spreading money to people” (*millete para dağıtıyorlar*). A neurologist once told me how she assesses “home care wage”

applicants: "first, when loads of people started coming to the hospital for assessment, I thought that they are giving away all the money. Then an officer told me that most of these applications for home care wages are rejected by the Social Services". In another chat with an ophthalmologist, I actually played to role of the committee officer, 'comforting' him that not all 70%'s get that wage, when he asked me with suspicion if all applicants are entitled to the wage. Similarly, complaining narratives on the recently introduced "Patient Rights" program involve a critique of the government for infringing the doctors' autonomy with regard to how they will deal with their own practice and their relationship with patients. Both of the implemented policies are perceived as populism because they are interpreted as a sign of the larger changes; all that is new to the hospital becomes a sign attached to the authoritative changes brought on the medical field by the central government.

The conflict between the doctors and the central government is not the main focus of the thesis. Yet, the conflict and the subjective attitudes of the doctors concerning the large-scale transformations in health care affect how disability assessment is practiced and therefore have real results in how disabled applicants experience the assessment process. The attitude of 'getting it over with' is fed by what I called a resentful attachment concerning the transformations, where attitudes towards disability assessment applicants are overshadowed by a larger confrontation between the medical experts and the central government. Also, the change in the economic structure of the state hospitals has resulted in uneasy relationship between the new regulations and doctors. The unofficial procedures which are determinative in the assessment process are structured *de facto* by the institutional personnel and therefore are structured according to the subjective orientations of the personnel rather than being fully determined by official procedures and technical guidelines,

which usually means that the material concerning disability assessment are usually talked with regard to their graphic and non-discursive qualities rather than their technical content. When the subjective orientations of doctor-bureaucrats are in a reactive state, and when the work of assessment is imbued with a whole load of meanings, it is more likely that these unofficial procedures are not really in favor of giving the applicants an easier time in the hospital.

In the light of such uneasy attitudes, assessment is mediated primarily by inter-bureaucratic struggles, and improvised, unofficial procedures which are created within the daily relations of adaptation to and contestation of the emerging large-scale transformation. Within this environment, assessment relies not primarily on the functionality of the applicant but the purpose of application; in other words, what is assessed is not primarily the social experience of impairment of the applicant (functionality) but the bureaucratic placement of the application form. Doctors explicitly tell me that in the anxiety created by requests for reassessment, they act differently for applications for tax-cuts or handicapped allowances, those applications which will go through the Central Health Committee, and applications for other purposes. They might choose to complete to 40% when the application is for "those basic things like getting a free transportation pass from the local municipality or registering to Labor Institution". They might act generous with some applicants and add an extra 5% or 10% to help them reach thresholds through secondary diagnoses, such as hypertension or depression, while they act over-cautious with applications that they know will be re-assessed in Ankara.¹¹⁶ This was apparent when I observed the one-on-one interviews in the morning sessions. The first thing that the doctors ask the applicant is always "let me see your paper" before

¹¹⁶ See Appendix C.

any examination of functionality. This is sometimes followed by a longer investigation of why the applicant is being assessed, trying to learn the next route of the application form after assessment in the hospital.

In an environment of pressure and anxiety, the daily tactics employed by the hospital personnel are ways to surf in the conflictual terrain between the hospital and the central government; of regulating the uneasy terrain of adapting to and contestation of the larger transformations of their workplace. Such anxieties are usually projected upon the image of 'untrustworthy applicant'. Applications with no prior referral are therefore suspicious, posing a challenge to the unofficial mechanisms through which the hospital personnel try to regain their control over the shifting base of the hospital order. "The patients are professionals" a doctor comments: "they know their ways". As a committee officer tells me, there have been cases where applicants took reports on personal applications and the doctors were generous, but then went on to apply for tax cut.¹¹⁷

There is another sort of anxiety "threatening" the unofficial order of the hospital which concerns the committee officer only. As is required by the Assessment By-law, the hospitals which organize disability reports must, in the first week of every month, register the reports they prepared into a national database through an internet interface.¹¹⁸ To eliminate multiple assessments, (*mükerrer rapor*) all hospitals should do it. A committee officer complains about laxity in other hospitals accusing them of risking the hospital and causing extra workload. "Some hospitals do not even register the assessments which are below 40%. They tell the

¹¹⁷ This must have been a common concern throughout Turkey as the new changes to the by-law in December 16 rules this out. Accordingly, the reports of tax-cut applicants can only be sent to the Provincial Revenue Office (*Defterdarlık*) by the relevant hospital which means that applicants now have to report their purpose if they are applying for a tax-cut.

¹¹⁸ For the interface, see: <http://sbu.saglik.gov.tr/sbozurlu>.

applicant to reapply in Bursa. Therefore we can't see in the database if the applicant has applied before to another hospital".¹¹⁹ This problem was mentioned when the committee officer wrote a Suggestions Report to the Ministry of Health, which requested feedback about the practical problems of disability assessments. Yet, as I mentioned above, the late Doctor M who was the committee president by then decided to "show them the finger" and did not send the feedback to Ankara. The unsent report says, "According to the By-law, disability assessment reports should be registered to the Ministry of Health Disabled Data Base. Even in hospitals like ours where there are huge crowds for disability assessment, we register these weekly, but all other hospitals should do this; there are hospitals which do not do this effectively, the Uludağ University Hospital and the Bursa Military Hospital do not register any assessment at all. Other hospitals follow the By-law and register monthly but in the time lag in between, the applicants are able to apply for assessment in different hospitals and this causes problems for the system."¹²⁰ Intended as an official note to the ministry, the note itself is witness to the complex interpenetration of the official (*de jure*) procedures and unofficial (*de facto*) procedures.

Conclusion

This chapter tried to show how assessment is practiced in a particular hospital. It does not seem difficult to conclude that disability assessment, due to a number of reasons, is trapped within a series of other relations which are not directly about the

¹¹⁹ The officer claims that it is the hospitals in the Southeast (*Güneydoğu*) which never register the reports below 40% and tell their patients to go to Bursa to get a new report. Although the story sounds fictitious one cannot help but comment how the applications which produce anxiety are articulated with a particular geography.

¹²⁰ For the Turkish original see Appendix A.

assessment process, but which have serious implications as to how assessment is practiced or more fundamentally whether if it is practiced at all in the commotive hospital by assessors who are confused and irritated by the assessment duty. In fact, no doctor refers to 'disability assessment'; they 'do committee' (*heyet yapmak*), this is the phrase that is used to describe the *de facto* order of the assessment procedure, differentiating it from the medical practice of other 'regular' days of work where the doctors practice "their real expertise". Terms belonging to the official order or to the scientific concept of assessment are brought to everyday language figuratively¹²¹; words like assessment (to do committee), Central Health Committee (Ankara), the By-law of assessment (the notebook) or ICF (the book).

In the previous chapter, I argued that the governmental discourses on classification and assessment, and the ICF were critical agents in the performances of 'the state' and in the attempts to create a public image of unity and progress. In daily experience, however, assessment gives way to efficient management of commotion; real relations of power, relations which project a much more complex image of 'the state' than it is seen and listened in the public performances by central governors. I used 'commotion', a term I take from the field observations, as a trope to describe the assessment process; both the actual state of daily affairs in the hospital and the confused orientation of doctors to the institutional environment around them; a place which became foreign and alien with the major changes brought to the conditions of work. In response, there is a simultaneous adaptation and silent rejection of the new conditions which determine the unofficial daily order of the assessment process.

In the state hospital, the transnational sign, ICF, is present only as part of the title of a book; "ICF: Training of Trainers in Adapting to the System" The book was

¹²¹ For a theoretical inspiration, see Gaonkar, Dilip Parameshwar and Elizabeth A. Povinelli, "Technologies of Public Forms: Circulation, Transfiguration, Recognition", *Public Culture* 15, no.3 (Fall 2003), pp. 385-397.

sent to the hospital from 'Ankara' (I'm guessing the Ministry of Health sent it to hospitals after being advised by the Prime Ministry Directorate for Disability to do so) as an inventory item (*demirbaş*¹²²) to be kept safe, with "Medical Committee" (*Sağlık Kurulu*) written on the first page by pencil. The book was prepared by the Directorate for Disability in 2008 as a guide for using the ICF framework after an education seminar was organized in Antalya with the participation of WHO personnel and members from other states which have been using ICF for some time. A similar copy is produced in all countries which go through the shift to be distributed to the variety of actors which are expected to use this framework.¹²³ Not surprisingly, there was only one instance when the book became an object of interest in the hospital as the committee officer tells me. One day, an orthopedist, who was sick of “pointing”, trying to figure out the complex assessment manual, rushed down to the committee officer asking him if anything else was sent from Ankara alongside the By-law, anything like an explanation or another manual for the assessment manual. The officer gave him the book. After taking it home and reading it overnight, the orthopedist decided that this is the job for rehabilitation specialists and told the hospital personnel that he'll point no more, meaning that he'll henceforth only write the medical diagnoses on the forms leaving the responsibility of deciphering the assessment manual to the physical medicine experts. Another orthopedist overheard the story and commented, “physical medicine is in trouble” (*fizikçiler yandı*). One sees that when neurologists or orthopedists don't want to deal

¹²² I took the book to make a photocopy for myself but it took me few weeks to return it. When I returned it the officer told me, “Our job is difficult if they will send a book for every meeting they have. Where will we keep these?” (*Her toplantı yaptıklarında bir kitap yollayacaklarsa işimiz zor. Nereye koyacağız bunları*) and emphasized how archive space is a priority for the hospital not the assessment, and what “the book” means.

¹²³ For the Australian version see, The Australian Institute of Health and Welfare, *ICF Australian User Guide Version 1.0*. Available [online]: www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442455730 (Accessed 4 January 2012).

with disputed assessments, they just send the case to the physical medicine experts. "See how I passed it to the physical medicine" (*Nasıl sattım ama fizikçiye*) a neurologist commented when I was observing her in one of the examination rooms. An ophthalmologist briefly made the point: "Unattractive work. You might sign a paper and it might haunt you one day" (*Sevimsiz bir iş. Bir imza atarsın karşına çıkar*). In the same conversation he also complained to me, "we put our signatures on reports diagnosed by other doctors" (*Başkasının tanısına imza atıyoruz*). By saying that, he actually summarized this chapter; signatures for assessments and diagnostic habits of the doctors are in an unending tension; by signing another doctor's assessment report, the doctors are estranged from their acquired habitus, which is a transformation they experience. Since the assessed reports of a day are finalized the day after, the responsible signature at the end and the doctor who actually interviewed the applicant are different. The tension arises in that what connects the doctors to their labor and to one another, increasingly, are forms which are more bureaucratic than medical; a bureaucratization which has its basis on the neoliberal transformations of the public health care regime. In the days of disability assessment, doctors relate to one another as functionaries with no skills over what they practice.¹²⁴

The duty of disability assessment marks a significant, and authoritative transformation of medical professionals into functionaries with reduced autonomy; supervised work hours, limiting spaces of leisure, restrictions on private practice are

¹²⁴ The study, which inspired this chapter is, Hull, "'The file: agency, authority, and autography in an Islamabad bureaucracy". Hull writes that, "The authority of bureaucratic discourse is not simply a function of referential correctness, official position, and the use of a certain linguistic register. Rather, this authority is a pragmatic discursive achievement that fabricates an artifactualized representation of a political alliance of functionaries. ... The authoritative agency of the organization is out of the hands of any single individual, constructed jointly by a number of individuals through their writing" (Ibid., p. 301). The bureaucratic agency, which is practiced by the medical experts in disability assessment contradicts the agency of the medical expert, where diagnosis, treatment are practiced in the presence of an authority derived from expertise knowledge.

essential components of this change. The disability assessment is a practice where this shift is most intensified since in assessment, doctors practice none of the skills which constitute their status as 'doctors' but are reduced to functionaries filling out forms in line with a given manual. When doctors say they could “arrange” in the previous assessment system, they refer to their autonomy with respect to deciding who is disabled or not, while the new system is closely monitored by central committees in Ankara, as is the conditions of work in state hospitals more generally. Medical experts, then, are not practicing their 'expertise' when assessing disability: Such incongruity can be read along the two lines I proposed above; first, there is a factual dimension to it in that the doctors really are not experts in the calculations required by the assessment manual and they were given no training. Second, and more importantly, is that disability assessment comes to epitomize a larger loss of professional autonomy, and therefore condenses a larger set of meanings, transforming the public doctor into a manager of costs, a closely supervised functionary who spends more time filling forms than what he/she thinks he/she actually has to do; diagnosis, treatments, prescriptions, operations where their authority is derived not from being an applier of a given set of by-laws but from their specialized knowledge, their expertise as doctors.

When the assessment process is shaped by such attitudes and is reduced to mere form-filling, the question to conclude is; what is left out from the process of disability assessment? From the confusing square brackets and parenthesis on the confusing charts, or small-font texts which are hard-to-read, the left-overs are manuals about functionality assessment, guides translated from the ICF for assessing functionality. Yet, these have no time and place in the crowded hospital, where the concern is 'getting it over with', and where functionality assessment gives way to

bureaucratic management of commotion by the doctors which in turn provokes the uneasiness of the functionary work taking more of their work time. A common comment about re-assessments by Ankara Central Health Committee summarizes this: "Ankara sees only a leaf of paper, they don't see the patient". Yet, I have tried to argue that in the shadow of the conflict between Ankara and the hospital, the applicant is a leaf of paper from the beginning to the end. What is expressed by this statement is a silent rejection of the functionary duty of form-filling, where 'seeing the patient' refers to the professional habitus of medicine¹²⁵, which the doctors claim Ankara is not doing in this structure of assessing disability.

The silent zone is the particular form of expertise that the ICF framework actually requires, but is made redundant by how assessment is institutionalized in contemporary Turkey. Silent, in that the doctors are not aware of the changing paradigm of assessment which constructs assessment as not entirely a medical practice; neither can we say that the central governors are aware of this (although we saw in Chapter Two, how governors were giving speeches of leaving behind the medical model of disability) when we consider the fact that disability assessment is institutionalized in hospitals and are assigned to medical experts alone. The biopsychosocial model of the ICF framework calls neither a purely medical expertise nor a standardized functionary practice, but a one-to-one assessment based on multiple perspectives; medical, rehabilitative, social, economic, cultural, pedagogic, psychological. Given the picture portrayed in this chapter, this is far from the case in

¹²⁵ For the relationship between seeing and embodied practices of the medical discipline, see Michel Foucault, *The Birth of the Clinic: An Archeology of Medical Perception* (London: Routledge, 2003); Good, Byron J. And Mary-Jo DelVecchio Good, "'Learning Medicine': The Constructing of Medical Knowledge at Harvard Medical School", in *Knowledge, Power, and Practice: The Anthropology of Medicine and Everyday Life* edited by Shirley Lindenbaum and Margaret Lock (Berkeley: University of California Press, 1993), pp.81-107; Good, Byron J. "How Medicine Constructs its Objects" in *Medicine, Rationality, and Experiences* (New York: Cambridge University Press, 1994), pp.65-87.

current circumstances.

The finalized assessment reports are themselves telling where most of the fields which are expected to be assessed say: “Unassessed” (*Değerlendirilmedi*), while a committee officer explains how they simply write under the “Other” (*Diğer*) section: "The report is created in order for the applicant to make use of all disability rights and of the Law. No. 2022” (*Tüm özürlü haklarından yararlanmak ve 2022 sayılı yasadan yararlanmak için*).¹²⁶ Furthermore, the “constant” (*sürekli*) box is always ticked so that the applicant will have no chance to apply again if he/she is not happy with the percentage, a strategy to reduce further crowds.¹²⁷ A committee officer when talking about the crowds told me that "and they expect us to personally ask the applicant in the crowd, if he/she uses walking sticks" (*bir de baston mu kullanıyor onu sorcakmışız o kalabalıkta*) and makes it clear that the way in which assessment is institutionalized makes it impossible to assess functionality. Governmental discourse on the ICF, it being a sign of progress of the Turkish state, gives way to a much more fragmented, unsterile picture in the tension-ridden order of the daily routines of hospital bureaucracy, where the relationship between the applicants and assessors give way to relationship between forms, files, notebooks, which acquire their own lives and losses of functionality.¹²⁸ In the following chapter, I go to another space; a virtual environment where the same legal-bureaucratic objects become significant agents in the construction of disabled subjectivity in contemporary Turkey.

¹²⁶. See Appendix C.

¹²⁷ See Appendix C.

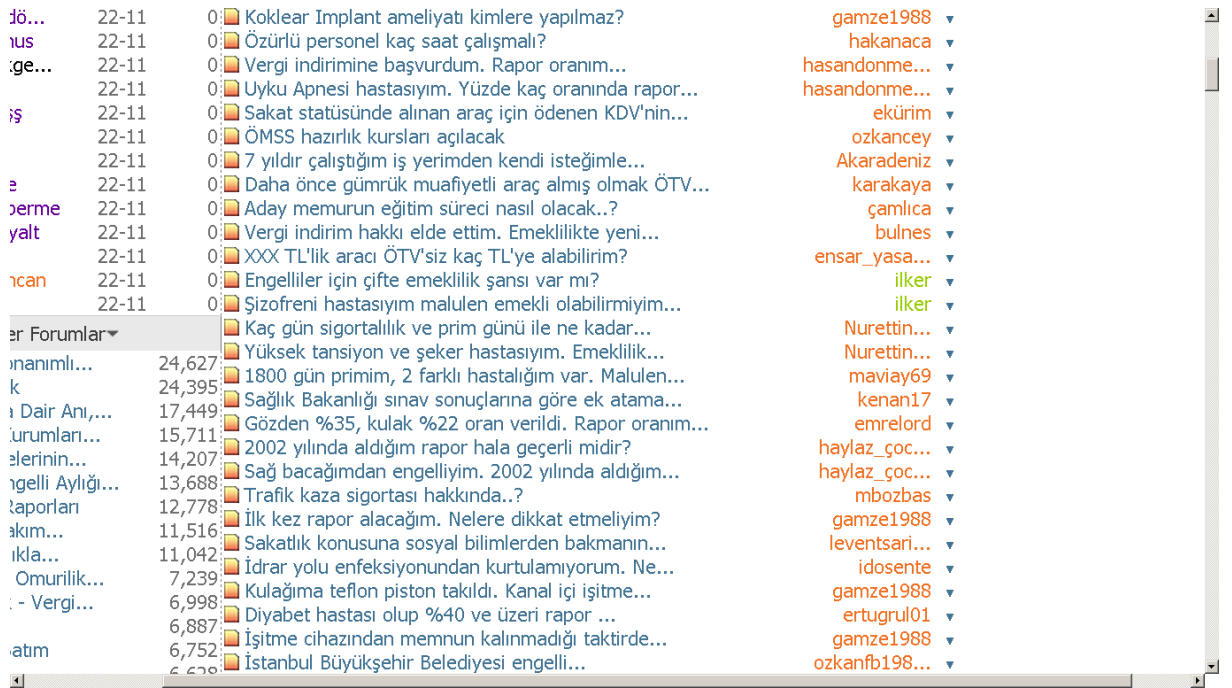
¹²⁸ For more on the relationship between material things and social life, which were influential in writing this chapter, see Hull, “The file: agency, authority, and autography in an Islamabad bureaucracy”; Webb Keane, “Semiotics and the Social Analysis of Material Things”, *Language & Communication* 23, no.3-4 (July-October 2003), pp.409-425; Gaonkar and Povinelli, “Technologies of Public Forms”.

CHAPTER FOUR

BUREAUCRACY ONLINE – “THE STATE” AND ITS DISABLED CITIZENS

Introduction: Engelliler.Biz: Virtual Space, Bureaucracy, and Disabled Citizenship

I want to start this chapter with a photograph.



Jö...	22-11	0	Koklear Implant ameliyatı kimlere yapılmaz?	gamze1988
ius	22-11	0	Özürlü personel kaç saat çalışmalı?	hakanaca
ge...	22-11	0	Vergi indirimine başvurduğum. Rapor oranım...	hasandonme...
	22-11	0	Uyku Apnesi hastasıyım. Yüzde kaç oranında rapor...	hasandonme...
ış	22-11	0	Sakat statüsünde alınan araç için ödenen KDV'nin...	ekürim
	22-11	0	ÖMSS hazırlık kursları açılacak	ozkancey
	22-11	0	7 yıldır çalıştığım iş yerimden kendi isteğimle...	Akaradeniz
z	22-11	0	Daha önce gümrük muafiyetli araç almış olmak ÖTV...	karakaya
erme	22-11	0	Aday memurun eğitim süreci nasıl olacak..?	çamlica
yalt	22-11	0	Vergi indirim hakkı elde ettim. Emeklilikte yeni...	bulnes
	22-11	0	XXX TL'lik aracı ÖTV'siz kaç TL'ye alabilirim?	ensar_yasa...
ncan	22-11	0	Engelliler için çifte emeklilik şansı var mı?	ilker
	22-11	0	Şizofreni hastasıyım malulen emekli olabiliyordum...	ilker
er Forumlar			Kaç gün sigortalılık ve prim günü ile ne kadar...	Nurettin...
ınanımlı...	24,627		Yüksek tansiyon ve şeker hastasıyım. Emeklilik...	Nurettin...
k	24,395		1800 gün primim, 2 farklı hastalığım var. Malulen...	maviay69
ı Dair Anı,...	17,449		Sağlık Bakanlığı sınav sonuçlarına göre ek atama...	kenan17
urumları...	15,711		Gözden %35, kulak %22 oran verildi. Rapor oranım...	emrelord
elerinin...	14,207		2002 yılında aldığım rapor hala geçerli midir?	haylaz_çoc...
ıgelli Aylığı...	13,688		Sağ bacağımdan engelliyim. 2002 yılında aldığım...	haylaz_çoc...
raporları	12,778		Trafik kaza sigortası hakkında..?	mbozbas
akım...	11,516		İlk kez rapor alacağım. Nelere dikkat etmeliyim?	gamze1988
ıkla...	11,042		Sakatlık konusuna sosyal bilimlerden bakmanın...	leventsari...
Omurlilik...	7,239		İdrar yolu enfeksiyonundan kurtulamıyorum. Ne...	idosente
:- Vergi...	6,998		Kulağıma teflon piston takıldı. Kanal içi işitme...	gamze1988
	6,887		Diyabet hastası olup %40 ve üzeri rapor ...	ertugrul01
atım	6,752		İşitme cihazından memnun kalınmadığı taktirde...	gamze1988
	6,670		İstanbul Büyükşehir Belediyesi engelli...	ozkanfb198...

Image 1. The Most recent topics.¹²⁹

The photo above is a snapshot from an online platform, a web-forum for disabled which is the subject matter, the site of research for this chapter:

Engelliler.Biz (Disabled.Biz). Taken from the main page of the discussion forums, the photo shows a box, titled “The Most Recent Topics”. The box lists the discussion subtitles under different forums, subtitles under which a user has recently posted a message. Therefore, the box, at any time, shows the most recent activity of the web-

¹²⁹Taken from, <http://www.engellier.biz/forum>.

forum. Topics listed are: “Who should not get a cochlear implant?”, “How many hours should a disabled employee work?”, “I applied for a tax cut. Will they lower the percentage in my report?”, “I have sleep apnea. What percent would my report be?”, “The procedures and process of getting a added value tax refund for purchased car?”, “There will be courses for Disabled Civil Servants Exam (ÖMSS)”, “Can I get compensation if I leave the workplace I have been working for seven years?”, “Is it a barrier for purchasing a special consumption tax-free (ÖTV) car if I have bought a car with customs immunity?”, “How is the procedure for applicants to civil servant positions?”, “I got entitled to tax cuts. Will they require a new report for the retirement process?”, “How much would a tax-free car cost if the normal price is XXX?”, “Is there a possibility of double retirement for disabled?”, “I have schizophrenia disease, can I be retired due to disability?”, “How much do you get paid, and what is the number of days you have worked under social security?”, “I have hypertension and diabetes. I want to learn the conditions for my retirement?”; “I have two different diseases and 1800 days of secure workdays. Can I retire due to disability?”, “Will the Ministry of Health be doing new appointments based on test results?”, “I have been given 35% from eyes, 25% from ears, what would be the final percentage on my report?”, “Is the report I got in 2002 still valid?”, “I am disabled due to my right leg; can I buy an automobile with the report I got in 2002?”, “About traffic accident insurance”; “I will get a report for the first time. What are things I should be careful about?”, “[Discussion] it is time to approach Disability from social science perspectives”; “I can't get rid of urinary system infection. What should I do?”, “A Teflon piston was put into my ear. Can I use an in-channel hearing device?”, “Can one get a report over 40% if one has diabetes?”, “Do we have the right to return the hearing device if we are not happy with the product?”, “The

Istanbul Cosmopolitan Municipality is giving out 200 liras for disabled?”, “The provinces where the 2011 November wages for home care are properly paid”

As I will elaborate more throughout the chapter, the web-forum represents the present of the disabled citizenry in contemporary Turkey; the concerns, practical problems, anxieties, frustrations, daily communications. In other words, the box is a snapshot of the temporal present, the “now” of the forum and the “now” of the disabled citizens in Turkey, a segment of the biopolitical body which is constructed through the state practices of knowledge and classification (Chapter Two) and through its application within the bureaucratized medical field (Chapter Three).

