

# Turkey's Response to COVID-19: A Reading from Risk Society Theory<sup>1</sup>

Zehra Zeynep Sadıkoğlu<sup>2</sup>

## Abstract

COVID-19 being an air-borne virus has greatly facilitated its global spread, and the lack of a widely accepted treatment has also made calculating its long-term effects difficult. This seems sufficient to point out that COVID-19 has features similar to the contemporary global risks emphasized by Beck (2011). In addition, the difficulty in limiting COVID-19 spatially and temporally brings along the risk perceptions regarding COVID-19 are mostly based on the information produced about them. This situation has highlighted the role of experts who produce this information as reliable mechanisms. However, expert systems today have some limitations in providing assurance. Beck (2013) underlined that state mechanisms need to show more effectiveness in this context where anxieties increase rather than being calmed.; for this, three different alternatives exist: cosmopolitan micropolitical practices, classical welfare state policies, and the presentation of welfare services to the public with a neoliberal logic. This study aims to describe Turkey's struggle against COVID-19 and demonstrate which of the three alternatives Beck emphasized apply to the policies Turkey has implemented. The case analysis method has been preferred for this purpose. The data to be analyzed have been obtained from OECD Country Policy Tracker database and Coronotracker database. Also, news articles and reports published between March 11, 2020 and January 31, 2021 are used as secondary sources.

## Keywords:

COVID-19, expert systems, cosmopolitan micropolitics, policy measures, risk society

1 This study was presented at the 2021 ASEN Conference on Nationalism and Crisis, held online from April 6-8, 2021.

2 Researcher. Dr., İstanbul Medeniyet University Health Sciences Faculty, Social Services Department, İstanbul-Türkiye, zeynep.sadikoglu@medeniyet.edu.tr, ORCID: 0000-0003-0251-6652, DOI: <https://dx.doi.org/10.51448/tde.2021.14>

**Başvuru:** 18 Şubat 2021  
**İlk Revizyon:** 4 Mart 2021  
**Son Revizyon:** 20 Mayıs 2021

**Kabul:** 30 Haziran 2021  
**OnlineFirst:** 13 Temmuz 2021

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<http://toplumsaldegisim.com/>  
2021 3(2) 86-95

# Türkiye'nin COVID-19 Mücadelesi: Risk Toplumu Teorisi Üzerine Bir İnceleme<sup>1</sup>

Zehra Zeynep Sadıkoğlu<sup>2</sup>

## Özet

COVID-19'un hava yoluyla bulaşan bir virüs olması küresel çapta yayılmasına fazlasıyla imkân sağlamış ve yaygın kabul gören bir tedavinin bulunmaması da virüsün uzun vadeli etkilerinin hesap edilmesini zorlaştırmıştır. Bu zorluk Beck (2011) tarafından altı çizilen çağdaş küresel risklerin COVID-19 ile benzer özelliklere sahip olduğunu belirtmek için yeter bir gerekçedir. Ek olarak, Covid-19 yayılımını mekânsal açıdan ve sınırlı bir süre içerisinde kısıtlamanın zorluğu, Covid-19'a ilişkin risk algılarını da beraberinde getirmiş ve çıkan bilgiler çoğunlukla bu algıların kaynağı olmuştur. Bu durum, bilgiyi güvenilir bir mekanizma kılan uzmanların rolünü ön plana çıkarmıştır. Bununla birlikte, günümüzde uzman sistemler güvence sağlamada bazı kısıtlamalara tabidir. Beck (2013) kaygıların giderilmek yerine artırıldığı bu bağlamda devlet mekanizmalarının daha etkin olması gerektiğinin ve etkinliğin artırılması için kozmopolit mikro politik uygulamalar, klasik refah devleti politikaları ve refah hizmetlerinin neoliberal mantıkla halka sunulması gibi üç farklı alternatifin var olduğunun altını çizmiştir. Türkiye'nin COVID-19 ile mücadelesini tasvir etmek ve Beck'in vurguladığı üç alternatiften hangilerinin Türkiye tarafından uygulanan politikalar için geçerli olduğunu ortaya koymak bu çalışmada amaçlanmıştır. Bu amaçla vaka analizi yöntemi tercih edilmiştir. Analiz edilecek veriler OECD (Ekonomik Kalkınma ve İşbirliği Örgütü) Country Policy Tracker veri tabanından ve Coronotracker veri tabanından elde edilmiştir. Ayrıca 11 Mart 2020 ile 31 Ocak 2021 tarihleri arasında yayınlanan haber ve raporlar ikincil kaynak olarak kullanılmıştır.

