



Pharmacy Technicians in the Covid-19 Outbreak

Conditions - Problems - Violations

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Diyarbakir Pharmacy Technicians Association was established in 2015.

Conducts research and monitoring studies for the detection and elimination of violations of rights experienced by pharmacy technicians.

To increase awareness of human rights and to increase awareness of these rights performs trainings.

The association supports the pharmacy technicians with legal, social, cultural and psychological studies in line with its possibilities.

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*In the person of our esteemed col- league
Ridwan DOLAN, with respect to the precious
memories of all our pharmacy technicians who
lost their lives in the global epidemic...*

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EXECUTIVE SUMMARY

As in the whole world, health workers in Turkey too, are amongst the most affected groups by COVID-19. Health workers, who are at the forefront of combating the epidemic, have to face many risks due to intense working conditions, insufficient precautions and various obligations. Although doctors and pharmacists are on the agenda, nurses, pharmacy technicians, nursing staff and other healthcare professionals also face serious problems and are exposed to many violations of rights.

As Diyarbakır Pharmacy Technicians Association [DETED], we conducted this research study under these conditions. We conducted our research between 3 December 2020 and 20 April 2021. We tried to identify the problems faced by pharmacy technicians and violations of rights in Diyarbakır. In this process, we tried to follow the studies, especially the news published in the internet media, the statements of the professional organizations operating in the health sector, and the studies that reveal the effects of COVID-19 on healthcare professionals.

Even the data about the right to life obtained from the findings of this monitoring study we conducted reveal the gravity of the situation. According to the Ankara Medical Chamber of data dated April 1, 2021, 382 health workers across Turkey lost their lives in the process. Turkey Pharmacists Union on the first anniversary of the outbreak, according to the information as of March 12, 2021 and 46 pharmacists and 17 pharmacy technicians died from the outbreak. Yet in a study, commissioned by Turkey Pharmacists Association in February 2021 called "COVID-19 Community Pharmacies Impact on the epidemic", we have learnt that 37 pharmacists throughout this process and 12 "pharmacy staff" had died. According to the data of the Turkish Medical Association, 46 pharmacists and 17 pharmacy technicians died during the COVID-19 outbreak as of March 11, 2021. According to the findings of Diyarbakır Chamber of Pharmacists dated March 12, 2021, 65 people, 48 pharmacists, 16 pharmacy technicians and 1 room worker, died as of March 12, 2021. During the outbreak in Turkey as far as we can determine, a total of 17 pharmacy technician, 3 women and 14 men, have lost their lives due to COVID-19.

We know that pharmacy technicians have to contact people who are COVID-19 positive at least as much as pharmacists and in many cases more than they do. In general, many technicians have been ill from exposure to the virus in Diyarbakır in Turkey, and private, have lost their lives while some of it. In this process, like all healthcare professionals, pharmacy technicians were also subjected to violations in many areas, especially health and the right to life. For this purpose, we tried to draw a detailed picture of the situation by

interviewing our colleagues who represent a significant portion of pharmacy technicians in Diyarbakır in order to reveal a significant part, if not all, of the problems and violations suffered.

We added 3 questions to the beginning of our survey, which consists of 19 questions, 2 of which are open-ended, to determine the profile of the participant. With these 3 questions, we compiled the participants' age, gender and district information. We should immediately state that we applied the survey to pharmacy technicians working in pharmacies in Bağlar, Yenişehir, Sur and Kayapınar districts of Diyarbakır. Among our questions, we tried to include general questions about the epidemic process, the measures taken in combating the

epidemic, as well as the profession-specific problems related to the working conditions of the pharmacy technicians, the problems they face and the violations. We also aimed to bring together their psycho-social experiences. One of the important issues we tried to focus on was the situation of contracting COVID-19 and what happened after the disease.

During the study, a total of 200 pharmacy technicians were reached. Almost all of the participants answered all questions. However, in some cases, there were also questions that they avoided to answer with certain concerns. We also tried to indicate the situations in which this happened. One of the important dimensions of our research was to identify the differences, if any, in terms of gender roles. By keeping the number of participating men and women equal, we had the opportunity to observe whether there was a change in terms of problems according to gender.

