RESTRUCTURING URBAN SPACE THROUGH CITY HOSPITALS

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ABSTRACT

RESTRUCTURING URBAN SPACE THROUGH CITY HOSPITALS

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As it takes place in almost every part of the world, existing built environments and city centers are also being undergoing processes of hollowing out in Turkey. In that regard, city hospitals represent a new face in these hollowing out processes. Existing literature and debates in that topic often focus on financial and spatial impacts and consequences of city hospitals. Therefore, the emphasis is mostly placed on newly formed city hospitals and the spatial environment around them. However, limited number of attention is paid on those areas where the current public hospitals subjected to closure are located. In most cases, these areas have already been in decline and with the closure of these hospitals, the situation will be deteriorated. Launching from this point, in this thesis, while paying attention to certain aspects of newly emerging city hospitals, the main emphasis will be placed on these already troubled areas where public hospitals have been closed in the cities of Turkey.

Keywords: Urban Restructuring, Role of the State, Public-Private Partnership, City Hospitals**,** Urban Decline

ÖZ

ŞEHİR HASTANELERİ ARACILIĞIYLA KENT MEKANINI YENİDEN YAPILANDIRMAK

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Tüm dünyada olduğu gibi Türkiye'de de var olan yapılı çevrelerin ve kent merkezlerinin içinin boşaltılması süreçleri devam etmektedir. Bu bağlamda şehir hastaneleri bahsi geçen süreçlerin gerçekleşmesinde yeni bir yüz olarak karşımıza çıkmaktadır. Öte yandan şehir hastaneleri meselesinde var olan literatür ve tartışmalar çoğunlukla konunun finansal ve mekansal etki ve sonuçlarına odaklanmıştır. Bu yüzden yapılan vurgular çoğunlukla yeni yapılan hastaneler ve mekansal çevreleri üzerinden gerçekleşmiştir. Ancak şehir hastaneleriyle beraber kapanacak olan hastanelerin bulunduğu bölgelere yeterli önem verilmemiştir. Çeşitli örneklere bakıldığında bu bölgelerin halihazırda birer gerileme alanı olduğu görülmektedir ve bu hastanelerin kapanmasıyla mevcut durum daha da ağırlaşacaktır. Bu noktadan hareketle, bu tezde yeni yapılan şehir hastaneleri çeşitli boyutlarıyla incelenirken tezin esas vurgusu Türkiye'nin çeşitli kentlerinde kapanan hastanelerin konumlandığı halihazırda sorunlu bölgeler üzerine olacaktır.

Anahtar Kelimeler: Kentsel Yeniden Yapılandırma, Devletin Rolü, Kamu-Özel Ortaklığı, Şehir Hastaneleri, Kentsel Gerileme

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CHAPTER 1

INTRODUCTION

Even though neoliberal urbanization processes are quite significant to understand the issue of global urban transformation and its strategies, each transformation process in a particular geography has its own peculiar features resulting from its own local dynamics. Henceforth, whilst taking meta-narrative of neoliberalism and its effects on urban space for granted as theoretical framework, which possess quite significant capacity to explain so-called processes, it should also be noted that there is actually not a single receipt that is able to grasp the whole processes of global urban transformation in one attempt. In that regard, it is important to understand the neo-liberal urbanization in each country and local unit by taking the national and local specificities into account.

Emergence of city hospitals as an important outcome of so-called public-private partnership schemes and the ongoing impacts on urban spaces in Turkey is the main concern of this thesis. City hospitals have quickly become the most significant component of the health care system in the country by causing significant changes in spatial structure of the cities wherever they have been located in recent years.

One of the peculiar features of this process is that city hospitals are built to replace a considerable part of the already present public hospitals which are subjected to closure after city hospitals are put into service. However, this tremendous socio-economic change has some spatial dimensions which could not be ignored if one wants to understand this process in a satisfactory manner. While emerging city hospitals are built in newly developed land plots owned by the public sector, often outside the core districts of the city, existing hospitals subjected to closure are mostly located in the core areas of the cities.

For this very reason, even though it seems that the production of city hospitals in Turkey, as the outcome of neoliberal transformation strategies such as public-private partnerships, is quite related with global urban transformation processes, there is also a considerable need to stress the spatial uniqueness of Turkish cases in realizing these so-called processes.

Thus, the main aim and scope of this thesis can briefly be defined as grasping the above-mentioned processes of neoliberal transformation and analyzing the current and possible impacts of these processes on urban spaces of the country by giving reference to Turkey's particularities on the specific case of city hospitals. While doing this, some of the concepts and strategies of urban transformation that are globally accepted will be applied and the role of states in these processes will be handled in a global perspective as well. Furthermore, as a significant tool of transformation, global strategy of public-private partnerships and its applications in Turkey ranging from different sectors are going to be demonstrated. By doing this, the transition between theoretical frameworks and field research is attempted to be constructed in a proper manner.

Following the Introduction, in Chapter 2, theoretical framework and concepts regarding the processes of neoliberal urban transformation are going to be discussed in detail. Having firstly touched upon a scalar discussion of neoliberalism, where the dynamics of global and local levels in urban arena are examined, some prominent instruments of global urban transformation processes such as creative destruction, rent-gap and so on will be explored by placing an emphasis on the role of the state in the production of urban spaces. By exemplifying the transition from Keynesian to post-Fordist understandings of states, the still-significant role of the states in so-called urbanization processes will be shown. Especially with the concepts of public-private partnerships and organized state abandonment, the fact that states still stand as key actors in global urban transformation processes with their policy rationality in entering these processes is going to be underlined. Lastly, due to these processes, the as an important dimension of these processes, issue of urban decline will be problematized and it will be shown that restructuring through city hospitals does means a significant degree of urban decline in those inner city areas where public sector owned hospitals were located.

In Chapter 3, public-private partnership schemes as global instrument of transformation of various areas and institutions are evaluated in terms of their history and rationality behind their usage. For this reason, special attention will be paid to the examples of such countries as the USA and UK with reference to the model of public-private partnerships ranging from different sectors with respect to the notions of efficiency, productivity, market-client relations of public services and the issue of risk-sharing. Furthermore, it will also be shown that such rooted criticisms towards the usage of this model. Thereafter, the application of this model to the field of health care throughout the world will be touched upon by examining selected countries' cases.

The same methodology will be applied in Chapter 4. Historical trajectory of neoliberalization in Turkey will be discussed with special attention to Justice and Development Party (JDP)'s role in the neoliberalization of urban space in the last two decades. Even though some attention will be paid to public-private partnership schemes in general, the chapter will mainly dedicate itself to the discussion of the transformation process of Turkish health-care system after 2002. As a significant outcome of this transition, the projects of city hospitals will be elaborated quite in detail before going into field research.

Lastly, in Chapter 5, the case study of city hospitals throughout the country is examined city by city. By doing this, it is aimed to show that the closure of some current hospitals in different cities had important spatial impact on the built environments around them. To show this spatial impact, each city is examined in relation to relative places of the city hospital and public hospitals subjected to closure. After showing this impact, the case of Ankara will be focused on. Having explained the case of Ankara in detail, the attention is paid to inner city areas of the city where the public sector run hospitals subjected to closure. Nevertheless, while signifying these closures, the main focus is going to be on the closed public hospitals located in the city center and the issue of closure will particularly be examined. After that, interviews which were conducted with people who are somehow connected with these hospitals will be presented by dividing these interviewed people into two groups. On the one hand, regarding the local economy of the region, such tradespeople like pharmacists, medical shop owners and taxi drivers have been interviewed. On the other hand, the thoughts of local users of these hospitals, such as

hospital workers, nurses, patients, and doctors were questioned during the interviews. Through these interviews, spatial outcomes of city hospitals have been attempted to be demonstrated by applying a bottom-up perspective.

Thereafter, in Chapter 6, the conclusion for this thesis has been attempted to be drawn by making deductions and underlining the limitations for this research through the discussions and observations that were made up to now.

CHAPTER 2

SPATIALITY OF NEOLIBERALISM

One of the theoretical objectives of this thesis is to show the spatiality of neoliberalism through the study of so-called city hospitals as a means of restructuration of urban space in various cities in Turkey. In that regard, the research will briefly touch upon such urban dynamics of neoliberalism in this chapter before entering into the core discussion of the thesis.

2.1. Neoliberal Restructuring of Urban Space: Global Processes and Strategies of Transformation

The main goal of this thesis is to signify the processes and strategies of transformation or in other words, restructuring processes. In that sense, there will be discussions on two outstanding conceptualizations regarding production of urban space. Firstly, the notion of creative destruction, which has initially been developed as an economic tool of analysis, will be grasped in detail by interrogating the internal dynamics of this notion. Secondly, rent-gap, a concept that demonstrates the inherent gestures of urban transformations, is going to be examined in a quite comprehensive manner. Both of these two conceptualizations will be used in this thesis, and they have been strategically selected since it is a crystal-clear fact that both concepts quite scrumptiously justify and prove the processes of so-called urban restructuring, especially in the inner city areas, as it is going to be proven in the following paragraphs. In sum, after defining a general understanding of urban restructuring regarding neoliberalism, the answers of questions, such as how and why does one particular urban space is transformed/restructured, what is the particularity of this space, what are the reasons that lie behind the processes and who are the key actors or what are the driving forces and motivations of these restructuring processes will be touched upon.

Table 2.1 Destructive and Creative Moments of "Actually Existing Neoliberalism"

Site of Regulation	Moment of Destruction	Moment of Creation
Uneven spatial development	• Selective withdrawal of state support for declining regions and cities • Destruction of traditional relays of compensatory, redistributive regional policy (spatial Keynesianism)	• Mobilization of new forms of state policy to promote capital mobility within supranational trade blocs and to encourage capital (re)investment within strategic city-regions and industrial districts • Establishment of new forms of sociospatial inequality, polarization, and territorial competition at global, national, and subnational scales
Transformations of the built environment and urban form	• Elimination and/or intensified surveillance of urban public spaces • Destruction of traditional working-class neighborhoods in order to make way for speculative redevelopment • Retreat from community oriented planning initiatives	• Creation of new privatized spaces of elite/corporate consumption • Construction of large-scale megaprojects intended to attract corporate investment and reconfiguration of local land-use patterns • Creation of gated communities, urban enclaves, and other "purified" spaces of social reproduction • "Rolling forward" of the gentrification frontier and the intensification of sociospatial polarization • Adoption of the principle of "highest and best use" as the basis for major land-use planning decisions
Re-representing the city	• Postwar image of the industrial, working-class city is recast through a (re-)emphasis on urban disorder, "dangerous classes," and economic decline	• Mobilization of entrepreneurial discourses and representations focused on the need for revitalization, reinvestment, and rejuvenation within major metropolitan areas

Source: Brenner & Theodore (2002: 364-372)

If we begin to look at the roots of the concept of creative destruction, it is necessary to state that this term has been flourished by an economist, Joseph Schumpeter. With that conceptualization, it actually possesses an economic perspective that

underscores such forms of transition in the discipline of economics. In a detailed definition:

> Creative destruction refers to the incessant product and process innovation mechanism by which new production units replace outdated ones. It was coined by Joseph Schumpeter (1942), who considered it 'the essential fact about capitalism'. The process of Schumpeterian creative destruction (restructuring) permeates major aspects of macroeconomic performance, not only long-run growth but also economic fluctuations, structural adjustment and the functioning of factor markets (Caballero, 2008: 307).

In the lights of this understanding, macroeconomic perspective developed by Schumpeter actually signals a replacement between new and old production units. However, this approach should not solely be grasped through the lenses of the discipline of economics. In the field of politics, the concept of creative destruction flashes a break in institutions as well. According to Brenner and Theodore (2002: 362), it is proposed that:

> Two dialectically intertwined but analytically distinct moments: the (partial) destruction of extant institutional arrangements and political compromises through market-oriented reform initiatives; and the (tendential) creation of a new infrastructure for market-oriented economic growth, commodification, and the rule of capital. Two important caveats must be immediately added to clarify this conceptualization of actually existing neoliberalism as a process of institutional creative destruction.

As it can be inferred, creative destruction of neoliberalism brings institutional changes. This issue is what Brenner and Theodore (2002) calls "actually existing neoliberalism". In that regard, in order to extend this sort of strong argumentation, Table 2.1[1] will show the urban dynamics of the creative destruction processes of actually existing neoliberalism.

As it can be derived from Table 2.1, the dynamics and features of neoliberal urbanization can be named as uneven spatial development, transformation and reproduction of built environment and changing style of representing the city. On the other hand, there are such institutional dynamics, such as selective withdrawal of state in the processes of uneven spatial development, reinvestments and disinvestments realized by states, large-scale investments by corporate entrepreneurs so on and so forth. At this point, there is actually no need to explain each column and row located in Table 2.1. Rather, what is to be understood by using this sort of a

[1] Authors actually discuss the issue in two separate tables. In order not to exceed the scope of the thesis, relevant parts of separate formulations have been combined into one integrated table.

derivation from Brenner and Theodore's work is to underscore both institutional urban level dynamics of neoliberal urbanization processes and "actually existing neoliberalism". In that regard, by emphasizing a break within such moments, this formulation declares a lot of insight regarding neoliberal urban restructuring. Thus, it is hereby argued that the concept of creative destruction and its linkage to neoliberal urbanization processes are still capable of explaining neoliberal urban restructuring.

It is worthy to be noted that the processes of neoliberal urban restructuring or creative destruction are not something unilinear, and it might rather occur in a scattered manner. Moreover, it is also needed to state that these processes do not necessarily take place in a similar pattern in each different and peculiar place. Surely to say, there will also be particularities in each place. However, what this thesis proposes here is not giving a receipt of creative destruction processes. On the contrary, it has been aimed to build a framework upon neoliberal urbanization processes in order to grasp these processes in a comprehensive manner. However, what is still valid to declare in current processes of neoliberal urban restructuring is that we are living in a world of change, progress, destruction and creation of something else. In a way, it can be again asserted that all solid materials of concrete world somehow dissolve and melt into the air (Berman, 1988).

On the other hand, as it has been elsewhere noted, capitalism necessarily requires to produce space for its survival. This strategy cannot be snatched away from the capitalist urbanization processes. In that regard, it is crystal clear to claim that capitalism indispensably demands some form of "spatial fix" to produce built environment in a given, specific territory. However, this sort of spatial fix does not merely mean that once a building is produced in some place, this will stay in the same place forever. As cited in Brenner and Theodore (2002: 355):

> At the same time, capital's relentless quest to open up fresh spaces for accumulation is inherently speculative, in that the establishment of a new "spatial fix" is never guaranteed; it can occur only through "chance discoveries" and provisional compromises in the wake of intense sociopolitical struggles (Harvey 1989; Lipietz 1996).

This sort of perspective leads us to grasp spatial fix not in a static manner, rather it recommends that we understand it to be in motion. On the issue of fixed capital, in Marxist understanding:

> Marx's definition of fixed capital is quite distinctive - very different indeed from that of classical or neo-classical economists. First, since capital is defined as 'value in motion', it follows that fixed capital must also be so regarded. Fixed capital is not a thing but a process of circulation of capital through the use of material objects, such as machines. From this it then also follows that the circulation of fixed capital cannot be considered independently of the specific useful effects that machines and other instruments of labour have within the production process. Fixed capital cannot be defined independently of the use to which material objects are put. Only instruments of labour actually used to facilitate the production of surplus value are classified as fixed capital (Harvey, 2006: 205).

In the light of this strong argumentation, it is argued that spatial fixity and motion in urban space is quite significant to understand the transformation of urban space. Furthermore, by decomposing spatial fixes and fixed capital, and putting them in "value in motion", this will lead us again to creative destruction processes. Both these discussions are about the motion of transformation regarding urban space. As it has been declared; for example, once a building has been constructed, how can it be guaranteed that this building will stay at the same place forever? This sort of view definitely contradicts with the nature of capital.

In a similar vein, the word of obsolescence comes to the discussion in a quite productive manner. Once a building has been produced, it begins to age (Weber, 2002: 174). In that regard, there will surely be necessary expenses for the maintenance of the building. However, these expenses are for the material, and physical sustainability of the building. In this respect, there is great need to touch upon such structural issues in urban politics. The issue of renewal could not solely be reduced to physical condition of the building. In that sense, there is another issue that strikes quite influentially, namely, the theory of rent-gap. The theory of rent-gap's plants have been seeded firstly by Neil Smith's essential piece of work, namely *Toward a Theory of Gentrification A Back to the City Movement by Capital, not People* (Smith, 1979; Smith, 1996b). In this work, the processes of inner city revaluation (or in other words, gentrification) have been tried to be explained in a structural, rent-based manner. In order to do that, Smith speaks of 4 distinct determinants that shape his rent-gap theory. These are; house value, price, capitalized ground rent and potential ground rent. To sum up in one sentence, Smith defines rent-gap as the disparity between capitalized ground rent and potential ground rent. As Figure 2.1 clearly shows, the shaded area confronts with rent-gap. Especially in inner city neighborhoods, potential ground rents (highest and best use) possess the tendency to go up. However, on the other hand, capitalized ground rents (claimed by

landowners) tend to decline as the time from construction date proceeds. The disparity between them explains the core of rent-gap theory. Furthermore, in Smith's understanding, these processes result from the outcome of gentrification. In his own words:

> To summarise the theory, gentrification is a structural product of the land and housing markets. Capital flows where the rate of return is highest, and the movement of capital to the suburbs along with the continual depreciation of inner-city capital, eventually produces the rent gap. When this gap grows sufficiently large, rehabilitation (or for that matter, renewal) can begin to challenge the rates of return available elsewhere, and capital flows back (Smith, 1979: 546).

The theory of rent-gap might sound quite simple, but still explanatory in urban restructuring processes especially in inner city neighborhoods together with the mechanisms of disinvestment. Moreover, this theory is not also a singular work proved only by Neil Smith. For instance, such authors like Ley (1986), Clark (1988), and Badcock (1989) also support the theory of rent-gap in analyzing different parts of the world regarding inner city transformation processes and they all draw their conclusion by supporting Smith's argumentation. However, needless to say, there were naturally also some opponents to this theory. To illustrate one of them, Bourassa (1993) criticizes the theory of rent-gap by underscoring that neoclassical concept of land-use succession is more coherent than the rent-gap concept. There will of course be counter arguments to the theory of rent-gap. Nevertheless, with its capacity to explain inner city restructuring processes, this thesis argues that rent-gap theory still possesses a power in this discussion. As Yung and King (1998) noted:

> If a mark of a good theory is that it compels us to ask illuminating questions of reality, then the rent-gap theory is "a good theory" (as cited in Slater, 2015: 19).

In other words, according to Smith (1996a: 1202):

> If the rent-gap theory works at all, it works because of its simplicity and its limited claims. It should certainly be subjected to theoretical criticism, but I do think that this will be useful only if the theoretical premises are taken seriously from the start.

All in all, as it has been quoted by Smith himself above, rent-gap theory of inner city revaluation is quite capable of explaining the restructuring processes due its simplicity and limited claims. In this thesis, there is this argument to be defended that both the processes of creative destruction and the theory of rent-gap are important key features of neoliberal urban restructuring processes. In that sense, both of these

conceptual tools have been selected owing to the fact that they possess quite in-depth capacity to explain and show the above-mentioned processes.

To sum up, it has been touched upon two significant concepts, which are creative destruction and rent-gap. Despite some limitations regarding the scope of the thesis, some points have just been touched upon and shown briefly. However, what this research aspires to argue here is not giving a receipt of the processes of creative destruction and gentrification. On the contrary, it has been aimed to build a framework upon neoliberal urbanization processes in order to grasp these processes in a comprehensive manner. Therefore, the reason behind these two introductory discussions is because of their (concepts of creative destruction and gentrification) capacities to lead this research in the chapters that follow, especially in neighborhood level decline discussions.

Nevertheless, there is still one point that has not been discussed. This is the question of who the actors/agents in these urban restructuring processes are. In other words, whether the market forces them to implement these neoliberal processes with a limited amount of state intervention is questioned. The answer for this will surely be "no". In some cases, it is acceptable that market forces, companies or corporate bodies or the like, enter to the areas by obtaining more responsibility than states. However, in some other cases, it just so happens that purely state intervention takes place in the gentrification processes. For example, the case of Sulukule, İstanbul, where 300 Romani families were moved from their neighborhood that had been declared an urban renewal area, can be defined as "state-led" gentrification as well (Lees, 2012: 160). Furthermore, it could also be a named public-private partnership that reproduces urban space in a way of distributing such responsibilities among the public and private sector (Harvey, 1989).

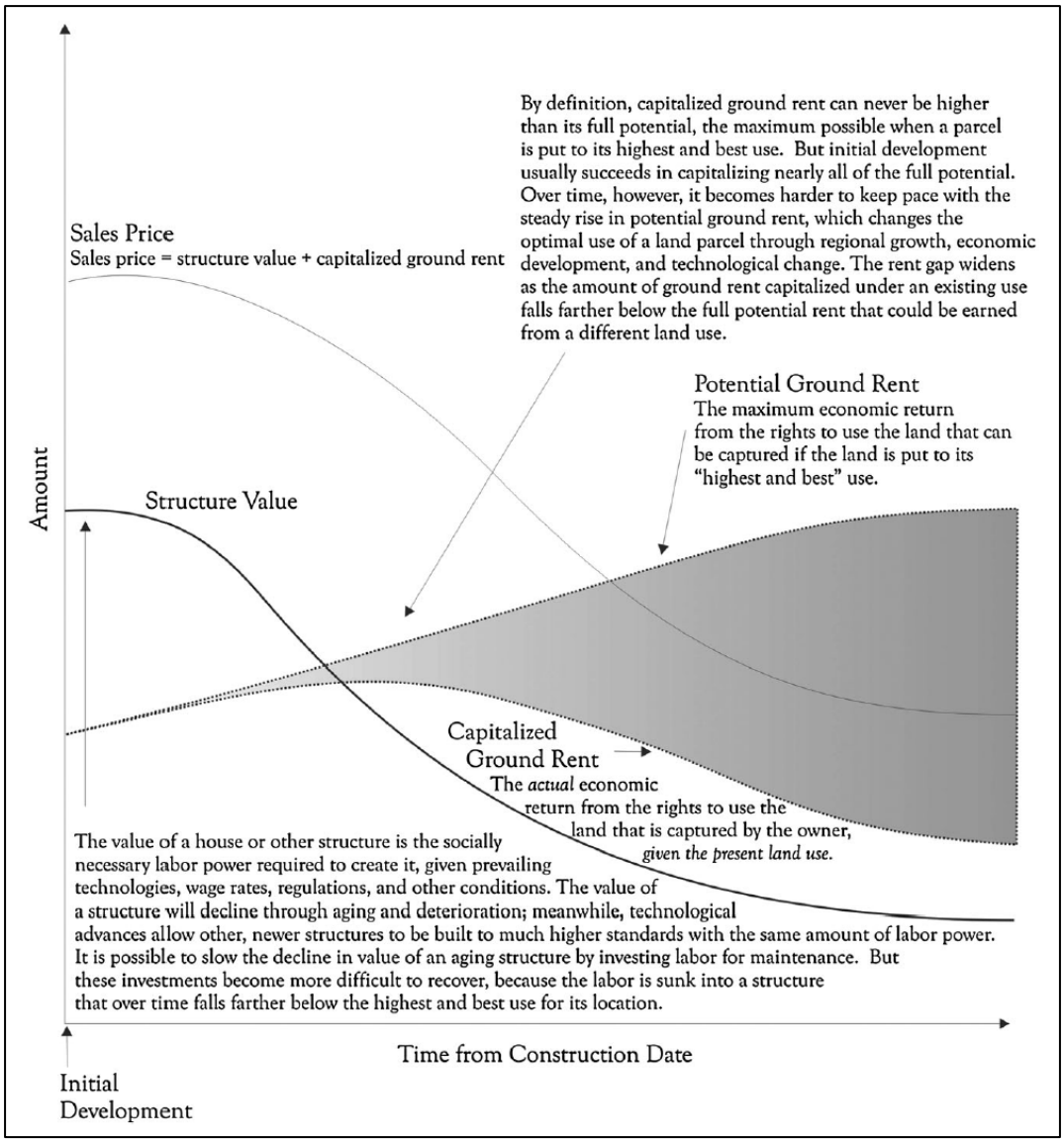

Figure 2.1 The Theory of Rent-Gap (Source: Lees, Slater & Wyly, 2008: 52)

Thus, what must be underlined here is that the role of the states in neoliberal urban restructuring processes is quite a stubborn and indisputable fact. In that regard, the next chapter of this thesis has been dedicated to the discussion of the role of the neoliberal states. By doing so, it has been attempted that the role of the state is going to be discussed in a quite detailed manner. In that regard, while doing a scalar discussion of the role of the state in neoliberal processes of urban restructuring, there will also be given a specific attention to such empirical cases of state-intervened production of urban space. As it has been elsewhere noted:

> Despite the rhetoric of market-led and privately covered investments, the state is invariably one of the leading actors in the process; in ten of the thirteen cases discussed (in this paper), its role is outspoken. Risks are taken by the state, shared on

> occasion with the private sector, but given the speculative, real-estate-based nature of the projects, deficits are likely to occur (Swyngedouw *et al*. 2002: 205).

2.2. Role of the State in the Production of Urban Space: Towards a Neighborhood Level Discussion

The role of the state in neoliberal urban restructuring processes is yet a continuous discussion so far. As it has already been asserted, both the processes of neoliberalization and globalization clearly shaped the urban landscape and inner cities through such instruments like gentrification, creative destruction and so on. However, a dispute always occurs when discussing the driving forces of these transformation processes.

In this research, these questions are going to be asked: How should these driving forces be named and what are the motivations behind these actors? As it can apparently be understood up to now, the only answer cannot solely be named as capital itself and its accumulation strategies. Rather, there is a great need to put an emphasis on the role of the state in the urban restructuring processes. Thus, in this chapter, the significance of the state in so-called processes and strategies will be discussed, and then, it is going to be tried to illustrate such empirical evidences regarding this issue, especially in the neighborhood level.

First of all, Lefebvre (2003) speaks of the production of urban space through a statist perspective, which he named as statist mode of production (SMP). As it has been elsewhere declared by him:

> Today, many people are describing spaces, writing discourses about space. So our task is to invert this approach (Marx's approach of production) by founding a theory of the production of space. The state becomes more and more clearly the agent, even the guiding hand (*maitre d'ouvrage*), of this production (Lefebvre, 2003: 87).

In other words, in Lefebvrian account:

> Space has become for the state a political instrument of primary importance. The state uses space in such a way that it ensures its control of places, its strict hierarchy, and homogeneity of the whole and the segregation of parts. It is thus an administratively controlled and even policed space (as cited in Shields, 1999).

In the lights of these quotations, it can be underlined that Lefebvrian insights towards the production of urban space are something significant, but quite discursive and abstract as well. Nevertheless, this does not mean that they are incapable of

explaining the production of space through the lenses of a statist perspective and this sort of argumentation still sheds light to the neoliberal urban restructuring processes although it has been formulated in the 1970s.

On the issue of nation state, there is still an ongoing discussion regarding neoliberal understanding of the state as well. As it has been discussed in the beginning of this chapter, the newly emerged role of the states in the neoliberal era was rather limited compared to the times of the welfare state intervention to urbanization processes. This argument is partially true in the sense that market forces hold quite significant power in their hands in neoliberal times; however, this does not necessarily mean that state is withered away, especially in the production of urban space. In that regard, Jessop (1994: 251) identifies this sort of transformation of state's role in two distinctive manners:

> First, there is a tendential shift from the Keynesian welfare state appropriate to the Fordist mode of growth to a Schumpeterian workfare state more suited in form and function to an emerging post-Fordism. And, second, there is also a tendential 'hollowing out' of the national state, with state capacities, new and old alike, being reorganized on supranational, national, regional or local, and translocal levels.

This above-mentioned shift from Keynesian welfare state to a Schumpeterian workfare state is actually about the changing style of functioning of the neoliberal state. In that regard, Jessop (2002) touches upon such dynamics; for instance, the diminishing role of the state control and ever increasing role of the regulated competition by state, public-private partnerships under state guidance and expanding their roles. Thus, he defines these processes as "hollowing out" of the nation state. By this concept, he does not again assert that the nation state is something withered away, rather:

> In this context hollowing out should be confused neither with the 'withering away of the state' nor with the simple marketization of its functions (more market, less state). Instead the state retains important functions and these are articulated with changes in their delivery in and through private-public partnerships, etc. In crucial respects, these changes are also closely linked to the reorientation of state capacities towards Schumpeterian workfare measures (Jessop, 1996: 178).

Up to now, the significance of the state in the production of urban space has been talked upon. In that regard, relying upon such contributors like Henri Lefebvre and Bob Jessop, it has been underlined that the state does not really retreat from intervening to urban space. Rather, it has been emphasized that the active role of

state is present in opposition to the thesis of state decline and the myth of powerless state in the neoliberal era. Thus, in the following arguments in this thesis, it is going to be asserted that there are three distinctive moments of state intervention regarding the production of urban space, which are a) the reorganization of state and capital regarding a scalar perspective, b) state observed or state at work in the urban space and c) potential winners & losers of this statist production of urban space. These three moments are going to be elaborated in the following part of this chapter, which will provide a quite fruitful background regarding the following chapters of this thesis.

The first moment of the production of urban space from a statist perspective is about the transformation and reorganization of statehood in a scalar perspective. As it has been previously argued, with the processes of globalization and neoliberalization, states' ways of working both in global and national scales have dramatically been shaped by these so-called processes. Thus, the state observed now is in need to be rethought by using a scale-sensitive approach to state theory as well. In that manner, according to Brenner (2004: 1-2):

> The new forms of statehood that are resulting from these wide-ranging transformations have been variously characterized as competition states, workfare states, internationalized states, catalytic states, network states, post-Fordist states, post-national states or, more generically, a post-Keynesian states [...] Thus, a geographically attuned and scale-sensitive approach to state theory is required in order to decipher the new state spaces that are being produced under contemporary capitalism.

In the light of this discussion, there is great need to put an emphasis on the issue of rescaling of statehood in the production of space. Scale, here, comes to the ground as a significant concept in this discussion and thesis due to its capacity to explain the reorganization of statehood and capital as well in the urban arena. For the very same reason, on the issue of politics of scale, Neil Smith quite scrumptiously questions the issue by declaring that:

> Much of the confusion in contemporary constructions of geographical scale arises from an extensive silence on the question of scale. The theory of geographical scale - more correctly the theory of the production of geographical scale - is grossly underdeveloped. In effect, there is no social theory of geographical scale, not no mention a historical materialist one. And yet it plays a crucial part in our whole geographical construction of material life. *Was the brutal repression of Tiananmen Square a local event, regional or national event, or was it an international event?* (Smith, 1992: 72-73, emphasis added)

Thereafter, he continues:

> As a global event, Tiananmen Square has a very different meaning than it has as a local event: the two are clearly coincident, though not identical, but how do we determine this difference and homology of meaning? Without resolving some of these questions, a more systematic understanding of geographical difference, and hence of difference more generally, will remain closed (Smith, 1992: 74).

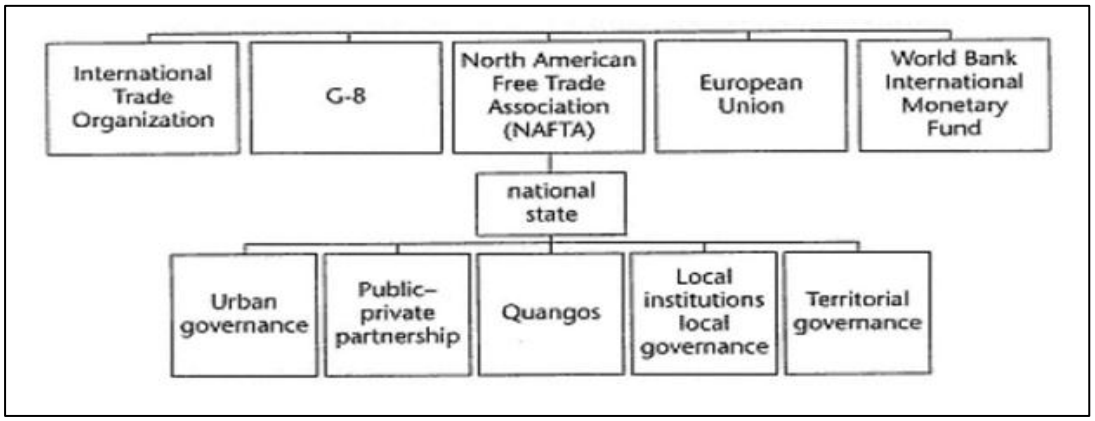

Figure 2.2 State Rescaling Compared with National and Global Levels (Source: Swyngedouw, 2000: 549)

Up to now, in this thesis, it is quite crucially asserted that scale took a really significant position in politics of urban space, and it is something to be considered while analyzing power relations that somehow shape urban space. In that regard, it is believed that Swyngedouw (2000)'s formulation of the rescaling of the state (from government to governance or in his words, glocalization) fosters quite a genuine and fruitful schema. As it can be seen in Figure 2.2, there is a hierarchical outlook among global to local levels; for instance, from international organizations (European Union, G-8) and supranational bodies (International Monetary Fund, World Bank) to local implementation levels (local governance, public-private partnerships etc.). However, this is not simply a clear-cut hierarchical order; rather, it actually signifies a scalar relationship between two interrelated levels. As it has been elsewhere stressed regarding this matter:

> This downscaling of regulatory tasks should not be viewed as a contraction or abdication of national state power, however, for it has frequently served as a centrally orchestrated strategy to promote transnational capital investment within major urban regions, whether through the public funding of large-scale infrastructural projects the mobilization of localized economic development policies,

the establishment of new forms of public–private partnership or other public initiatives intended to enhance urban territorial competitiveness (Brenner, 2004: 62).

STRUCTURAL MOMENTS	**State space** **In the narrow sense:** refers to the character of state institutions as relatively delimited, spatially centralized, and scale differentiated apparatuses of political authority within a given territory	**State space** **In the integral sense:** refers to the geographies of state intervention into social and economic relations, and to the indirect effects of that intervention, within a given territory
STRATEGIC MOMENTS	**State spatial projects:** refers to political strategies oriented towards the reproduction, modification, or transformation of inherited patterns of state territorial and scalar organization	**State spatial strategies:** refers to political strategies oriented towards the reproduction, modification, or transformation of inherited frameworks of state spatial intervention at various scales

Figure 2.3 Structural and Strategic Moments of State Spatiality (Source: Brenner, 2004: 94)

What is proposed up to now in this discussion is the still-significant role of the state in urbanization processes. In that sense, it is going to be relied on Brenner (2004)'s concept of new state-spaces. In the discussion of state spatiality in Brenner's understanding, some structural and strategic moments are touched upon. For example, as it can be seen in Figure 2.3, structural moments are composed of state spaces both in narrow and integral senses. On the other hand, while speaking of strategic moments, Brenner speaks of state spatial projects and strategies. Relying upon the four distinctive moments, it is arguable that state spatiality is not something fixed in one specific place or scale; rather, it is actually an interrelated concept that shapes urban space.

In order not to exceed the scope of the thesis, this discussion of the reorganization of state and capital is going to be aborted right now. At this moment, it would be more appropriate to turn into the discussion of the "state observed" in urban space. By claiming "state observed" or "state at work", it has been tried to assert the visibility of state in the urban space. In other words, the main aim of this research is to underline the significance of state spaces at urban level in a more concrete manner.

In this respect, what is initially to be touched upon is the centralization of local decision making powers. In other words, against the ideas of locality or decentralization, centralized states use their decision making powers that directly shape and construct urban space, especially after the 1980s. Thus, the matter of centralization in urban decision making processes come to the discussion in this subchapter of this thesis.

Relying on this background, launching from the fruitful notion of Gramscian hegemony, as Stefan Kipfer (2008: 194) elsewhere asks an important question which is whether it is conceivable that the exercise of hegemony leaves space untouched. This question is quite important to be discussed since the construction of hegemony in Gramscian account necessarily begins with the production of urban space. In that sense, it can confidently be claimed that, in the eras of both neoliberalism and new state spaces that have been touched upon in detail previously, the production of urban space and decisions that shape it cannot solely be left into the hands of localities. In a variety of cases, it is quite observable that visibility of states and their actions that affect urbanization processes occur almost everywhere. In other words, it can also be claimed that centralization of urban decision making processes became a worldwide phenomenon. To support this argument, it is hereby necessary to give an example of a case where centralization of urban decision making processes needs to be brought forward since there are various cases in the world that can support this sort of argumentation. For instance, in Turkey, together with some statutory decrees (namely decree 644 and 648 in numbers), Ministry of Environment and Urbanization has been established, and its authorization and power in urban planning processes has been dramatically expanded (Güneri & Türk, 2013). This sort of explosion of power regarding the Ministry of Environment and Urbanization means that the Turkish government does not wish to leave local decisions to local bodies such as local governments. The reason behind this situation is that local decisions that shape urban space are far more valuable that they cannot be left to the hands of local bodies. Thus, according to the discussions that have been made, one of the most significant arguments in this thesis could be named as centralization of urban policy planning processes. States here comes to the ground as literally important driving forces. As it is also going to be argued in the following chapters of this thesis, constructions of mega urban projects of city hospitals in Turkey also represents the same degree of

centralization, where all the decisions have been made by the Ministry of Health thanks to the law amendments which are going to be discussed in the further chapters. This is the reason why the notion of centralization in urban policy making processes takes a significant position in this discussion.

On the other hand, the second issue that needs to be focused on comes from a different perspective. For now, all the discussions in the urban restructuring related literature rely on the methodologies, instruments and strategies that shape urban space. In other words, it is always questioned how an urban space is transformed through such activities done by various decision making bodies. For example, to do this, instruments like centralization are used as conceptual tools. However, what should be argued is that states do not necessarily do or act somehow constructively. In other words, an urban space can also be shaped by doing nothing or leaving it to its fate. It might sound quite abstract. What is actually meant here is some sort of abandonment applied by states. From this point of view, in the 1990s, Peter Drucker uses the concept of "organised abandonment" in his book named "Post-Capitalist Society". As it has been elsewhere cited:

> The concept of organised abandonment denotes the purposeful jettisoning of any mode of management, any aspect of organisational structure or way of doing things that will no longer serve the interests of the organisation. "[The organization] must be organized for systematic abandonment of the established, the customary, the familiar, the comfortable, whether products, services and processes, human and social relationships, skills or organizations themselves." [...] While organised abandonment will "constantly upset, disorganized, destabilize the community," Drucker sees this as an inevitable challenge, one that must be overcome and transcended by the single-minded pursuit of the organization's objective. It does not matter what the social cost is, how many jobs may be lost, workers rendered "redundant"; changes in technology or knowledge are to be the sovereign drivers of organisations (as cited in Bhandar, 2018).

Drucker's perspective comes from a managerial one. Regarding this discussion, David Harvey also makes a definition of organized abandonment in his book called *The Limits to Capital* and gives an understandable example regarding this issue:

> Harvey used the term "organised abandonment" to explain how, in the context of the built environment, the hegemonic function of interest-bearing money capital requires special institutional arrangements to deal with the "production, use, transformation and abandonment of particular elements within the built environment". [...] Relying on and reinforcing racial regimes of ownership, redlining becomes the mechanism through which people of colour are excluded from homeownership in particular areas; racial segregation is reinforced in the drive to accumulate profit through real estate speculation and development. The managed decline of housing estates in parts of London constitute a form of organised state abandonment – the state relinquishing

> their duty to provide safe, secure tenure for people on low incomes, in order to achieve the objective of stimulating economic growth through real estate development (as cited in Bhandar, 2018).

Under the light of long but worthy quotes, what is to be claimed here is about the shaping of urban space. This sort of production or shaping does not necessarily contain a concrete act or project. Rather, doing nothing or abandoning a place from decision making processes might also be a strategy to reproduce urban space. From this perspective, abandonment, especially state abandonment, is in need to be grasped in a way that resembles with the notion of restructuring processes. In other words, abandonment is actually something quite similar to restructuring or transformation as well. This actually overlaps quite a bit with post-capitalism as Drucker argues above. States might relinquish from such urban spaces, where the outcomes will be the decline, rundown or something really worse. For instance, the catastrophe of Grenfell Tower in West London, where 71 people mostly coming from low income groups and racial minorities died, also resembles with this notion of organised abandonment and its catastrophic outcomes as well (Bhandar, 2018; Öğünç, 2017).

