

**Health and
Language
Rights
Report**





Linguistic and Cultural Rights Monitoring

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Savaş DEDE

Amed (Diyarbakır), December 2020

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Contents

<i>Summary</i>	6
<i>Introduction</i>	8
Purpose	10
Target group	10
Geographical scope of the study	11
Legal framework of health and language rights	11
Healthcare in international law	11
Health institutions in turkey	12
Alternative health policy challenges in turkey	13
Method	15
Problems related to health and language rights	16
Problems of civil society actors	19
Solution recommendations on health and language rights	20
Recommendations on political reforms	21
Recommendations for civil society actors	22
<i>Conclusion</i>	23
<i>References</i>	24

Summary

This study has been made to show the connection between health and mother tongue and to show the violations in the field of human rights that ignoring the mother tongue in health policies.

Study data were collected using focus group and interview techniques. 22 people from Diyarbakır, Hakkari, Mardin, Van, Istanbul, Ankara and Te-kirdağ provinces participated the interviews.

While performing the theoretical part of the report, global agreements made within the body of the United Nations and the Council of Europe and the 1982 Constitution of the Republic of Turkey were practiced. In this section, studies carried out within non-governmental organizations and with personal initiatives are also taken into consideration.

During the meetings, it has been decided that the following problems have occurred due to the current health policies and the tension on the mother tongue:

a. Patients have difficulty reaching healthcare; protective measures, diagnosis, treatment, and follow-up processes are all influenced by this negativity.

b. In today's edition of the official language of Turkey, it is really hard to obtain the living standards in the field of public health gives rise to exclusion from other languages. As a result, minorities, particularly the elderly and women, are caught in the private sphere.

c. Current policies bring about people attached between their language and culture and the pressure of the dominant language. Problems such as the lack of education in the mother tongue by the state and monolingualism in health education cause people to be inadequate to use both their language and the dominant language efficiently.

d. As language policies form a dominant-minority hierarchy, some minorities have also approached carefully about technical services given in their language.

e. People are exposed to exclusion because they cannot represent them-

selves adequately or because of "looking Kurdish".

The political reform proposals and suggestions presented to non-governmental organizations for the solution of the above problems are as regards:

- a.** Languages other than Turkish must have official status.
- b.** Primary medical education should be given in these languages.
- c.** Mother tongue should be involved in social life in a way that gives economic earnings.
- d.** Not only language but also other symbolic expressions (such as signage, layout plan) should be designed in a system that those who apply to health institutions can benefit from.
- e.** Language should be observed as a natural right, and requirements in this field should not be contained.
- f.** Non-governmental organizations should act in coordination and take care to protect and obtain information and documents in the field.
- g.** One of the most significant deficiencies in the field of health is the inadequacy of resources in the mother tongue. Particularly in this field, technological resources should be developed.
- h.** A medical academy that will teach and work in Kurdish should be installed.
- i.** Mother tongue should be regarded as a *prerequisite* in all studies.

Introduction¹

When it comes to healthy, the first word that comes to mind is that the person is not sick. This situation causes health to be understood in a narrow understanding;² It causes the psychological, sociological, cultural, economic, and even political dimensions of health to be neglected. United Nations (UN) Universal Declaration of Human Rights,³ health "a standard of living"; defines the physical illness as "a personal safety problem". In the World Health Organization Constitution, health is described as "being physically, spiritually and in terms of social welfare".⁴

According to Jonathan M. Man et al., the connection between health and human rights can be classified under three titles.⁵ The first of these is the influence of health policies, methods and programs on human rights. For this, problem determination, policy determination to overcome the problems and their implementation are needed. The second title is the impact of human rights violations on health. This situation may arise from physical practices such as torture or by practices such as violation of the prohibition of discrimination. The third connection between health and human rights is the determination that the development in human rights is directly proportional to health.

1 For his worthy contributions to the study, Dr. I would like to thank Cuma Çiçek, Cevahir Sadak Düzgün, Ömer Fidan, Erdal Sıpan, and all partners who participated in the focus group and interviews.

2 The narrow and wide meanings of health are difficult from the narrow and wide interpretation in legal interpretation. Because narrow interpretation explains the core of the norm, the broad interpretation explains the right that includes the core field (Oder, Bertil Emrah. 2010.