In the surveys and interviews, 82.5% of the pharmacy technicians stated that the epidemic process was not carried out correctly. The rate of pharmacy technicians who find the measures taken insufficient is over 70%. With the COVID-19 outbreak, one of the most important risk control measures to be taken in work areas where exposure is high is that employees have regular COVID-19 diagnostic tests. In the research, 92.5% of the participants stated that they never had a test. In other words, it was determined that only 15 people out of 200 participants were tested.

In the study conducted, approximately one fourth of the pharmacy technicians participating in the study in Diyarbakir stated that they had COVID-19 disease. More than 60% of the technicians caught with COVID-19 disease stated that they were harmed physically and mentally due to the disease. Moreover, there have been technicians who reported that they were operated despite contracting or being in contact with COVID-19 disease.

The research has revealed that 75% of the participants cannot access protective equipment free of charge. According to the answers given by the participants, TEB (Turkish Pharmacists Association) 11th Region Diyarbakir Pharmacist Chamber provided mask, gloves, disinfectant, visor and overalls support only once. Research shows that personal protective equipment such as masks, visors, gloves, disinfectants, which should be used to prevent the transmission of COVID-19 disease, are not provided to employees by employers. The participants who stated that they had access to personal protective equipment reported that they reached the most masks and disinfectants.

In order for the participants to feel safer, suggestions such as full closure for 2-3 weeks, COVID-19 patients not coming to the pharmacy, obeying the distance rules, obeying the hygiene rules, working in shifts, increasing the measures, working from home.

Accompanying with the epidemic, it has been observed that the workload of pharmacy technicians has increased as in all healthcare professionals. 64% of the participants stated that the workload increased during this period, while 36% stated that it did not. The increased workload with the epidemic has created both physical and mental pressure on employees. In the study, 64.5% of the participants stated that they never thought of resigning during the epidemic, while 17.5% always, 10% sometimes and 7.5% rarely stated that they thought about resigning. It was observed that the employees said that they did not intend to resign because of the concern that the employer would be aware of the questionnaire or that he would be aware of the answers he gave. It is understood from the verbal statements and the conflicting answers that the pharmacy technicians who participated in the monitoring study had more fear of unemployment than the fear of getting sick, and that they had to work despite unsuitable working conditions. We have determined the rate of pharmacy technicians who state that they have partial, sometimes or permanent problems regarding wage payments as 25%.

The rate of those who say that their relations with both their home and family, as well as with friends, neighbors and close surroundings have weakened during the epidemic is around



80%. This is one of the most important problems faced by healthcare professionals. Due to the risk of being a carrier, almost all healthcare professionals feel themselves under social pressure.

During the interviews, we also reached the data that were beyond the scope of the study. These data also point to the need for further studies on the problems of pharmacy technicians. An important issue that especially female participants stated verbally was that male pharmacy technicians did not open a work area for female technicians, they applied gender discrimination and this situation created very serious problems for women. According to the data obtained in the study, female employees are obliged to work with a heavier workload and work with lower wages compared to male employees. As is understood in this monitoring study, women face serious discrimination in terms of social roles.

A series of measures should be taken in order to improve the conditions of healthcare workers in general and pharmacy technicians in particular, to eliminate the violations of rights they are exposed to, and to establish redress mechanisms for their grievances. Of course, what can be done in this area is not limited to the suggestions at the end of the study. Other inclusive proposals can be brought to the agenda by bringing together people from different specialties and different professions, and using processes with wider participation.

I. In this context, starting from the improvement of epidemic management, the following studies should be carried out for pharmacy technicians:

II. The necessary equipment, tools and equipment for the epidemic period and all other emergencies should be provided free of charge and regularly for all individuals working in the health sector.

III. Considering the heavy working conditions and devoted work during the epidemic period, all healthcare workers should be provided with additional payment support by the relevant institutions and organizations, without discrimination.

IV. COVID-19 tests should be made widespread and made mandatory for pharmacy technicians.

V. Workplaces should be inspected regularly and measures should be taken to increase the protection of the environment.

VI. All healthcare professionals should be included in the policies created by the relevant institutions during the epidemic period, without discrimination.

VII. COVID-19 disease should be considered an occupational disease for all healthcare professionals, including pharmacy technicians.

VIII. Occupational Health and Safety Law and International Labor Organization ILO Convention No. 161 on Health Services

obligations must be fulfilled.