Thirdly, regarding state's visibility in urban space, the last form of state intervention towards urban space is going to be related with a commonly known strategy of current times of neoliberalism, namely public-private partnerships. Up to now, two issues in this discussion was actually oriented with states' actions or inactions. As it has been elsewhere quoted in this thesis, the model of public-private partnership is roughly about sharing the responsibilities of a project that needs to be implemented (Harvey, 1989). In a way, in the model of public-private partnership, it seems that states and capital owners or market forces are both significant as being actors in restructuring urban space. However, in this processes, it should be noted that this sort of partnership does not really confront with the fact that responsibilities are shared in an equal manner. On the contrary, this sort of argumentation is in need to be refuted as well. Yet, as it can be observed in various cases of public-private partnerships, it can clearly be seen that a great majority of the risks of a project (i.e. mega urban projects such as bridges, airports etc.) are taken by states, state institutions or state-owned banks so on and so forth.

Here comes a significant inquiry about the three above-mentioned strategies of neoliberal state in urban restructuring. How can the political motivations or concerns of the neoliberal states which lie behind them before entering into the policy arena be described? This is some form of entrepreneurialism, but it is to be asserted that this is not necessarily urban. Together with the exemplified strategies of centralization, organised state abandonment and public-private partnerships, states actually produce some sort of entrepreneur managerialism like Harvey's understanding of it in *From Managerialism to Entrepreneurialism*. At this point, it is observed urban governance is one whose actors are state, corporate bodies, financial institutions, and especially private sector involved in urban space. However, what is here to be underlined is that there are actually no social/societal pressures against these neoliberal urban policies. If there are, they are rather limited in their scope and capacities to transform either from political opposition parties and NGOs or from grassroots level participation. The reason behind this situation is that it will likely take some time for such neoliberal policies' outcomes and effects to the society to be observed. In other words, negative externalities of neoliberal urban policies are not always visible right after they have been implemented. To illustrate, as it will be studied in the following chapters as a case study, forthcoming closure of Ankara hospitals in the city centre is similar to this situation since the hospitals are still there, and it is not an easy task to predict the future outcomes of this closure. However, this is not actually a barrier. What makes this case significant in accordance with this issue is about the rationality of state. In this case, the state imposes the logic of private hospitals and their benefits to the society by closing mostly the preferable and accessible hospitals. Although newly emerged city hospitals are also public hospitals in theory, their economic structure, loan types, and rent lengths are actually in favor of the private sector and will probably have damaging effects for the public in the future. Nevertheless, this is the way how and where Turkish government constructs its policy rationality in a pure Weberian understanding on the issue of neoliberal urban governance.

All in all, by choosing the words of "state observed", "visibility of state" or "state at work" in urban space, three significant dimensions and state's construction of neoliberal policy rationality and its effects which will lead further discussions in Chapter 3 regarding neoliberal urban restructuring processes have been discussed. To illustrate, centralization of urban policy related decisions and states' drives to enjoy

this sort of centralization take a significant position in the construction of this thesis regarding Ankara City Hospitals and its decision making processes. Besides, through thinking the notion of organised state abandonment which has been discussed previously, the case of Ankara's public hospitals that have been located in the city center can also be rethought as well. Since aforesaid hospitals are located in the city center of Ankara and this urban area is in decline at the same time, the closure of the hospitals in that area would also resemble with the notion of state abandonment. Lastly, when thinking on the model of public-private partnership applied in Turkey, it can also apparently be seen that the risks are taken by the Turkish government, state institutions or banks. For this very reason, needless to say, both these three aspects of state's visibility in urban space that restructures all urban relationships are going to be elaborated further in detail. However, it is now time to turn into the discussion of "winners and losers" of the restructuring processes. It is also worthy to discuss the decline (especially neighborhood decline), and state's role in these processes as these spaces cannot reproduce themselves. Thereafter, this chapter is going to be concluded.

By claiming winners and losers, it is tried to be shown that there will be changes in such places in a spatial manner. In other words, such areas might win or lose socioeconomically due to the processes of restructuring. For example, as it has been briefly discussed in the previous chapter, the issue of rent-gap which leads to the outcome of gentrification actually implies these changes. Once an area has been gentrified, it can be claimed that the gentrified place might increase its popularity and residential choices might alter socioeconomic conditions of the area. However, the places which cannot reproduce themselves should also be through of in this case. In some cases, it can be seen that gentrified places have lost their popularity both socially and economically due to the disinvestment processes (especially disinvestment of public resources) that have been discussed previously. To illustrate this argument, it can be given the example of Ulus, the city center of Ankara. This area has been gradually losing its popularity where public initiatives, institutions and buildings have step-by-step moved to other development areas of the city. In this thesis, this is the issue that will be taken into account in a broad discussion. In other words, so-called losers of the restructuring processes, the case of Ankara Hospitals (which are subjected to closure) will show the dynamics of this transformation and

decline, especially in the neighborhood level. Nevertheless, it is now here worthy to turn into the discussion of urban decline and neighborhood decline. By this means, analytical framework that has the potential to explain the changes in these areas could be constructed.

According to Beauregard (1993), urban decline has been defined historically and chronologically in the post-war period in his book called *Voices of Decline*:

> The pivotal issue of that debate (urban decline), then and now, has been the rapid fall from prosperity of large, industrial cities, a drastic turnabout that seemingly began as WW2 drew to a close. Population loss; the physical deterioration of housing, factories, and shops; the collapse of urban land values; rising city property taxes and soaring crime rates; deepening poverty and unemployment, and the growing concentration of minorities have all, at one time another, been dominant themes. Conditions were shocking, not just because they brought hardship to households, investors, and local governments but also because they seemed to presage the demise of the cities that had made the United States one of the world's most prosperous countries (Beauregard, 1993: 3).

The framework of what Beauregard is proposing is about a city-wide decline. In other words, unlike neighborhood scale decline, he basically touches upon post-war U.S. cities and in this sense, he emphasizes city-wide stagnation. Thus, all these processes of urban decline that Beauregard mentions are naturally related with the notions of post-fordism and deindustrialization. For example, here, it can be proposed two significant city-wide decline cases that support the argument of this thesis. First of all, the decline of one of the most industrialized cities in the U.S., which is Detroit, might nurture this debate. The city of Detroit became the symbol of urban decay after Second World War since its economy totally depended on the motor industry. As it has been somewhere claimed:

> Beginning in the late 1940s, Detroit was betrayed by a lack of political vision, torn asunder by racial conflict, and devastated by deindustrialization. Detroit's problems peaked in the late 1960s and the 1970s. Since then the city has struggled to recover, to build a new economy and a new polity. However noble the goals, though, these efforts have failed to reverse Detroit's deterioration. Motown remains in the grip of the crisis that began fifty years ago (Boyle, 2001: 110).

Due to private disinvestment, the U.S. city of Detroit became the symbol of post-war urban decay with the processes of deindustrialization. On the other hand, the city of Zonguldak in Turkey represents some sort of a different image compared to the city of Detroit. Although Zonguldak has faced the same processes of deindustrialization, one of the main differences that Zonguldak possess compared to Detroit is that

Zonguldak was roughly the city of coal mining, and these mining businesses have been implemented by a state institution, namely the Institution of Turkish Hard Coal. Due to the initialization of neoliberal policies, the city of Zonguldak has faced the processes of deindustrialization thanks to the new understanding of diminishing production costs and increasing efficiency in production. This is at the same time a global process that affects Zonguldak. In this sense, together with the shrinking of the Institution of Turkish Hard Coal, not only the economic life of Zonguldak has been affected by these processes, but these processes also changed the social life of the city to a large extent (Ersoy & Şengül, 2000: 341).

These above-mentioned cases of urban decline, related with the neoliberal processes of deindustrialization, post-fordism etc., clearly represent the issue of city-wide decline or stagnation and its aftermath as well. However, what is for now needed to be underlined is how a decline or a change in a neighborhood level might take place. Even though processes of deindustrialization that took place in Detroit and Zonguldak showed city-wide decline, what the reasons and outcomes of neighborhood-level decline are and how these processes should be explained needs to be looked at.

If we begin to discuss the issue of neighborhood decline, we can begin with a basic definition of the concept and the causes behind this to take place. According to Carter and Polevychok (2006), it has been defined that:

> There are many factors that cause neighbourhood decline. However, that neighbourhood decline is usually not caused by one factor alone; instead, a set of circumstances initiates the process of decline, and once set in motion, it gains strength and momentum. In general, the most frequent causes of neighbourhood decline are poverty, racial conflict, aging of population, suburban sprawl, spatial distribution of affordable housing, decline of inner-city schools, absence of a "creative class" and unintended policy effects (as cited in Chaland & Magzul, 2008: 4).

After this brief and modest definition, a more concrete and structural definition of neighborhood change or decline can be made. Following Somerville, van Beckhoven and van Kempen (2009: 31-34), it can be argued that there are three dimensions of neighborhood decline, which are economic, social and housing dimensions, respectively. First of all, the economic dimension concerns mostly issues like poverty, housing market change, deindustrialization, decline in public services and local economy of the neighborhood. The social dimension involves a variety of

concepts, such as social trust in the neighborhood, relationships, social fabric, collective efficacy, social capital and so forth. The last dimension, which is housing, is related to neighborhood change in terms of quality of the housing market in a given territory. As it has been discussed previously, when an urban space has been gentrified, social classes of the neighborhood also alter. For this very reason, the city center of Ankara and so-called de-hospitalized spaces are in need to be elaborated by using these three dimensions. However, this is going to be done in the following chapters since it is noteworthy to turn into other structural dynamics of neighborhood decline.

After defining the notion of neighborhood decline, there is another issue which possesses quite significant position in this discussion. Neighborhoods might face decay or be rundown, but it is appropriate to question the role of the state in these processes. More specifically, whether states act to prevent these processes of decline or abandon these neighbourhoods to their fate should be asked. In that regard, it would be appropriate to refer briefly to the account of Wacquant in the book called *Urban Outcasts: A Comparative Sociology of Advanced Marginality* (2008), where he scrumptiously demonstrated spaces that are under the processes of urban decline whether they are seen as a class or racial one; in other words, red belt or black belt (Wacquant, 1996) outcomes and states' actions before and while these processes of decline have been undergoing. According to his approach, he first exemplifies the reality of post-war urban decline throughout the U.S. cities by stating that:

> [...] across ghettos of the United States -in Harlem and the Brownsville district of Brooklyn in New York City, in north Philadelphia, on the East Side of Cleveland and Detroit, or in Boston's Roxbury and Paradise Valley in Pittsburgh. Abandoned buildings, vacant lots strewn with debris and garbage, broken sidewalks, boarded-up storefront churches, and the charred remains of shops lineup miles and miles of decaying neighbourhoods left to rot by the authorities since the big riots of the 1960s (Wacquant, 2008: 53).

While Wacquant demonstrates the matter of urban decline in both U.S. and French cities, the matter of decline has been connected by creating ties between such dynamics as macrosocial dynamics, economical dynamics, political dynamics and spatial dynamics. For this part of this thesis, it is not necessary to grasp all the dynamics as Wacquant derives in his work, but it would rather be more useful to apply political dynamics regarding the matter of urban decline. In his account, political dynamics that lie behind the decline of such cities are related to the

withdrawal of the state from urban investments, especially in a social welfare state. According to Wacquant's account, from the 1970s up to date, the economy of inner cities together with the processes of deindustrialization has dramatically faced a major rundown, where the public sector has shrinked itself from the social investments and social aids as well. In other words, as Wacquant declared:

> From schools and welfare to housing, justice, health care and physical infrastructure, the public institutions of the American hyperghetto have been abandoned to a spiral of deterioration to a degree such that far from enhancing the life chances and fostering the integration of its residents into national life, they further accentuate their stigmatization and deepen their marginalization. [...] It follows that its sources are not simply economic, located in the ongoing post-Fordist restructuring of the metropolitan labour market; they are also and above all *properly political*, rooted in the abandonment of the ghetto by the state permitted by the marginalization of poor urban blacks in the local and national political fields (Wacquant, 2008, 224).

To sum up Wacquant's account, while the matter of urban decline throughout the western cities were occurring, it also seems that the responsibilities of the states have not been done properly; therefore, this sort of withdrawal of states (and private sector, too) helped to hit the last punch to the inner cities of United States. With this sort of withdrawal of states, those spaces have actually become "spaces that cannot reproduce themselves" and doomed to face decline in different shapes.

Last of all, the question of why these places in urban decline or spaces that cannot reproduce themselves should be an object of analysis needs to be answered. In order to signify the importance of these spaces, whether these are the focal points of the discussions of class and racial problems occurring in the cities as it has been demonstrated in Wacquant's account, there is also another widely used and relatively new notion that obtained the capacity of explaining public spaces, which is also common space. According to the understanding of common space, the definition of the concept can be made as follows:

> Common space is a set of spatial relations produced by commoning practices. There are, however, two distinct ways through which those relations are organized. They may either be organized as a closed system which explicitly defines shared space within a definite perimeter and which corresponds to a specific community of commoners, or they may take the form of an open network of passages through which emerging and always-open communities of commoners communicating and exchanging goods and ideas (Stavrides, 2016: 2-3).

As the quotation inserted above states, public spaces can both be considered as closed entities which are mostly used by specific community of commoners and open

places for commoners where they mostly enjoy exchanging goods and ideas with a special belonging to the space. However, whether they are closed or open entities, what is to be taken for granted is that the issue of encounter of commoners in these spaces needs to be understood carefully. In other words, cities are the terrains of the encounter loaded with either positive, unitary capacities or negative and fragmentary dimensions (Merrifield, 2013). Henceforth, even though they possess racial or class problems as Wacquant demonstrated, what is nevertheless to be underlined is the fact that common spaces and encounters occurring in these spaces need to be remunerated for the sake of particularities of space and its survival as well. Due to the spatial abandonment of the states, which signals the loss of value and use of an area in a particular space as it has been touched upon previously, these commons in the inner cities become not capable of reproducing themselves and they are doomed to face urban decline, even though they possess their significance for the people of the city. Thus, what is needed to be done for these declined spaces is not completely related with strategic abandonment done by the states such as disinvestment etc., but they rather need to be cherished by urban policy making processes without leaving them on their own fate.

To conclude this theoretical chapter, a summary of what sort of discussions have been made up to now seem appropriate. Throughout the whole chapter, the issue of neoliberal urbanism and its capacity to transform a space have been tried to be grasped utterly in detail. For this sort of transformation of urban space, significant and globally accepted concepts, such as creative destruction, rent-gap, spatial fix, which scrumptiously obtain the capacity to explain these so-called processes from a global manner, have been applied. However, by still giving credit to these rooted discussions, it has been aimed to underline the fact that in some cases, they might become incapable of explaining such processes, too. For instance, as this thesis aims to discuss inner city decline in Ankara due to these processes, it has been stated that so-called concepts might be incapable in explaining these processes of neoliberal transformation. Thus, other theoretical frameworks have been applied in order to grasp the issue of decline which this thesis has chosen as case study.

For the case of city hospitals and their spatial transformation, the discussion of the role of the state in these processes has actually been found quite explanatory. Therefore, after briefly touching upon the historical discussions over the role of

states, it has been tried to discuss the major points in this discussion. First of all, together with the processes of neoliberalization, it has been argued that the state and the capital have been reorganized. For instance, the major outcome of this reorganization of the state and the capital can be named as rescaling of statehood or new state spaces as Smith and Brenner argued and their capacity to transform an urban space. Secondly, the appellations of "state observed" or "state at work" have been tried to be discussed. To illustrate, the issue of centralization of the decision-making processes in the urban arena can be exemplified as the outcome of hegemonic state in the production of urban spaces. In that regard, the major instruments, which are the model of public-private partnerships and organized state abandonment processes, have been named as one of the significant instruments of these neoliberal transformation processes. Lastly, after touching upon the policy rationality of states regarding the usage of so-called instruments of neoliberal transformation processes, it has been touched upon potential winners and losers of these processes, where the winners are mostly coming to the ground as private companies, and the losers are considered as the people, especially from the lower income groups. In that regard, in order to go into the detail of the losers, the matters of urban and neighborhood decline have been attempted to be grasped as the consequences of these transformation processes. As the sayings over urban decline imply, even though the model of public-private partnerships and strategy of organized state abandonment lead to decline in these spaces, these are still significant spaces which are located in inner cities and in their circles. Therefore, these spaces need to be considered as commons in order to emphasize their significance. After briefly summarizing what has been done up to this part of the thesis, the model of public-private partnership from a global and historical perspective can be touched upon with a discussion as to its potential to transform an urban space.

CHAPTER 3

PUBLIC-PRIVATE PARTNERSHIPS AS URBAN TRANSFORMATION STRATEGY: A GLOBAL OUTLOOK

In the previous chapter, it has been tried to cover the strategies of neoliberal urban transformation processes through constructing an analytical and theoretical framework that initially supports the main argument of this thesis. In this sense, such instruments of neoliberal urbanization strategies such as creative destruction processes, the theory of rent gap etc. have been introduced in order to grasp how these instruments transform urban space in a global scale. However, here, it is not argued that these global transformation strategies of neoliberal urbanism are not something unilinear and do not have to take place in the same manner in the different parts of the world. In other words, this is not a zero-sum game. In that regard, what is actually attempted to be underlined is that these concepts in a way represent the routes of transformation of neoliberal urbanization processes and shed light into the concrete transformation of urban spaces throughout the global world.

On the other hand, after introducing these above mentioned strategies of neoliberal urbanization, what this thesis addresses is the discussion of the neoliberal states in the production and transformation of urban space, especially in the 21th century world. To do this, initially, the notion of nation state has been referred in order to show the states' roles in the production of urban space. Contrary to the neoliberal thesis of states' withdrawal from the production of urban space, it has been relied upon the framework of states' still-significant role in transforming urban spaces as primary actors by invoking Jessop's notion of "hollowing out of the nation states". Although the issue of scale has been spread to the global level in urban transformation processes, Brenner's concept of "new state spaces" has been introduced to show the significant roles of the states in a global policy making process, rather than the sole

withdrawal of them. In this sense, centralization of policy making processes and construction of neoliberal hegemony can be named as global strategies of so-called state-led urban redevelopment mechanisms. Furthermore, from a different point of view, inaction or doing nothing can also lead to these transformation conclusions, which is called "state abandonment" in Drucker's understanding.

Among these introductory discussions of states' roles in neoliberal urban restructuring processes, what is actually at stake in this thesis is that public private partnerships stand as one of the quite significant mechanisms of neoliberal urban redevelopment processes. Thus, in this chapter of the thesis, the mechanism of public private partnerships that reproduce urban space is going to be discussed in detail. Besides the brief historical background and the global implementation models of this mechanism, policy rationality that lies behind the states is also to be questioned comprehensively. By this means, the bridge between the previous and the following chapter (Chapter 2 and 4) is going to be constructed through this sort of global public-private partnerships discussion. After that, by narrowing down the topic to the case of Turkey, the rest of the notions in the previous chapter will further be linked to the case of Turkey, such as winners and losers of the neoliberal urban transformation processes, urban and neighborhood decline and state's role in these processes.

As it has been mentioned, we are all living in a world which has mostly been shaped by neoliberal political and economic discourses, even in the sphere of everyday life. However, on the side of the politics and provision of public services, it is now witnessed that there is a minimization of states from the provision of public services, and these have largely been left into the hands of the private sector and even in some cases at the hands of international organizations. Nevertheless, as it has been argued many times, these processes should not solely be named as the withdrawal of states. Rather, we should be speaking of a hybrid situation that reshapes politics, economics, culture, and everyday life. For this thesis, the concern of neoliberalization will be about the production of urban spaces, and the transformation and restructuring of these spaces. For this very reason, it is necessary to touch upon a brief historical background of neoliberal policy making processes, especially that of the public-private partnerships.

3.1. On the Definition and Historical Usage of Public-Private Partnerships

The policy model of public-private partnerships represents one of the most prominent features of the discourse of neoliberalism; for example, it possesses the claims of efficiency and productivity, re-envisages market-client relationships and public services. In other words, it is always underlined that the understanding of new public management in the neoliberal era has become prominent, and public-private partnerships came to the agenda as one of the most efficient and significant instruments of this period. Just as the understanding of new public management signifies the division of workload between public and private sectors (civil society should also be added), the model of public-private partnerships also converges with this understanding in terms of sharing the risks and benefits between the two sectors. According to the core of this approach, it should not be forgotten that this sort of partnership leans on a dialectical relationship, where both sectors are somehow dependent to each other, although the risks and benefits might differ in terms of percentage in some cases. Nevertheless, according to the core of the theory, it should definitely be noted that both two sectors and their patterns of operation follow a parallel pathway between them, even though in some cases the situation might differ.

In definition, the model of public-private partnership initially came to the agenda with the pressures coming from World Bank (WB) and International Monetary Fund (IMF) that forces countries for this action to be taken. According to World Bank definition of public-private partnership; it is a long-term contract between public and private sectors, while private sectors, in a considerable extent, take the risks and management responsibilities, public sectors are responsible with things like service provisions. When other definitions are considered, OECD defines this somehow similar to the understanding of World Bank. According to OECD, this is a risk-sharing agreement that takes place between a state and a partner, where the public service provision goals of states and the profit motives of the private sector are accommodated together in a one pot. In this understanding, according to the Union of Health Laborers' work, the possible risks of the agreement are transferred to the private sector, just like in the understanding of World Bank (SES Ankara Şube Sendika Okulu, 2017: 7). In other words:

> States are not solely the direct actors of construction, or provision of public services anymore, but rather provide finance or land to service production, give guarantees

> like purchasing and leasing and create demands for market services. In return of what they provide, public goods or services are produced by private sector or consortiums (Sönmez, 2018: 55).

To put it differently, according to a report regarding the matter of public-private partnerships (as cited in The Canadian Centre for Economic Analysis, 2016: 7):

> "PPPs can be defined as a joint, cooperative arrangement between a private sector consortium and a public sector agency for (two or more of) the services required to: a) design, b) build, c) finance, d) operate, and e) maintain the infrastructure assets needed to deliver a public service. Cooperation between the two parties is structured with long-term, integrated contracts that serve to transfer risks (at a cost) from the public to the private sector when the private sector is better placed to manage those risks." (Boothe, *et al.* 2015).

As it can be understood from the quotations above, the issue of public-private partnerships that should be underlined is the cooperation between two different bodies; namely the state and the private sector. Again, what should not be missed out is the issue of proportionality of risk allocations. In other words, the model of public-private partnerships should not be considered as fifty percent partnerships as the risks behind the business are taken mostly by the states as it can be observed in many cases in the world. On the other hand, there are other ways to implement the model of public private partnerships as well. According to (Öztürk: 2-3), these include the following:

- ***Quasi-public private partnership:*** A special-purpose publicly owned company, largely financed by limited-recourse commercial debt, has responsibility to deliver facilities, with the state continuing to provide public services.

- ***Accommodation only:*** Private consortium designs, builds, and operates infrastructure facilities based on a public authority's specified requirements, often as an output rather than input specification. The examples are "design, build, finance, operate (DFBO)", "build, own, operate, transfer (BOOT)" and "buy, own, lease back (BOLB)".

- ***Twin accommodation:*** Infrastructure element is like accommodation-only model. Services supply, company with different, shorter-term financing provides medical services and has contractual and shareholding relationship to the asset provider.

- ***Franchising:*** Public authority licenses a private company to develop (finance, build, and manage, inclusive of medical services) replacement for a certain public service.

- ***Full service:*** Private contractor builds and operates a hospital and some or all associated community service, with contract to provide care for a defined geographic area. Also known as the "Alzira model" in health care PPP, referencing the first application of the model in "Alzira Hospital" Spain in 1999

Now, it is the time to touch upon the questions of when the model of public-private partnerships came to the agenda and how it has been implemented in a global manner. It has been previously touched upon the understanding of neoliberal state and some of its aspects. To illustrate, after the 1980s, it has been displayed some strategies of withdrawal of the states from the public services and some quests for the alternative mechanisms for public service provisions. Beginning with the Thatcher-Reagan governments in the 1970s and continuing with the third-way governments of Clinton-Blair in the 1990s, private sector's participation to the issues of public service provision has been drastically encouraged. According to Çelik (2008), this sort of encouragement to the private sector has brought about the model of public-private partnerships, especially in the USA and England (as cited in SES Ankara Şube Sendika Okulu, 2017: 8). In other words, the reason behind the celebration of this model is related with the financial barriers that public authorities occasionally faced with in provisioning public and local services. From a global perspective, in the year of 1992, the first systematic government program towards the model of public-private partnerships could be observed in England, whose name was Private Finance Initiative (PFI). Alongside with the USA and England, this model has also been observed in various Anglo-Saxon countries, such as Germany, Sweden, Canada, Ireland, South Africa, Italy, Netherlands, and Spain . On the other hand, according to Güneş (2009), European Union, in the year of 2004, has also published a book called "Green Book", which presents a guideline to the countries that choose to adopt the model of public-private partnerships as well (as cited in SES Ankara Şube Sendika Okulu, 2017: 8). Without any doubt, these sorts of global reactions towards the model of public-private partnership can be longly listed. However, if it is done so, this would exceed the scope of this thesis. Instead of this, this thesis aspires to focus on

such fields where the model of public-private partnership has been implemented and to question the policy rationality that lies behind this model. Furthermore, criticisms that were expressed towards this model will be provided as well.

Policy rationality that lies behind the implementation of the model of public-private partnerships could be related with the matter of populism as well. Rationally thinking, states or governments always pursue their power to be sustained. To consolidate their electorates or keep their percentage of vote safe, governments strategically act in favor of the people that they govern. For instance, the examples of the services that the governments could provide might be listed as mass-transportation, road constructions, airports, schools, hospitals so on and so forth. Up to now, this might sound quite basic in terms of the nature of politics. However, what happens if the situation of capable state changes? In other words, what would be the receipt of governments when financial resources became scarce and they were not able to actualize above-mentioned public service provisions? Right at this point, governments choose the way of public- private partnerships to produce urban space because these provisions are in need to be continued. Even though risks are taken by the states in this model, and these risks will bring about very serious problems in the near future, they construct the policy rationality behind these projects corresponding to the idea of populism. Needless to say, this sort of appeal to the model of public-private partnerships is not that innocent in each case observed in the global world as well. Now, it is the time to turn into elaborating such criticisms directed towards the model of public-private partnerships.

3.2. Critical Inquiries towards Public-Private Partnerships

According to Öncü (2018)'s understanding, the model of public private partnership has been defined as a type of "looting" in the processes of capital accumulation at global level. Although this model represents a moral problem in its nature, the policy rationality that lies behind this model correctly corresponds with the idea of populism. In his own words:

> The model of public private partnership comes to the ground as "cheating in accounting", where the main goal behind this sort of action is to show that the expenditure done by states is quite low in numbers. Even though states are in need to spend less, they also have to complete the provision of public services for the very reason of avoiding public unrest to the government (Öncü, 2018: 19).

However, is the situation that easy to be implemented? The answer can be given to this question would undoubtedly be negative since there will be negative consequences that will further affect the people in a nation. Thereafter, Öncü applies to the framework created by Akerlof and Romer (1993), where they define the model of public-private partnership in the name of *"Looting: Economic Underworld of Bankruptcy for Profit"* (as cited in Öncü, 2018: 20). If this naming would be expanded, Akerlof and Romer underline such situations that are intrinsically related to this model; for instance, the inadequate records of accounting processes, elastic regulations in favor of capital, inadequateness of the disincentive punishments to lootings and government guarantees to the private sector. In a way, they highlight the moral problem behind these guarantees, and tricks in accounting processes. In their own words:

> Unfortunately, firms covered by government guarantees are not the only ones that face severely distorted incentives. Looting can spread symbiotically to other markets, bringing to life a whole economic underworld with perverse incentives. The looters in the sector covered by the government guarantees will make trades with unaffiliated firms outside this sector, causing them to produce in a way that helps maximize the looters' current extractions with no regard for future losses. Rather than looking for business partners who will honor their contracts, the looters look for partners who will sign contracts that appear to have high current value if fulfilled but that will not-and could not-be honored (Akerlof & Romer, 1993: 3).

In sum, deriving from the frameworks of Öncü (2018) and Akerlof and Romer (1993), the model of public-private partnership brang about a moral dysfunction to economics, where the states increase their expenditure without recording in the accounting records. Furthermore, they also signify the future problems that further generations might face. These guarantees are given in such periods like 20 or 25 years. Perhaps more and currently responsible signers on behalf of the government of these agreements will probably not be in power when the debts come to at the last possible moment. Therefore, it is a crystal clear fact that this model does not undoubtedly correspond with the concept of democracy and its reflections in the 21st century. In that regard, the framework that Öncü and Akerlof and Romer offer does not only display a moral problem behind the model of public-private partnerships, but it also signifies political and economic dysfunction which will possibly be unbeneficial for future generations. Nevertheless, this is what populism offers to the contemporary society. What it offers is that there is no need to think about future right now; on the contrary, what is to be taken for granted is today.

Another perspective is offered by Çal (2018), and he highlights the changing form of public services. Compared to the 1960s public service provisions, where all incentives are located around the notion of collective consumption as displayed quite successfully in Castellsian understanding, the model of public private partnership and its applications to the various urban spaces alongside the world truly represent another form of public service provision. In the contemporary period of time, Çal (2018: 35) argues the fact that the model of public-private partnership and its applications correspond with a new era of provision of public services, where common public service provisions became highly commoditized by the profit-seeking motive of the public-private partnerships. For instance, it could be exemplified that such services, which were previously considered as the units of collective consumption, such as hospitals, public parks, infrastructures, roads, railways, bridges and so on, now became the units of profit-seeking areas of the private sector thanks to the model of public-private partnership. Moreover, this sort of commodification of public services has brought about a new form of citizenship as well. When comparing the paradigm shift in this change in the provision of public services, it could undoubtedly be stated that the latter model of the public service provision changes the understanding of citizenship, where citizens are considered as "customers", and they have to pay to get social or public services, such as health. What this thesis actually proposes, especially in the field of health, is that this situation is in need to be handled in a different manner compared to other areas that are affected by the model of public private partnerships. Yet, provision of health services, which is one of the basic nucleuses of the social state, is being changed according to this model and the understanding of the patient is also being turned to that of the customer as well. However, before entering to the field of health services, there will be given some worldwide examples of public-private partnership led transformations, and then, the issue of health is going to be elaborated from a global perspective.

3.3. Contemporary Applications of Public-Private Partnerships and Global Experiences

As it has been previously emphasized, the model of public-private partnerships has been used globally in various areas ranging from the infrastructural investments to health and school buildings. In this part of the thesis, there will be shown such cases of them in order to emphasize how the model of public-private partnership transforms

and produces an urban space in a global manner. Therefore, as an example of a developed country, the case of Canada and its relation with public private partnerships have been chosen. According to a report by Canadian Centre for Economic Analysis, the usage of the model of public-private partnerships in Canada has been defined as follows:

> The history of Canadian PPPs is often split into two 'waves'. The first, through the 1990s and early 2000s, focused on the international rationale for PPPs at the time – namely to reduce public funding requirements, transfer some of the demand risk (i.e., what happens if no one shows up to use the asset?) to the private sector and, in some cases, to realize off-balance sheet accounting. The results of these first wave projects are typically seen as decidedly 'mixed', suffering from the challenges of "transforming a good theoretical idea into practice". As such, governments in Canada have moved away from these rationales and thus projects that are aligned with them. On the other hand, second 'wave' projects have had much in common, and PPPs have now become "increasingly institutionalized as the model of choice for delivering large-scale public infrastructure projects" (The Canadian Centre for Economic Analysis, 2016: 9).

By the second wave, the time period after late 2000s up to today is taken into consideration. In order to show where and for what these models have been used, one can refer to the Figure 3.1. According to this figure, the usage of the model of public-private partnership in Canada ranges differently from one sector to another one (health services, transportation, utilities, justice etc.), and from one location to another one as well. If the sectors that the model has been applied are analyzed, health turns out to be the nationwide leader of these projects, with the number of projects being 83 out of 200. What follows the sector of health in this model is transportation with 45 projects. These two sectors and the combination of these total numbers represent a quite serious outcome of these processes. For this part of the thesis, it is not necessarily touched upon the locations that are affected by the model of public-private partnerships in Canada in order not to go beyond the aim and scope of the thesis. Rather, it would be more appropriate to turn into the case of health and its relation with the model of public-private partnerships in some countries in order to construct a bridge with the following chapters, namely Turkey's relation with the model of public private partnerships and especially in the sector of health services as well.

	Health	Transport.	Utilities	Justice	Other	Total
Alberta	1	6	4	1	4	16
British Columbia	14	8	7	4	4	37
Ontario	55	13	4	11	16	99
Quebec	7	6	-	1	1	15
Other	6	11	3	1	11	32
Multiple	-	1	-	-	-	1
Total	83	45	18	18	36	200

Figure 3.1 Number of Canadian PPP Projects by Sector and Location (Source: The Canadian Centre for Economic Analysis, 2016: 11)

As a developed country, Canada stands as one of the most prominent countries on the issue of provision of health services by the private sector. The reason behind this logic has been stated as follows by various Canadian scholars:

> In recent years, the cost of delivering health care in developed and developing countries has been rising exponentially. Governments around the world are searching for alternative mechanisms to reduce costs while increasing the capacity of social programmes with significant investments in infrastructure. A number of jurisdictions have begun to utilise public-private partnerships (PPPs) as a means of achieving these objectives. The use of PPPs in the Canadian health system is a relatively new phenomenon. Generally, the success of PPP projects is evaluated on the basis of the qualitative outcomes of the project, most commonly in a value-for-money analysis (Barrows, MacDonald, Supapol, Dalton-Jez & Harvey-Rioux 2012: 1).

The logic of rising costs and declining efficiency of the health care services provided by the public sector has led to this sort of change in the paradigm of Canadian health care. For this very reason, it has been probably observed in the previous graph that health projects which have been done by the model of public-private partnership take the leadership among other sectors. However, what should not be taken for granted is that the rationale behind the proliferation of the implementation of public private partnerships in the health-care sector solves all the problems of rising costs, declining efficiency of the services and so on. Therefore, it is a must issue to look at at least in one single case, where the model of public-private partnership has been implemented to build a health care unit.

According to an OECD Journal based article (Barrows, *et. al*, 2012), which focuses on a hospital built in Canada with the model of public-private partnership, it is

asserted that the usage of the model of public-private partnership in health care sector has various benefits and limitations as well. In the case of Brampton Civic Hospital in Ontario, Canada, the usage of public-private partnership in the building processes of this hospital has been examined in various aspects, namely, sociality and political rhetoric, sharing the risks of the project, cost reductions and efficiency, equity, access and performance, and governance of the project as well. In this respect, the results of the research differ in each of these dimensions. For instance, on the dimension of sociality and political rhetoric, it has been admitted that the rationale that lies behind the health care project is not truly understood by either the stakeholders or the community constituents. On the other hand, regarding the matter of risk sharing, cost reductions and efficiency of the project, the project has been defended because of the fair risk sharing percentages between public and private sectors and the positive outcomes driven by the cost-reductive calculations and efficiency. However, it is quite doubtful to assert such an argument because there was given no data in the article regarding these dimensions. Therefore, it should definitely be kept in mind that it is an OECD Journal based article, and it is quite unsurprising that the authors defend the project and logic behind the project, too. Thus, the conclusion that they draw is as follows:

> There were undoubtedly a number of serious issues with respect to the Brampton Civic Hospital PPP project. Our conclusion is that none of these problems were the direct result of private sector participation in this project through a PPP approach (Barrows, *et. al,* 2012: 13).

In another and somehow similar case, usage of public-private partnership in health sector in Singapore is going to be provided at this point. In Singapore, public-private partnership led to a transformation in the field of health care. In the lights of an article (Lim, 2004), this situation has been demonstrated very well. As it can historically be seen in the Figure 3.2., from the later parts of 1960s to 2000s, government expenditures towards the field of health care have step by step decreased year by year. On the other hand, this figure also displays the proportion of private sources of funds in the provision of health care services, where it reaches its peak during the era of 2000s as well. In this respect, private sector's desire in taking responsibility to raise its expenditure in the field of health care can be correlated with the other global examples, such as Canada.

To sum up with a quotation that defends the model of public private partnership application to health sector in Singapore:

> Singapore has attained high standards in health care provision while successfully transferring a substantial portion of the health care burden to the private sector. The government's share of total health care expenditure contracted from 50% in 1965 to 25% in 2000. At first glance, the efficiency-driven health care financing reforms which emphasize individual over state responsibility appear to have been implemented at the expense of equity. On closer examination; however, Singaporeans themselves seem unconcerned about any perceived inequity of the system. Indeed, they appear content to pay part of their medical expenses, plus additional money if they demand a higher level of services. Access to needed care for the poor is explicitly guaranteed. Mechanisms also exist to protect against financial impoverishment resulting from catastrophic illness. Singapore's experience provides an interesting case study in public–private partnership, illustrating how a hard-headed approach to health policy can achieve national health goals while balancing efficiency and equity concerns (Lim, 2004: 83).

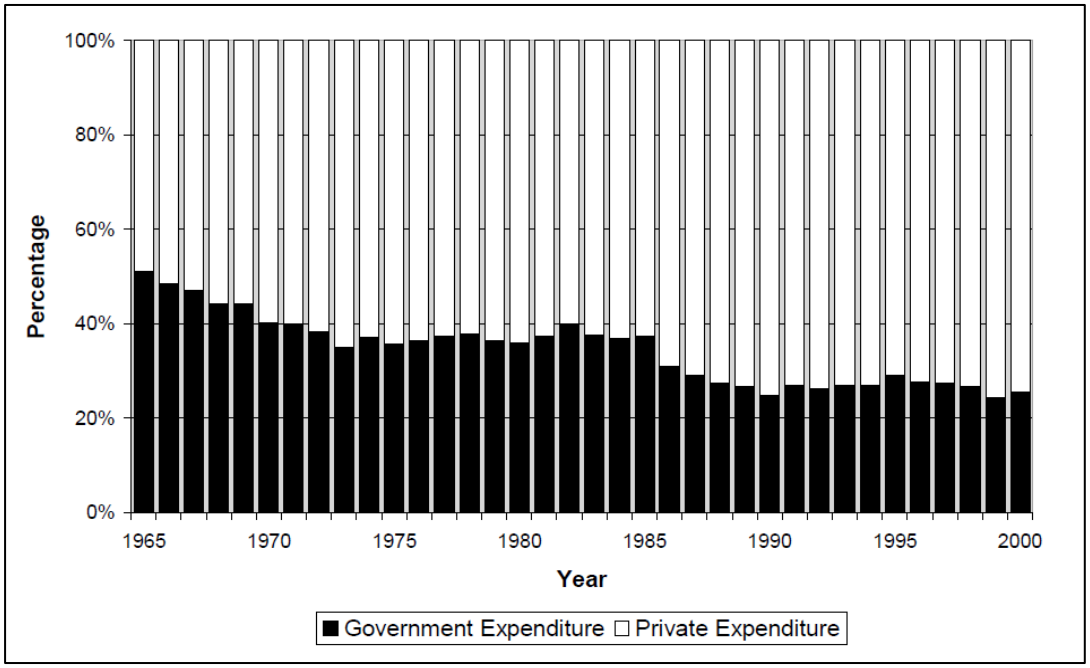

Figure 3.2 Health Care Expenditure in Singapore: Proportion of Public vs. Private Sources of Funds between 1965-2000 (Source: Lim, 2004: 84)

These two cases in Canada and Singapore are the example of pros of the public-private partnership led development of health care services, by both indicating the beneficial sides of the projects and outcomes they provided. However, negative sides (both socially and economically) of the public-private partnerships have not been underlined in detail. In that regard, it is definitely needed here to touch upon such unsuccessful examples of the public-private partnership led transformation in health

care services as well. Therefore, the United Kingdom might be one of the clearest examples of these situations. According to Pala (2018b, 135-137), in the name of Public Finance Initiative (PFI), the United Kingdom has begun to apply public private partnerships firstly in the year of 1992. However, the parliament in the United Kingdom has conducted a research committee regarding PFI by interrogating the corruption, mistakes in accounting and public finance because they posed a great risk for the whole country. On the other hand, British Medical Association (BMA) has objected to PFI from the very beginning of the projects, stating that public expenditure is going to be higher together with these projects, rather than declining. Furthermore, such PFI hospitals in the United Kingdom have faced with really serious problems; namely, Dartford and Gravesham NHS Trust, Sherwood Forest Hospitals NHS Foundation Trust, South London Healthcare NHS trust, Norfolk and Norwich University Hospitals NHS Foundation Trust, Barking, Havering and Redbridge University Hospitals NHS Trust, Peterborough and Stamford Hospitals NHS Foundation Trust and St Helens and Knowsley Hospitals NHS Trust. After that, knockdown for the PFI has been realized with the bankruptcy of the Carillion, which is the biggest company that won the public tenders for the PFI projects in 2018. Thus, in the United Kingdom, the matter of PFI and the model of public-private partnership has been started to be interrogated after this bankruptcy.