## Anahtar Kelimeler:

COVID-19, uzman sistemler, kozmopolit mikro politik, politika tedbirleri, risk toplumu

1 Bu çalışma, 6-8 Nisan 2021 tarihleri arasında çevrimiçi olarak düzenlenen 2021 ASEN Milliyetçilik ve Kriz Konferansında sunulmuştur.

2 Araştırmacı. Dr., İstanbul Medeniyet Üniversitesi Sağlık Bilimleri Fakültesi, Sosyal Hizmetler Bölümü, İstanbul-Türkiye, zeynep.sadikoglu@medeniyet.edu.tr, <https://orcid.org/0000-0003-0251-6652>

## Introduction

The COVID-19 pandemic has three characteristics of global risk as mentioned by Beck (2011) in Risk Society Theory. Firstly, it is delocalized. COVID-19 has spread far more universally and dangerously in the air. Thus, containing the coronavirus is difficult geographically (Björkdahl & Carlsen, 2019). The isolation practices that have emerged in the struggle against the coronavirus and the measures taken to restrict daily social life also show this epidemic to have a reality able to affect all segments of society. Furthermore, this delocalization concerns not only geographic locations but also bio-space. Some scientists have pointed to the proliferation of viruses that can move from animal to humans and back, making illnesses more difficult to cure. Secondly, COVID-19's social, economic, and political consequences are in principle incalculable because its risks do not respect any borders. Also, because its latency period is long, its effect over time cannot be reliably determined or limited. Finally, COVID-19 possesses an element of non-compensability, as the destructive impact of the virus (i.e., loss of life) cannot be vindicated after the crisis abates.

Moreover, due to the characteristics of being delocalized and incalculable, risk perceptions regarding COVID-19 is based on the information produced about it and may change depending on this information (Beck, 2011, p. 35). Not only should the damage produced by the real virus be taken into account, but so should the damage caused by misinformation produced about it. In other words, the risks of COVID-19 are simultaneously socially and culturally constructed just as much as myths and

fake news appear about its effects and results. This blurs the distinction between the real risks of COVID-19 and the cultural perceptions toward these risks. Thus, non-compensability is based not only on irreversible results in the human body but also on the incurable traumas caused by media representations and images.

The change in the process of identifying risks due to the difficulty in limiting these risks in terms of time and space and the reduced opportunity to provide precise information about these risks opens up space for different risk scenarios that transferred to public through mostly media (Beck, 2011). In fact, risk in its modern sense is a neutral concept that indicates the possibility of encountering a magnitude of related losses or gains, while uncertainty is an alternative term used when these probabilities are unpredictable or unknown (Douglas, 1994, p. 23). The incomprehensible qualities contemporary risks have with simple causality rules blur the distinction between risk and uncertainty; the use of risk as a concept has reduced its relevance in probability calculations (Adam & Van Loon, 2005, p. 7).

Although risks are defined by referring to science where various risk calculations are replaced by risk scenarios to reasonable degrees, risk is now used synonymously with danger, with higher risk means more danger. Therefore, evaluating risk as a mathematical and objective calculation currently does not seem proper. The situational, contextual, and deliberative characteristics of risk definitions support this argument (Prior et al., 2005, p. 111). Thanks to the developments in information technology and media in particular, risks can be multiplied forever depending on the perspec-

tive, and creating meaning and sensitivity toward a risk has become another way of producing them.

Thus, contemporary risks require the knowledge of causal articulation among certain circumstances, specific actions, and possible outcomes as well as participation in certain decisions. This means that risks can only be real when a complex harmony occurs between the representational meanings of science and the systems of financial, economic, judicial, political, and administrative institutional representation, as well as between the popular moral and practical common senses (van Loon, 2005, p. 165). Therefore, instead of risk discourses being objective and impartial as is the tendency when described within the framework of the technical-scientific approach, risk discourses have become subject to sensationalism and exaggeration in an attempt to sell a product or life style (Beck, 2005, p. 215).