IX. Both in Diyarbakir and throughout the country, violations of pharmacy technicians' right to life and health have been eliminated.

must be removed.

X. Equal working conditions should be created in terms of gender, necessary measures for equal pay for equal work

conditions should be created for equal opportunities.

XI. Female pharmacy technicians working under harsher conditions are exposed to more physical and mental pressure; therefore measures should be taken to prevent them from remaining.

XII. Improvements should be ensured for pharmacy technicians who work informally or work with wages below the minimum wage, who cannot use their rights such as leave, overtime, etc. and the conditions should be brought at least to the level determined by law.



PRESENTATION

The new corona virus disease (COVID-19), which came out in China in the last months of 2019 and was officially announced on December 31, 2019, spread all over the world in a short time. The spread was so rapid that it was declared by the World Health Organization as a global epidemic on March 12, 2020. Moreover, it was criticized by many people that the decision was taken so late.

According to the official description of the first COVID-19 cases were observed in Turkey on March 11, 2020. However, today there are such assessments that this disease may have begun in a much earlier period in Turkey. As of that date a large number of measures have been taken throughout Turkey. Today, these measures are still being taken partially and periodically, although the epidemic has not been fully brought under control.

As in the whole world, health workers in Turkey too, are amongst the most affected groups by COVID -19. Health workers, who are at the forefront of combating the epidemic, have to face many risks due to intense working conditions, insufficient precautions and various obligations. Although doctors and pharmacists are on the agenda, nurses, pharmacy technicians, nursing staff and other healthcare professionals also face serious problems and are exposed to many violations of rights.

As Diyarbakır Pharmacy Technicians Association, we conducted this research study under these conditions. We conducted our research between 3 December 2020 and 20 April 2021 with the support of Your Impact EU Program. We share with you our findings regarding the problems of pharmacy technicians and the violations of their rights in Diyarbakır. Although we believe that portray pharmacy technicians working on a study in Diyarbakır is still the case in which the general outline of pharmacy technicians in all of Turkey.

We would like to thank our association members Sema Atala, Mesut Fidan, Merve Budak, Şaban Çelebi, Ceylan Palamut Ak, who conducted the survey interviews in the process of the emergence of this study, for their efforts and contributions. We are also grateful to Tülin Yıldırım, who contributed and supported the reporting and analysis of data. This work would not have come about without valuable contributions.

This report is dedicated to Rıdvan Dolan and all our colleagues, who worked as a pharmacy technician in Diyarbakır during the pandemic period and died due to the COVID-19 virus.

1. INTRODUCTION

The seriously affected by the outbreak-19 Covidien employees in the health field as well as all over the world major monitoring and reporting activities in Turkey has caused to be done. We can already foresee that these studies, which are carried out in order to make the efforts of health workers working with devotion visible and to record the problems and violations of rights in this process, will present important data on how the field of health will be organized and organized in the future.

In this process, the intensive working conditions of healthcare workers, the inadequacy of the measures taken to protect them from the COVID-19 epidemic, and the various obligations they encountered have caused them to face many risks. Of course, the problems and violations faced by doctors and pharmacists, who are supposed to be higher in the hierarchy of professions, more respected by society, and stronger in terms of professional organizations, are more visible and occupy more place on the public agenda. However, other healthcare professionals such as nurses, pharmacy technicians, and nursing staff also face serious problems and are exposed to many violations of rights. As Diyarbakir Pharmacy Technicians Association, we have tried to follow the studies carried out in this period of about a year, especially the news published in the internet media, the statements of the professional organizations operating in the health sector, and the studies that reveal the effects of COVID-19 on health professionals.

Even the data about the right to life obtained from the findings of this monitoring study we conducted reveal the gravity of the situation. According to the Ankara Medical Chamber of data dated April 1, 2021, 382 health workers across Turkey lost their lives in the process. Turkey Pharmacists Union on the first anniversary of the outbreak, according to the information as of March 12, 2021 and 46 pharmacists and 17 pharmacy technicians died from the outbreak. Yet in a study, commissioned by Turkey Pharmacists Association in February 2021 called "COVID-19 Community Pharmacies Impact on the epidemic ", we have learnt that 37 pharmacists throughout this process and 12 "pharmacy staff" had died¹.