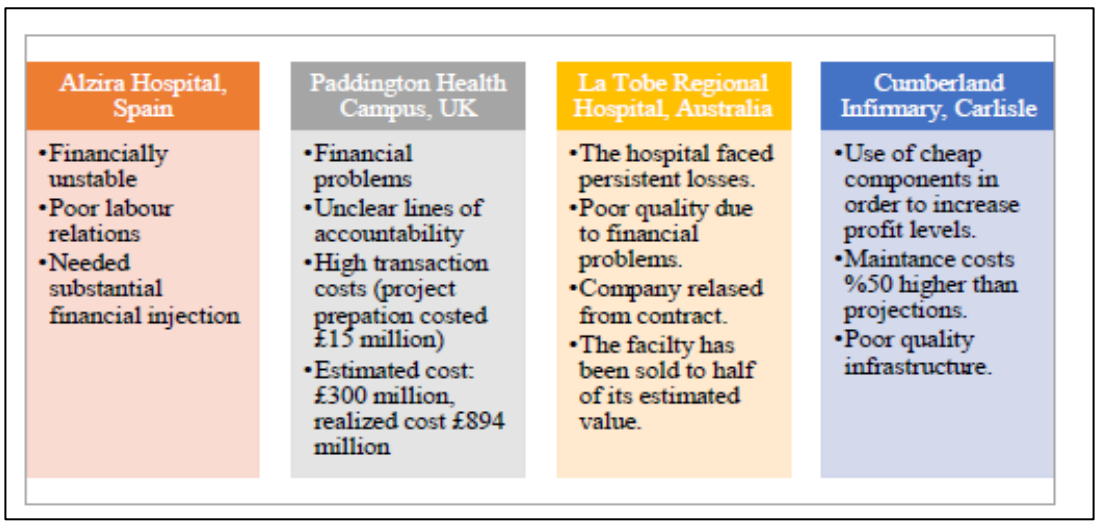

Figure 3.3 Different Worldwide Cases of Health Care Projects Built with PPP (Source: Mc Kee *et al.* (2006), as cited in Öztürk: 5)

According to another research regarding PPP led transformation of health services in such countries, it has been stated that and then shown in the Figure 3.3.:

> There is evidence both for and against the PPP services in health care. [...] However, apart from the principal agent problem, there are concerns over the negative effects on limited competition in the market, high transaction costs, lack of legal infrastructure especially in developing countries, possible lack of transparency, the lack of integration between the parties involved and finally potential quality problem (Öztürk, n.d.: 4-5).

Up to now, it has been tried to illustrate such public-private partnership led transformation in the field of health care in the countries of Canada, Singapore, the United Kingdom and other particular cases. The logic behind the selection of these cases is to show how the model of public-private partnership has been applied to various countries, ranging from developing to developed ones. However, as it has been often quoted, the model that applied to health sector in these countries has been praised in various respects, such as decreasing the costs of service provision, shifting the burden of the health care from the public to the private sector, efficiency that it provides, belief in public benefit so on and so forth. In that regard, it should definitely not be forgotten that these articles which defend the cases in Singapore and Canada have been written embarking on the economic points of OECD, World Bank and the likes fosters. As it has been tried to demonstrate in the case of the United Kingdom and other particular cases, the outcomes of public-private partnership might not always come up with positive outcomes for the society, both socially and economically. Therefore, as it has been quoted by Çal (2018), Akerlof and Romer (1993), Öncü (2018) above, the problems such as looting, misguiding the issues in accounting processes and the commodification of public services and especially health care, which comes to the ground as a prominent core of the welfare states have not be taken into account. Thus, as a disclaimer, it is quite necessary to argue that an analysis cannot obviously be done without taking into account the issues that are mentioned above. In order to criticize this sort of mechanical and categorical perspective, the case of Turkey and its transformation of health care system, namely city hospitals, are going to be elaborated and criticized deeply in the upcoming chapters. In other words, in spite of the fact that economical understanding of public-private partnerships and their outcomes have been criticized in the beginning part of this chapter, in the last part and in the cases, they surely need to be considered as an attempt to demonstrate what is going on all around the world in terms of health care

provisions and the model of public-private partnership, and to show some praises that were directed to this model.

If we attempt to draw the conclusion after all these sayings, it is argued in this chapter of the thesis that the perspective and logic of the World Bank, OECD or shortly the reasoning of neoliberal capitalism should definitely be taken into account as extremely mechanical and categorical. In other words, by leaning solely on the economic reasons, this understanding sees the world as only something to change in favour of the neoliberal capitalism. On the other hand, the issue is not different on the case of cities. Likely, exactly the same logic sees cities or urban spaces as something to change, as commodities and clearly ignores local genuineness, communities, or shortly localities. In other words, there occur negative consequences to the cities thanks to the so-called mechanical and categorical perspective of seeing cities. Furthermore, it should not also be forgotten that the role of the states in the application processes of public-private partnership model, such as amendments, laws they make, or guarantees that they provide to the private sector are also still significant. When elaborating the case of Turkey and the matter of city hospitals, the issue of the role of the state is going to construct one of the prominent arguments of this thesis as well. As last words for this chapter:

> In sum, the model of public private partnership is a methodology of privatization of public services and the examples of cases in abroad show that these incentives do not serve for the benefits of the public or patients; rather they serve to the interests of financial providers or private sector. Besides, infrastructure investments done with the model of public private partnership are also more and more expensive than the normal methods of public contract as well. In the lights of the data provided by European Investment Bank, investments realized by public private partnerships are 24% more expensive than classical state public contracts; furthermore, bank credits that are given to private sector for this model to be realized are 83% higher when compared to classical public borrowings as well (Pala, 2018c: 7).

CHAPTER 4

TRAJECTORY OF PUBLIC-PRIVATE PARTNERSHIPS IN TURKEY: THE FIELD OF HEALTH CARE SYSTEM

4.1. Turkey's Brief History of Neoliberalization: How and When Did Public-Private Partnerships Come to the Agenda?

If one needs to give a specific date of a breaking point regarding neoliberalization of Turkey, the breaking point we must assert is the initialization of the military coup which has taken place on the date of September 12, 1980. Together with this military coup, the reasons behind it and outcomes it led to cannot only be grasped in the spheres of political, social and everyday life. Furthermore, it must also be noted that the military takeover which occurred in the 1980s has definitely brought about a change in the economic paradigm of the country as well. With the accomplishments of Turgut Özal, who was the former advisor to the Treasury and then the Prime Minister of the country, neoliberal reconstruction of Turkey's economy, politics and society started to take place. More specifically, if we should speak of a specific date, it should be January 24 Decisions that have been adopted in 1980. According to Öncü (2018: 18), three main aspects of the program of neoliberal restoration of Turkey are as follows:

- *Fiscal reforms:* The destruction of the concept of public good and the minimization of public expenditures (austerity politics), the reduction of public debt and moving this debt into the private sector from public sector
- *Structural reforms:* In the name of strengthening of economic competition, privatization of public assets and liberalization/elasticization of all markets including the labor market as well

- *Financial reforms:* Liberalization of international capital movements being in the first place, financial market regulations for the aim of financial stability, initialization of price stability mechanisms and independence of central bank so on and so forth

After this brief introduction towards the neoliberalization of Turkey regarding the matter of public-private partnerships, there is a great need to touch upon such institutional amendments, such as laws that foster the model of public-private partnerships, policy rationality beyond the application of public private partnerships and development reports that often signify this model . From the beginning of 1980s to the beginning of the 2000s and continuingly up to today, there have been changes in legal terms. For instance, according to Çal (2018: 40), the very first act in this regard can be named as 3096 numbered law that came into effect in 1984, which is truly Özal's endeavour. As one of the outcomes of this law, one of the biggest state economic enterprises namely, Turkish Electricity Administration was privatized. When legal reflexes came from the Council of the State, a brand new law was enacted in the year of 1994. With the law number of 3996, the model of build-operate-transfer was initiated to apply in various fields. After such amendments, other laws like 4628 numbered law followed exactly the same route of privatization, and the model of build-operate-transfer.

According to Emek (2018: 81), in the matter of public-private partnership projects in Turkey, model of public-private partnership has been chosen by leaning on the rationale of inadequateness of the public resources. For instance, as it has been shown in the Seventh Five-Year Development Plan (DPT, 1995), in the sub-section of Structural Changes in Infrastructural Service Projects, it has been clearly stated that in order to fulfill infrastructural needs in the country, out-public resources have also been taken as a new type of financial method. Moreover, models like build-operate-transfer and similar others have been clearly indicated in order to compensate the needs of the country (as cited in Emek, 2018: 82).

With the electoral triumph of Justice and Development Party (JDP) in the end of 2002, the route towards this sort of privatization and application of public-private partnerships in a variety of fields and sectors became more and more clear to be observed as time passed. To illustrate briefly, the above-mentioned law no. 3996

faced radical change with the incentives of JDP's Council of Ministers in 2011. With this decision made by the Council of Ministers, the concept of pre-feasibility study was introduced for the first time. With this sort of change, it has been aimed that the model of public-private partnership must move to all fields of public sectors, by giving incentives to ministeries in order to use this model in their projects (Emek, 2018: 82-84). This is quite a significant decision in terms of Turkish state's role in neoliberal urban policy making processes since the usage of the model of public-private partnership was recommended to the public institutions in a legal decision for the first time.

In sum, from the beginning of the 1980s up to today, Turkey legally introduced such laws, decisions, development reports and so on regarding neoliberal policy making processes; especially, in the form public-private partnerships. In that regard, legal amendments which support this sort of argument have been provided. If one looks at the policy rationality behind the usage of this sort of model, as it has been previously stated, it must be definitely underlined that the model of public-private partnerships and alike models has been chosen by leaning on the rationale of inadequateness of the public resources. This is of course a global paradigm, as discussed in the previous chapter, that Turkey has also followed exactly in the same way when compared to global developed and developing countries. However, what is not to be taken for granted here are the actors in policy making processes. In other words, the usage of such models in the name of neoliberalization of the country definitely differs from one ruler party to another. In this respect, there is great need to draw a distinct line between Özal's incentives at the beginning in the 1980s and today's (JDP's rule) era. In order to support this sort of argumentation, this thesis will continue to discuss such fields or sectors where the model of public-private partnership has been applied and will signify JDP's role in the progress of this model year by year.

4.2. Current State of Public-Private Partnerships in Turkey: An Analysis of the Last Two Decades

The model of public-private partnership has been applied in various sectors and fields in Turkey for many years. To exemplify, some of the projects regarding the model of public-private partnerships have been shown by Öncü (2018: 14-15):

- Facilities under construction: Akkuyu Nuclear Power Plant, 3-Floored Big Istanbul Tunnel, Istanbul Financial Center, 4 seperate high speed train projects, Trans-Anatolia Natural Gas Pipeline Project, Northern Marmara Highway, some city hospitals in additiona to some health facilities and Ankara-Niğde, Mersin-Antalya, Ankara-İzmir, Aydın-Denizli Highways

- Facilities constructed: Marmaray, Third Istanbul Airport, Eurasian Tunnel, Cyprus Peace Water Project, Tuz Gölü Natural Gas Storage Facility, Osmangazi Bridge, Yavuz Sultan Selim Bridge and some city hospitals

In order to encapsulate the logic of this model in urban policy making processes, it is quite necessary to touch upon such concrete examples of projects that have been built with the model of public-private partnership. Fields or sectors which this model is likely to be applied are quite high in number. According to the data derived from the Ministry of Development[2], shares of the public-private partnership led projects in numbers and investment amounts stand as shown in Table 4.1.

Table 4.1 Distribution of Sectors and Investment Amounts of PPP Projects

Sector	**Number of Projects**	**Investment Amounts (U.S. Dollars)**
Highway	40	17.043.816.135
Airport	18	17.618.136.957
Marina and Tourism Facility	17	1.029.729.558
Railway	1	244.929.771
Culture and Tourism Facility	1	135.845.960
Customs	14	380.301.909
Industrial Facility	2	1.381.583.979
Health	**21**	**11.540.940.875**
Energy	81	9.102.485.660

[2] Currently, Ministry of Development no longer exists in Turkey. After mid-2018, it has been attached to Ministry of Industry and Technology.

Table 4.1 (continued)

Harbour	22	131.623.078
Total	217	55.609.393.881

Source: (as cited in SES Ankara Şube Sendika Okulu, 2017: 10-11).

As it can be clearly inferred from Table 4.1., out of 217 public private partnership led projects, sectors of fields of this model's application in Turkey can be classified in 10 sectors. In numbers; energy facilities, highways, airports, and harbours possess great amount of share in total. However, what this thesis aspries here is not about focusing on these sectors and examples in detail. Since the aim of this thesis is about city hospitals, the shares of health facilities have been written in bold in the tables above. In that regard, it can be seen that health facilities constitute about 10% percent of the whole number of projects according to the data. However, when we look at the investment amount of the health facilities, it is thereafter observable that the percentage of investment amount to health facilities stands around 20% of the whole investment amount. This is a quite significant fact because the rise of percentages from 10% to 20% shows us that although health facilities led by public-private partnerships stand less in number compared to others, the 20% percentage of investment amount indicates the expensiveness of the health projects in the great scheme. In other words, this rise in percentages reveals the financial importance of health projects in the matter of public finance in Turkey.

Up to now, it has been tried to construct a brief framework upon the public-private partnerships and their applications in Turkey in terms of so-called model's historical and legal backgrounds, policy rationality of the model and such cases ranging from sectors to sectors. When the issue is about health and its transformation processes in Turkey, it is obviously necessary to begin our discussion by taking back time to 2002, when JDP came to power.

Right after JDP came to the political power at the end of 2002, one of the most observable neoliberal agendas that JDP applied was about a transformation in the health care system in Turkey. According to Emek (2018: 71), in the year of 2003, the Turkish Ministry of Health initiated a programme namely; Transformation

Programme in Health (SDP). Accordingly, the so-called transformation programme in the sector of health care pursued the goals of accessible, qualified and sustainable provision of health services throughout the country. For the sake of this programme, several new policies were put into application regarding the healthcare system and new laws were enacted in order to create a legal background for this programme. In that regard, the projects of city hospitals that were spread to almost all big cities along the country came to the ground as the most significant outcome of this transformation. However, the discussions and applications of the so-called city hospitals in Turkey correspond to 2011 and afterwards. Therefore, for this section of this thesis, it is quite necessary to touch upon actions, such as policies, and laws, regarding the Transformation Programme in Health up to the 2010s. Thereafter, the matter of city hospitals all along the country is going to be elaborated deeply.

4.3. A Milestone: The Transformation Programme in Health

The Transformation Programme in Health actually negatively affected the health environment in Turkey and led to various new problems among the society as well. However, this programme has aimed to reconstruct public hospitals as being administratively and financially autonomous for the sake of the free market economy. In parallel with the neoliberal agenda of JDP, the provision of health care services in Turkey has faced a drastic change thanks to the attempt towards a public reform. Although these public reform attempts were related to the public bureaucracy, entrepreneurial governance and so on, the sector of public health was also affected by these acts of public reform tried by early JDP governments. In December 2003, a draft law related with the health code of Turkey was prepared. Right after that, in the year of 2004, one of the most significant fundamental law attempts in Turkey; namely, Fundamental Law of Public Administration was accepted by the Grand National Assembly of Turkey. Even though the latter attempt did not only aim the sector of health, it brought about such amendments in the issue of health care system in Turkey as well. For instance, according to this attempt, the removal of provincial organizations of Ministry of Health has been tried, and it was aimed that these organizations would be left into the hands of Provincial Special Administrations in order to transfer provisions of health services to the market economy. However, these two above mentioned attempts in the field of health care

were vetoed by the former President of Turkey, Ahmet Necdet Sezer (Tükel, 2018: 210).

On the other hand, there has been another attempt to reconstruct the health care system in Turkey, whose name was Public Hospital Associations, until the era of city hospitals was reached. In the March of 2007, a draft law regarding public hospital associations has been submitted to the parliament. According to this draft law, second and third line public hospitals which belong to the Ministry of Health have been aimed to be transferred into an autonomous body, namely Public Hospital Associations (KHB). Furthermore, following this attempt regarding this issue, statutory decree numbered 663 was enacted in November 2, 2011. Together with this legislation attempt:

> With the statutory decree numbered 663, Ministry of Health has been detained from the provision of health services. Rather, it has become a type of regulatory and supervisory ministry. By establishing an institution connected to Ministry of Health, namely Public Hospitals Administration of Turkey, it has become possible that state hospitals in provinces would be able to be transferred into hospital associations that will be constructed in the provinces (Pala, 2018a: 113).

According to the statutory decree numbered 663, a new institution; namely, Public Hospitals Administration of Turkey has been introduced as well. As the outcomes of this so-called statutory decree provide, at the provincial level, it was designed that this institution will have acted as pioneers, and it was authorized in creating public hospitals associations and was named as CEOs in the field of health care. However, even though the claim behind this sort of marketization and neoliberalization of the health care system in Turkey has been similar with the previous concepts such as effective and efficient usage of the public sources, the life of Public Hospitals Associations in Turkey which was an outcome of this logic has not been as long as it has been hoped so. According to the legal reports of Court of Audit in Turkey, public hospitals which belong to the Ministry of Health were in quite significant burden of debt, in a financial loss and the situation was going worse and worse year by year as well (Tükel, 2018: 214). After this sort of assignation done by Court of Audit, Public Hospital Associations was shut down together with another statutory decree, whose number was 694 and enacted on August 25, 2017. Thus, the previously underlined autonomous body was turned into a general directorate and was connected to the Ministry of Health itself. In other words, to one extent, the old system of health care in Turkey has been reestablished as well (Pala, 2018a: 113). Furthermore:

> Even though Transformation Programme in Health which has been applied by JDP governments had claimed that efficiency and effectiveness will have been reached by bringing a type of administrative and financial autonomy in the field of health care, again by JDP government, it has been removed due to the fact that it rather brought about some sort of multi-headedness and decreased efficiency. Thus, unsuccessfulness of the Transformation Programme in Health has been declared and documented by the preparators and implementers of the programme as well (Tükel, 2018: 214).

As it has been previously stated, acts of JDP governments to reconstruct the system of health care in Turkey; namely, the Transformation Programme in Health, has not solely been a single act that transformed all the system at one attempt. Rather, this sort of motivation is in need to be grasped in a comprehensive manner. So to speak, the so-called transformation programme did not represent a single break in the health care system, rather it should be considered as a process that owned around 16 years of history. Thus, the idea and projects of city hospitals which have been planned to be realized in nearly all of the big cities in the country are in need to be considered as an extension of the so-called transformation programme and process in the health care system as well.

However, it would also be a valid argument to state that plans, projects and realizations of the city hospitals themselves are definitely in need to be grasped separately due to their significance in terms of their capacity to transform, budgeting and accounting issues, site selections and so on. Therefore, in this thesis, it has been aimed to grasp the issue of city hospitals as an independent object of analysis so to speak, while no forgetting the fact that the act of forming city hospitals holds some sort of a strict relation with previously mentioned Transformation Programme in Health which began in 2003. Now, after this sort of disclosure, we can contentedly turn to discuss the issue of city hospitals in terms of their background, such as plans, projects and realizations of the city hospitals themselves. Moreover, in order to grasp the topic comprehensively, this thesis also aspires to touch upon the discussions of city hospitals' capacity to transform an urban space, the role of the central and local states, budgeting and accounting issues, site selections and so on.

4.4. Health Care System at a Crossroad: Projects of City Hospitals

In the year of October 2016, Recep Akdağ[3], who has formerly officiated as Minister of Health for quite a long period of time, has announced that after the year of 2017, the second phase of the Transformation Programme in Health would be brought into force and would take three years to complete. In this second phase, Akdağ actually mentioned about the projects of city hospitals all along the country. Although at first, these projects were named as "integrated health campuses", it is the fact that in the sequel, they have been ironically named as "city hospitals" in spite of the fact that these buildings have mostly been constructed in the borders of the cities or out of the cities. In Tükel's (2018: 214) words:

> After the failure of previous attempts in the field of health care which emphasized autonomous bodies in the health care system, city hospitals came to the ground as quite important signifiers in the Transformation Programme in Health, which has been built upon the model of public-private partnership where the private sector provides infrastructural investments and provision of public services. However, it should also be noted that this is a model which financial risk of the projects and investments have mostly been landed on the related public sector or ministry. In this type of partnership, health institutions that are owned by the public sector were not aimed to be privatized, rather it has been desired to insist on the fact that profit based companies are wanted to take part in the administration of these public hospitals since these companies are more capable of seeking profit regarding the logic of free market.

As it has been for many times emphasized, projects of city hospitals in Turkey stand as a groundbreaking attempt both in the issue of the health care system of the country and the neoliberal urbanization processes. Furthermore, as it has been highlighted in the previous chapter regarding the model of public private partnerships, this model also comes to the ground as a quite significant determinant in the sector of health care in Turkey. Thus, in this part of this thesis, it would be quite appropriate to touch upon the dynamics and relationships between both neoliberal urbanization processes and construction attempts of a new sort of health care system regarding the logic of free market as well.

The projects of city hospitals in Turkey have been implemented thanks to the model of public-private partnerships. According to this model, as it has been previously

[3] From 2002 up to today, in JDP governments, there have been 4 different Ministers of Health in Turkey. What is here to be underlined is that Recep Akdağ remained at office totally almost 12 years, and in the period of his ministry, Transformation Programme in Health and especially projects of City Hospitals have been initiated.

signified, there has been some sort of partnership between two sectors, public and private, where the public sector is responsible for core services, such as personnel. On the other hand, on the issues of financing, infrastructure, renewal, administration and the like, the private sector has been assigned to carry on these aspects. However, if the matter is thought in terms of city hospitals' projects, as this thesis entirely argues, the usage of this model on the issue of health care stands quite problematic and worthy to discuss. Therefore, it is quite worthy to discuss the two aspects of city hospitals and the model of public-private partnerships.

The first problem in this sort of discussion would be about the details of the so-called word "partnership" between two interrelated sectors. In other words, it would really be useful to look at which sector takes which responsibility in the construction, financial and administration processes of these city hospitals, and also, to evaluate the matter by shedding light into which sector makes a profit and which sector possibly comes out as the loser of these processes. As it has been clearly shown:

> For the projects of city hospitals that are built with the model of public-private partnership, it is gone out to tender for the construction of city hospitals whose projects are planned by the Ministry of Health and areas are allocated by the public without any cost. Besides, the companies that win these tenders mostly operate in sectors like medical equipment/technology, construction and finance. According to tender specifications, these companies must complete the construction in 3 years, and in return, they get to operate them for a period of 25 years afterwards. Along with this operation for 25 years, the Ministry of Health will make payments to these companies under the names of "usage cost" and "service cost" (Pala, 2018a: 124-125).

This quotation tells a lot of insights regarding the projects of city hospitals, and the construction and administration processes which lie behind these projects as well. For example, the issue of allocation of public lands by the National Treasury to private companies for these projects to be realized is quite significantly problematic. By analyzing the topic in depth, the matter of costless allocation of public lands seems quite grotesque and creates an oxymoronic situation with respect to the concept of public interest as well. At this point, what this thesis aspires to underline is the fact that the questions of "why" and "for whom" are definitely in need to be posed in terms of costless allocation of public lands by the National Treasury to private sectors. Another problematic issue that comes to the ground could be that becoming a tenant for the Ministry of Health for at least 25 years is quite questionable. As it can be inferred, it would also contradict with the matter of public

interest too, if this question is posed: To what extent are the political governments in charge of creating a contract for at least 25 years with the private sectors? At this point in this thesis, it is believed governments elected for a period of four or five years should not be in charge for this sort of contracting, whether be it with the private sector or not. Thus, right at this point, it is argued that contracting of city hospitals regarding the model of public-private partnerships definitely contradicts with the ideas of democracy and public interest.

For instance, in the case of Adana City Hospital, the company of Rönesans Health Investments, which has undertaken the construction and administrative businesses of the city hospital, underlined the commercial spaces in the projected hospital in a brochure, which is not intrinsically different from promoting a shopping mall. In this brochure, rentable commercial areas have been defined as follows (Tükel, 2018: 219):

- *Services:* Post office, tailor, hairdresser, barber shop, cargo, funeral services, photographer, daycare, auto wash, bus agency, car rental, insurance, ATM, bank etc.
- *Health and Care:* Medical massage, weight loss resort, laser epilation, manicure, acupuncture, skin care, hair transplant, herbalist, pharmacy etc.
- *Durable Indoor Medical Equipments:* Dental, prosthesis, oncology boutique, orthopedics, hearing aid, optics etc.
- *Food and Drinks:* Cafe, fast food, a la carte, patisserie etc.
- *Souvenirs:* Flower shop, toys, jewelry, gift shop, books and magazines etc.
- *Everyday-Use Businesses:* Bijouterie, telephone, market, office supplies, cosmetics, sports center or gym, clothing, medical books etc.

As the details of the above mentioned brochure tells us the fact that, as it has also been previously stated elsewhere, private companies that are assigned to construct city hospitals take an economic advantage and make profit in the model of public-private partnership from commercial centers or sites that they have built in and out of the city hospitals. As it is seen, city hospitals are quite huge complexes that contain lots of facilities and commercial centers in themselves. In that regard, a situation like this presents an ethical inquiry regarding the core understanding of the hospital itself. In other words, this thesis would also aspire to ask the question of to what extent it is

ethical to build such huge hospitals just for the sake of the logic of capital. This should definitely be another inquiry for this situation and in need to be discussed in a proper manner as well.

The last point that this thesis aspires to grasp before entering to discuss each particular case of city hospitals throughout the country is about the issue of money transfer from the public sector to private sector regarding the usage of the model of public-private partnership. In other words, another questionable point regarding the realization of city hospitals came to the ground in the name of "trade secret". The contracting processes between the Ministry of Health and private companies lean both on administrative law and private law. Thus, the amount of money which the Ministry of Health is going to pay to private companies in doing the construction issues is not clearly announced to the public opinion and is unfortunately kept as trade secret. On the other hand, private companies, in order to build and operate the city hospitals, indispensably require financial credits which are mostly coming from foreign banks and investment bodies. In order to obtain the credits that they require, private companies also receive a letter of reserve from the public sector (mostly from the National Treasury). Therefore, a situation like this might financially damage the public sector if the private companies that are assigned to build and operate the city hospitals become insufficient in paying back the credits that they took with the guarantee provided by the public sector as well. Besides, it can be added that the credits are also taken with respect to foreign exchange rates (mostly U.S. Dollars), which might further affect the debt of the public sector in a really bad manner. In that regard, according to the data provided by the non-existant Ministry of Development, the investment amount of 18 city hospitals throughout the country is around 10,5 billion U.S. Dollars, while the amount of rent which is going to be paid to private companies by the Turkish State is around 30,2 billion U.S. Dollars (Pala, 2018a: 121-122).

Furthermore, the last point that can be added to this discussion is regarding the matter of patient guarantee system, which provides the private sector with an occupancy rate of 70% in order to make the facilities more profitable. In that regard, a presentation that is done by Dr. Bayazıt İlhan during the Grand National Assembly of Turkey's Sub-Committee on Planning and Budget on behalf of the Turkish Medical Association proves this matter. According to this so-called presentation:

> Together with the documents which are shared after TTB sued a case, it is revealed that companies are guaranteed with a 70% patient guarantee, and if this percentage is not reached, it is indicated that deficiencies will be covered by the administration (Bilaloğlu, 2018: 201) .

Even though this sort of discussion has not been accepted by publicly authorized people, such as ministers, we are frankly not able to reach this sort of data due to the existence of trade secrets which the contracts of public private partnership model impose. However, this sort of speculative argumentation can still be made, and the main reason behind this sort of argumentation relies on the issue of closure of numerous public hospitals in the cities which are going to have city hospitals in their borders. In other words, it can be asserted that the closure of public hospitals in the cities that will have city hospitals is about dislocating people, patients and every sort of businesses from local hospitals to huge city hospitals and make them more and more profitable. Otherwise, if this sort of closure regarding local hospitals does not take place, 70% patient guarantee cannot possibly be met. For now, the discussion of closure of public hospitals can be delayed because it is going to be grasped further in detail and in a more concrete manner later on. Now, it is the time to look at the city hospitals which have been built, are being built and will have been built in the whole country.

When approaching to the last pages of this chapter, after the theoretical and practical grounds have been done, the reality of newly emerged and to be emerged city hospitals in Turkey can be discussed. According to the data provided by the Ministry of Health (Yapımı Devam Eden Şehir Hastanelerimiz, 2018; Şehir Hastanelerimiz, 2019), the constructions of 10 city hospitals in 10 different cities have been completed, and they have begun to operate and accept patients. The cities which currently have city hospitals are as follows:

- Elazığ Fethi Sekin City Hospital
- Adana City Education and Research Hospital
- Mersin City Education and Research Hospital
- Yozgat City Hospital
- Isparta City Hospital
- Kayseri City Hospital
- Manisa City Hospital
- Eskişehir City Hospital

- Ankara Bilkent City Hospital
- Bursa City Hospital

On the other hand, again according to the Ministry of Health, there are 9 city hospitals in 9 different cities which are currently under construction. These 9 city hospitals are going to be located in these cities as follows:

- Şanlıurfa City Hospital
- Tekirdağ City Hospital
- Kütahya City Hospital
- İzmir Bayraklı City Hospital
- Kocaeli City Hospital
- İstanbul Başakşehir-İkitelli City Hospital
- Gaziantep City Hospital
- Konya City Hospital
- Ankara Etlik City Hospital

At this point, deriving the data provided by the Ministry of Health, it can be said these 19 city hospitals are present in almost all parts of the country. However, the above mentioned list of 19 city hospitals does not consist of other projected city hospitals. In other words, for instance, there are also such hospitals which are currently in the bidding processes in public tender or are planned to be constructed. According to the Union of Health Labourers' research (SES Ankara Şube Sendika Okulu, 2017: 20-21), it has been also argued that 34 city hospitals in 29 different cities are projected to be constructed all across Turkey as well. As the Figure 4.1 shows in a detailed manner, the projected city hospitals spread all across the country.

If one looks at the data provided by the Union of Health Labourers, it could be observed that cities like Aydın, Denizli, Afyon, Antalya, Samsun, Ordu, Trabzon, Malatya, Diyarbakır, Erzurum and Van are also going to have city hospitals even though their names are not currently presented in the data provided by the Ministry of Health. However, if the political discourse of JDP is considered, the rationale of spreading city hospitals to all over the country is still valid and above mentioned cities can still be expected to own their city hospitals as well.

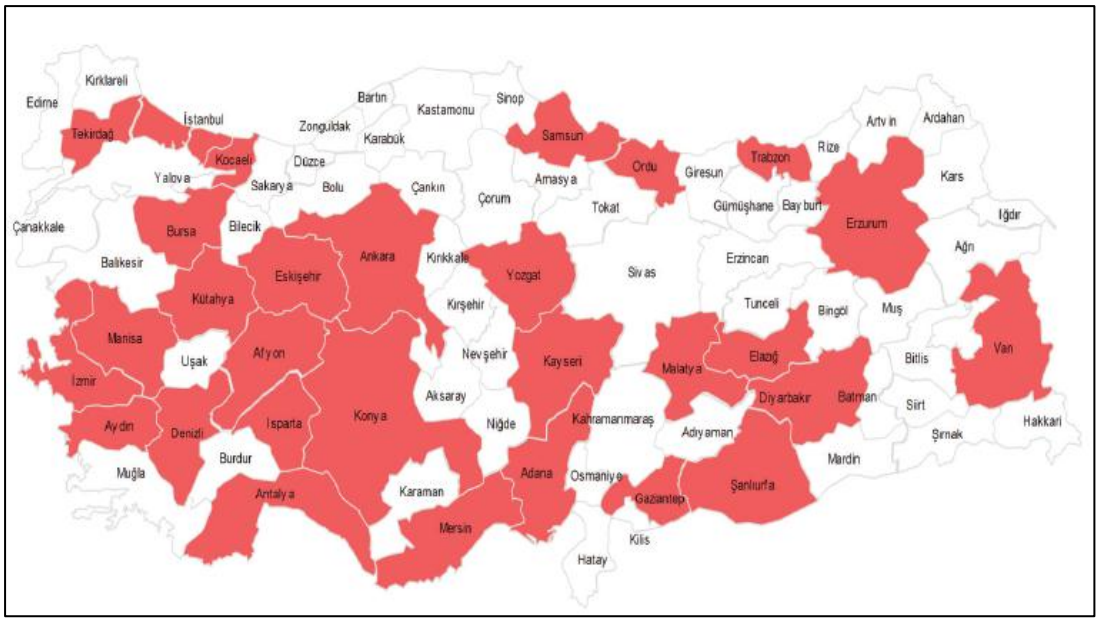

Figure 4.1 Projected City Hospitals by Province (Source: SES Ankara Şube Sendika Okulu, 2017: 21)

When approaching the conclusion stage, here is another issue that needs a detailed attention for this thesis. With the construction of city hospitals, as the matter of 70% patient guarantee has previously been touched upon, the closure of currently present public hospitals is required in order to redirect people or patients to the newly built city hospitals. Such closure of public hospitals has also taken place in some cities, and dislocation of people in these cities is now observable. Since the issue of closure of public hospitals and having huge city hospitals are taken as one of the most prominent objects of analysis in this thesis, for this moment, it is decided only to touch upon the names and the title of discussion itself and these issues (especially Ankara hospitals) are going to be elaborated in quite detail in the remaining chapters in this thesis.

To conclude this chapter, we can briefly turn to discuss what has been underlined up to now. By drawing a historical background of the model of public-private partnership and its usage from different sectors, from Özal's period to JDP governments, it becomes quite observable from various senses that the state's role (especially JDP governments) is quite significant in producing urban space thanks to the neoliberalization processes. As neoliberal discourse emphasizes such notions like efficiency, productivity, decreasing rising costs of constructions and infrastructural investments, transformation of urban space regarding these notions really has

affected the shaping of urban space in Turkey. From railways, highways, energy facilities to health care buildings, it is quite arguable that the neoliberal model of public-private partnership takes a quite significant position in reproducing urban space. However, it should also not be forgotten that the state's role as a pioneer in these processes is absolutely determinant as it has been discussed in theoretical chapters as well. In that regard, it can be inferred that Turkey, although it has such particularities in its uniqueness, has followed more or less the same pattern compared to the globe in the processes of reproduction of urban space thanks to the discourses of neoliberalism.

However, while the processes of production of urban space thanks to the global neoliberal discourses are taken place, such financial discussions come to the ground as quite problematic. For instance, in the usage of the model of public-private partnerships, bank credits or loans taken by private sectors and given guarantees to private sectors have been criticized by most scholars. Furthermore, this list can be extended together with the problematic issues of looting, commodification of public services (especially health) and trade secrets. For example, from a financial and critical perspective, Toker (2018: 250-259) argues that there are a lot of insights regarding the usage of the model of public-private partnership to be illuminated. For instance, Toker criticizes one of the most prominent justifications behind the usage of this model, which is the inadequateness of the public budget. Rather, she argues that this sort of justification has been forwarded because there is a great need to distribute public rent for the benefit of the private sector by leaning back on the legal amendments that have been enacted for the benefits of private sectors as well. On the other hand, she continues criticizing the issue of city hospitals in terms of the mystery of rents that the public sector is going to pay, chaos of foreign exchange rates and its further harmful effects. All in all, from a financial and critical perspective, it seems that the matter of city hospitals is still expected to create lots of problems regarding the public sector and the public itself.

On the other hand, the significance of the provision of health care services to the general public is in need to be elaborated. In all countries regardless of being developed, developing or underdeveloped, provision of health care services corresponds with one of the most significant souls of the social welfare. Therefore, as it has been previously argued, some sort of privatization of these social welfare

services becomes quite questionable. Furthermore, even though up to now it has not been touched upon in detail, from a medical perspective, the hugeness of city hospitals and their bed capacities are also being criticized by medical authorities as well. In that regard, according to Pala (2018a, 126-127), average usable space per bed in city hospitals is observed as 287 square meters in city hospitals which is admittedly feasible when compared to developed countries' cases. For instance, in Denmark, the average usable space per bed in public hospitals is around 150-200 square meters. However, in the case of Turkey's city hospitals, the problem begins with the scale of these projects and their bed capacity. To illustrate, according to the some researches in Denmark and the United States, optimal bed capacities are stated respectively as 275 and 126-250. However, in the case of Turkey's city hospitals, the average of bed capacities per city hospital is around 1417 which is 5 or 6 times higher than the countries that are exemplified. Right at this point, Pala criticizes this issue by stating the ineffectiveness of the high number of average beds in the city hospitals. Besides, he states that while huge hospitals are being abandoned in the world due to their ineffectiveness, For this very reason, Turkey's this sort of attempt seems quite meaningless which will further lead to ineffectiveness in the usage.

Last of all, one more issue remained which will lead this thesis to the next chapter. In that regard, the issue of site selection processes of newly built enormous city hospitals and closure of such old public hospitals are going to be taken as object of analysis. Because of the fact that these closed or to be closed public hospitals are located mostly in the city centers which are mostly accessible for all parts of the society, this sort of closure is in need to be questioned as well. As it has been previously stated, even though the names of these newly built hospitals are "city hospitals", these are mostly located in the borders or margins of the cities. Therefore, for the scale of big cities, the issue of accessibility becomes problematic for people, especially for the lower classes (Şengül, 2017: 85). In that regard, in the next and last chapter, it is going to be touched upon the case of the city hospitals in Ankara and the matter of closure of public hospitals that are located in the city centers, as the issues of this sort of closure has not adequately been grasped by academic works so far.

CHAPTER 5

CASE STUDY: CITY HOSPITALS IN TURKEY

Up to this chapter, it has been broadly attempted to cover such processes of production of urban space and tools or agents that carry through these processes in both global and national scales. For instance, such theoretical discussions regarding the concern of this thesis and especially the discussion over the history and usage of the model of public-private partnerships in a global scale helped this thesis to construct its theoretical framework regarding its main concern. In that sense, in the previous chapter, by focusing on the theoretical discussions, the model of public-private partnerships and its usage in Turkey's health-care system have been discussed mostly. As it has been previously underlined, together with the JDP governments from 2002 up to today, Turkey has faced a strong paradigm of transformation in the field of health care in the name of Transformation Programme in Health. Henceforth, as an outcome of this sort of transformation programme, the phenomenon of city hospitals has been brought forward after the 2010s. Furthermore, the phenomenon of city hospitals has not solely become projects in themselves; instead of that, some of the city hospitals have even been built and started to operate in various cities in Turkey. Therefore, the matter of city hospitals and its capacity to transform an urban space need to be elaborated in an appropriate manner. Thus, right at this last and backbone chapter of this thesis, while the matter of city hospitals is taken as the object of analysis as a nationwide paradigm, hospitals that are subjected to closure or already closed because of the previously discussed nature of city hospitals is also going to be touched upon in a detailed way. Right at this point, the issue of closure of public hospitals which are mostly located in city centers throughout the country can now be examined.

5.1. Approaching the Case of City Hospitals through Hospitals Subjected to Closure

The closure of public hospitals due to the nature of city hospitals definitely needs to be grasped from various perspectives. However, what this thesis is concerned about is about the matter of spatiality. In other words, from a spatial perspective, the closure of public hospitals will not only be taken into discussion by referencing to newly built city hospitals, but also, by applying to a spatial framework, where the history, usage and location of these hospitals will also be looked at. Henceforth, there is great need to focus on the issue of closure of public hospitals by referencing to this sort of spatial framework.

In that regard, the issue of city hospitals in each city in Turkey will be discussed by referencing to three main perspectives, which are a) locational positions of both the closed public hospitals and the city hospitals with respect to closeness to built environments, b) the issue of accessibility to hospitals from the perspectives of patients and workers, c) negative outcomes of campus characters of city hospitals which gather all the externalities that hospitals produce. Now, in order to do this sort of analysis, it would be more appropriate to begin one's discussion by exemplifying such cases of closure of public hospitals (9 cases, except Ankara) throughout the nation owing to the nature of city hospitals.

5.1.1. Elazığ City Hospital

First of all, Elazığ Fethi Sekin City Hospital came into service on the date of August 1, 2018 by spreading into an area of 360.000 square meters with a bed capacity of 1038. In order to open Elazığ City Hospital, Elazığ Education and Research Hospitals and Harput Public Hospital have been subjected to closure and with everything they possess, they have been transferred to the newly built city hospital. As this thesis finds the issue of closure of public hospitals quite problematic, the situation of closure of public hospitals in Elazığ has led to negative consequences among the local users, businesses and so on. However, it would be more appropriate to look upon firstly to the locations of the hospitals which are closed and secondly to the newly opened one (Elazığ Fethi Sekin Şehir Hastanesi, 2018; Sağlık Yatırımları Genel Müdürlüğü, 2019).