Methods of Interpretation in Constitutional Judgment. Istanbul: BETA. P.24-25). The right to health is a rule ranging from physical health to a healthy living standard, and it is not reasonable to talk about a core since both sides of the rule can attack each other.

3 United Nations. 1948. *Universal Declaration of Human Rights*. Article 25. <https://www.un.org/en/universal-declaration-human-rights/>

4 World Health Organization. 1948. Constitution of The World Health Organization. Dibace. https://www.who.int/governance/eb/who_constitution_en.pdf

5 Man, Jonathan M., Lawrence Gostin, Sofia Gruskin, Troyen Brennan, Zita Lazzarini, and Harvey V. Fineberg. 1994. «Health and Human Rights.» *Health and Human Rights* 1 (1): 6-23.

As declared by Man et al., The issues in the first title are only achievable with policies that can be performed with the public service. However, when the strategic plan of the Ministry of Health is considered, it is recognized that minority languages are not taken into account in the formation of health policies.⁶ On the other hand, the research and communication required for detecting the problems will be incomplete with a monolingual policy.⁷ As the implementation of health policies, it besides declared in the interviews that monolingual health services can create problems that violate the right to life.

In the modern international human rights law, it is the government, not the persons responsible for violations of rights.⁸ As in issues such as the right to life or the prohibition of torture, "*linguistic methods that disadvantage people without any reason or arbitrarily and create their rejection*" constitutes discrimination and the unique responsibility of this situation is the government.⁹

Human rights violations are in a cyclical relationship with health. Violations enhance health problems, and inadequate, wrong, or considered health policies make more violations of rights. It is not credible to talk about *public health*¹⁰ where the government regularly violates the fundamental human right, the right to language.

6 T.R. Ministry of Health. 2019-2023 Strategic Plan. T.R. Ministry of Health.

7 The use of minority languages also does it reasonable to give different sections of the society. Izsák-Ndiaye. *Ibid.* p. 14.

8 The International Criminal Court Statute is an exception in this value. But it should be perceived that Turkey's status in the party.

9 Izsák-Ndiaye, Rita. 2017. *Language Rights of Linguistic Minorities*, Practical Application Guide. Cenevre: United Nations High Commissioner for Human Rights. p. 19.

10 For a broad discussion of the concept, see Fişek, Nusret. . "Is Term Confusion a Problem in Public Health?" Turkish Medical Association Official Web Page. Accessed: 12 01, 2020.https://www.ttb.org.tr/n_fisek/kitap_3/33.html.

Purpose

Problems created by the monolingual regime in Turkey in all fields of social life, including education that lead to the emergence of violations of fundamental human rights. Since health, living standards, and personal security are the issues, it performs many violations of rights, from the violation of the right to life to the unequal concentration of public resources.

It determined to make six thematic reports within the scope of the Linguistic and Cultural Rights Monitoring study carried out by the Children First Association in partnership with the Kurdish Language and Culture Network with the support of the EU. Addressing one of these themes, "Health and Language Rights", this report aims to identify the violations of the right to use the mother tongue in the field of health and the problems they cause and to assess them in terms of national legislation and international law.

The study has the aims to enhance the responsibility of those responsible for violations and providing collective seeking rights by developing policy recommendations for civil society and public authority.

Target Group

The primary purpose audience of the research is the people and organizations that serve in the field of health and language rights and consider responsibility in this field, namely activists and NGOs. Contributing to the knowledge of activists and NGOs regarding the existing problems through monitoring and reporting; is aimed to provide information flow and also to recognize the problems at the institutional level encountered by these actors. The report emphasizes the responsibility of state institutions within the framework of national and international legislation; because it proposes to attract the concentration of these organizations regarding the right to health, another target group of the study is the local and central level state institutions, especially the Ministry of Health. Another target group of the study is healthcare professionals. In addition to the attitude of the government and the efforts of NGOs for the solution of the problem, the awareness that will be performed on this issue among healthcare professionals is of vital importance.

Geographical Scope Of The Study

Diyarbakır, where our corporation manages its projects, was defined as the scope of the study. However, during the monitoring studies, it was seen that due to the cultural and political situation of Diyarbakır, different data showing direct violation of language rights were not given. As a consequence, the scope has been changed; The study was enlarged to include the provinces of Mardin, Van, Hakkari, Istanbul, Ankara, and Tekirdağ.