Additionally, the basic line between modern society and risk society lies where the systems of modern safety norms become inoperable in the face of contemporary risks. Acknowledging this institutional crisis has created a reflexive gaze at the foundations of modern society. This phase, which Beck (1996, p. 28) defined as second modernity, includes modern society beginning to view itself as a risk society. According to Beck (2005), the first modernity's logic of institutional action worked according to the either/or principle. In contrast with the circumstances of the second modernity, the either/or principle seems increasingly to have been replaced by both/and principle. Instead of either knowing or not knowing, either nature or society, or either organization or market, both

knowing and not knowing, nature and society, and organization and market occur. As the boundaries and distinctions between categories become blurred, the institutions of first modernity that are based and depend on these distinctions for their existence begin to encounter problems concerning decision making.

In this context where rationalism and skepticism have turned on themselves, knowledge does not come neatly packaged in the form of a clearly recognizable truth but in admixtures and amalgams. For instance, reviews came from individuals or institutions with different titles and qualifications in different countries within the scope of the fight against coronavirus; some stated this epidemic to be an extremely significant threat while others said the epidemic did not pose life-threatening danger and would be extinguished shortly. Individuals, institutions, and companies also created risk-averse markets within the framework of their perspectives and claims. These markets offer individuals and societies protection from and treatment methods for the new type of coronavirus. For Beck (2013), these developments and effects necessitate state mechanisms to be more effective in policy and decision-making processes. Following this argument, the actions states have taken in terms of defining what is and is not a risk in their response to the COVID-19 pandemic matter just as much as the implementation of quick policy measures.

According to Beck (2013), three alternative policy philosophies are found against risks. The first risk philosophy is a *laissez-faire* type philosophy which considers something safe until it is proven to be dangerous. The second is a political

philosophy associated with welfare state politics that aim to restore the certainty of social development, the rule of organized politics and the scientific reason that has guided the first modernity. The third is cosmopolitan micropolitics. This is a logical extension of Beck's model of second modernity and necessitates inclusiveness over exclusiveness (i.e., inclusion of different actors in policy-making processes). Accordingly, this study aims to answer the questions of that how Turkey has responded to the COVID-19 pandemic and averted it from turning into a bigger disaster. Thus, the study also aims to demonstrate which of the three alternatives (i.e., cosmopolitan micropolitics, classical welfare state policies, and the presentation of welfare services to the public with a neoliberal logic) the policies Turkey has implemented can be considered as (Beck, 2013). The case analysis method has been preferred for this purpose. The OECD Country Policy Tracker (OECD, 2020), and Coronatracker databases have been determined as the key data sources. News articles and reports published between March 11, 2020 and January 31, 2021 have at the same time been used as secondary sources.

### The Turkish State's Response to COVID-19

Turkey has a presidential system of government based on a tradition of strong leadership, an imposing and proactive policy style, and extensive use of institutional resources. This system's quick and decisive policy responses result from strong political and bureaucratic loyalty, obedience, and commitment to implementing the orders of the president and/or the presidential office. However, risks of implementa-

tion failure occur in this system when policy issues are improperly diagnosed, policy solutions are misunderstood, and complementary policy instruments are poorly implemented (Bakir, 2020). In Turkey's response to the COVID-19 pandemic, however, the goal of the health policy has been to protect public health in order to contain the spread of the pandemic. The presidential system of government with its tradition of strong leadership has enabled the Turkish state to proactively deliver early and quick responses. A temporal divergence from this administrative tradition has also occurred as a result of COVID-19 being delocalized, incalculable, and non-compensatory in addition to being framed as an existential crisis requiring a scientific, technical, and involved response.

As of March 23, 2021, 2,863,882 (99%) out of 2,894,198 coronavirus cases had recovered or been discharged, with 30,316 (1%) cases having resulted in death (Coronatracker, 2021). Furthermore, Turkey's low fatality rate of 1% was accompanied by a high recovery rate of 93.5%, with critical cases treated in Intensive Care Units (ICU) accounting for just 0.1% of all cases (Coronatracker, 2021). The bed occupancy rate in hospitals had reduced from 70% to 53.8% over the past year, as well as the ICU bed occupancy rate reducing from 80% to 65% (Turkey's Ministry of Health, 2021). Factors such as effective preventive measures, crisis management communication, organizational policy capacity, and cooperation with other actors are found behind this success.

