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### Article

## Untapped potentials of governmentality perspective for urban planning studies that focus on the dynamics of health care in contemporary Türkiye

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### ABSTRACT

In this article, we provide a summary of the theoretical explorations that our research has invited us into. The need for such a multi-layered literature review stems from our depiction of the theoretical limitations of contemporary urban planning studies that focus on the experiences of Türkiye in the face of complicated urban problems, among which urban health care challenges stand out. By considering urban health care as a form of social infrastructure along the lines of efficiency, accessibility, design, and sustainability of social rights, contemporary urban planning studies still make use of mainstream social scientific lenses. We suggest an alternative analytical toolkit, namely the *analytics of government drawn on the Governmentality Perspective* as one of the prospective ways to go beyond such limited analysis.

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### INTRODUCTION

Today's rapid and interconnected changes in both the natural and human realms pave the way for ever-complicated issues in cities all over the world. In fact, in 25 years, cities are expected to be hosting 70% of the world's population (World Bank, 2018). Such a rise in urban population will bring about tremendous difficulties for urban contexts. For the concerns of our research, these difficulties will revolve around the provision of health care in cities as made apparent once again by the COVID-19

pandemic. To come up with well-founded decisions in the face of this huge transformation and to adequately address these complex urban problems, studies that focus on resolving them better update or diversify their analytical lenses. In this context, as one of the fields that focus on the complex problems of contemporary cities, urban planning studies – a field that works with the design, management, and development of cities and urban regions, and that frequently entails questions of governance, power, and social control– would benefit from repurposing an alternative analytical toolkit as well. This is mainly because

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the repertoire of urban planning studies' analytical toolkits is limited when it comes to analyzing the dynamics of health care in Türkiye. Taken-for-granted presumptions in mainstream social sciences are echoed in contemporary urban planning studies. This article attempts to suggest making use of an alternative toolkit instead: *Analytically of governmentality* drawn on the *Governmentality Perspective*.

## DISCUSSION I: URBAN PLANNING STUDIES FOCUSING ON THE DYNAMICS OF HEALTH CARE IN TÜRKİYE

When it comes to analyzing the dynamics of urban health care in Türkiye, contemporary urban planning studies view these dynamics as elements of social infrastructure designed for the secure flow of urban life (Berkman, 1992; Çetiner, 1972; Çiftçi, 1999; Ershova et al., 2018; Latham and Layton, 2019; and Şahin, 2018). In this respect, health care is not only taken into consideration within a hierarchy of locations (stretching from wards to districts and cities and regions) but also within frameworks of planning models. As a result, contemporary urban planning studies defining health care primarily as an ingredient of social infrastructure explore the dynamics of health care in Türkiye with respect to four main criteria: *Efficiency* (relations between areal efficiency and service quality), *accessibility* (economic, social, and spatial conditions), *design* (comprehensive flexibility in the sense of multi-functionality), and *sustainability of social rights* (Boyacı, 2021; Gökkaya and Erdem, 2021; Kemeç et al., 2019; Paköz, 2014; and Yılmaz and Kamacı Karahan, 2020). In doing so, urban planning studies largely focus on the historical, legislative, technical, and representative aspects of governing health care in single or dual scales, and mostly for a single/central actor. Such a focus provides analyses more often than not on a macro scale, leaving aside interactions among micro-meso-macro scales. This research hypothesizes that a multi-scale analysis with an eye on the interactions of multiple actors will better serve the needs of the discipline in the contemporary world. Given the epidemics of health-care reforms all around the world in parallel with the urban population anticipated to rise to 70% of the world population in just a quarter century, a theoretical revitalization is out of necessity in contemporary urban planning studies when it comes to analyzing the dynamics of urban health care in Türkiye.