Legal Framework of Health and Language Rights

Healthcare in International Law

According to the Constitution of the World Health Organization, *health involves not only being sick or disabled but also being well-being in terms of physical, psychological, and social well-being.*¹¹ According to the constitution of the organization, *where health is described as a fundamental right, no difference can perform in terms of race, religion, political opinion, economic or social status in serving from its highest achievable standard.* While the Universal Declaration of Human Rights¹² describes health as a standard of living, it further sets out the scope of health by identifying other rights to which it is declared.¹³

While the first section of Article 12 of the United Nations Convention on Economic, Social, and Cultural Rights states that the parties identify the right of everyone to serve from the highest level of physical and mental health standards, the second section identifies the measures to be taken for the adequate recognition of the right to health.¹⁴ Accordingly, the state parties should reduce dead births and child mortality rates and guarantee the healthy development of the child; they are responsible for developing the industrial and environmental hygiene conditions in all regards. These governments also guarantee the prevention of epidemic, endemic, occupational and other illnesses; if people are sick, they are obligated to treat them, to provide health and medical facilities to the sick.

11 World Health Organization. *ibid.*

12 United Nations. *ibid.*

13 Eertan, İzzet Mert. 2012. «The Right to Health and Its Activation in Supranational Human Rights Law.» İ.Ü. Institute of Social Sciences: Unpublished Doctoral Dissertation. p.17.

14 <https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx>.

Health; Because it is relevant to many categories of human rights such as the prohibition of torture, prohibition of discrimination, the right to privacy, the right to education, the right to nutrition, it has also introduced in many agreements declared within the United Nations.¹⁵ The European Court of Human Rights (ECHR) identifies the right to health as the “*right to life; prohibition of torture, cruel and humiliating treatment, freedom and security of person, right to a fair trial, right to respect for private and family life, freedom of opinion, conscience and religion, freedom of expression, freedom of assembly and association, (In union with the rights organized in the ECHR and Additional Protocols) right of an effective remedy, within the scope of the prohibition of discrimination, freedom of movement, procedural safeguards for the expulsion of foreigners and general ban of discrimination.*”¹⁶

To give an example about our subject, in the scope of the right to life, the government is obliged to assume measures regarding health and to get the necessary effort for the health of people in its authority.¹⁷ In other words, any situation that inhibits a person from reaching health can violate the right to life.

It is also not probable to the discourse of an *obtainable high standard* in an environment where mother tongue healthcare is not achievable. This situation prevents people from serving from health and creates discrimination in the government. In a region where the government discriminates against an ethnic identity, it cannot be required to take measures to realize the right to health. By not filling its positive responsibilities, the government acts against international law by forbidding its mother tongue, and at the same time, it leads to the violation of the right to health and the discriminatory policies in health services to be taken for presented by society.

Health Institution in Turkey

Although the transfer of international human right law to the domestic law of Turkey is clearly stated in Article 90/5 of the 1982 Constitution, Turkey, measure its constitution, norms, international human rights conventions of its most referred to as those made in the Convention (AIHS) or UN sup-

15 Nygren-Krug, Helena. 2007/2002. 25 Questions - 25 Answers on Health and Human Rights. Translated by Nazmi Zengin. Cenevre: World Health Organization / Community Health Research and Development Center Association. P. 8-9.

16 Karakul, Selman. 2016. «The Right to Health in the Decisions of the European Court of Human Rights - I.» Istanbul Medipol University Faculty of Law Journal 3 (2): 169-206.

17 Tezcan, Durmuş, Mustafa Ruhan Erdem, Oğuz Sancaktar, and Rifat Murat Önok. 2018. *Human Rights Handbook*. Ankara: Seçkin. p. 97-98.

port/help, sustain the trend to maintain it as the norm.¹⁸ According to essay 11th of the Constitution, all the organs of the Constitution of Turkey, are fundamental norms that attach laws and people. For these reasons, although international agreements are quite more important in terms of the human rights ideal, it is required to look at the health-related regulations of the constitution due to their impact on works.