According to Figure 5.2, while 2 blue marks represent the closed public hospitals, the red mark corresponds with the newly built city hospital in Elazığ. In order to show the distance between them, air distance between the city hospital and Harput State Hospital which stands on the upper side as marked with blue is about 4 kilometers. On the other hand, air distance between Elazığ Education and Research Hospital and the city hospital is over 5 kilometers. However, these air distances do not actually possess the capacity to explain all the discussion if the locational dynamics of the city are not considered for this analysis. In that sense, although the air distance between Harput State Hospital and the city hospital is over 4 km, public transportation from the city center to the city hospital comes to the ground as a significant problem for the needs of the public. According to a national newspaper:

> There are huge problems in five-star-like Elazığ Fethi Sekin City Hospital. Bülent Nazım Yılmaz, acting on behalf of Turkish Medical Association (TTB), has visited Elazığ Fethi Sekin City Hospital and told his impressions to our newspaper. Apart from medical issues, there occurred serious troubles in terms of transportation to the city hospital. Yılmaz concluded his words by stating that "Due to the city hospital's location, people were obliged to head towards three private hospitals located in the city center and started to get health services by spending substantial amount of money" (Bir şehir hastanesi klasiği: Hastalar da hekimler de mutsuz, 2019).

Figure 5.1 Aerial View of Elazığ City Hospital (Source: Elazığ Şehir Hastanesi, 2019)

Figure 5.2 Locations of City Hospital and Closed Public Hospitals in Elazığ (Source: Google Earth)

If we leave behind the matter of locational positions regarding the city hospital and closed public hospitals in Elazığ and touch upon the local economy or businesses that public hospitals produce in the city center, there can be observed such negative consequences. For instance, as one of the local newspapers in Elazığ notes quite clearly, the closure of 2 public hospitals owing to the opening of the city hospital in Elazığ have negatively affected local tradespeople as well. According to the newspaper, around 3,000 tradespeople have suffered from the closure of the 2 public hospitals since their work places were located quite nearby to these 2 hospitals. As it has been stated in the so-called newspaper:

> Even though the people in Elazığ are pleased to have a newly built hospital in their city, the tradespeople located around Elazığ City Hospital cry out against the closure of Education and Research Hospital. It is observed that tradespeople around the hospital have significantly lost their business capacity and they are quite troubled with this situation. As they expressed, nearly 3,000 tradespeople suffered from this closure, and they stated that "We are not against the newly built hospital. It is very beautiful. But if you construct a new one, there is no need to demolish the older one. You should have considered the local tradespeople around the closed hospital. We have to earn a living for our family. We were told that there will be places for us in the city hospital but the rents are very high there. We cannot afford them. We want our hospital back. We are calling out to authorities. We want our hospital back" (3 Bine Yakın Esnaf Mağdur, 2018).

On the other hand, the Chairman of Elazığ Chamber of Commerce and Industry, Asilhan Arslan states that business volumes of the businesses located quite close to

the closed hospitals have decreased dramatically, and he continues by saying that these two hospitals must continue to operate together with the city hospital in order not to decrease the business volumes of the tradespeople. According to this local newspaper:

> Tradespeople around the closed hospital expressed that since the Education and Research Hospital has been transferred to the city hospital, people are not passing by their streets, and this led to a significant loss for them. As Chairman Arslan stated: "We observed a serious decline in the business volumes of the tradespeople in Hastane Street, and some of them had to close down their shops. Besides, we saw that the remaining shops could not even make the first sale of the day. What is important here is not ignoring one place, rather seeing the city as a whole. We, as NGOs, do not want these tradespeople to suffer from this situation". Moreover, the remaining tradespeople declared that they are hardly making any sales these days and this situation is impossible to sustain. As they expressed, this situation is not something they want for the economy of Elazığ as well ("Elazığ TSO Başkanı Alan", 2018).

Figure 5.3 Headline from a Local Newspaper in Elazığ (Tradespeople Rose Up: "We Want Our Hospital Back") (Source: 3 Bine Yakın Esnaf Mağdur, 2018)

If we continue to touch upon other local newspapers in Elazığ, the issue of hollowing out of inner cities is revealed. According to the newspaper, representatives of 193 professional organizations and NGOs and neighborhood mukhtars came together to discuss these closures under the leadership of Elazığ Chamber of Commerce and Industry. In that regard, it has been underlined that:

> Alongside with the rising problems regarding the health-care sector, many of the investments and tradeplaces clustered around the hospitals will lose their

> significance. Therefore, it is revealed that there will be quite serious financial losses and a lot of people will suffer from the closures ("Elazığ Eğitim ve Araştırma Hastanesiyle", 2018).

Lastly, the case of Elazığ City Hospital can be concluded by applying the professional view of the Turkish Medical Association. According to one of its evaluation reports, problems regarding Elazığ City Hospital are discussed at length. However, the problems regarding the spatiality of the city hospital are not problematized here in order not to exceed the scope of this thesis. If we briefly summarize, it is openly declared that Elazığ City Hospital has been built on the east border of the city, where one of the parliamentary deputies of the party in power own lands around there. Furthermore, even though Elazığ Education and Research Hospital and Harput State Hospital were shut down, the bed capacity of Elazığ City Hospital has not been considerably increased. Above all, it is also stated that the absence of adequate public transportation to the city hospital, and the distance of the city hospital from central settlements make it quite difficult for patients and their relatives to reach the city hospital. Besides, it touches upon the problem of given-guarantees and states that all cases of emergency in Elazığ are forwarded to the city hospital since the major concern is to reach the target number of patients. For this reason, TTB report underscores that doctors are concerned about life-critical situations, which might happen during the process of transportation to the city hospital. In sum, so-called report is concluded as follows:

> Like all other city hospitals, Elazığ City Hospital also remains on the current agenda because of its high costs to the public, fallacy in site selection, administrative difficulties and failures in health services (TTB Şehir Hastaneleri İzleme Grubu, 2019).

5.1.2. Adana City Hospital

If we continue to analyze briefly the relationship between newly built city hospitals and closed public hospitals throughout the country, the second case would be Adana City Education and Research Hospital and its effects in terms of closing of public hospitals in Adana. According to Ökten (2018, 282-295), Adana City Education and Research Hospital has started to operate at the date of September 18, 2017 together with a bed capacity of 1550 and 553.000 square meters usable space. While doing this, Adana Numune Education and Research hospital has been transferred to the city

hospital. However, Adana's closed hospital was ironically opened in 2011, which makes it a relatively new hospital with 750 bed capacities. On the other hand, as a quite new hospital, Adana Numune Education and Research Hospital had contained a lot of advanced technology robotic surgery devices in it, and these new advanced technological devices have been left behind and became useless, which represent a form of wastage in terms of national wealth as well

Figure 5.4 Aerial View of Adana City Hospital (Source: Adana Şehir Hastanesi, 2018)

On the other hand, as Figure 5.5 shows the spatial positions of the both closed public hospitals and the city hospital, Seyhan Application Center of Numune Education and Research Hospital has been marked with blue at the upper left corner and it has been transferred to the city hospital which is over 6 km air distance far away from it. Furthermore, on the middle of the map with a blue mark, Adana Numune Education and Research Hospital has been marked and the distance between the newly built city hospital and it is around 2.5 km air distance. Lastly, the blue mark that stands at the bottom side of the map represents the children's hospital in Adana, which has been transferred to the city hospital which is over 5 km air distance far away from its previous position. As the map provides, a big spatial shift occurred in Adana in terms of the locations of the closed public hospitals and the newly built Adana City Education and Research Hospital.

Together with the closure of these public hospitals which were located relatively in the city center and were easy to access for almost all social classes inhabiting in Adana. With the new city hospital, throughout all of the city, a serious problem took place in terms of accessing medical services, especially in terms of low income groups. In that regard, Ayhan Barut, provincial chairman of Republican People's Party in Adana speaks to a local newspaper saying that:

> Due to the closure and transfer of public hospitals to the city hospital, a serious problem took place regarding health care provision to the public. For instance, there remained no public hospitals within the borders of districts like Çukurova and Yüreğir. Furthermore, Barut continued saying that "While the access to health-care services in the regions where public hospitals were shut down became quite problematic, local tradespeople, particulary pharmacies, were also damaged". While Barut expressed that especially lower income groups have suffered from the problem of accessing the city hospital, he also stated that even medical personnel of the city hospital is unpleased to work there (Şehir hastanesi AVM zihniyetini sonucu, 2017).

Figure 5.5 Locations of City Hospital and Closed Public Hospitals in Adana (Source: Google Earth)

If we continue to touch upon such local newspapers to hear the local voices regarding these closures. According to one of them:

> While some of the public hospitals are entirely shut down, some of them minimized their capacity of bed and personnel with the opening of the city hospital. Muzaffer Yüksel, Adana Chairperson of Health and Social Service Labourers Union (SES), questioned the city hospitals by saying "The city hospital is at least 10 kms far away from the city center. Besides, people who take health services from the closed public hospitals mostly belong to lower income groups, and they face serious financial

> difficulties. How will those people afford the transportation fees? How will they transport their patients to the city hospital? And how will they visit their patients who stay in the hospital?" […] Furthermore, he continued saying that "There will probably be built a shopping mall in the place of the children's hospital. This was not only a hospital that served to patients, but it was also a place where many people earned their living inside and outside of the hospital. Small medical shops, related businesses, and canteens all lost their jobs. Besides, we are all losing together with the removal of tradespeople like restaurants, shops, pharmacies, private buses etc. But first and foremost, we are losing our health" (Şehir Hastanesi Açıldı Çocuk Hastanesi Kapandı!, 2017).

Lastly, we can briefly mention another local newspaper which speaks about the spatiality of city hospital and problems of access. According to the newspaper:

> Due to the transfer of inner city hospitals to the city hospital, citizens in Seyhan and Yüreğir districts had serious troubles as RPP Member of Parliament from Adana Zülfikar İnönü Tamer declared. Furthermore, he also stated that it is a constitutional right that citizens enjoy health-care services equally. Besides, he also emphasized that 35 neighborhoods with an estimated population of 500,000, which are located up to 25 kms far away from the city hospital, were deprived of health-care services (Kapanan hastaneler meclis gündeminde, 2017).

Furthermore, Adana Chamber of Medicine and Union of Health and Social Services Labourers have made a press statement together to evaluate the first year of Adana City Hospital. In that sense, the Chairperson of Adana Chamber of Medicine, Prof. Dr. Ahmet Hilal, states that Adana City Hospital has been built by leaning back on the logic of *fait accompli* and ongoing problems are still not resolved although one year passed since its opening. According to the so-called press statement:

> The places and names of hospitals in Adana have been changed after the opening of the city hospital. Besides, bed capacities of existing hospitals were diminished, so the total number of beds in Adana hospitals did not change much. Moreover, since some of the doctors and nurses were transeferred into the city hospital, previously existing hospitals faced significant problems in terms of medical personnel (Adana Tabip Odası).

On the issue of previously existing hospitals, press statement continues to declare that:

> While there were 150 beds and 5 services in Meydan Children Hospital, there are currently 50 beds and only 15 nurses who work there. Furthermore, Marsa Maternity Hospital whose bed capacity was 250 now declined to 50 beds. Yüreğir State Hospital's bed capacity also declined to 400 from 750. Besides, the bed capacity of Dr. Aşkın Tüfekçi Hospital was also dimished to 300 beds from 800. Because no hospitals remained in its region, too many patients applied to its emergency section and this leaves medical personnel in a difficult situation. For this reason, violence against medical personnel increased. Also, no information is given regarding what is going to happen to the areas where the military hospital, Adana State Hospital in Karşıyaka and Adana Numune Hospital were located. Lastly, it is not known by the public when Yeşil Oba State Hospital with 150 beds and Karşıyaka State Hospital

with 100 beds, which are indicated as planned, will open. To sum up, almost all health labourers in the previously existing hospitals faced lots of troubles, and citizens are also stumped due to the continuous changes in hospital places and names (Adana Tabip Odası).

5.1.3. Mersin City Hospital

Figure 5.6 Aerial View of Mersin City Hospital (Source: CCN Mersin Sağlık A.Ş.)

There is yet another and third case to be discussed briefly, which is namely Mersin City Education and Research Hospital. Mersin City Hospital began to operate at the date of February 3, 2017 with a bed capacity of 1,300 and right after its opening, 2 out of 3 public hospitals located in Mersin; namely, Mersin State Hospital and Maternity and Children Hospital, has been shut down. Mersin State Hospital, which had a bed capacity of 553 beds, was located in the center of the inner city. Furthermore, the hospital was renewed 2 years before its closure. On the other hand, Maternity and Children Hospital was built in 2007 with a bed capacity of 306 and was located quite close to the newly built city hospital. In total, in terms of the number of beds, the city of Mersin has gained only 441 beds with the opening of Mersin City Education and Research Hospital (Uğurhan, 2018: 261).

As it could be observed from Figure 5.7, newly built and red marked Mersin City Education and Research Hospital stands quite out of the city and almost located in the borders of the inner city as well. Although the closed Maternity and Children

Hospital was located close to the city hospital, the air distance between Mersin State Hospital and Mersin City Hospital is over 5 km.

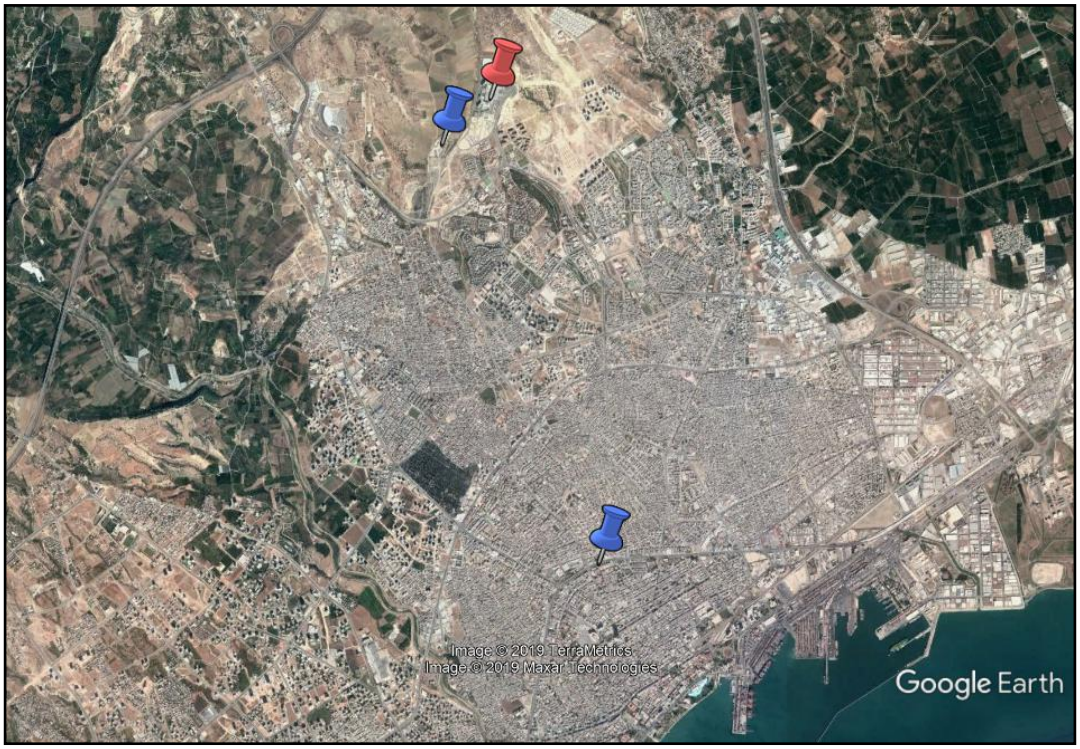

Figure 5.7 Locations of City Hospital and Closed Public Hospitals in Mersin (Source: Google Earth)

Furthermore, from the perspectives of local users and patients of the hospitals the issue of accessibility to the city hospital became worse compared to the past. For instance, according to a national newspaper interview, some serious outcomes of these closure have been revealed. According to one interview:

> Gönül Yıldız, who is a patient of Mersin City Hospital, tells that they were able to reach the closed public hospital without requiring a transfer to another public transport line and reflects her concerns by stating that "The hospital went far away and now we can reach there by using at least two public transport lines. We could reach the closed hospital with one bus or *dolmuş* regardless of wherever you were in Mezitli. Now, we have to double that. Or you will walk down to the road where the direct bus to the city hospital goes to in order to pay for a single bus ride. But who can walk when ill? Therefore, we are paying 4 times the transportation fee. The transportation fee doubled, so do the examination fees. It became 52 Liras. The city hospital damaged us in every respect. Even if one is not ill, he/she becomes ill on the return of the city hospital" (Başkavak, 2018).

As the interviews continue with other people:

> A relative of a patient tells that they were able to buy the necessary medicines from the pharmacies nearby of the closed hospital when they were told to do so. Now,

> he/she states that "When we were told to get the required medicines, we had to take a *dolmuş* and go downtown, get the medicine and come back. Then, we had to find the doctor to receive the treatment. The time you lose, the pain you suffer… All of them are different troubles!" (Başkavak, 2018).

As a relative of a patient who wants to stay anonymous due to the political atmosphere underlines regarding the matter of spatiality:

> They built a hospital at the top of a mountain[4], it is all beautiful and spacious when you enter the building. But it is located outside of the city. We were obliged to come here by the shutting down of the hospitals that were near at hand. There are a lot of things to say but we keep our silence because we are afraid (Başkavak, 2018).

If we continue to quote the same newspaper regarding the local economy of the region:

> Hastane Street which takes its name from the hospital became silent after the closure and transfer of Mersin State Hospital. While this street was one of the most crowded streets of the city, today few people and cars are passing by there. In Mersin, address descriptions begin from Hastane Street, which emphasizes the centrality of it. At the same time, there are not any people left in Hastane Street that one can ask the time or want a lighter from (Başkavak, 2018).

Thereafter, as the focus of these interviews turns to elaborate the views of pharmacies, such striking answers were given as well. According to the same newspaper:

> While many of the pharmacies were clustered around Hastane Street, nowadays most of them closed down the shutters of their businesses. Excluding the by-streets, while there were a total number of 21 pharmacies located in Hastane Street, today this number has declined to 9. As a pharmacist Ahmet Şahbaz declared in his words, "Our job depends on the hospital; therefore, we were damaged more compared to other businesses on the street". According to Şahbaz, "There are some tradespeople whose business volumes decreased around 80-90%, and maybe even more. I have been working in this street for 11 years. We are actually a bit less worried because of friends, old customers and customer relationships that we have constructed for years. But, some pharmacist friends whose business volumes decreased around 80-90% shut down their shops and left here. So, we are worrying about saving the day. We could not resist this process." (Başkavak, 2018).

Last of all, for this newspaper, a professional voice, that of the Union of Health and Social Service Labourers (SES) is given. According to the interview, it is expressed that:

> In the city center, old hospital buildings that felt the pulse and took a great role in shaping the city are now devastated, sacked and silently waiting to dissappear. Co-chair of SES Adana Branch, Architect Özge Göncü underlines that the city hospital is problematic in terms of site selection. As she draws attention to mistakes in

[4] "Top of mountain" is translated from "Dağın Başı", which is aTurkish idiom that aims to express the far distances.

> planning by stating that "The city hospital is deprived of commercial areas (markets designated to meet basic needs of patients and their relatives, pharmacies, medical shops) and social reinforcements, which we can relate them with the city center. Besides, since it is quite far away from housing areas, people are suffering from transportation as well. It might result in unrecoverable problems in terms of patients, especially emergency patients. Besides, it brings together the problem of accessing the city hospital from the perspective of medical personnel" (Başkavak, 2018).

Here comes an important interview with a doctor who currently works at Mersin City Hospital. In that regard, it is surely appropriate to refer to Specialist Ayşe Jini Güneş's thoughts. According to this interview, the issue of the closure of public hospitals is handled as follows:

> City hospitals have to have bed capacities inasmuch as closed public hospitals' bed capacities. Thus, one single hospital is opening since it is impossible to make it happen while the older hospitals exist. Apart from this, it is not also possible to realize patient flows to the city hospital as long as the older hospitals stay. Nobody goes to 30 kilometers away to gather prescriptions if there is a polyclinic nearby. Henceforth, very functional polyclinics were shut down. Now, an 85 year old woman has to come to a place that is 30 kilometers away in order to get her blood pressure medication. This is mercilessness. We created a natural relationship with my patients whom I have been treating for 3-5 years. One day, one of my patients' son came to my Office and said that "My mother is so bad. Could you please give the medicines that you gave previously?". I replied "You have to bring her here if she is so bad. I cannot do anything unless I see her". And he said "Please, she is so ill. Give something so that she can recover. I will bring her here later". This is probably related with the rise of emergency applications (Koloğlu, 2019).

To refer to another professional view, Board of Mersin Chamber of Medicine has made a press statement leaning on their observations and survey results regarding Mersin City Hospital. According to this statement:

> Because 70% patient guarantee is given to the contractor company, Toros State Hospital is not responding to the patients of thoracic surgery, neurosurgergy, cardiovascular surgery etc. in the emergency department and taking them to city hospital with 112 ambulances which densely increases the burden of city hospital. (Mersin Tabip Odası Fatih Portakal'ı doğruladı, 2018).

On the issue of accessibility, it is also underscored that:

> Since the city hospital is located quite far away from the city center, it is too difficult to reach there even from central districts. Dolmushes are not allowed to come to the entrance of the hospital; therefore, patients can either walk the remaining 1.100 meters or wait for the municipality bus in order to reach the hospital (Mersin Tabip Odası Fatih Portakal'ı doğruladı, 2018).

In sum, they conclude their press statement by touching upon the features of the city hospital. In that regard, it is voiced that:

> Due to the size of the city hospital, absence of stairs in the building and compensating them with elevators, patients and workers have difficulties there. In other words, access among clinics and policlinics is hardly possible. Furthermore, while shops, cafes, restaurants, hair dressers, clothing shops etc. in the city hospital are at the forefront, there are not any recreation rooms and changing rooms for doctors and nurses (Mersin Tabip Odası Fatih Portakal'ı doğruladı, 2018).

Lastly, apart from the views of Mersin Chamber of Medicine and Union of Health and Social Services Labourers, Turkish Medical Association (TTB) has also shared a statement regarding Mersin City Hospital. Henceforth, it is here worthy to refer to the so-called statement before concluding the discussions regarding the case of Mersin. According to this statement:

> In order to make companies get more profit and meet the criteria of adequate patients, two hospitals of ours are closing. While one new hospital is being built in our city, the closure of others will not bring any advantages. According to today's data, the total bed capacity of Mersin State Hospital and Mersin Maternity and Children Hospital is 812. At that point, Mersin gains only 482 new beds together with the newly built city hospital. While our city is even behind the average of Turkey in terms of bed capacities, to what extent is the closure of 2 hospitals correct? We are leaving this to public conscious. As we expressed, our city will not be able to meet medical needs of the public after the closures occur because our population is also rising with respect to domestic and foreign immigrants ("Mersin'de sağlık örgütleri", 2017).

Since TTB is a professional organization that seeks public interest, the statement also includes such insights regarding the matter of accessibility to the city hospital from patients' points of view. In that sense, it is argued that:

> We are worrying about the fact that patients will not be able to utilize Mersin City Hospital due to the location of it. In the year of 2015, a total number of 2,300,000 patients took medical services from our two hospitals (and with their distant policlinics) that are to be closed. The workday average of this number is 9,200. The main reason why this number is too high is related with the fact that these two hospitals and their distant policlinics are located in quite accessible places in the city. Making people be obliged to the city hospital by closing the previously existing hospitals will bring about serious problems regarding the people who have to use public buses and come from low and middle classes. For this reason, those people will have no alternative, and serious transportation problems will take place in the city. Moreover, the closure of hospitals will lead to an economic decline in valuable regions in the city center and will be bad for local tradespeople and related employees earning money thanks to the economic mobility that the existing hospitals produced. This is not for the public interest! ("Mersin'de sağlık örgütleri", 2017).

5.1.4. Yozgat City Hospital

In another case, Yozgat City Hospital represents a familiar scenario as the above mentioned cases of city hospitals and closures of public hospitals, too. However, due to the scale of Yozgat, Yozgat City Hospital came to the ground as the smallest of all the city hospitals that were built throughout the country with a bed capacity of 455 spreading into an area of 142,000 square meters.

Figure 5.8 Aerial View of Yozgat City Hospital (Source: Yozgat Şehir Hastanesi, 2018)

As it has been observed from the locations of the hospitals in Figure 5.9, the city hospital in Yozgat, similar to the cases discussed up to now, has been built in the margins of the city, where the air distance between the blue marked closed public hospital and the red marked city hospital is about 4 km. Yerlikaya (2018: 300) observed the case in its place and noted that although the place where Yozgat City Hospital has been built bears the name of city hospital, there is actually no relationship between the city and the city hospital itself.

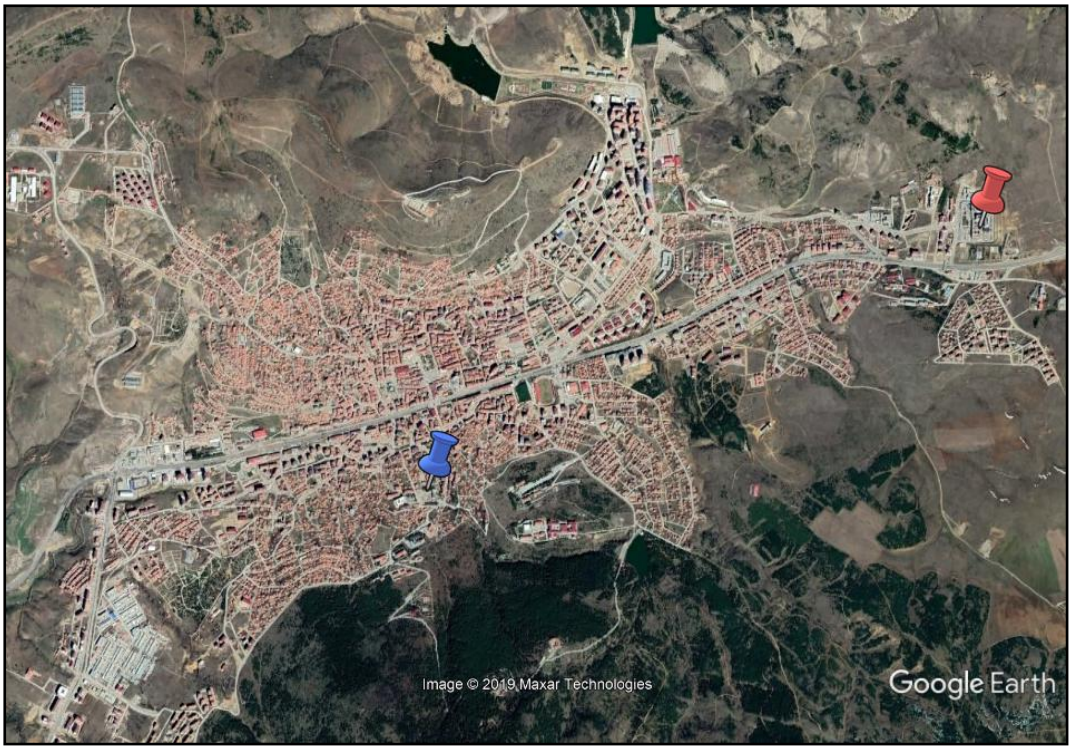

Figure 5.9 Locations of City Hospital and Closed Public Hospital in Yozgat (Source: Google Earth)

As we have seen in almost all cases of city hospitals in Turkey, in order to open those places to urban rent, several public hospitals located in the city center, which are quite accessible and in walking distance for the all social classes in Yozgat, have been shut down and transferred to the city hospital, which is definitely far away from the city center. In that respect, some of the tradespeople in Yozgat made a press statement about the issue of the city hospital. According to a local newspaper:

> Tradespeople in Yozgat defend that site selection for the city hospital (which is one of the highest spots of the city, Esentepe) is very wrong in terms of transportation, heating and traffic jam. For this reason, a group of tradespeople gathered together and made a common press statement. Pharmacist Hüseyin Kamanlı who speaks on behalf of the group said that the site selection of the city hospital is wrong. Then, he continued by saying that "The selected place will bring serious troubles in terms of transportation, heating and traffic jam, and all of the people in Yozgat accept this view. But heaven knows why, there is nobody who says that this place is appropriate except for a few people" ("Yozgat Esnafı, Devlet Hastanesi İçin", 2012).

Then he continues:

> Yozgat is one of the primary provinces which obtains low level of national income. The hospital is planned to be built on Esentepe Region, which is around 1,440 meters in altitude. In winter, transportation to this place will be much harder. We do not want the same mistake that has been made in the case of the maternity hospital. Our people need to arrive at the hospital easily and in a short time. The people of Yozgat are poor as a society. Most of the time, it is even difficult for them to pay for the *dolmuş* fees. If the city hospital is built on Esentepe region, how will the citizens

arrive there? Thus, we want this hospital's site selection to be reconsidered ("Yozgat Esnafı, Devlet Hastanesi İçin", 2012).

5.1.5. Isparta City Hospital

As a fifth case of city hospitals, it would be now appropriate to touch upon the processes and dynamics behind Isparta City Hospital, which began to operate at the date of March 25, 2017 with a bed capacity of 780 spreading to an area of 222,571 square meters (Isparta Şehir Hastanesi, 2018).

Figure 5.10 Aerial View of Isparta City Hospital (Source: Isparta Şehir Hastanesi, 2018)

In the case of Isparta, 2 of the public hospitals; namely, Isparta State Hospital and Maternity Hospital which have previously been located in the city center, have thereafter been transferred and combined in the newly built city hospital which is located around 2.5 km far away from the closed ones. As it could be observed in all the previous cases of hospital transfers, almost the same scenario has occurred in Isparta as well. In other words, this sort of transfer of hospitals to the city hospital has led to significant consequences in terms of 2 perspectives, which are accessibility of the hospital and decrease in the volume of tradespeople in the city center.

After this brief introduction, some local newspapers are going to be elaborated regarding the closure of the hospitals. As one of them quite scrumptiously delivers,

local tradespeople located around the previously existing hospitals had quite serious difficulties in terms of their businesses. According to the newspaper, after transferring the State Hospital in Isparta to Isparta City Hospital with a bed capacity of 755 beds, business volumes of local tradespeople almost came to a halt. In their words:

> As tradesperson Ramazan Erol said, "Our businesses volumes decreased by around 90%. We hope that some new place opens here so that we get a share of the pie". Furthermore, according to Süleyman Honaz who has been running a shop across the hospital for 31 years, "We are opening our shops at a loss. There is 90% decline in the business volumes. There is already an increase in the number of shops that closed down. We are trying to resist. Something which our tradespeople should take advantage of has to be done here as soon as possible.. There can be a dormitory here. There is a great need for this in Isparta. Or maybe a branch of the university or school can be opened as well" ("Hastane Taşınınca Esnaf", 2017).

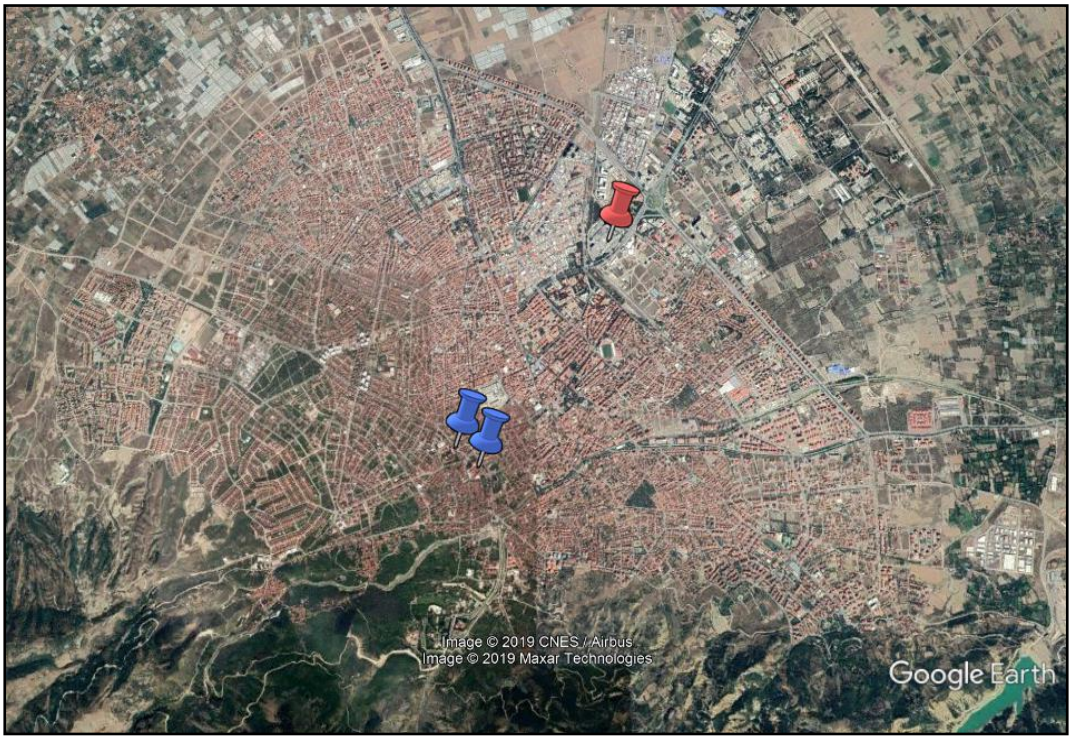

Figure 5.11 Locations of City Hospital and Closed Public Hospitals in Isparta (Source: Google Earth)

As the interviews maintain:

> Döner shop owner Üstün Bakır also states that he has been working across the hospital for 15 years and expressed his views as "Of course our businesses were well when the hospital was here. Now, it declined around 85%. At least 30 shops were shut down. We are always thinking about what this place is going to be. A dormitory can be built here. A branch of the university can be opened up as well. A private hospital can also be placed. Tradespeople will benefit from it, too" ("Hastane Taşınınca Esnaf", 2017).

Another tradesperson continues to declare her thoughts:

> According to Gülden Ateş, it is stated that "This is a sad situation. As I have been operating my business here for 15 years, I am quite sad about seeing a shop being shut down or firing employees every day. A great number of tradespeople was affected from this closure. Our request from the authorities is to get insight as to whether this place will be an opportunity for us again. All the tradespeople in here are opening their shops every day without knowing what is going to happen. We demand that this place should turn into a medical institution, a dormitory or be part of an institution of the university" ("Hastane Taşınınca Esnaf", 2017).

Figure 5.12 Photograph of a Closed Pharmacy from a Local Newspaper in Isparta (Tradespeople Were Stuck in a Difficult Situation after the Hospital Was Transferred) (Source: "Hastane Taşınınca Esnaf", 2017)

Furthermore, there is yet another newspaper that focuses on local businesses in Isparta regarding the closure of hospitals in Isparta. In this case, the Mayor of Isparta and city councilors gathered together with the local tradespeople located around the closed hospital. If we begin to quote the newspaper interviews:

> An optic shop owner, A. Cengiz Kocabaş, indicates that around 5,000 people were passing by the street when the hospital was open. Now hardly 500 people are passing by every day. Then, he adds that "Even private cars and public buses are not passing by. If someone wants to park her/his car, they can feel free to park here. There is a lot of space. All the tradespeople who are related with the medical sector in this street are famishing, or they are waiting for customers desperately. Now, shops are opening around 10-11 am while they were previously beginning to operate at 8 in the morning. Most of the tradespeople emptied out their shops. Authorities have to intervene here to make it active again as soon as possible. ("Isparta Belediye Başkanı Günaydın'dan", 2018).

As the interviews proceed:

> Oğuz Öztaş who has been working as a tradesperson at Hastane Street for 27 years expressed his ideas by arguing that "Back in time, it was really difficult to find a shop and rent it. I waited for many years to find a shop when I first came here. Then, I waited quite much to change my shop as well. But now, our street became a dead street. At the first glance, some of the clinics are shut down. Then, the State Hospital, Maternity Hospital and the private hospital went away. The Opthalmic Hospital was closed soon afterwards. There is only a "Telekom". The street will become a dead street when this is gone, too. Hastane Street is now functionless. Tradespeople can only park their cars here. This street needs to be reactivated, or if possible, the hospital must be reopened ("Isparta Belediye Başkanı Günaydın'dan", 2018).

Thereafter, the same newspaper touches upon the expressions of the Mayor of Isparta, Yusuf Ziya Günaydın. In that regard, Günaydın also makes explanatory statements regarding the current state of Hastane Street and its future. According to his words:

> Here was a quite special place. Before the hospitals were removed, there was a significant number of pedestrians and car traffic at the street. Then, he adds that "There were queues in front of the pharmacies, and there were many clinics. This was a special place. A place that gained this sort of significance has been destroyed together with its tradespeople. As it previously took place, many of the tradespeople in Isparta went bankrupt by transferring the sellers in public open-air market to Davraz. These mistakes somehow remain. As the Municipality of Isparta, we wrote an official letter to the Ministry of Health on May 17, 2017 and demanded the appropriation of the closed state hospital's land to the municipality. But there was no correspondence. Hastane Street should not have been destroyed like this. So to speak, this was an action similar to destroying the city ("Isparta Belediye Başkanı Günaydın'dan", 2018).

Furthermore, the Chairperson of Isparta Chamber of Pharmacies, Sayın Gargın, mentions some concerns of pharmacists regarding the future of their businesses. As the operating of the city hospital begins, it is declared in a local newspaper as follows:

> The question of trading areas around the city hospital puts the tradespeople (especially pharmacists) that are serving around the existing hospitals in great trouble. Because of the project of the city hospital, pharmacies or optic shops cannot be located in the land that the city hospital is built on. For this reason, around 40 tradespeople that conduct their businesses nearby the existing hospitals are having trouble due to this situation. In other words, as the Chairperson of Isparta Chamber of Medicine Saygın Gargın mentioned, local tradespeople located around the hospitals were left to their own fates in this situation (Isparta Şehir Hastanesi için ticari alan düzenlemesi, 2016).

Lastly, the perspective of Turkish Medical Association, whose administrative board shares an evaluation report regarding Isparta City Hospital, will be shared. According to so-called report, it is overall emphasized that Isparta City Hospital is also an act of privatization, similar to all the projects where the scheme of public-private

partnerships is applied. In that respect, it is also declared that transferring public health-care services to private sectors that seek profits is not consorted with the idea of "healthy person and healthy society", so the projects of city hospitals must be abandoned and the existing ones must be handed over to the Ministry of Health as well. If some of the points in this report are directly quoted:

> The very first observation that is made in the building is that the city hospital is spread into a very large land, where the access between the units is quite difficult. This situation is reported by both personnel and the patients. Moreover, the personnel who were working in the closed hospitals' branches of security, secretariat, information etc. are fired and new personnel, who work for minimum wage, are employed. Besides, it is observed that the doctors are generally too tired, hopeless about their future and have a desire to work at another hospital if possible (Isparta Şehir Hastanesi Sağlık Bakanlığı'na devredilmelidir!, 2017).

Furthermore, the analysis of TTB continues with touching upon some insights regarding the matter of closed hospitals. In that regard, it is underscored that:

> The future of the buildings and lands of the three hospitals that are located in the city center are not publicly known. Besides, there are some disturbing assumptions regarding the fact that these buildings were given to Akfen Company which constructed the city hospital. On the other hand, tradespeople around the closed hospitals, who serve complementary services like medical shops, pharmacies, foods and restaurants, hotels etc., were negatively affected from the opening of Isparta City Hospital. Henceforth, the projects of the city hospitals must be abandoned and the existing ones must be handed over to the Ministry of Health (Isparta Şehir Hastanesi Sağlık Bakanlığı'na devredilmelidir!, 2017).

5.1.6. Kayseri City Hospital

As the sixth case, city of Kayseri represents one of the most dramatic closures of public hospitals in terms of numbers and spatiality of the so called hospitals. Kayseri City Hospital has initiated to operate on May 7, 2018 together with a bed capacity of 1607 beds and spread into an area of 466.479 square meters as it has been marked with red on Figure 5.14. On the other hand, what makes the situation one of the most dramatic cases in the case of city hospitals is about the transfer of 4 public hospitals in Kayseri, whose names are Kayseri Education and Research Hospital, Chest Diseases Hospital, Maternity Hospital and Military Hospital. Moreover, as Figure 5.14 indicated, the air distances between these closed hospitals and the city hospital are consecutively around 7, 13, 7, 10 kms, which have brung about a serious problem of accessibility from the perspective of patients in terms of public transportation.

