

The banality of evil and the normalization of the discriminatory discourses against Syrians in Turkey

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This article discusses the ways in which discriminatory political, social and cultural discourses and practices against the Syrian forced migrants affect the health of Syrians in Turkey. It also contends that though these discourses and practices stem from the current political environment, they are also related to complex and problematic interactions between Turkey and Arab countries in the past, particularly the clash between Arab and Turkish nationalisms. In Turkey, this conflictual past has contributed to the creation of a negative image of Arabs as ignorant, backward and fanatic Islamists, especially among Turkish modernists who argue that, in social and political terms, Turkey's 'true place' is in secular, modern Europe. Arab nationalists also view the Ottoman Empire as the colonizers who dominated their societies for centuries and persecuted Arab culture. The attempts of the Justice and Development Party (JDP, AKP in Turkish) government to be one of the main actors in Middle Eastern politics are largely interpreted in the same colonizing vein. How do these negative images and discriminatory discourses affect the lives of Turks and Syrians, who now have to live together in the same country and the same neighbourhoods? What kinds of conflicts arise from this necessity of living together and how can these conflicts be solved? I provide a number of possible answers to these questions, and address the problems stemming from a contextual asymmetry between hegemony, represented by the well-educated doctors and nurses, and subalternity, represented by the Syrian migrants in Turkey.

Keywords: Syrians in Turkey, refugee health, perception of health risks, banality of evil

Historical background and social context

In 2010 people began to organize massive protests against the rulers of several Arab countries, including Tunisia, Egypt and Syria. This movement was quickly named the 'Arab Spring' and received excited reactions from academics and politicians, as it meant that authoritarian rule in these countries was being challenged. However, much to their dismay, the Arab Spring did not last long and gave way to violent

conflicts and wars, in which non-Arab countries, such as the USA, Russia and Turkey, became involved. After the political conflict escalated to a war in Syria, nearly 5 million people fled to several nearby countries within the Middle East (UNHCR 2016). Among these, Turkey received the most migrants¹ due to its border with Syria and its relative political stability compared to other bordering countries, such as Iraq and Lebanon. Around 3 million Syrian forced migrants currently reside in Turkey, two thirds of whom prefer to live in the major cities in order to have better housing, education and employment opportunities, and to benefit from a wider range of health-care services.

The ways in which the Syrians escape to and settle down in Turkey have changed over time. At the beginning, those crossing the borders were mostly smaller groups of people who generally expected to return to Syria in the near future, hoping that the unrest and conflicts would not last long. However, tensions escalated quickly and turned into a war between Assad's regime, ISIS (Islamic State of Iraq and the Levant), the Free Syrian Army and the Kurdish YPG (People's Protection Units); and the number of Syrians in Turkey escalated quickly. Currently, there are around 2.9 million Syrians registered by the United Nations High Commissioner for Refugees (UNHCR 2017). Hopes of going back to a peaceful Syria soon diminished considerably, as the war seems unlikely to have an end soon, despite half-hearted diplomatic meetings. In the initial years of immigration, the camps in Turkey were applauded by international organizations such as the United Nations Development Programme (UNDP) because of their adequate infrastructure, educational and health facilities; however, when the number of Syrians there rapidly escalated and problems of security arose, the camps became inadequate, and many Syrians explained to me that they prefer to live in major cities, such as Istanbul, Izmir and Ankara, or in the cities neighbouring Syria, such as Antakya and Gaziantep, for the reasons stated above and to have a wider social network that might help them adapt to their host country more easily.

No matter whether they live in the camps or in the cities, the biggest problem for Syrian forced migrants is that the Turkish state refuses to give them 'refugee' status, which it grants only to the immigrants coming from the West, mainly Europe and Russia, according to a clause added by Turkey when it signed the 1951 Geneva Convention on Refugees. The clause was added in order to integrate ethnic Turks emigrating from the Balkan countries and Russia, and in line with the country's aspirations to be secular and Western, which has been quite prominent since the nineteenth century. Today, the presence of so many Syrians has prompted several NGOs and scholars to criticize this clause and advocate for its abandonment.

1 In this article I mostly refer to Syrians in Turkey as forced migrants rather than as refugees, in order to stress that they are not currently granted refugee status, as explained below.