Exactly one year ago, when Turkey also began to take hold of the global epidemic Covid-19, a total of 37 pharmacists and 12 pharmacy employees had lost their lives until this report was written; in addition to this, pharmacists and working staff in approximately 30 thousand pharmacies had to struggle against various kinds of troubles in the mentioned process.²

According to the data of the Turkish Medical Association, 46 pharmacists and 17 pharmacy technicians died during the COVID-19 outbreak as of March 11, 2021.³

In Turkey, Diyarbakir Chamber of Pharmacists made a statement, published on March 12, 2021, that COVID -19 had caused a list of reasons for pharmacists' and technicians' losing their lives. The statement included the names of pharmacists and pharmacy technicians, along with the dates of death at the provincial level. According to the determinations of the Diyarbakir Chamber of Pharmacists, 65 people, 48 pharmacists, 16 pharmacy technicians and 1 room employee, died as of March 12, 2021.

1- <https://dokuz8haber.net/toplum-yasam/saglik/turk-eczacilari-birligi-pandeminin-bir-yilini-degerlendirdi/>

2- https://dergi.tebeczane.net/public_html/kitaplar/COVID19toplumeczanelerietkisi/html5/index.html?&locale=TRK&pn=9

3- <https://www.aa.com.tr/tr/koronavirus/turkiyede-kovid-19un-bir-yillik-bilancosu/2172643>

**COVID-19'a KARŞI VERİLEN SAĞLIK MÜCADELESİNDE
KAYBETTİĞİMİZ ECZACILARIMIZ VE TEKNİSYENLERİMİZ***Unutmayacağız*

Ecz. İhsan GİRAY, 17 Mart 2020-İstanbul
Eczane Teknisyeni Ekrem ÖZDEMİR, 26 Mart 2020-İstanbul
Ecz. Himmət Taştan KARDASLAR, 3 Nisan 2020-Denizli
Ecz. İsmail DURMUS, 11 Nisan 2020-İstanbul
Ecz. Merih YALCINÖZ, 12 Nisan 2020-İstanbul
Ecz. Süreyya ZİPKINKURT, 14 Nisan 2020-Edirne
Ecz. Lütfü POLAT, 6 Temmuz 2020-Van
Eczane Teknisyeni Rıdvan DOLAN, 20 Ağustos 2020-Diyarbakır
Ecz. Ayşegül ÖGÜT, 22 Ağustos 2020-Gaziantep
Ecz. Hayati SEZERER, 4 Eylül 2020-Karaman
Ecz. Taki TÜRKYILMAZ, 5 Eylül 2020-Mersin
Ecz. Yücel YILDIRIM, 11 Eylül 2020-Kırşehir
Eczane Teknisyeni Mesut YİĞİT, 14 Eylül 2020-Kütahya
Ecz. Emine AKYILDIZ, 19 Eylül 2020-Diyarbakır
Ecz. Ahmet TANIS, 25 Eylül 2020-Kahramanmaraş
Ecz. Naci GÖZÜKÜÇÜK, 26 Eylül 2020-Kayseri



TEB 11. BÖLGE
DIYARBAKIR ECZACI ODASI

**COVID-19'a KARŞI VERİLEN SAĞLIK MÜCADELESİNDE
KAYBETTİĞİMİZ ECZACILARIMIZ VE TEKNİSYENLERİMİZ***Unutmayacağız*

Ecz. Cem SEYHAN, 5 Ekim 2020-Kayseri
Ecz. Osman ÖKE, 9 Ekim 2020-Niğde
Eczane Teknisyeni Hüseyin SEVİRT, 14 Ekim 2020-İstanbul
Ecz. Hüseyin İlhami OKATAN, 9 Kasım 2020-İstanbul
Ecz. Ali BALKAN, 15 Kasım 2020-İstanbul
Ecz. Bekir MUTLU, 16 Kasım 2020-Sivas
Ecz. Hasan ÖZİŞİK, 20 Kasım 2020-Denizli
Eczane Teknisyeni Abdulaziz UMUC, 21 Kasım 2020-Sanlıurfa
Ecz. Erhan YÜKSEL, 22 Kasım 2020-İstanbul
Ecz. Yalçınkaya YAROL, 22 Kasım 2020-İstanbul
Ecz. Hasan YÜCEL, 27 Kasım 2020-İstanbul
Ecz. Atilla ADA, 28 Kasım 2020-Ordu
Ecz. Ayhan ULUBELEN, 29 Kasım 2020-İstanbul
Eczane Teknisyeni Hayri TUNA, 30 Kasım 2020-İstanbul
Ecz. İbrahim Nizam ÇİLELİ, 30 Kasım 2020-Manisa
Eczane Teknisyeni Belgin Kürsat TORAMAN, 1 Aralık 2020-Antalya