Figure 5.13 Aerial View of Kayseri City Hospital (Source: Kayseri Şehir Hastanesi, 2018)

In that regard as chairman of Kayseri Chamber of Medicine, Prof. Dr. Hüseyin Per indicated from the point of accessibility:

> While he underscores that citizens in Kayseri will face serious difficulties to reach the city hospital, he adds that "the city hospital that has been built on the border of Kayseri will bring about serious transportation problems. How are people going to have access to it? It is too late for mass transportation projects right now. I cannot even imagine how long it takes to reach city hospital from the districts like İldem, Beyazşehir, Talas etc. Not all of the people have private cars" ("Şehir Hastaneleri için diğer hastaneleri", 2017).

Furthermore, from the point of local tradespeople who were operating their businesses in the borders of the closed public hospitals, this situation has led to serious decline in their business volumes similar to the other cases that have been presented so far. For example, according to a local newspaper, the transfer of Kayseri Education and Research Hospital to the city hospital has led to serious consequences for the tradespeople of Kayseri who were located around Atatürk Boulevard, which has also been known as Hospital Street by most people. According to this local newspaper, it is stated that:

> Since Kayseri Education and Research Hospital was transferred to the city hospital, most of the tradespeople had trouble. Many of the shops that are located in Atatürk Boulevard (commonly known as Hastane Street) have closed down their businesses due to this process of removal. Now, it is noticed that such adverts like "for sale" or "for rental" are hanged on the walls of these shops. Therefore, what is going to happen to those tradespeople has become an issue of concern for almost of all the public in Kayseri, where over 1,000 of the tradespeople closed down their

> businesses in the last month. Muhammet Gündoğan, who operates a kebab shop in front of the Education and Research Hospital, expressed that their business volumes dramatically decreased and said that he will shut down his shop as well if things continue to go like this. While he said that "the Hospital closed down, so we became miserable", he also added that "I am going to hand on my shop for 12,000 Liras, which cost me 37,000 Liras previously to set up" (Hastane taşındı esnaf kepenk kapattı, 2018).

Figure 5.14 Locations of City Hospital and Closed Public Hospitals in Kayseri (Source: Google Earth)

Furthermore, another local newspaper touches upon the problems that Kayseri City Hospital produced. According to this one, it is underlined that almost all the people are experiencing significant problems, especially the problem of traffic jam. In this newspaper, the list of problems regarding the functioning of the city hospital is demonstrated as follows:

> First of all, the city hospital resembles more like a hotel instead of a hospital. Even though canteen owners and cleaning workers have their special rooms in the hospital, doctors and medical personnel do not have their special room for resting and changing. Moreover, medical analysis reports represent another face of the problems. While these reports could be concluded around one and a half hours in the previous hospital, it almost takes 1 and a half day to get them in the city hospital. For this reason, doctors ask their appointments to work in another place due to the badness of working conditions (Özdoğan, 2018).

On the other hand, the same newspaper continues by touching upon the issues regarding the local tradespeople and patients. As it is declared:

After the pharmacy owners bought places at high costs, tradespeople have suffered from the fact that the contractor company, YDA, prepared a new plan which allowed to build such shops in front of the hospital. But above all, emergency patients in Kayseri are going to Erciyes University Hospital rather than the city hospital since the city hospital is located much far away from the housing locations. Thus, due to excessive number of applications, many of the patients cannot be treated in Erciyes University Hospital's emergency unit (Özdoğan, 2018).

5.1.7. Manisa City Hospital

Figure 5.15 Aerial View of Manisa City Hospital (Source: Manisa Şehir Hastanesi, 2018)

Yet another case is the case of Manisa City Hospital, where the situation of closure of public hospitals did not occur as in the other cases represented up to now. Manisa City Hospital began to operate on October 30, 2018 with a bed capacity of 558 beds and spread into 172.836 square meters closed area, which is relatively small compared to the other cases of city hospitals presented in Turkey. As it has been demonstrated in Figure 5.16, according to Ministry of Health's General Directorate of Public Hospitals, Manisa State Hospital and Merkezefendi State Hospital (Pediatrics, Gynecology and Obstetrics, Department of Cardiovascular Surgery and Angiography) are planned to be transferred to Manisa City Hospital, whose air distances consecutively are 2.5 and 5 kms (Manisa Şehir Hastanesi, 2018).

Figure 5.16 Locations of City Hospital and Closed Public Hospitals in Manisa (Source: Google Earth)

Nevertheless, one of the local newspapers states the fact that Pediatrics Unit of Merkezefendi State Hospital has been shut down and transferred into the body of the newly built city hospital. Thus, this situation led to problems in terms of patients in Manisa. According to the so-called newspaper:

> Gynecology and children services of Merkezefendi State Hospital have also been transferred into the city hospital after its opening. However, the people of Manisa are not pleased about this transfer. While they are criticizing that no children services remained in the city center, they are at least awaiting for a children emergency unit in Merkezefendi State Hospital ("Şehir Hastanesi için Manisa'nın", 2018).

As the newspaper touches upon the problems, the issue of accessibility to the city hospital is underscored as well. According to the so-called newspaper:

> The issue of transferring hospitals to the city hospital brought about some question marks. Public transportation to the city hospital represents one of the question marks together with the transfer of Maternity and Children's Hospital to their new place. People are not actually pleased about the removal of these two hospitals to the city hospital because they are facing with difficulties in terms of going to a place that is located almost outside of the city. While they express that Moris Şinasi International Children Hospital is located at the heart of the city and easy to reach, they are now obliged to take 2 or more public buses in order to reach the city hospital ("Şehir Hastanesi için Manisa'nın", 2018).

Moreover, another local newspaper touches upon pharmacies and their future. According to the so-called newspaper, it is stated that:

> 3 of the pharmacies that are located close to the State Hospital in Manila have decided to shut down their shops. Pharmacies that are located in Cumhuriyet Street indicated that their new address should be Turgutlu Street, which is located closer to the city hospital. The business owners have said that they have started the processes of renting new places and moving there (Eczaneler Kapanıyor, 2018).

Figure 5.17 Headline from a Local Newspaper in Manisa (Everything is for City Hospital! Historical Children's Hospital of Manisa Was Closed! We Shut Down Another Hospital) (Source: "Şehir Hastanesi için Manisa'nın", 2018)

While we approach to draw the conclusion for the case of Manisa City Hospital, some professional perspectives of TTB and Manisa Chamber of Medicine will be given. In that regard, a panel was organized by the so-called professional organizations and its outcomes are quite fruitful to highlight the issue of Manisa City Hospital. At the beginning of the panel, while the scheme of public-private partnerships is elaborated deeply from a global perspective, financial burdens of this model are also touched upon. Even though the major emphasis was put on the financial discussions, the matter of bed capacities was also handled. As Prof. Dr. Kayıhan Pala stated:

> Together with the Manisa City Hospital, the total bed capacity in Manisa will not actually rise since public hospitals located in the city center are in the process of closure. On the contrary, he argues that the total number of beds in Manisa will decrease ("Odamızca Düzenlenen", 2017).

Figure 5.18 One of the Closed Pharmacies in Manisa (Source: Eczaneler Kapanıyor, 2018)

5.1.8. Eskişehir City Hospital

Furthermore, on October 30, 2018, Turkey's 8th city hospital and one of the biggest city hospitals, Eskişehir City Hospital, began its operation, with a bed capacity of 1081 beds and a closed area of 333.303 square meters. However, like Manisa, the closure of the public hospitals has not been completed yet in Eskişehir as well.

As it could be observed from Figure 5.20, Yunus Emre State Hospital (Departments of Medical Oncology, Nuclear Medicine, Radiation Oncology, ambustion and KVC), which has been marked with blue on the left hand side, is going to be transferred into the city hospital. On the other hand, Eskişehir State Hospital with all of its equipments is going to be attached to Eskişehir City Hospital, too (Eskişehir Şehir Hastanesi, 2018). However, similar to the case of Manisa, the above mentioned hospitals are still there in Eskişehir; therefore, it is not feasible for now to observe the short and long term effects of the closures of the public hospitals as shown. Nevertheless, here could be made two significant discussions regarding the spatiality of the city hospital and its bed capacity. For instance, on the right hand side of the map, Eskişehir City Hospital was marked with a red sign and its air distance from

Yunus Emre State Hospital and Eskişehir State Hospital are consecutively around 10 and 5 kms. Therefore, it could clearly be seen that the site of Eskişehir City Hospital is quite far away from the city center, and this will definitely present some problems for the people in this city.

Figure 5.19 Aerial View of Eskişehir City Hospital (Source: Eskişehir Şehir Hastanesi)

Moreover, here comes another problematic discussion regarding the bed capacity of the city hospital. In that regard, even though the bed capacity of Eskişehir's hospitals seemed to rise with the operation of the city hospital, the actual number rises only by 86 beds in total together with the closures of the so-called public hospitals. Thus, the efficiency of the city hospital in terms of bed capacity should also be reconsidered. According to a national newspaper:

> Together with Eskişehir City Hospital, Eskişehir State Hospital with 995 beds will be shut down. Besides, some units of Yunus Emre State Hospital like cardiology, oncology etc. will be transferred into the city hospital. Herewith, Eskişehir as a whole will only gain 86 beds with this transformation (Cansu, 2018).

Moreover, the issue of spatiality is questined as well. According to the same newspaper:

> Although the opening of the city hospital, which is located 10 kilometers away from city center, is drawing near, the problem of transportation is not solved yet. It is planned that transportation will only be provided with public buses. Construction of a tram line that Eskişehir Metropolitan Municipality undertakes the duty of is not completed. It is not known when the so-called tram journeys will start (Cansu, 2018).

Figure 5.20 Locations of City Hospital and Closed Public Hospitals in Eskişehir (Source: Google Earth)

Furthermore, the Chairperson of Eskişehir Chamber of Medicine Mehmet Akif Aladağ has also made some statements regarding the city hospital. By indicating that he sees such hospital understandings, which are quite antiquated in terms of their high costs and difficult to access, he adds that:

> There is a great need for hospitals which people can access easily. Here accessibility presents itself as a problem in this case. Also, without targeting to make companies rich, a qualified, free and equal health services must be served to the public. (Cansu, 2018).

If we continue to touch upon some newspapers, a local newspaper shares the opinion of Utku Çakırözer, who is one of parliamentary deputies of RPP in Eskişehir. In his own words, problems regarding Eskişehir City Hospital are listed as follows:

> Because the city hospital has been constructed, our Eskişehir City Hospital was emptied out. Zübeyde Hanım Maternity and Chidren Hospital was also emptied out. Big part of Yunus Emre State Hospital was also transferred to the city hospital. And what's more, medical equipments that are considered as national wealth were left behind in the previously existing hospitals. Why? These equipments' future is still uncertain ("Eskişehir Şehir Hastanesi'nin sorunları", 2018).

Then he continues to ask:

> What would you expect when a city hospital is opened? I expect that citizens take medical services easily there and other hospitals' burden would decrease. But heaven knows why, a significant increase is observed in both Yunus Emre Hospital and Faculty of Medicine's Hospital from the date the city hospital began to operate. Even

> though huge amount of investment is made, these incidents are happening ("Eskişehir Şehir Hastanesi'nin sorunları", 2018).

Furthermore, as he maintains to underline the problem of pharmacies, it is declared that:

> A single pharmacy is not located around the city hospital. Doctors are receiving messages every day stating that there are troubles in some medicines supply chain as well. Due to these basic problems, city hospitals that were presented as five-star hotels to the public became the basis of problems, rather than solutions ("Eskişehir Şehir Hastanesi'nin sorunları", 2018).

After touching upon such introductory statements from the national and local newspapers, a column from a local newspaper is referred here because it consists of such outspoken arguments. According to the so-called column:

> After the state hospital was transferred to the city hospital, this region became desolated. You might have read in the newspapers, tradespeople are nowadays brooding on about what they are going to do. Pharmacists are also part of this apart from the tradespeople. Since there is not any place to open a pharmacy around the city hospital, pharmacists are quite worried. Naturally, the question of what is going to happen to the state hospital's building is one the most spoken things among people. There are lots of rumors. Really, what is going to happen to the state hospital's building? We expect that authorities make a statement so that people can learn. Will it be a medical institution again or will it be something else? (Özyazıcı, 2018).

Figure 5.21 Image from a Local Newspaper in Eskişehir (Hospitals Went, Pharmacies Left) (Source: "Şehir Hastanesinde eczane", 2018)

If we continue to touch upon local newspapers regarding the local economy of the region, there are such fruitful interviews that highlight the situation in a proper manner. For instance, one of them made an interview with the Chairperson of

Eskişehir Chamber of Pharmacies, Yücel Yenilmez. According to so-called interview, it is touched upon the issue of closure by underscoring the following:

> Businesses volumes of pharmacies located in the so-called region has entirely stopped. There are 15 colleagues of ours who were the busiest and most profitable pharmacies in the city. Unfortunately, they have one of the least workloads in the whole city nowadays. They will probably have to move out their places ("Şehir Hastanesinde eczane", 2018).

On the issue of accessing pharmacies around the city hospital, he continues to argue as follows:

> There are no appropriate places to open a pharmacy around the city hospital. There are some in nearby neighborhoods, but this is not a walking distance as well. There will be trouble in this point. […] In the short run, the problem of access to pharmacies after going to the city hospital will not be resolved. For some time, it seems that citizens will suffer from this situation. Our people are used to getting medicines right after they exit a hospital. But this is not valid for the city hospital. There is a 1.5 kilometers distance between the city hospital and so-far-existing pharmacies right now. When we look at pharmacies-on-duty, duties have decreased in pharmacies that are close to the city hospital. Duties have also increased in pharmacies located in the city center. So far, we understand people do not go to the city hospital's emergency unit at night. Instead of spending money on gasoline or taxi fees, they rather go to the private hospitals in the city center or go to Faculty of Medicine's Hospital ("Şehir Hastanesinde eczane", 2018).

5.1.9. Bursa City Hospital

Finally, while this thesis was being written, Bursa City Hospital started to accept patients with a grand opening ceremony. As one of the biggest city hospitals in the country, Bursa City Hospital owns a bed capacity of 1355 beds and a closed area of 470.998 square meters. Since Bursa City Hospital began to operate at the date of July 16, 2019, the issue of the issues regarding the closure of public hospitals as it occurred in other cities did not present itself clearly in Bursa, or is blurred for today. Thus, in order to avoid making such a speculative argument, it is going to be relied on such local and national newspapers and authorities' declarations to solidify the issue in Figure 5.23.

According to a report written by the Turkish Medical Association ("Bursa Şehir (dışında)", 2019)), while Bursa City Hospital started to operate on July 16, 2019, some of the public hospitals that were located in the city center, such as Bursa State Hospital, Prof. Dr. Türkan Akyol Chest Diseases Hospital and Zübeyde Hanım Maternity Hospital have been shut down. Moreover, Ali Osman Sönmez Oncology

Hospital has also been minimized in terms of its medical capacity. On the other hand, from various public hospitals, some of the doctors have been appointed to the city hospital with a temporary duty, where their previous hospitals' capacity has decreased. However, what is actually striking in the case of Bursa, according to the so-called report again, is that Bursa City Hospital is actually located outside of the city, where the distance between the iconic city center Heykel and the city hospital is around 20 kms. Furthermore, the closed Bursa State Hospital is also 18 km far away from Bursa City Hospital.

Figure 5.22 Aerial View of Bursa City Hospital (Source: Bursa Şehir Hastanesi, 2019)

It would be appropriate to refer to a news published in one of the local newspapers. On the issue of transportation, it is underlined in the so-called newspaper as follows:

> One of the biggest problems regarding the city hospital is related to public transportation. Patients, their relatives and hospital workers are having trouble in accessing the city hospital, where around 40,000 people are circulating in a day. Transportation to the city hospital is provided by Metropolitan Municipality's public buses with 3 lines, taxis or private cars. There is not any progression yet on the project of extending BursaRay to the city hospital. Because of the difficulties in reaching the city hospital, people of Bursa are looking for a remedy in choosing the Faculty of Medicine's Hospital or private hospitals (Bursa Şehir Hastanesi sorun yumağı, 2019a).

Furthermore, one of the labor unions regarding the medical personnel (Genel Sağlık-İş) has also shared its official perspective regarding the city hospital and its

accesibility. In the official letter that the so-called union sent to the Ministry of Health, it is underscored that both patients and medical personnel are facing quite significant troubles to reach the city hospital and added that medical personnel are spending around 3.5-4 hours on a round-trip to the city hospital. If we quote from the so-called official letter:

> Transportation to the city hospital is reached to the average of 1.5-2 hours from the perspective of medical personnel who settles down in Bursa. They must leave their houses too early in the mornings in order to arrive in time in the city hospital. But in some regions (i.e. Erikli, Bağlaraltı or Teleferik), even if they leave their houses as early as possible or take the first bus, they cannot reach the city hospital at the required time. Besides, people have to change 3 buses to reach there from many regions of the city. For example, a worker who lives in Millet Street should first take a public bus (3,00 TL + 1,75 TL) or dolmuş (3,00 TL) to reach Arabayatağı Subway Station (2,75 TL). Then s/he must take the subway (2,75 TL) to Emek Station. After that, s/he must reach the city hospital with a bus (1,25 TL) (2,50 TL). This journey is around 30-35 kilometers and takes nearly 2 hours. If the return to their home is also considered, total Daily journey last about 3.5-4 hours and considerable amount of money is spent for this journey. Besides, because all the workers gather together at the sametransfer stations, they have to put up with jam-packed journeys. Even with private cars, this journey takes 35-40 minutes (Bursa Şehir Hastanesi sorun yumağı, 2019b).

Figure 5.23 Locations of City Hospital and Closed Public Hospitals in Bursa (Source: Google Earth)

On the issue of the closure of three public hospitals in Bursa, one of the local newspapers mirrors the reaction of people towards this issue. Citizens of Bursa, representatives from Chambers of Medicine and Pharmacies and Bursa Deputy of RPP, Erkan Aydın, gathered together in front of the closed hospitals and made a press statement regarding this issue. According to Aydın:

> We are against this implementation. If the distance between the city hospital and the city is considered, it is inevitable that people will suffer from this situation. In fact, there is a risk of death on the road to the city hospital due to the distant location of it ("3 Hastanenin Kapatılacağı", 2019).

As one of the citizens, Fetih Keçeli, who attended this protest stated:

> I was born in Muradiye State Hospital in 1954, so was my daughter. I was born and raised here, in Bursa. This is a historical place. We do not want it to be closed. ("3 Hastanenin Kapatılacağı", 2019).

On the issue of the local tradespeople around the closed hospital, a local newspaper column with the name of "Doctors and Pharmacists are Worried" shares an opinion regarding this issue. As it is argued in the column:

> What is going to happen to people's access to health services, condition of medical personnel and pharmacies which are clustered around the medical institutions? It is an ongoing state of obscurity… Dozens of pharmacies, optic shops, sellers of medical equipments, orthes and prosthesis sellers (particulary around the closed hospitals) will close doqn their businesses. It is obvious that there are pharmacies in the commerical areas of the city hospital. However, who is going to be assigned and how? What is the possibility of going out to tender? In a way, city hospitals are the institutions that are built and will be operated by the private sector thanks to patient guarantees… Is there any barrier to assign a pharmacy shop to whoever these private companies want? (Kolaylı, 2019).

On the issue of the local tradespeople, let us continue with another local newspaper column that underscores the significance of this situtaiton. According the so called column:

> Hospitals are the driving forces of the regions they appear. They make significant socioeconomic contributions, such as employment. A hospital helps a pharmacy, dolmuş, taxi, flower-seller, restaurant, tea garden, cafeteria, canteen, patisserie, hairdresser, bagel and pastry sellers, medical equipments, peddlers, ambulances, funeral vehichles and more commerical businesses. Together with the closures of hospitals, many people who were making an earning from these businesses lost their jobs. Will those people be served opportunities to continue their business around the new city hospital? On the other hand, values of houses and shops decreased immediately, and rent prices diminished. The surrounding area were desolated, and fell into silence. Hospitals do not only produce health services, but they are also life-lines of their regions. The region where a hospital is located is alive for 24 hours. Thus, we can say that the city lost one of its life-lines. So, we should treat it with sensitivity when intervening in places like this (Serdar, 2019).

Lastly, before concluding the case of Bursa, it would be appropriate to mention some professional approaches of TTB regarding Bursa City Hospital. In that regard, TTB published a press statement right after Bursa City Hospital was opened and made some evaluations about the situation. In the lights of the so-called press statement, it is declared that:

> Thanks to the model of public-private partnership, Bursa City Hospital is built and started to operate on July 16, 2019. Together with its opening, Bursa State Hospital, Prof. Dr. Türkan Akyol Chest Diseases Hospital and Zübeyde Hanım Maternity Hospital, which are located in the heart of the city, have been unfortunately shut down. Furthermore, Ali Osman Sönmez Oncology Hospital was also minimized in terms of its scope, and now it is unable to serve many of the services that it did previously. Moreover, the City Hospital is located 20 kilometers away from the Heykel District of Bursa and 18 kilometers away from the closed Bursa State Hospital. Around Bursa City Hospital, there are no settlement places and spaces as such ("Bursa Şehir (dışında)", 2019).

On the issue of Bursa State Hospital and Ali Osman Sönmez Oncology Hospital, the so-called press statement has important insights. Accordingly:

> Huge amount of donation was collected for the units of emergeny, intensive care and patient rooms of the closed Bursa State Hospital. With this closure, the state hospital which was renovated by these donations was shut down and left into its own fate. Apart from Bursa State Hospital, Ali Osman Sönmez Oncology Hospital was also constructed by such donations and was financially supported by the Ministry of Health to become a cornerstone medical institution in terms of oncology. But now, it is in a state of abandonment ("Bursa Şehir (dışında)", 2019).

On the issue of spatiality, the so-called statement continues to argue as follows:

> Thanks to the closure of hospitals in the city center, patients and their relatives are suffering to reach the city hospital located outside of the city. Therefore, patients are obliged to apply to private hospitals located in the city center ("Bursa Şehir (dışında)", 2019).

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In conclusion, in this subchapter of the thesis, 9 cases of city hospitals in Turkey have been tried to be demonstrated in order to signify what sort of dynamics lay behind the matter of city hospitals in Turkey. However, in order not to exceed the scope of the thesis, some dynamics regarding the model of public-private partnerships; for instance, contracts and sub-contracts, trade secrets, patient guarantees and so forth have not been touched upon. In other words, the main concern of this subchapter is about displaying locational and spatial backgrounds of the city hospitals in 9 cities in Turkey. In that regard, 3 perspectives which have been

introduced at the beginning of this chapter have been applied. These are: a) locational positions of both the closed hospitals and the city hospitals with respect to closeness to the built environments and the economical impacts of the closures to the cities, b) the issue of accessibility to hospitals from the perspectives of patients and workers, c) negative outcomes of campus character of city hospitals, which gathers all the externalities that hospitals produce. Henceforth, some of the conclusions arrived at in these respects can be the following.

First of all, regarding the locational positions of the closed hospitals and city hospitals, the issue of distances between the city hospitals and closed hospitals are considered as a key concern of this thesis. In that regard, it is argued that in almost all cases, public hospitals are located in the centers of the cities, where they are integrated with a built environment from a macro perspective. For example, in some cases, it is observable that some main streets of the cities are named as "Hospital Street", which defines the centrality of the positions of them.

On the other hand, while it has been emphasized on the locations of the city hospitals, which are in all cases located quite far away from city centers, it has also been concerned that the closure of public hospitals in the city centers in Turkey has led to serious decline in city centers throughout the country. As it has been touched upon in the theoretical chapters, city centers of the world tend to decline in most cases and this issue should not be solely be grasped with the lenses of private investments. Similar to the concept of organized state abandonment as it has been discussed previously, in the case of city hospitals in Turkey, the closure of public hospitals is in need to be considered as state's withdrawal from the urban space especially in city centers, which will further lead to urban or inner city decline in these cities, and which has been demonstrated up to now. In most cases, due to the closure of public hospitals in the city center, it has been observed that tradespeople in particular have been affected quite negatively from these closures. Together with the serious decreases in their business volumes, it has been in some cases stated that city centers have actually lost their charm and in a colloquial manner, the main streets have become dead streets as some of the local people in various cities declared several times. Therefore, with these insights, the role of the states in urban space should also be reconsidered.

Secondly, in order to signify the issue of accessibility to the city hospitals from the perspectives of patients and workers, another approach has been used to signify the consequences regarding this issue. In that regard, it has been tried to underline the fact that the issue of accessibility to city hospitals compared to closed public hospitals is quite problematic for the users of these hospitals. For instance, by citing some local newspapers, it is given that people are facing with challenges in terms of accessing the city hospitals. In these cases, people have become obliged to using 2-3 transportation vehicles in some cases. Specifically, this situation affects the lower classes more since they are obliged to pay more for the cost of transportation compared to before.

Finally, campus character of city hospitals represents another dimension. As a matter of fact, campus character of city hospitals actually isolates hospitals from cities, rather than integrating them to the cities. Vital institutions like hospitals should definitely be integrated with the cities. In other words, hospitals and their region are such ensembles with everything they possess, such as local tradespeople, patients etc. However, with this sort of isolation, city hospitals aggregate all the externalities that hospitals would produce. In other words, while the closed public hospitals were sharing the externalities with the surrounding areas (pharmacies, shops, restaurants etc.), city hospitals aggregate all these externalities in their own body. Furthermore, the isolated campus features of the newly-built city hospitals actually make this issue happen easily.

5.2. The Case of City Hospitals in Ankara

Up to this subchapter of this thesis, the matter of city hospitals and the model of public-private partnership have been tried to be discussed in terms of their impacts on the health-care system in Turkey and urban space as well. In the following future of this thesis, it seems that this discussion it is going to continue, too. The model of public-private partnership and impacts on urban space represents yet another dimension in the multifaced discussion regarding city hospitals, which is related to the capital city of Turkey, Ankara. The reason that lies behind this sort of argumentation can be given in two aspects.

First of all, as the capital and second largest populated city of Turkey, Ankara and its urban space possess quite significant urban rent in itself. In that regard, thinking together with the scale of Ankara's urban space, it has been planned to build 2 enormously big city hospitals in different parts of the city, namely Bilkent and Etlik City Hospitals. Therefore, both so called city hospitals are significantly huge in terms of their bed capacities and usage of closed areas.

Secondly, on the other hand, when compared to other cases of city hospitals in Turkey as they have been illustrated in the previous subchapter, the closure of public hospitals in Ankara has also occurred and is going to continue to occur in the near future as well. It is a quite an unusual fact that the number of closure of public hospitals in Ankara is quite high in number. It is declared that in total 14 hospitals will be closed (İlhan, 2018, 309). Henceforth, the case of Ankara city hospitals and its selection for this thesis represent quite significant transformation in the urban space of Ankara because the size and scale of the newly built two city hospitals and the closure of 14 public hospitals in the city center are definitely in need to be grasped carefully and in a detailed manner. Right at this point, after explaining the significance of the case of Ankara, it can now be turned to discuss this sort of multifaceted case, which has occurred and is going to occur as well.

5.2.1. Analysis of Bilkent City Hospital

To begin with, it would be more appropriate to demonstrate the reality of these two city hospitals with their particular features; however, it has been chosen to begin with the city hospital which has already been opened and begun to operate; namely, Ankara Bilkent City Hospital (or only Ankara City Hospital). According to İlhan (2018: 307-308), two city hospitals of Ankara; Bilkent and Etlik City Hospitals, have been presented as "crazy projects" in Ankara when Turkey has been in the road for the national elections in 2011. Furthermore, former Minister of Health, Ahmet Demircan, has announced the fact that Bilkent City Hospital and Etlik City Hospital are going to be opened consecutively in 2018 and 2019. Even though the Minister of Health has made a declaration like that, the real opening of the Ankara Bilkent City Hospital was delayed to March 2019.

After the opening ceremony of the Bilkent City Hospital, which was timed to be on exactly the same day as Doctor's Day in Turkey, the concrete features of the Bilkent City Hospital were revealed. For instance, according to the data provided by the Ministry of Health (Ankara Şehir Hastanesi, 2019), while the site area of the Bilkent City Hospital is 678,000 square meters, the closed area of the city hospital is around 1,312,358 square meters, which makes Bilkent City Hospital the biggest city hospital in Turkey among the opened city hospitals up to this date. Furthermore, with a bed capacity of 3,704 beds, Bilkent City Hospital has also become pioneer in this respect. Therefore, together with the campus buildings given in detail below, Ankara Bilkent City Hospital stands quite significant in terms of its size and scale.

Figure 5.24 Aerial View of Ankara Bilkent City Hospital (Source: Ankara Şehir Hastanesi, 2019)

5.2.1.1. Insights from ÇSED Report of Bilkent City Hospital

Before discussing the closure of public hospitals that were previously located in the city center and that were accessible for almost all the people in Ankara, it would be more appropriate to touch upon other official documents not related to the Ministry of Health. Therefore, in that regard, Environmental and Social Impact Assessment (ÇSED) Report of Ankara Bilkent City Hospital (2U1K Mühendislik ve Danışmanlık A.Ş., 2014a) could provide some detailed insights regarding the construction processes of the building as an official and obligatory paper. In the light of the ÇSED

Report subcontracted by the owner of the project, Incorporation of Bilkent Ankara Integrated Health Services Investment and Operation, various information has been provided regarding the core of the project, and also, the locationality and spatiality of both the newly built city hospital and the hospitals that are subjected to closure. For instance, at the very beginning of the ÇSED Report, the model of public-private partnership has been defined very perfectly as:

> According to the contract signed between the project owner and the Ministry of Health, the project owner is going to operate Bilkent City Hospital for 25 years. During this operation process, while the Ministry of Health is going to provide doctors, nurses and other clinical personnel, the Ministry of Justice is going to provide security services to the psychiatric hospital. On the other hand, the project owner will provide core services, such as screening, laboratory services, floor and food services, cleaning and caring, information management system, car parks and waste management and so forth (2U1K Mühendislik ve Danışmanlık A.Ş., 2014a)

On the other hand, the so called ÇSED Report of Bilkent City Hospital touches upon such impact assessments regarding social and environmental problems as well. What is quite striking at this point is the issues of transportation and public transportation to the city hospital. For instance, according to the so-called report (2014a: 271-273), a subchapter named social-cumulative effects has been dedicated to the issue. In that chapter, in terms of the usage of the city hospital by the population, it has been defended that Ankara Bilkent City Hospital is not only going to serve the city of Ankara, but it is also going to expect patients from various cities inTurkey, most probable of which are Çankırı, Karabük, Kastamonu, Zonguldak, Bartın, Bolu, Çorum, Kırıkkale, Kırşehir and Yozgat. Hence, with the expected daily usage number of 100,000 people, Ankara is going to turn into a destination for tourists who search for health services in Turkey. Furthermore, together with the combination of expected 100,000 people, it has been also stated that this usage will further positively affect Ankara's local economy. However, on the issue of highway traffic, ÇSED Report ironically evades answering this sort of inquiry. According to the report:

> The matter of traffic jam is a cumulative effect for the projects that are planned to be built in the area of the city hospital. Alongside with further projects like Mahall Complex, Via Green, Additional Buildings of the Ministry of Environment and Urbanization etc. will negatively affect the traffic jam. However, this cumulative effect is the concern of responsible planning institution, namely, Ankara Metropolitan Municipality with the support of Gazi University. Therefore, solving the issue of traffic jam around the city hospital will be Ankara Metropolitan Municipality's problem (2U1K Mühendislik ve Danışmanlık A.Ş., 2014a)

As it could be inferred from the discussions done up to now, Ankara Bilkent City Hospital comes to the ground as one of the perfect examples of the projects that have been completed thanks to the model of public-private partnership. On the other hand, there are still some points to be discussed before addressing the issue of closure of Ankara hospitals. For instance, as it has been in previous chapters touched upon, the matter of guarantees and trade secrets should be considered as well. However, for this part, it would be more appropriate to turn into the case of the second city hospital in Ankara, namely Etlik City Hospital. After doing this, these two hospitals could be elaborated from a financial perspective.

5.2.2. Analysis of Etlik City Hospital

Figure 5.25 Illustration of Ankara Etlik City Hospital Project (Source: Ankara Etlik Şehir Hastanesi, 2019)

As it has been heretofore noted, the opening date of Ankara Etlik City Hospital has been announced as the year of 2019. However, according to the Ministry of Health's webpage, as of the last update done on July 16, 2019, only 59% of the hospital has been completed. Therefore, while the writing period of this thesis continues, it seems impossible for this hospital to be opened. Nevertheless, even though the process of construction seems like a limitation for this thesis, the case of Ankara Etlik City Hospital still provides such insights for the discussions that have been done up to now in this thesis. If we return to analyze the Etlik City Hospital, according to the data provided by the Ministry of Health (Ankara Etlik Şehir Hastanesi, 2019), Etlik

City Hospital is going to be a little bit smaller than the Bilkent City Hospital, together with a bed capacity of 3,577 beds and a closed area of 1,202,769 square meters.

5.2.2.1. Insights from ÇSED Report of Etlik City Hospital

After a brief introduction to Etlik City Hospital, it would be appropriate to appeal on the Environmental and Social Impact Assessment Report written for Etlik City Hospital in order to get official insights regarding the city hospital project. According to the so-called report (2U1K Mühendislik ve Danışmanlık A.Ş., 2014b: 14), the same method of operation occurred in Bilkent City Hospital is available for Etlik City Hospital as well. In other words, while the Ministry of Health provides doctors, nurses and other clinical personnel and the Ministry of Justice fosters security services for the psychiatric hospital, the project owner is going to realize core services such as floor and laboratory services, food and restaurant services, data management, car parks and waste managements services and so forth. As it definitely corresponds with the nature of the model of public-private partnerships, the Ministry of Health is obliged to pay rent to the project owner for each year for ta period of 25 years. Again, as in the case ofBilkent City Hospital, policy rationality behind the project has been stated as the need for the incentives of the private sector. According to the report, for many years, Turkey has been following a transformation programme in the field of health-care system throughout the whole country; however, to realize quite expensive public services like health care, there have occurred such significant financial deficits in the budget of the country. Henceforth, as the World Bank recommends, the model of public-private partnership in almost all public service provisions, Turkey has applied the model of public-private partnership in the provision of health-care services in order to make these services more efficient and productive, and also decrease the costs of the public services by sharing the risk among the public and private sectors (2U1K Mühendislik ve Danışmanlık A.Ş., 2014b: 15).

ÇSED Reports regarding both Bilkent and Etlik City Hospitals are quite extensive and detailed reports; therefore, it is impossible for this thesis to grasp most of the issues illustrated in these reports. However, what is actually significant for this thesis is about these reports' views regarding social and spatial dimensions of the city of

Ankara. Therefore, it would be quite useful to underline these demonstrations that have been realized in these reports. According to so-called report (2U1K Mühendislik ve Danışmanlık A.Ş., 2014b: 180-211), it has been argued that the projects of Etlik City Hospital is going to provide various positive impacts on the local neighborhood, the city and the people there as well. For instance, it has been argued that around 4,000 workers are going to work on the project and this will help the national economy dealing with employment. Furthermore, together with the construction of the city hospital, the local economy will be positively affected as the trade volume of the neighborhood with the openings of new trade shops that are designed for the further users of the Etlik City Hospital will be increased. In sum, from an economical point of view, the environmental and social assessment impact report defends the view that the realization of Etlik City Hospital in Ankara is going to be a project that is quite beneficial for the people, tradespeople and almost all the stakeholders of Ankara as well as its neighborhoods. However, even though the issue of traffic jam (3,800 expected cars per hour) together with the forthcoming city hospital has been mentioned elsewhere in the report, this point has not been deeply covered, and like in the case of Bilkent City Hospital, it has been left into the hands of the Metropolitan Municipality of Ankara.

5.2.3. Financial Criticisms to City Hospitals in Ankara

As the last issue before concluding this sub-chapter, it would be beneficial for this thesis to touch upon the financial dynamics of the two Ankara city hospitals. According to Toker (2017), the main problem with the projects of city hospitals is the 25 year long contracts. In this sort of contracts, the Ministry of Health's being tenant on these projects which will be valid until 2049 does not fit in with the concept of public interest. Besides that, another main questioning is about the trade secrets, where the public is not able to reach the amount of payment according to these contractings. However, according to a research done (Emek, 2018: 71-98), leaning on the data shared by the Ministry of Health with the Turkish Medical Association, the public sector decreases the cost of building of Bilkent City Hospital with the amount of 1.3 billion Turkish Liras. However, what is quite significant in this research is about the prejudiced assumptions and error of facts of the Ministry of Health as well. According to the calculations done by the so-called research, while the cost of Bilkent City Hospital in the classical method of building is around 3.9

billion Turkish Liras, the same cost rises up to 6.8 billion Turkish Liras together with the application of the model of public-private partnership, which rises the cost of building around by 173%. Therefore, in the lights of this research, public authorities are manipulating the numbers, assumptions, data and calculations in order to introduce the model of public-private partnership more advantageous. Furthermore, again according to this research, the amount of rent which is going to be paid to Bilkent City Hospital's project owner by the Ministry of Health is going to be 340,616.21 Turkish Liras for the first year. This figure is going to be updated every year considering the inflation rate and will be paid to the project owner for the next 25 years without any interruption (Toker, 2017).

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In this sub-chapter, it has been attempted to introduce the two city hospitals of Ankara, namely Bilkent and Etlik City Hospitals. While doing that, official documents and declarations provided by both the Ministry of Health and the Environmental and Social Impact Assessment Reportshave been taken into consideration. Together with these, the introductory framework for the two enormous city hospitals has been tried to be constructed. As it has been observed, while these official documents defend the positive outcomes of the projects in most parts, there have been left a lot of unanswered questions. First and foremost comes the issue of traffic jam and public transportation to the city hospitals. However, the issue of traffic jam and public transportation do not pose a meaning only in themselves. Rather, there is a great need to stress on one of the most significant outcomes of the city hospitals, which is the closure of numerous public hospitals in Ankara. With this sort of inquiry, the issue of city hospitals can be grasped meaningfully.

5.3. The Closure of Public Hospitals in Ankara: A Spatial Discussion

As for many times stressed, the realization of the city hospitals throughout the whole country has also brought about a significant outcome, which is the necessity of shutting down the public hospitals that were (in most cases) located around the center of the cities in Turkey. In that regard, the matter of shutting down of the public hospitals has been grasped briefly in each city which has a city hospital in the previous sub-chapter. However, the situation of closure of public hospitals in Ankara

definitely represents more dramatic examples compared to the other cases as exemplified before. Henceforth, in this sub-chapter, the closure of public hospitals in Ankara is going to be handled in detail, by mostly stressing upon the issue of spatiality regarding the public hospitals that are subjected to shut down.