As the box shows, questions and discussions on bureaucratic procedures are dominant. The box on the left shows the forum topics under which most messages were posted. Among the popular topics, six of them are related to a specific bureaucratic procedure: Tax-free automobile purchasing, 24000 messages; Retirement, 24000 messages; Hiring Procedures for Public Offices, 15000 messages; Trust wages and 2022 Disabled Wages, 13000 messages; Medical Committee Assessment Reports, 12000 messages; Home Care Wages, 11000 messages. The other topics are not about bureaucracy, like sharing of memories and experiences of daily disabled life, arranging face to face meetings in cafes, restaurants, picnics for users from close by cities: Memories, Thoughts and Feelings on Life, 17000 messages; Organizing Meetings for Users, 14000 messages. In a way the forum is witness to the two-fold meaning of disability; on the one hand, disability is a governmental aggregation (statistical, classificatory) and an interface, category for social policy, and on the other hand, it is a collection of diverse experiences of corporeal difference; counting as disabled in the realm of rights and law versus living as disabled in the everyday.

The field I investigate in this chapter, is a virtual space, a web-platform called *Engelliler.Biz*, the “internet-based Disabled and their Friends Platform, established in 2005 [...] The founder and the administrator of the platform is Bülent Küçükaslan, who became cerebrally paralyzed due to gunfire in 1999. With limited number of membership initially, the Disabled and their Friends Platform is today home to over 30,000 people from all over Turkey, as well as different parts of the world.”¹³⁰

The platform, which underwent a large-scale redesign during my research, is currently composed of a discussion forum with many sub forums, a live-chat interface, essays on disability by various writers, a main page with news updates on disability, personal blogs by various users, and an online store for disability related equipment. The most active part of the platform is the discussion forum, where most communication and activity takes place. By today, it is one of the largest independent web pages in Turkey, by far the largest of those focusing particularly on disability.

The platform was created as a necessity; when Küçükaslan was cerebrally paralyzed, he went online to find information regarding his rights but couldn't. Then he went on, trying to create a virtual space, which was finalized in 2005. Since then, the discussions and the intense involvement of the administrator Küçükaslan helped many citizens find out about their rights, learn the procedures to reach those rights.¹³¹ In a policy environment where disability became a widening category, the virtual space *Engelliler.Biz* played an important role, facilitating and sometimes transforming the state-citizen relations which has been taking place on the disability terrain, on the basis of this governmental category with many implications (see Chapter Two for the basis of this new classification). It is this interaction between the

¹³⁰ Bezmez, Dikmen and Sibel Yardımcı, “In search of disability rights: citizenship and Turkish Disability Organizations”, *Disability&Society* 25, no.5 (August 2010), pp.603-615, p.603, 611.

¹³¹ Bülent Küçükaslan, interview by author, tape recording, Istanbul, Turkey, November 2009.

virtual space and the practices of citizenship that I will investigate throughout this chapter.

In other words, the website is witness to the necessities of the disabled in the present; the contemporary conditions, meanings and aporias of being disabled in Turkey today. Concomitantly, the fact that the space under question is a virtual space is not coincidental. In a history of urbanism where disability accessibility is only a recent concern, and in a social policy environment in which the house is deemed the space of social care by social policies¹³², we can speculate (in addition to witnessing this in forum conversations) that the house and the internet combination increasingly became a crucial environment in which contemporary experience of disability takes place (see image 2).



Image 2: This is the banner of another popular Disability Web-Platform. The name translates as “The Web-Page of the Disabled.”¹³³

As Bezmez and Yardimci have argued in their research on *Engelliler.Biz*, the virtual environment became far more diffuse and participatory than preceding forms of interaction among the disabled; namely, the foundations and associations which operated mostly on charity basis. According to the writers, state funded NGOs denote “a kind of NGO-state relationship where the former remains under ‘the

¹³² For more on this, see Yılmaz (master’s thesis, Bogazici University, 2010). The care wages allocated to disabled-in-need-of-assistance, are called “Home Care Wages”. According to Yılmaz, this is a manifestation of the conservative character of the current social policies for the disabled.

¹³³ Taken from, www.engellininsayfasi.com.

protection’ of the latter, aiming to benefit from its charity in return.”¹³⁴ The *Engellier.Biz* on the other hand “is distinctive [...] due to its emphasis on a rights-based discourse [and] ... a continuous informative discussion on the legal rights of people with disabilities in Turkey.”¹³⁵

Situating the Web: Virtually Engaging with ‘the State’

How is this website related to the specific concerns of this thesis? How does this website relate to the previous discussions, and why is it important theoretically and methodologically? In Chapter Two, we introduced the emergence of a new statistical aggregation, a new definition of what disability stands for within the larger transformations of state-citizen relations in contemporary Turkey. In addition to that, we looked at how the particular political environment in which this aggregation emerged related to the experience of statehood in Turkey, evolving from inability to count disability to becoming a global center for disability governance. In the register of political imagination, the Turkish state was transformed from an incapable state at the end of 90s, to the state that can register disability and assess it, in line with the standards of advanced countries in the late 2000s.

In Chapter Three, we looked at a state hospital, the space where this new aggregation becomes actualized as a terrain for bureaucratic encounters and we analyzed intra-state struggles in the everyday realm. We argued that the new epistemology of classification which guides this aggregation and the ways in which this new method of classification is presented by the governors are part of a greater restructuring of the state and economy and thus are not independent from the

¹³⁴ Bezmez and Yardimci, “In Search of Disability Rights”, p. 606.

¹³⁵ Ibid., p.611.

antagonisms rising within this restructuring. The assessment looks much more fragmented and inconsistent contra the claims on the political imaginary we outlined in Chapter Two. In other words, we first looked at the epistemological infrastructure of a particular bureaucratic interface and its ideological meaning in the restructuring of the Turkish state. Then we looked at the hospital to see the concrete power relations between concrete actors in the medical field which inhere in the application of assessments.

In this chapter, we turn to the social (and virtual space), to see how this new epistemology and this new grouping took social effectivity. By social effectivity, I mean the ways in which the new structure of disability assessment and classification affects non-bureaucratic settings, becoming part of everyday worlds of the disabled, as a pivotal point around which a significant amount of daily interaction takes place.

“...the categories used by state agents are not merely means to make their environment legible; they are an authoritative tune to which most of the population must dance,” says James Scott.¹³⁶ Whereas in the previous two chapters we focused on the epistemological, ideological and the bureaucratic perspectives on the new classification and assessment framework, in this chapter, we are not focusing on “how the state makes the population legible to itself but how these documents [and procedures] become embodied in forms of life through which ideas of subjects and citizens come to circulate among those who use these documents”,¹³⁷ since “the majority of the population encounters the state through documents, identity cards, criminal complaints, court papers, birth and death certificates.”¹³⁸ So it is to the

¹³⁶ Scott, “Cities, People, Language”, p. 262.

¹³⁷ Das, Veena and Deborah Poole, “State and Its Margins: Comparative Ethnographies”, in *Anthropology in the Margins of the State* edited by Veena Das and Deborah Poole (Santa Fe: School of Research Press, 2004), pp.3-33, p.16.

‘dance’ we turn as we focus on the everyday relationships that occur between the disability assessment documents and procedures, and those applicants who encounter ‘the state’ in trying to qualify for the category of disabled. According to Veena Das and Deborah Poole, “these documents bear the double sign of the state’s distance and its penetration into the life of the everyday.”¹³⁹ Taking a perspectival distance from “the state”, we move on to the virtual space, and try to see the state from the perspective of the citizens and how assessment is experienced by the assessed.

The virtual space in question, then, is a medium on which the documents, thereby the state, is embodied by the users in the everyday in complicated forms. What concerns me, in my investigation of the forum is not, a comparison of this disabled online platform with former structures of disability organizations. Rather, I will treat the platform as a novel space in which the new classification of disability and the institutionalization of assessment in the medical field, in state hospitals, are embodied and made sense by citizens. To put it differently, the forum emerges as an effect of the new biopolitical aggregation, as the space of gathering of those who fall under the category of disabled, or who are in one way or another related to the new field of disability policy; chronically ill, families of mentally disabled, those with orthopedic disabilities and so on. Here, the engagement with digital forms of state documents and their circulation, as well as digitally sharing past experiences of assessment become important mediums for collectively embodying the bureaucratic terrains of assessment, and thus move forward with the aim of acquiring rights. As I will try to argue, the state is embodied both as distant and proximate simultaneously; the forum functions as a medium through which citizens collaboratively learn the new terms of citizenship (assessment by-laws, official notices by ministries

¹³⁸ Ibid., p.15.

¹³⁹ Ibid., p.15.

concerning the procedures) and contribute to correcting the bureaucratic mistakes of local functionaries either personally, or through filing official complaint letters online through the online interface of Prime Ministry Information Center (BİMER). Yet the users of the platform also try to find ways to sidestep or circumvent the given procedures and at times try to challenge the given procedures since they are bedazzled by the fact that the assessment procedure remains always deferred, always unintelligible, an unintelligibility which becomes the basis of coming together in this virtual space. As I will try to explain more below, the process of embodying and trying to make sense can be understood by the double meaning of the word *şikayet* in Turkish; which means both official complaints to higher authorities and personal utterances of complaining¹⁴⁰, proximate to the state in the former, and distanced from the state in the latter.

Studies who approach the neoliberal transformation of state-citizen relations in Turkey from the perspective of the relationship between the emergent interfaces of government and the everyday lives and experiences of citizens, have taken cities or neighborhoods as the spatial field of analysis, in order to investigate the new forms of subjecthood and communities arising in relation to the introduction of new governmental categories. Yoltar, who studied the ways in which Greed Card Scheme

¹⁴⁰ In recent article called *Bir Zamanlar Anadolu'da: Asimetrik Şikayet Toplumu* (Once Upon a Time in Anatolia: Assymetrical Complaint Society), Şükrü Arın analyzes the latest film by Nuri Bilge Ceyhan, *Once Upon a Time in Anatolia*, as a depiction of state-citizen relations in Turkey. According to the author, the complaint mode is an essential binder for sociability in Turkish society. Arın is to the point when he says, "For a long time, I constantly wondered how we, as a people full of complaints, can still stay together and how we can still appear as a 'society'. I think I saw my answer in this latest film of Nuri Bilge Ceylan: Turkish society is an assymetrical complaint society and it is thanks to this mode of assymetrical complaining that it sustains its existence as a "society"; it owes to the smooth working of this gigantic "mill of talks", this network of "mouthiness" which allows the inhabitants to leap over their essential problems, to bury the essential matters, or at least to encircle them. ... The chief of police complains about the prosecutor; but to someone else... The prosecutor tells his judgement about the commiser, but to the doctor. The village headman complains to the district governor, the autopsy technician "roars" to the accountant but in front of the prosecutor, in an irrelevant office... Whereas the prosecutor doesn't even hear the private problems or the "public problems" of the village, which are told to him by the village headman who is sitting right next to him; he is totally "deaf" to his surroundings". *Birikim* 272 (December 2011), pp.18-25, p.22, 23, [my translation].

was embodied by citizens in a particular city, argued that the Green Card policy acts as an agent, creating citizens in a particular grammar in that “Green Card beneficiaries become citizens in the way they are ‘selected’ as poor, worthy of the state’s compassion.”¹⁴¹ Likewise, through her research in a poor suburb of Istanbul metropolitan area, Üstündağ has shown how social assistance programs for the urban poor became hermeneutically effective in the narrative construction of subjects as ‘poor’. She argued that “under the neo-liberal regime, “poverty must be seen as a discursively constructed sphere where governmental technologies are produced to shape the subjectivity of many people that live in places like Esenyurt. Together with the discourse on state corruption, the discourse on poverty establishes a new order in Turkey by reconstituting and reinstating the relationship between the state, the community and the citizen, and re-defines how the “voice” of the people will be articulated and heard in public and in History.”¹⁴² Although the contents may differ, there is an important research agenda to observe and analyze the ways in which new governmental languages, definitions, policy measures have spilled over beyond the bureaucratic spaces to affect the daily lives and become agents in the construction of communities and subjectivities through the practices of the modern state. Social policies are taken in this respect, not simply as forms and techniques of redistribution but as grammars of recognition through which subjects are constituted.

Adryna Petryna’s *Life Exposed* is a guiding example in the political anthropological literature, and a guiding example for the construction of my thesis in general. In her groundbreaking study, Petryna argued that the biological definitions of exposure to radiation, how it will be classified and assessed, and the medical recognition of the embodied effects of the Chernobyl aftermath, became the founding

¹⁴¹ Yoltar, “When the Poor Need Health Care”, p.780.

¹⁴² Üstündağ, “Belonging to the Modern”, p. 193.

governmental interface for the re-construction of the Ukrainian nation, in the post-Soviet Ukraine. She called this form of citizenship, biological citizenship, whereby the medical field plays a founding role in re-constructing and regulating state-citizen relationships in an emergent Ukrainian state. “The state used biological images ... not only to project the world its image as victim but to justify own sovereignty ... Now it is through such images that a society is struggling with the price of its health. And, meanwhile, citizens must rely on their disease, and the knowledge they accumulate about it, as the currency through which they negotiate social, economic and political survival.”¹⁴³ As she further explains, the category of the disabled emerged as an effect of this state-led classification and assessment system concerning the ecological and medical effects of the Chernobyl disaster. In turn, the citizens formed advocacy groups to collectively learn this new assessment structures and collectively claim citizenship rights, where “patients formed networks to facilitate their inclusion in the state’s system of social protection.”¹⁴⁴ This chapter might be understood as an attempt to describe and analyze such a network, a network of anonymous web-users, who come together in a virtual space to facilitate their inclusion in the emergent categorization of disabled citizenship. Yet as Petryna also argues such attempts at inclusion always work in a particular political culture and in the face of existing inequalities. In turn, the particularities of this political culture affect the ways in which inclusion and exclusion, proximation to and distance from the state is determined. To repeat once more, the engagements with the state procedures are simultaneous experiences of distance and proximity, and are never

¹⁴³ Adriana Petryna, *Life Exposed: Biological Citizens After Chernobyl* (Princeton: Princeton University Press, 2002), p.8-9.

¹⁴⁴ *Ibid.*, p. 130.

pure inclusion into the operational categories of government and corresponding procedures.

When the question at hand is the subjectivities and communities created as an effect of disability policy in contemporary Turkey, those which emerge on the governmental terrain of disabled, localizing this research spatially is a difficult task. It is all the more so, given the new scope of the definition. We outlined in Chapter Two that the new grouping took as its starting point the axiom, “we are all temporarily able-bodied”, indicating that the category is not a separate minority group within society at large, but an imminent condition of being itself, a category into which anyone at any time can enter through an endless array of possible life-trajectories. In addition, in entanglement with the neoliberal logic, disability was inscribed within a market universalism stripped of all policy parameters which were the remainders of the corporatist hierarchies, those which are stratified according to employment status.¹⁴⁵ This means that disability as a governmental category is hard to spatially isolate in itself because it operates exactly on the denial of the stratified nature of disability and presents the category as a universal mode of being. On the reverse side, it means that different social strata have come to be grouped into this ever-widening category, and to enter into the category might at times be economically beneficial than being grouped differently.

It is no surprise that I didn't need to look for a place to study the ways in which disability as a governmental term is embodied. Rather, I planned my thesis backwards, when I noted the extensive social space occupied by disability web forums on the internet. I asked: How was it possible for huge online spaces like the *Engelliler.Biz* to emerge? Why was there so much interest in bureaucratic knowledge

¹⁴⁵ For a discussion on the change from hierarchical corporatism to market universalism, see Buğra and Keyder, “Turkish Welfare Regime in Transformation”.

on disability related websites? *Engellier.Biz*, an online platform has become -five years after its initiation- one of the largest independent web-platforms in Turkey, by far the largest website structured around disability themes. Actually no one other than the founder/owner and the chief editor of the website, known by the pseudonym *OturanBoğa* (Sitting Bull), has put the historical *raison d'etre* of the forum better. One of the recurring themes in the forum is initiated topics questioning the history of the website. Under the topic, “OturanBoğa, I am curious why you made this website?” (*Oturanboğa merak ediyorum bu siteyi neden açtın*), he wrote a short essay to reply the questions:

There is a saying by Marx which I find quite right: 'Whatever happened in history happened so because it was necessary and that it could not have been in any other way'. It means that if something happened in history, all the conditions for its happening had been realized and that becoming became unavoidable. The opening of this website was entirely of practical necessity. 11 years ago, I was paralyzed first and then became a wheelchair user which meant that I encountered many problems and in order to find solutions I started to surf on the internet. From that day on, the website became what it is today, through improvements, by developing, learning one by one, through change... When it was first set up, it was a website visited by few people, but now we get 40-50 new members every day. Currently we have more than 30 thousand members.¹⁴⁶

The growth of the forum in size paralleled the growing significance of the term disabled in regulating state-citizen relations. Therefore, I argue, the virtual space of the forum is a necessary research site if we are to understand the diverse forms in which state is experienced by ‘its’ disabled citizens, not one space among others. One should also note that the governmental bodies related to disability, institutions such as the Prime Ministry Disabled Directorate, have given particular importance to the web-space and new media interfaces, as spaces of encountering, informing

¹⁴⁶ <http://www.engelliler.biz/forum/site-ile-ilgili-gorus-ve-oneri/48535-oturanboga-merak-ediyorum-bu-siteyi-neden-actin-2.html>, message posted on 27 May 2010. (Accessed 18 November 2011). For the original quotes in Turkish, see Appendix A.

disabled citizens. For example in Chapter Two, we emphasized that since 2007, Biannual Disabled Council reports are published in meticulously prepared pdf form.

In this chapter, I use ethnographic material from the discussion forums in *Engelliler.Biz* concerning medical committee reports, commentaries and stories of experiences of assessment in state hospitals. In addition to that, I discuss the forms of communication which function as tactics and strategies for easing the procedures, for moving within the commotive realms of bureaucracy.¹⁴⁷ The web-forum, is a third space, beyond the intra-state conflicts and rivalries (between the state hospital in the province and the central government in Ankara), where a civil space is formed, paradoxically on the very ground of being increasingly immersed in the aporias of bureaucracy; by-laws, files, reports, forms, petitions, signatures, namely the mundane materials which make up what we call ‘the state’. The paradox is that such immersion (proximation) goes hand in hand with the desire to penetrate the commotion, desire to smoothly move through it and practically creating tactical and strategic interventions to find new ways of overcoming, getting rid of (distancing) bureaucratic commotion.

First, I try to give a sense of the regular flow of the *Engelliler.Biz*, in sections called tactics and strategy. Then I try to use crucial examples from the forum to investigate the position of this web-forum, specifically with respect to the state-citizen relations for disabled users. I discuss the forms of imaginary that are embodied in the strategies that are created and also in the real engagements with institutions that are mediated by the forum. In the second half of the chapter, I am more concerned with the emerging imaginaries of the local functionary, the Central State and the role of the online space in structuring the contemporary disabled

¹⁴⁷ See Chapter Three.

subjectivity in *Engelliler.Biz* with respect to some frequently used tropes and practices. I aim to demonstrate the binaries and the tensions that inhere in these myriad forms of encountering and making sense of the state in daily lives, in search for disabled citizenship.

In using the forum discussions as an archive, in which I read about experiences of disability assessment in state hospitals, I now map out the two distinct forms of communication which revolves around experiences of assessment in state hospitals. The first form of practices, I will call tactics. Second form of practices, I will call strategies.

Tactics – The Random Communication

Most of the communication flow in the forums follows a similar grammar. First, a user initiates a discussion topic, the title of which is a question regarding confusion, or a lack of necessary knowledge that the user experiences when he/she is going through application procedures for benefits. I'll try to only take examples regarding experiences of assessment in state hospitals, in line with the general structure of the thesis, although the discussion forums are full of stories from all sorts of procedures in revenue offices, in social services and so on. I take a regular example to demonstrate this typical initiation; I call this initiation because for most users, the experience of posing a question through a discussion topic is the entry point to the website in general. User with pseudonym *kosenharun27* initiates a topic to ask a question about his constant referral to the hospital concerning his application for tax cuts. Tax cut applications are available for those who are working on social security, and if the applicant is approved for minimum 40% loss of total body functions,

he/she will get a tax cut and start counting days for early retirement. Nevertheless, as I described in Chapter Three, tax cut applications are finalized not in state hospitals but are subject to further confirmation in Ankara, by the Central Health Committee. The application files are sent by provincial hospitals to Ankara, and most of them “come back” to the local hospitals for being reassessed. Here is the typical communication structure; the initiator asks a question, shares his/her riddle, and the problem becomes a collective problem to be solved collectively, through practical suggestions of those who travelled the same paths before.

Example 1¹⁴⁸:

[time, date of the message] 15.01-2011, 13:13

[pseudonym] koseharun27

[Discussion title, initiated by koseharun27] I am constantly referred to the hospital concerning my tax cuts application ... ?

Updated on June 9, 2011,:

Quoted:

Quoted by:**koseharun27**

My friends, my report is confirmed as 50%

good morning my friends

My right leg is amputated above the knee. I visited a health committee for tax cuts in June but approximately 3 months later I received a reply telling me that since there X-ray for my amputated leg is missing, I was referred back to the committee and I re-visited the committee in October, I gave them the X-ray for my leg and now I am referred one more time to the committee by the revenue office for the reason that the results of pathological analysis and epikriz are missing. So, I wrote a petition to BİMER, asking why it was that these documents weren't asked at the time of my first application. I was given the answer below; the reply I received has nothing to do with the petition I wrote.

“The disability percentages for the disabled were changed in 2006. You can appeal to the report that you were given by any hospital and if you hand in an appeal petition to the hospital's chief physician office, you can ask to be referred to another hospital. If this other hospital assigns a different percentage, you will be referred to an adjudication hospital; the report by the adjudication hospital is the final report.”

Do you think that there are other places other than this to which I can talk?

15.01-2011, 13:21

¹⁴⁸ See Appendix H for the original web-page view with the messages in Turkish.

MESTAN

The tragic side of this is that the institution cannot be sure if the amputated leg belongs to you, it seems that they are not convinced even by the X-ray. In this situation, you should write an *okkali* (weighty) petition, including the answer from BİMER, to the chief physician's office in the hospital so that they attach the necessary procedures to the report.

15.01-2011, 13:31

koseharun27

brother, what bothers me is that I have 10s of reports that I got from the same hospital before, and I have a 50% report given by the disabled directorate. It has been 11 years since my leg was amputated and I didn't receive my treatments in the hospital of my hometown. How can this hospital give me the pathological analysis results and the epikriz, when I got my treatment in Ankara and not in my hometown Gaziantep?

15.01-2011, 13:37

MESTAN

Is your leg amputated? I think that you should ask to be referred to the adjudication hospital.

15.01-2011, 13:38

koseharun27

yes amputated, cut off. The adjudication hospital is a full-equipped state hospital isn't it?

15.01-2011, 13:41

MESTAN

Yes and I am sure that there is one in Gaziantep.

15.01-2011, 13:44

koseharun27

If I write a petition, will the hospital send these necessary documents to the revenue office without me visiting the committee once more, or should I visit the committee again?

15.01-2011, 13:46

KKELEBEKK

The Adjudication Hospital in Gaziantep is the Cengiz Gökçek State Hospital

15.01-2011, 13:47

koseharun27

That's where I get the reports I visited the committee there 2 times

15.01-2011, 13:47

MESTAN

I am not sure if you can get pathology results and the epikriz without you being present; it seems that you will have to strive some more

15.01-2011, 13:51

koseharun27

The problem is not with me, but to re-document these results, the pathology results and the epikriz, I have to become sick again and they have to take a sample from me, and I think that I have to go through chemotherapy again I wonder if I can get retired without getting this reports

15.01-2011, 13:57

MESTAN

No, you don't have to start all over again. Apply to the committee in the hospital in line with the reply given by the revenue office so that they complete the missing parts

15.01-2011, 13:59

koseharun27

Thanks *usta* (master), I gave you some trouble

15.01-2011, 14:02

MESTAN

It is not a miracle for you to get a tax cut with your over the knee amputated leg, you will just have to work with some bureaucracy and then you'll get it :)

15.01-2011, 14:05

koseharun27

some bureaucracy, you're right, but when working with this bureaucracy I'll find myself unemployed every three months, I take leave from job in order to go to the hospital at 8 in the morning, you work until 3 in the afternoon, visit 7-8 doctors, and then visit the committee and so on

17.05-2011, 12:43 [four months later]

koseharun27

friends, how much time should pass after I visit the committee so that the results will come, it's been 1.5 months since I visited the committee and when I visited it 2 times before, it took almost 3 months, I wrote a petition to some offices and they told me that this waiting period is now shorter. I wonder how much I should wait this time

17.05-2011, 16:57

OturanBoğa

If so much time is spent, in trying to diagnose an amputation, I just say *yuh!* [an expression used in Turkish, denoting astonishment]

Everything should be clear 15 days after the hospital sends your report to the Revenue Office in Ankara.. try getting information using these telephone numbers: Ankara Revenue Office Disability Tax-Cuts Application Tracing: 0312 415 32 06 & 0312 415 27 05

17.05-2011, 19:28

koseharun27

I called the number 0312 415 32 06, my report was confirmed as 50% on the date 06.05.2011 and I went to the Gaziantep Revenue Department. Here, at the department they shouted at me saying that the report won't be confirmed in such a short time period, he told me that it will take at least 3 months even when I told him that it was confirmed on the date 06.05.2011

17.05-2011, 19:32

OturanBoğa

Congrats :)

Please issue a complaint about the meddlers in the revenue department through [BİMER](#) [hyperlinked]...