When they first began arriving in Turkey, Syrian migrants were either given the non-legal status of 'guest' or were able to become asylum seekers if they managed to travel to another country that would accept them as refugees. Only in June 2014 was the 'guest' status changed to a semi-legal 'temporary protection' one, as a result of Turkey's EU-inspired new 'Law on Foreigners and International Protection' (AIDA 2014). However, this legal term is still vague, and it assigns Syrians to particular cities. They are required to notify the Turkish authorities about any change of address or working situation. From March 2015 on, they were also given legal permission to work in their trade, if they could prove their qualifications. Although many Syrians did not have time to consider bringing their diplomas and certificates when escaping the war, making such proof of qualification a difficult task, many Syrian doctors, nurses and teachers soon started to work, which improved many Syrians' educational and health conditions significantly. There is considerable variation in the Syrians' ethnic and religious backgrounds, and their economic and social conditions in Turkey. Those who came to Turkey in the earlier years of conflict, who could carry their credentials and transfer cash, and/or who had relatives, friends and colleagues in the country, lead better, socially and culturally more advantageous lives, and generally do their best to help the other Syrians. However, the poorer and homeless Syrians, especially the women and children begging in the streets, play a more prominent role in shaping Turkish conceptions of Syrians in Turkey, despite the reality of significant social and economic variations.

However, despite this variation, most of the doctors and nurses I interviewed described the Syrians as ignorant, uneducated and backward. For instance, a nurse explained,

Syrian patients look like they came directly out of 1970s, with their odd clothes and out-dated make-up. Even their tragic attempts to bargain the prices with us reminds me of the poor characters in Turkish movies of the 1970s who came right out of their villages to the big cities and did not know anything about modern hospitals or society.

Most recently, uncertainties and recent changes in the Syrian legal, political and social status in Turkey have added to the precariousness of their situation, including in the way they are perceived by the Turks. For instance, many Turks who oppose the JDP government are afraid that Syrians might gain Turkish citizenship. According to them, this would destroy the fragile balance in internal affairs in Turkey (as Syrians are thought to be avid JDP supporters), in effect sabotaging Turkish efforts to join the EU. In this sense, the political scientist Ozlem Demirtas-Bagdonas (2014) contended that Turkey claims moral superiority vis-à-vis the other actors involved in the Syrian conflict through 'the JDP government's demonization of the Assad regime',

and consequently took moral responsibility towards the Syrian people, which he considers a neo-Ottomanist stance.

The ways in which the Turkish political and medical authorities problematize the Syrians' living conditions in ways that impact on health and their access to healthcare, can be understood through Foucault's notions of biopower and biopolitics, which encompass the production of specific bodies of knowledge in target populations, based on their particular health problems and behaviours, and the mobilization of this knowledge to govern them via legal, bureaucratic and medical mechanisms. As Foucault suggests (see Ticinetto-Clough and Willse 2011), this governance not only pertains to today, but also takes as its sources the 'ghosts of the past' (here the historical interactions between Turkish and Arab/Syrian politics) and the future (the potential health risks to this population in Turkey).

The Syrians' predicament in Turkey and Turkish discourses on the Syrians

Syrian forced migrants in Turkey face crucial difficulties in finding decent housing and in having access to education, employment and health-care services, as well as in coping with discriminatory discourse in their everyday lives. This article investigates how these discriminatory discourses are reflected, reproduced and normalized by local media, social media and health-care institutions. It is based on analysis of both mainstream and local media, as well as social media, and on interviews with twenty doctors and twenty nurses, all of whom treat Syrians in Istanbul. I also interviewed five doctors and two nurses who do voluntary work in NGOs giving care to Syrian patients. I argue that 'otherization', discrimination and racism are embedded in news, editorials, debates and forums concerning the Syrians, who are often depicted as the cause of major political, social and economic predicaments. In a similar vein, health-care providers blame the Syrians for causing 'formerly eradicated diseases', such as measles and polio, to reappear in Turkey. The forty doctors and nurses I initially interviewed work in the gynaecology and paediatric services of one private and three public hospitals in Istanbul, which many Syrians attend for health care. I focus on the health of women and children, who constitute roughly one quarter of all Syrian immigrants, and several physical and mental health problems are discussed (UNHCR 2017). Moreover, women's and children's health dominate the debates on Syrian health in Turkey, as many health-care providers complain about the high rates of reproduction among Syrians, and, to a large extent, reduces women's health to equate with reproductive health. Most Syrian children's lack of vaccination, and their high visibility in the streets (mostly because of the inadequacy of educational services for them), also put them on the list of health-care providers' complaints. The women are also seen as responsible for their children's health and socialization, and possible integration into Turkish society. Therefore, most of the time, the narratives treat Syrian women and children separately to Syrian men.