In order to grasp the issue of closure of public hospitals explicitly, it would actually be more appropriate to analyze the issue by separating the cases. In other words, a line will be drawn between the closure of public hospitals with respect to Bilkent and Etlik City Hospitals. Nevertheless, before entering the issue of closure of public hospitals thanks to the opening of Ankara Bilkent City Hospital, all the hospitals that are subjected to closure in Ankara can briefly be exemplified. According to the information provided by the Ministry of Health, together with the opening of Bilkent City Hospital, there are 6 hospitals, which have been located in different parts of the city, to be transferred to the city hospital. Together with the opening of Etlik City Hospital, there will also be 6 more public hospitals to be transferred to this city hospital as well (Ankara Şehir Hastanesi, 2019; Ankara Etlik Şehir Hastanesi, 2019). However, actually this number actually rises to not 12 but 14 from another point of view. According to İlhan (2018: 309), the public hospitals which have been planned to be closed are stated as follows:

1. Numune Education and Research Hospital
2. Dışkapı Yıldırım Beyazıt Education and Research Hospital
3. Yüksek İhtisas Education and Research Hospital
4. Ankara Oncology Education and Research Hospital
5. Zekai Tahir Burak Education and Research Hospital (publicly known as Cebeci Maternity Hospital)
6. Sami Ulus Education and Research (Maternity and Children's) Hospital
7. Atatürk Education and Research Hospital (located in the same area as Bilkent City Hospital)
8. Etlik Zübeyde Hanım Education and Research Hospital (Etlik Maternity Hospital)
9. Gazi Mustafa Kemal State Hospital
10. Ulus (Rüzgarlı) State Hospital
11. Ankara (Altındağ) Physical Medicine and Rehabilitation Education and Research Hospital

12. Ulucanlar Ophthalmic Education and Research Hospital
13. Dışkapı Children's Education and Research Hospital
14. Etlik İhtisas Hospital (located in the same land with Etlik City Hospital)

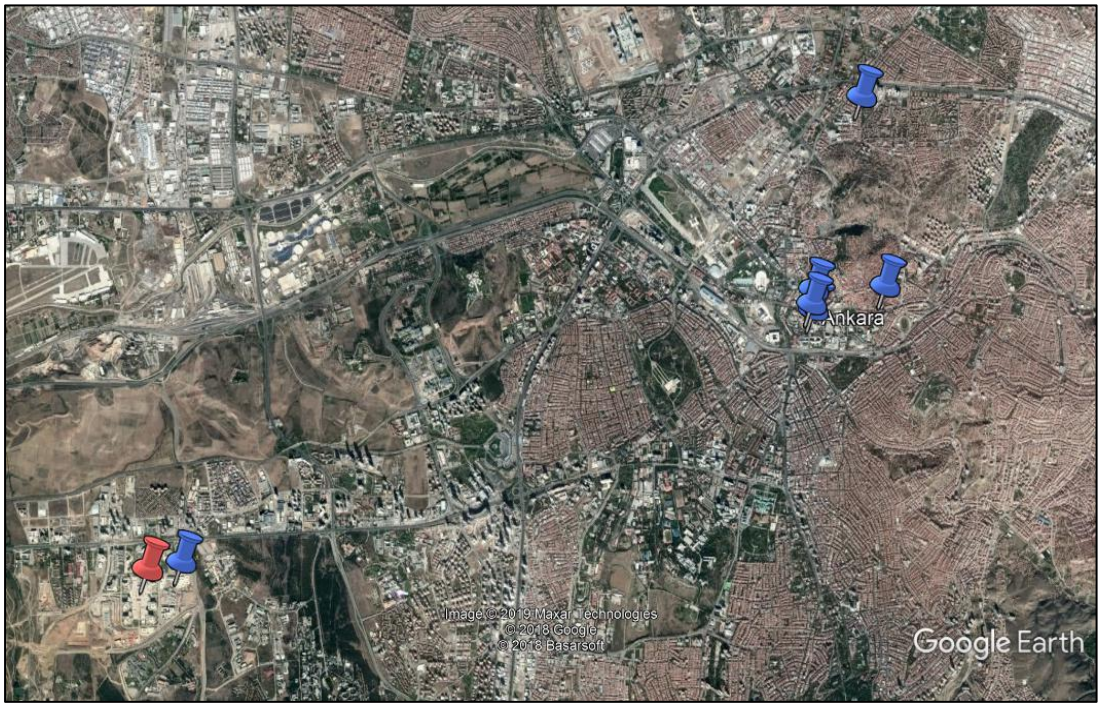

Figure 5.26 Locations of Bilkent City Hospital and Closed Public Hospitals in Ankara (Source: Google Earth)

As it could be observed, there is a dispute in the closure of public hospitals in Ankara. However, as the writing process of this thesis continues, some of the closures of public hospitals have been realized, since Ankara Bilkent City Hospital began to operate in March, 2019. Thus, it would be better to start discussing the case of Bilkent City Hospital's effects on the closure of public hospitals from a spatial perspective. As it could be observed from Figure 5.26, from a spatial perspective, public hospitals that are planned to be closed and transferred (some of them has already been transferred) to Bilkent City Hospital are located to be in the city center of Ankara. As it could be inferred from the map, the air distance between them and the Bilkent City Hospital is quite high. For instance, while Dışkapı Children's Education and Research Hospital which has been marked with blue at the top of the map and Bilkent City Hospital is over 10 kms, the same air distance between Ankara Numune Education and Research Hospital, which was actually located at the heart of Ankara and Bilkent City Hospital is around 9 kms.

Figure 5.27 Locations of Etlik City Hospital and Closed Public Hospitals in Ankara (Source: Google Earth)

From a spatial point of view, the same argumentation could be made for the closure of public hospitals in Ankara for the sake of Etlik City Hospital as well. As it could be observed from Figure 5.27, there have been 8 public hospitals marked with blue. Most of these hospitals are observably located in the city center, and they have been planned to be transferred to Etlik City Hospital when it becomes ready for operation. However, as it can be seen, even though the air distances between public hospitals and Etlik City Hospital are not high like in the case of Bilkent City Hospital, it should also be taken into consideration that most of these hospitals that are shown in the map are quite long-established hospitals and serve for almost all the inhabitants in Ankara due to the fact that they are easy to access with public transportation.

5.3.1. Spatial Significance of the Closed Public Hospitals

After this sort of attempt that tries to visualize the public hospitals subjected to closure and the 2 city hospitals in Ankara, the importance of the public hospitals that were closed down in terms of area for the city of Ankara can now be discussed. At that point, the question of where exactly are these public hospitals located should be

asked. For the most cases, this place can be named as the area of Sıhhiye[5]. According to Kılınç (2017: 119-156), Sıhhiye became a significant public space as the pioneer public health projects, where it has been designed with respect to the ideals of nation state and newly founded Turkish Republic as well. Therefore, the matter of health became a significant element in making society fully healthy with respect to these ideals, too. For these reasons, in the early republican period of Turkey, there were a lot of health facilities that are located in Sıhhiye, which are also close to other significant and central places of Ankara, such as Kızılay and Ulus. In other words:

> The republican revolution of Turkey has desired to create a new society which has gotten rid of the "unhealthy" ties of the past, whose face is directed to the future and western ideals and is composed of "health" and equal individuals. Besides, the collective modern life that New Turkey's "healthy" individuals will produce is going to be invigorated with a "model" city which is organized with a "healthy" spatial organization. Therefore, Ankara has been designed as a capital city that poses the ideology of the newly founded state, together with the public buildings and "healthy" public spaces (Kılınç, 2017: 124).

As it can be inferred from the above mentioned historical perspective, Sıhhiye and its circle represent significant places for the city of Ankara in terms of provision of health services. For instance, if one turns to look at which public hospitals (closed and planned to be closed) are located in this area, Ankara Numune Education and Research Hospital, Yüksek İhtisas Education and Research Hospital and Ankara (Altındağ) Physical Medicine and Rehabilitation Education and Research Hospital come up, and they have been located in the historical area of health, Sıhhiye. Furthermore, if the circle is extended a little bit more, the public hospitals; namely, Zekai Tahir Burak Education and Research Hospital, Dışkapı Children's Education and Research Hospital, Ulucanlar Ophthalmic Education and Research Hospital, Ulus (Rüzgarlı) State Hospital, Sami Ulus Education and Research (Maternity and Children's) Hospital and Dışkapı Yıldırım Beyazıt Education and Research Hospital are located in the near circle of the area of Sıhhiye as well.

[5] The word of "sıhhiye" is derived from the word of "sıhhat" which can be translated as "health". Besides, according to Dictionary of Turkish Language Association, "sıhhiye" means the aggregation of all health services.

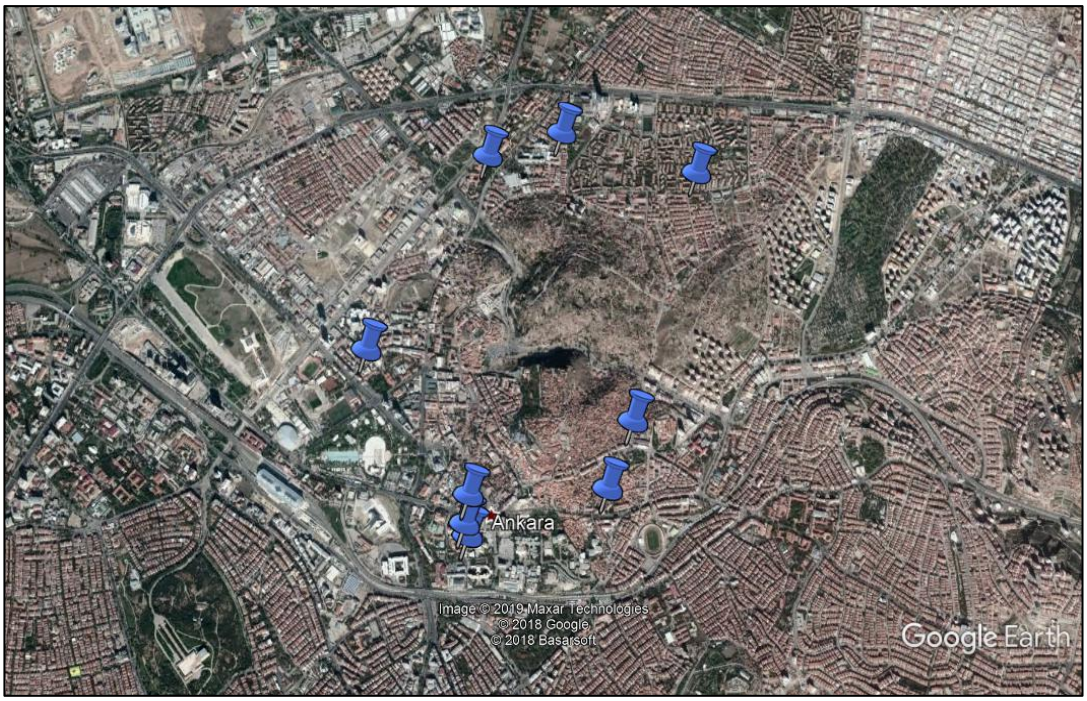

Figure 5.28 Locations of Public Hospitals Subjected to Closure in the City Center of Ankara (Source: Google Earth)

As the narrowed scale Figure 5.28 demonstrates, there can be spoken of about 9 public hospitals in the city center that are going to be shut down and transferred into the city hospitals of Bilkent and Etlik in Ankara. However, only with their locations, the issue of closure of public hospitals actually does not actually tell the whole story. Henceforth, in order to signify the places of these public hospitals, the significance of the 9 public hospitals for the areas they have been located in should also be taken into consideration. In other words, it should be said such words about the dynamics of the local economy and the usage of space regarding these areas.

Therefore, it will not have been wrong to start with an argumentation, for instance, that these are the hospitals which keep alive the areas they have been located in. In other words, if the hospitals in these areas are to be removed, urban decline in those areas is going to occur dramatically. For example, even though the area of Sıhhiye and its circle have been historically designed as places for public health services, in the contemporary period of time, these areas have lost their significance and attractiveness as well. In other words, for these times, it would be observed that Sıhhiye and its nearing areas are in the processes of urban decline, where the processes of ghettoization can be seen around these areas. It could also be seen that both public and private sectors also wither away from investing in these areas. To

illustrate, while the new public buildings and private initiatives (business centers etc.) are currently being built mostly in Dumlupınar Boulevard, (commonly known as Eskişehir Road) where Bilkent City Hospital is located, and to İncek, where the Constitutional Court is moved to, the formerly city center areas of Ulus, Sıhhiye, and Hastaneler etc. became disinvested. Right at this point, it would definitely be argued that these public hospitals that are subjected to closure are the only and unique institutions that have remained as carriers for these places.

5.3.2. Insights from the ÇSED Reports of Bilkent and Etlik City Hospitals Regarding the Closures of Public Hospitals

After signifying the role of the public hospitals that are located in these areas, it would be now appropriate to touch upon official documents and demonstrate what they are saying, or how they are defending themselves on the issue of the closure of public hospitals. According to the Environmental and Social Impact Assessment Reports that have been prepared for both Bilkent and Etlik City Hospitals (2U1K Mühendislik ve Danışmanlık A.Ş., 2014a; 2014b), the issue of closure of public hospitals has been touched upon even though it has been made quite briefly. For instance, on the issue of Bilkent City Hospital, it has been declared that after the closure of public hospitals, a total number of 4,807 health personnel working in the above-mentioned public hospitals is expected to become as "backup workforces". As the report defends itself, this problem would also be another cumulative effect of the Bilkent City Hospital project as well (2U1K Mühendislik ve Danışmanlık A.Ş., 2014a: 43-44). Furthermore, even though the project of Bilkent City Hospital is defended in terms of economic development of the country, in one of the sub-sections of the report, it has been weirdly confessed that such economic impacts are expected in the areas of public hospitals that are subjected to closure when the project of Bilkent City Hospital has been completed. What is actually weird in this sub-chapter is that there have been no sayings regarding these economic impacts in terms of these being negative or positive. In other words, the reports actually seem to avoid underlining the future negative consequences of the closure of public hospitals in those significant areas (2U1K Mühendislik ve Danışmanlık A.Ş., 2014a: 243). Nevertheless, one of the most significant confessions of the Bilkent Report might be

about the closure of public hospitals by taking into account the patients and workers. According to the report:

> This project will result in the closure of state hospitals in Ankara. The exact number of closure for Bilkent City Hospital is not known yet; however, due to Bilkent and Etlik projects, the aggregate number of closure is expected to be 12. The closure of hospitals will specifically harm contracted labourers, where around 10,000 contracted labourers work in these 12 hospitals, and this number is expected to decrease by half. Besides, the closure of hospitals will also affect local businesses and hospital canteens which are located around the hospitals. Also, patients who are living near the hospitals will become obliged to make longer journeys to reach Bilkent City Hospital, and they will have to pay more costs, too (2U1K Mühendislik ve Danışmanlık A.Ş., 2014a: 246).

On the hand, if Etlik City Hospital's report is analyzed through the lenses of the closure of public hospitals, there are also such confessions similar to the Bilkent report. For example, the Etlik Report also gives the same information about contracted labourers (2U1K Mühendislik ve Danışmanlık A.Ş., 2014b: 37). Moreover, similar to the Bilkent report, in Etlik report as well, it has been declared that together with the negative consequences regarding contracted labourers, local businesses around the closed hospitals will be harmed by the processes of closure. Besides, patients who are living near the hospitals will become obliged to make longer journeys to reach Etlik City Hospital, and they will have to pay more costs as it has been previously stated for the project of Bilkent as well. However, although the report states the further possible negative consequences for local businesses and patients, it also passes the responsibility to the Ministry of Health, stating that the ministry should take action for these negative consequences (2U1K Mühendislik ve Danışmanlık A.Ş., 2014b: 187-189). In sum, the Etlik report scrumptiously confesses such negative impacts of closure by stating that:

> Together with Bilkent and Etlik projects, 13 local hospitals in Ankara will be closed. This situation means that local users of these hospitals will face a change in their access to health services. Moreover, on the issue of traffic jam, there are also several concerns regarding the Etlik project. Furthermore, new health services of the Etlik City Hospital may not be equivalent to those of the 6 to be closed hospitals' health services. This means that poor people, who are probably using these hospitals, will be negatively affected from this sort of closure of public hospitals (2U1K Mühendislik ve Danışmanlık A.Ş., 2014b: 199).

By leaning on the discussions made up to now, this thesis aspires to argue that the closure of public hospitals in Ankara will definitely harm the inner city areas, and it will further lead to stronger urban decline compared to the past. There are requirements for a space to reproduce itself, and local economy and local usage of an

urban space come first. However, in the case of inner city hospitals in Ankara, together with such withdrawal of public and private initiatives, the above mentioned places will not be able to sustain their attractiveness thanks to the closure of public hospitals because these public hospitals that are subjected to closure are the only and unique institutions that have remained as carriers for these places. In other words, these spaces actually have become spaces that cannot reproduce themselves. In sum, with this sort of dislocation of the public hospitals in the city center and disenchantment of the historical urban spaces in Ankara, this thesis argues that urban decline in the so-called urban spaces is going to be much deeper than anticipated. In other words, the situation of urban decline in Ankara, which is actually harmful mostly for the lower classes and local users, is going to deterioratetogether with the closure of the so-called public hospitals.

All in all, before starting discussions on the elaborate interviews regarding these closures, there is a need to touch upon the region shown in Figure 5.28. In this region, closed and to be closed hospitals are located around Ankara Castle, and this region can be defined as the old city center of Ankara. Moreover, it can also be stated that the so-called old city center and its surrounding region can be defined as problematic places, and they are already in decline. After the closures occur, it is obvious that these regions will face with a stronger decline than they did in the past since it basically seems that hospitals are the only and unique institutions that have remained as carriers for these places. Therefore, the issue of closure needs to be elaborately discussed from a spatial perspective concering the possible outcomes for the so-called region.

5.4. Field Research: Interviews

At the very beginning of this thesis, among many outcomes of the processes of urban transformation, there occur both winners and losers from these processes. For instance, on the cases of city wide declines, cities of Detroit and Zonguldak have been exemplified in order to demonstrate the actual outcomes of the concept of city-wide decline or urban decline. However, as it has been further continued on the same pages, this research has tried to underline neighborhood level decline, which also occurs possibly in each city where the dimensions for this sort of decline become

organized. In other words, from an economical point of view, the decrease in the volume of local businesses in a specific neighborhood might lead further decline in a particular urban scale. However, what is striking in this type of inquiry is about the role and motivation of the states or local governments when they face the reality of urban or neighborhood decline. In such cases, as Wacquant clearly demonstrates in U.S. and French cities, states in some cases abandon the spaces to their own fate when these spaces are in the processes of decline as the matter of organized state abandonment has been illustrated in Drucker's understanding previously.

For this very reason, the reality of closure of public hospitals in Ankara (and in almost all the cities that own city hospitals) has been tried to be grasped together with the notions of urban and neighborhood decline and organized state abandonment as well. However, for this research, there are actually limitations because the spatial, economic and social outcomes of the closure of public hospitals might not be so imminent. Rather, the so-called outcomes might occur later in times than is expected. Nevertheless, there also occur such observable outcomes regarding these closures, which will definitely mirror to the future consequences of the closures. Thus, in this thesis, it has been planned that such interviews with local users of these urban spaces should be realized in order to illuminate so to say the dark parts of the research. In other words, interviews with locals have been divided into two major categories; where local tradespeople; such as pharmacies and medical shops, restaurants, taxi stands etc., took the first part of the study by scrutinizing their significance in terms of the reality of local economy and dependency. Secondly, local users of the so-called urban areas; for instance, hospital workers and professionals, patients etc., have been considered for the second phase of the interviews by researching about their usage of spaces. Furthermore, the matter of social and economic classes regarding the hospital workers should also be taken into account, in which the issue of accessibility to the city hospitals is the first and foremost problem for these social classes. After this sort of brief introduction, it would be now appropriate to begin to analyze interviews regarding these issues taken into account; and after the interpretation of these interviews, this chapter is going to be concluded.

5.4.1. Pharmacists

If we continue to touch upon interviews that have been completed around the places of the closed public hospitals, the thoughts of 2 different pharmacists located in these areas have been asked for. As a disclosure again, it should also be noted that these interviews with the pharmacists were completed before the closure of the public hospitals realized. Similar to the interviews with the taxi drivers, since their ideas regarding the closure of 3 hospitals are in parallel direction, their sayings have again been combined in one glance in order not to repeat words for this section. According to the interview, it has been firstly underlined that almost all tradespeople located in this region are aware of the fact of the closure of these hospitals. However, even though they accept that their business volumes would tend to decrease in the near future, they also confine themselves by underlining İbni Sina and Hacettepe Hospitals since they are not going to be shut down. Nevertheless, they both still continue to criticize the reality of the closure of hospitals in this area and find it quite nonsense as well. When the questions regarding the future of their businesses were posed, they both expressed that it seems there's no chance for them to be moved to another place; for instance, they are also aware of the fact that rents around Bilkent City Hospital for a pharmacy shop will be significantly higher than the current rents that they pay. Nevertheless, when their area of business loses their business volume in the near future, they also predict that their current rents will also decline and with some firings on their workforce, they may be able to keep their positions in this area as well. Regarding the spatiality of the so-called region and its expected future scenario, similar to the interviews with taxi drivers, they are also hopeless about this place in terms of regaining its attractiveness. For instance, they also without any hesitation express that the city center of Ankara is not Ulus, Sıhhiye or Kızılay anymore. Rather, according to their opinions, the new center for attractiveness in Ankara could be defined as Eskişehir Road and İstanbul Road, where almost all the shopping malls, trade and business centers, public buildings, some of the universities and especially Bilkent City Hospital are located. For this very reason, it has been unwaveringly argued by both interviewers that Ankara's old city center has lost its significance and attractiveness for the people of the city when compared to the near past to the extent that they remember it.

Furthermore, the views of the same 2 pharmacies in order to see the consequences of the closure of public hospitals from their perspectives has been applied. First of all, as it has been quoted, İbni Sina Hospital is still operating around the region, and they somehow continue their business in the region. However, it has also become obvious that these closed hospitals (especially Numune Hospital) were the key institutions for their business volumes. In that sense, as both of them declared, their business volumes have almost decreased 50% due to these closures. In other words, there were previously two significant hospitals for their businesses in the region (Numune and İbni Sina), but now, there has left only one hospital close to their business places. For this very reason, according to their point of view, a significant decline has occurred both in their business volumes and the business volumes in the whole region.

Furthermore, in a parallel research conducted by the above-mentioned newspaper of Ankara Chamber of Medicine, the views of the pharmacists regarding the clousures are also touched upon. According to the so-called newspaper:

> As one of the pharmaceutical technicians declared regarding the closed hospitals, "There are no people, no patients. We do not even know what we are going to do. Our businesses decreased around 95%. The transfer of Provincial Directorate of Health to the hospitals' buildings will not affect us in a positive manner. We will see whether Oral and Dental Health Polyclinic and Ahmet Andiçen District Polyclinic will bring any mobility of patients or not" (Durak, 2019).

5.4.2. Medical Shops

On the other hand, there have been 2 more interviews with people working in a similar sector to pharmacies. These were the medical shops that were located around these three hospitals and their circle. Again, as a disclosure, it needs to be declared that these interviews were also completed before the closure of public hospitals occurred. As one of the interviews began, the responsible person for the medical shop stated that this shop was running its business from the mid 90s up to today and adds that these 3 hospitals (especially Numune Hospital) are quite significant for this place to continue its business. In other words, it has been accepted that without the patients of Numune Hospital and their relatives, this place and the businesses running in this area would become extinct. Although it has been underlined that the area that the interviewers' work places located is considered only as the place where they earn

their living expenses, this might differ for some others as well. For example, according to these interviews, it has been insistently confessed that all of the tradespeople in this area got oriented to that place. In other words, it has been accepted that this place around these hospitals is considered beyond solely earning money; rather, it has been signified that there's some sort of belonging to this place as well.

On the other hand, in these interviews, even though the model of public-private partnership and its operating processes are known, the issue of the closure of these hospitals should not have occurred. From the senses of many people, even though these hospitals are actually considered as old buildings, and that they were in need to be restored, they should nevertheless have stayed in this place because they mean a lot for the city center of Ankara. Furthermore, when the closure occurrs, it is regretfully stated that it will be impossible for the tradespeople of this area to maintain their business there. For their own accounts, it has also been accepted that moving into Bilkent City Hospital would be impossible as well due to the higher rents. For this reason, it has been declared that shutting down their shops and changing their business sector would be possible scenario. Lastly, regarding the future of this place and Ankara, it has been forthrightly voiced that there will be no future in this neighborhood together with the closure of these hospitals, especially Numune Education and Research Hospital. When the question of how one can define the current city center of Ankara was posed, it has been answered as huge shopping malls (especially Eskişehir and İstanbul Roads), where one can find in everywhere in the whole city.

After the closures of these hospitals have taken place, 2 more interviews have been completed with the same medical shops in order to evaluate the affects of the closure for them. In that regard, it could be argued that their positions also stand parallel with the pharmacists since their customers are also hospital users. Thus, they have also emphasized a significant decrease in their earning, so they have started to plan a decrease in their business capacity by firing employees. According to one of them, if their earnings would continue as like after the closures and their rents stay the same, there will actually be no alternative except to fire employees and possibly shut down the businesses.

Besides, the voices of medical shops are voiced in the above-mentioned newspaper of Ankara Chamber of Medicine as well. According to the so-called newspaper, it is stated that the local tradespeople around the region are not able to understand the removal of a rooted and historical hospital like Numune Hospital. In that regard, it is underscored that:

> A medical shop owner who worked on Talatpaşa Boulevard since 1987 because Numune Hospital was there tells that "If they asked me that Numune will go to somewhere else, I would have never thought something like this because it is a deeply-rooted hospital. If you ask to the citizens, they would not believe, too. But it has closed down anyway. And everything is over after it has gone. We are trying to support each other as tradespeople, but they cannot make money, and neither can I. Nobody can make money here. Nobody passes by this street anymore. Every day is like Sunday. We are not those people that could afford to rent places in shopping malls by paying in dollars. They are destroying small-sized tradespeople" (Durak, 2019).

Besides, the same newspaper touches upon another medical shop worker's thoughts on this issue of rents of the shops in the street. As it is underlined:

> Rents of the shops on the street change around 8-10 thousand Liras. While tradespeople were able to pay the rents when hospitals were open, they now have to pay them out of their pocket. Although some of the property owners made 1-2 thousand Liras decrease after the closures, it is still impossible for tradespeople to pay them because their business volume has quite significantly diminished. As one of the medical shop workers who has been working there for 24 years stated, "There is no meaning of this street when the hospitals are not here. This is not a street that one can hang around, but this is rather a place that serves the hospitals". Then, it is added that they could continue to earn money as long as they ccould afford the rents when hospitals were not closed even though they were affected by the economic crisis. However, their situation is now worse together with the removal of hospitals (Durak, 2019).

Then, on the issue of rents in city hospital, the same newspaper continues to apply the views of the same medical shop worker. As it is underscored:

> "There is not any appropriate place for pharmacies or medical shops. They mention about the rents to be around 50-60 thousand Liras. And what's more, the first year's rent is demanded in cash. You have to have 500-600 thousand Liras in order to enter this business. Except for 1-2 tradespeople, no one can go there from here". Then, it is added that "I went to the city hospital. It is built like a hotel, but there are not any doctors or medical equipments to fill that place. That place will have no future because the center of Ankara is here, not there. That place is remote" (Durak, 2019).

5.4.3. Taxi Drivers

3 separate interviews have been carried out with 3 taxi drivers who are working at the same taxi stand. Since they were almost sharing similar ideas regarding the closure of public hospitals in their working areas, these 3 interviews have been combined and analyzed in one glance. To begin with their working place, they work quite nearby the public hospitals that are subjected to closure. Their working place is close to Numune Education and Research Hospital, Yüksek İhtisas Education and Research Hospital and Ankara (Altındağ) Physical Medicine and Rehabilitation Education and Research Hospital. Furthermore, all these 3 taxi drivers have been working for this taxi stand for around 10-20 years and they are in their 50s. As a disclosure, it should also be noted that these interviews with taxi drivers have been completed before the closure of the public hospitals.

Figure 5.29 Abandoned Taxi Stand Next to Numune Hospital (Source: Personal Archive)

As they begin to react to the closure of above-mentioned 3 hospitals, they confess without any hesitation that with the closure of these hospitals, they will lose everything. In that regard, they define their customers as patients and patients'

relatives, so it has been argued that with the removal of patients and their relatives, their volume of business will face a significant decline. On the issue of spatial usage of these areas, they solely define their work places, where they only earn money for their living expenses, and nothing else. Moreover, some of them also argue that due to the lack of attractiveness of these places, they often avoid coming to these areas for recreational purposes. All in all, they are solely there for the motivation of earning money for to care for their and their families' needs.

Figure 5.30 Abandoned Taxi Stand in Front of Yüksek İhtisas Hospital (Source: Personal Archive)

Besides, as they surely argue, they are also aware of the model of public-private partnerships over the field of health-care system throughout the world. Interestingly, similar to the British experience on health-care system which has been handled previously, they are also informed about the model of public-private partnership and its usage in Britain's health care system. In that sense, it has been without any hesitation stated that this model in the field of health care led to bankruptcy in Britain's health care system. Nevertheless, they were quite upset with the news of

closure of these three hospitals. Furthermore, they also specifically signify the importance of Numune Education and Research Hospital for the provision of public health services in Ankara due to its location and accessibility for most of the social classes of the city. For instance, if a direct quotation is inserted right now from the interview:

> Numune Hospital is a deeply-rooted and old hospital in Ankara, and its location is very important as well. The closure of these hospitals should not have realized. Things must have occurred in a different way. For example, we are a country that is under terrorist attacks. Remember the bombing attack that occurred in Ankara Train Station. There were a lot of dead and wounded people. Do you know which hospitals those people were transferred to? Of course, Numune Hospital and its surroundings. Because Numune is very central and accessible from almost every part of the city. So, let me ask a question. How could possibly those wounded and dead people be sent to Bilkent City Hospital? It's impossible since it is so far to the city center (Interview).

To sum up, it could be argued that the taxi drivers were actually quite aware of the issue of closure of these specific 3 hospitals that are located quite close to their workplaces. However, they nonetheless avoid to talk with other tradespeople located nearby and evaluate their future for some reason. As they declared, they have been told that there will be places for their taxi stand in Bilkent City Hospital; however, they were still nervous about this situation of uncertainty since everything that might shape their future is just verbally said. On the issue of the spatial situation of these areas, they actually do not hesitate to argue that even though the places where they work are located near the public hospitals, they confess that this area is not attractive for the city itself. By signifying such examples of ghettos that can be found in the surroundings of the hospitals, they openly state that there will be no future in here if the hospitals are gone, too.

As it has been declared above, these interviews up to now have been realized before the closure of these hospitals has taken place. However, after the closures occurred, it has been clearly observed that the taxi stands in front of Numune and Yüksek İhtisas Hospitals became empty except for a couple of taxis that wait on the corner of the main streets. In that regard, there have been made some short (on the run) interviews with 2 of them. According to their own sayings, both those taxi drivers were complaining about the decline in their business volumes since it became actually obvious that the hospitals' users are the ones who use these taxis in this region.

Therefore, as they stated, these taxi stands have been abandoned and drivers in these stands have been distributed to other various taxi stands in the city. The remaining number of taxis in the region has decreased to 5-6 from a total of 30-40, which clearly signifies the negative economic impact of the closures from the perspective of taxi drivers.

In another and similar research, it is also attempted to sound the voices of local tradespeople regarding the closure of the so-called hospitals. According to the newspaper called "Hekim Postası", which is published by Ankara Chamber of Medicine, every 2 months, the matter of closed public hospitals is elaborated from the perspectives of the local tradespeople of the region. For instance, on the situation of taxi drivers as local components of the region, it is stated that:

> Yüksek İhtisas taxi stand that is in front of the hospital stays empty right now. Rather, taxi drivers are now seeking for customers in places like Kızılay and its surrounding regions. İbni Sina taxi stand which is located above the street was affected a bit less since its customers come from İbni Sina Hospital that is still there. Besides, even though Sıhhiye taxi stand is not located next to the so-called hospitals compared to other taxi stands, it is also declared that the density of people that hospitals produced was somehow beneficial for thems as well. Moreover, it is added that the density of people in the regions has dramatically decreased after the closures occurred and the street is now empty even in the day time. And at nights, it turns to be quite frightening as well. As like all tradespeople in the street, taxi drivers are also waiting for the answer of how and on what purpose the building of Yüksek İhtisas will be used (Durak, 2019).

5.4.4. Other Local Businesses

Since it is quite difficult to capture all local tradespeople around the region in different categories, other local components like hawkers, kiosks, car-park managers, restaurant and cafeterias etc. are elaborated in this sub-chapter. In order to make it, an issue of a local newspaper published by Ankara Chamber of Medicine, namely Hekim Postası, will be essentially referred. In this newspaper, some interviews with the above-mentioned local tradespeople have been realized. Thus, it would be appropriate to sound the voices of other local components regarding the closure of public hospitals. If we start with hawkers, it is stated in the newspapers as follows:

> Together with Yüksek İhtisas Hospital's removal, hawkers have also abandoned the street. One of the hawkers who sell chestnuts in winter and corn in summer has gone. So have bagel sellers… A woman who sells bath puffs and "yazma" left, too. Now, there are only a shoeshiner and a flower-seller who wait at the closed gate of the

hospital. Both of them could not even sell one item up until the time we spoke with them. The shoeshiner indicates that he has been working around the region for 20 years and says that "Thank God our businesses were good when the hospitals were here. We could earn our livings". The flower-seller also walks around the streets to sell a couple of flowers and she could not. She expresses that they can only get 10-15 Liras per day and cannot afford to pay even their bills after the hospitals are gone (Durak, 2019).

Hastaneler gitti, esnaf bitti....

Sundukları sağlık hizmeti kadar bulundukları sokağa da hareket katan Yüksek İhtisas ve Numune Eğitim ve Araştırma Hastanelerinin Bilkent'e taşınmalarının ardından esnaf çaresiz. Hastanelerin taşınmasının ardından sokaklardaki insan yoğunluğunun azalmasıyla, işler durma noktasına gelmiş. Kirayı çıkaramayan esnaf, böyle giderse dükkanları kapamaktan başka çareleri kalmayacağını söylüyorlar. 6-7 »

Figure 5.31 Headline of Ankara Chamber of Medicine's Newspaper (Hospitals Went, Tradespeople Were Over) (Source: Durak, 2019)

Furthermore, interivews maintain with kiosks in the same newspaper. As it is underscored:

A woman who works at the kiosk in front of Yüksek İhtisas Hospital reproaches in a similar manner. She indicates that their earnings decreased by half and owners started to pay the rent without even being able to earn the money to pay for that rent. Then, she makes a comparison between the current situation and the previous one. While she was brewing tea a lot and selling around 50-60 pastries until midday, now the tea she brewed was not finished yet, and she has only sold 20 pastries. While the kiosk was open until midnight when the hospital was open, now they close before 8 pm. She also adds that desolateness of the street especially in the morning is quite terrifying for them (Durak, 2019).

On the other hand, one of the car-park managers around the region expresses his ideas on the issue of the closure of so-called hospitals as well. Firstly, he begins his words by stating that they did not expect this extent of harm over their businesses. As it is declared in the newspaper:

> Customer profile of the car-park used to consist of doctors, hospital personnel etc.. This has completely changed. Except for some people who come from the court house, it seems that nobody stops by the so-called car park anymore. When the number of car entrances when the hospital was there was around 300, this number now decrased to 100 or even less. Besides, the owner of the car-park argues that they rented a car-park from the municipality, but now they are not able to pay the rent for it. If the situation continues to go like this, it is declared that there is no other alternative except to close down the car-park for them (Durak, 2019).

If we continue to touch upon some of the interviews elaborated in the so-called newspaper, it is seen that the thoughts of one tradesperson who sells meatballs in front of Numune Hospital are briefly taken a look at. According to the so-called newspaper:

> Since the meatball seller in front of Numune Hospital cannot afford daily wages of their employees, he/she had to decrease the total number of employees from 6 to 2. Just because each hospital creates a relationship with businesses located near itself, İbni Sina Hospital's presence is not actually advantageous for them. Besides, the tradespeople on the street do not also believe that their situation would be better together with the coming of the Provincial Directorate of Health in the place of Numune Hospital (Durak, 2019).

Let us continue to mention other businesses whose ideas are written in the so-called newspaper. Accordingly:

> One of the tradespeople in the region indicates that "Shopping malls are built outside of the city in Europe. We, however, built them in inner cities and moved the hospitals to the outside of the city". Another tradesperson asks that "Let us assume that there are 2 options to go to the city hospital. Let us imagine that you made a road in the air, or a bridge. Even then, we would have 3 options. However, people could come here solely by walking. We have witnessed on October 10. We were here. All doctors left the hospital and moved the wounded people on the street to the hospital. They succeeded as well. They got to the wounded quite quickly. God fordbid. What if something similar happens? What would it be? If an incident occurs in Kızılay or Ulus, people can somehow come here, but how would they go there?" (Durak, 2019).

Words of a kiosk owner on the street are also referred to in the so-called newspaper. Respectively:

> A kiosk owner who works on the street says that he/she rented this place due to the presence of the hospital in the region. Then, he/she tells his experiences by saying that "I have been here for 27-28 years, and the situation we faced now is not

> something beautiful. It finished us. There is not any respondent. The state must have spoken with tradespeople in the region, and discussed if there is any dispute. But somehow they did not do this. You cannot do things with the logic of fait accompli. Many of the people in this region are hungry now. Everybody is on the stage of shutting down their businesses. I do not have any tax debt to the state. I have done all of my duties to the state up to now. But the state does not fulfill any of its duties that would benefit me" (Durak, 2019).

Then, the same kiosk owner finishes his words by self-criticizing themselves accordingly:

> "The protest of "Do Not Close My Hospital" was organized. The Chamber of Medicine acted on behalf of us. This was for our advantage. They will not suffer from the closures. But none of the tradespeople went there to support them. What happened now? They are all bleeding. If we would have stood together and used our democratic rights, maybe the situation would be different right now" (Durak, 2019).

The last interview in the so-called newspaper is realized with another tradesperson in Numune Hospital's region. If we lastly quote from a paragraph from the same newspaper, it is stated as follows:

> According to the saying of the people in the region, the closure of hospitals did not only affect the street of Numune Hospital, but it also affected other nearby regions such as Çıkrıkçılar, Denizciler, Anafarta etc. 4 restaurants and bakeries were shut down on Denizciler Street. Besides, a döner shop which moved to Numune's street is about to shut down due to the low level of business volume. A tradesperson who thinks that the primary objective is something different says that "Ulus, Samanpazarı, Denizciler, Sıhhiye, Hamamönü… All these regions are completely finished. The purpose is different anyway. The purpose is to destroy Ulus, where the Republic was constructed. All of the tradespeople are bleeding now. What a pity for us! Not only us, but there are also taxi drivers, dolmush drivers… Pedestrian traffic on the street is now over. If people stop by to ask addresses, there will be no people in the street. Anyway, our sector's financial situation is also in trouble right now. Removal of the hospital further complicated this situation for us" (Durak, 2019).

5.4.5. Doctors

For the last target group of the interviews, there have been realized 3 interviews with 3 doctors, who are currently working at Bilkent City Hospital. By using same methodology, instead of quoting their thoughts one by one, it has been attempted to combine their ideas together and underline the points they do not share together. First of all, all of them also complain about the inadequacy of the closed public hospitals in Ankara in terms of their physical conditions, similar to the other interviews. Nevertheless, they all share the idea that an alternative scenario would have been

possible instead of shutting down these hospitals as well. In that regard, in terms of the usage of lower income groups or "gureba", one of the doctors argued that:

> Especially, Numune Hospital was almost designed for the poor people. For example, while they were fulfilling their daily routine such as shopping etc., they would also stop by these hospitals, take their prescriptions and gather them from the pharmacies. And this was quite easy for them asthey didn't need to go to different places of the city. However, when we were transferred to Bilkent, I actually started to not see these people around here. I guess they find it quite hard to reach here. In a way, instead of poor patients, I guess I can partially argue that Bilkent City Hospital is actually used by elite patients, who can find opportunities to reach here with their private cars (Interview).

On the issue of spatial significance of the closed public hospitals' region, it has been confessed by one of the doctors that some type of belonging to these places actually occurred. In other words, by using Bourdieu's perspective, it can without any doubt be argued that these are not only the places where the users produce their economic capital, but people also contribute to their social and cultural capitals by using these spaces. According to the words said by one of the doctors:

> For me actually, I feel myself quite connected to Numune Hospital and its region, too. Yes, I worked there around 4 years, and this was where I earned my money. However, even in my off days, I was sometimes going there for social and academic purposes. So, Numune is not solely the place where I madee money, it actually means more than this to me. But, I can't say the same thing for Bilkent. For instance, maybe this will be more explanatory, I've never come here on my off days for the same purposes I went to Numune. This place really makes me nervous and tired (Interview).

From the perspectives of the doctors, the situation in Bilkent City Hospital seems really catastrophic in terms of their predictions about the future. For instance, in the lights of the words said by an assistant doctor:

> Our doctors are also quite unhappy to work here. Right after we were transferred here, we heard that some doctors who did not prefer to work in Bilkent quitted their job here and went to private hospitals. Besides, some of them opened their own clinics. Furthermore, the remaineing ones are also searching for ways to leavethis place because they are not actually happy in terms of the financial situation. For example, their income from circulating capital has dramatically decreased. In sum, I don't think the future of the health-care system of our country is going well. If doctors continue acting like this, this will lead to serious problems (Interview).

The last thing that can be added to the discussion of the future of these places, as it has been declared in the interviews, the future of Numune Hospital and other closed ones is actually blurry. For instance, as the withdrawal of the public sector from

these places took place, it has been confessed that there will actually be no future for the so-called places. Again in one of the doctors' own words:

> For my own account, I don't find Numune's and other hospitals' closures appropriate. The state should not act in this way. For example, Numune has been shut down and turned into a public health center. There are no medical works taking place there now, and almost nobody enters into the building. This makes me sad actually when I think about Numune and its tradition. On the other hand, Numune was not only well known by the people of Ankara, but it was also preferred by outsiders, especially people from Çorum, Kırıkkale, Çankırı and so forth. Everybody knows Numune. For example, in Numune, the preparation time for a surgery was about 3-4 hours. But in here, it almost takes 1 week. Where are the outsiders going to stay? How much does it take for them to stay for 1 week in a hotel? This is really serious I think, but nobody speaks about this (Interview).