### Preventive Measures

Firstly, Turkey was very quick to enact preventive measures at airports, bor-

ders, and coasts. For example, Turkish Airlines suspended flights to China on February 3, 2020 while closing its border with and halted flights from Iran on February 23. The Ministry of Foreign Affairs's Coordination and Support Centre was established on March 25, 2020 to provide more effective response and guidance related mostly to aiding "Turkish citizens abroad" (Ministry of Foreign Affairs, 2020). Border restrictions were lifted on June 11, 2020 with some exceptions, and international flights gradually started resuming over time. Only flights from Brazil, the United Kingdom, Denmark, and South Africa are temporarily suspended due to the mutations of the virus. Passengers from other countries who have been to these countries in the last 10 days are quarantined for 14 days at a location determined by state officials. Furthermore, all passengers must submit a negative PCR test with a sample taken no more than 72 hours before the first flight (Ministry of Foreign Affairs, 2020).

Secondly, substantive authoritative policy instruments were introduced proactively within four days following the first confirmed case of COVID-19 in Turkey on March 11, 2020. To limit the effects of the COVID-19 pandemic, Turkey responded by introducing travel bans (March 12, 2020), quarantines for returning nationals (March 13), and closing schools and universities (March 12) as well as stores and entertainment venues (March 15). As COVID-19 unfolded, additional substantive authoritative instruments were introduced in many different forms, including command and control regulation such as banning all entry into and exit from 31 of Turkey's provinces, imposing weekend lockdowns

and weekday curfews in these provinces, imposing a nation-wide curfew on those under 20 years of age (excepting those with jobs) or over 65, and making wearing a protective face mask compulsory in all public areas.

On March 1, 2021, the basic procedures and principles of the newly controlled normalization process were determined by taking into account the recommendations from the Ministry of Health and the Coronavirus Scientific Advisory Board (SAB). In line with these recommendations, provinces were divided into four different risk groups (low, medium, high, very high), with the levels of measures being determined with respect to these risk groups. With a population of 83 million, Turkey has additionally administered about 16.3 million vaccinations through a campaign beginning in mid-January of 2021. Nearly 9.3 million people have received their first shot, and nearly 7 million have received a second dose of the vaccine developed by China's Sinovac Biotech (Ministry of Health, 2021).

However, sometimes failures occurred in implementing and socializing these measures. For example, although the distribution of protective masks to the public was one of the quick policy measures, a chronological listing of face mask decisions and implementations from April 3 to May 6, 2020 pointing at nine different government directives is enough to illustrate an implementation failure (Dokuz8 Haber, 2020). A second main example of implementation failure relates to curfews. The Minister of Health was promoting credibility and trust in his regular daily press conferences through data transparency, which gradually improved in content over



time. However, he made no reference to the decision to implement a curfew in his press conference on the night of April 10, a Friday, while the Minister of the Interior announced a weekend curfew in 31 provinces at around 10 pm that same night. This announcement happened two hours before the curfew and prompted tens of thousands to rush to the streets for shopping without any form of social distancing in these provinces (Bakir, 2020). These failures were realized in the early stages of making policies and decisions in an attempt to achieve successful outcomes.

Additionally, a powerful interaction of demography and current age-specific mortality is known for COVID-19. Thus, the age composition of national contexts needed to be considered in policies to slow transmission. Accordingly, the Turkish state's imposition of a nationwide curfew on those under 20 (apart from those with jobs) and over 65 years in age was highly effective because Turkey has a younger population with an estimated median age of 31.4 years. Also in the context of the Turkish cultural tradition, families are the principal sources of material and psychological welfare for the elderly (Kağıtçıbaşı & Ataca, 2005). Effective as of March 22, 2020, a curfew was imposed for those over 65 years of age, while their daily needs were met through newly established special teams called *Vefa* [fidelity] Social Support Groups. Therefore, one of the strongest policy responses was the nationwide curfew covering those under 20 and over 65, which respectively targeted 25.5 and 7.5 million citizens (Turkish Statistical Institute [TurkStat], 2019) which makes up about 40% of the total population.