18.05-2011, 18:11

koseharun27

thank you.

I will ask again on Friday, and if he repeats the same attitude, I will write this to BİMER.

25.05-2011, 14:46

koseharun27

hi friends, will the revenue office in Ankara send the report to my workplace after it's confirmed, or the revenue department in my hometown send it to the workplace

25.05-2011, 14:50

vahe

the revenue department located in the same city with your workplace, will send the reports, it will send one copy to the workplace and on copy to you.

09.06-2011, 15:24

koseharun27

friends, my report is confirmed as 50%. How much difference will this make on my wages, my gross annual wage is 1250 TL

09.06-2011, 19:52

OturanBoğa

Congrats. There will be around 25 TL of increase in your wage

10.06-2011, 00:32

koseharun27

thank you...

For now, what I want to emphasize in this communication is the form of initiation. The user comes in to a web space and exposes oneself through his bureaucratic confusion. Here, the common experience of disability is constructed through the common experience of bureaucratic commotion, of the unintelligibility and the dislike of the assessment procedure (and others as well). I call the structure of this prototypical communication form "tactical" in the sense that, what takes place is a series of spontaneous and practical suggestions for what to do immediately, how to get through the procedures as easily as possible. In contrast to the strategic attempts that I will discuss in the next section, these are not attempts at constructing a standardized solution which would apply to all situations for all applicants. Piece by piece, the initiator learns the details of the assessment procedure, which always includes a circulation among a variety of public offices; what the adjudication hospital is, which hospital is the adjudication hospital in Gaziantep, how can the applicant trace his application, how can he issue complaints, how can he apply for referral to the adjudication hospital, which revenue office sends the confirmed reports to the workplace etc. Here, in the generalized spontaneous communication,

the users come to collectively learn the official and unofficial procedures that make up ‘the state’, the series of problems that arise in the surfaces of contact between disabled applicants and the state organs related to disability policy. In line with the theoretical introduction at the beginning of the chapter, the users collectively traverse the distance created by the procedures, become more familiar to the legal and bureaucratic terminology, learn about possible hitches, become informed about the legislations. Throughout the chapter I call this becoming proximate to ‘the state’, a form of embodying ‘the state’ more closely.

Yet, as can be observed from the language, from metaphors and tropes for state offices and bureaucrats, this learning goes hand in hand with a constant complaining (distancing) concerning the illegibility, and the absurdity of the procedures themselves; for example, when one user emphasizes that it should not be a miracle for a citizen with an amputated leg to be eligible for tax-cuts, a right which is entitled by formal laws. Or, when the bureaucrat is called a meddler, who should be constantly kept under check through official complaints to the Prime Ministry Information Center (BİMER), or when the applicant complains about his anxiety about losing his job for having to take so many days off just for the process of assessment.

For the purposes of this thesis, the following argument is crucial: the structure of the communication given above is a constitutive aspect of disabled subjectivity in contemporary Turkey; an affinity with other disabled persons is constructed through exposing simultaneously the necessity to solve one’s bureaucratic riddle and the accompanying cynical distancing. Disabled subjectivity in contemporary Turkey is constructed on such a paradox; simultaneously learning and internalizing the disorderly routes of assessment, and an accompanying cynical critique of the same

routes. It is the general structure of *Engelliler.Biz* as well; a civil solidarity community, which is paradoxically constituted through a collective immersion in state materials and procedures which are extremely alien to the actual, lived experiences of the participants, but are necessary to learn if one wants to become a “disabled citizen”. A necessary learning and constant complaints.

Strategies – The Paper and the Ideal Petition: A Way Through?

If most of the discussions in the forum follow the route described above, there are exceptional efforts to overcome and penetrate the given circulation, the referrals and deferrals which have to be traversed. What renders these efforts exceptional is twofold; first, they are not mere verbal suggestions but are accompanied by written documents: in these strategic suggestions, shared stories and personal advices give way to stable links to real state materials, links to by-laws and notices, official paperwork uploaded committee reports in ‘pdf’ form, and ready-made petitions. Second, they are rendered exceptional by the moderator, who is the active synthesizer of these strategies by making these strategic suggestions “stick”. To ‘stick’, or a ‘sticky subject’ means that these subjects are not subject to the temporal, almost chaotic flow of the forum communication but are stabilized at the top of the lists of discussion topics, so that the incoming user might use these quasi-formal strategies without entering into spontaneous exchange with fellow users online. This means that even if no user posts a message under this discussion for months, the discussion topic is still visible to the incoming user as recent; these types of topics are informative rather than being a place for one-to-one exchange, some of them are closed to further message posting by the moderators. Moreover, in contrast to the

spontaneous exchanges, which are one-at-a-time suggestions for dealing with the unintelligibility of bureaucratic procedure, these strategies materialize a local desire to re-form the assessment procedure, transform it from an experience of commotion to an orderly, intelligible, formalistic procedure and thereby easing the disabled experience of embodying ‘the state’. They are manifestations of a desire for once and for all solutions.

Two strategies I will discuss here correspond to two problems which the disabled citizens encounter frequently, and which became a wide-spread topic of complaint among the disabled community. The first problem is the arbitrary and de-standardized payments demanded from assessment applicants by some state hospitals.¹⁴⁹ The second problem is the fact each institution (social services, revenue office etc.) requires an assessment report, which is prepared for that particular application only: this means that a disabled citizen should visit the state hospitals for assessment whenever he/she wants to apply to a state office, making the assessment into a double nightmare.¹⁵⁰

Concerning the first, one encounters a sticky subject at the top under the Health Committee Reports sub-forum: the title of the subject is *No one can charge the disabled for medical committee reports (The paper dated May 3, 2010)*” [Sağlık Kurulu Raporu için engellilerden ücret alınamaz (3 Mayıs 2010 tarihli yazı)].¹⁵¹ The mentioned paper is an official message signed and stamped by a counselor working in the Ministry of Health. The paper warns the provincial state hospitals who are charging applicants for application fees and demands hospitals to abide by the

¹⁴⁹ See Chapter Three.

¹⁵⁰ See for example the report by Turkish Impaired Association. Türkiye Sakatlar Derneği Genel Merkezi, *Sağlık Kurulu Raporlarının Düzenlenmesine İlişkin Görüş ve Öneriler*.

¹⁵¹ <http://www.engelliler.biz/forum/saglik-raporlari/> (Accessed 11 November 2011).

relevant Official Notices. As I demonstrated in the previous chapter, the legislative regulations concerning payments for and funding of disability assessment (diagnostic costs, labor fees, screenings etc.) are ambiguous and hospitals around Turkey improvise charges, or arbitrarily charge the fees to the Social Security Institution (SGK). Related Ministries and State Offices in Ankara, on the other hand, constantly release messages and notices, which aim to clear these ambiguities. Within this ongoing confusion, the selection of this particular paper, an official message, among other Notices and official paperwork is not a coincidence; in this particular message that is signed by a counselor from the Ministry of Health, there is no distinction between applicants based on their social security status, or on the institution from which the applicant was referred. The term that is used is as wide as possible: “citizens who apply for health committee disability reports” (*özürlü sağlık kurulu raporu almak için başvuran vatandaşların*) with no distinction concerning the applicants’ social security status or concerning the purpose of application.

The official message is uploaded as a photograph, the written text is reproduced as a forum message as well, and it is available for copying¹⁵². As can be seen from the discussions below the document, this paper (with signs and stamps of the representatives of offices in Ankara) was used in myriad forms by forum users during their experiences in state hospitals, their arguments with the local functionaries as a means of struggling against arbitrary and inconsistent applications. For example the user with the pseudonym *Bay_Cin* tells his story:

Whatever the institution, it’s best to print the related by-laws and so on before going; although the country is full of idiots who don’t understand what they read, there is a chance you can find someone who has at least some brain inside his skull. I have never paid fees for all the reports that I got until today, but I paid for my driver’s license application. When I explained that I shouldn’t be paying, the answer

¹⁵² See Appendix I for the original view.

was: The report you are getting for drivers license is a private one; because it's different than the others you should pay 100 TL as a fee ☺.¹⁵³

Actually, a few months before the referred message signed by the counselor and stamped with the name Ministry of Health, Health Applications Announcement 2010 (*Sağlık Uygulama Tebliği 2010*) was released, which distinguished between applications and defined a group of applications as “condition-indicative reports which are to be used for private purposes (disability reports, driving license reports [...])”¹⁵⁴, and declared that such applications will not be paid by the SGK but will be billed to the applicant in person. Yet, the members, who selectively interpret the ambiguity among the official paperwork, create a space of intervention into the already ambiguous field.

Not long after the release of the Announcement, a topic was initiated which discussed the new change and the totally discordant accounts of forum-users in state hospitals Turkey-wide, and the experiences of the users who tried to use the above-mentioned official message (itself released after the announcement pointing to an inherent inconsistency in Ankara itself) and its vague and all-inclusive definition as a means of by-passing the new legislations whenever the hospitals were late to adapt to the new changes in contrast to the example of *Bay_Cin* before.¹⁵⁵

¹⁵³ Message Dated, 22 June 2010. <http://www.engelliler.biz/forum/saglik-raporlari/50285-saglik-kurulu-raporu-icin-engellilerden-ucet-alinamaz-3-mayis-2010-tarihli-yazi.html> (Accessed 14 May 2012).

¹⁵⁴ “[...] fees for condition-indicative reports for private use (Disability Reports, Driving License Reports, Reports for Assigning Custodians, Porter Examinations and Operations, survey related examinations and operations etc.) and operations concerning the determination of these conditions will not be paid by the [Social Security] Institution”. (...*özel amaçla kullanılacak durum belirtir rapor bedelleri (özürlülük raporu, ehliyet raporu, vasi tayini raporu, portör muayeneleri ve işlemleri, tarama amaçlı muayene ve işlemler vb.) ile bu durumların tespitine yönelik yapılan işlem bedelleri Kurumca ödenmez.*) Republic of Turkey, *Sosyal Güvenlik Kurumu Sağlık Uygulama Tebliği* (Social Security Institution Health Application Announcement), Announced in the Official Gazette no:27532. Available [online]: <http://www.mevzuat.gov.tr/Metin.Aspx?MevzuatKod=9.5.13891&MevzuatIliski=0&sourceXmlSearch=sa%C4%9Fl%C4%B1k%20uygulama%20tebli%C4%9Fi> (Accessed 14 May 2012).

The discussion topic became the focus of a lively engagement of forum-users with online state materials, their attempts to find strategic means to combat legal ambiguity and the resulting costs. At one point however, the moderator who was disappointed by the new changes, referred the users to a topic as a last resort, a topic which I now want to analyze, as the materialization of the disabled citizens' desire: The Ideal Petition.

The moderator said: “Yes, from now on, unless there is a prior referral from one institution, the hospitals will demand fees. This was how it was applied anyway, but if we somehow appealed, we were able to get these fees back. Now we don't have that chance. If you want a report, you will pay... In that case, getting a report which completes all assessments is all the more important: Petition for an Assessment Report where Assessment is Complete for All Possible Rights [Hyperlinked to the Petition].”¹⁵⁶

Throughout my research, the actual legislations and the procedures in hospitals changed (and are still changing by the year) as frequently as the process differed from hospital to hospital, but the desire for a once and for all solution did not wither away. A topic has stayed there since the first months of my research, under the sub forum “Health Committee Reports”, which I think is very important since it is exemplary to understand the contemporary disabled subjectivity and its constitution vis-à-vis the confusing by-laws, de-standardized assessments, meddler bureaucrats, idiot functionaries, arbitrary fees, unintelligible paperwork and other similar tropes. This other “sticky” subject is titled: “Petition for an Assessment Report where Assessment is Complete for All Possible Rights”.

¹⁵⁵ <http://www.engelliler.biz/forum/saglik-raporlari/45546-saglik-raporlari-artik-parali-olmus-115-tl-2.html>. (Accessed May 14, 2012).

¹⁵⁶ Ibid.

One of the most frequently articulated demands of the disability community, NGOs and advocacy groups, was the restructuring of the Assessment By-law and related practices so that disabled citizens can use the same assessment report for all possible applications (disabled retirement, tax cuts, free transportation cards, registration to special education centers and so on) and therefore can be spared the extra hospital visits. The demand is very significant in that in the existing practice, each separate institution asks for an assessment report, which is organized specifically for that particular purpose; for example the revenue office asks for a report that is organized after a prior referral by their office, or the social services asks for a report that is organized after a prior referral by their office. The result is that, as the range of disability rights and benefits increased in number, disabled or to-be-disabled citizens had to visit the state hospitals very frequently, each time experiencing a nightmare. Another corresponding result was that, as I demonstrated in the previous chapter, the state hospital doctors, namely the assessors, have learned this mode of assessing in relation to the purpose of application. Consequently, the assessment process became more and more de-standardized, and the disabled community more and more bedazzled and frustrated. For example in November 2009, three and a half year after the By-law was introduced, around the same time I started my field visits to the state hospital, Turkish Impaired Association released a statement demanding that “reports be valid for all institutions other than exceptional cases like the drivers' license.”¹⁵⁷

However, we are interested in this chapter in the mode of subjectivities that arise in tandem with the bureaucratic commotion and complaints through a socialization process around these procedures, not with the real politics of disability

¹⁵⁷ Türkiye Sakatlar Derneği Genel Merkezi, *Sağlık Kurulu Raporlarının Düzenlenmesine İlişkin Görüş ve Öneriler*.

community in general. This “sticky” topic under the Committee Reports sub-forum in *Engelliler.Biz* presents a very critical case. Rather than presenting a formal statement, or a formal demand against the structure, this ideal petition is an autonomously created solution prepared by the moderators after having listened and responded to endless stories of state hospital experiences that the disabled community reported. The ideal practice that is offered to the user is to apply personally to the hospital without prior referrals and hand in the following petition upon application to the state hospital:

“ To Hospital Chief Physician’s Office¹⁵⁸

... / ... / 201..

The 5th article of the 9th Clause of The By-Law Concerning Disability Assessment, Classification and Health Committee Reports for Disabled dated December 10, 2010¹⁵⁹, which organizes how Disabled Health Committee Reports should be filled gives the direction that “under the section called the purpose of the report, individual’s demands should be indicated concerning the rights and services that the individual wants to benefit from”; and on the 2nd article of the 14th Clause, which organizes the confirmation and presentation of the Disabled Health Committee Reports, gives the direction that, “One copy of the Disabled Health Committee Report should be given to the concerned person. Of the disabled health committee reports that are prepared upon the demand of the concerned individual; as many

¹⁵⁸ See Appendix J for the original view.

¹⁵⁹ The message in the forum was modified when there were minor changes to the 2006 Assessment By-law in the last months of 2010.

copies as the number of rights that the disabled can benefit from, or as many as the disabled demands, should be signed, confirmed and stamped, and given to the concerned individual”.

Within the framework of these verdicts, I demand that inscriptions concerning **whether or not I can work under disabled status, the work areas that I can work in [cannot work in jobs, which require standing], whether or not I can benefit from disabled tax-cuts, whether or not I can benefit from the Law No. 2022, whether or not I can benefit from the home-care wage** be filled in complete, and that 5 copies of the health committee report be given to my party.

Name surname

Signature

Photo

Turkish Republic Identity Number

Address

Telephone

Other rights that you can add to the section in red:

Can get a type-H driver’s license

Can drive specially equipped automobiles

Assessed eligible for special education.

Can benefit from Law No. 2022

Can get Home Care Wage

Can be employed under Disabled Status

Can benefit from Income Tax-Cuts

Can get a Disabled Identity Card

Other: (Please explain)

Types of work which the applicant can't be employed:"

The message ends with a reminding note by the moderators:

It is our right by law, to get all our work over with, using a single report. But the hospitals and the institutions usurp these rights of ours. What we should do is to persistently claim our rights and if needed, issue complaints to BİMER [hyperlinked to BİMER main page; see more on BİMER below] about the usurping persons and institutions and wrest our rights by struggling.¹⁶⁰

The petition is modeled as a fill in the blanks form, in a way which applicants with all conditions can use. It materializes a utopia of standardized operations in assessment, a desire to interrupt arbitrary procedures and the circulation of prior referrals, processes which the applicants are subjected to. The inter-bureaucratic circulation is what constitutes de-standardized, commotive assessment process. As Anna Secor argued, based on her study on the experience of state in Turkey, the stories she listened to “frequently traced a narrative of circulation, both their own and that of documents, money and influence through the offices and waiting rooms of government buildings, state ministries, hospitals, police stations and courts”. Citizenship is predicated on “the typical cycle of referral and deferral that one enters ‘in search of one’s rights.’”¹⁶¹ The ideal petition imagines a direct, a uni-linear, once and for all relationship between the citizen and his/her rights in contrast to the cyclical movement of assessment reports among state offices and state hospitals. The ideal petition should be seen as expressing a desire to break this circulation and construct direct channels –unmediated by meddler bureaucrats or idiotic

¹⁶⁰ <http://www.engelliler.biz/forum/saglik-raporlari/35996-tum-haklarin-degerlendirildigi-tek-bir-saglik-raporu-almak-icin-dilekce.html> (Accessed 11 November 2011).

¹⁶¹ Anna Secor, “Between Longing and Despair: State, Space, and Subjectivity in Turkey”, *Environment and Planning D: Society and Space* 25, no.1 (2007), pp.33-52, p.38.

functionaries— through which disabled citizens can reach the state/their “rights by law” and demand citizenship beyond the barriers put in between themselves and their legal rights, a scenery which I called “commotive” in the chapter before. What is distinct about the virtual space, and about this practice of creating the ideal petition, is that the virtual space allows citizens (the moderators and members of *Engellier.Biz*) to make use of direct hyperlinks, exact quotations and the law’s visibility in digital form, by-laws, notices, with the help of which the online community can imagine another route of citizenship than that of the inter-bureaucratic circulation and arbitrary procedures. On the surface of the virtual space, citizens and digital manifestations of their legal rights (laws and by-laws online) exists on the same plane; a click takes the user from the stories in the forums to the law. Yet, on the physical/actual space, in the real world of bureaucracy, such proximity is never realized, remains always deferred. The online petition created by the *Engellier.Biz* community, then, can be read as emanating from this discord; of the virtual proximity of the law/rights, and its actual distance in daily life. Foul bureaucrats, meddling doctor or the idiotic functionary stands in between in.

From Complaining to Issuing Complaints: BİMER as the Proximate Center



Image 2. The photo from the BİMER applications main page. On the right wall: “The prime minister is listening to you” (*Başbakan Sizi Dinliyor*). On the left wall: “Prime Ministry Direct - Alo 150” (Accessed November 22, 2011).

In all excerpts from the forum, we see the moderators using BİMER (Prime Ministry Information Center) in capital letters and the word is hyperlinked, meaning that upon a click on the word, the user reaches the webpage of BİMER,

<http://bimerapplication.basbakanlik.gov.tr/Forms/pgMain.aspx>. And on the main

page, the user would meet the photo above with the following introduction:

“What is the BİMER Prime Ministry Direct Application? BİMER is a public relations practice which started by using information and communication technologies. For a good and healthy public relations implementation, it is necessary to use the contemporary technologies of communication. With the system set up by BİMER, all channels of communication between the state and citizen have been opened, and it has become possible to receive applications from anywhere, at any time, and to respond to them in a timely, effective and efficient way.”¹⁶²

¹⁶² <http://bimerapplication.basbakanlik.gov.tr/Forms/pgMain.aspx> (Accessed 20 May 2012).

BİMER was set up alongside its telephone counterpart “Alo 150” following an official notice in 2006, released by the Prime Ministry General Directorate of Personnel and Principles.¹⁶³ Citizens can apply to BİMER either personally through the applications desks set up in ministries, offices of provincial governors (*vali*) and district governors (*kaymakam*); or, they can apply through the phone line “Alo 150”, use the web interface mentioned above, or apply through written mails. Looking at the statistics released by BİMER in 2010 and 2011, a great majority of applications were done online which might be considered a good indication that the web-space is increasingly becoming a crucial site for state-citizen relations in general. For example in July 2011, 41,763 of 57,296 applications were done through the online interface. Most of these applications followed the route that was composed in the photo above, and addressed the Prime Ministry directly rather than particular ministries (39,864 of 53,489 processed applications) and the most common concerns of the applications was work, social services and social security under which the disabled are also grouped.¹⁶⁴

Around 50,000 applications per month from all of Turkey may not sound so much. However, in the *Engellier.Biz*, BİMER is a constant reference point; either the users have already used the interface or the frequenters of the forum and the moderators urge others to use it, help each other to make the best use of it. My aim is not to assess whether or not BİMER actually works well or to investigate all the different ways in which citizens use it. Rather, I am particularly interested in this section, in the forms of discourse that is created in relation to BİMER by

¹⁶³ Republic of Turkey, Prime Ministry General Director for Personnel and Principles, *Official Notice No.2006/3*. Available [online]: <http://bimerapplication.basbakanlik.gov.tr/Forms/pgLaw.aspx> .

¹⁶⁴ Republic of Turkey, Prime Ministry Directorate of Public Relations, *Monthly Activity Report July 2011*. Available [online]: <http://bimerapplication.basbakanlik.gov.tr/Forms/Report/072011.doc> (Accessed 20 May 2012).

Engelliler.Biz community, and how this discourse should be seen in general, in the construction of the relationship between the disabled citizen and the Turkish state. Following the discussion of the Ideal Petition in the previous section, I argue that BİMER is an important supplement in the construction of the image of the foul (meddler) functionary and for the realization of the desire for a direct, sterile and unmediated (“faster and more efficient”) relationship between the disabled citizen and law/rights. Since it is mostly used online, the virtual proximity of BİMER is all the more important for an online disabled community to engage in a struggle for rights. I’ll focus on one particular example which demonstrates how BİMER is generally understood and used, and how it becomes an agent for making sense of and intervening into the commotive processes of assessment and ‘search of rights’, becoming active agents rather than passive recipients.

The user *Umutlu Vaka* [Hopeful Case] initiated a topic on June 2010, in the typical manner I described in the first part of this chapter. The user asked a question: “Can I get the wage for relatives of disabled, after a 3 months old baby?” which also became the title of the consequent discussion topic. *Umutlu Vaka* explained that her nephew was born with Hydrocephalus and that the doctors told that the baby would live a disabled life, but that the expenses were way beyond the income of his brother, the father of the child. He went in to the forum and looked for a solution to this problem, finding out that they can apply for a wage. Yet, the baby died after few months. However, as he was surfing through *Engelliler.Biz*, “with the great contributions of the forum”¹⁶⁵, he decided to re-apply himself for the Disabled Wage, after having given up three years ago when he was assessed for 31%, below the required threshold. He found out from the website that he could benefit from the Law

¹⁶⁵ <http://www.engelliler.biz/forum/2022-engelli-ayligi-ile-vakif-ayligi/49492-3-aylik-bebek-icin-ozurlu-yakini-ayligi-alinabilir-mi-print.html> (Accessed 21 May 2012).

No. 2022 (known as the 2022 wage) and applied to the district revenue office in his locality as the regular first step in applying for the wage, and then he was referred back to the hospital from there and was assessed this time for 48%, rendering him eligible for the Disabled Wage. Yet, the applicant lived in Balıkesir but was registered in Mardin, which meant that the documents concerning the income and property of the family had to be gathered from Mardin revenue office. The user's problem was that he was waiting for four months for documents concerning the application for benefiting from the Law No. 2022 and there was no answer. He complained to the *Engelliler.Biz* forum: "4 months ago, we applied for the 2022 wage from the district revenue office in Balıkesir. The other day, I went to the revenue office to ask about my application and I saw that my documents still did not reach Ankara. They wrote to the provincial revenue office in Mardin asking for my documents. [...] so the office here told me there is nothing they could do. Does anyone know when these documents will be sent? Or is there anything I could do about this?"¹⁶⁶ After a few replies and surfing on the forum in general, the same user replied a few days later: "I reached this information center called 'Bimer' through this forum. I issued a complaint to BİMER that the district revenue officers are indifferent and my documents have been waiting at the district revenue office for 4 months for no reason and that I have been waiting for 4 months. BİMER must have done its duty and transmitted my problem to the provincial governors. My problem was solved in a week. <http://www.engelliler.biz/forum/olay...sekkurler.html> [link to the next topic the user set up after having solved the problem]"¹⁶⁷

¹⁶⁶ Ibid.