## CONTEXT: EPIDEMICS OF HEALTH CARE REFORMS AND DIFFERING CONCEPTUALIZATIONS OF NEOLIBERALISM

Since the 1980s, there has almost been an epidemic of health care reforms all around the world. Stretching from England to New Zealand and Australia, from the United

States to Europe and East Asia, in various countries, health care reforms are initiated, and accompanying analyses since the 1990s have surfaced as well (Ashton et al., 2009; Giaimo, 2002; Marmor, 1994; and Twaddle, 2002). The prevalent perspective in these analyses associated this epidemic of health care reforms with the broader framework of neoliberal policies, which are assumed to accomplish the goal of limiting the state's involvement in society's operations on the principle that less government is better (Prince et al., 2006, p. 256). Among the critics of this association between less government and neoliberal policies, studies that have drawn upon the Anglo-Foucauldian governmentality studies (Coveney, 1998; Işın, 2000; Larner, 2006; Marchand et al., 2020; Prince et al., 2006; and Rose and Miller, 1992) argued that health care reforms are rightly associated with neoliberalism, yet, neoliberalism "is not an ideology or policy (as mainstream perspectives suggest), but a new round and mode of restructuring the social, political, economic contexts, and subjects and their relations all at once to regulate the society as a whole" (Prince et al., 2006, p. 256). Therefore, in this view, as coined by Prince et al. (2006, p. 256), neoliberalism is not an enforced or completely pre-conceived project, but rather an emergent plan of action that develops as a result of providing programmatic coherence to certain technologies and rationalities that were already evolving in social and governmental structures.

Such an understanding of neoliberalism as a new mode of governmentality required a novel way of conceptualizing the state as well inviting other influential actors who are engaged in governing urban health care under scrutiny. In fact, Kohlwes (2014, p. 19) underlines that according to Michel Foucault, the state is a non-essentialized system of political relations, rather than a universal, stable, unchanging phenomenon that is reconstructed as government practices change. Yet, this does not mean that Foucault suggested ignoring the role of the state in government, rather warned us about the unintended consequences of solely focusing on the role of the state in government, turning a blind eye on other agents and mechanisms of power operating in actual governing. As such, when it comes to associating health care reforms around the world since the 1980s with a differing understanding of neoliberalism, the *Governmentality Perspective* proved to be useful in abstaining from mainstream analyses and allowing us to focus on agents other than state apparatuses that are engaged in the processes of governing health care.

## BRIEF I: GOVERNMENTALITY PERSPECTIVE

In exploring *governmentality*, Foucault gives us a dense conceptual treasury and accompanying methodological trajectories (Yalta Yandaş, 2010). This strand of work

in Foucault's studies has been soundly investigated all around the world by miscellaneous studies that reside beneath the broadest umbrella of the Governmentality Perspective, which was sparked by the Anglo-Foucauldian governmentality studies at the beginning of the 1990s, and then followed by a series of critiques (Yalta Yandaş, 2010). Following Foucault's definition of "government as the conduct of conduct" (Foucault, 2007, p. 389), at the beginning of the 1990s, the Anglo-Foucauldian governmentality studies were distinctive as they acknowledged *government* to be diffused throughout all social interactions. This was an assumption that enabled social scientists to depart from the mainstream readings of neoliberalism as an ideology or policy derived from "the deep-rooted tripartite of state, economy, and civil society when analyzing society and politics" (Foucault, 2008, p. 77-78; Prince et al., 2006, p. 255). As such, these studies provided health-care scholarship with the possibility to comprehend the structure of the health-care system as deriving from a series of *political rationalities and practices of government* rather than top-down impositions of the state on civil society (Prince et al., 2006, p. 256).

Even though such a recalibration of the analytical tools of mainstream analyses brought about significant improvements in research, soon, these pioneers also faced various productive critiques. From within the Governmentality Perspective, Jacques Donzelot and Colin Gordon (Donzelot and Gordon, 2008) asserted that the Anglo-Foucauldian school of governmentality ended up rationalizing the political rationalities it examined rather than criticizing them because their studies reduced Foucault's governmentality studies to a discourse analysis of experts' goals in government, making these descriptions appear more orderly and comprehensive than they are. Moreover, O'Malley et al. (1997, p. 504) highlighted yet another flaw in the Anglo-Foucauldian school of governmentality studies that they can occasionally come out as apolitical due to their near-blindness to power relations. Bröckling et al. (2011, p. 20) also underlined their silence about power relations and social movements.