Essay 56th of the Constitution orders the right to health.¹⁹ Looking at the essay and its justification,²⁰ it is recognized that the Constitution considers the health of the person and the environment together, determines health like physical and mental health, education is required for a healthy environment, and indicates that the government should secure that the poor population advantage from minimum health opportunities with universal health insurance.²¹ Moreover, according to the conclusion of the Constitutional Court, "health services are immediately associated with the right to life".²²

Another significant regulation in the essay is that health is collected in one hand, that is, within the Ministry of Health. For this reason, it can clearly be stated that health policies are supporting the monopoly of the ministry and the presidency in the new system, although there are associations and containers in which healthcare personnel can display members.

Alternative Health Policy Challenges In Turkey

The notion of health is ruled in the Constitution in parallel with the description in international law. Although it has a negative perspective, health is usually a right that the government is under positive responsibility. In other words, the government has a positive duty to prevent the decline of health and to correct/cure declined health. In practice, this is probable with the best education and regular work of the healthcare personnel in addition to the health infrastructure. Education can merely obtain a high degree with the efficient use of language and languages. However, first in our report on The Government of Turkey as pronounced,²³ are not allowed by education in

18 Convention for the Protection of Human Rights and Fundamental Freedoms of 4 November 1950. https://www.echr.coe.int/documents/convention_eng.pdf

19 Also, articles 2 and 17.

20 Akad, Mehmet, and Abdullah Dinçol. 2007. 1982 Constitution and Constitutional Court Decisions. Istanbul: Der. p. 388-389.

21 *Ibid.* p. 389.

22 E: 2010/29, K: 2010/90, Day: 16.07.2010, R.G. Date-Number: 04.12.2010-27775.

23 Dede, Savaş. 2020. *Children's and Language Rights Report*. Diyarbakır: Children First Association.

many minority languages essentially Kurdish hence health personnel with Turkish appears communication problem between the citizens could not manage unfamiliar or effective. This condition causes inadequate health benefits, and in some cases violations of the right to life.

In the 2019-2013 Strategic Plan of the Ministry of Health, made with the slogan of "*the whole state, the whole society*", many problems linked to reaching health discussed below are highlighted and language and culture interpreted as "the biggest barrier to health services".²⁴ There is no ordinance on health care. There is no plan or purpose about the mother tongue in the report, which aims to exercise foreign language-speaking staff at the Immigrant Health Centers for immigrants to receive effective healthcare services.²⁵ Hence, there is a political choice that the government is conscious of the problem however does not provide a solution for it. In other words, most of the linguistic and religious minorities are in a place that the government attempts to itself through a chain of citizenship but excludes them with different practices. In an atmosphere where the government approaches health services ideologically, the burden of tackle with problems, as in most other fields, lies with non-governmental organizations and individual initiatives, due to the direct or indirect ban of mother tongue.

Unfortunately, studies on healthcare in mother tongue are mostly limited to NGO, party, and activist performance in Kurdish provinces. One of the most important studies worth mentioning in this regard is the Mesopotamia Medical Congress included in Kurdish. The first parliament was accommodated in Diyarbakır on October 22-24, and the seventh in Van in 2015. The eighth was received in the Iraqi Kurdistan Region, Duhok, due to the war that intensified again in Kurdish provinces as a result of progressive attacks on the same dates, and as a consequence of the continuing persecution of thousands of Kurdish politicians and activists who arrested and dismissed from their institutions.

Another research on health and mother tongue is the Democratic Society Congress (DSK) Health Congress contained within the Democratic Society Congress. However, since the DSK, which has been arrested and arrested within the scope of "terrorism" searches, many members of the council and its delegates decided to be terrorized, so the task in this field could not sustain.²⁶

24 T.R. Ministry of Health. *ibid.* p.53, 110, 113, 132.

25 *Ibid.*: p.176.

26 As the most recent example: Turkish Medical Association. 2020. «Dr. Şeyhmus Gökalp was arrested: It is not a crime to defend good medical values!

» TTB Official Web Page. 04 11. Accessed: 11 25, 2020. https://www.ttb.org.tr/haber_goster.php?Guid=f9c91b3a-2e1c-11eb-ae8b-076e13122378.