### Crisis Management Communication

One of the factors lying behind this success is that the Minister of Health (MoH) is a medical doctor with knowledge and expertise in the health sector. Also, the MoH convened the Coronavirus Scientific Advisory Board (CSAB), bringing together experts from different medical disciplines. CSAB is composed of 26 members, all senior and high-level specialists and academicians in various relevant fields (e.g., public health, epidemiology, pulmonology, infectious diseases, and clinical microbiology; İşlek et al., 2020, pp. 28–29). CSAB has been the guiding body on critical decisions and has monitored cross-national policy measures against COVID-19; the advice of WHO on policy responses; and the developments in policy implementations, treatments, and vaccines related to COVID-19. Thus, a learning process occurred through which an authoritative body of knowledge and experts were able to interact with policy-makers and take on a proper role in decision-making processes about what policy objectives and instruments were to be conducted (Dunlop & Radaelli, 2018, p. 259).

Furthermore, other medical experts defended alternative methods to the public on diverse media channels. For example, Canan Karatay, a popular Turkish cardiologist defending alternative medicine, suggested consuming bone broth and trotter soup to be enough for recovering from COVID-19. Also, other experts from disciplines such as psychiatry, oncology, phototherapy, pharmacology, and sometimes non-health-related areas took part in different TV programs and suggested diverse as well as contradictory views on COVID-19. In response

to these views that were confusing to the public, the Minister of Health made daily public appearances on national television channels and used digital platforms to effectively communicate information to the public.

Since January 29, 2020, brochures, banners, and posters prepared in Turkish, English, and Arabic have also been distributed to inform the public, highlighting precautions and actions to stop the transmission of the virus. Starting in February 2020, TV spots and social media communication campaigns were broadcast widely throughout various media. Risk communication campaigns continue, and their scope has expanded in line with the latest national and global developments (Ministry of Health, 2021). Moral persuasion has been integrated into both these documents as well as the minister's messages through rhetorical appeals such as "life at home" and defining COVID-19 as a public health threat and "enemy to fight against" by using "the weapons of social distancing, quarantining, and isolation through solidarity" (Bakir, 2020). Therefore, the introduction and implementation of authoritative substantive policy instruments have been legitimized and public trust generated. Moreover, some CSAB members have performed crucial roles in making sense of COVID-19. Through their use of various information channels such as broadcasts, newspapers, and social media, they actively reinforce the decisions and actions of the Ministry of Health (Güreşçi, 2020).

### Organizational Policy Capacity

*Organizational policy capacity matters in state responses to policy issues. MoH has both*

*organizational and operational policy capacity. First of all, Turkey has been upgrading its health infrastructure since the Marmara earthquake in 1999, which claimed the lives of about 17,000 people. These efforts accelerated with the World Bank-supported Health Transformation Program in 2002. This program has covered and strengthened nearly all the building blocks of health systems in Turkey, from governance to health financing and health-service delivery, with heavy investments in health infrastructure that have redefined the roles of all key relevant stakeholders for the better (Boyacı, 2020).*

Furthermore, the Social Security and Universal Health Insurance Law of 2008 resulted in universal health coverage, was informed under the technical assistance of the World Bank, and is one of the key institutional sources of MoH's operational capacity. It ensures all costs related to the diagnosis and provision of medical treatment of COVID-19 are made free of charge for all Turkish citizens. The ICU bed capacity for adults has been another critical factor concerning the state's capacity to respond to COVID-19. Turkey had the fourth-highest intensive care capacity in Europe, with 20.1 beds per 100,000 people in 2012 whereas the European average was 11.5 (EuroNews, 2020). The ICU capacity ramped up to 29.4, in 2018 in Turkey. As of March 2020, there are a total of 1,524 hospitals in Turkey, regardless of whether they are private or public, and there are a total of 245,422 registered beds, 41,593 of which are intensive care beds and 30,722 ventilators in these hospitals. During the pandemic, many hospitals have been declared as pandemic hospitals. The number of these hospitals is 794 and a total of 11,269 beds are defined as isolation beds. Thus, the state was relatively pre-

pared and had a strong organizational capacity in responding to the COVID-19 pandemic (İşlek et al., 2020, p. 57).