¹⁶⁷ Ibid.

In the remaining part of the discussion and in a next topic titled “Thank you BİMER”¹⁶⁸ by *Umutlu Vaka*, the user told his experiences in detail, the processes of becoming a beneficiary of the Law No. 2022, where he repeatedly thanked the *Engelliler.Biz*, which he called his “consultant” (*danişman*) for having informed him both about BİMER and other details of his application. The story of Umutlu Vaka, the responses to his messages, as well as other discussions indicate that BİMER is viewed in a very positive light by the members of the *Engelliler.Biz* and frequently recommended as recourse for many problems. The stories show that local functionaries around Turkey are unsettled by these complaint letters from BİMER: for example when *Umutlu Vaka*’s complaint letter was mistakenly sent to Balıkesir instead of Mardin, the functionary was enraged and met the applicant by saying “So that’s you who issued a complaint to BİMER about us!”¹⁶⁹

The Central Health Committee: The Distant Center

However, the ways *en route* to being a certified disabled citizen in Turkey are not limited to encounters of assessment in local state hospitals and other encounters in local state offices. And “the Center” is not only the smiling women on computers waiting to process the complaint letters by citizens at BİMER or the compassionate Prime Minister hugging an old lady (see photo above). With regard to the question of becoming certified as disabled, another institution in Ankara has a significant role to play. This institution is the Central Health Committee, which is also an object of the

¹⁶⁸ <http://www.engelliler.biz/forum/olaylar-tutumlar-ovguler-yergiler/52483-bimere-tesekkurler-print.html> (Accessed 21 May 2012).

¹⁶⁹ *Ibid.* More stories of how members use BİMER could be seen in the same topic.

forum's sociality at least as frequent as BİMER, a pivotal center around which many exchanges happen.

As stated in the Assessment By-law, in the case of applications for early retirement, the health committees in local hospitals do not have the final jurisdiction. These are two basic categories of application for early retirement: for working in disabled status therefore with exemption from income tax and benefiting from early retirement, and application for retirement due to disability for those who were already working with social security as able-bodied prior to injury.¹⁷⁰ Assessments reports for retirement applications are sent by the local state hospitals to the Social Security Higher Health Committee (*Sosyal Sigorta Yüksek Sağlık Kurulu*)¹⁷¹, and those applications for disabled employee status (to benefit from income tax exemption and early retirement) are sent to Central Health Committee (*Merkez Sağlık Kurulu*) under the Treasury. Both are located in Ankara and function as revisers against the assessment in local state hospitals, usually resulting in deferred assessment procedures, lowered percentages, confused and frustrated citizens who are referred back to their local hospitals for being assessed again. Only when the committees in Ankara approve are their application documents sent to the relevant local state offices (for example the committees in Ankara sent the application documents to the revenue offices in provinces), for further procedures.

The mentioned bureaucratic route creates a reserve depth, an unforeseen distance, which has to be traversed by disabled citizens and collaboratively traced in

¹⁷⁰ For a more detailed account of the legal details, See Chapter Three.

¹⁷¹ Republic of Turkey Social Security Institution, *Invalidity Guide*. Available [online]: http://www.sgk.gov.tr/wps/portal/tr/genel_saglik_sigortasi/maluliyet/maluliyet_rehberi (Accessed 20 May 2012). The link explains the process: "The Unit Which Decides on Invalidity: The health committee reports organized [in provincial state hospital] after your *sevk* from the provincial SGK office are sent to the Health Committee of our institution. Condition of invalidity is either accepted by the Health Committee of the Institution or it is refused or some other mediating decision can be made." See the original quote in Turkish in Appendix A.

the forum discussions. In tracing, the state itself is never reached even if the laws and notices are easily reached online, even if “Directly Prime Ministry” is a click away; citizenship benefits are constantly deferred; both spatially from the local hospital to committees in Ankara and temporally from the day of application to an unknown time of re-assessment after Ankara’s revision. This depth, which is inherently imposed by the By-law itself on the disabled citizens’ state experience, is an important agent in the collaborative experience of the *Engelliler.Biz* community. Here, however, there is no click-away Ankara, since the Central Committees do not have virtual presences online. Consequently, most discussion topics concerning questions of Ankara have similar titles: “Does anyone know the telephone number of the Central Health Committee?”; “Where does the Central Health Committee meet? The address?”; “Which days of the month does the Central Health Committee in Ankara meet?”¹⁷² As we can understand from the titles, initiators of these topics ask questions regarding the temporal and spatial coordinates of the committee in Ankara. Other similar topics also ask questions about the asymmetry between the assessment results in local hospitals and those in Ankara, when members have not understood why she/he has been disabled $x\%$ in the provincial hospital and $y\%$ after the Ankara’s decision (very rarely the case that $y > x$). A major difference between assessments in local hospitals and revisions/decisions in Ankara is that in the former, the applicant has to be physically present where in the latter he/she is not. No doubt, this adds an extra sense of mystery to what happens in Ankara. The decisions of the central committees are not subject to BİMER either. Although virtually the disabled citizens can communicate with the law in one click, the Ankara Health Committee, which is extremely important, as both the creator of the By-law and also as the final

¹⁷² <http://www.engelliler.biz/forum/search.php?searchid=2513726> (Accessed 22 May 2012). The search results for discussion titles with “central health committee”.

point of decision in most important assessments like the income tax exemption and also in retirements due to disability, is almost totally opaque and mysterious.

Whereas it is possible to apply for re-assessments in local hospitals or in adjudication hospitals close to the applicant's town, being physically present in health committees in Ankara is only allowed after a court proceeding

The state's simultaneous proximity and distance, of the simultaneity of its integral image and its differential composition can be understood in a synecdoche, a momentary lapse in between the one-click-away BİMER and the mysterious Central Committees; a tension, which I argue, is constitutive of the disabled subjectivity in contemporary Turkey. To end the chapter, I want to take a last example from the forum, which I think demonstrates this continuous modulation between state's distance and its proximity, of the simultaneous legibility and illegibility of state practices which play a constitutive role in contemporary forms of disabled sociability in the virtual public space. As many examples from the forum show, the state is missed right when the community thinks it has collectively grasped 'it', appears absurd, right when it is made sense of. The state becomes 'deep' with the committees in Ankara whereas the one-click-away laws and by-laws, "communication channels" are on the same surface as the disabled community online. This depth, this second form of deferral however, is not the consequence of personal mistakes of the foul bureaucrats only, but first and foremost decided by an exception in the laws itself, a differential depth, which is part of the formal procedure itself and its ambiguities.¹⁷³

¹⁷³ Volkan Yılmaz argues from a social policy perspective that the *raison d'état* behind this two-layered structure is a rationale of budget control, a surveillance mechanism to constrain the costs of disability benefits. Yılmaz (master's thesis). However, one could also approach this from a political anthropological perspective, as a legal architecture which manifests what Talal Asad calls "organized suspicion", a process of *investigation* that the applicants has to go through: "Suspicion (like doubt) occupies the space between the law and its application. In that sense, all judicial and policing systems of the modern state presuppose organized suspicion, incorporate margins of uncertainty. [...] Suspicion initiates and is an integral part of an investigation, and the investigation ends when suspicion is put to rest". Talal Asad, "Where Are the Margins of the State?", in

The story is of the *Engelliler.Biz* member with the pseudonym *uday*. The story starts at the end of 2009, around the same time I started my research for this thesis. I gained access to this story through archival work in the forum's discussion history. Uday is from Kayseri. As I understand from his messages, he has been working under social security when he got renal insufficiency. So, uday applied for retirement due to disability, which meant that he had to be assessed in Kayseri, where lives. His assessment documents are sent from Kayseri State Hospital to Ankara, to the Social Security Institution to be finalized. *Uday* can only access internet from the dialysis treatment center where he gets treatment. He shared his story as follows, under the discussion he titled "I can't get retired because the Hospital and the Central Health Committee are being obstinate":

Example 2¹⁷⁴:

04.09-2009, 12:14¹⁷⁵
uday

I can't get retired because the Hospital and the Central Health Committee are being obstinate! [Law]

The hospital writes the epikriz report in handwriting but the central health committee asks for it typewritten. The two institutions are both obstinate. Neither the hospital typewrites it, nor the [central] health committee approves the handwritten one! Of course in the meanwhile, I can't get my wages even if they have been accumulating! What should I do? I have sent e-mails to the district governor of Kayseri many times but the governor of Kayseri is indifferent toward the disabled. What should I do. It's not dialysis but it's the pennilessness that will kill me [impression: confused]

04.09-2009, 12:25
aferits

BİMER [hyperlinked] INTERNET APPLICATION FORM. Do you want your application replied to? If you want it replied Name, Surname, TC Identity Number, Address, E-mail information that you have to give ... BİMER DIRECTLY PRIME MINISTRY [hyperlinked]

If you click this link and transmit your complaint, they will surely deal with it

Anthropology in the Margins of the State edited by Veena Das and Deborah Poole (Santa Fe: School of American Research Press, 2004), p.279-288, p. 285.

¹⁷⁴ See Appendix K for the original view.

¹⁷⁵ <http://www.engelliler.biz/forum/hukuk/25547-hastane-ile-merkez-saglik-kurulu-inatlastigi-icin-ben-emekli-olamiyorum-hukuk.html> (Accessed 22 November 2011).

04.09-2009, 12:48

uđay

may god be with you. I have written to the president before, thanks to you, I have written to the prime ministry as well. We'll wait and see; it's not a big deal to wait but the Turkish Electric Distribution Firm (TEDAŞ) doesn't wait, they cut the electricity at home because I couldn't pay the bills. I mean, even if I wait, there's somebody who doesn't, so that's the story

04.09-2009, 13:00

OturanBoęa

Can you please share the petition that you will write to BİMER [hyperlinked]. If needed, we will help with some wording and it would be more effective.

04.09-2009, 13:04

uđay

Actually, I already wrote it and sent it. I wrote that even though I deserve to be retired due to disability, I was a victim because of the unnecessary stubbornness of the two institutions

04.09-2009, 14:53

OturanBoęa

Let's wait and see...

04.09-2009, 15:31

uđay

friends, I can ACCESS THE INTERNET ONLY IN THE dialysis center. Stay well until the next time

09.09-2009, 13:14

uđay

friends, I have traced my complaint petition from bimer and they have instructed all the concerned places

I was really excited, I didn't think that they would deal with it in such a short time

21.09-2009, 12:40

uđay

the curse of the money-grubber doctor

nephrologist ali ihsan gural, who works at a private dialysis clinic as well as the kayseri state hospital turns patients' lives into hell if they attend another private clinic. SGK sent numerous official messages and asked for my report to be typewritten, but he was so stubborn and handwrote it again and SGK deemed the report invalid and I haven't been getting my wages for months. I issued complaints to everywhere but these guys are very powerful. There is trillions involved in this dialysis business but I can't do anything. What should I do? Thanks (impression: confused)

21.09-2009, 12:53

tunę ballı

If you haven't written to the Prime Ministry through BİMER, maybe you should also carry your complaint to that channel.

21.09-2009, 12:55

uđay

my dear brother tunę ballı, of course I wrote to BİMER but unfortunately noone in our town Kayseri really cares about bimer

21.09-2009, 13:03

tunę ballı

If you tried all the channels and still can't get a result, the only way left is the judiciary, you can talk to a lawyer and carry this to court. If the doctor is insisting on handwriting even if he has to typewrite it, it's the doctor's fault. Maybe you should talk to an attorney before carrying it to court, maybe he would listen and show you a way out

21.09-2009, 13:14

uday

Friday I have officially complained to the kayseri attorney general. I hope the salt isn't stinky too¹⁷⁶

21.09-2009, 13:31

tunç ballı

no report can be handwritten that's for sure. I wonder if by typewritten he means computer typed; that includes the computers right? Even if the doctor personally handwrites, the committee turns it into a final report or the doctor himself does this.

21.09-2009, 13:41

uday

these people, you know, they are very powerful people and what I'm doing is due nothing but to the courage of the ignorant. Yes SGK says either pc's or typewriters but the doctor just doesn't typewrite. The fish smells from the head.¹⁷⁷ The governor of kayseri, Mevlüt Bilici, doesn't care about disabled people, here in Kayseri, each person with a disability is dealing with a different kind of problem

21.09-2009, 13:46

tunç ballı

the institutions do not even reply to the applications for getting information because they are categorized under "suggestions and observations".

21.09-2009, 13:51

uday

I issued handwritten complaint letters to the chief physician and to the provincial health directorate. The chief physician's office is supposedly investigating the issue, and the kayseri provincial health directorate sent me to a psychiatrist. See how it is, being a disabled in Kayseri. You should be thankful to your situations elsewhere

21.09-2009, 14:15

Makri

Uday,

As *tunç ballı* said, the doctor writes the diagnosis and this diagnosis is turned into a report by the health committee on a computer and finally signed by the health committee in the hospital. That is, it doesn't really make sense that a doctor uses a computer and/or a typewriter and create a report. Ask the health committee office in the hospital for your report to be created on a computer. If the SGK has clear definition of the report should be organized, and that the report is not organized as such, then there is a criminal case there. You should issue a complaint to the Provincial Health Directorate, with the written documents from SGK and a copy of the report attached to the complaint letter. There is clearly inattention.

¹⁷⁶ He is referring to a Turkish idiom "et kokarsa tuzlanır ya tuz kokarsa ne yapılır?", which literally translates as "you put salt on the meat if it stinks, but what do you do if the salt stinks as well?", denoting a pessimism towards the expected remedy.

¹⁷⁷ Again, referring to another Turkish idiom, "balık baştan kokar", which literally translates as "the fish smells from the head", where head refers to top, or leader. The idiom usually means that the problems arise from the top-level officers themselves.

21.09-2009, 14:26

uday

makri, thanks for your interest. SGK has clear standards for how the report should be organized but unfortunately they are not met. I have written about this to the president, to the prime ministry through bimer, to the ministry of health, to the ministry of social security, to the kayseri governor, to the chief physician's office in kayseri state hospital and lastly to the kayseri attorney general. Except for the attorney and the chief physician's office, all institutions write to the governor or to the provincial health directorate for solving this problem. At the moment, I have one arm in the dialysis machine and this is the best I can do, typing with one arm only. I am thankful for your understanding

21.09-2009, 14:43

tunç ballı

health committees in state hospitals prepare the reports as print outs from computers after they are examined in the committee. They are signed by the doctors again after being printed out. This is how the reports are prepared. But, if what you need prepared is a findings report for the times you were in-bed in the hospital, then you should find the doctor who was in service at that time, or the assistants or the nurses, whoever kept track, and they will sign that document. That document goes to the committee only as a formality and that epikriz document would be ready without any other doctor's signature.

21.09-2009, 15:00

uday

tunç ballı, it is the epikriz report. The doctor Ali İhsan Gral tells me "is that you who went to another dialysis center and made them earn money", he told me through his attitudes in person that I was ungrateful, he said that they did a lot of good to me but I went to another dialysis center. I didn't know, damn it! I didn't know that the same doctor worked at another center. If I'd knew, I wouldn't go, at least not until I had my work done¹⁷⁸

21.09-2009, 15:06

tunç ballı

even if it is an epikriz report, it can't be prepared in handwriting. Either a doctor or a service personnel prepares it. The document is sent to the institution [SGK] only after being signed by a few more doctors from the same service and after it goes through the committee in the hospital. It's not the doctors in the committee who sign the epikriz document. It has the signatures of the service doctors on it.

21.09-2009, 15:17

uday

I hope good from allah my friends, by for now

23.09-2009, 11:48

uday

I applied for retiring due to disability but I am obliged to pay premiums until I get retired. If I don't pay the premiums I can't use the dialysis. The SGK and the hospital are being stubborn against each other. Is there anyone in this country to hear our voice. Are there any other places to apply to other than THE PRESIDENT, THE PRIME MINISTER, THE MINISTRIES, GOVERNOR OF KAYSERI AND THE ATTORNEY, KAYSERI PROVINCIAL HEALTH DIRECTORATE, THE CHIEF PHYSICIAN'S OFFICE. Tell me if there is, thanks

¹⁷⁸ See more in Chapter Three, about the changing labor structures and economic calculations in state hospitals.

23.10-2009, 12:20

uday

my friends, the doctor finally wrote my epikriz report in typewriting and the higher health committee approved my file. For your information, thanks

24.10-2009, 10:44

gursa

Good for you my friend, I am happy for you.

24.10-2009, 18:31

izzetogretmen

I appreciate your determination. I hope it's good for you.

Conclusion: Virtual Space, Aggregation and Disaggregation

I want to conclude with a brief analysis of uday's story and general implications of our study of the *Engelliler.Biz* for the general questions of the thesis. In *uday's* story, all the elements, which we have been mapping from the first chapter to the last, are present. The story goes back and forth through these different registers: increasing opportunities for benefits in the widening field of disability policy, unintelligible procedures of assessment in a conflict-ridden medical field, where cost-benefit calculations become an important part of doctors' subjectivities, a confusing circulation of documents among state offices, troubling deferrals to health committees in Ankara, and an internet platform which mediates a collaborative disabled social space in trying to intervene in the confusing procedures.

The story shows how an embodied condition (renal insufficiency) transfigures from a body condition to becoming a matter of both a governmental classification and a basis for demanding citizenship rights collectively on the web space.

Classification is not a technical-formal process only, but real field of power relations, ridden with mundane and arbitrary acts of power (both by the local doctor and the Ankara committee), an attitude which *uday* calls "being obstinate". On the other hand, the knowledge of proper procedures is meticulously described to *uday* by

fellow disabled users online, most of who went through similar processes. Perhaps the most telling image is when we are called to visualize a renal insufficiency patient in a dialysis center, with one hand in the dialysis machine, and trying to type a message to *Engelliler.Biz* with the other; a sociality which transforms complaints (personal utterances) to issued complaint letters (bureaucratic forms) by the very proximity that is provided by the surface of the web-space. Uploaded notices, links to by-laws, use of BİMER online makes the disabled citizens meet the digital forms of the state in their everyday life, which are bounded by physical barriers. The web-space by its accessible structure is a privileged realm for the co-penetration of disabled bodies and state forms, as best portrayed in uday's use of *Engelliler.Biz* with one hand.

This mutual relationship between the citizens and the state's writing practices is described by a metaphor of music and dancing by James Scott, who claims that governmental classifications are "an authoritative tune, to which the population dances". The web-space can be thought of an accessible public dance floor for otherwise barriered citizens. The virtual sociality that accumulates in spaces like *Engelliler.Biz*, is an opportunity for "better communication" (proximity) between the state and citizens through a channel which contributes to the integrated working of the fragmented institutional network of 'the state' as we usually see with the use of BİMER, 'keeping the local bureaucrats in line'. I argue that in such instances, the practices of the *Engelliler.Biz* community are important contributions to the local entrenchment of the new architecture of state-citizen relations, for adjusting the central hegemony over the provincial state offices and bureaucrats, a hegemony established in post-2002 Turkey, through large-scale restructuring of the state-citizen relations, of which disability policy is an important element. For example, I showed

in Chapter Three that the state hospitals are imbued with silent contestations of these transformations in general, where the disabled applicant and the duty of disability assessment almost signifies the larger changes brought to the state hospitals. On the other hand, the doctor becomes one of the central tropes for the online community which signifies the foul local bureaucrat, which has to be kept in line by direct communication between citizens and the prime ministry. To refer back to the conceptualization of the modern state that I used in the previous parts of my thesis, this type of practices can be understood as performances that contribute to ‘the state’s appearance as an aggregated totality, an imaginary coherence over and above the fragmented and inconsistent bunch of local practices scattered over a territory.

However, this should not be understood to mean that the virtual space allows a harmonious convergence of the disabled citizens and ‘the state’, or that it only serves as a mechanism of harmony making, as it is depicted in the photographic composition on the BİMER main page. In the forum, there is also widespread practice of tactical suggestions in which citizens find or construct unforeseen loopholes, creative interventions to circumvent the legal architecture of assessment or other procedures. As practical knowledge of bureaucratic experience accumulate in the forum, the virtual place becomes also place of constructing new routes, which result in different results. For example, in the first years after the Assessment By-law was announced in 2006, before it was modified in 2010 after I started my research, the legally defined procedure for applying for Income Tax exemption slightly changed. This slight change concerned including the “final decisions for income tax exemptions”¹⁷⁹ within the extent of the Assessment By-law, which practically meant

¹⁷⁹ The statement “final decisions for reports concerning tax reductions cannot be assessed in the extent of this By-law” [vergi indirimi için istenecek özürlü sağlık kurulu raporlarının nihai kararları bu Yönetmelik kapsamında değerlendirilemez] was removed from the Assessment By-Law.

that the Local Revenue Offices were informed not to accept any assessment reports that were prepared through personal applications to state hospitals. However, before this new change, a popular tactical intervention that was used by the members was to hint to fellow members to apply personally (practically hiding their purpose of application from the hospital personnel) and maybe get higher percentage reports. This route of alternative circulation of documents was closed after the 2010 changes. Another still used tactical suggestion is that if fellow members have suggestions as to which hospitals are more generous, they urge others to use these hospitals instead of others (in the same city or in nearby towns sometimes) which create novel routes for assessment. Or, one can easily imagine an applicant coming to the hospital with the ideal petition he/she printed out from *Engelliler.Biz* along with the other relevant notices and quotations from the by-laws; such cases would create unexpected encounters, pathways outside the established routes. These types of activities which also emerge from the forum communications are, in contrast to the ones I discussed in the previous paragraph, could be seen as vectors of disaggregation and further fragmentation in local practices by creating divergent routes of assessment. The forum is a novel space which produces vectors of state-citizen relations in both directions at once; an aggregating and a disaggregating effect.

Yet, there are many cases where the problems of the disabled members are far beyond the foul attitudes of individual functionaries or local state offices. Platforms such as *Engelliler.Biz* are also potential places for disrupting, critiquing, protesting the governmental and legal architectures at a more fundamental level than criticism of individual bureaucrats or ways of circumventing procedures. Such critiques (distancing) mostly takes forms of cynical disbelief in the totality of the state apparatus itself through complaining utterances rather than issuing formal complaint

letters. In the beginning of the chapter, I referred to the double meaning of the word *şikayet* in Turkish; the first referring to the (at times cynical) utterances of complaint and the second to formal processes of reporting someone to a higher authority (letter of complaint to BİMER). The best of such cynical criticisms was by the member with pseudonym *Makri*, who incorporated a critique of bureaucratic misapplications into a general critique of the multi-faceted problems faced by disabled in m contemporary society. In complaining about his experience with an information phone line at the Prime Ministry Disabled Directorate (ÖZİDA), he told the following joke. “*insallah* we don’t get a digital phone line there as well. Just think about it: welcome to the directorate for disabled, press nine for English, press 1 for problems concerning the SGK, press 2 for problems concerning transportation, press 3 for economic problems, press 4 for problems concerning education, press 5 for your health problems, press 6 for psychological problems, and for employment you should wait a thousand years!!! 😊😊”¹⁸⁰ Such total critiques of the ableist society are never absent from the forum.

¹⁸⁰ <http://www.engelliler.biz/forum>.

CHAPTER FIVE

CONCLUSION

Throughout the thesis, I have delved into three different layers, which are relationally connected to one another. Respectively in Chapters Two, Three, and Four, I have tried to present a multi-layered perspective of the state-citizen relations in Turkey, which revolves around the term disability. Disability became an important category for social policy, an important subject matter for political performances and an increasingly important terrain for daily interactions between local bureaucrats and citizens in the last decade, along with many other significant changes in the state-economy relations and changes in political discourse.

These larger political and economic changes are significant subject matters for academic and public discourses. In my thesis, I have tried to refrain from assigning an overarching conceptual definition of the changes in general. However, my findings demonstrate that the rise in disability policy cannot only be understood as an already given state providing for “its” disabled citizens. It is sounder to think that conducting disability policy with a new assessment and classificatory framework, and transformation of the state-citizen relations in general are two processes which mutually structure one another. We should try to understand the complex relations between the re-making of the state in 2000s and the role that disability plays in these changes, and how disability policy is structured by these changes. Undoubtedly, the experience of disabled people in this era of policy proliferation cannot be understood independent of the effects of this complex

interaction. Therefore classifying and assessing disability, and re-making of the Turkish state are two poles of a relational process.