TEB 11. BÖLGE
DIYARBAKIR ECZACI ODASI

**COVID-19'a KARŞI VERİLEN SAĞLIK MÜCADELESİNDE
KAYBETTİĞİMİZ ECZACILARIMIZ VE TEKNİSYENLERİMİZ***Unutmayacağız*

Ecz. Tevfik Filket ATILGAN, 2 Aralık 2020-Edirne
Ecz. Muharrem KANMAZ, 5 Aralık 2020-Hatay
Ecz. Nazım YİĞİT, 3 Aralık 2020-Konya
Ecz. Süleyman Eser ÖZGÜN, 5 Aralık 2020-Denizli
Ecz. Süleyman Özcan KARA, 6 Aralık 2020-Denizli
Ecz. Rıdvan MUTLU, 6 Aralık 2020-Aydın
Eczane Teknisyeni Ömer DEMİR, 10 Aralık 2020-Afyonkarahisar
Ecz. İsmail DÜZAĞAC, 10 Aralık 2020-Afyonkarahisar
Eczane Teknisyeni Ahmet KOYUNOĞLU, 11 Aralık 2020-Samsun
Ecz. Ahmet UNCU, 11 Aralık 2020-Kahramanmaraş
Eczane Teknisyeni Ramazan ÖZ, 12 Aralık 2020-Mersin
Ecz. Mustafa KOCATMAZ, 13 Aralık 2020-Neveşehir
Ecz. Zeki GÜL, 14 Aralık 2020-Samsun
Ecz. Kamer OKTAYOĞLU, 17 Aralık 2020-Sakarya
Ecz. Ömer ABACI, 17 Aralık 2020-İstanbul
Ecz. Mehmet Raşit UZAR, 19 Aralık 2020-Trabzon



TEB 11. BÖLGE
DIYARBAKIR ECZACI ODASI

**COVID-19'a KARŞI VERİLEN SAĞLIK MÜCADELESİNDE
KAYBETTİĞİMİZ ECZACILARIMIZ VE TEKNİSYENLERİMİZ***Unutmayacağız*

Eczane Teknisyeni Cuma KARA, 20 Aralık 2020-Gaziantep
Eczane Teknisyeni İlhan SAĞIROĞLU, 20 Aralık 2020-Manisa
Ecz. Sitki ASLAN, 23 Aralık 2020-Mersin
Ecz. Namık Kemal YAVUZ, 23 Aralık 2020-Van
Eczacı Odası Çalışanı Nazlı YAKIŞ, 24 Aralık 2020-Aydın
Ecz. Ömer GÜRKAN, 28 Aralık 2020-Adana
Ecz. Halit USLUEL, 3 Ocak 2021, Tekirdağ
Ecz. Mehmet ÇİNPOLAT, 3 Ocak 2021, Gaziantep
Ecz. Köksal TÜRKEL, 8 Ocak 2021, Samsun
Ecz. Sekip ÖZTÜRK, 8 Ocak 2021-İstanbul
Eczane Teknisyeni Mustafa DOĞAN, 16 Ocak 2021-Mersin
Ecz. Nurcan USLUPLAT, 4 Subat 2021-Sakarya
Ecz. Halil BOZDAĞ, 9 Subat 2021-Manisa
Eczane Teknisyeni Kemal DERİM, 11 Subat 2021-Tekirdağ
Eczane Teknisyeni Sakine KLİÇ, 14 Subat 2021-Gaziantep
Eczane Teknisyeni Hatice ÖZGÜMÜŞDAĞ, 4 Mart 2021-Samsun