For the concerns of our research, the most striking critique came from Dean (2006), who criticized the Anglo-Foucauldian school of governmentality studies for focusing solely on the questions of "how," leaving aside the questions of "where" Dean suggested that *analytics of government* focused on the changing configurations of power relations better take questions of "where" alongside the questions of "how" into account. Moreover, a political geographer, Margo Huxley (2007, p. 190) also warned us that even though *the conduct of conduct* is essentially spatial: "...much of the development of governmentality in sociological and political frames barely touches on the

question of space, possibly because of these disciplines' long-standing ambivalence about the place of space in social and political relations." In this respect, critics of the Anglo-Foucauldian governmentality studies as those of Dean (2006) and Margo Huxley (2007) called for putting the onus on the ground functioning of power relations in their *actual spatiality*.

This particular critique is the main theoretical stretching board for our doctoral research. In the light of above-mentioned critics, we intend not only to focus on "how" questions by concentrating on the real functioning of power relations in their *actuality/present mechanisms* (an assumption that both the Anglo-Foucauldian governmentality studies and their critiques share and that is actually why we consider both under the broadest umbrella of *Governmentality Perspective*) but also "where" questions, therefore, the *spatiality* of these present mechanisms of power relations (stressed by the critiques of governmentality studies). Thus, not to fall prey to the lack of spatiality in Anglo-Foucauldian governmentality studies highlighted by Dean (2006, 2009) and Huxley (2007), we also seek to carve out the *spatiality of the present mechanisms of power relations when it comes to analyzing the dynamics of health care in Türkiye*.

Our study, moreover, underlines the need to focus on the actual spatial interactions between multiple actors/agents on micro-meso-macro scales as the untapped potential of the Governmentality Perspective for urban planning studies that focus on the dynamics of health care in Türkiye. Indeed, to have a better grasp of these interactions, we start with the meso scale of this spatiality and focus on *the dynamics of health care in an urban context*. In this respect, our research focuses on the experiences of contemporary Istanbul to depict some of the meso-scale dynamics of health care in Türkiye. The actuality better said the real, on-the-ground functioning of present mechanisms of power relations is aimed to be grasped by *analytics of government* with regards to a mesoscale agent other than a central/macro one. Thus, this research aims to underline the untapped potential of the Governmentality Perspective, namely its multi-scale focus keeping the critiques of the Anglo-Foucauldian governmentality studies in mind makes use of the data-driven from an examination of the activities and discourses of Istanbul Metropolitan Municipality with regards to urban health care since the beginning of the 2000s as a practical stretching board.

Even though tables oversimplify dynamics, making use of them may help us picture and clarify ideas. To this end, the following table (Table 1) compares mainstream perspectives with that of governmentality their differing conceptualizations of power, subjects/agents, city/urban context, and neoliberalism.

**Table 1.** Mainstream perspective versus governmentality perspective

Contemporary urban planning studies on urban health care (taken-for-granted presumptions of mainstream social sciences)		To upgrade contemporary urban planning studies on urban health care by governmentality perspective	
	Anglo-Foucauldian governmentality studies	Tapped potentials	Untapped potentials
Power	<p>Analysis of power in its institutional and central forms</p> <p>Representations of power relations legislative aspects</p> <p>Telling the story of dominant sovereign power or democratic party politics</p>	<p>Analysis of power in it positive/present mechanisms</p> <p>Political Rationalities and Practices of Government</p> <p>Focusing on “how” questions</p>	<p>Critiques of Anglo-Foucauldian governmentality studies</p> <p>Analytics of Government Problematizations, Subjectivities, Technologies</p> <p>Focusing on “how” and “where” questions</p>
Subjects/Agents	<p>State-centric Tripartite of state, economy, and civil society when analyzing society and politics</p>	<p>Centrifugal/multiple actors</p> <p>Unintended consequences of solely focusing on the role of the state in government are turning a blind eye to other agents and mechanisms of power operating in actual governing.</p>	<p>Multiple Scales/ Interactions between Multiple Actors</p> <p>Governing is not exclusively performed by state apparatuses but occurs when on-the-ground reforms and practices come into view during interactions between micro-meso-macro scales.</p>
City	<p>City as merely a physical space or an administrative unit</p>	<p>City as a complex site where diverse strategies of governance are deployed to regulate and manage populations</p>	<p>City as a dynamic, interconnected, heterogeneous assemblage</p>
Neoliberalism	<p>As an ideology or policy, an imposed or entirely pre-conceived “project” that limits the state’s involvement in society’s operations on the principle that less government is better</p>	<p>As a new round and mode of restructuring the social, political and economic contexts, and subjects and their relations to, regulate the society</p>	<p>As an emergent strategy due to giving programmatic coherence to particular technologies and rationalities that were developing in social and governmental bodies</p>