In this conclusion, I will follow the general architecture of the thesis, and provide three concluding points. The interaction between these three will be evident. The first conclusion point concerns the role of this governmental term “disability” in the re-making of the social contract in Turkey. The second conclusion point concerns methodology; by arguing that statements concerning the governmentalization of the modern state, via Foucault, should be supplemented by concrete analyses of power relations between the different layers of “the state”. To say that disability is an effect of governmental discourses in contemporary Turkey is not adequate: we should take account of the fact that government takes place through different bureaucratic fields with concrete relations of power; assessment framework should be analyzed with a concrete analysis of the practices of assessors. Consequently, the third conclusion is about disability, and the implications of the first two points for understanding disability beyond the binary distinction of the social model and the medical model, adding a third layer; the political. Without understanding the political culture in which disability is articulated, our understanding of the experience of disability will remain insufficient.

In academic and public discourses, the large-scale political, economic, legal changes that happened throughout the Justice and Development Party (AKP) rule, which continues to date, are a central subject matter of discussion. As of today, the negotiations are still going on for the preparation of a new civil constitution and so are the discussions regarding the identity of the citizen of the Turkish Republic. Therefore, we can safely say that the state-citizen relations in Turkey are about to be changed significantly in legal terms. Citizenship by law is in the process of being re-

defined. However, as I summarized in my introduction in Chapter One, political anthropological studies usually take perspectives which de-center the subject of law, by showing how law and citizenship is always “colonized by disciplines.”¹⁸¹ That is to say, following Foucault’s work on governmentality, the focus of analysis is shifted from “the state” as a separate entity, towards epistemological, scientific, discursive practices which constitute the limits of inclusion and exclusion to the bio-political body. A focus on the new constitution, the new social contract should be supplemented by an analysis of the discursive practices through which a bio-political body is produced. Foucault argued that “the state” is not a universal in itself, but it only appears as such through a legal-contractual imaginary. Instead, it should be understood as an effect of multiple governmentalities, discursive practices which produce realities, realities which allow the construction of state effects. This thesis is an attempt to map out a particular interface for classifying and governing a section of the population.

At a time when a new constitution is being written, I think it is necessary to dissect the realms of governmentality and the emerging terrains, on which concrete relations take place between the state and citizens, between the governors and the governed. Disability is one such terrain, which is crucial in the new constellation of governmental relations in contemporary Turkey. If the law is always colonized by disciplines in modern techniques of government, and if this happens through the creation of epistemological and material structures for defining, classifying, assessing and intervening into the bio-political body, the relationship between the International Classification of Functioning, Disability, and Health (ICF) and its use by the Turkish governors after mid-2000s should be regarded in this perspective; as a

¹⁸¹ Das and Poole, “The State and Its Margins”, p.11.

particular colonization of law (citizenship) by categories originating from health sciences; a new knowledge/power matrix to regulate inclusions, exclusions and interventions.¹⁸² Moreover, by its epistemology, ICF allows a governmental articulation of injured bodies as differences of functionality, which then can be assigned as forms of human capital without regarding them as antithetical to a normal body. The theory of human capital, on the other hand, is a category which is put forth by the Chicago school of neoclassical economics, where all forms of human activity is translated as valorization of capital regardless of an identical definition of units of labor, a notion of governmentality which is analyzed by Foucault himself in his lectures *The Birth of Biopolitics*, where Foucault analyzes the relationship between the neoclassical economics and the liberal art of government.¹⁸³ I argued that the framework of disability proposed by the ICF allows the governors to regulate the non-identical injured bodies as part of the bio-political body and provides a governmental language in which care for the injured can be articulated as synonymous with national progress and economic growth. This articulation was most evident in the words of Family and Social Policy Minister Fatma Şahin at the World Disability Report Launch Event on February 2012, which I attended as part of the audience. The minister said in her speech that “Turkey’s progress no longer depends on the able-bodied, strong male body” and that “whichever organ is functioning, we will include that organ in our efforts for economic growth”. During the event, a whole day was allocated for a workshop on the ICF and disability classification and assessment, and I, as part of the audience, was given a flash disk with two gigabytes of documents on ICF, including translation of the main ICF book into six different

¹⁸² For a similar study on the mutual construction of medical assessment of radiation exposure and the making of the post-Soviet Ukraine, see, Petryna, *Life Exposed*.

¹⁸³ Foucault, *The Birth of Biopolitics*. See the 9th lecture dated 14 March 1979, pp. 215-237, for a detailed discussion of human capital by Foucault.

languages. All this alerts us to the fact that classifying, assessing disability and intervening into the bio-political body through this novel interface will be one of the significant mechanisms of governing the population in the coming years as well. Further research would be necessary to map out other disciplines which become important agents in the construction and regulation of the biopolitical body, disciplines other than neoclassical economy and health sciences.

However, as I tried to show in Chapter Three, such epistemological changes, and the definitions, classifications of the bio-political body are not only matters of knowledge and scientific disciplines. In the process of becoming governmental apparatuses, they are turned into material objects, which come into circulation among the different layers of state-citizen relations. In my thesis, from Chapter Two through Chapter Three, I traced the transfiguration of the ICF, from being a valorized governmental tool in governors' discourse to a particular Assessment By-law, which is prepared by the Ministry of Health after taking the ICF as their basis. Hence, the title of the chapter three, "Looking for ICF", refers to this transfiguration of the meaning of assessment.

The methodological tradition I inherited from political anthropology takes these axioms of Foucault's on the relationship between governmental power and disciplines, and goes one step further to conduct fieldwork or detailed ethnographies of the surfaces of contact between governmental disciplines, their application in local bureaucratic settings in various political cultures and geographies and the ordinary citizens around the globe who encounter these apparatuses. Yet, as political anthropologists have shown, such apparatuses, when they travel among the different

layers of politics, from transnational to national and to the local, transfigure into different meanings as they enter into various political contexts.¹⁸⁴

Throughout the thesis, I used the term performance to signify the relationship between different layers, as I think the term defines very well the nature of these relations between central government and the local bureaucrats, the central government and the international community and others. Here, performance is a form of relation which produces reality, which backgrounds the object that is presented, and which prioritizes the mode of presentation itself. For example in Chapter Three, I refer to many different objects which perform the presence of the Ministry of Health and other Ministries in the nation's capital in the local hospital. Official Notices, the By-law of assessment, small pieces of paper which are written by the Central Health Committee asking for re-assessment; in all these objects, the content of the written material was at the background. But, all of these materials were "Ankara". Consequently, the new mode of assessment, which sounds very technical and advanced in the governors' speeches, is referred by the doctors as "the notebook", as a material object which gains its meaning through its mode of presentation to the local hospital; with no briefing, no training, but as a new set of papers. It is through the presentation of these materials that the relationship between the different layers is set, and antagonisms are made sense and reacted to.

The mode of presentation of "the notebook" reminds doctors of the mode of presentation of new regulations concerning the fundamental structures of labor for practicing their profession, which causes a loss of professional autonomy, turning them from medical experts to assessors in which their expertise gives way to processing of a standardized assessment manual. Hence they refer to the Assessment

¹⁸⁴ On transfiguration of the concept of development, see for example James Ferguson, *The Anti-Politics Machine*.

By-law and the manual as “the notebook”, as if it has no relationship to being a medical expert. As such, practicing assessment cannot be understood independently from the new changes in the medical field, the doctors’ responses to their loss of autonomy and the mode in which such changes are practiced by the Ministries upon the local hospitals. When the new assessment tool travels from Ankara to the provincial state hospital, it travels alongside many other relationships between the two places.

In a context where disability refers to much more than a condition of individual bodies but becomes an important term for a wide range of governmental practices and transnational politics and intra-state power struggles, the lived experience of impaired citizens cannot be understood independently of this political culture. Chapter Four was an attempt to demonstrate the relationships between citizens, in response to this widening governmental terrain. For example disability scholar Shelley Tremain argued that disability is an effect of governmental practices.¹⁸⁵ Starting from early 90s onwards, disability became the subject of various legislations like the Americans with Disabilities Act in the USA (1990), or the Disability Discrimination Act in UK (1995). Moreover, the Convention on the Rights of Persons with Disabilities entered into force on May 3, 2008. These changes throughout the last two decades mean that for social studies on disability, the social model of disability versus the medical model of disability dichotomy can no longer be adequate. Sovereign states all over the world are now important agents, who create new definitions, laws, new field of experience for their disabled citizens. ICF, for example, acts as one source for new definitions beyond the social-medical dichotomy.

¹⁸⁵ Shelley Tremain, “Foucault, Governmentality, and Critical Disability Theory”, in *Foucault and the Government of Disability* edited by Shelley Tremain (Ann Arbor: University of Michigan Press, 2005), pp. 1-24.

However, the fact that disability is now a governmental term doesn't mean that already existing states are practicing policies on, and governing already constituted disabled subjects. Just like the re-making of the state is simultaneous with re-defining, classifying and assessing disability (along with numerous other novel classifications in a variety of fields), disabled subjectivity and disabled life-worlds are also re-constituted within this process; as recognized subjects of law, as targets of social policies. The scope of a single Masters' thesis is by far inadequate to grasp the totality of these novel constructions. However, in Chapter Four, I focused on a particular space of disabled sociality which was created in attempts to make sense of the legal field of disability, of policy interventions and bureaucratic procedures which proliferated after this legal recognition in Turkey through the Disabled Law of 2005.

Whereas the social model of disability pointed at the normative construction of the social space as the cause for disabling impaired bodies, disability movements have used the social model to challenge the legal constructions and open up new legislative zones, which could address the problems of disabled citizens. The assumption of the social model was that political will could change the social space in ways to accommodate impaired bodies. However, as disability took its place as a separate field of governmental practices, these governmental interventions themselves produced new barriers. Let me remind the reader of the story of *Uday*, which I shared at the end of chapter four. His renal insufficiency, his dialysis treatment, his application procedures for early retirement, and the assessment process he has to go through, the assessors' attitude (state hospital doctors' approach), the circulation of the assessment report from the provincial hospital to the Central Health Committee, Uday's collaboration with fellow disabled members of a virtual

disability messaging forum while one hand in the dialysis machine: all of these are inseparable agents in the construction of the disabled experience and how these experiences are made sense of. Then, if disability refers not to the substance of the injured body but to the relational structures in which that body becomes disadvantaged in the capitalist society, today it is necessary to include in these relational structures, the governmental schemas and social policy interventions as well and the expected or unexpected forms of exclusion that are produced as an effect of these mechanisms of inclusion and government.¹⁸⁶ Moreover, these practices should not be seen merely as neutral empowerment mechanisms or legal arrangements, but as discursive practices which take role in the construction of disability and different forms of social interaction among the disabled. The question “what’s your percentage of assessment?” might be regarded as a “Hello”, or a handshake among the disabled community. These governmental practices and the perception of these practices by the disabled become crucial social binders.

Yet, social spaces like *Engelliler.Biz*, which I analyzed in chapter four, emerge in response to the particular political culture in which disability policy takes place. If it wasn’t for the mode of practicing intra-state conflicts, the practices of the virtual community in question might have been different. The mode of social binding among disabled community at a particular time and space should be understood in relation to the particular historical conjuncture and the particular political culture and context. For example, the practice of complaints and the central role it takes in binding a disabled community should be understood in this perspective. The disabled community in *Engelliler.Biz* cannot be understood without analyzing the cracks and

¹⁸⁶ Susan Greenhalgh, in her study on Chinese biopolitics, argues similarly, and states that in the moment of bureaucratic actualization, “modernizing agencies inadvertently create the underside of modernity, even as they attempt to fabricate modernity alone”. Susan Greenhalgh, “Planned births, unplanned persons: ‘Population’ in the making of Chinese modernity”, *American Ethnologist* 30, no.2, May 2003, pp. 196-215, p.199.

antagonisms that are happening between different state actors, between the Ministries and the doctors, between the Ministries and the local bureaucracies at a time when the political apparatuses are undergoing a major transformation. The disabled participants and their practices position themselves exactly on these cracks, as they develop tactics and strategies to intervene into the assessment processes and benefit applications. As disability becomes governmental, it becomes necessary for disabled community to move into the new terrains and look for new opportunities, which then requires new modes of action and disabled association. To be able to see these cracks, I think it is useful to supplement the perspective of governmentality with political anthropological studies of the concrete practices of governing, classifying, assessing, data keeping and so on.

To sum up, disability is a word to look for in upcoming years, in Turkish political culture. This is already evident from the public controversies around the disabled deputy Şafak Pavey and her exposure of her prosthetic leg and arm when she entered the parliament in 2011 after being elected. The last decade of legal, economic, cultural, social changes have given the subject matter a central place in Turkish politics at all levels; from the central government to local politics, to ordinary encounters with bureaucratic procedures. Further studies are necessary to map out the numerous other fields of encounter that are created during these changes; job-oriented training programs, new modes of disabled employment, special education institutions, Paralympics, disabled sport competitions and organizations and others. However, one should not forget that disability is never only about injured bodies but also about economic growth, international and national politics, enduring hegemonies, governing the population and so on; that is, disability cannot be

understood without a critical sensibility to the myriad forms of power constellations,
which are not always only about the disabled citizens and their real needs.

APPENDICES

Appendix A: Original Quotes in Turkish

Page 18, Footnote 13: Ben biliyorum, görüyorum, pek çok kurumlar, pek çok dernekler, pek çok bilim kuruluşları çırpınıyor. Çocuğun topuğundan bir kan alalım, doğduğu 24 saat içerisinde ve eğer, çocukta bir arıza varsa, bunu tedavi etme imkanımız var, ailelerin buna itibar etmeleri lazım. [...] Başka bir örnek vermek istiyorum. Dünya da Salk aşısı çıkmadan önce, Polio diye bir olay, çocukları ömür boyu sakat bıraktı. Şimdi, bu aşı çıktı, bu aşının her sene kampanyaları yapılıyor Türkiye'de, ben de bu kampanyaların çoğunu açıyorum. Çünkü, görüyorum ve biliyorum ki, bir sevimli yavrucağ Polioya yakalandığı zaman Hiçbir tedavisi yok, sonra senelerce bunun ıstırabını çekiyor. Onun için vatandaşlara diyoruz ki, çocuklarınızı bu Polio aşısından kaçırmayın.

Page 18, Footnote 14: Türkiye uygar bir toplum, sosyal bir Devlet'tir. Özürlülerin sorunlarına karşı göstereceğimiz ilgi ve üreteceğimiz çağdaş çözümler temel insan haklarının bir gereği, insana ve topluma saygının bir göstergesidir.

Page 18, Footnote 15: Türk toplumu tarihinden gelen yardımlaşma ve dayanışma geleneğiyle özürülere şefkat ve ilgi gösteren, yardım eden bir toplumdur.

Page 19, Footnote 16: Ben buraya giremiyorsam, beni ayrımcılık kapsamına sokuyorsunuz demektir. Ben isterdim ki, federasyon başkanlarım ve buradaki özürlü temsilcileri dün akşam yoğun bir toplantıda, burada özürülülerin temsil edilmediğini, 506 kişi içinde 70 kusur kişiyle özürülülerin temsil olunamayacağını, buraya, bu kadar büyük masraflar yapılırken; 118 milyar gibi bir rakam bildirildi, doğrudur, yanlıştır bilmiyorum. Bu rakamlarla uğraşılırken, refakatçisinin bile parasının ödenmediği ve bu kadar sıkıntının olduğu bir yerde biz burada bulunamayacağımızı ve Şuraya özürülüler olarak, federasyonlar olarak maalesef katılamayacağımızı ve benim, Konfederasyon Başkanı olarak, bu zorlu görevde bu şekilde açıklamada bulunmamı belirttiler. Şahsım, Başbakanlıkta görevli olmam ve devlete duyduğum saygıdan dolayı burada bulunacaktır. Ama, özürlü arkadaşlarım bu konuşmamızdan sonra bu toplantıyı terk edeceklerini bir deklerasyonla bilgi verdiler. Bu deklerasyon Divana ulaşacaktır. Ayrıca, ayrı bir toplantı yerinde, özürülüler için yapılacak çalışmalar konusunda çalışmalarını sürdüreceklerdir.

Page 20, Footnote 18: Ülkemizdeki özürülülerin sayısını ne yazık ki hala Dünya Sağlık Örgütünün vermiş olduğu rakamlarla ifade ediyoruz. Bu konuda, geçtiğimiz yıl, Devlet Planlama Teşkilatıyla birlikte bir çalışma başlatılmıştır; ancak önümüzdeki yıl, 2000 yılında yapılacak genel nüfus sayımında, bu konuda daha sağlıklı sonuçlar alınabileceği için, özürülülerin sayımı ve özürülülerle ilgili araştırma 2000 yılına bırakılmıştır. Bence bu doğru bir karardır. Gerçekten, ülkemizde ne kadar özürlü yaşadığını, hangi özür grubundan ne kadar insanın hangi ilimizde, hangi köyümüzde yaşadığını bilmek, onlarla ilgili politikaların ve hizmetlerin geliştirilmesinde son derece önemli.

Page 23, Footnote 27: Dünya Sağlık Örgütü verilerine göre, ülkemiz nüfusunun yaklaşık %12'si, sayıları 8 milyonu bulan özürlü vatandaşlarımızdan oluşmaktadır.

Page 24, Footnote 28: Özürlü vatandaşlarımızın, başkalarının yardımına muhtaç olmadan kendi kendilerine yetebilmelerinin sağlanması, fırsat eşitliğinin gerçekleştirilmesi ve topluma üretici bireyler olarak kazandırılmaları.

Page 24, Footnote 29: Avrupa Birliğine katılım sürecinde önemli adımlar attığımız bu günlerde, kamu kurum ve kuruluşlarınca 2003 Avrupa Özürülüler Yılına yönelik çalışmalar yürütülecek, engellilerin fiziki güçlükleri aşması için gerekli önlemler ivedilikle alınacaktır. Kamu kurum ve kuruluşları, özürülülere yönelik tüm etkinlik ve çalışmaların planlama ve uygulamasını Türkiye Sakatlar Konfederasyonu başta olmak üzere özürülülere hizmet amaçlı çalışmalarını yürüten sivil toplum örgütleri ile işbirliği içinde yürüteceklerdir.

Page 26, Footnote 30: Ülkemizin de içinde yer aldığı birçok ülke, özürülülere ilişkin istatistiki bilgilere sahip olmadıkları için Dünya Sağlık Örgütü'nün(WHO) tahminlerini kullanmaktadır. Kayıt sistemleri gelişmiş olan ülkeler, özürülülere ilişkin bilgileri kurumlarındaki kayıtlarından elde etmektedir. Belirli aralıklarla yapılan araştırmalarla da kurum kayıtlarında mevcut olmayan bilgileri derlemektedir. Özürülüler konusundaki bilgi ve veri eksikliğini gidermek amacıyla Başbakanlık Devlet İstatistik Enstitüsü Başkanlığı ve Başbakanlık Özürülüler İdaresi Başkanlığı işbirliği ile "2002 Türkiye Özürülüler Araştırması"2002 yılı Aralık ayında gerçekleştirilmiştir.

Page 28, Footnote 33: Özellikle gelişmiş ülkelerde, bu kesimlerin ihtiyaçlarının ne denli karşılandığı hususu gelişmişliğin ölçüsü kabul edilmektedir. Bu nedenle, millet olarak Avrupa Birliği üyeliği mücadelesinin verildiği dönemde özürülülerle ilgili standartlarımızı yükselterek gelişmiş çağdaş ülkelerin sağladığı imkanları sunmak bu yarışta yerimizi almak zorundayız.

Page 29, Footnote 38: Özürülülerle ilgili derecelendirmelere, sınıflandırmalara ve tanımlamalara gereksinim duyulan alanlarda ortak bir uygulama geliştirmek ve uluslararası sınıflandırma ve ölçütlerin kullanımının yaygınlaştırılmasını sağlamak.

Page 30, Footnote 39: Özürülülere ilişkin sınıflandırma çalışmalarında, sınıflandırma sistemi olarak; Dünya Sağlık Örgütü tarafından sağlık ve sağlıkla ilgili durumların tanımlanması için ortak standart bir dil ve çerçeve oluşturmak amacı ile geliştirilen ve insanın işlevselliği ve kısıtlılıklarla ilgili durumların tanımlanmasını sağlayan çok kapsamlı uluslararası bir sınıflandırma sistemi olan İşlevsellik Yetiyitimi ve Sağlığın Uluslararası Sınıflandırması esas alınır.

Page 30, Footnote 40: Memnuniyetle ifade edebilirim ki, bu yasal düzenlemelerle Avrupa'nın ilk dört-beş ülke içerisinde yer almış durumdayız.

Page 32, Footnote 42: Dünyada 650 milyon engelli var. Herkesin doğuştan elde ettiği insan hakları var. Belki bazı ülkeler daha iyileştirmiş olabilir ama dünyanın büyük kısmında bu konuda ihmal var. Aileler ve toplumlar engellilerini saklayarak bu işi geçiştirme yolundadır fakat bu yapılan onurlu toplumlara yakışmamaktadır.

Page 34, Footnote 44: Özürlülerimizi sadece sorunları bulunan kesimler gibi algılamak yerine bu vatandaşlarımızın, ülke ekonomisine ve kültürel birikimine ne denli katkıları olur yaklaşımıyla değerlendirildiğinde, konu bambaşka bir çehreye bürünecektir. Sonuçta, 8.5 milyon özürümüzün sorunlarıyla gündeme gelen kesim yerine, ülkemiz entelektüel sermayesinin önemli bir parçası gözüyle bakılacaktır.

Page 47, Footnote 68: Toplumsal yaşama katılımın en önemli unsurlarından biri olan istihdam konusunda; fonksiyonel yeterliliği ya da yetersizliği çok iyi değerlendiren bu yaklaşımla özürlü bireylerin hangi işlerde başarılı olabileceğinin tespitini yaparak, gerek eğitim sürecinde mesleklere yönlendirilmesinde, gerekse çalışma hayatının herhangi bir alanında üretken bir birey olarak yer almasında yapacağı katkılar açısından sözkonusu yaklaşımın devrim niteliğinde olması nedeniyle Türkiye'nin gündemine girmiş bulunmaktadır.

Page 48, Footnote 69: Gerçekçi olmayı becermemiz lazım. Değerler, güzel ahlak sadece özürsüzlerin değeri değil, hepimizin değeri. O yüzden de gerçekçi olacağız. Mesela Türkiye İş Kurumu ile Fiziksel Engelliler Vakfı bir işbirliği yaptılar. İstanbul'da çok güzel bir çalışma yürüyor. Dördüncü ayda 198 kişi işe yerleştirildi arkadaşlar. Yani çalışacak özürünün özellikleri öğreniliyor, işverenin ihtiyaçları tespit ediliyor, ikisi eşleştiriliyor ve özürlü işe yerleştiriliyor. İşveren diyor ki, "gel arkadaş, tam benim aradığım adamsın" diye kabul ediyor, 198 kişi. Biliyor musunuz 90 kişi söylediklerine rağmen, istediklerine rağmen o işleri kabul etmediler. Şu anda çalışan 108 kişi. Şimdi, iyi de bu 90 kişi niye kabul etmiyor? Söyledikleri iş bulundu kendisine. Köşede yatmaya, tembellik yapmaya hiç birimizin hakkı yok arkadaşlar. Bu memleketimizi hepimiz kalkındıracağız. Türkiye'nin birinci lige çıkmasında özürsüzlerin de payı olacak. Bu memleketin yollarının, hastanelerinin, okullarının iyi çalışmasında bizim de emeğimiz olacak. Eğer bunları biz böyle başaramazsak kusura bakmayın asalak insanlar oluruz, bu da bize yakışmaz.

Page 50, Footnote 72: Günümüzde, ülkelerin sosyal gelişmişliği; toplumun dayanışma toplumu olmasıyla, devletin de çocuk, özürsüz ve yaşlıları sosyal haklardan, sosyal hizmet ve sosyal güvenlik imkanlarından kişinin talebine ve ihtiyacına göre en üst düzeyde yararlandırması ile ölçülmektedir. Sosyal gelişmişlik olarak ileri noktada olan ülkeler, sağlık hizmetleri, sosyal hizmetler ve sosyal güvenlik ilkeleri doğrultusunda ve bir bütünlük içinde, özürsüzlerin tıbbi, mesleki ve sosyal rehabilitasyonunu ve bakıma muhtaçların bakımını sağlayacak sosyal sistemler oluşturmuşlardır [...] Ancak, bu hizmetlerin nitelik, nicelik ve ülke çapındaki yaygınlığı bakımından üzerinde durulması ve yeni uygulama yollarının araştırılması Avrupa Birliği'ne üyelik sürecinde giderek önem kazanmaktadır. Bakım hizmetlerinde sağlayacağımız niteliksel ve niceliksel gelişme Avrupa Birliği ülkelerine yönelik yeni bir ihracat kapısını açacaktır. Hızla yaşlanan Avrupa ülkelerindeki bakıma muhtaç kişilere verilecek bakım hizmetlerine genç Türkiye nüfusu talip olacaktır.