TEB 11. BÖLGE
DIYARBAKIR ECZACI ODASI

THE NAMES AND DATES OF DEATHS OUR PHARMACISTS AND TECHNICIANS WE LOST IN THE HEALTH STRUGGLE AGAINST COVID-19

Throughout the pandemic, to understand the ordeal of pharmacy technicians, to understand their troubles and to find out these problems, we have tried to scan the news, viral in internet media, between March 11, 2020, which COVID-19 officially begins in Turkey, and March 15, 2021. However, the most important factor that made this screening work difficult was the reflection of the pharmacy technicians on the news by expressions such as “pharmacy worker”, “pharmacist head worker”, or “pharmacist assistant”. For this reason, we do not think we can reach all the news about pharmacy technicians. However, we think we can bring a significant part of it together. We also presented these news published by the media in the attachment.

According to the news reflected by the media and we could reach during our screening study, 10 pharmacy technicians were subjected to a violation of the right to life due to their extraordinary working conditions. During the outbreak in Turkey, as far as we can determine, 17 pharmacy technicians were dead as a result of COVID-19. Of the pharmacy technicians who suffer from violation of the right to life, 14 are men and 3 are women:



Ekrem Özdemir, March 26, 2020 - İstanbul	Ahmet Koyunoğlu, December 11, 2020 - Samsun
Rıdvan Dolan, August 20, 2020 - Diyarbakır	Ramazan Öz, December 12, 2020 - Mersin
Mesut Yiğit, September 14, 2020 - Kütahya	Cuma Kara, December 20, 2020 - Gaziantep
Yunus Çelik, September 16, 2020 - Denizli	İlhan Sağıroğlu, December 20, 2020 - Manisa
Hüseyin Seyirt, October 14, 2020 - İstanbul	Mustafa Doğan, January 16, 2021 - Mersin
Abdulaziz Umuç, November 21, 2020 - Şanlıurfa	Kemal Derin, February 11, 2021 - Tekirdağ
Hayri Tuna, November 30, 2020 - İstanbul	Sakine Kılıç, February 14, 2021 - Gaziantep
Belgin Kürşat Toraman, December 1, 2020 Antalya	Hatice Özgümüşdağ, March 4, 2021 - Samsun
Ömer Demir, December 10, 2020 - Afyon	

Although we have such data, there is no comprehensive study on the problems faced by pharmacy technicians and their conditions. Within the scope of this study conducted, we, as Diyarbakır Pharmacy Technicians Association, aimed to monitor and report the rights' violations experienced by pharmacy technicians, who are among the risky and disadvantaged occupational groups, during the pandemic process in Diyarbakır, and also to reveal the invisible violations in this area.

We know that pharmacy technicians have to contact people who are COVID-19 positive at least as much as pharmacists and in many cases more than they do. Of course, this is a requirement of their profession and is a part of their responsibilities. However, there have been violations of the right to health and the right to life resulting from the failure to provide adequate health and safety measures for pharmacy technicians. In general in Turkey, and specifically in Diyarbakır, many technicians have been ill from exposure to the virus; while some of them have lost their lives. In this process, like all healthcare professionals, pharmacy technicians have also been subjected to violations in many areas, especially health and the right to life. For this purpose, we interviewed with our colleagues representing a large part of the pharmacy technicians in Diyarbakır and tried to draw a detailed picture of the situation in order to reveal a significant part, if not all, of the problems experienced and the violations suffered.

We added 3 questions to the beginning of our survey, which consists of 19 questions, two of which are open-ended, in order to determine the participant profile. Through these 3 questions, we compiled the participants' age, gender and district information. We should immediately state that we applied the survey to pharmacy technicians working in pharmacies in Bağlar, Yenışehir, Sur and Kayapınar districts of Diyarbakır.

Among our questions, we tried to include general questions such as the epidemic process, the measures taken to combat the epidemic, as well as the profession-specific problems such as the working conditions of pharmacy technicians, the problems they face and violations. We also aimed to bring together their psycho-social experiences. One of the important issues we tried to focus on was the situation of contracting COVID-19 and what happened after the disease.

One of the important dimensions of our research was to identify the differences, if any, in terms of gender roles. We determined the number of pharmacy technicians we interviewed as 100 men and 100 women. Thus, we had the opportunity to observe whether there was a change in the problems according to gender.