Taking a critical anthropological perspective on these discourses, which often remind one of Hannah Arendt's (1965) banality of evil, according to which engaging in evil behaviour is normalized by the society and individuals who reside in there, this article explores the possibilities for having more inclusive and pluralistic discourses that include the Syrians, so that their voices and narratives can be also heard and understood. The prevalence of the discriminatory and even hostile discourses against Syrians in Turkey, which are so easily used, without any doubt, fact-checking or questioning, indicates that these discourses are normalized and rationalized, in a similar way to those in Arendt's discussion. I argue that these othering discourses are generalizing in the sense that they consider all 'Syrians' to have the same beliefs, lifestyles and dress codes and to belong to the same ethnic group, all of which make Syrians 'very different to Turks'. Interactions between Syrians and Turks in Turkey can also be discussed in accord with the Mary Douglas's (1966) classic conception of liminality, as the Syrians are generally not seen as belonging to the country in social and political terms, unlike previous immigrant groups, but are seen as likely to stay for a long time, if not permanently. Therefore, according to the health-care workers I talked to, the Syrians changed the 'texture of the society for good' and 'started to ruin the Turkish culture'. As Douglas (1966) contends, assumed purity is challenged by the dangers of ritual pollution coming from outside of the nation and the state. Mistrust of 'the other' and reluctance to be near them due to their impurity, in turn, has led to the dissolution of old subjectivities and the creation of new ones, where notions of social justice, solidarity and social inclusion are only weakly supported; and by contrast, individuals are now deemed responsible for determining their own health risks and taking the appropriate measures (Rose 2007). Stereotypical judgments about the Arabs supposed unhygienic habits, such as 'eating rice with their hands', have been especially common among the modernist, Western-oriented Turkish elites, many of whom have been critical of closer social and political interaction with the Arabs since 1980s. In addition, having three million Syrians settle in their country, many in their own cities and neighbourhoods, has increased their concerns. For them, this would seem to move Turkey further away from Europe in social and cultural terms, and make Turkey a truly Middle Eastern country, not do different than their Arab neighbours.

As there are often only very brief and professional interactions between health-care staff and Syrians, the former are largely unfamiliar with the social and cultural lives of the latter, or with the problems they have experienced in the war in their country, during their escape to Turkey and with their living conditions in Turkey. These unknowns bring out a sense of insecurity, as several of the health-care providers I interviewed emphasized that after 'hundreds of Syrians became their neighbours' they no felt a sense of belonging to their neighbourhoods because that they believed their own lifestyles to be threatened by the 'existence of Syrians'. They exemplify this by stating that Syrians give women 'bad looks' in the streets if they

wear revealing clothes, or that Syrian children play rough with Turkish children in the parks. A gynaecology nurse explained: 'They look differently and dress up differently, and when they crowd the waiting room of the hospital I feel like I do not work in a hospital in Turkey, but like I am in Syria! So, when I walk back home I prefer to see familiar faces in my neighbourhood rather than the Syrians.'² The exaggerated conceptions of how Syrians look and behave differently than the 'local people' that these health-care providers are familiar with cause a sense of alienation from the places that they thought belonged to them, like the public spaces they hang out in, their neighbourhood, and the hospital, their workplace. The recent intensity of the Syrian presence 'in their midst' make these people uncomfortable, as they see it as a threat to their lifestyle, even if the Syrians do not display any threatening behaviours.

Similarly, when I first started to conduct research on the health of Syrians in Istanbul in 2014, I was struck by how common health-care staff's discriminatory and even racist comments against them were. Some doctors and nurses defined the Syrians as a burden, as in their professional experience they often have multiple and advanced health problems, as many Syrians do not know which clinic or hospital unit to visit when they or their family members become sick, or do not have enough time or money to afford a trip to the hospital. The staff also complained of the language barrier, which made them feel like they were 'treating a patient blindfolded' – as a gynaecologist stated – without knowing their previous history and without access to any health reports from Syria. In some cases, Syrians bring a volunteer translator with them, though not in the case of urgent health matters, or in the case of Syrians who have recently come to Istanbul without established networks. In such cases, extra time is required to explain and help the Syrians fill out the necessary medical and bureaucratic forms. This is why many doctors and nurses I interviewed emphasized that they only wanted to treat a limited number of Syrian patients. As a paediatrician who works in a state hospital describes:

Especially in the afternoons or during night shifts, when I am already tired and sleepless, I keep telling myself, please don't let another Syrian kid come into our clinic with all their family members. If I treat three Syrian kids and deal with their parents constantly shouting words I do not understand at me, all at the same time, I end up feeling exhausted.