Page 59, Footnote 78: Sağlık kurulları tek tabibin yetkisi dışında kalan hususlarda veya mevzuatta sağlık kurulu raporu öngörüldüğü hallerde, kişilerin sağlık durumları hakkında karar vermeye yetkili organlardır.

Page 59, Footnote 79: Türk Silahlı Kuvvetleri Sağlık Yeteneği Yönetmeliği kapsamında asker hastanelerince malullük aylığı bağlanacaklar için verilecek özürlü sağlık kurulu raporlar [...] bu Yönetmelik kapsamında değerlendirilmez.

Page 65, Footnote 89: Özürlü Sağlık Kurulu, özürlü kişiyi bizzat görerek karar verir.

Page 67, Footnote 91: Yapılan muayene, tetkik ve laboratuvar bulgularına dair bilgiler özürlü sağlık kurulu raporu formuna eklenir.

Page 68, Footnote 94: Adaletli bir kalkınmayı gerçekleştirebilmek için, kamunun bütün kurumları yeni bir anlayışla, çağdaş dünya normlarına uygun bir biçimde yeniden yapılandırmak zorundayız.

Page 71, Footnote 98: Özürülerin, özel kanunları uyarınca kendilerine tanınan haklardan yararlanabilmeleri maksadıyla almaları gereken özürlü sağlık kurulu raporları için muayene, tetkik ve rapor ücreti alınıp alınmayacağı konusunda uygulamada doğan tereddütlerin giderilebilmesi için ilgili mevzuat çerçevesinde konunun açıklığa kavuşturulması gerekli görülmüştür.

Page 72, Footnote 99: Bakanlığımıza ait sağlık kurumları bünyesinde; sağlık kurullarınca düzenlenen sağlık kurulu raporlarına ait giderlerin, her rapor için istisnaların bulunması, ücretlendirilmesi kişi veya kurumlara fatura edilmesi ve benzeri hususlara ilişkin; sağlık kurumları ile kişi veya geri ödeme kuruluşları arasında uygulama birliği sağlamak amacıyla; gerek ilgili mevzuat gerekse aşağıda belirtilen hususlara bir kez de bu genelge ile açıklık getirilmesinde fayda görülmüştür.

Page 84, Footnote 113: Sakatlıkla ilgili bulgular tam ve ayrıntılı olarak belirtilmediğinden herhangi bir karara varılamamıştır ... Adı geçen hakkında karar verilebilmesi için klinik bulguları, sakatlık bulguları, laboratuvar bulguları ile aşağıda açıklanması istenen hususların tam ve açık şekilde belirtilip hastane baştabipliğine onaylatılarak anılan belgenin ve/veya söz konusu hususlara da yer verilmek suretiyle yeniden düzenlenecek bir raporun Kurulumuzca incelenmek üzere Gelir İdaresi Başkanlığına gönderilmesine karar verildi.

Page 84, Footnote 114: Merkez Sağlık Kurulu, Maliye Bakanlığı Başhekiminin başkanlığında, Sağlık Bakanlığı'nca görevlendirilecek iki uzman hekim ile Çalışma ve Sosyal Güvenlik Bakanlığı'nca görevlendirilecek bir uzman hekimden ve Gelirler Genel Müdürlüğü'nün bir temsilcisinden oluşur. Merkez Sağlık Kurulu ayda en az iki defa üye tam sayısı ile toplanır ve oy çokluğu ile karar verir.

Page 84, Footnote 115 : [...] sosyal güvenlik kuruluşlarınca primli sisteme tabi olanlara bağlanacak malullük aylıkları için istenecek özürlü sağlık kurulu raporları ve vergi indirimi için istenecek özürlü sağlık kurulu raporlarının nihai kararları bu Yönetmelik kapsamında değerlendirilmez.

Page 89: Footnote 120: %40'ın altında kalan raporları bazı hastaneler hiç girmiyor. Diyolar ki gidin Bursa'da bir daha başvurun. Sistemde gözüküyor.” As he wrote in the suggestions paper to Ankara in 2008 which was never sent; “Yönetmelik gereği her ayın ilk haftasında Sağlık Bakanlığı Özürlü Veri Bankasına girilmesi gereken özürlü raporlarının yoğun bir şekilde özürlü raporu düzenleyen hastanemizce bile

haftalık girilebildiği, tüm hastanelerin de aynı uygulamayı yapmalarının sağlanması, bu veri girişlerini yeterince yapmayan hastanelerin olduğu, özellikle Uludağ Üniversite hastanesi ve Bursa Asker hastanesi sağlık kurullarınca düzenlenen hiçbir raporun veri bankasına girilmemesi ve diğer hastanelerin veri girişlerini yönetmelik gereği her ayın ilk haftasında yapmasından dolayı aradaki zamanda diğer hastanelerden özürü raporları çıkartılabilmesi nedeniyle sistemin aksadığı.

Page 109, Footnote 146: Marx'ın tarihe dair oldukça doğru bulduğum bir sözü vardır: "Tarihte ne olduysa öyle olması gerektiği, başka türlü olamayacağı için öyle olmuştur". Yani, bir tarihte bir şey olmuşsa, o şeyin o tarihte o anda olması için gerekli tüm şartlar oluşmuştur ve o oluş kaçınılmaz hale gelmiştir. Bu siteyi açmak tamamen pratik ihtiyaçtan dolayı ortaya çıktı. 11 sene önce felç olup tekerlekli sandalye kullanmaya başlayınca, onlarca soru(n) karşıma çıktı ve bunların cevaplarını/çözümlerini bulmak için -henüz yeni yeni oluşmaya başlayan- internette eşelenmeye başladım... O günden bu güne de gelişe gelişe, büyüye büyüye, öğrenene öğrenene, değişe değişe geldik. İlk açıldığında günde birkaç kişinin ziyaret ettiği bir siteyken, şimdi günde 10 bini aşkın ziyaretçisi var. O zamanlar haftada birkaç kişi üye olurken, şimdi günde 40-50 kişi üye oluyor; halen 30 bini aşkın üyemiz var.

Page 120, Footnote 153: Gittiğimiz kurum neresi olursa olsun o işimizle ilgili kanun yönetmelik vs ne varsa çıktısını alıp gitmek gerek hoş okuduğunu anlamayan angutlarla dolu bu ülke ya yinede belki azda olsa kafasının içinde az biraz beyni kalmış olan birine denk gelebiliriz. Bu güne kadar aldığım Sağlık Kurulu raporlarına ücret ödemedim ehliyet için aldığımda ödemiştım, ödememem gerektiğini izah ettimsede hastanenin açıklaması şu olmuştu; Sizin ehliyet için aldığınız rapor özel bir rapor diğer sağlık raporlarından farklı olduğu için 100 TL ücret ödemeniz gerek☺.

Page 121, Footnote 156: Evet, bir kurum sevki olmadığı sürece artık sağlık kurulu raporları için hastaneler para talep edecek. Bu zaten neredeyse böyle uygulanıyordu, ama bir şekilde itiraz ettiğimizde geri adım atılabiliyordu. Artık bu şansımız da yok. Rapor istiyorsan ücret ödeyeceksin...Bu durumda bir seferde tüm değerlendirmelerin yapıldığı rapor almak daha bir önemli oldu: Tüm hakların değerlendirildiği tek bir sağlık raporu almak için dilekçe [Hyperlinked].

Page 122, Footnote 157: Yönetmeliğe göre çıkarılan raporlar sürücü belgesi gibi bir istisna dışında tüm kurumlar için geçerli olmalıdır.

Page 125, Footnote 160: Bu şekilde tek bir raporla tüm işlerimizi halletmek bize yasaların verdiği bir haktır. Ama hastaneler ve kurumlar bu hakkımızı gasp etmektedirler. Bize düşen, ısrarla hakkımızı aramak ve gerekirse BİMER kanalıyla hakkımızı gasp eden kişi ve kurumlar hakkında şikayette bulunmak ve hakkımızı söke söke almaktır.

Page 127, Footnote 162: Başbakanlık İletişim Merkezi (BİMER) Doğrudan Başbakanlık Uygulaması Nedir? BİMER, bilişim ve iletişim teknolojileri kullanılarak hayata geçirilen bir halkla ilişkiler uygulamasıdır. İyi ve sağlıklı işleyen bir halkla ilişkiler uygulaması için günümüz iletişim teknolojilerinin kullanılması bir zorunluluktur. BİMER ile oluşturulan sistem sayesinde vatandaş ile devlet arasındaki iletişim kanallarının tümü açık tutularak müracaatların her zaman ve her yerden

yapılabilmesi yanı sıra, müracaatlara cevapların da hızlı, etkin ve daha ekonomik bir şekilde verilebilmesine imkan sağlanmıştır.

Page 129, Footnote 165: Birçok hayalkırıklığı yaşayarak bu işe son noktayı koymuştum. 3 sene sonra aile baskısı ve bu forumun çok büyük etkisinden yararlanıp tekrar Özürlü Aylığı için başvurduğum.


Page 130, Footnote 166: 4 ay önce 2022 Maaşı için Balıkesir'de Mal müdürlüğünden başvuruda bulunduk. Geçen gün mal müdürlüğüne evraklarımın ne durumda olduğunu sormak için gittiğimde evraklarımın hala ankaraya ulaşmadığını gördüm. Kütüğümüz Mardin'de olduğu için yazı yazmışlar Mardin Defterdarlığına ama hala Mardin'den bir cevap gelmediği için yapacak birşeyin olmadığını söyledi bulunduğumuz ilçede ki Mal müdürlüğü acaba Mardin'den gelirimiz olup olmadığına dair yazı ne zaman çıkar ya da benim yapabilecek birşeyim var mı bu duruma karşı? Teşekkürler.

Page 130, Footnote 167: Arkadaşlar ben bu forum vasıtasıyla "Bimer" denilen iletişim merkezine ulaştım. 4 aydır beklemiş olduğum yazıya Mal müdürlerinin duyarsız kalması ve dosyalarımın boşu-boşuna 4 aydır müdürlükte bekletilmesini farkedip olayı Bimer'e şikayet yoluyla ilettim. Bimer'de üstüne düşeni yapıp Bölge valiliklerine sorunumu iletmış olacaklar ki bir haftada işimi gördüler bundan dolayı çok sevinçliyim.

Page 132, Footnote 171: Maluliyet Kararı Veren Birim: Sevkiniz sonucu [sağlık kurulu tarafından] hakkınızda düzenlenen sağlık kurulu raporları ve diğer belgeler bağlı bulunduğunuz Sosyal Güvenlik İl/merkez müdürlüğünce bir dosya şeklinde görüşülmek üzere ilgili Kurum Sağlık Kuruluna gönderilir. Kurum Sağlık Kurulunca Maluliyet Kabul edilebilir. Red edilebilir veya Ara Karar verilebilir.

Page 143, Footnote 180: insallah ordada digital santral çıkmıyordur.. düşünsenize: özürlüler idaresine hoşgeldiniz, press nine for english.. SGK sorunlarınız için 1'e, ulaşım sorunlarınız için 2'ye, ekonomik sorunlarınız için 3'e, eğitim sorunlarınız için 4'e, sağlık sorunlarınız için 5'e, psikolojik sorunlarınız için 6'ya, istihdam için dittin sene bekleyiniz!!! :):)

Appendix B: Medical Committee Examination Form (*Muayene Formu*)

	T.C. SAĞLIK BAKANLIĞI Bursa Devlet Hastanesi Baştabipliği	KOD : FR / 40 Y.TARİHİ : 01.11.2005 SAYFA NO : 1/1 REV. NO : REV. TAR. : BASKI NO : 01
	SAĞLIK KURULU MUAYENE FORMU	

Rapor No : Protokol No:.....
 Adı Soyadı :
 T.C. Kimlik No : Fotograf
 Baba Adı :
 D.Yeri Ve Tarihi :
 Görevi :
 İş Adresi :
 Ev Adresi :
 Rapor İstek Nedeni:.....

Boy:..... Kilo:..... Cinsiyeti: Erkek Kadın

Bölümler	Poliklinik Defteri		Bulgular	İmza
	Tarih	No		
Nöroloji				
Psikiyatri				
Göz Hastalıkları				
Dâhiliye				
Hariciye				
Üroloji				
K.B.B.				
Ortopedi				

Not: Bu muayeneler bittiğinde Salı, Çarşamba, Perşembe günleri Saat 12.00 kadar sağlık kuruluna verilecektir

... / ... / 200..
BAŞTABİP

Appendix C: Disability Health Committee Report (Özürlü Sağlık Kurulu Raporu)



T.C.
SAĞLIK BAKANLIĞI
BURSA DEVLET HASTANESİ
ÖZÜRLÜ SAĞLIK KURULU RAPORU

FOTOĞRAF

Hastanın Adı Soyadı : ŞEYME ÜÇDAL (1574304)	T.C. Kimlik No : 36886042872
Baba Adı : ZEYNEL - SANİYE	Doğum Yeri, Yılı : GEMLİK - 1965
Müracaat Tarihi : 20.10.2010	Rapor Tarihi : 20.10.2010
Muayene Gönderen: B-Kişisel Müracaat:[X]	Rapor Numarası : 4488
Muayene Gönderen Kurum:	Rapor Kullanım Amacı : 2022 SAYILI YASA VE TÜM ÖZÜRLÜ HAKLARINDAN YARARLANMAK İÇİN.

ÖZRE İLİŞKİN BİLGİLER :

Sistemler	Özre İlişkin Klinik Bulgular, Rad.Tetkikler, Lab.Bilgileri	Oranı
1- İç Hast. Uzm. : X	HİPERTANSİYON.SAYFA 18 Klas 1: Antihipertansif tedavi kullanan ve komplikasyonu olmayan kişiler	10
2- Genel Cerrahi Uzm.		
3- Yanıklar :		
4- Beyincerrahi Uzm.		
6- Sindirim Sistemi:		
8- Göz Hast. Uzm. :		
9- Kbb Uzm. :		
10- Göğüs Hast. Uzm.		
11- Hematopoetik Sıst.		
12- Nöroloji Uzm. : X	EPİLEPSİ.SAYFA 42 3-Bazı günlük aktiviteleri engelleyen nöbetler a) Seyrek .TERİL CR 400 2X1 KULLANIYOR.	20
13- Ruh Sağ. ve Has: Uzm.	DEPRESYON (TEDAVİ İLE İŞLEVSELLİĞİ KISMEN DÜZELEN)	30
14- Ortopedi ve Trav: Uzm.		
15- Fizik Ted. Uzm. :		
16- Cildiye Uzm. :		

#2# nesek 03.11.2010 15:06

Hastanın Adı Soyadı : ŞEYME ÜÇDAL (1574304)	T.C. Kimlik No : 36886042872
Baba Adı : ZEYNEL - SANİYE	Doğum Yeri, Yılı : GEMLİK - 1965
Müracaat Tarihi : 20.10.2010	Rapor Tarihi : 20.10.2010
Muayene Gönderen: B-Kişisel Müracaat:[X]	Rapor Numarası : 4488
Muayene Gönderen Kurum:	Rapor Kullanım Amacı : 2022 SAYILI YASA VE TÜM ÖZÜRLÜ HAKLARINDAN YARARLANMAK İÇİN.

ÖZÜRLÜ SAĞLIK KURULU RAPORUNUN SONUCU :

Teşhis: EPILEPSİ.DEPRESYON.HİPERTANSİYON	Özür Durumuna Göre Tüm Vücut Fonksiyon Kaybı :
	Oranı : %50 -Rakamla- (Elli) Yazıyla
Ağır Özürlü : Evet	Çalışamayacağı İş Alanları:
SürekliDir : Evet	
Rap. Geçerlilik Süresi:	

RAPORUN KULLANIM AMACI(EVET,HAYIR VEYA DEĞERLENDİRİLMEDİ) ŞEKLİNDE BELİRTİNİZ):

SONUÇ	SONUÇ
H Sınıfı ehliyet alabilir : Değerlendirilmedi	Ortezi/protezi kullanması gereklidir. : Değerlendirilmedi
Özel tertibatlı araç kullanılabilir : Değerlendirilmedi	Yardımcı cihaz kullanması gereklidir. : Değerlendirilmedi
Akülü araç kullanması gereklidir : Değerlendirilmedi	Tekerlekli sandalye kullanması gereklidir : Değerlendirilmedi
İşitme cihazı kullanması gereklidir : Değerlendirilmedi	Özel eğitim amaçlı değerlendirme uygunc: Değerlendirilmedi
Diğer: (Açıklayınız)2022 SAYILI YASA VE TÜM ÖZÜRLÜ HAKLARINDAN YARARLANMAK İÇİN.	

Kurul Başkan Vek.
Dr. TAYFUN AÇIKGÖZ

FİZ.TED.UZM.

GENEL CERRAHİ UZMANI

GÖZ HAST.UZM.

İÇ HAST.UZM

KBB UZM.

NÖR.UZM.

ORT.VE TRAV.UZM

RUH SAĞ VE HAST.UZM

Baştabip
Uzm. Dr. METE EKŞİOĞLU
44575

Oybirliği ile karar verilmiştir.

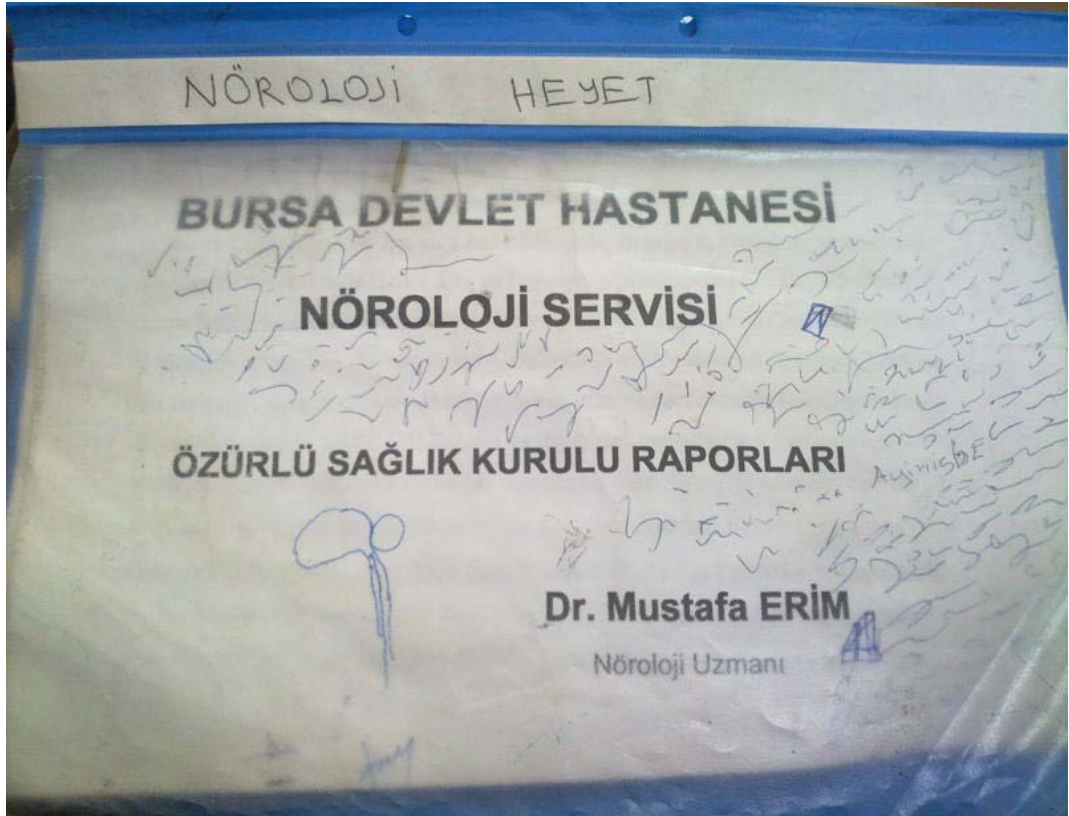
#2# nesek 03.11.2010 15:06

EK2 :ÖZÜR DURUMUNA GÖRE ÇALIŞMA GÜCÜ KAYBI ORANLARI
CETVELİ

X NÖROLOJİK HASTALIKLAR

A		Özür durumuna göre çalışma gücü kaybı oranı %
PAREZİLER		
1)	Monoparezi Üst Ekstremité	
	a - Hafif	15
	b - Orta	20
	c - Pleji	55
2)	Monoparezi Alt Ekstremité	
	a - Hafif	15
	b - Orta	20
	c - Pleji	50
3)	Hemiparezi	
	a - Hafif	35
	b - Orta	40
	c - Hemipleji	80
4)	Paraparezi veya diparezi	
	a - Hafif	35
	b - Orta	45
	c - Parapleji veya dipleji	80
	d - Parapleji + İncontinans	95
	e - Kuadriparezi	60
	f - Kuadropleji	100
5)	Afaziler Motor	
	a - Hafif	10
	b - Orta	25
	c - Ağır	45
6)	Sensoriel	
	a - Hafif	15
	b - Orta	30
	c - Ağır	50
7)	Mikst tip afazilerde ağır olana göre puanlama yapılır.	
8)	Parkinson Hastalığı	
	a - Hafif	30
	b - Orta	45
	c - Ağır (Yürüyemeyen, yaşamsal aktiviteyi tamamen engelleyen)	90
9)	Distonik bozukluklar ve diğer hareket bozuklukları Fonksiyon kaybeden ekstremiteye göre parezi ile eşdeğer puan verilir.	
10)	Kas hastalıkları	

Appendix E: Photos of the pages, Prepared and used daily in the Neurology clinic



Tablo 4.2.b- Her iki üst ekstremitte bozuklukları.

	Her İki Üst Ekstremitte Bozukluğu	Tüm Vücut Fonksiyon Kaybı
1-Hafif	Kişi her iki ekstremitteyi kendine bakım, kavrama ve tutmada kullanabiliyor, fakat parmak hareketleri ince becerisinde zorluk yaşıyor	19
2-Hafif Orta	Kişi her iki ekstremitteyi zorlukla kendine bakım için kullanabiliyor, eşya kavrayabiliyor ve tutabiliyor fakat parmak hareketlerinde ince beceri yok	39
3-Ağır Orta	Kişi her iki ekstremitteyi kullanabiliyor fakat kendine bakım aktivitelerinde zorlanıyor	79
4-Ağır	Kişi etkilenmiş ekstremitteyi kendine bakım veya günlük aktivitelerinde kullanamıyor	80+

Appendix F: Original view of the manual. Pages frequently used by the neurologists.

SPİNAL SİNİR KAYIPLARINA BAĞLI ÖZÜRLÜLÜK

Tablo 1.8- Duyusal kayba bağlı yetersizlik yüzdesinin belirlenmesi.

Derece	Duyu kaybı veya ağrının tanımı	Duyu kaybı (%)
5	Duyu kaybı, anormal duyu veya ağrı yok	0
4	Aktivite esnasında unutulmuş bozulmuş yüzeysel duyu (azalmış hafif dokunma) veya ağrı ile birlikte olan veya olmayan hafif duyu kaybı	1-25
3	Bazı aktiviteleri etkileyen, anormal duyunun (örn. disestezi) veya hafif ağrının eşlik ettiği bozulmuş yüzeysel duyu (azalmış hafif dokunma ve iki nokta ayırımı)	26-60
2	Bazı aktiviteleri engelleyen, anormal duyunun (örn. disestezi) veya orta derecede ağrının eşlik ettiği azalmış yüzeysel ve taktıl duyu	61-80
1	Bir çok aktiviteyi engelleyen, anormal duyunun (örn. disestezi) veya ciddi derecede ağrının eşlik ettiği, yüzeysel ve taktıl duyu kaybı (derin duyu korunmuş)	81-99
0	Aktiviteyi tam engelleyen anormal duyu, ciddi ağrı ve tam duyu kaybı	100

NOT: Her bir kutanöz innervasyon alanı veya dermatom ayrı ayrı değerlendirilir, toplam vücut özürlülük yüzdesi bulunur ve kombine özürlülük formülü ile son özürlülük yüzdesi belirlenir.

Tablo 1.9- Motor kayba bağlı yetersizlik yüzdesinin belirlenmesi.

Derece	Kas kuvvetinin değerlendirilmesi	Motor kayıp (%)
5	Yer çekimine karşı maksimum dirençle engellenemeyen aktif hareket	0
4	Kısmi direnç ve yerçekimine karşı aktif hareket	1-25
3	Sadece yerçekimine karşı aktif hareket	26-50
2	Yerçekimi ortadan kaldırıldığı zaman aktif hareket	51-75
1	Hafif kontraksiyon, hareket yok	76-99
0	Kontraksiyon ve hareket yok	100

Tablo 1.10- Unilateral spinal sinir kökünün etkilenmesine bağlı özürlülük oranı.