5.4.6. Nurses

For this target group, 3 interviews have been done with 3 nurses currently working in Bilkent City Hospital. All the nurses were working in Numune Education and Research Hospital before it was subjected to shut down. According to these interviews, even though they sometimes differ from each other in opinion, the bottom line of their arguments could be evaluated as parallel to each other. To illustrate, they all begin to say their words by emphasizing the inadequacy of Numune Hospital in terms of its physical condition, bed capacity of rooms and comfort, too. In other words, they actually find Numune Hospital quite old and according to their thoughts, it had to be renovated. However, although they somehow criticize Numune Hospital with respect to the physical issues, they actually stand against the issue of being transferred to Bilkent City Hospital. Right at this point, they look at the issue from two different perspectives.

First of all, two of the nurses are currently living not far away from their former workplace, which was Numune Hospital. However, after the relocation of Numune Hospital realized, they both had to take 3 different buses to reach Bilkent City Hospital. According to one of the nurses' words:

> I am living in Keçiören, and my house is around 15 minutes away from Numune with a bus. I was just hopping on a bus and could reach Numune. Sometimes I fell asleep, then I took a taxi in order not to be late to my work. And it was cheap, I, as a nurse, could even afford it. Can you predict how much money does it take to go to Bilkent City Hospital from my house with a taxi? I don't even dare to try it. Now, with public transportation, I have to take 3 different buses. For example, today, I arrived here around 7:40 a.m. and the duration of my journey was around 1 hour and 35 minutes. That's too much! (Interview).

As the direct quotation from an interviewee explains, the issue of accessibility to Bilkent City Hospital from the perspective of hospital workers is quite problematic. On the other hand, by another nurse, there has been made a different inquiry from the perspectives of the patients. For instance, it has been exemplified that Numune Hospital had its origins in the year of 1881, and its former name was Gureba[6] Hospital. Therefore, it has been declared by the nurse that most of our patients were coming from lower income classes, such as from Mamak etc. From their point of view, whenever patients come to Bilkent City Hospital, it is observable that they always complained about coming to there as it requires quite a long journey with public transformation compared to Numune Hospital. Furthermore, on the issue of recreational facilities located in Bilkent City Hospital, it can be observed that there stands a variety of chain shops ranging from different sectors such as restaurants, cafes etc. However, on the usage of these facilities, one of the nurses quite strikingly argues that:

> Even a Starbucks branch was opened here. Okay, it seems great, but I can't afford to pay 10 Liras for just a cup of coffee every day. In Numune, we could go to cheaper cafes with friends as they were available there. Now, in here, we rather make teas and coffees on our own at our workplace. Even in our breaks, we become somehow unable to socialize among ourselves by going out. You see it right? Everything is so expensive here (Interview).

The last issue that could be underlined is about the future of Numune and its region as well. Two of three of the interviewees actually find their former workplace, Numune Hospital and its region, quite important for the city of Ankara. Since they become subjected to leave their former workplaces, they barely find opportunities to visit these places. On the usage of space, it has been accepted by them that they literally have some sort of sense of belonging to these places. In other words, when the question of what will be the future of these places has been asked, even though they were not able to provide definite answers, they are actually worried about the future of Numune Hospital's building and its surrounding region. To put it differently, as the interviews provide these insights, it has been widely accepted that public hospitals that were formerly operating in this region, especially Numune Hospital, were the places which actually helped the economical and social development of the area.

[6] The word "Gureba" is the plural of form of "Garip", which could be translated to English as the poor, orphan or the foreigner etc. who are in a needy situation.

5.4.7. Hospital Officers

Another target group of this research can be named as officers who are running bureaucratic works of Bilkent City Hospital. In that regard, there have been realized 2 interviews with 2 officers who were formerly working in the so-called closed hospitals. As the interviews began, the fact of inadequacy of the closed hospitals in terms of physical issues similar to nurses' words has been given; however, as they argued, the solution was not about closing these hospitals. As one of the officers declared:

> Bilkent City Hospital is actually not a patient/worker oriented hospital. First of all, it has begun to operate before the construction was fully completed. The understanding of "kervan yolda düzülür"[7] was applied. Later on, when some months passed after its opening, nothing actually fell into its place. There are still lots of problems. Besides, very important hospitals for Ankara have been transferred here. However, in a way, I don't actually know whether it would be appropriate to say or not; but Bilkent City Hospital couldn't even reach to Numune Hospital's standards in terms of quality. I sometimes observe the patients and I can say that if a patient comes here the first time, his/her choice of hospital is not this one again. Instead, the patient chooses other public hospitals in Ankara, or if they have money, they go to private hospitals (Interview).

Similar to the thoughts of the nurses illustrated above, both interviewees who are public officers in Bilkent City Hospital are sharing almost the same ideas regarding the importance of public hospitals, especially Numune Hospital in terms of their accessibility by lower income groups. On the other hand, one of the officers actually makes a striking observation regarding the doctors who are working at Bilkent City Hospital. As it has been stated in the interview, many of the doctors who were formerly working at these closed hospitals are not actually happy to work in the city hospital; therefore, it has been observed that some of them resigned from their positions and started working at private hospitals, where they find working conditions better. Furthermore, as it has been declared by one of the officers again, even the first head doctor of Bilkent City Hospital could not bear and resigned from the duty due to the ongoing chaos in the city hospital.

Lastly, as one of the officers in Bilkent City Hospital strikingly declared, if there would be an opportunity to work again in Numune Hospital, most of the health

[7] This phrase is an expression in Turkish, meaning that "to begin something before the remained works are not completely finished".

personnel in Bilkent City Hospital would definitely turn back to their former workplaces. As one of the officers puts it:

> When I was first appointed to Numune Hospital, I cried my heart out due to the workload of the hospital which I've never faced with before. Nonetheless, I could find opportunities to hang out with my colleaguesto drink coffee. My relationship with my colleagues is so good and we are still working together in Bilkent. But, in here, we can barely find the chance to hang out because of the workload. Now, when I look back, I definitely regret that I complained a lot about Numune. If I was given a chance to choose between Numune or Bilkent, I would definitely chose Numune without any hesitation (Interview).

5.4.8. Cleaning Workers

In one of the national newspapers, Evrensel, 4 interviews with 4 different cleaning workers in Yüksek İhtisas Hospital have been realized. According to the interviews published in the so-called newspaper, those cleaning workers complain about the closure of Yüksek İhtisas Hospital for the sake of Bilkent City Hospital. According to the so-called newspaper, nearly 300 workers currently work there, and they have been told that they will not work in Bilkent City Hospital. Thus, forms regarding their preference for future workplaces were distributed to them, and they were expected to make 3 choices among education and research hospitals, oral and dental care hospitals and state hospitals. On this issue, if we quote from the so-called newspaper:

> A woman cleaning worker that we have talked with first said that she had been working in Yüksek İhtisas Hospital for years and in the situation of going elsewhere, she would have serious troubles in terms of transportation. She thinks that those forms are claptrap and added that "They will probably distribute us to state hospitals in the districts. Hospitals in the choice lists cannot afford that number of people. But they never think about how we are going to go to these hospitals in the districts. First of all, I wanted to work in a state hospital in Çubuk, but afterwards, I learned that there are 3 shifts in work. I have a daughter, what is she going to do all alone until midnight? Therefore, I renounced" (Vurdu, 2018b).

Another woman worker who shares her ideas in the so-called newspaper expressed that she lives in Sincan and does not want to go to the state hospitals in other districts. In her own words:

> I could say even Bilkent might be okay for me, but how am I supposed to go to the districts? What will the people who cannot afford to go to the districts do? We are earning 2 thousand Liras every month, how can I go to the districts and come back

> with that money? I also have a 2-year-old child. I cannot work in shifts because of my child (Vurdu, 2018b).

Interviews continue with another woman worker. According to the passage:

> City hospitals are defined as a unnecessary burden for the public by another woman cleaning worker and she added that "Who needs city hospitals actually? It is a loss both for the state and the people. I do not like gaudiness, it is not true. Besides, our everyday lives will be deranged. This is a deep-rooted hospital which has served for many years. Who needs city hospitals?" (Vurdu, 2018b).

Lastly, if we quote another woman cleaning worker's thoughts regarding the closure of Yüksek İhtisas Hospital, it is stated that:

> A woman worker who has been working in Yüksek İhtisas Hospital for 13 years indicated that she wanted to work in more comfortable workplaces. The so-called woman worker, who lives in Keçiören, states that she does not want to work in another place. She argued that "It is obvious that our preferances will not be realized. How will we transported if we are appointed to the districts? We have children, we have husbands. Our family integrity would be disrupted (Vurdu, 2018b).

5.4.9. Patients

In the target group of patients, it has been pointed out to demonstrate the views of the patients who stand as the one most affected by the transformation that has been implemented for the sake of city hospitals throughout the whole country. In that respect, the answers related to problematic points from the point of patients have been traced to figure out such matters as public transportation to city hospitals, quality of treatments, spatiality of city hospitals, awareness regarding the transformation processes, social and economic decline in the areas where hospitals were closed and lastly the burden they became obliged to carry. For this very reason, there has been realized a total of 5 interviews with the patients in Bilkent City Hospital coming from different parts of the city. As a methodology to be used, it has been noticed that the answers coming from patients regarding the matters stated above irrefutably depended on their housing locations. Henceforth, in the evaluation of their answers the places that they are settled have been taken into consideration. However, on the other hand, all of the interviewees openly declared that they were willing to stay anonymous, whose reasons have also been pointed out in the conclusion chapter of this thesis as a significant limitation for this research to be conducted. Nevertheless, after this sort of brief introduction to the interviews with

patients, it can now be turned into to evaluate and discuss the views of the patients of Bilkent City Hospital.

First of all, it can be started with 2 male patients, who are aged as 40 and 58, respectively. They are both settled in the district of Mamak, but they are living in different neighbourhoods; namely, Abidinpaşa and Hüseyingazi. On the issues of spatiality of the city hospital and accessibility to it with public transportation, both of the two interviewees have parallel ideas. In that regard, it has been undoubtedly accepted that closed public hospitals (especially Numune Hospital) was located in one of the most accessible places in the city of Ankara, where they were previously reaching to it after a brief public-bus ride. Thus, they both underlined the significance of the location of the closed public hospitals (especially Numune Hospital) regarding their housing positions. As one of the interviewees declared:

> These hospitals are in the most accessible locations of Ankara. You can go there by one bus or dolmush. And they are something like the center of city. Just between Ulus and Kızılay. Pretty central. As I said, I live in Mamak. I was able to go to Numune by only one bus. That's why I have been choosing these hospitals. (Interview)

On the other hand, regarding the questions over the local economy of the region, even though they both defined themselves as coming from lower income groups and were not able to use services located near the hospitals (i.e. taxi, restaurants etc.) due to the prices that they mostly could not afford, it has been accepted that the services located close to the hospitals were definitely designated for the needs of hospital users, and they were quite interdependent on each other. Nevertheless, on the issue of pharmacies, they both actually suffer from the new situation that they have faced compared to the former one. In the words of the other interviewee:

> My financial situation is not that good. Thus, I am not used to take taxi or eat in these restaurants. But pharmacies are so important. I used to take my medicines right after doctors write prescription. But of course there were a lot of people who used other facilities. Those are mostly the patients or their relatives (Interview).

After briefly touching upon the spatial dynamics and accessibility issues regarding a comparison among Bilkent City Hospital and closed public hospitals, they both also stated the inadequateness of the closed public hospitals as well. In that regard, according to their ideas, most people of the city of Ankara would accept the fact that these hospitals were actually in need to be cared well. In other words, due to the situation of old buildings, it has been argued that they were in quite a neglected

situation in terms of physical conditions. Nevertheless, even though they have been transferred to the Bilkent City Hospital, they were quite in an indecisive situation.Thus, they were not, so to speak, sure about the positive outcomes of these closures. In other words, it has been confessed that these hospitals should not have been closed; rather, they should have been renovated and developed in terms of their physical conditions and service provisions. Therefore, it can be inferred from these sayings that the burden that patients became obliged to carry has actually increased together with these closures.

Furthermore, on the issues of awareness regarding the transformation processes and Bilkent City Hospital's features, it has been unfortunately declared that the model of public-private partnership regarding the health transformation processes is rarely known. In other words, even though it has been heard by such instruments of public opinion like the mega projects of airports, bridges etc., the relationality between the production of city hospitals and the model of public-private partnership is not grasped well. Nonetheless, although Bilkent City Hospital is quite newly built and a modern hospital, patients were also complaining about some of the challenges that they have faced there. Some challenges include but are not limited to distances between medical units and high prices in restaurants. In that regard, they were nonetheless able to make a comparison between the closed public hospitals and Bilkent City Hospital by signifying such challenges; for example, hardship to access Bilkent via public transportation, high prices in service sectors and problems that they have faced regarding medical needs due to the enormous structure of Bilkent City Hospital.

Lastly, on the issue of decline, they also provide some insight regarding the negative consequences of the closure of public hospitals to the region as well. According to their thoughts, this region became quite empty in terms of people passing by due to these closures. As one of the patients stated:

> If you move Numune from there, this region will have no future. I sometimes walk around there and go to Hacı Bayram; but now, I am very sad because the region is empty now. Numune was there for many years and seeing its dislocation makes me really sad. I think state made a mistake by closing these hospitals. What else did remain in this region after the hospitals? (Interview)

After combining the thoughts of those 2 interviewees with respect to their housing locations, it can now be turned into to touch upon another interview with a male

patient of Bilkent City Hospital, who is 34 years old and residing in Altındağ District's Kale Neighbourhood (publicly known as Ulucanlar). As the interview begins over the issue of closed public hospitals such as Numune, Yüksek İhtisas Hospitals etc., it has been unambiguously accepted that these were the names of the hospitals which firstly spring to mind when an inhabitant of the city of Ankara prepares himself/herself to go to a hospital. The interviewee expressed that he has been residing in this region since his birth (where he was formerly living in a *gecekondu* and after urban transformation projects, they have moved into apartments) and for him, these hospitals were located in a walking distance of 15-20 minutes. As his own words:

> I was born and raised in this region. Numune, Yüksek İhtisas etc. are the ones that pop into my mind when someone speaks of hospitals. These were the biggest and most important hospitals in Ankara. Besides, they were also accessible. I live in Ulucanlar and it takes around 15-20 minutes to reach there. That's why I was choosing them (Interview).

Furthermore, in his account, the region of hospitals could not solely be defined as hospitals' region for him, but rather, it can be perceived as spaces where he produces economical, social and cultural capitals as well. As he continues, because he was born and raised in the so-called region, he has constructed lots of social relationships with the people of this region, especially with the tradespeople who were running their businesses completely dependent on the patients of the hospitals as well. Now, he has been observing a significant decline in their business volumes and also underlined that some of them started thinking to leave their businesses or some of them has already left. In his words:

> The tradespeople in this region are over now. There are no jobs, no people, no customers. I had a friend who was running its business in there. Now, he had to shut down his shop. He had to move to another place. That is to say, all tradespeople in the region were dependent on the patients. It is impossible for them to conduct their businesses without patients and hospitals (Interview).

On the issue of the physical condition of the closed hospitals' buildings and the service provision that has been occurring inside of the hospitals, the situation has been elaborated in the same way as the previous 2 interviewees have done. For instance, when speaking about the condition of especially Numune Hospital, the oldness of the building and inadequateness of the services that have been conducting in the hospital have been underlined. In that regard, the interviewee signified the crowdedness as the major problem in Numune Hospital and the number of doctors

and hospital personnel was not adequate to carry on these services due to the crowd. However, when the issue of transferring these hospitals to Bilkent City Hospital came to the ground, he also does not find this issue of transfer as the most proper way to develop the health services in the country. As he declares:

> We should accept that the buildings were very old. I say it for Numune, but the others were also old. And they were so crowded due to the smallness of the buildings. Of course there were various problems, but we were able to gather medical needs. We were somehow doing it. For me, the solution should not be their closures. They could be renovated (Interview).

To illustrate, on the issue of awareness regarding the processes of transformation led by public-private partnerships, he seems actually aware about what is going on in the field of health care in Turkey and criticizes the so-called model by underlining the issue of risk-sharing among public and private sectors stating that the public sector is making a loss in these processes for the sake of the private companies. In his own words:

> I heard lots of thing about public-private partnerships thanks to the media. As it is represented, the private sector does the job and then it becomes the property of the public. How can it be possible? Why does the private sector do the job for free? State pays rents to the private sectors for years and years. They say 25 years. It is not even imaginable. Besides, the land also belongs to the state. State pays rent for his own land. How can a person be the tenant on her/his own land? Our state somehow becomes! (Interview).

In evaluating Bilkent City Hospital through comparing it with the closed public hospitals, it has been undoubtedly confessed that citizens of Ankara have been obliged to come to Bilkent with the so-called closure of these hospitals. For instance, as it has been argued, it is impossible for the people (especially lower income groups) to choose other private hospitals instead of the city hospital. Thus, even though Bilkent City Hospital is spatially located quite far away from his house compared to Numune Hospital etc., there is no another alternative for him to go to another hospital except Bilkent City Hospital. Like we have observed in other interviews, even though the modernization of health-care services has been accepted as one of the positive outcomes of these processes, the main critique has been put on the issue of accessibility to the city hospital via public transportation and the closure of "walking distance" hospitals of the city of Ankara. As he openly states:

> This is really ridiculous! Many people suffer from this situation. But, how could they bring those people to Bilkent unless they close hospitals? So, this is an inevitable consequence, but still nonsense! In a way, we were obliged to come here. Where else

> should we go? To private hospitals? I don't have that money. I have to come here even though I suffer from the transportation (Interview).

Lastly, on the issue of decline of the region, sincere confessions regarding the region. For example, he first emphasized the issue of disinvestment to the region both coming from the public and private sectors by indicating the bad physical conditions of the buildings in the region and gecekondus that are located right in the borders of the region as well. In his account, thanks to these hospitals, the region has somehow survived socially and economically, but even this was not enough. To top it all, according to his understanding, the closure of these hospitals has been definitely devastating the future of the region both socially and economically. In his own words:

> Neither private sector nor public sector did anything for Numune and its region for many years. There are just restaurants, pharmacies etc. But the skeleton of the region was the existence of these hospitals. There are *gecekondus* right next to them. No one cares about them. They are abandoned to their own fate. To crown it all, they shut down the hospitals. God give me patience! (Interview).

After evaluating the three interviews done by patients of the Bilkent City Hospital, 2 more interviews, which have been done by a 58 years old woman and 60 years old man, will be discussed. The man and woman are husband and wife as well. They are residing in Keçiören District's Etlik Neighborhood, where there will be built another city hospital in Ankara. Starting with the issue of closure of public hospitals, in a similar account compared with other interviews, it has been accepted that these were the most rooted hospitals in Ankara, and they were the ones which firstly spring to mind when an inhabitant of the city of Ankara prepares himself/herself to go to hospital. Furthermore, it has been added that due to their central locations, these were mostly serving to almost all of the people of the city of Ankara as well. In the words of one of them:

> For us, Numune and Yüksek İhtisas were the ones that pop into our minds when we think of going to hospitals because they were both rooted hospitals and they served to this city for many years. Besides, they were in the central locations and accessible. We could go there by single bus from Keçiören. But in the previous days, I stopped by in this region and I saw that the situation is terrible. It is like a "ghost town". It seems like whole region discharged instantly. Then I understood that the hospitals were keeping the region alive (Interview).

On the issues of transportation and closure of hospitals, such sincere declarations were made. For instance:

> Even though their buildings were old, there was no need to close them. This is way too much! What are the people going to do? Where is Bilkent compared to Keçiören and Mamak? Did anyone think about it? Nonsense! Ok, I admit that we did not face any struggle to reach here because we came by our private car. Believe me I didn't know how one can come here from Keçiören by public transportation. I am not saying there are not any means of transportation. There are of course. But the road and duration is way too much. I cannot even imagine taxi fares (Interview).

All in all, in concluding these 5 interviews that have been done thanks to the thoughts of Bilkent City Hospital's patients, the researcher has strived to find the answers regarding the matters of public transportation and accessibility to the city hospital, quality of treatments, spatiality of the city hospital, awareness regarding the transformation processes, urban decline in the areas where hospitals were closed and lastly the burden they became obliged to carry. Among all of these matters, it could be inferred that the closure of public hospitals in the center of Ankara for the sake of Bilkent City Hospital actually possess multidimensional consequences. For instance, in terms of Bilkent's location compared to Numune Hospital, these interviews tell us such insights regarding such hardships in accessing to Bilkent especially for the lower income groups. While one could access the closed hospitals quite easily from almost every part of the city, this situation now differs as a range of different transportation methods for many people in Ankara needs to be used. On the other hand, even though it has been widely accepted that the modernization of health-care services would be something beneficial for the society, the main concern of all those 5 interviewees has been put on the closure of these hospitals, and on the issue of urban decline, even though they could not provide such concrete insights, the general opinion would be named as pessimistic over the region's future. Even now, one of them can somehow define the region as a "dead town", which actually means something for the future of it as well.

Apart from these 5 interviews, there are some other interviews in some of the national newspapers. In these newspapers, city hospitals and the issue of transportation are elaborated from the views of the patients as well. If we briefly look into them, some interviews with the patients of Numune Hospital have been realized before it has been closed. According to the so-called newspaper:

> 2 women who come from Mamak and who are waiting for their reports told the following: "We woke up at 6:30 a.m. and left the house at 7:00 a.m. First, we came here and got in the line. Then we booked our appointment, but it seems it will take a long time. Because we cannot afford to pay for kebab, it seems that we will buy 2

> bagels and teas from the cafeteria. Doctors always demand some tests. But they also take significant time. We don't have any choice, we're getting them done. But we are not young anymore. Thankfully, we are neighbors, so we came together. Otherwise, it would be impossible for us to come alone. Our children taught us where we should take the bus. We take it and got off right in front of the hospital. We have heard that the hospital will be transferred into Bilkent. But we cannot go there. We hardly learned how to come here. Who would teach us to go there? (Cansu, 2017).

As the interviews continue, a man who lives in Tokat tells that he has been coming to Ankara for medical purposes for the last 10 years and stated that:

> "We were earning our lives through farming. When farming became not enough to sustain our lives, I had to do extra work. They cannot diagnose my wife's disease. Both of my sons went to other cities for university education. While I earn money for their education, I also try to pay the hospital fees for my wife. Thus, it is not enough for me to work day and night. A big hospital was built in Zile, but I could not find any doctor who could treat my wife. Why would we come here if we could find doctors in our city? The round-trip to Ankara costs us some money. We do not have any relatives here, so we stay in a hotel. We eat outside, and take buses. All of them are costs for us. If we do not have money or I do not work, I guess my wife will die at home. We have been coming to Ankara for 10 years, but the only places we know are AŞTİ and Numune Hospital. We did not travel in the city. If someone asks me about Ankara, I tell about Numune and AŞTİ. I do not know where Bilkent is. If this place is closed, we are busted. How would we go there? Where is Bilkent? Is it far away from AŞTİ?" (Cansu, 2017).

The last interview to quote from the same newspaper is with a man who worked as truck driver for 10 years, and then, was diagnosed with stomach cancer. In his sayings:

> "This is all because of poverty. If we were not poor, why would we work as a truck driver for 10 years? I was diagnosed with stomach cancer due to teas and cigarettes. I could not come to the doctor for years. Now, my disease advanced and I am in hospitals all the time. But, I am treated only for 5 minutes, and they always demand tests and recommend medications. We live in Sincan, but I came here so that maybe I will be better treated. They only examine me for 5 minutes as well. It seems that this is the system. This system must change. It is told that they will build a hospital which is like a hotel. Do not do that. Provide us the possibility of real treatment." (Cansu, 2017).

Here comes another newspaper that realized a number of interviews with patients in Bilkent City Hospital. However, these interviews were made in February 2019, which is one month before Bilkent City Hospital fully opened. According to the so-called newspaper:

> A 75-year-old male patient who does not want to share his name declared that they came to the city hospital from the care facility for the aged as a group for some examinations. Although he completed his examination quickly since the hospital was

not fully operational, he added that because the distances within the city hospital is quite long, they had to devote a significant time to reach a place in the complex. For example, he expressed that he had to walk 15 minutes from the cardiovascular unit to the general hospital (Solaker, 2019).

According to another interview in the same newspaper, it is mentioned that:

> Another patient who waits for a bus after completing his/her examination in the city hospital complained about the difficulties of transportation and stated that "I will first take a ring-bus to the subway station from here. Then, I will take the subway, and after that, I will take another bus to get my home. So, I have to change 3 different vehicles to reach home. I had to come here since my doctor works in Bilkent. But for the next time, I will try to take care of my health issues by going to another hospital which is close to my house" (Solaker, 2019).

Figure 5.32 Headline of a National Newspaper on the Closure of Hospitals in Ankara (Hospitals Were Closed, People Were Tired of Life) (Source: "Ankara'da hastaneler kapandı", 2019)

On the other hand, the closure of many hospitals in Ankara did not only lead people to go to Bilkent City Hospital, but it also led to some sort of chaos in the remaining hospitals. For instance, there is a newspaper report that reveals the density of patients in Ulucanlar Opthalmic Education and Research Hospital in Ankara after the closures of many hospitals took place. According to this newspaper, the thoughts of 2 patients about the situation are quoted. If we also refer to the so-called newspaper:

> Patients and their relatives told that the problems cannot be solved. One of the relatives of patients, İ.D., expressed that patients are usually composed of elders, so each patient brings his/her relatives with him/her. Then, İ.D. continues by saying that "When I came to the hospital, I saw that there were 228 patients waiting in the line for their treatment. If each patient brings one of their relatives, this number would rise to 500s. Hospital's capacity cannot afford this. In the retina unit, there are only 4 doctors. 1 doctor has to treat a total number of 57 patients. Thus, the treatment processes take quite a long time. We spend all the day in the hospital. We are also

> sad about doctors. Their situation is also really difficult" ("Ankara'da hastaneler kapandı", 2019)

The interviews continue with the view of another patient:

> S.G. who is one of the patients in Ulucanlar Hospital emphasized that there has always been a significant crowd in this branch of the hospital. Then, it is added that "When you enter the building, you cannot get out. There is no way out. Even doctors cannot reach their rooms because there are a lot of patients in the building. Even, there are some people who lost consciousness due to lack of fresh air in the building. They told that there will be built a hospital in Etlik, but it is not completed yet. A healthy person who comes here leaves the place as a sick person" ("Ankara'da hastaneler kapandı", 2019)

5.4.10. Perspective of Professional Organizations

For this sub-chapter, ideas of some of the representatives of professional organizations regarding the sector of health in Turkey are going to be elaborated. For this reason, perspectives of some professional organizations such as Turkish Medical Association (TTB), Ankara Chamber of Medicine (ATO) and Ankara Branch of Union of Health and Social Services Labourers (SES) are quite significant because these organizations are composed of people from the same occupation and their major rationale of existence is to seek public interest as well.

In that regard, an in-depth interview has been realized with one of the former chairpersons and current members of TTB, namely Senior Doctor Bayazıt İlhan. The so-called interview begins with a general introduction towards the projects of city hospitals and closure of public hospitals because of them. As İlhan indicated:

> The closure processes of almost all hospitals in Turkey were kept confidential. These were always unclear. But when the public started to hear about the closures, it was understood that these hospitals are the ones which are mostly located in the city centers. Besides, almost in each case, the total number of beds in the whole city does not increase that much although these hospitals are closed. But in Ankara, bed capacities of closed hospitals are significantly high. Thus, the state somehow tried to keep these processes blurred in order not to get negative reactions from the public. Nobody hears about what is going to be to the buildings of Numune, Yüksek İhtisas etc. This is some sort of *fait accompli*. So in a way, the patients are obliged to experience these closures without having intervened in any process of them (Interview).

Thereafter, the so-called interview continues to touch upon the significance of the centrally located hospitals in Ankara. Specifically, on Numune Hospital, İlhan makes clear observations. In his own words:

> For example, since Numune is really centrally located, many of the patients of Numune's ophthalmic branch started to come to my hospital, Ulucanlar. Those patients said that we cannot go to Bilkent, it is too far away from our houses. Thus, the burden of Ulucanlar Opthalmic Hospital has doubled. The most basic feature of a hospital is about its central location which is accessible for all parts of the city. Bilkent is not something like this. To crown it all, you are closing the existing central ones. What sort of act is this? This is really a class discussion (Interview).

Then, he adds as follows on the significance of Numune Hospital:

> Almost all hospitals that are subjected to closure are research hospitals, such as Numune, Sami Ulus, Dışkapı, Cebeci etc. Many academics were trained in these hospitals. But city hospitals do not have this feature. In some way, organizational memories of deep-rooted hospitals are destroyed. Besides, Numune deserves a particular attention. It was maybe the most important one among the 5 hospitals of the early republic. This was the most accessible one among the hospitals was well (Interview).

On the issue of spatiality of the closed hospitals, İlhan continues to make important observations. Accordingly:

> The place we called hospital is not something ordinary. It is so important for all parts of a society, especially pharmacies, other businesses, taxis etc. So, hospitals are one the living spaces of a city. Cities are shaped around the hospitals. Buses are organized accordingly. You can reach Numune even from Dikmen, Sincan, Keçiören, Mamak etc. Without taking these issues into consideration, you cannot tell people to "go elsewhere". For instance, a woman who comes for giving birth to a child must reach hospitals as easily as possible (Interview).

After that, the interview advances with the location and building of Bilkent City Hospital. In that regard, İlhan argues that:

> Access to Bilkent is so difficult. Besides, the building is so gigantic. Because it is so huge, patients are facing with difficulties in getting health services. I can say that the amount of time patients spent in the city hospital tripled the amount of time they spent in Ulucanlar. Moreover, you must take an elevator which also takes important amount of time. Then, you must walk around 500 meters on the floors and so on . On the other hand, the scheme of public-private partnerships is built up for years in UK. However, even Britain did not build that sort of gigantic hospitals. Building a hospital as huge as possible does not mean that you are doing this job correctly (Interview).

On the issue of local tradespeople and their futures, İlhan also maintains to underscore as follows:

> Due to the lack of democratic atmosphere in the country, people were actually frightened to stand against the closure of these hospitals. We have created a platform called "Do Not Close My Hospital Platform". Even tradespeople in the region did not support us. But now if you look there, their sales decreased dramatically. They would also confess that. I also observed that. For example, I heard that sales of

pharmacies declined around 50%. Taxis cannot work because less people are passing by after the closures (Interview).

Figure 5.33 A Photograph Taken during the Protest of "Do Not Close My Hospital" in front of Dışkapı Children's Hospital (Source: Durak, 2019)

Then, he continues to underline the importance of TTB in this process. Accordingly:

> TTB and other professional organizations are organized entities. We want to initiate a democratic process, where all parts of the society can speak up their voices. The main concern behind "Do Not Close My Hospital Platform" is related to this. Moreover, TTB seeks public interest as well. Therefore, we also want new and modern hospitals for the benefit of the public. However, these new ones must be easily accessible and respectful to urban fabric. Besides, old hospitals must be protected. Thus, we say that appropriate size and correct financing must be realized. In this process, TTB lead the objections of the public (Interview).

In lieu of conclusion, İlhan declares his thoughts about how things should be. Respectively:

> Understanding of qualified bed should be applied. Existing hospitals should be reshaped with respect to this understanding. However, closures are not appropriate. There are over 200-year-old hospitals in Europe. Are they demolishing them and replacing them with city hospitals? We should act in accordance with urban fabric. The intention is not that in the case of city hospitals. For example, Adana Numune, Atatürk Education and Research, Yüksek İhtisas so on and so forth are qualified hospitals. They should not have been closed down (Interview).

On the other hand, Ankara Chamber of Medicine (ATO) and Ankara Branch of Union of Health and Social Services Labourers (SES) provide such insights

regarding the spatiality of city hospital and closed hospitals. According to the Chairperson of ATO, Dr. Vedat Bulut, it is indicated that many problems will occur in terms of citizens' transportation to the city hospital and disruptions in health services together with the opening of Bilkent City Hospital. As Bulut declared by exemplifying Mamak District:

> Both public and private hospitals are built on the west and middle regions of the city. If you look at the locations of Bilkent and Etlik City Hospital, you will be aware that these are located in northwest and southwest of Ankara. However, the closest public hospital to Mamak is Ankara Education and Research Hospital, where people from Mamak cannot even reach there in 20 minutes. Ankara Education and Research Hospitals is also one of the hospitals that will be reduced in size. Thus, Mamak's health services are disrupted (Kaynak, 2018).

Thereafter, Bulut continues his words by signifying the location of the two city hospitals in Ankara. In his sayings:

> Aggregation of public hospitals to Bilkent and Etlik City Hospitals in Ankara will bring about serious problems especially in the transportation of extremely serious patients to the city hospital, which might lead to the death of these patients on the way. Besides, the average bed capacity for qualified health services is around 200-600. If the number reaches to 3,600, the administration of hospital will face serious difficulties as well (Kaynak, 2018).

As Bulut maintains on the issue of local tradespeople around the region of the closed hospitals, it is argued that:

> "There are lots of tradespeople located in the region. There are pharmacies, restaurants, cafes etc. When you close 6 hospitals and minimize 5 of them by capacity, around 200 tradespeople and 100 pharmacies are affected according to our calculations. This was not a planned act. Because city hospitals are structured as they are now, no commercial businesses, or cafeterias can be within 500 meters of them.The private company that takes the administration also plans to operate the cafeterias and commercial places inside of the city hospital. You will probably drink tea for 3 Liras, whilst you can drink it outside for 1 Lira. Perhaps you will pay 15 Liras for a lunch in the city hospital, while you were paying probably 5 Liras previously" (Kaynak, 2018).

Furthermore, the same newspaper continues to give voice to one of the administrative member of SES, Nazan Karacabey regarding the closure of hospitals. According to the so-called newspaper:

> Karacabey thinks that especially pregnant women will suffer from transportation to the city hospital. She declares that "I think that women are significantly ignored in this issue. Especially pregnant women who live in ghettos will suffer. At some point, they will have to come to city hospitals periodically to follow up on how their pregnancy process is going. When pregnancy advances, they will also have to go to hospitals weekly. Because I also worked for a district polyclinic in the periphery, I observed that pregnant women could come there on foot. But when they have to go

> far distances, they must use cars or public transportation. We must also add immigrant women to this category. This is really a huge number. These were not considered actually (Kaynak, 2018).

In another national newspaper, the thoughts of Chairperson of SES Ankara Branch, Hüsnü Yıldırım, are shared with the public. In the newspaper, it is declared that hospital workers in Yüksek İhtisas Hospital are not willingful to work in Bilkent City Hospital due to several reasons. In that regard, the newspaper states that:

> Yıldırım expressed that hospital workers are quite worried to work in Bilkent City Hospital and do not want to work there. Yıldırım explains the issue by saying that "There are currently 2,000-2,500 workers in Numune Hospital. I cannot give an exact number for them because they seek to transfer to other places and lots of workers quit their jobs. The reasons why they do not want to go to the city hospital are very clear. First of all, their income levels do not allow this. Even the round-trip to Bilkent every day is a burden in itself. Secondly, people have been working in this place for years and they have their established orders. Their houses and the schools of their children are in the so-called region, so they do not want their life to be disrupted. They are trying to transfer to the nearest possible hospital to their house" (Vurdu, 2018a).

5.5. Interpretation of the Findings

While concluding this chapter, it would be appropriate to briefly summarize the interviews up to now. First of all, target groups of the interviews have been divided into 8 groups, which are all somehow linked with hospitals. For instance, in order to signify the dependency to hospitals in terms of economic reasons, the first three target groups are named as taxi drivers, pharmacies and medical shops. Furthermore, classifications are continued by elaborating the views of hospital workers such as nurses, hospital officers and doctors. After that, as one of the most prominent target groups, patients are divided into one separate group. Lastly, alongside being a doctor, it has been applied to the view of the professional perspective of Turkish Medical Association (TTB) in order to bring an academic and professional perspective.

While beginning this case study, there have been applied 3 approaches to the cases of 9 city hospitals in Turkey; which are, a) locational positions of both the closed hospitals and city hospitals with respect to closeness to built environments and the economical impacts of the closures to the cities, b) the issue of accessibility to hospitals from the perspectives of patients and workers, c) negative outcomes of campus character of city hospitals which gathers all the externalities that hospitals

produce. In order to sustain the consistency, the same methodology will be used to elaborate the findings of the interviews.

First of all, similar to the other cases in Turkey, it is quite observable that while closed/to be closed public hospitals are located quite in the city center of Ankara, Bilkent and Etlik City Hospitals are actually located quite far away from these places. In other words, as it has been shown in the figures, closed/to be closed public hospitals in Ankara are related with the built environment of the city and even the name of Sıhhiye District comes from these hospitals as well. Therefore, this spatial significance of hospitals in this region is in need to be underlined. Furthermore, from a macro perspective, hospitals should not only be grasped with solely their buildings, but they should also be elaborated with their surroundings that carry a local economy, such as taxi stands, pharmacies, medical shops, restaurants so on and so forth. Thus, it is argued that hospitals are the unique institutions for this region that also sustain a local economy of the so-called region. However, together with the closure of these hospitals, the situation that local economic units have faced is definitely an economical decline in the region. Especially, as the insights from the interviews with taxi drivers, medical shops and pharmacies underlined, business volume of the local tradespeople has dramatically decreased due to the closure of these hospitals because they are economically dependent on those hospitals. For this reason, for the city of Ankara, the closure of these public hospitals (especially Numune and Yüksek İhtisas Hospitals) has led to significant local economic decline in the so-called region. Moreover, it is argued that together with the realization of other hospitals' closures, if it is also considered that these places are already in decline, it would not be wrong to state that the situation will continue deteriorate as well.

Secondly, the issue of accessibility to the city hospitals from the perspectives of patients and workers represents another dimension as well. Furthermore, compared to other cases of city hospitals in Turkey, a city like Ankara comes to the ground as quite problematic in terms of accessing city hospitals. First of all, as it has been elsewhere quoted, even ÇSED Reports of Bilkent and Etlik City Hospitals confessed the matter of challenges that people might suffer from accessing city hospitals due to their locations and infrastructure of public transportation. Moreover, as the interviews realized with especially hospital workers, nurses and patients, this

challenge in accessing these places is revealed as well. For instance, compared to Numune and Yüksek İhtisas Hospitals, people who are living in districts like Mamak, Altındağ etc. are suffering from the issue of accessing Bilkent City Hospital. Furthmore, thinking together with the reality of such people who are defined as lower income classes, the situation from their perspectives becomes more challenging than it was in the past.

Thirdly and lastly, as it has been aforesaid, the campus character of city hospitals actually isolates hospitals from cities, rather than integrating them. Especially, vital institutions like hospitals should definitely be integrated with the cities. With this sort of isolation, city hospitals aggregate all the externatilites that hospitals would produce. In other words, while the closed public hospitals were sharing the externalities with the surroundings (pharmacies, shops, restaurants etc.), city hospitals aggregate all these externalities in their own body. Furthermore, the isolated campus feature of them actually makes this issue happen easily as well. In the case of Ankara, this situation is already now visible and will be much more visible in the future. Comparatively thinking, while such hospitals like Numune etc. were integrated entitites with their surroundings such as pharmacies, shops etc., Bilkent City Hospital is a single, closed and isolated entity with its surroundings. In other words, it can definitely be argued that thanks to its huge campus character, Bilkent City Hospital is a huge example of totalizing externalities. In other words, in the case of Numune Hospital, while local tradespeople in the region were benefiting from the externalities that the hospital has produced, the big firms (Starbucks, as exemplified in the interviews) became winners of gathering externalities in the case of Bilkent City Hospital. Therefore, it should also not be forgotten that the isolated campus feature of Bilkent City Hospital actually makes this issue realized easily.

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Now, it can be turned to draw the conclusion for this thesis by briefly underlining what has been done up to now, what the aim in doing this was, what the strengths and limitations of this thesis are and what the possible future contributions to academic discussions would be.