Moreover, health-care providers often report feeling professional dissatisfaction after they treat Syrian patients, as they do not trust the patients to understand

2 All the interviews were conducted by the author in Turkish, and the quotes for this article were also translated into English by the author. The names of interviewees are not given due to ethical concerns.

their diagnosis, or to follow the prescribed treatment. For example, a gynaecologist narrates:

I keep gesturing like an ape to the Syrians when they do not have any translators with them, and even if they have a translator who keeps saying 'OK, OK I understand,' you can never be too sure that they really understand or if they just say this so that I calm down and go on. So, I never know whether they take the pills I prescribe or whether they do things in the way I tell them to.

The large number of Syrian children, and mothers who 'keep reproducing like rabbits,' as a nurse who worked in a newborn intensive care unit put it, also concerns Turkish doctors and nurses, who interpret the high reproduction rate as an indication that their victimhood status is not sincere enough. In the words of a paediatrician:

Syrians, and some Turkish people who believe them, portray the Syrians in Turkey as victims who have had to flee from a bloody war. But some of them look really rich and comfortable, having so many children around them ... Also, if they escaped in such dire conditions and have such difficulties, why do they keep giving birth? They reproduce constantly and expect the Turkish state to take care of their children. This seems quite unfair to me, especially as Turkey is not a rich country and its health and educational infrastructure is not adequate to take care of that many Syrian and Turkish children!

The pervasiveness of the discriminatory medical discourses against Syrians and professional dissatisfaction, seen as a burden, partially derives from shifting paradigms, from health as a basic human right to health as an individual duty and responsibility, a movement in accordance with global neoliberal policies designed by affluent Western countries and imposed on global institutions such as the International Monetary Fund and the World Health Organization in the 1980s (Farmer 2013). Accordingly, the state plays a less direct and less significant role in providing its citizens' and residents' health care, encouraging the private health sector instead of the public one. In Turkey, the Turgut Ozal government in the 1980s adopted those policies, which brought about massive privatization to the medical sector that led to the mushrooming of private hospitals and medical schools in the 1990s, and to the neglect of the state health-care sector, even though around 80 per cent of the population still depend on it (Sanal 2011). In this system, doctors' wages are adjusted according to their performance, taking into account the number of patients they treat and the diagnostic tests and drugs they prescribe. In this sense, the much longer time medical staff have to spend with Syrian patients (and their relatives), mostly due to the language barrier, along with their reluctance to prescribe drugs and tests because of the Syrians' financial and bureaucratic limitations, affects the

doctors' performance reviews and wages negatively. Especially in the overcrowded state hospitals, where most of them go, the addition of Syrian patients, often with severe and multiple health problems, highlight the limits of professional performance and levels of attention and care towards the patients. Doctors often mention that their Syrian patients outnumber their Turkish ones, and most of the time they need more attention and medical care because of their worse health. They also add that they have an annual quota of free health-care service, which they use for the poorest and sickest patients, and that they have had to allocate this quota solely to the Syrian patients. This frustrates the health-care providers immensely, as 'they cannot do their job properly, as it is taught in medical school'. They often admitted that their frustration turns to anger towards the Syrians, who they hold responsible for 'the new chaos in the hospital'. However, only two doctors who also did voluntary work at NGOs where Syrian patients are treated, mentioned that the Turkish state, rather than the Syrians, is to blame for not providing compensation for health-care staff who treat many Syrians, and for not providing adequate health-care and educational services for Syrians, such as special clinics and schools. As doctors and nurses often share these negative thoughts between themselves in face-to-face conversations and social media, these dispositions have become both individual and collective.