Spinal sinir	Duyu kaybı veya ağrıya bağlı (%)	Motor kayba bağlı (%)
C5	5	30
C6	8	35
C7	5	35
C8	5	45

T1	5	20
----	---	----

Tablo 1.11- Unilateral spinal sinir kökünün etkilenmesine bağlı özürlülük oranı.

Spinal sinir	Duyu kaybı veya ağrıya bağlı (%)	Motor kayba bağlı (%)
L3	5	20
L4	8	34
L5	5	37
S1	5	20

2. ÜST EKSTREMİTEYE AİT SORUNLARDA ÖZÜRLÜLÜK ORANLARI

Bir bozukluğun bir vücut biriminde neden olduğu özürlülük yüzdesi ilgili birimin tam kaybının tüm vücutta neden olduğu özürlülük yüzdesi ile çarpılarak bireyin özürlülüğü hesaplanır (Tablo 2.1.'e göre).

Tablo 2.1- Parmaklar, el, üst ekstremit ve tüm vücuda göre özürlülük oranları.

Eklemler ve vücut bölümleri	Özürlülük oranı (%)			Tüm Vücut Fonksiyon Kaybı Oranı %
	Birim	El	Üst ekstremit e	
Omuz eklemi	-	-		
Glenohumeral			60	35
Akromiyoklavikular			25	15
Sternoklavikular			5	3
Dirsek eklemi	-	-		
Tüm dirsek			70	40
Ulnahumeral			50	30
Proksimal radioulnar			20	10
El bileği	-	-		
Tüm el bileği			60	35
Radiokarpal			40	25
Distal radioulnar			20	10
Proksimal karpal			30	18
Tüm el	-	100	90	55
Başparmak				
Tüm başparmak	100	40	35	20
Karpometakarpal	75	30	25	15
Metakarpofalangeal	10	5	5	3
İnterfalangeal	25	10	9	5
İşaret ve orta parmak				
Tüm parmak	100	20	18	11
Metakarpofalangeal	50	10	9	5
Proksimal interfalangeal	30	6	5	3
Distal interfalangeal	20	4	4	2
Yüzük ve küçük parmak				
Tüm parmak	100	10	9	5
Metakarpofalangeal	50	5	5	3
Proksimal interfalangeal	30	3	3	2

Distal interfalangeal	20	2	2	1
-----------------------	----	---	---	---

Örnek:

Tüm el bileğindeki hafif şişliğin bireyde neden olduğu özürlülük derecesi	=	Hafif şişlik yüzdesi	x	Tüm el bileğinin bireyde neden olduğu özürlülük yüzdesi
%3,5		%10		%35

Birleşik Özürlülüğün Belirlenmesi:

Üst ekstremiteye ait her birimdeki özürlülük oranları ayrı ayrı belirlenir. Her birimin kendi içindeki özürlülük oranları toplandıktan sonra Birleşik Değerler Tablosu kullanılarak Tablo 2.1.'e göre kişide yarattığı özürlülük yüzdesi hesaplanır.

Örnek:

Kolunda multipl yaralanması olan bir hastanın, el başparmağına ait %50, işaret parmağına ait %10, el bileğine ait %5, dirseğe ait %2 oranında özürlülüğe yol açacak sorunları var.

Tablo 2.1.'e göre başparmağın %50 özürlülüğü elde %20, işaret parmağının %10 özürlülüğü elde %2 özürlülüğe neden olmakta, ve bu iki durum elde toplam %22 özürlülüğe yol açmaktadır. Eldeki %22 özürlülük Tablo 2.1.'e göre kolda % 19,8□20 özürlülüğe neden olmaktadır.

Elden kaynaklanan %20, el bileğinden kaynaklanan %5 ve dirsekten kaynaklanan %2 özürlülük Birleşik Değerler Tablosu kullanılarak hesaplandığında kolun toplam özürlülük yüzdesi %26, kişinin özürlülük yüzdesi ise Tablo 2.2.'e göre % 16 bulunmaktadır.

Tablo 2.2- Üst ekstremitede fonksiyon kaybına ait özürlülük yüzdesinin bireyde neden olduğu fonksiyon kaybı yüzdesi için ilişki cetveli.

Özürlülük (%)		Özürlülük (%)		Özürlülük (%)	
Üst Ekstremitte	Tüm Vücut Fonksiyon Kaybı	Üst Ekstremitte	Tüm Vücut Fonksiyon Kaybı	Üst Ekstremitte	Tüm Vücut Fonksiyon Kaybı Oranı %
0	0	34	20	68	41
1	1	35	21	69	41
2	1	36	22	70	42
3	2	37	22	71	43
4	2	38	23	72	43
5	3	39	23	73	44
6	4	40	24	74	44
7	4	41	25	75	45
8	5	42	25	76	46
9	5	43	26	77	46

10	6	44	26	78	47
11	7	45	27	79	47
12	7	46	28	80	48
13	8	47	28	81	49
14	8	48	29	82	49
15	9	49	29	83	50
16	10	50	30	84	50
17	10	51	31	85	51
18	11	52	31	86	52
19	11	53	32	87	52
20	12	54	32	88	53
21	13	55	33	89	53
22	13	56	34	90	54
23	14	57	34	91	55
24	14	58	35	92	55
25	15	59	35	93	56
26	16	60	36	94	56
27	16	61	37	95	57
28	17	62	37	96	58
29	17	63	38	97	58
30	18	64	38	98	59
31	19	65	39	99	59
32	19	66	40	100	60
33	20	67	40		

Appendix G: Amputations Sections from the Assessment Manual

başparmak- 2-5p	6(14)[20]	5(12)[17]	7(17)[24]
başparmak-2-3-4p	6(16)[23]	5(13)[19]	8(19)[27]
başparmak-2-3-5p	6(16)[23]	5(13)[19]	8(19)[27]
başparmak-2-4-5p	6(16)[23]	5(13)[19]	8(19)[27]
başparmak-2-3-4-5p	7(18)[26]	6(15)[21]	8(21)[30]
başparmak-3p	5(12)[17]	4(11)[15]	6(15)[21]
başparmak- 3-4p	6(14)[20]	5(12)[17]	7(17)[24]
başparmak- 3-5p	6(14)[20]	5(12)[17]	7(17)[24]
başparmak--3-4-5p	6(16)[23]	5(13)[19]	8(19)[27]
başparmak-4p	5 (12)[17]	4(11)[15]	6(15)[21]
başparmak-4-5p	6(14)[20]	5(12)[17]	7(17)[24]
başparmak-5p	5(12)[17]	4(11)[15]	6(15)[21]
2 nci parmak	1(2)[3]	0(1)[2]	1(2)[3]
2nci, 3ncü parmak	2(4)[6]	1(3)[4]	2(4)[6]
2-3-4. parmak	2(6)[9]	1(3)[4]	2(6)[9]
2-3-5. parmak	2(6)[9]	2(4)[6]	2(6)[9]
2-3-4-5.parmak	3(8)[12]	2(6)[8]	3(8)[12]
2-4. parmak	2(4)[6]	1(3)[4]	2(4)[6]
2-4-5. parmak	2(6)[9]	2(4)[6]	3(8)[12]
2-5. parmak	2(4)[6]	1(3)[4]	2(4)[6]
3. parmak	1(2)[3]	0(1)[2]	1(2)[3]
3-4. parmak	2(4)[6]	1(3)[4]	2(4)[6]
3-4-5. parmak	2(6)[9]	2(4)[6]	2(6)[9]
3-5. parmak	2(4)[6]	1(3)[4]	2(4)[6]
4. parmak	1(2)[3]	0(1)[2]	1(2)[3]
4-5. parmak	2(4)[6]	1(3)[4]	2(4)[6]
5. parmak	1(2)[3]	0(1)[2]	1(2)[3]

3.7. AMPUTASYONLAR

Tablo 3.30- Ampütasyona bağlı bozuklukların değerlendirilmesi.

Ampütasyon düzeyi	Bireyin (alt ekstremitte) [ayak] özürüllük oranı (%)
-Hemipelvektomi	50
-Kalça dezartikülasyonu	40 (100)
-Diz üstü	
Proksimal	40 (100)
Orta ve distal	38 (95)
-Diz dezartikülasyonu	36 (90)
-Diz altı	
Proksimal	34 (85)
Orta ve distal	32 (80)
-Syme (ayak)	30 (75)
-Chopart (orta ayak)	25 (62) [100]
-Transmetatarsal	20 (50) [71]
-Birinci metatarsal	8 (20) [28]
-Diğer metatarsallar	2 (5) [7]
-Metatarsofalangiyal (MTF)	9 (22) [31]
eklemden itibaren tüm parmaklar	
-MTF eklemden başparmak	5 (12) [17]
-İnterfalangial eklemden başparmak	2(5) [7]
-MTF eklemden diğer küçük parmaklar	1(2) [3]

3.8. TANIYA DAYALI DEĞERLENDİRMELER

Bazı durumlarda fizik muayene bulgularından ziyade sadece tanıya dayanılarak özürüllük yüzdesi hesaplanması gerekli olabilir. Örneğin başarılı bir kalça replasmanından sonra kişinin fonksiyonları yeterli olsa bile, mutlaka bir takım kısıtlılıklar yaşayacaktır. Bu durumlarda hastanın genel durumunu fizik muayene bulgularının mı yoksa tanısal kriterlerin mi daha iyi tanımlayacağı konusunda hastanın

Appendix H: Original Discussion, Print Version from Engelliler.Biz



Vergi indirimi başvurumda durmadan hastaneye sevk ediliyorum..?

Yazıcı Görünümü

koseharun27

15.01-2011, 12:13

Vergi indirimi başvurumda durmadan hastaneye sevk ediliyorum..?

9 Haziran 2011 Güncel:

Alıntı:

Alıntı Yapılan Kişi: [koseharun27](#)

arkadaşlar raporum %50 olarak onaylandı.

iyi günler arkadaşlar

benim sağ bacağım dizden yukarı kesik haziran ayında vergi indirimi için heyete girdim yaklaşık 3 ay sonra cevap'ı geldi kesik olan ayagın filmi olmadığı için tekrar heyete yönlendirdiler e kim ayında tekrar heyete girdim ayak filmi ile raporu teslim ettim şimdi yine gelirler idaresi patoloji sonucu ve epiküriz sonucu olmadığından tekrar heyete yönlendirmiş ben de başbakanlığı (bimer'e) neden gerekli evrakları ilk seferde istenmediği hakkında bir dilekçe yazdım gönderdim. bana cevap olaraktan'da bunu yazmışlar. Gelen cevap'ın bana göre benim yazdığım yazıyla alakası yoktur.

"Özürtülere verilecek özür oranları 2006 yılında değiştirilmiştir. Herhangi bir hastaneden aldığınız özür derecesini belirtir rapora itiraz edebilir, aynı hastane başhekimliğine itiraz dilekçesi vererek başka bir hastaneye sevk isteyebilirsiniz. Başka hastanenin vermiş olduğu rapor derecesi farklı çıkarsa hakem hastaneye sevk edilebilirsiniz. hakem hastane raporu kesin rapordur.

Acaba buranın haricince görüşebileceğim bir yer var mı?

MESTAN

15.01-2011, 12:21

İşin trajik yanı kurum kesik bacağın size ait olup olmadığından emin olamıyo anlaşılın hatta rontgen filmine bile ikna olmamışa benziyor bu bağlamda bimer in verdiği cevap da olduğu gibi hastane baştabililiğine okkalı bir dilekçe yazın ve gerekli tetkikleri rapora eklesinler

koseharun27

15.01-2011, 12:31

kardeş benim canımı sıkan daha önce aynı hastaneden almış olduğun 10 larca rapor var başbakanlık özürtüler idaresinin verdiği %50 raporum var. Ve benim bacağım kesileli 11 yıl olmuş ben hiçbir tedavimi burada kendi ilimdeki hastanede gömedim. Benim tedavi ve ameliyat olmadığım hastane bana nasıl bir patoloji sonucu ve epiküriz raporu verecek ben gaziantep'te yaşıyorum tedaviyi ankara 'da gördüm.

MESTAN

15.01-2011, 12:37

Bacağınız ampute mi ?
Bence hakem hastaneye sekinizi isteyin

koseharun27

15.01-2011, 12:38

evet ampute kesik bacak
hakem hastane tam teşekkürlü devlet hastanesi değilmi?

MESTAN

15.01-2011, 12:41

Evet ve Gaziantep'de muhakkak vardır kanaatimce

koseharun27

15.01-2011, 12:44

Bu gerekli evrakları hastane ben tekrar heyete girmeden devlet hastanesi gerekli evrakları ben dilekçe yazsam gelirler idaresi

başkanlığına gönderimi yoksa yine girmem gerekimi heyete?

KKELEBEKK

15.01-2011, 12:46

Gaziantep'te Cengiz Gökçek Devlet Hastanesi Hakem Hastane

koseharun27

15.01-2011, 12:47

bende cengiz gökçek alıyorum raporu 2 defa girdim

MESTAN

15.01-2011, 12:47

Patoloji ve epikiriz sonucu siz olmadan olabilirmi bilemiyorum ki bence tekrar hastanede biraz uğraşacağına benziyo

koseharun27

15.01-2011, 12:51

sıkıntı bendede yoktur patoloji ve epikiriz sonucu bu sonuçları tekrar belgelemek için benim tekrar hasta olup patoloji ye parça vermem gerekli ve tekrardan kemoterapi görmem gerekli galiba bu raporu almasam erken emelki olamamı acaba

MESTAN

15.01-2011, 12:57

Hayır efendim gelirler idaresinden gelen cevaba göre hastane heyetine muracaat edin eksik olan kısmı tamamlasınlar yeni baştan başlamanıza gerek yok

koseharun27

15.01-2011, 12:59

teşekkürler usta yordum senide

MESTAN

15.01-2011, 13:02

Senin diz üstü ampute bacakla vergi indirimini alamaman mucize bile olmaz sadece biraz bürokrasiyle uğraşacaksın sonuçta alacaksın.)

koseharun27

15.01-2011, 13:05

doğru söylüyorsun biraz büroksi ama bu büroksiyle uğraşırken işsiz kalacağ 3 ayda bir izin sabah 8 de hastaneye giriyorsun öğlen saat 3 e kadar uğraşıyorsun 7-8 tane doktorun yanına gir çık öğlenden sonra heyete gir vs.

koseharun27

17.05-2011, 11:43

arkadaşlar heyete girdikten ne kadar süre sonra sonuç netleşiyor acaba ben heyete gireli 1,5 ay oldu daha önce 2 defa girmiştım yaklaşık 3 ay sürmüştü bende dilekçe ile bazı yerlere dilekçe yazdım süre kısaltıldı demişlerdi. Şuan ne kadar beklememiz gerek acaba

OturanBoğa

17.05-2011, 15:57

Amputasyon gibi bir durumu tespit etmek için bile bu kadar zaman kaybediliyorsa, yuh diyorum yani!

Rapor sonucununu hastane maliye'ye gönderdikten sonra 15 günde belli olur... Şu numaralardan bilgi edinmeyi deneyin:
Ankara Maliye sakatlık indirimi takip: 0312 415 32 06 & 0312 415 27 05

koseharun27

17.05-2011, 18:28

0312 415 32 06 numaradan aradım raporum %50 olarak 06.05.2011 tarihinde onaylanmış g. antep defterdarlığına gittim. buradaki defterdarlık bu kadar sürede onaylanmaz bağırıp çağırdı en az 3 ay sürer sonucun belli olmazsı dedi 06.05.2011 tarihinde onaylanmış dememe rağmen

OturanBoğa

17.05-2011, 18:32

Hayırlı olsun :)

Defterdarlıktaki işgüzarları da BİMER kanalıyla şikayet edin...

koseharun27	18.05-2011, 17:11
teşekkür ederim. cuma günü tekrar sorgulayacam yine aynı tavrı sergilerse bimere yazarm.	
koseharun27	25.05-2011, 13:46
selam arkadaşlar rapor onaylandıktan sonra raporu iş yerine ankara defterdarlığımı gönderiyor yoksa bağlı bulunduğum defterlikmi gönderiyor raporu işyerine	
vahe	25.05-2011, 13:50
iş yerinizin bulunduğu il defterliği gönderir iki suret olur biri iş yerinize diğeri size gönderilir.	
koseharun27	09.06-2011, 14:24
arkadaşlar raporum %50 olarak onaylandı. maaşta ne kadar fark eder acaba brüt maaş 1250 tl	
OturanBoğa	09.06-2011, 18:52
Hayırlı olsun. Maaşınıza 25 tl gibi bir artış olur.	
koseharun27	09.06-2011, 23:32
teşekkür ederim..	

Appendix I: Official Paper Dated May 3, 2010, Original View from Engelliler.Biz


ENGELLİLER.BİZ SENİN BEDENİN SORUN ETMEYİ BIRAK ARTIK !
PLATFORMU

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+ Yeni Bir Konu Aç Toplam 107 mesajın 1-15 arasındakiler Sayfa 1 / 8 [1](#) [2](#) [3](#) [4](#) [5](#) [...](#) [Son](#)


Sağlık Kurulu Raporu için engellilerden ücret alınmaz (3 Mayıs 2010 tarihli yazı) A+ A-

[LinkBack](#) [Konu Araçları](#) [Bu Konuda Ara](#)

Mesaj Gönderim Zamanı: 18.06-2010 17:02 #1

OturanBoğa Sağlık Kurulu Raporu için engellilerden ücret alınmaz (3 Mayıs 2010 tarihli yazı)

Genel Yayın Yönetmeni



Üyelik Tarihi	09.01-2003
Son Giriş	01.06-2012
Saat	18:16
Yasadığı Yer	İstanbul
Mesaj	33,162

Arkadaşlar, bu konuda çok net bir yazı:

T.C.SAĞLIK BAKANLIĞI
Temel Sağlık Hizmetleri Genel Müdürlüğü

.....VALİLİĞİNE
(İl Sağlık Müdürlüğü)

03 / 05 / 2010

Sayı: B.10.0.TSH.0.14.29.00.05/
Konu : Özürlü Sağlık Kurulu Raporu Ücretleri

03.03.2004 tarih ve 3539 (2004 / 30) sayılı Bakanlığımız genelgesinde; "Özürlülere Verilecek Sağlık Kurulu Raporları Hakkında Yönetmelik'te de belirtilen yetkili sağlık kuruluşlarına özürlü sağlık kurulu raporu almak için başvuran vatandaşların raporlarından başış veya evrak parası adı altında herhangi bir ücret talep edilmemesi, muayene, tetkik ve sağlık kurulu raporu işlemleri neticesinde doğan hizmet bedellerinin; 28.01.2002/3654 sayılı Bakanlar Kurulu karar ve 03.12.2002/58 sayılı Başbakanlık Genelgesi uyarınca muayene, tetkik ve rapor ücreti alınmaması gerekmektedir." hükmü yer almasına rağmen vatandaşlarımızdan ücret talebi olduğu konusunda Bakanlığımıza bilgi gelmektedir.

Söz konusu genelge hükümlerine titizlikle uyulması hususunda gerekli hassasiyetin gösterilmesini önemle rica ederim.
Prof. Dr. Nihat TOSU!
Müsteşa

DAĞITIM:
Gereği: 81 İl Valiliğine
Bilgi İçin: Başbakanlık Özürlüler İdaresi Başkanlığına

Resmî yazı:



Sayı : B.10.0.TSH.0.14.29.00.05/
Konu : Özürlü Sağlık Kurulu
Raporu Ücretleri

SAGLIK BAKANLIĞI
Temel Sağ. Hiz. Genel Md. Bulaşıcı
Olmayan Hast. Ve Kronik Durumlar
03 Mayıs 2010 10:04:20 72627



BAŞBAKANLIK
ÖZÜRLÜLER İDARESİ BAŞKANLIĞI
(03 Mayıs 2010 10:04:20)

03.03.2004 tarih ve 3539 (2004 / 30) sayılı Bakanlığımız genelgesinde; "Özürlülere Verilecek Sağlık Kurulu Raporları Hakkında Yönetmelik'te de belirtilen yetkili sağlık kuruluşlarına özürlü sağlık kurulu raporu almak için başvuran vatandaşların raporlarından bağış veya evrak parası adı altında herhangi bir ücret talep edilmemesi, muayene, tetkik ve sağlık kurulu raporu işlemleri neticesinde doğan hizmet bedellerinin; 28.01.2002/3654 sayılı Bakanlar Kurulu Kararı ve 03.12.2002/58 sayılı Başbakanlık Genelgesi uyarınca muayene, tetkik, ve rapor ücreti alınmaması gerekmektedir." hükmü yer almasına rağmen vatandaşlarımızdan ücret talebi olduğu konusunda Bakanlığımıza bilgi gelmektedir.

Söz konusu genelge hükümlerine titizlikle uyulması hususunda gerekli hassasiyetin gösterilmesini önemle rica ederim.

Prof. Dr. Nihat TOSUN
Müsteşar

DAĞITIM:
Gereği:
81 İl Valiliğine

Bilgi İçin:
Başbakanlık Özürlüler İdaresi Başkanlığına

Sağlık Bakanlığı Temel Sağlık Hizmetleri Genel Müdürlüğü Atatürk Bulvarı No:65 Kat:9
Sıhhiye/ANKARA Tel: 0 312 431 90 23 Faks: 0 312 431 59 15

- Arkadaşlar, lütfen sorularınızı özel mesajla iletmek yerine ilgili foruma yazarak cevap arayın. Böylece hem soru-cevaplardan herkes yararlanır hem de en doğru cevaba en hızlı şekilde erişmiş olursunuz.
- Lütfen sorunuza cevap aldıktan, bir sorununuza çözüm bulduktan sonra dönüp gitmeyin. Siz de başkalarına yararlı olmak için bilgilerinizi, tecrübelerinizi, duygularınızı paylaşabilirsiniz. Unutmayın, siz nasıl yana yakıla cevap anıyorsanız, başkaları da yine düştüğü açmazdan çıkmak için aynı hareketle sorularına cevap anıyor...

Mesaj Gönderim Zamanı: 18.06-2010 21:51

Üye Ol ve Cevap Yaz Tepe #2

faruk34

Üye



Üyelik Tarihi 25.07-2008

Son Giriş ÜRE




Maliye haseki hastanesine sevk etti, hastane raporu için benden bir ay önce 80,50 lira para aldılar.Makbuzu var, insanlah bu hata düzeltilir, kimi yerde bu tür uygulamalar yok bilginize.

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Son Giriş ÜRE: <http://www.engelliler.biz/forum/saglik-raporlari/50285-saglik-kurulu-raporu-icin-engellilerden-ucet-alinamaz-3-mayis-2010-tarihli-yazi.html>

Saat	12:56
Yaşadığı Yer	İstanbul
Mesaj	2,064

Üye Ol ve Cevap Yaz Tepe



Mesaj Gönderim Zamanı: 18.06-2010 22:20 #3

femmy Üye

girişteki memura söylüyorsunuz anlatıyorsunuz aval aval yüzüne bakıyo

Üyelik Tarihi	22.04-2010
Son Giriş	10.01-2012
Saat	13:32
Yaşadığı Yer	kayseri
Mesaj	431

Mesaj Gönderim Zamanı: 18.06-2010 23:31 #4

mutineer901 Üye

son 10 ay içinde 4 defa sağlık kurul raporu aldım herhangi bir ücret almadılar

Üyelik Tarihi	18.04-2009
Son Giriş	25.05-2012
Saat	05:03
Yaşadığı Yer	Konya/Ankara
Mesaj	991

Mesaj Gönderim Zamanı: 22.06-2010 08:54 #5

deryaaslanturk Üye

Gazi Üniversitesi hastanesini telefonla aradım. Engelli bir arkadaşım işe girecek özürü raporunu alıp başlasın istedim. Durumu Durumu anlattım. Bana 80 lira para ödeyecek dediler. Arkadaşımı aradım söyledim. Memlekette işler hep yanlış yürür ya oda bende emin olayım dedi ben de arayayım dedi. Verdim telefonu aradı. Onada 150 lira demişler. O hissimle aradım bana böyle diyorsunuz arkadaşım böyle diyorsunuz bu nasıl iştir dedim. Cevabı duyunca şaşkınlıktan şok oldum. Durum bildirir raporu için 80 lira özürü olarak işe girmek için rapor alınacaksa 150 lira vermeniz gerekecek dediler. İşe girecekse diyetmi ödeyecek bu kişi bunun açıklaması bu mudur. Bu hastane yönetiminin bu genelgeden haberi yok mudur.

Neden bu ülkede bizim haklarımızı koruyan bir merci yok ne iştir biri bana anlatır mı.