We hope that this work conducted by us will make a small contribution to the problems faced by pharmacy technicians and the violations of rights they are exposed to, and perhaps to be eliminated. We hope that this period, which has very painful consequences for those who lost their lives and their relatives, will not continue with greater pain and violations of the right to life and health will come to an end, and COVID-19 will be accepted as an occupational disease.

2. BACKGROUND INFORMATION: EMPLOYEE HEALTH

The “health” of employees in general and healthcare workers in particular is defined in national and international documents. Turkey is also a party to some of these international documents. All these international regulations are also a rule of domestic law in accordance with Article 90 of the Constitution.

Although this section does not cover all aspects of all documents on the subject, it tries to summarize the main documents that ensure employee health, regulate this area, make rules and give recommendations.

The right to health is a right protected by various laws and contracts. According to the Constitution, the state is obliged to provide health services with the conditions in which everyone can sustain their lives by protecting their physical and mental health. It is obliged to make the necessary regulations and inspections for this.

A. EMPLOYEE HEALTH IN INTERNATIONAL LAW

One of the most important international instruments to which Turkey is a signatory to is the World Health Organization Constitution. The Constitution of the World Health Organization, also in Turkey on July 22, 1946 signed by representatives of 61 countries, including and entered into force. In the Constitution of the World Health Organization, health is defined as “not only the absence of disease and disability, but a state of complete well-being in terms of physical, spiritual and social aspects.”

The World Health Organization has made the definition of a healthy workplace in the brochure “Five solutions for healthy workplaces: “The wealth of business depends on the health of workers. A healthy workplace is one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of all workers and the sustainability of the workplace...”

- Health and safety issues in the physical work environment;
- Issues related to health, safety and well-being in the psychosocial work environment, including work organization and workplace culture;
- Personal health resources in the workplace (support and encouragement of healthy lifestyles by the employer);
- Ways to participate in the community to improve the health of workers, their families and members of the community (irilmesi);

The International Labor Organization’s Convention No. 161 on Health Services was accepted on June 7, 1985. In Turkey, the relevant law in January 2004, accepted and published in the Official Gazette and entered into force as of April 22, 2005. Within the scope of the contract, the protection of the worker against discomfort, illness and injury arising from his / her job is one of the duties assigned to the International Labor Organization. In the 5th article of the contract, the duties of the members are determined as follows:

4- <https://www.healthworldnews.net/dso-anayasasi-hedefleri-ve-bildirgeleri/2->

5- https://www.who.int/occupational_health/5keys_Turkish.pdf



“Occupational health services will cover the following duties in accordance with the occupational risks in the enterprise, without prejudice to the responsibility for the health and safety of the workers employed by each employer, and taking into account the necessity of the participation of workers in occupational health and safety.

Identification and evaluation of risks harmful to health in workplaces:

- Oversight of factors in the work environment and work practices that may affect the health of the worker, including health facilities, canteens, dormitories and places where such services are provided by the employer;
- Providing advice on the planning and organization of the work, including the design of the workplaces, the condition, maintenance and selection of machinery and other equipment, and the materials used during the work,
- Participation in the development of programs to improve business practices, such as health evaluation and testing of new equipment,
- Providing advice on occupational health, safety, hygiene and ergonomics, personal and joint protective equipment,
- Supervision of workers' health in terms of their relationship with work,
- Improving the suitability of the job for the worker,
- Contributing to vocational rehabilitation measures,
- Cooperation in providing information, education and training in the fields of occupational health, hygiene and ergonomics;
- Organizing first aid and emergency treatment services;
- Participating in the analysis of occupational accidents and diseases “

B. REGULATIONS ON OCCUPATIONAL HEALTH IN TURKEY

At the national level, the right to health is regulated in the Constitution in the most basic way. Section VIII, Part A, Article 56 of the Constitution contains provisions regarding “health services and protection of the environment”.

The state ensures that everyone lives in physical and mental health; It regulates health institutions to plan and serve from a single source in order to realize cooperation by increasing savings and efficiency in human and material power.

The state fulfills this task by utilizing and supervising the health and social institutions in the public and private sectors.

General health insurance can be established by law in order to provide widespread health services.