It is further required to consider briefly the publications on health and language. *Anamneza Bi Kurmancî* (Kurmanci Anamnez) is the first and only Kurdish book written on “getting a history”, which is one of the most important stages in the health entrance.²⁷ Another book is *Anatomîya Bedena Mirovan* (Anatomy of the Human Body), written by Hüseyn Bektaş and also the first and only book in its field.²⁸ The third book that should be introduced is *Alîkariya Destpêkê* (First Aid) by Erdal Sîpan, which explains first aid with visuals.²⁹ Among the periodicals, there is *Psychology Kurdî*, which is the first Kurdish psychology journal.

Method

Two data group techniques were applied in the study: (1) focus group meeting and (2) semi-structured in-depth interview: In this attachment, an online focus group meeting was taken to a total of 2 hours, and the meeting was attended by 5 healthcare professionals. One-to-one meetings were administered at the focus group meeting because limited field data was reached. Before the study, ethical issues in accordance with scientific research ethics were determined, and these issues were dealt with by the participants. Due to ethical issues determined, confidentiality was followed, no information was given to indicate the personal information of the participants, directly or indirectly, and the information was not shared with third parties. In that connection, a whole of 22 people was interviewed, including the participants of the focus group meeting. Three of them were women and 19 of them were men. The 12 of the interviewees were doctors, three were health technicians, two were pharmacists and two were psychologists. Furthermore, one interviewee was made with a biologist, administrative staff, and a social worker. Regarding the extended category of personnel in the field of health, interviews were planned with healthcare professionals in different positions, but it was not conceivable to reach all specialties and professional areas. Nevertheless, the fact that most of the interviewees were active members of an NGO and some of them were from various fields such as psychologists, social workers, biologists, technicians, enabled to the determination of many different dimensions as well as common determinations about the right to health and language.

27 Bülbü, Israfil, and Michael Bülbü. 2009. *Anamnes-Anamnaza bi Kurmancî*. Edited By: Adem Avcıkıran. Diyarbakır: Diyarbakır Medical Chamber.

28 Bektaş, Hüseyn. 2004. *Anatomîya Bedena Mirovan*. Istanbul: Deng.

29 Sîpan, Erdal. 2019. *Alîkariya Destpêkê*. Wan: Sitav.

The most fundamental problem regarding the data collection process becomes the politicization or terrorization of the mother tongue, as stated in the report on Child and Language Rights. Accordingly, it was particularly challenging to attain participants. For instance, four people denied support on the doubt that it would remain an apolitical study.

Notwithstanding reaching an adequate number of participants, the number of female participants was attempted to be improved, taking into the record the gender distribution during the study process, nevertheless, none of the people who were reached received no feedback on this subject.

Problems Related to Health and Language Rights

In the focus group meetings and conferences, subjects related to mother tongue and health, problems created by monolingual health services, human rights violations in health-related to language, political reform proposals for resolving the problems related to the problem, and the responsibilities of NGOs were discussed. The information collected from the discussions is classified as follows, taking into account human rights law.

*Reaching to the right to health and anamnesis:*³⁰ The International Health Regulations determine medical research as the assessment of the medical examination made on *the person under the direct supervision and control of the healthcare provider or the competent authority.*³¹ All of the participants stated that without knowing the language, even if there is an interpreter, correct conversation with the patient cannot be proved. Doctors reported that it is not reasonable to take a detailed and extensive anamnesis without the right to language and good conversation between healthcare professionals and patients, and those working in intensive care units and emergency services declared that effective invasion in a limited time is slightly feasible by communicating in their mother tongue. Nonetheless, in case of language rights are not identified, there is a communication problem that spreads not only to the anamnesis but also to the diagnosis, treatment, and follow-up processes. Time is quite inadequate, particularly of falling a daily number of patients through a doctor is quite powerful that Turkey health systems in the medical staff *primum non nocere*³² principle of full implementation of even

30 Anamnesis: Taking medical history.

31 World Health Organization. 2005. International Health Regulations. Geneva: WHO Press. p. 8.

32 "Not harm first!"

exceedingly difficult than even a doctor's statement with the patient declaration of "konfüze"³³ cause to be diagnosed.