The conception of (real or potential) health risk is also individualized, and health care is accompanied by mistrust against the 'other', as 'the hierarchical-institutional cultures blame the outsiders, the criminals, and the foreigners' (Lash 2007:51). In this context, Syrians in Turkey are often seen as constituting a severe health risk, and there are few Turkish people and organizations in solidarity with Syrians, advocating for basic rights such as health and education. Due to the trend of massive privatization in the health sector, the public hospitals have been largely neglected by government since the 1980s, and their infrastructure has become highly inadequate, especially in the major cities such as Istanbul. The drastic population increase of the last few decades has also contributed to the stress on health facilities. Istanbul's population has more than doubled since 1980, to 14.6 million, due to migration from the south-eastern and Black Sea regions, as well as from several African, Balkan and former Soviet countries as a result of political and economic conflicts. Public hospitals have not been able to cater for this ever-increasing population of patients. Since the 1980s preventive medical policies have been considerably diminished, and the number of patients (especially with chronic illnesses such as cancer and diabetes) and the severity of their illnesses, have increased. In this context, the arrival of Syrians, who are mostly treated in public hospitals, was seen as the 'last blow to an already decaying system', particularly as they are also thought to bring several infectious diseases from Syria, as I will explain further.

The lack of a proper legal status for Syrians in Turkey has deepened their predicament, and many of them admit that they do not know their health rights or how to benefit from them (according to another research project I am currently

conducting with Syrians in Istanbul on their health-care access and interactions in the health sector). The Syrians' basic human rights, such as right to health and education, are protected by the UNHCR, and they can have free primary health-care services, emergency health care and treatments for several illness (such as cancer) in the public hospitals. However, several issues, such as the language barrier, and lack of an adequate social network or valid bureaucratic identification documents, prevent the Syrians from learning how to benefit from these rights. There are also a very few Turkish or international NGOs that can provide legal and health advice for them, and the Syrians learn about them only if they live nearby or through their social networks.

The fact that Syrian refugees could not work legally until 2015 pushed them into the informal sector, where they have been abused and exploited, and to health-care and educational facilities that are highly inadequate for their particular needs. A small number (only 34 per cent) of state schools and NGOs provided elementary and high-school education in Arabic as well as Turkish (SETA 2016). As for their health issues, a mass vaccination campaign for the Syrian children only started in 2014, without any checks as to what vaccinations they had already received. As a result, Syrian children are especially blamed in the media and social media for spreading almost eradicated diseases, such as tuberculosis and poliomyelitis, in accordance with the 'blame the victim' ideology exposed above. Negative discourses about the Syrians are not only caused by their poor health and problematic legal status, but are also related to their general image within Turkey.

Health is not the only realm where tensions between the Syrians and Turks manifest. Racist and xenophobic anti-Syrian and anti-Arab sentiments exist in both secular and religious nationalist rhetoric, and since 2013 they have led to several violent clashes, such as house burning and attempted lynchings in Istanbul, as well as in other cities such as Izmir, Adana, Urfa, Maras and Kilis (Simsek 2016). The increase in violence against Syrians, as well as their poor living conditions and economic exploitation can be interpreted through the exclusionary necropolitical surveillance, in which biopower is defined by the sovereign's focus on the surveillance, management and command of exclusion and death (Mbembe 2003; Topal 2011). This can hardly be separated from the inclusionary biopolitical surveillance, in which deaths of Syrians on the border, and attacks against Syrians in Turkey, are represented and dealt with in the media, and according to which legal and medical apparatuses are designed and implemented. Mainstream Turkish media often underestimates violence against the Syrians, representing it as being from sporadic events committed by unstable people who are 'provoked' by the Syrians in one way or another.³ At least ten Syrians were injured in clashes with local populations in 2016, contributing to

3 These 'provocations' range from clashes motivated by sexual tension between Syrians and Turks, to job layoffs because a company decided to employ Syrians, who work for much less and for longer hours.

a growing public perception that Syrians are associated with criminality, violence and corruption, in the sense of 'blaming the victim,' despite the very low rates of criminality among Syrians in Turkey (Simsek 2016; Kaya and Kirac, 2016).

Varieties of discourse and practice

Social and political discourses on Syrians in Turkey are affected by historical stereotypes, and current biopolitical and necropolitical governance, but they are not monolithic, and vary in accordance with context. However, a strong tendency to limit the migration of Syrians prevails. Turkish politicians have declared that they cannot take any more Syrians into the country, and there have been several reports of attacks by border guards on Syrians trying to escape to Turkey (Pitel 2016). For instance, accordance to a survey conducted by The Centre for Economics and Foreign Policy Studies (EDAM) in 2014, 86.2 per cent of the respondents agreed with the different ways outlined of limiting Syrian migration to Turkey: 31 per cent of respondents said there must be a threshold in the numbers accepted; 29.7 per cent asked for the end of immigration and for the return of already settled Syrians to Syria; 25.5 per cent asked for a total closure of the border. Only 11 per cent desired that Turkey should continue to accept people from Syria without any limit to numbers (EDAM 2014).