## DISCUSSION II: HOW TO MAKE SENSE OF THE UPSURGE IN HEALTH CARE REFORMS IN TÜRKİYE SINCE THE 2000S IN LIGHT OF THE CRITICS OF ANGLO-FOUCAULDIAN GOVERNMENTALITY STUDIES

Near the end of the 1980s, Türkiye joined in the epidemic of health care reforms as well. Yet, after the turn of the new millennium, there has been a considerable surge in such reforms. This paved the way for various analyses from numerous disciplines, mainly from social sciences. Following the trajectory of the academic discussions around the world, the related literature in English on health-care transformation in Türkiye mainly associated it with a more comprehensive framework called neoliberalism, once again viewed as an ideology or policy that is assumed to limit the state. This mainstream approach was soon criticized.

To have a better grasp of the critique put forth by the Governmentality Perspective with an eye on the experiences of Türkiye, the main discussion points between these two approaches can be revealed by way of examining the latter's critique of the former. Indeed, Kohlwes' working paper (2014) provides us with a convenient summary to this end. By making use of the conceptual treasury and methodological toolkits of Anglo-Foucauldian Governmentality Studies, Kohlwes (2014, p. 67) presents a concise literature review of the mainstream health care scholarship on Türkiye—which is echoed in urban planning studies as well within the English social scientific literature as follows:

The body of English social scientific literature particularly dealing with the Turkish health system (Buğra and Keyder, 2006; Coşar and Yegenöğlü, 2009; Grütjen, 2008; Keyder, 2005) has been expanding with the Health Transformation Program (HTP) (such as Ağartan, 2008; Günel, 2008; Kısa and Younis, 2006; Sarp et al., 2002; Tatar and Kanavos, 2006; and Yılmaz, 2013) but remained relatively scarce. The existing sources are for the large part concerned with assessing the health or welfare system for example concerning its “maturity,” “inclusiveness,” “universality,” or “social rights.” Others focus their analysis on the deteriorating impact of neoliberalism on social policies and the welfare state at large or attempt to “integrate” the Turkish “welfare regime” into existing cross-national typologies.

Kohlwes (2014) contends that such research is still enmeshed in modernization theories, and that is why the conclusions of such research do not hold up when it comes to understanding the experiences of Türkiye in health care. According to Kohlwes (2014), Türkiye has never had a fully developed welfare system in the first place an idealized model of it as a point of reference. Underlining the unique characteristics of this country and the influences that have been exerted upon it, Kohlwes (2014, p. 34) claims that the health care transformation in Türkiye has taken a different

course, mostly shaped by the influence of new international institutions such as the World Health Organization (hereinafter, WHO), policy consultancy by international experts, and the entry of Turkish experts educated abroad into the bureaucratic apparatus further promoted the transfer of knowledge and experience. In this respect, rather than telling the story of “dominant sovereign power or democratic party politics” (Kohlwes, 2014, p. 18), Kohlwes (2014, p. 18) makes use of the analytical toolkit provided by the Anglo-Foucauldian governmentality studies that investigate a range of discourses and practices: “...tactics, strategies, techniques, programs, dreams and aspirations’ of those authorities, experts, doctors, patients,...etc. who attempt to shape beliefs and control of the population, subjects, or citizens.” In this respect, the suggestion proposed turns out to be historicizing and contextualizing these processes to distance analysis from the premises of mainstream analyses, and modernization theories that require linear readings.