Health, right to life, and standard of living: All participants agree that health is directly or indirectly related to the right to life and that "language protects lives".³⁴ Nevertheless, health care in the mother tongue not only preserves the right to life but also enhances *the standard of living*. Health service in the mother tongue, which influences the quality of communication between personnel and patients, also concerns the development of the language. The most significant problem in the subject is that health-related terminology is not acquired and existing concepts and terms are forgotten over time. In the words of one participant, *"the process of health itself turns into a series of violations"*.

Reduction of the private sphere and alienation from the public sphere: Access to health further facilitates the participation of disadvantaged groups attached in the private sphere public sphere. It has been observed that women or elderly people who do not speak a language go to pharmacies through a third person, as the perception of the public space is made in the person attached in the private space. Besides, one participant stated that people who do not speak Turkish do not want to follow the stages of diagnosis or post-treatment due to shyness, and an oncologist pronounced that patients who do not speak the language generally only apply to them in the advanced stages of cancer. Similar to this situation, which was expressed by some of the participants, was also discovered by Izsák-Ndiaye:³⁵ *"Various initiatives show that the use of minority languages is remarkably essential in reaching women, enhancing their participation and empowerment"*.

The "third person"³⁶ problem: Especially in hospitals, "interpreter support"³⁷ is attempted to be provided for those who cannot express themselves because they do not speak the language, or the diagnosis and treatment process is carried out with the translation support of the patient's relative. However, in this case, in addition to the problem of not knowing the story of the person, the fai-

33 Konfüzyon: Mind not being fully open, blurring in perception and transmission.

34 Izsák-Ndiaye. *ibid.* p. 14.(35)

35 *Ibid.* p. 12.

36 According to Georg Simmel, the third person is the person who breaks the private communication relationship between two people and causes / causes the relationship to socialize. In this sense, the third person causes the transition to a form of relationship outside of the intimate sphere. Simmel, Georg. 2009. *Sociology Inquiries into the Construction of Social Forms*. Translated from German by Anthony J. Blasi, Anton K. Jacobs, and Mathew Kanjirathinkal. Boston: Brill.

37 What is meant here is, if possible, getting support from someone who has the same mother tongue as the patient. In the field of health, interpreter support is not provided for those whose mother tongue is Kurdish.

lure of patients, particularly women, to express themselves comfortably in the presence of a third person turns into cumulative distinction with discrimination based on gender. In other words, the person is exposed to discrimination both because he does not speak Turkish and because of his gender. Some of the participants, particularly pharmacists, reported that this situation along with total the negativities made disadvantaged groups tend to alternative medicine.

Those who face discrimination or disadvantage in the "normal" course of daily life are the first to be discarded when it becomes to social and global crises such as pandemics. What a doctor stated about the subject performs the problem clear: *"We support physical distance, not social distance. On the contrary, we require a freer condition and more high-level technology to make that in such rules where social distance needs to remain connected and we want more social relations. However, unfortunately, it is nearly improbable for us to communicate with the patient with whom we have trouble communicating face-to-face due to the ban of language, through means such as telemedicine."*³⁸

Language and Daily living: Daily life consists of displaying behaviors that we recognize as *taken for granted*.³⁹ These behaviors are received as a result of a cultural formation process. The person practices the communication skill that he has obtained in this method in most of his daily life. In all institutions that do not present service in their mother tongue, the daily flow is interrupted and the self-expression problem happens to them. According to the participants, while attempting to express oneself in a culturally foreign language, they become the problem of "being between two languages". Because patients do not understand accurately how to express themselves in Kurdish in a health problem. The categories in which this situation reveals itself the most are the elderly and women. Especially the elderly experience communication problems because the younger generation is distant from their mother tongue and is more unfamiliar with cultural codes.

Monolingual medical education: As indicated in all of our thematic reports, the fact that education is monolingual influences the whole sphere of life negatively. Monolingual education not only decreases the quality of education but also causes the physical quality of education to obtain monolingual. Therefore, it is similarly hard to reach all health-related materials for the same reason and to provide them adequately. For instance, one of the participants said that not only spoken language but all forms of symbolic exp-

38 Telemedicine: A type of healthcare service that enables diagnostics, treatment, preventive medicine to be performed between remote locations through technology.