Despite the problems experienced in the economic and social integration of Syrians, the JDP government and President Recep Tayyip Erdogan have often stated their wish to give citizenship to Syrian forced migrants, which, as we have seen, elicits strong reactions in both anti-JDP and anti-Syrian milieus,⁴ in which it is claimed that this would increase the negative social influence of Syrians even more and for a longer, if not permanent, basis (EDAM 2014). Turkish mistrust, and other negative sentiments towards the Syrians in particular and Arabs in general, stem from the official history taught in primary and high schools in Turkey, according to which 'Arabs betrayed the Turks when they preferred British and French colonization to the Ottoman rule in the nineteenth century', as a paediatrician I interviewed pointed out. The period mentioned by this paediatrician coincides with the birth of Arab nationalism and independence movements, a fact rarely mentioned in the Turkish history textbooks. Several doctors and nurses I interviewed also emphasized negative characteristics, depicting the Syrians as passively expecting everything from the Turkish government and as being generally ungrateful. For instance, a Turkish gynaecologist explained that he has colleagues who voluntarily work giving care to Syrian women for free in the makeshift clinics of the NGO's headquarters, adding:

4 My mainstream media and social-media survey and the interviews I conducted highlight that some JDP supporters also have anti-Syrian views, arguing that Erdoğan is too tolerant towards the Syrians and that having so many Syrians harms the social and economic structure of Turkey.

They do this since they are kind-hearted and love to help human beings so much, even if they are Syrians. It's OK that there are a few naïve doctors and nurses who do voluntary work for Syrians out of their benevolence. But this shouldn't get too widespread or turn into routine. For instance, I would never ever do such voluntary work or advise my interns to do it [Why?] If all of us, the Turks, mobilize to help them, they will get too comfortable here in Turkey. They will become used to getting everything too readily, without spending any effort. It is not right and it's not OK. They are already lazy by nature, and now the whole world pays attention to them and pities them. They want to get most out of these sentiments.

Similarly, othering and discriminatory discourses emphasize that the Syrians 'are cowards who escaped from the war in their country' and contrast them with the Turks 'who fought hard and gained their country back from its European occupiers in 1923 by shedding their blood', as was stated in the social-media campaign 'We don't want Syrians in our country!' To say the least, in this unfair comparison, differences between the political situations in two countries, between the military conditions and weaponry of 1920s and 2010s, are not taken into account; and it is implied that the Syrians' escape to another country to survive was somehow unpatriotic. Accordingly, a paediatrician claims that the Syrians do not deserve to stay in Turkey for long or to become Turkish, because the Turks have paid a price to found their country and gave their blood to save it from enemies. Of course, these statements omit important facts: for example, that the border between Syria and Turkey is quite recent (from 1938) and artificial, and that the two peoples are already mixed through marriage and kinship over centuries, and have a common history of living together in the Ottoman empire and Turkish republic. Historical and cultural commonalities between the two peoples are longstanding, and have been furthered by economic and cultural interactions across the border and through the families that, having members in both countries, often reunite.

According to KONDA, a major research and consultancy company in Turkey, discriminatory attitudes towards Syrians stem from the fear that Turks would lose their jobs, as Syrians would work for less and in worse conditions (KONDA 2016). Further, many of the migrants are children and their mothers, who would be less likely to work and more likely to depend on social welfare, which might worsen the current economic crisis considerably. There is also a problem of trust, as it is not known whether individual Syrians had an active role in the war, and if so, on what side. A general practitioner explained:

When we graduated we took the Hippocratic oath, so we know that even if a terrorist came to the clinic, I would have to take care of that person. But what would happen if a person from the other side, I mean the enemy of that Syrian terrorist, would find and kill me? Who will protect my safety and health?