Apart from Kohlwes' research (2014) that remains within the framework of Anglo-Foucauldian governmentality studies—therefore, subject to the critiques that these studies have faced when it comes to *actual spatiality*, there are a few studies that focus on health care transformation in Türkiye through the lenses offered by the works of Foucault and/or the critiques of Anglo-Foucauldian governmentality studies. This strand of research historicizes and contextualizes the *subjects* and *technologies of health care transformation* in Türkiye, therefore, these studies mainly shine a light on the interactions between micro and macro scales of governing health care (Aykan and Güvenç Salgırlı, 2013, 2015; Bilge-Ülker, 2019; Günok, 2018; Uluçay, 2016). In this respect, Aykan and Güvenç Salgırlı (2013, p. 306) analyze public spots as a technique of neoliberal governmentality, which, in their words (2013, p. 306), “...works primarily by responsabilizing individuals as health entrepreneurs investing in risk-free lifestyles;” that is, “by conceptualizing health as a matter of self-conduct where personal responsibilities are emphasized” (Aykan and Güvenç Salgırlı, 2015, p. 71). Furthermore, Günok investigates “three phenomena in post-1980 Türkiye by using the concept of neoliberal governmentality that is handled about processes of securitization, economization, and subjectivation” (Günok, 2018, p. iv). Moreover, Bilge-Ülker (2019) attempted to highlight the unfoldings of neoliberalism with an eye on health-care reforms, primarily focusing on the subjects this mode of governmentality produces.

The above-mentioned studies have been quite useful as we share the broader context of the same research subject, namely the dynamics of health care in Türkiye since the 2000s. However, we intend to start out investigating multi-scale interactions on a *meso level of analysis*. Moreover, the above-mentioned studies focus on the actual functioning

of the government of health care in positive power mechanisms by making use of various tools provided by the Governmentality Perspective. Yet, even though they do take ‘how’ questions into account, they also seem to set aside “where” questions, therefore, the actual spatiality of governing health care remains unexplored if not merely studied with regards to the interactions between agents on macro or micro scales.

There is only one study along the peripheries of social and political theories that we have come across during our literature review which particularly put forth an *analytics of government*, and on a meso scale, in an urban context, indeed, on contemporary Istanbul. Yalta Yandaş (2015) focused on Istanbul, by making use of Foucauldian lenses, especially those of the critiques of Anglo-Foucauldian Governmentality Studies, in particular Dean (1999; 2002; 2006) and Dardot and Laval (2012). To inspire similar studies concerned with other regimes of government such as education, crime, security, health care, etc., and to emphasize the decentralized nature of power, the management of populations, and the active role of individuals in governing themselves, Yalta Yandaş examined urban regeneration processes in Istanbul in the 2000s. This study (Yalta Yandaş, 2015) intended to highlight various rationalities, technologies, and subjectivities of government that paved the way for neoliberal governmentality to reshape Istanbul by prioritizing procedural values against politico-ethical ones and limiting politics to a matter of technicality.

Following Yalta Yandaş’s footsteps, our research makes use of *analytics of government* proposed by Dean (1999; 2006; 2009) as well. Yet, while Yalta Yandaş focused on *urban regeneration processes in Istanbul in the 2000s*, we intend to focus on another *regime of government*, namely the *dynamics of health care in Istanbul in the 2000s*. This is to take into account not only the “where” questions but also the meso-scale interactions of actual power relations. In this context and concerning our research subject, the unique contribution of our research derives from its stress not only on the actual functioning of the government of health care in its positive power mechanisms but also on the *spatiality* of such mechanisms by focusing analytical lenses on a meso, urban context, which is an avenue of research still not pursued fully to this day and with respect to health care. In this respect, we argue that we should not suffice with historicizing and contextualizing regimes of government but also spatializing them soundly on multiple scales and for multiple agents. To this end, we put the onus on the *meso scale of Istanbul* as a cornerstone, hoping that such recalibration will help us better grasp *the interactions between multiple agents on macro-meso-micro scales* all at once.