CHAPTER 6

CONCLUSION

Throughout this thesis, an attempt has been made to demonstrate the dynamics located behind the neoliberal production of urban space from global to local levels. By referring to processes of globalization, it has been asserted that the urban restructuring could not be grasped without paying due attention to these global dynamics and mechanisms. On the other hand it has also been asserted that reducing these changes to direct consequences of global processesa would be a grave mistake. To overcome such a one sided explanations we proposed a dynamic approach which starts from the globally induced processes (neoliberalism, globalization, public private partnerships etc.) and continues to the local level (the case of city hospitals). For this very reason, in chapter 2 and 3, an overall image of neoliberal urban transformation processes has been discussed by focusing on various dynamics of urban restructuring. To provide an orientation towards the urban transformation, such concepts as creative destruction and rent-gap, to discussion, global story of urban transformation has been introducted. In a similar vein, together with such policy instruments of neoliberal urbanization processes, such as public-private partnerships and organized state abandonment, it has been targeted to signify how global policy instruments actually reproduce localities throughout the world by giving some concrete cases from various countries.

Thereafter, in chapter 4 and 5, previously handled global narrative of neoliberal urbanization processes has been strived to be applied to the particularity of Turkey. In other words, especially from 2002 up to today, public-private partnership led developments, which differed in terms of each sector, were introduced. However, the main focus has been placed on the transformation of the health-care system in Turkey in relation to the model of public-private partnerships. After that, the issue of construction of city hospitals in almost all metropolitan cities in Turkey has been

elaborated deeply, and the significance of public-private partnerships in Turkey's public health care system has been underlined as well. On the other hand, it has been also shown that closures of public hospitals throughout the whole country are quite clearly related with the notion of organized state abandonment that was discussed as one of the most preliminary instruments of so-called neoliberal processes. By emphasizing the spatial positions of "closed" or "to be closed" public hospitals, it has been also argued that these closures of public hospitals (located mostly in inner cities) had (and will have) such negative consequences in those regions, as it has been related with the discussion of urban and neighborhood decline. Rather than abandoning already declined spaces, it has been defended that these places are in need to be considered as "commons" and need to be conserved to the extent that they possess their use-value. In order to show the spatial significance of these places, variety of interviews with people ranging from local tradespeople coming from different business sectors to hospital workers such as doctors, officials, and nurses have been carried out. Furthermore, some of the local and national newspapers, opinions of professional organizations and so on are directly cited in order to sound the voices of users of these so-called spaces. By supported by the findings of these interviews, it is argued that from the perspectives of local economy and the usage of space, these places in inner cities should be defended as "commons" instead of being subjected to the processes of organized state abandonment for the sake of city hospitals motivated by public-private partnerships.

After this brief summary about what has been done up to now, there is a great need to underline the strengths and limitations of this thesis. For instance, as one of the most prominent limitations, the reality of city hospitals is a relatively new phenomenon in the health-care system of Turkey. Alongside with completed city hospitals, there are also more city hospitals that are under construction compared to the completed ones. Thus, at this point, it might be a little bit difficult to make a generalization about all city hospitals in Turkey regarding their present and possible future consequences. Nevertheless, as it has been elaborated in the completed cases, city hospitals' negative impacts on urban space (especially for inner city regions) seem to be in a parallel direction. On the other hand, the closure of public hospitals for the sake of city hospitals in different cities of Turkey is not a fixed phenomenon and does not occur at one and first glance. For instance, it could be observed in such

cases that were represented previously that some of the public hospitals have been shut down, but not all of the units have been transferred to city hospitals. Rather, in some of the cases, these hospitals are still continuing to operate even though their number of units has decreased. Nonetheless, this does not actually overshadow the reality of city hospitals, especially in terms of their negative consequences like decrease in local economy and in usage of space as well. For instance, in Ankara, while the closure of some public hospitals is being realized, some of them are still in their place and operating their businesses. However, as the interviews in the previous chapter demonstrated, some of the consequences of these transformations could right now be observed as well. Therefore, even though the closure of these hospitals is not fully completed, this does not really mean that one should wait for them to be fully closed in order to see all the consequences. Another limitation that this thesis faced during the process of writing can be named as the implementation of interviews. Although this does not stand as a significant limitation, it should nevertheless be stated that due to the current political environment in Turkey, people are not actually eager to answer question with their all enthusiasm since the issue of city hospitals are often being used by the current political party in power for its electoral campaigns. For instance, in most cases, the interviewees preferred to stay anonymous. Henceforth, a situation like this might lead people to become unwillingful in answering such political questions, even though they actually replied all of the questions and provided insights regarding the questions.

On the side of the strengths of this thesis and possible future contributions to the academic discussions, it should be stated that academic knowledge needs to be proactive. Up to now, it could clearly be asserted that the issue of closure of public hospitals has not been grasped in detail by academic discussions except for a limited number of works. Even though making arguments before the closure of some of the hospitals realized seems speculative, there might be no opportunity to observe all consequences after the closures of all the hospitals occur. In a way, it would be appropriate to apply to Ranciere (2004)'s account; namely, the distribution of the sensible. In his own words:

> Politics revolves around what is seen and what can be said about it, around who has the ability to see and the talent to speak, around the properties of spaces and the possibilities of time (Ranciere, 2004: 13).

All in all, for this thesis, it will therefore be helpful to distinguish “what is seen” and “what is not seen”. For instance, as Engels (1987) quite scrumptiously demonstrated what is not seen in the working class neighbourhoods in Manchester, what is not seen in the case of this thesis can be named as the closure of public hospitals throughout the whole country. Henceforth, as this thesis aspires to say, making “what is not seen” visible might contribute to further academic discussions by emphasizing the reality of the closure of public hospitals.

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APPENDICES

A. APPROVAL OF METU HUMAN RESEARCH ETHICS COMMITTEE

UYGULAMALI ETİK ARAŞTIRMA MERKEZİ
APPLIED ETHICS RESEARCH CENTER

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28 Haziran 2019

Konu: Değerlendirme Sonucu

Gönderen: ODTÜ İnsan Araştırmaları Etik Kurulu (İAEK)

İlgi: İnsan Araştırmaları Etik Kurulu Başvurusu

Sayın Prof.Dr. H. Tarık ŞENGÜL

Danışmanlığını yaptığınız **Eren Can YÜCEL'in "Şehir Hastanelerine Alternatif Bir Yaklaşım: Kapanacak Hastaneler Üzerinden Ankara Kent Merkezine Bakmak"** başlıklı araştırması İnsan Araştırmaları Etik Kurulu tarafından uygun görülmüş ve **285-ODTÜ-2019** protokol numarası ile onaylanmıştır.

Saygılarımızla bilgilerinize sunarız.

Prof. Dr. Tülin GENÇÖZ
Başkan

Prof. Dr. Tolga CAN
Üye

Doç.Dr. Pınar KAYGAN
Üye

Dr. Öğr. Üyesi Ali Emre TURGUT
Üye

Dr. Öğr. Üyesi Şerife SEVİNÇ
Üye

Dr. Öğr. Üyesi Müge GÜNDÜZ
Üye

Dr. Öğr. Üyesi Süreyya Özcan KABASAKAL
Üye

B. TURKISH SUMMARY / TÜRKÇE ÖZET

Lefebvre'ye göre eğer kapitalizm 21. yüzyılı görebildiyse bunu büyük ölçüde kent mekânına inmesine ve onu yeniden üretmesine borçludur. Bir diğer deyişle, sermayenin birinci çevrimden ikinci çevrime aktarılması yani mekânın üretimi kapitalist üretim biçiminin var oluşunu devam ettirebilmesi adına vazgeçilmez bir konumdadır. Dolayısıyla kent mekânı sermaye ve ona bağlı çıkar grupları adına alınıp satılabilen, yıkılıp yeniden üretilebilen bir metadan ibarettir. Öte yandan, sermayenin kent mekânını salt işlevsel gören bu "değişim değeri" perspektifi neoliberalizm olarak adlandırılan döneme girildiğinde ise yeni bir boyut kazanmıştır. Bahsi geçen bu neoliberal kentleşme süreçlerinde iki olgu ön plana çıkmaktadır. Bunlar küreselleşme ve devletin rolü olarak adlandırılabilir. Harvey'in zaman-mekân sıkışması perspektifine göre, küreselleşme olarak adlandırılan olgu teknolojik gelişmelerle birlikte sermayenin dolaşımını ve üretim biçimlerini ciddi bir biçimde değiştirmiştir. Artık sermaye her yerdedir ve anlık olarak yer değiştirebilmektedir. Öte yandan, kapitalist kentleşme süreçlerindeki devletin rolü ise neoliberal paradigmayla beraber ciddi bir değişime uğramıştır. Devletin küçülmesi olarak adlandırılan bu değişim de neoliberalizmin geçmişe kıyasla mekânı nasıl yeniden ürettiğini ve şekillendirdiğini göstermektedir. Fakat devletin küçülmesini iddia eden bu yaklaşımlar da çeşitli eleştirilere maruz kalmışlardır.

Anlaşılacağı üzere, bahsi geçen bu neoliberal mekânsal dönüşüm süreçleri küresel bir olgudur ve kapitalist kentleşmenin kendini gösterdiği her yerde gözlemlenmektedir. Ancak bu durum küresel düzeyde kent mekânının yeniden üretim süreçlerinin biricik ve genel geçer bir reçetesini vermemektedir. Dolayısıyla, her bir mekânsal dönüşümü anlamak için o mekânın kendine has dinamiklerini göz ardı etmemek gerekmektedir. Bu noktada, ölçek tartışmasını devreye sokup mekânın üretimi hususunda küresel ve yerel arasındaki farkları ve benzerlikleri bir arada düşünmekte fayda vardır. Bu ölçek tartışması, beraberinde küresel ile yerel arasındaki en önemli işbirliği stratejilerinden birini gündeme getirmektedir. Bu strateji ise kamu-özel ortaklığı olarak adlandırılabilir. Kamu-özel ortaklığı modeli gerek tüm dünya genelinde gerek her

ülkenin kendi özelinde önemli bir yer tutmaktadır. Kent mekânı ise bu model sayesinde ciddi etkilere maruz kalmıştır.

Ancak bu tez, çeşitli küresel örnekleri ve uygulamaları göz ardı etmemekle birlikte esas vurgusunu Türkiye'de 2010'lardan sonra gündeme gelen şehir hastaneleri meselesini ele almaktadır. Kamu-özel işbirliği modeli ile hayata geçirilen şehir hastaneleri sadece yapılış biçimleri, idari dinamikleri ve finansal meseleleri ile ele alınmamalıdır. Bu modelin ve beraberinde kent mekânını yeniden üreten olgu olarak şehir hastanelerinin mekânsal bir perspektiften de ele alınması gerekmektedir. Bahsedildiği üzere, kamu-özel ortaklığı modeli ve sayesinde hayata geçirilen şehir hastaneleri de kent mekânını alınıp satılabilen bir meta olarak görmektedir. Bir diğer deyişle, burada da "değişim değeri" ön plana çıkmaktadır. Dolayısıyla, şehir hastaneleri olgusu Türkiye'nin halk sağlığı sistemini ciddi bir biçimde şekillendirmekle birlikte kent mekânına da önemli etkilerde bulunmaktadır. Burada 2 önemli mekânsal etki söz konusudur. Birincisi, şehir hastanelerinin yapıldığı kentsel alanlar dikkatli bir biçimde analiz edilmelidir. Hâlihazırda hayata geçirilen ve ihalesi tamamlanıp yer seçimleri yapılan örneklere bakıldığında şehir hastanelerinin önemli bir çoğunluğu kentsel yapılı çevreye kıyasla oldukça uzak olarak konumlandığı söylenebilir. Bu durum ulaşım başta olmak üzere birçok hususta çeşitli sorunlar doğurmaktadır. Ancak, şehir hastanelerinin yer seçimleri üzerine oldukça fazla çalışma yapılmakla beraber akademik çalışmalarda ve ulusal basında bir husus genellikle göz ardı edilmiştir. Bu husus da ikinci etkiyi oluşturmaktadır. Şehir hastanelerinin faaliyete geçmesiyle birlikte o şehirlerde çeşitli kamu hastaneleri kapanmaktadır. Mevzubahis neoliberal kentleşme süreçlerinin en önemli sonuçlarından biri olarak "kent mekânlarının içinin boşaltılması" da kamu hastanelerinin kapatılmasıyla ilişkilendirilebilir. Çünkü kapatılan ve kapatılması planlanan kamu hastanelerinin konumlandıkları yerlere bakıldığında hemen hemen hepsinin bulundukları kentlerin en merkezi ve ulaşılabilir yerlerinde oldukları görülmektedir. Dolayısıyla bu hastaneler kentlerin yapılı çevrelerini oluşturmaktadır. Ayrıca çeşitli örneklere bakıldığında, mevzubahis bölgelerin önemli bir kısmının birer gerileme alanı durumunda bulundukları ve kapatılmalarıyla kent merkezi adına durumun daha da ağırlaşacağı söylenebilir. Bu durum özellikle Ankara kentinde tüm açıklığıyla gözlemlenebilir. Özetle bu çalışmanın esas vurgusu neoliberal kentleşme

süreçlerini ve stratejilerini (özellikle kamu-özel ortaklığı) ele almakla birlikte meselenin bahsedilen 2 mekânsal boyutu üzerine olacaktır.

Bu tip bir girişin ardından bu çalışma kuramsal arka planını tartışmaya geçmektedir. Bu bağlamda neoliberal kentleşme süreçlerini tanımlayan ve açıklama kapasitesi bulunan çeşitli kavramlardan yararlanılmıştır. Bu bölüm küresel stratejilerden yerel dinamiklere uzanan bir tartışmayla başlamaktadır. Bu noktada ilk olarak "yaratıcı yıkım" kavramı ele alınmaktadır. Yaratıcı yıkım kavramının kökeni Joseph Schumpeter'e dayanmaktadır ve ilk başta iktisat disiplininin içerdiği bir kavram olarak görülmüştür. Fakat daha sonrasında kentleşme üzerine gelişen literatür de bu kavrama sıklıkla referans vermeye başlamıştır. Bunlar arasında en öne çıkanlardan biri olarak Brenner ve Theodore'un çalışması gösterilebilir. Yazarlara göre yaratıcı yıkım kavramı kent mekânının yeniden yapılandırılması süreçlerinde önemli bir yere sahiptir ve ciddi bir dönüşüme işaret eder. Bu dönüşümler mekânsal eşitsiz gelişme, yapılı çevrenin ve kent formunun yeniden şekillendirilmesi ve kent temsilinin yeniden gerçekleştirilmesi başlıkları altında toplanmıştır. Bu noktadan hareketle yazarların asıl kaygısı küresel kentsel dönüşüm stratejilerinin yerelde bir mekânı nasıl ve ne ölçüde ürettiği ve yıkıp yeniden nasıl yarattığı üzerine olmuştur. Öte yandan, neoliberal kentsel yapılanmanın bir "mekânsal sabit" ihtiyacı vardır. Harvey'in anlayışına göre sermaye sürekli bir devinim içerisindedir ve bunu ikinci çevrime aktarma gerekliliği duyar. Bu gerçekleşmezse aşırı birikim sorunu ortaya çıkar ve tarihsel örneklerde de görüldüğü gibi krizler meydana gelir. Dolayısıyla kent mekânı burada sermayenin kullanabileceği bir sabittir. Bu tip bir çıkış noktası neoliberal kentleşme süreçlerinin doğasını kısaca da olsa açıklamaya vakıftır. Ancak sorun tam da burada çıkmaktadır. Weber'e göre bir bina yapıldıktan sonra eskimeye başlar ve yenileme meselesi yeni bir sorunu beraberinde getirir. Bu noktada Smith'in "rant açığı" kavramı önem arz etmektedir. Smith'in soylulaştırma süreçlerine atıfta bulunarak ürettiği rant açığı kavramı yaratıcı yıkım süreçlerinin başat bir stratejisidir ve çoğunlukla kent merkezlerinde gerçekleşir. Burada mesele bir yapının anlık/geçerli değeri ile potansiyel/gelecekteki değeri arasında fark üzerinedir. Bu da genellikle kent merkezlerinde soylulaştırma olarak tabir edilen sonuçlar doğurur.

Rant açığı kavramı küresel bağlamda kent merkezlerindeki değişimi açıklamakla beraber Türkiye'de şehir hastanelerinin sebep olduğu kent merkezlerindeki dönüşümü açıklamakta başarılı olmayabilir. Dolayısıyla burada başka bir tartışmaya

ihtiyaç duyulmaktadır. Bu da devletin rolü alt başlığında gerçekleştirilmiştir. Bahsedildiği üzere devletin küçülmesi neoliberal paradigmanın en önemli iddialarından biridir. Ancak Jessop'a göre bu tümüyle kabul edilebilir bir argüman olamaz. Çünkü devlet hala oradadır ve çeşitli karar alma süreçlerinin hala içerisindedir. Buna ancak "ulus devletin içinin boşaltılması" denebilir ve bu da tümüyle bir geri çekilişi ifade etmez. Bu argümanı desteklemek adına 2 tip devlet müdahalesi tanımlanmıştır. Birincisi karar alma süreçlerinin merkezileşmesi olarak adlandırılabilir. Burada çeşitli örneklerle mevzubahis merkezileşme meselesi ele alınmıştır. Şehir hastaneleri meselesiyle bağı kurulacak olursa, şehir hastanelerinin karar alma süreçlerindeki önemli boyuttaki merkezileşme seviyesi gösterilebilir. İkinci olarak ise "devlet tarafından organize terk ediş" adında yeni bir kavram ileri sürülmüştür. Bu kavrama göre devlet bilinçli bir biçimde bir mekândan feragat eder ve kendi kaderine bırakır. Fakat bu terk ediş de aslında bir devlet müdahalesidir. Bir başka deyişle, hiçbir şey yapmamayı seçmek de bir karardır. Bu tartışmada bu kavram Grenfell örneği üzerinden açıklanmış olsa da ileride şehir hastaneleri dolayısıyla kapanan veya kapanacak hastanelerin bulunduğu bölgeler için de geçerli olacaktır.

Son olarak ise kent merkezlerinde yaşanan gerileme süreçleri ve bu durumun devlet müdahalesiyle olan ilişkisi kuramsal alanda tartışılmıştır. Bu gerilemeler kent genelinde veya mahalle bazında gerçekleşebilir. Bu anlamda Beauregard'dan yola çıkarak kent genelinde yaşanan gerileme meselesi ele alınmıştır (Detroit, Zonguldak vb.) ve ardından mahalle bazında yaşanan gerilemeye odaklanılmıştır. Örnek verilecek olursa, mahalle bazlı bir gerileme modeli Wacquant'ın yaklaşımında bulunabilir. Wacquant'ın ABD ve Fransa kentlerini inceleyerek yaptığı araştırmaya göre devletin bilinçli terk edişi sonucu yaşanan gerileme süreçleri çoğunlukla ırksal ve sınıfsal boyutludur. Bir diğer deyişle, bu tip bir terk etme sonucunda en çok etkilenen gruplar çalışan sınıflar ve alt gelir grupları olmaktadır. Özetle, ileride şehir hastaneleri dolayısıyla kapanan hastane örneklerinde görüleceği üzere böylesi bir mahalle bazlı gerileme meselesi Türkiye'de de çalışan sınıfları ve alt gelir gruplarını etkilemektedir.

Kuramsal tartışmanın ardından 3. Bölümde, bahsedilen neoliberal kentsel yapılanma süreçlerinin önemli bir aracı olan kamu-özel işbirliği modeli küresel bağlamda ele alınmıştır. Kamu-özel işbirliği modeli neoliberal paradigmanın en öncü

stratejilerinden biri olarak yakın tarihte kendine önemli bir yer edinmiştir. Dolayısıyla bu bölümde meselenin mekânsal boyutunu bir parça geride tutarak kamu-özel ortaklığı modelinin idari ve finansal boyutları ele alınmaktadır. Teorik olarak bu modelin gerekçesi kamu ile özel sektörler arasındaki iş yükünü bölüştürmek üzerine kurulmuştur. Ayrıca bu modelin tek bir reçetesi yoktur, çeşitli isimlerle ve yapılış biçimleriyle de karşımıza çıkabilir. Tarihsel olarak bakıldığında ise bu modelin gündeme gelişi 1980'li yıllara dayanmaktadır. Dünya Bankası, Uluslararası Para Fonu, Avrupa Birliği vb. aktörler devletlere bu modelin kullanımını çeşitli biçimlerde teşvik etmişlerdir. Thatcher-Reagan döneminden Clinton-Blair dönemine kadar altın çağlarını yaşayan bu model neredeyse tüm kapitalist ülkelerde kendi uygulamalarını yapar hale gelmiştir. Fakat bu ortaklık modeli göründüğü kadar da basit değildir. Özellikle sektörler arasındaki külfet paylaşımı meselesinde ciddi tartışmalar gündeme gelmektedir. Ayrıca bu modelin uygulanmasının ardındaki rasyonalite de sorgulanmaktadır.

Akerlof ve Romer'in yaklaşımı kamu-özel ortaklığı modelinin çekirdeğine yöneliktir. Bir diğer deyişle, Akerlof ve Romer bu modeli bir tür "talan" olarak tanımlamaktadır. Bu talan ise muhasebe işlemlerinde yapılan hileler olarak adlandırılmıştır. Yani Akerlof ve Romer'in anlayışına göre kamu-özel ortaklığı modelinin kullanımının gerekçesi kamu harcamalarının düşük gösterilmesi kaygısından ibarettir. Çünkü hükümetler sadece tutumlu davranarak varlıklarını devam ettiremez. Aksine oluşabilecek kitlesel muhalefeti engellemek için icraat yapmak yani para harcamak da zorundadır. Dolayısıyla kamu-özel ortaklığı modeli bu iki hususu dengede tutabilmek adına çok işlevsel bir model olarak ön plana çıkmaktadır. Ancak bu durum ahlaki bir sorunu da beraberinde getirmektedir. Muhasebe kayıtlarında yapılan bu stratejik hamleler bir yana bırakılacak olursa, kamu-özel ortaklığı modelinin yarattığı en problemli sonuçlardan biri yapılan sözleşmelerin uzunluğu olmuştur. Örneğin, çeşitli örneklere bakıldığında görülmektedir ki bu süreler 20-25 yılı bulabilmektedir. Özetle, Akerlof ve Romer'in yaklaşımına göre kamu-özel ortaklığı modelinin ahlaki problemleri ele alınırken meselenin siyasi ve ekonomik yönleri de göz ardı edilmemelidir.

Çal ise başka bir çıkış noktasından hareket ederek bu modele eleştirilerini yöneltmektedir. Kendisine göre en kritik mesele kamusal hizmetlerin karşısında insanların dönüştüğü pozisyon üzerinedir. Özellikle refah devleti döneminde

görüldüğü üzere kamusal hizmetler sosyal devletin en önemli veçhelerinden biri olarak en ön planda olmuştur. Bunlara çeşitli kolektif tüketim alanları ve hizmetleri örnek gösterilebilir. Örneğin sağlık hizmetlerinin sunumu bunun en önemli kanıtıdır. Fakat Çal'ın anlayışına göre eskiye kıyasla bu kamusal hizmetler ciddi ölçüde metalaştırılmıştır ve meselenin sosyallik boyutu göz ardı edilmeye başlanmıştır. Bir başka deyişle, artık refah devletinin son kalıntılarından olan kamusal hizmetler bile alınıp satılabilen birer meta haline gelmiştir ve vatandaşlık kavramı gitgide müşterilik kavramına yakınlaşmaya başlamıştır. Bu husus da özellikle sağlık alanında ciddi sorunları beraber getirmektedir. Böylesi bir kuramsal tartışmanın ardından ise kamu-özel ortaklığı modelinin küresel uygulamaları ele alınmıştır. Çeşitli olumlu ve olumsuz örnekler gösterildikten sonra kamu-özel ortaklığı ve Türkiye ilişkisi üzerine devam eden diğer bölüme geçilmektedir.

Bu çalışmanın 4. Bölümü Türkiye özelinde kamu-özel ortaklığının yerini tespit etmeye çalışmaktadır. Ayrıca Türkiye'nin sağlık sisteminin kamu-özel ortaklığı modeli sayesinde nasıl ve ne ölçüde şekillendiği de bir diğer tartışma konusudur. Tarihsel olarak bakıldığında Türkiye'nin neoliberalizm olarak adlandırılan döneme geçişi 1980'li yılların başına denk düşmektedir. 24 Ocak Kararları ve ardından gerçekleşen 12 Eylül askeri darbesi bu sürece geçişte öncü dinamikler olarak göze çarpmaktadır. Çeşitli mali, yapısal ve finansal reformlar sayesinde Türkiye bahsi geçen küresel paradigmaya ayak uydurmaya başlamıştır. 2000'li yıllara varıncaya kadar çeşitli hukuki düzenlemelerle özelleştirmelerin yolu açılmış, kamu-özel işbirliği modelinin uygulanması daha kolay hale getirilmiştir. 2000'li yıllara gelindiğinde ise durum daha ciddi bir biçimde kamu-özel ortaklığı lehine gelişmiştir. Adalet ve Kalkınma Partisi iktidarında Türkiye, bu modelin küresel anlamda da en önemli uygulayıcı ülkelerinden biri haline gelmiştir. Akkuyu Nükleer Santral Projesi, Kanal İstanbul Projesi, çeşitli hızlı tren projeleri, Kuzey Marmara Otoyolu, Marmaray, İstanbul Havalimanı gibi projelerle beraber şehir hastaneleri projeleri en önemli örnekler olarak gündeme gelmektedir. Hatta lağvedilen ve Sanayi ve Teknoloji Bakanlığına bağlanan Kalkınma Bakanlığı'nın bir verisine göre, 2017 yılına kadar Türkiye'de toplamda 217 adet kamu-özel ortaklığıyla proje tamamlanmıştır. Bunların toplam maliyeti ise 55.609.393.881 Amerikan Dolarına tekabül etmektedir. Ayrıca sağlık sektörü de bu durumdan payını ciddi bir biçimde almıştır. Aynı veriye bakıldığında 21 adet kamu-özel ortaklığıyla sağlık projesi

yapılmış ve bunların maliyeti hazineye 11.540.940.875 Amerikan Doları olarak yansımıştır. Bu da sağlık sektörünün ne ölçüde önemli bir yer tuttuğunu işaret eden bir veridir. Ayrıca, Türkiye'de sağlık sektörünün kamu-özel işbirliği modeli ile yeniden şekillendirilişi ise "Sağlıkta Dönüşüm Programı" ile gerçekleşmeye başlamıştır. İlk olarak 2003 yılında gündeme gelen bu program 2010'lara kadar Kamu Hastane Birlikleri gibi çeşitli düzenlemeler içerse de asıl önemli noktasına 2010'lardan sonra ulaşmıştır. Bu da Türkiye'nin sağlık sistemini baştan aşağıya değiştiren bir uygulama olarak şehir hastaneleriyle beraber olmuştur.

Tıpkı diğer örnekler gibi şehir hastaneleri projeleri de kamu-özel ortaklığı modelinin bir ürünüdür. Bu hususta da ortaklık meselesi olarak külfet paylaşımı ön plana çıkmaktadır. Bir başka deyişle, kamu ve özel sektörler arasındaki külfet paylaşımı meselesi çeşitli yazarlarca eleştiri almıştır. Örneğin Pala ve Tükel'in çalışmalarına atıfta bulunulduğu üzere, sağlık alanında kamu-özel ortaklığı modelinin uygulanması kamuya (özellikle 20-25 yıllık bir gelecekte) daha fazla yük bindirmekle beraber özel sektörün yükünü hafifletmekte ve karlılığını artırmaktadır. Öte yandan alışveriş merkezi benzeri yapılar sayesinde şehir hastanelerinin sağlık hizmetlerini metalaştırdığı yönündeki eleştiriler de ön plana çıkmaktadır. Son olarak her ne kadar resmi makamlarca reddediliyor olsa da, şehir hastanelerine verilen %70 doluluk garantisi meselesi de bir diğer tartışma noktasıdır. Çünkü daha önce bahsedildiği üzere Türkiye'nin çeşitli yerlerinde merkezi konumda bulunan kamu hastaneleri kapatılıp vatandaşlar şehir hastanelerine yönlendirilmezse şehir hastanelerinin bu doluluk oranını yakalayamayacağı ileri sürülmektedir. Bu hususlar ele alındıktan sonra, son olarak Türkiye'de hangi şehirlerde şehir hastanesi olduğu ve olacağı haritalandırılıp çalışmanın görgül kısmına geçilmektedir.

5. Bölüm olan saha çalışması bu tezin görgül kısmını oluşturmaktadır ve bir nevi omurgası niteliğindedir. Daha önce de belirtildiği üzere şehir hastaneleri meselesi kamuya çeşitli idari ve mali sonuçlar doğursa da tartışmanın ayrıca mekânsal bir boyutu da vardır. Çünkü şehir hastaneleri dolayısıyla tüm Türkiye genelinde birçok kamu hastanesinin kapısına kilit vurulmuştur ve vurulmaya da devam edilmektedir. Her bir şehir tek tek incelendiğinde de görüldüğü üzere kapatılan bu hastaneler bulundukları kentler açısından oldukça kritik konumdadırlar. Gerek yerel ekonomik dinamikler açısından, gerek yerel halkın kullanımı açısından, gerekse hastane personeli açısından mevzubahis köklü ve merkezi hastanelerin kapanması kentlerde

çok yönlü sonuçlar doğurmaktadır. Şehir hastaneleri dolayısıyla bahsedilen hastanelerin kapanması sonucu ortaya çıkan bu etkiler yerel bileşenler adına genellikle olumsuz olarak sonuçlanmıştır. Ancak bu boyut meselenin finansal eleştirileri kadar ön plana çıkmamıştır. Tam da bu noktada çalışmanın bu bölümü bahsedilen bu boşluğu mekânsallığın altını çizerek doldurmayı amaçlamaktadır. Şu an Türkiye'de hâlihazırda faaliyete geçmiş halde 10 adet şehir hastanesi bulunmaktadır ve çeşitli mekânsal sonuçlar şimdiden görülebilir hale gelmiştir.

Bu noktadan hareketle şehir hastanelerinin mekânsal etkilerini değerlendirme bağlamında ise 3 husus üzerinden bir değerlendirilme gerçekleştirilmiştir. Ankara hariç diğer 9 kent üzerinden yapılan bu değerlendirmelerden birincisi şehir hastanelerinin ve kapatılan hastanelerin konumlarının altını çizerek gerçekleştirilmiştir. Burada mekânsallığı gösterebilmek adına çeşitli haritalardan faydalanılmıştır. Çünkü tüm örneklerde görülebileceği üzere kapanan kamu hastanelerinin önemli bir çoğunluğu kentsel yapılı çevreye eklemlenmiş bir biçimde konumlanırken şehir hastaneleri için aynı şeyi söylemek mümkün değildir. Hatta çoğu kapanan hastane kendi bölgesini de şekillendirmiştir. Hatta bazı şehirlerde hastanelerin bulunduğu caddelerin ismi "Hastane Caddesi" olarak geçmektedir. Dolayısıyla bu hastaneler bulundukları kentler için yalnızca birer bina değildir. Aksine bulundukları yapılı çevreleri şekillendiren kurumlardır. Çeşitli örnekler incelendiğinde görülmektedir ki bu bölgeler hâlihazırda birer gerileme alanı haline gelmiştir ve bahsedilen hastanelerin kapatılmasıyla kent merkezleri adına durum daha da ağırlaşmaktadır.

Tartışılan ikinci husus ise hastaların, yakınlarının ve hastane çalışanlarının şehir hastanelerine ve kapatılan kamu hastanelerine ulaşımının irdelenmesi üzerinedir. Bu konuda özellikle yerel ve ulusal basından köşe yazıları, mülakatlar, haberler gibi kaynaklardan yararlanılarak bir değerlendirme yapılmıştır. 9 kentin tümünde gözlenebileceği üzere şehir hastanelerinin tamamı eski hastanelere kıyasla oldukça uzakta konumlanmaktadır ve bu durum şehir hastanelerine erişim açısından yerel halka ciddi problemler yaşatmaktadır. Bu argümanı desteklemek adına yerel ve ulusal basından haberlerden faydalanılarak kullanıcıların ve hastane çalışanlarının sesleri duyurulmaya çalışılmıştır. Yapılan analizin sonunda varılan sonuç da bu çalışmanın iddiasını doğrular niteliktedir. Şehir hastanelerine erişim meselesi kentlerin tüm bileşenleri adına eski hastanelere kıyasla ciddi zorluklar ortaya

çıkarmıştır. Ayrıca görülmektedir ki bu zorluklar çalışan kesimlere ve alt gelir grupları adına daha da hayatı güçleştirmektedir.

Üçüncü ve son olarak ise yerel ekonomik dinamiklerin perspektifinden şehir hastanelerinin doğurduğu sonuçlar irdelenmektedir. Şehir hastaneleri kampüs karakterleri sayesinde hastane olgusunun yarattığı tüm dışsallıkları kendi kampüsünün bünyesinde toplamaktadır. Bir başka deyişle, hastaneler bulundukları bölgelerde çeşitli dışsallıklar yaratmaktadır ve bu dışsallıklar yerel ekonomi açısından çeşitli kesimler için geçim kapısı halindedir. Bu dışsallıklardan faydalanan gruplara eczaneler, medikaller, taksi durakları, işportacılar, büfeler, lokantalar ve bunlar gibi birçok yerel esnaf örnek olarak verilebilir. Fakat şehir hastanelerinin kampüs karakteri bu durumun önüne geçmektedir. Yerel ve ulusal basından atıfta bulunulan birçok haberde görüldüğü üzere şehir hastaneleri dolayısıyla kapatılan kamu hastaneleri yerel ekonomik dinamikler adına da ciddi negatif sonuçlar doğurmuştur. 9 kent üzerine yapılan bu 3 maddelik değerlendirmeden sonra Ankara'da örneğine geçilmektedir. Çalışmanın daha sonrasında bu 3 maddelik değerlendirme Ankara kenti için de uygulanacaktır.

Ankara haricinde 9 kent üzerine yapılan bu değerlendirmeden sonra tartışma Ankara'daki 2 şehir hastanesine çevrilmiştir. Ankara'da şu an Bilkent Şehir Hastanesi faaliyete geçmiş durumdadır. Etlik Şehir Hastanesi ise yapım aşamasındadır ve Sağlık Bakanlığı verilerine göre %59'u tamamlanmıştır. Bunun yanında diğer şehirlerde de gözlemlendiği üzere Ankara'da da çeşitli kamu hastaneleri kapatılmaktadır. Kapatılması öngörülen sayı 14'tür (bunlardan bazıları gerçekleşmiştir) ve bu sayı Ankara'yı şu ana kadar bir kentte kapatılan hastane sayısının en fazla olduğu kent yapmaktadır. Bu bağlamda, Ankara'nın şehir hastaneleri tartışmasına giriş amacıyla çeşitli resmi kaynaklardan veriler sunulmuştur. Ayrıca her iki hastanenin de Çevresel ve Sosyal Etki Değerlendirme (ÇSED) Raporları ele alınmıştır. Fakat bu raporlar çok geniş kapsamlı raporlardır. Dolayısıyla bu hususta seçici davranılarak meselenin mekânsal boyutu üzerine olan ve hastane kapatma meselesini ele alan kısımlara atıfta bulunulmuştur. Bahsi geçen 3 maddelik değerlendirmeye paralel olarak bu raporlar da çeşitli itiraflar içermektedir. Örneğin şehir hastanelerinin yaratacağı trafik sıkışıklığı, yerel halkın ulaşımı meselesi, yerel ekonomik dinamiklerin göreceği zararlar gibi hususlar bu raporlarda anılmaktadır. Bir başka deyişle, hastanelerin getireceği bu olumsuz sonuçlar ÇSED

raporlarında da öngörülmektedir. Mekânsal olarak bakıldığında ise bahsi geçen 14 hastanenin önemli bir çoğunluğu kentsel yapılı çevreye eklemlenmiş halde bulunmaktadır. Hatta bunlardan 8 tanesi eski kent merkezi olarak tanımlanabilecek alanlarda ve çevrelerinde bulunmaktadır. Sıhhiye gibi ismini hastanelerden alan bir bölge de bu meseleye örnek olarak verilebilir. Ayrıca bu bölgeler Ankara kenti adına birer gerileme alanı olarak da tanımlanmaktadır. Ulus, Sıhhiye gibi bölgelere geçmişte olduğu gibi kamu yatırımı yapılmamaktadır. Kuramsal tartışmada ele alınan devlet tarafından organize terk ediş kavramı bu hususa denk düşmektedir. Bu durum beraberinde kentsel gerileme meselesini de getirmektedir. Mahalle bazında bakıldığında bu bölgelerde bahsi geçen gerileme gözlemlenebilmektedir. Dolayısıyla bu tezde, hastanelerin de bu bölgelerden çekilmesiyle Ankara kenti adına durumun çeşitli perspektiflerden daha da kötüleşeceği iddia edilmektedir.

Bu iddia ise durumdan etkilenen kişilerle yapılan derinlemesine görüşmelerle desteklenmeye çalışılmıştır. Yapılan mülakatların yanı sıra, çeşitli yerel ve ulusal basında geçen haberler taranmış ve bir çeşit etki değerlendirmesi yapılması amaçlanmıştır. Örnek verilecek olursa; eczacılar, medikal çalışanları, taksi şoförleri, doktorlar, hemşireler, hastane memurları, temizlik işçileri, hastalar ve meslek örgütlerinin görüşlerine başvurulmuştur. Diğer 9 kentte uygulanan 3 maddelik değerlendirme üzerinden yola çıkılarak Ankara kenti için de benzer bir soruşturma yapılmıştır. Mülakatların ve basından elde edilen yerel bileşenlerin görüşlerine dayanarak varılan sonucun diğer 9 kentte ele alınan değerlendirmeye paralellik gösterdiği söylenebilir. Bir başka deyişle, Ankara kentinde de şehir hastanelerinin ve kapatılan hastanelerin mekânsallığı, yerel bileşenler açısından erişilebilirlik ve yerel ekonomik dinamiklerin durumu ciddi olumsuz sonuçlar doğurmaktadır.

Sonuç kısmında ise çalışmanın karşılaştığı çeşitli sınırlamalar ve akademik bilgiye ileriye dönük potansiyel katkıları ele alınmıştır. Türkiye'de şehir hastaneleri olgusu görece yeni bir kavramdır. Dolayısıyla yarattığı tüm etkiler tamamıyla gözlemlenemeyebilir. Bu durum kapatılan hastanelerin bulundukları bölgelere ve kentlere etkileri açısından da geçerlidir. Örneğin kapatılması öngörülen hastanelerin bazıları hala faaliyete devam etmektedir. Yine de var olan durum genel bir çerçeve çizmektedir. Şehir hastaneleri olgusu mekânsal açıdan kentlerde çeşitli olumsuzluklar doğurmaktadır. Öte yandan Türkiye'deki demokratik atmosfer de böyle bir çalışmanın önünde engel teşkil etmiştir. Şehir hastaneleri meselesi ciddi bir

biçimde siyasileşmiş bir olgudur. Bu durum mülakatların yapılmasını da güçleştirmiştir. Dolayısıyla neredeyse tüm mülakatlarda kişiler anonim kalmayı yeğlemişlerdir. Bu durum da belirtilmesi gereken bir husus olarak öne çıkmaktadır. Yine de bu tezin özgün yanı saha çalışmasıdır ve alınan cevaplar sonucu ulaşılan sonuçlar bunu göstermektedir.

Son olarak çalışmanın akademik bilgiye ileriye dönük potansiyel katkıları ise kabaca görünmeyeni görünür kılma çabası şeklinde tarif edilebilir. Şehir hastaneleri meselesi ülke genelinde birçok akademik yazında, basında ve çeşitli medya organlarında ele alınmıştır. Bu tartışmaların esas kaygısı ise meselenin genellikle finansal ve idari boyutları üzerine olmuştur. Ayrıca yapılan vurgular da çoğunlukla yeni yapılan şehir hastaneleri ve binaları üzerinde gerçekleşmiştir. Ancak şehir hastaneleri dolayısıyla kapatılmak durumunda olan kamu hastanelerinin aynı ölçüde ilgiye mazhar olduğunu söylemek mümkün değildir. Dolayısıyla bu tezin akademik bilgiye katkılarından biri olarak kabaca görünmeyeni görünür kılma çabası olarak adlandırılabilir. Bir başka deyişle, burada görünür olarak belirtilen husus şehir hastanelerinin kendisiyken görünmeyen olarak tarif edilen hastanelerin kapatılması meselesidir. Çünkü kapatılmaların tümü gerçekleştikten sonra eskiye kıyasla yeni durumu değerlendirebilecek bir bilgi artık var olmayacaktır. Dolayısıyla böylesine bir çalışmanın zamanlaması da oldukça kritiktir ve bu tez tam da bu boşluğu doldurmayı amaçlamıştır.

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