Attitudes towards war and patriotism are not the only topics used to differentiate Syrians from Turks. Their 'incomprehensible' language, their strict interpretation of Islam, their dress code, the women's make-up and their untrustworthy character are mentioned often in the interviews, popular media and social media. Interestingly, in general those voicing these contrasts have little or no contact with Syrians, and therefore do not listen to their stories or see the problems from their angle. Through misinformation and othering, racism and discrimination rise, and the banality of evil becomes a reality of everyday life.

Another of KONDA's findings is that the more the people of Turkey interact with the Syrians in their daily lives, the more these two groups of people learn about each other, and discriminatory discourses diminish and give way to more sympathetic ones emphasizing commonalities and similarities (religion, the importance of family, food and music) instead. Recently formed NGOs, such as Göçmen Dayanışma Ağı (Migration Solidarity Network) and Mülteciyim Hemşerim (I am a Refugee my Fellow Citizen), which represent Syrians' voices and predicaments, can remedy this vicious cycle by creating awareness and advocacy for basic and universal human rights, regardless of status as refugees, migrants or 'migrants/asylum-seekers under temporary protection'. These NGOs advocate for education, employment and health amongst these basic human rights, and try to provide these services even if they are locally based and take place on a voluntary basis. Some of them prioritize making the voices of Syrians heard in Turkey, and to (re)shape public opinion about them. They often aim to fill in the gaps left by government policies to improve the legal, social and economic conditions of Syrians in Turkey. Although the government has a favourable discourse on the Syrians, which coincides with its neo-Ottomanist, charitable image, it mostly stays at a rhetorical level, as the proper legal status of being refugees is still not given to the Syrians, and the policies to improve their housing, working conditions, health and educational access are inadequate, to say the least.

During my research I met several doctors and nurses who treat Syrians on a voluntary basis in these NGOs, and I decided to interview some of them also, in order to explore variations in the medical discourse on the Syrians. So I conducted seven further interviews, with five doctors and two nurses, in addition to forty already completed. These Turkish doctors and nurses admitted that they had become more familiar with Syrian patients, as well as the severity of their psychological and biological scars. As a paediatrician pointed out:

When they come to the NGO I work in, they are a physical and psychological wreck. When they tell their story they never do self-victimization. They tell them very briefly and neutrally. But each time I hear those horror stories I feel so upset, and I tell myself, anything I can do for those people can make a difference.

Although the number of voluntary health-care workers I interviewed is quite small, there are still several patterns apparent. Firstly, they are at either the beginning of their careers (some of them first met with Syrian patients during their university internships) or the end, close to retirement. Second, all of them associated their own family and life stories with the Syrian patients they take care of, as they had experience of the violence and difficult, often forced, migration from south-eastern Turkey, the Balkan countries or the former Soviet Union. Although these voluntary efforts are crucial to challenging the discriminatory discourses and to providing access to health care for one of the most vulnerable populations in Turkey, they only take place according to a limited schedule, and given the large numbers, they can only reach a small proportion of Syrians. It is clear that the Syrians in Turkey need many more doctors and nurses who can empathize with their condition, be unprejudiced about their coming from a migrant family or their career path, and take care of them without a discriminatory attitude.

It would be rather naïve to suggest, in response to discrimination, that medical discourses and practices should be independent of the larger political and social inequalities and problems. Every country prioritizes certain people's health, bodies and illnesses over others via their health policies and medical sector, and resorts to bio- and necropolitics in doing so. Medicine does not operate in a vacuum, and it is inevitable that global and local dynamics will interact with the conceptualization of health issues. However, it is still important to raise awareness about the ways in which discriminatory discourses regarding Syrians are formed in the medical realm, and to explore alternative discourses, such as those of the voluntary health-care providers at the NGOs, in order to achieve a more inclusive and pluralistic health sector with more equality in the health-care access and experience. Only then can the balance between biopolitics and necropolitics be restored in accordance with health as a basic human right principle for all the people living in the country, regardless of their political and legal status. Regarding health as a human right and being critical of the discriminatory discourses would also enable us to hear the voices of the Syrians much more clearly with regard to their own assessment of their health needs, priorities and problems. This new familiarity would in turn challenge the stereotypical generalizations, such as of ungrateful and untrustworthy Syrians, thanks to access to their deeper fears and hopes concerning their health conditions. This would help the conceptualization of Syrians as human beings equally deserving of health-care access as one of the most basic human rights, as also for other peoples, refugees, forced migrants and immigrants of Turkey, displacing notions of Syrians as an extra burden for health-care professionals.

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