39 Garfinkel, Harold. 1967. *Studies in Ethnomethodology*. New Jersey: Prentice-Hall.

ressions about health (eg signage) extended access to health and reduced inequalities. Besides it emphasized that the academic field of study - which is one of the areas where the rate of studying Kurdish is the most "ideal" - is also under the influence of Turkish and other global-dominant languages.⁴⁰

Hierarchy in vertical and horizontal relations: The patient who does not speak a language appears more disadvantaged against the hierarchy of the doctor, who is also in the position of public authority because he provides public services, and hence describes the vertical authority relationship.⁴¹ However, due to the de-dignification of minority languages, the person seeking health also sees the healthcare staff using their language as fewer experts. As can be seen from the experiences of the interviewees, policies regarding minority languages form hierarchy even among people in the same profession with a psychological effect. Nevertheless, it should be perceived that most of the participants stated that this psychological perception of Kurdish, in particular, tends to be broken.

Rejection by staff: Some participants said that staff who did not speak the native language of that patient were sometimes indifferent to patients who did not speak Turkish, while others stated that patients were frequently separated against for reasons such as "Kurdish appearance", such as wearing a puşi or tongue.⁴² However, they expressed this situation based on their experiences outside the Kurdish provinces.

Problems of Civil Society Actors

In the previous section, subjects such as the right to health and life, the importance of language in participation in public life, particularly health, and in supporting public services, the monolingual system practiced in the field of health, especially the discrimination of disadvantaged identity and groups, were presented. In this section, the problems encountered by the individuals or institutions that work for the solution of the specified problems are considered. The most noticeable problem among the problems was the attitude of the government towards studies in the field of language.

Politicization, criminalization, marginalization: It was pronounced by all the interviewees that these restrictions, which mentioned in more detail in

40 Fidan, Omer. 2020. *Wek Hêmeya Bingehîn a Çandê Zimanê Dayikê û Bikaranîna Wî*. Amed: Komelave Berî Her Tiştî Zarok. [Children First Association]

41 Ertan. *ibid.* p. 107.

42 It is a traditional garment worn on the head of the Kurds, whose name comes from the Persian word pûşiden / dressing. Kurdish and Palestinian activists in particular have political meaning as they wear them on their heads during the demonstrations.

the Child and Language Rights Report,⁴³ were further solidified in the health field. The restraints turned into mobbing in the workplace or the workplace, and according to some participants, "persistence in the mother tongue" caused administrative and judicial investigations.

Sustainability: Constant terrorizing of work and demands gave rise to the failure to work, lack of coordination in the work carried out, or their incapacity to be sustainable. An extra negative result of this situation is that a culture of sustainability could not continue completed. In addition, due to the negative impact of political pressure on coordination and sustainability, a great social loss occurred, such as an inability to perform memory in the related area.

Workload: It was observed from the interviews that the state modified⁴⁴ its negative and positive responsibilities resulting from human rights into "negative and positive intervention" in this field. Because the government did not satisfy its obligations regarding the right to health in its mother tongue, the weight of NGOs and individual initiatives rose even more. But at this point, a situation occurred in which the state started to prevent the work. Therefore, NGOs and activists fought both in the field of health and in the political field; however at the same time, they had to create deficiencies in the field.

Economic problems and the aggravating impact of the pandemic: At a time when rights-based work in Kurdish provinces converted to a stop due to political pressure and Degre Law, civil society actors improved and began moving again. Nevertheless this time, the negative effects of the COVID-19 pandemic performed it tough to work. NGOs and activists dealing with economic problems encountered coordination troubles with the pandemic and additionally had to distance themselves from their target audience.

Solution Suggestions Regarding Health and Language Rights

After discussing the human rights violations encountered inside the structure of the relationship between health and language and the difficulties faced by those who fight to resolve these violations, this section covers political reform proposals for the prevention of violations and the solution of problems, and suggestions for civil society actors.

⁴³ Dede, *ibid.*

⁴⁴ *Ibid*

Recommendations for political reforms

Status: All participants declared that in the connection of structural changes, languages other than Turkish should have legal status to be identified and to be practiced in public services. The problem will not permanently solve unless the mother tongues have status. Besides, it is not conceivable to reach the standard of living given by the right to health without language status.⁴⁵

Fundamental medical education in mother tongue: According to the participants, multilingual health-literacy and medical education will succeed many problems in the field of health and improve the quality of health care.