### Cooperation with Other Actors

On April 15, 2020, the Minister of Health introduced and implemented the aggressive Contact Tracing Program to trace the contacts of every new case of coronavirus and then isolate them to stop the disease from spreading. Showing the codes assigned by this tracking program (Life Fits Home) was made compulsory upon entering public spaces in April 2020. On April 18, 2020, MoH also introduced the Pandemic Isolation Tracking Project, which aims to track whether positive COVID-19 cases comply with the isolation measures within the scope of filiation study. This operational capacity was the collective product of multiple public- and private-sector actors including MoH, Information and Communication Technologies Authority, and GSM operators (Bakir, 2020; BBC News, 2020; İşlek et al., 2020, p. 52).

Turkey also adopted a pragmatic strategy in addressing technological and technical healthcare issues inclusively by blending the various resources and capabilities of multiple actors. For example, the Ministry of Industry and Technology and MoH initiated coordination and collaboration with three leading technology firms (Arcelik, Aselsan, and Baykar Savunma) and a start-up company (Biosys). State-owned Aselsan and privately owned Baykar Savunma are actively involved in the Turkish defense industry, whilst Arcelik is the leading white goods producer in Turkey. These firms designed and tested the prototype of the mechanical ventilator, which en-

tered into operation on March 22, 2020; mass production started on April 26, 2020 (Anadolu Agency, 2020).

### Conclusion

The first alternative policy philosophy mentioned by Beck reflects a neoliberal understanding of health where risk is considered safe until it is proven to be dangerous and every single individual is responsible for their own health. The intervention of state mechanisms is not preferred, so it relies on an individualized understanding of health. The second is a political philosophy associated with welfare state politics that aims to restore the certainty of social development and the rule of organized politics and scientific reason that had guided the first modernity. In this regard, the most successful effort to control risk society within the framework of first modernity has been in China. COVID-19 was contained there, and China ensured a full-bore mobilization of societal discipline targeting deployment of medical spending and state power as well as a self-confident narrative of modernization and progress. The third philosophy is cosmopolitan micropolitics. This was a logical extension of Beck's model of second modernity, which requires inclusiveness as opposed to exclusiveness (i.e., inclusion of different and multiple actors in policy-making processes). Accordingly, this philosophy relies on state mechanisms' guarantor role in terms of transferring reliable information to society and putting the right measures into practice. Also, the establishment of social consensus has primary importance.

In this regard, this study argues that the Turkish State to have adopted an ap-

proach that is a mix of cosmopolitan micropolitics and welfare state politics in response to the COVID-19 pandemic. The presidential system of government with a tradition of strong leadership enabled the Turkish state to proactively deliver early and quick responses. At the same time, a temporal divergence from a dominant administrative tradition also occurred in Turkey due to Covid-19 being delocalized, incalculable, non-compensatory and being framed as an existential crisis requiring a scientific and inclusive response. The COVID-19 pandemic has made room for the presidential executive branch and presidential bureaucracy to adopt an inclusive and diverse approach that involves consulting and negotiating with non-embedded interest groups in regard to effective policy design and implementation. The existing structure with its quick and decisive qualities in terms of policy implementation has also reinforced the success of the state's response to COVID-19 despite high uncertainty. In this respect, effective preventive measures, crisis management communication, organizational policy capacity, and cooperation with other actors are the important factors that have contributed to the success of Turkey's struggle against the pandemic.

### References

- Adam, B., & van Loon, J. (2005). Introduction: Repositioning risk, The challenge for social theory. In B. Adam, U. Beck, & J. van Loon (Eds.), *The risk society and beyond: Critical issues for social theory* (pp. 1–33). Sage.
- Anadolu Agency. (2020, March 28). *AA yerli solunum cihazının üretim aşama-*

*larını görüntüledi.* <https://www.aa.com.tr/tr/bilim-teknoloji/aa-yerli-solunum-cihazinin-uretim-asamalarini-goruntuledi/1821021>

Bakir, C. (2020) The Turkish state's responses to existential COVID-19 crisis. *Policy, and Society*, 39(3), 424–441. <https://dx.doi.org/10.1080/14494035.2020.1783786>

BBC News. (2020, April 7). *Hayat eve sığar uygulaması nedir, cep telefonlarına nasıl indirilebilir?* <https://www.bbc.com/turkce/haberler-turkiye-52207917>

Beck, U. (1996). Risk society and the provident state. In S. Lash, B.Szerszynski, & B. Wynne (Eds.), *Risk, environment and modernity: Towards a new ecology* (pp. 27–44). Sage.