## BRIEF II: TAPPED POTENTIALS OF GOVERNMENTALITY PERSPECTIVE IN URBAN STUDIES

The Governmentality Perspective has been used not only by social scientists but also by geographers and urban planners to better understand how cities are governed and how power dynamics impact urban contexts and populations. To start, governmentality studies have been useful in illuminating how decisions are made, policies are created, and urban spaces are governed via methods and technologies of power used by various governmental and non-governmental actors (McFarlane, 2011; 2021). On a parallel front, it has been used in urban planning studies to investigate problems with sanitation, public health, and the provision of health care in urban areas (McFarlane et al., 2011). Furthermore, as technology is increasingly used to manage metropolitan areas, issues about surveillance and control have also surfaced (Lyon, 2007; Monahan and Murakami Wood, 2018). Moreover, studies on governmentality have also looked at how urban planning affects the subjectivities and identities of urban residents (Peck and Tickell, 2002; Simone, 2018). What is more, governmentality research has been used to better understand the roles of developers, planners, legislators, and community members in influencing urban landscapes and resource distribution (Brenner, 2016; 2019). Overall, the notions of governmentality have provided essential tools for scholars to critically study and comprehend the power dynamics, social processes, and governance mechanisms at work in urban contexts.

Given the above-mentioned multiplicity of research avenues that the governmentality perspective has proliferated, it is hypothesized to provide contemporary urban planning studies with an alternative multi-scale analytical tool kit when it comes to analyzing the dynamics of urban health care in Türkiye as well. A possible key to unlocking such potential is to concentrate on these processes at the meso scale in *Istanbul* and the *discourses, practices*, and also the *interactions of the Istanbul Metropolitan Municipality* in the 2000s.

## RECALIBRATING ANALYTICAL LENSES: RESEARCH QUESTIONS AND INITIAL FINDINGS

Kohlwes appears to be valid in stressing “the influence of new international institutions such as the World Health Organization, policy consultancy by international experts, and the entry of Turkish experts educated abroad into the bureaucratic apparatus...” (Kohlwes, 2014, p.34). Since the 1980s, there has been an increase in global interactions, as a result of which cities and health care are now more significantly impacted by global political and economic processes as well as those at the individual, municipal, and

national levels. Global conceptions and representations of bodies, health, and illnesses are having an increasing impact on local and individual discourses as well as international financial and health organizations, which in turn have an impact on national health policies. Numerous organizations that concentrate on global health challenges, such as contagious illnesses, sanitation, nutrition, housing quality, and access to health care services, flourished on the *macro scale*. For example, the WHO (2006, p. 1) defines health on holistic grounds: “not only as the absence of illness, disability or weakness but a state of physical, mental, and social well-being.” In light of this definition, it has enforced programs such as *Healthy Cities 2010* for local governments to improve the quality of life in their cities (Vlahov et al., 2004). As Navarro (2007) indicates, additionally, the World Bank and International Monetary Fund have suggested a standard model of privatization for developing countries’ health sectors, and most of these countries have followed their advice.

As a result, *on-the-ground reforms* have soon emerged in *macro-national* contexts as the actual reflections of these *macro-international* discourse sets. In fact, one encounters a terminology similar to that of the WHO after studying the Justice and Development Party’s (hereinafter, JDP) discourses and practices on urban health care, the Parliament’s related discussions of urban health care, the Ministry of Health’s discourse and practices in the context of Istanbul, Turkish Industrialists’ and Businessmen’s Association’s reports (hereinafter TUSIAD) since 2003. This was indeed the result of the political and economic collaborations that had previously been started: Since the 1980s, Türkiye has implemented two WHO-sponsored health initiatives (Sur and Atli, 2001; Yıldırım, 2001). The most comprehensive of these reforms, the *Health Care Transformation Program (2003, hereinafter HTP)* has been initiated with the support of the World Health Organization as well, which was designed in two phases: *Program for Transformation in Health (2003–2009)* and *Health Transformation and Social Security Reform (2009–2014)*.

These reforms have had direct influences on the *micro scale* and they were mutually shaped by the conduct of various agents stretching from patients and doctors to health care management and staff, as well. On the one hand, a consumerist form of the patient, better said, *patient as user* evolved (Bilge-Ülker, 2019, p. 65-78); on the other hand, in the digital age, this *patient-consumer* started to be expected to take ever more responsibilities and be the co-manager of his conditions (Crawshaw, 2012; Lupton, 2014; 2016). Doctors, nurses, and health-care staff along with the management, all had to acclimatize to the reorganization of their field as well.