Language of economic outputs: from the language of civil servants get compensation enabling doesn't survive in most of the languages of minority languages in Turkey. Further, they have declared that discrimination Participants require education as well as professional execution of stages almost no contribution without many world languages were rewarded with language compensation of knowing languages of different ethnic groups in Turkey the possession of this privilege. Moreover, the economic outputs will raise the prestige of the language, change the psychological processes in the language, and have a positive effect.

Multilingual health materials: In the requirement of health services, not just the health personnel-patient communication but all the tools and materials in the provision of the service have a communication function. For this reason, all materials were used in the health field should be designed in two-multilingual.

Training of personnel on language and culture: The symbolic system called language has full meaning inside a certain cultural context. Hence, the personnel in certain regions should be trained about the language and culture of the region.

Regarding the right to language as an undoubted natural right: As long as the right to language is not perceived as a natural right, it is constantly a subject of political bargaining. Accordingly, language-related regulations should have concrete and practical outputs beyond being a demonstration or protocol. For this, the right to language should be accepted as a natural right and action should be applied accordingly.

45 For a similar result, see:

Rawest Research. 2020. «The Situation of the Mother Tongue Between Parents and Children.» Rawest Research. Accessed: 2020 12. https://rawest.com.tr/wp-content/uploads/2020/02/Ebeveyn_Ana_Dil_Arastirmasi.pdf.

Recommendations for civil society actors

Coordination and coordination: According to the participants, it is improbable to coordinate language studies as there is no local or national authority on Kurdish. First of all, communication and coordination among NGOs serving in the field of health and language rights should be encouraged. Deficits in collective work and organization should be reduced and standardization in medical terminology should be secured. Kurdish should be the language of not only individuals but also institutions and the language of 'tüzels' and language should be socialized.

Developing resources and tend to technology: Participants complained that the work done in the field was insufficient. Some of the collective work done outside of individual initiatives are given incomplete due to both political pressure and coordination problems. To solve the problem in the department, both the use of media and technology should be improved and specialization should be implemented. So then, it is required to set a Kurdish medical academy as a civil initiative. On the other hand, projects such as conferences and congresses related to the field should be expanded.

The right to language should be the essential condition: According to some of the participants, a key area of social life, such as language, should be selected as the red line in all political struggles. Without solving the language problem and changing the perception of language, it is not conceivable to talk about rights in the political field. According to some, although this idea is correct, civil society should form urgent measures and programs without waiting for the state. The first step to be taken in this regard is both basic and specific language training.

Conclusion

The right languages of minorities in Turkey, in the health field, as in all areas of life it creates problems and discrimination vital to deepen. Especially when it comes to the Kurdish language, the government suppresses and terrorizes claims. What makes the issue a political problem is discrimination that the state violence on minorities, which it codes as citizens.

From the findings collected in the research, it is obvious that Turkey violated the right to health as evaluated under standards established in international law. Regarding the scope of the right to health, several related violations appear. Although the most concrete instance of this is the violation of the right to life, there are many and related violations of rights ranging from ethnic-linguistic identities to the discrimination of disadvantaged groups such as the elderly and women.

The principal condition for ending the violations is an end to the monolingual regime. In this sense, the state should not prevent everyone from using their native language freely as required by the government's negative obligations, and it should give the fundamental conditions for the efficient use of the language in all areas of life, particularly in the vital fields such as education and health, as required by the positive obligations.

Regarding the government's accession to health and language rights, it is recognized that civil society and activists are under more severe responsibility. Nevertheless, it additionally seems that the language effort must be taken in two dimensions (political and social). Where all efforts are directed to the political struggle, the social field is left blank and the studies in the field remain incomplete. Therefore, it is viewed as the most vital need to present terminology and authority unity in civil works.

The activities of NGOs have a great impact on the language struggle. But when these events are ordinarily included in a certain area or region, they are obtainable just to a part of the people. In this sense, civil society needs to reach women and elderly people. Giving these people fundamental health education such as first aid in their language and early diagnosis of some diseases such as breast cancer will give notable advances in terms of both language and health.

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