Üyelik Tarihi	11.05-2005
Son Giriş	18.04-2012
Saat	15:39
Yaşadığı Yer	Ankara
Mesaj	323

Mesaj Gönderim Zamanı: 22.06-2010 09:49 #6

BaY_Cin Üye

Gittiğimiz kurum neresi olursa olsun o işimizle ilgili kanun yönetmelik vs ne varsa çıktısını alıp gitmek gerek hoş okuduğunu anlamayan angütlerle dolu bu ülke ya yinede belki azda olsa kafasının içinde az biraz beyni kalmış olan birine denk gelebiliriz.

Bu güne kadar aldığımız Sağlık Kurulu raporlarına ücret ödemedim ehliyet için aldığımızda ödemiştik, ödemem gerektiğini izah ettimsede hastanenin açıklaması şu olmuştu; Sizin ehliyet için aldığınız rapor özel bi rapor diğer sağlık raporlarından farklı olduğu için 100 TL ücret ödememiz gerek 😊

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URL: <http://www.engelliler.biz/forum/saglik-raporlari/50285-saglik-kurulu-raporu-icin-engellilerden-ucret-alinamaz-3-mayis-2010-tarihli-yazi.html>

Yaşadığı Yer	Buralardan
Mesaj	799

Mesaj Gönderim Zamanı: 23.06-2010 21:13

Üye Ol ve Cevap Yaz

Tepe

#7

metin türk ◦

Üye



Üyelik Tarihi	20.06-2010
Son Giriş	Dün
Saat	11:05
Yaşadığı Yer	istanbul
Mesaj	200



benden aldılar 110 tl hemde eski raporum kayboldu hastanede sel baskınında raporlar tahrip olmuş sekaya vermişler hurda kağıtları bildirmeme rağmen para verip öyle girdim kurula hastane bakırköy devlet hastanesi, raporum da yeni 2010 mayıs ayı tarihli.

Mesaj Gönderim Zamanı: 23.06-2010 22:52

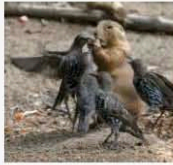
Üye Ol ve Cevap Yaz

Tepe

#8

baran sertaç ◦

Üye



Üyelik Tarihi	22.08-2004
Son Giriş	01.06-2012
Saat	10:40
Yaşadığı Yer	gaziantepe
Mesaj	190



gaziantepteki sağlık kurumları hepsi ücretli hesabına gelirse diyorlar okadar genelge gösterilmesine rağmen benim işleyişimi engelleyecek biri varsa buyursun gelsin diyecek kadarda cesurbir sağlık kurulu başkanı.. zaten onu oraya getirdiren kim BİZİZ

ama şanlıurfada alınmıyor ben gidip urfadan aldım 2 tane

Mesaj Gönderim Zamanı: 25.06-2010 15:59

Üye Ol ve Cevap Yaz

Tepe

#9

mami6 ◦

Üye



Üyelik Tarihi	06.03-2005
Son Giriş	Bugün
Saat	09:34
Yaşadığı Yer	hatay/iskenderun
Mesaj	137



arkadaşlar kurum sevki vs olan değil hiç bir hayat güvencesi olmayan rapor almak istediğinde para alınıyor mu alınmıyor mu buna cevap verir misin bilgisi olan çalışan zaten güvencesi var yada sevkle giden değil hiçbir hayat güvencesi olmayan rapor alırsa para verecek mi...??

Mesaj Gönderim Zamanı: 25.06-2010 16:04

Üye Ol ve Cevap Yaz

Tepe

#10

magnum ◦

Üye



Üyelik Tarihi	24.06-2008
Son Giriş	05.07-2010



mami6;

şahsi başvurup alabilirsiniz, herhangi bir kurumun sevk etmesi gerekmiyor ve ücret ödenmiyor.

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URL: <http://www.engelliler.biz/forum/saglik-raporlari/50285-saglik-kurulu-raporu-icin-engellilerden-ucret-alinamaz-3-mayis-2010-tarihli-yazi.html>

Saat	14:46
Yaşadığı Yer	Kocaeli
Mesaj	94

Mesaj Gönderim Zamanı: 25.06-2010 16:57 Üye Ol ve Cevap Yaz Tepe #11

kevin Üye
iyi oldu...

Üyelik Tarihi: 01.03-2007
Son Giriş: 01.06-2012
Saat: 01:23
Yaşadığı Yer: alanya
Mesaj: 106

Mesaj Gönderim Zamanı: 25.06-2010 18:27 Üye Ol ve Cevap Yaz Tepe #12

Renal Üye
Arkadaşlar bu durum 193 içinde mi geçerli? ben telefon açtım üniversite hastanesi de devlet hastaneside 113,50 tl ödemeniz gerek dedi...Şayet öyle ise hakkımı arayıp ödeme yapmayayım bilgisi olan yazarsa sevinirim..

Üyelik Tarihi: 14.07-2009
Son Giriş: 21.01-2012
Saat: 16:08
Yaşadığı Yer: afyonkarahisar
Mesaj: 57

Mesaj Gönderim Zamanı: 25.06-2010 19:31 Üye Ol ve Cevap Yaz Tepe #13

E@KAN Üye
Arkadaşlar 03 / 05 / 2010 /22627 tarih ve sayılı genelgeyi gerekçe (ilgi) gösteren bir dilekçede; banka hesap numaranız (IBAN no) belirterek, sizden alınan paraların makbuzlarını eklere ekleyerek hastaneye yazı yazarsanız paranızı iade ediyorlar. Ben o şekilde geri aldım. aşağıyı okuyunuz.
Sağlık Raporları artık paralı olmuş: 115 TL!

Üyelik Tarihi: 11.05-2007
Son Giriş: Saat:
Yaşadığı Yer: istanbul
Mesaj: 1,333

Mesaj Gönderim Zamanı: 25.06-2010 23:14 Üye Ol ve Cevap Yaz Tepe #14

nukleo Üye
Bizde bahsettik durumu ama ne hikmetse 120 tl diyorlar başka bişi demiyorlar... Paşa paşa ödüyorsunuz 😊

Üyelik Tarihi: 22.10-2009
Son Giriş: 24.01-2011
Saat: 23:51
Mesaj: 7

Mesaj Gönderim Zamanı: 01.07-2010 11:09 Üye Ol ve Cevap Yaz Tepe #15

reys Üye

Üye

Üyelik Tarihi **19.03-2009**

Son Giriş **29.05-2012**
Saat **11:39**

Mesaj **67**

Engelli Araç Sistemleri

Merdiven & Ev Asansörleri

ENGELSİZ KASKO

ottobock.

2008 yılında engelli aracı almam için aldığım sağlık kurulu raporu için 110 TL hastaneye ödeme yaptım Parami geri alacağım ama %34 carada engelli sayılmıyorum

Üye Ol ve Cevap Yaz

Tepe

+ Konuya Cevap Yaz

Sayfa 1 / 8 1 2 3 4 5 ... Son

« Sol gözüm hiç görmüyor. İşe girebilecek kadar rapor oranı alabilir miyim? | Akondroplazi ve boyun düzleşmesinden yüzde kaç oran alınabilir? »

Mesaj Gönderim Yetkileriniz

Yeni konu açamazsınız	BB Kod kullanımınıza Açık
Konuya cevap yazamazsınız	Efekter kullanımınıza Açık
Mesajlarınıza dosya ekleyemezsiniz	[IMG] kodu kullanımınıza Açık
Mesajlarınızı düzenleyemezsiniz	HTML kodları kullanımınıza Kapalı
	Trackbacks kullanımınıza Açık
Pingbacks kullanımınıza Açık	
Refbacks kullanımınıza Açık	
	Forum Kuralları

İletişim Engelliler.Biz Platformu Arşiv Tepe

Ana Sayfa

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-- Skylight

[alisveris.engelliler.biz](http://www.engelliler.biz): Manuel Tekerlekli Sandalye, Akülü Tekerlekli Sandalye, Scooter, Aktif Tekerlekli Sandalye, Çocuk Tekerlekli Sandalyesi, Koltuk Değneği ve Yürütücü, Ayağa Kaldırın Sandalye, Gündelik Yaşam Çözümleri, Karyola, Yatak, Yorgan, Rampa-Lift, Tekerlekli Sandalye Minderi, Engelli Asansörü, Araç Özel Donanımı

Appendix J: Ideal Petition, Print Version from Engelliler.Biz



Tüm hakların değerlendirildiği tek bir sağlık raporu almak için dilekçe

Yazıcı Görünümü

OturanBoğa

02.01-2010, 00:11

Tüm hakların değerlendirildiği tek bir sağlık raporu almak için dilekçe

Her kurumun yeniden yeniden sağlık raporu istediği malum... Bunu aşmak için önerim:

- 1- Herhangi bir kurumun sevki ile sağlık raporu almak için hastaneye başvurun (kurum sevki olması hem rapor için ücret ödenmemesi demek, hem de raporun sahihliğinin sağlanması)
- 2- Hastaneye sevkle gittiğinizde aşağıdaki dilekçeyi ekleyin sevk kağıdının üstüne ve kapsamlı bir rapor talep edin:

Not: kırmızı yazılı ibareleri kendinize göre düzenleyebilirsiniz

..... Hastanesi Başhekimliği'ne

... / ... / 2011

10 Aralık 2010 günkü Resmî Gazete'de yayınlanarak yürürlüğe giren Özürlülük Ölçütü, Sınıflandırması ve Özürlülere Verilecek Sağlık Kurulu Raporları Hakkında Yönetmelik'in Özürlü sağlık kurulu raporunun doldurulmasını düzenleyen 9. maddenin 5. fıkrası,

"raporun kullanım amacı bölümüne; bireyin yararlanmak istediği hak ve hizmetlere ilişkin talepleri belirtilir."

talimatını; "Özürlü sağlık kurulu raporunun tasdiki ve verilmesi"ni düzenleyen 14. maddenin 2. fıkrası ise,

"Özürlü sağlık kurulu raporunun bir nüshası ilgili kişiye verilir. İlgilinin talebi üzerine hazırlanmış olan özürlü sağlık kurulu raporlarından; özürlünün yararlanabileceği hakları sayısınca veya talep ettiği sayıda çoğaltılarak imza edilir, onaylanır ve mühürlenerek ilgiliye verilir."

talimatını vermektedir.

Bu hükümler çerçevesinde, sakat statüsünde çalışıp çalışamayacağıma ve hangi işlerde çalışamayacağıma [ayakta yapılması gereken işlerde çalışamaz], sakatlık/vergi indiriminden yararlanıp yararlanamayacağıma, 2022 sayılı yasadan yararlanıp yararlanamayacağıma, evde bakım hizmetinden yararlanıp yararlanamayacağıma, dair ibarelerin eksiksiz doldurularak, 5 nüsha halinde tarafıma sağlık kurulu raporu verilmesini arz ederim

ad soyad
imza

resim
tc kimlik numarası
adres
telefon

Kırmızı ile yazılan bölüme eklenebilecek haklar:

- H sınıfı ehliyet alabilir
- Özel tertibatlı otomobil kullanabilir.
- Özel eğitim amaçlı değerlendirilmesi uygundur.
- 2022 sayılı yasadan yararlanabilir
- Evde Bakım Aylığı alabilir
- Sakat statüsünde çalışabilir
- Gelir Vergisi muafiyetinden yararlanabilir
- Özürlü Kimlik Kartı alabilir
- Diğer: (Açıklayınız)
- Çalıştırılmayacağı iş alanları:

Bu şekilde tek bir raporda tüm işlerimizi halletmek bize yasalardan verildiği bir hak. Ama hastaneler ve kurumlar bu hakkımızı gasp etmektedirler. Bize düşen, ısrarla hakkımızı aramak ve gerekirse BİMER kanalıyla hakkımızı gasp eden kişi ve kurumlar hakkında şikayette bulunmak ve hakkımızı söke söke almaktır.

OturanBoğa

30.03-2010, 17:13

Daha önce rapor almış ve/fakat raporu kaybetmiş ya da ibare ekletmek istiyorsanız

Daha önce yetkili hastaneler'den birinden sağlık kurulu raporu almışsanız ve/fakat elinizde bir nüsha yok ya da raporda kullanım amacınıza uygun ibare bulunmuyorsa, o hastaneye aşağıdaki dilekçe ile başvurup, gerekli ibarelerin yer aldığı dilettiğiniz sayıda rapor nüshası talep edebilirsiniz

Not: kırmızı yazılı ibareleri kendinize göre düzenleyebilirsiniz

xx/xx/xx tarihinde hastanenizden sağlık kurulu raporu almış bulunmaktam. Ne var ki bazı haklardan yararlanabilmem için bu raporun -kullanabileceğim haklara dair ibareler eklenmiş- nüshalarına ihtiyacım var.

16 Temmuz 2007 günkü Resmî Gazete'de yayınlanarak yürürlüğe giren Özürlülük Ölçütü, Sınıflandırması ve Özürlülere Verilecek Sağlık Kurulu Raporları Hakkında Yönetmeliğin "Özürlü sağlık kurulu raporunun geçerlilik süresi"ni düzenleyen 13. maddesi,

(4) Bu Yönetmelik hükümlerine göre alınmış olan süreli raporlar ile süreli raporların geçerlilik süresi dolmadan tekrar rapor istenmesi durumunda, mükerrer rapor tanzimini önlemek maksadıyla, ilgililerin daha önce Özürlü Sağlık Kurulu Raporu alıp almadıklarına ilişkin beyanı istenir. İlgilinin beyanı üzerine veya bir başka şekilde, evvelce Özürlü Sağlık Kurulu Raporu verilmiş olduğunun tespiti halinde tekrar rapor verilmez

talimatını; "Özürlü sağlık kurulu raporunun doldurulmasını düzenleyen 9. maddenin 5. fıkrası,

"(5) Özürlü sağlık kurulu raporlarında, raporun kullanım amacı bölümüne; bireyin özür grubuna uygun hakları, özürli sağlık kurulunca değerlendirilerek bu Yönetmeliğin ekinde yer alan EK-3 sayılı formda gösterilen raporun arka yüzünde bulunan açıklamalar bölümü dikkate alınarak yazılır. Raporun kullanım amacı bölümüne, bireyin özür grubuna uygun hakları değerlendirilerek yapılan değerlendirmeler, sonuç bölümüne evet, hayır ya da değerlendirilmedi ibarelerinden birisi kullanılmak suretiyle yazılır ve bu bölüm hiçbir suretle boş bırakılmaz."

talimatını; "Özürlü sağlık kurulu raporunun tasdiki ve verilmesini düzenleyen 14. maddenin 2. ve 3. fıkrası ise,

"(2) Özürlü Sağlık Kurulu Raporunun bir nüshası ilgili kişiye verilir. İlgilinin talebi üzerine hazırlanmış olan özürli sağlık kurulu raporlarından; özürünün kullanabileceği hakları sayısınca çoğaltılarak imza edilir, onayları ve mühürlenerek ilgiliye verilir. Kurum müracaatlarında ise raporun bir nüshası raporu isteyen kuruma gönderilir.

(3) Raporun bir nüshası, gerektiğinde belgelendirilmesi amacıyla raporu veren sağlık kuruluşunda saklanır." talimatını vermektedir.

Bu hükümler çerçevesinde, **sakat statüsünde çalışıp çalışamayacağıma, sakatlık/vergi indiriminden yararlanıp yararlanamayacağıma, 2022 sayılı yasadan yararlanıp yararlanamayacağıma** dair ibarelerin eksiksiz doldurularak, **5 nüsha** halinde tarafıma sağlık kurulu raporu verilmesini arz ederim

ad soyad
imza

resim
tc kimlik numarası
adres
telefon

OturanBoğa

27.04-2010, 17:06

Arkadaşlar, MEB sınav vesilesiyle, yukarıdaki dilekçelerde kırmızı renkle yazılan raporun kullanılabileceği haklar kısmına şu ifadeleri de ekeletebilirsiniz.

- 4857 sayılı İş Kanununun 30. maddesi kapsamında özel sektör ile kamu kurum ve kuruluşlarında sakat statüsünde çalışıp çalışamayacağıma,
- Öğretmen olarak görev yapıp yapamayacağıma,
- 193 sayılı Gelir Vergisi Kanununun 31. maddesi kapsamında sakatlık indiriminden yararlanıp yararlanamayacağıma,

OturanBoğa

17.07-2010, 13:48

Eğer hastane bir üstteki dilekçenizi kabul etmezse, hemen BİMER'e şikayet edin (kırmızı yerleri kendinize göre düzenleyin):
xx tarihinde xx hastanesinden sağlık raporu aldım. Ne var ki daha sonra 2022 sayılı yasadan yararlanabilmek için yeniden rapor almam gerekti. Bunun üzerine mevzuata göre mükerrer rapor alamayacağım için aynı hastaneye aşağıdaki dilekçe ile başvurduğum ve raporuma "sakat statüsünde çalışıp çalışamayacağıma, sakatlık/vergi indiriminden yararlanıp yararlanamayacağıma, 2022 sayılı yasadan yararlanıp yararlanamayacağıma" dair ibarelerin eklenmesini ve 5 nüsha halinde tarafıma verilmesini talep ettim.

Ne var ki hastaneden bana verilen yanıtta, **rapora bir eklemenin yapılamayacağı ve yeniden rapor çıkartmam gerektiği** ifade edildi. Oysa hastaneye sunduğum aşağıda yer alan dilekçemde de görüleceği üzere, ilgili yönetmelik mükerrer raporu yasaklamış ve hastanenin talebimi karşılamasını zorunlu kılmıştır.

Sonuç olarak bu açık düzenlemeye talebimi yerine getirmeyen hastane yetkililerinin uyarılmasını, kullanabileceğim hakların eklendiği **5 nüsha** raporun tarafıma verilmesini sağlanmasını arz ve talep ederim

EK: **xx** tarihinde hastaneye sunduğum ve kabul görmeyen dilekçem

Appendix K: Original Discussion, Print Version from Engelliler.Biz



Hastane ile Merkez Sağlık Kurulu inatlaştığı için ben emekli olamıyorum! [Hukuk]

Yazıcı Görünümü

uday 04.09-2009, 12:14

Hastane ile Merkez Sağlık Kurulu inatlaştığı için ben emekli olamıyorum! [Hukuk]

hastane epikiriz raporunu elle yazıyor, merkez sağlık kurulu daktilo yazısı istiyor. iki kurum inatlaşıyor. ne hastane raporu daktilo ile yazıyor ne de sağlık kurulu el yazısı epikirize onay veriyor!
tabi bu ara ben içerde 5 aylığım biriktiği halde maaşımı bir türlü alamıyorum!
ne yapmalıyım?

kayseri valisine durumu defalarca anlatan mail attım fakat kayseri valisi özürülere karşı vurdumduymaz birisi
ne yapmalıyım

beni bu diyaliz falan değilde parasızlık öldürecek :confused:

aferits 04.09-2009, 12:25

BİMER İNTERNET BAŞVURU FORMU. Yapacağınız Müracaata Cevap İstiyor Musunuz? Cevap istiyorsanız Ad,Soyad,TC Kimlik No,Adres,E-posta bilgilerinizi girmeniz ...
BİMER DOĞRUDAN BAŞBAKANLIK

Bu linke tıklayarak şikayetini bildirirsen mutlaka ilgilenirler.

uday 04.09-2009, 12:48

allah razı olsun sizden

cumhurbaşkanlığına yazmıştım sayenizde başbakanlığada yazdım bekleyip görecez ya beklemek bişi değilde TEDAŞ beklemiyor evimin elektriğini kestiler faturayı ödeyemediğim için yani ben beklesemde birileri beklemiyorki
öyle işte

OturanBoğa 04.09-2009, 13:00

BİMER'e yazacağınız dilekçeyi önce buraya yazar mısınız. Gerekirse bazı düzenlemeler yaparız ve daha etkili olur.

uday 04.09-2009, 13:04

aslına kalırsan yazdım gönderdim
malülen emekliliği hak ettiğim halde iki kurumun yersiz inadı yüzünden mağdur olduğumu yazdım

OturanBoğa

04.09-2009, 14:53

Hadi hayırlısı bakalım...

uday

04.09-2009, 15:31

arkadaşlar ben ancak diyaliz MERKEZİNDE NETE GİREBİLİYORUM görüsenek dekalın

uday

09.09-2009, 13:14

arkadaşlar bimerden dilekçemi takip ettiim ilgili her yere bimer talimat vermiş heyecanlandım bir anda bu kadar çabuk ilgileneceklerini sanmıyordum

uday

21.09-2009, 12:40

paragöz doktorun laneti

kayseri devlet hastanesi yanısıra aynı zamanda başka bir özel diyalizde çalışan nefrolog ali ihsan güral başka özel diyaliz hastanesine giden hastaların hayatını kabua çeviriyor SGK resmi yazı ile defalarca raporumu el yazısı ile deęilde daktilo ile yazmasını talep ettięi halde inatla tekrar el yazısıyla yazdı SGK da raporu geçersiz saydı aylardır maaş alamıyorum her yere şikayet ettim adamlar çok güçlüler trilyonlar dönüyor bu diyaliz işinde elimden bişi gelmiyor ne yapmalıyım tsk ederim:confused:

tunç ballı

21.09-2009, 12:53

Başbakanlık,BİMER den şikayet yazısı yazmadıysan şikayetini birde oraya taşı istersen.

uday

21.09-2009, 12:55

sevgili kardeşim tunç ballı elbette bimer ede yazdımda bizim kayseride bimeri ka ale alan yok malesef

tunç ballı

21.09-2009, 13:03

bütün yolları deneyipte bir sonuç alamıyorsan,tek kalan yol yargıdır.bir avukatla konuşup sorunu yargıya taşıyabilirsin. Eđer doktor daktilo ile yazması gerekte ısrarla el yazısı ile yazıyorsa burada doktor hatalı,istersen konuyu yargıya taşımadan önce bir savcı ile görüş,belki seni dinleyip yol gösterebilir.

uday

21.09-2009, 13:14

cuma günü kayseri cumhuriyet başsavcılıęına suç duyurusunda bulundum inşallah tuz da kokmamıştır

tunç ballı

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URL: <http://www.engelliler.biz/forum/hukuk/25547-hastane-ile-merkez-saglik-kurulu-inatlastigi-icin-ben-emekli-olamiyorum-hukuk-print.html?pp=40>

anlayışınıza tsk ederim

tunç ballı

21.09-2009, 14:43

heyete girdikten sonra raporları sağlık kurulları bilgisayar çıktısı olarak hazırlar,tekrar doktorlara imzalatılır.raporlar bu şekilde hazırlanır ama hasta yatış ve yatış süresince takip bulguları yazılacaksa o zaman yattığın servis doktoru,asistan veya hemşireler yazırlayıp kimin takibinde ise o doktor imzalar.ve formalite icabı heyete gider ve başka doktorlarında imzası olmadan o yatış raporu çıkar.

uday

21.09-2009, 15:00

tunç ballı epikriz raporuymuş
vaysenmisin bizim diyalize yatmayıpta başka diyalize para kazandıran diyor dç doktor ali ihsan güral davranışları ile
yüzüme karşıda nankörsün sen dedi üzerinde birçok iyiliğimiz var sen başka diyalize gittin dedi ya ben bilmiyordum lanet olsun o dr nin aynı zamanda başka diyalizdede çalıştığını
bilsem gidermiydim en azından işim bitene kadarr

tunç ballı

21.09-2009, 15:06

epikriz raporuda olsa elle hazırlanmaz,doktor veya servis çalışanlarından biri hazırlar,doktorve o servisten bir kaç doktor daha imzalayıp kurulada girdikten sonra kuruma gönderilir.zaten kuruldaki doktorlarda imzalamaz,sadece servis doktorlarının imzası olur.

uday

21.09-2009, 15:17

hayırlısı allahtan
arkadaşlar şimdilik hoşça kalın

uday

23.09-2009, 11:48

malülen emekli olmaya müracat ettim fakat emekli olana kadar prim ödemeye mecbur tutuyorlar prim ödemezsem diyalize giremiyorum
sgk ve hastane inatlaştı emekli olamiyorum bu ülkede bizim sesimizi duyacak kimse yokmu
CUMHURBAŞKANI BAŞBAKAN İLGİLİ BAKANLIKLAR KAYSERİ VALİLİĞİ VE SAVCILIGI KAYSERİ
İLSAĞLIK MÜDÜRLÜĞÜ BAŞHEKİMLİK haricinde müracat edeceğim başka bir yer varmı varsa söyleyin lütfen tşk ederim

uday

23.10-2009, 12:20

arkadaşlar doktor sonunda epikriz raporunu daktilo ile yazdı bölge saülik kurulu dosyamı onadi
bilgilerinize
tsk

gursa

24.10-2009, 10:44

Hayırlı olsun arkadasım senin adına sevindim.

Azminizi kutluyorum. Hayırlı olsun.

Bütün zaman ayarları GMT +3. Şu anda saat 16:21

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