In this context, we depicted that the untapped potential of the governmentality perspective when it comes to analyzing

the dynamics of health care in Türkiye can be unlocked by focusing on the missing scale of analysis in the face of the above-mentioned interactions: the meso scale. Reflected on the mirror of *Istanbul – an ever-expanding ecumenopolis (Ecumenopolis: City Without Limits, 2012)*, a product of ample forms of power investments – and the discourses and practices of its metropolitan municipality as an actor engaged in the regulation of urban health care (hereinafter IMM) and with an eye on its actual and spatial interactions with other agents on micro and macro levels, our research intends to carve out the tactics and strategies employed in governing health care in Türkiye along the lines of *territory, capital, architecture, distribution, hierarchy, circulation, events, and risks* as required by analytics of government<sup>1</sup>. In this context, the following research questions emerged in guidance of Dean’s related work (1999, p. 21-31):

- (Techne of governing health care) Which *tools, mechanisms, procedures, and techniques* that multiple agents use, for the concerns of this research, as a start, particularly the IMM, to set authority on meso-scale/urban health care?
- (Episteme of governing health care)
  - Which *problematizations* gave rise to the *discourses* and *practices* but also the *interactions* of IMM with other agents from various scales when it comes to governing health care in the meso context of Istanbul?
  - On what kind of *thought processes* (calculation and strategy) that these tools, mechanisms, procedures, and techniques are built upon?
- (Fields of visibility) How goals in urban health care are visualized in IMM’s power and *authority diagrams* (for instance, in its Activity Reports and Bulletins)?
- (Spatiality of governing health care) Not only how, but also where do the elements of the health care regime in Istanbul operate? To this end, this research hypothesizes that focusing on city hospitals along the lines of *territory, capital, architecture, distribution, hierarchy*, and the health care system during pandemics along the lines of *circulation, events, and risks* provide us with convenient stretching boards.
- (Ethos of governing health care)
  - What kind of *subjects* is aimed to be produced as a result of the goals set by IMM for urban health care?
  - What kind of power relations are involved in governing health care in Istanbul in the 2000s?

This mid-range analytical tool along the lines of the above-mentioned themes and research questions proved to be more than useful in capturing the swift transitions between micro-meso-macro scales stretching from self and populations to local, national, regional, and international organizations and communities clustering around the theme

of health care in Istanbul. Our initial findings which are still in the making revealed interactions between diverse agents that problematize the current system and offer a solution within a... “business” rather than “public service culture” (Prince et al., 2006, p. 258). This seems to be the emergent plan of action that gives coherence to other already present actual and spatial power mechanisms (Prince et al., 2006, p. 256). A socio-political rationality that deems the market as the best distributor of health care appeared to underlie on-the-ground reforms when we focus on the meso scale of contemporary Istanbul. Furthermore, market principles appeared to decide on “the degree and type of governmental intervention” (Dean, 1999; Foucault, 2008; and Petrakaki et al., 2018) when it comes to urban health care, which is an indication for the actual and spatial functioning of neoliberal governmentality in Türkiye through Istanbul.

## CONCLUSION

Due to the epidemic of health care reforms all around the world in tandem with the urban population expected to rise to 70% of the world population in just a quarter century, a theoretical revitalization in contemporary urban planning studies is necessary to analyze the dynamics of health care in Türkiye. To adequately address ever-more complicated urban problems and to go beyond descriptions of the status quo, contemporary urban planning studies, especially those that focus on the dynamics and challenges of urban health care better rearrange and diversify their analytical tools. In this context, this article attempted to suggest making use of a practical, analytical, and hopefully critical toolkit to this end. Upgrading the major lenses used by contemporary urban planning studies *efficiency, accessibility, design, and sustainability of social rights* – with those of analytics of government-territory, *capital, architecture, distribution, hierarchy, circulation, events, and risks* – has the potential to shine a light on the government of contemporary health care in Istanbul operating on multiple scales all at once. By making use of governmentality perspectives, urban planners can gain critical insights into the actual spatiality of regimes of government in cross-cultural urban contexts.

## NOTE

<sup>1</sup>Putting the onus on the spatial dynamics of healthcare via IMM’s online publications, namely its Activity Reports and Bulletins indeed, opened up a wealth of research avenues which is the subject of the dissertation we currently work upon, therefore, also the subject of another article on methodological explorations. In this article, we suffice to lay out the theoretical groundwork.

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