Beck, U. (2005). Risk society revisited: Theory, politics and research programmes. In B. Adam, U.Beck, & J. van Loon (Eds.), *The risk society and beyond: Critical issues for social theory* (pp. 211–230). Sage.

Beck, U. (2011). *Risk toplumu: Başka bir modernliğe doğru* (B. Doğan, tran.). İthaki Yayınları.

Beck, U. (2013). *Siyasallığın icadı* (N. Ülner, tran.). İletişim.

Bjørkdahl, K., & Carlsen, B. (2019). Introduction: Pandemics, publics, and politics—staging responses to public health crises. In K. Bjørkdahl & B. Carlsen (Eds.), *Pandemics, publics, and politics: Staging responses to public health crises* (pp. 1–9). Springer.

Boyacı, İ. (2020). Türkiye sağlık sisteminin dönüşümü (2003-13): COVID-19 pandemisi ile mücadele sürecinde sağlık reformlarına yeniden bakış. *İstanbul Ticaret Üniversitesi Sosyal Bilimler Dergisi*, 19(37), 59–80.

Coronatracker. (2021, Jan 31). *Website database*. <https://www.coronatracker.com>

Dokuz8 Haber. (2020, May 6). *How not to distribute masks: Turkey's COVID-19 management*. <https://dokuz8haber.net/english/politics/how-not-to-distribute-masks-turkeys-covid-19-management/>

Douglas, M. (1994). *Risk and blame: Essays in cultural theory*. Routledge.

Dunlop, C. A., & Radaelli, C. M. (2018). The lessons of policy learning: Types, triggers, hindrances, and pathologies. *Policy and Politics*, 46(2), 255–272.

EuroNews. (2020, April 5). *Türkiye: Kişi başına düşen yoğun bakım yatağı 2012–2018 arasında yüzde 46 arttı; Avrupa'da durum ne?* <https://tr.euronews.com/2020/03/24/koronavirus-turkiye-de-kisi-bas-na-kac-yogun-bak-m-yatag-dusuyor-avrupa-da-durum-ne>

Güreşçi, M. (2020). COVID-19 salgınında Türkiye'de kriz yönetimi iletişimi: T.C. Sağlık Bakanlığı. *Avrasya Sosyal ve Ekonomi Araştırmaları Dergisi*, 7(5), 53–65.

İşlek, E., Özatkan, Y., Bilir, M. K., Arı, H. O., Çelik, H., & Yıldırım, H. H. (2020). *COVID-19 pandemi yönetiminde Türkiye örneği: sağlık politikası uygulamaları ve stratejileri*. TÜSPE Rapor: 2020/2, TÜSPE Yayınları.

Kağıtçıbaşı, Ç., & Ataca, B. (2005). Value of children and family change: A three-decade portrait from Turkey. *Applied Psychology*, 54(3), 317–337.

Ministry of Foreign Affairs. (2020). *Our role and vision in the coronavirus pandemic*. <https://www.mfa.gov.tr/koronavirus-salgininda-ki-rol-ve-vizyonumuz-6-11-2020.tr.mfa>

Ministry of Health. (2021). *Türkiye'deki güncel durum*. <https://covid19.saglik.gov.tr/>

Organisation for Economic Co-operation and Development. (2020). *Turkey. Country policy tracker database*. <https://www.oecd.org/coronavirus/en/#country-profiles>

Prior, L., Glasnet, P., & McNally, R. (2005). Genotechnology: Three challenges to risk legitimation. In B. Adam, U. Beck, & J. van Loon (Eds.), *The risk society and beyond: Critical issues for social theory* (pp. 105–122). Sage.

Turkish Statistical Institute. (2019). *İstatistiklerle yaşlılar* [Statistics with elders]. <https://data.tuik.gov.tr/Bulten/Index?p=Istatistiklerle-Yaslilar-2019-33712>

Van Loon, J. (2005). Virtual risks in an age of cybernetic reproduction. In B. Adam, U. Beck, & J. van Loon (Eds.), *The risk society and beyond: Critical issues for social theory* (pp. 165–183). Sage.