When we look at the local legislation, we see that the area is regulated by the Occupational Health and Safety Law. In particular, Article 4 titled “the general obligation of the employer” and article 15 titled “Health Surveillance” contain relevant regulations:

Article 4:

The employer is obliged to ensure the work-related health and safety of the employees and within this framework;

6- https://www.ilo.org/ankara/conventions-ratified-by-turkey/WCMS_377304/lang--tr/index.htm

7- <https://www.mevzuat.gov.tr/MevzuatMetin/15.2709.pdf>

8- <https://www.mevzuat.gov.tr/MevzuatMetin/15.6331.pdf>

a) To prevent occupational risks, to take all kinds of measures, including training and information, to organize, to provide the necessary tools and equipment, to adapt health and safety measures to changing conditions and to improve the current situation.

Article 15:

1. Employer; a) Ensures that employees are subjected to health surveillance, taking into account the health and safety risks they will be exposed to in the workplace. b) It has to ensure that the employees are examined in the following situations: 1) When they are recruited. 2) In job change. 3) In case of demand upon returning to work after repeated dismissal due to work accident, occupational disease or health. 4) During the continuity of the work, at regular intervals determined by the Ministry according to the nature of the employee, the job and the hazard class of the workplace.
2. Those who will work in dangerous and very dangerous jobs cannot be started without a medical report stating that they are suitable for the job they will do.
3. Health reports required within the scope of this Law are obtained from the workplace doctor. It can also be obtained from public service providers or family physicians for less dangerous workplaces with less than 50 employees. Objections to the reports are made to the referee hospitals determined by the Ministry of Health, and the decisions made are final.
4. Costs arising from health surveillance and any additional costs arising from this surveillance shall be borne by the employer and not reflected to the employee.
5. Health information is kept confidential in terms of protecting the private life and reputation of the employee whose medical examination is made.

Apart from these documents and laws, there are many other regulations. However, we do not consider it necessary to include all of them in detail at this point, as it will exceed the scope of the study.



3. METHOD AND SCOPE

Within the scope of this study, in 4 districts of Diyarbakır (Bağlar, Yenişehir, Sur, Kayapınar), we intended to reveal that pharmacy technicians, who work in the health sector during the COVID-19 outbreak, monitor and report the violations of their rights experienced during the epidemic period, and report the violations that are not visible in this area.

First of all, in the study, the health and right to life violations of the pharmacy technicians, who were among the healthcare professionals in Diyarbakır, were observed. Violations of the right to health and the right to life have occurred due to the failure to provide adequate health and safety measures. Throughout Turkey and in Diyarbakır, many technicians and pharmacists being exposed to the virus became ill and died. As stated above, 48 pharmacists, 17 pharmacy technicians and 1 pharmacist chamber employee, a total of 65 people died.

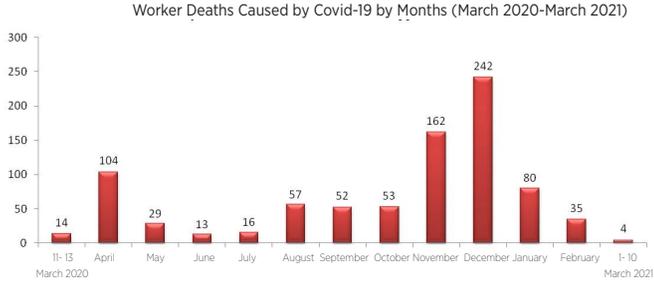
Since the follow-up and control of patients in the epidemic could not be done adequately by the relevant units and in some cases, the prescriptions of COVID-19 patients were written by hand, patients had to apply to pharmacies themselves to buy their medicines. The arrival of COVID-19-positive people to pharmacies has led to the direct contact of pharmacists and pharmacy technicians, often as a result of entering the pharmacy.

As Diyarbakır Pharmacy Technicians Association, we have obtained various data by conducting a survey with 200 pharmacy employees about the health and life risks they face during the epidemic, in addition we have benefited from the information reflected in the press and shared with the public, considering that it is important to reveal the situation of our colleagues. Furthermore, the personal opinions and views of the people participating in the survey regarding the measures taken were also taken.

Both the ILO and the World Health Organization's work environment, the recommendations relating to the protection of workers' health and safety decisions in Turkey, is located in Occupational Health and Safety legislation. However, the deficiencies in the implementation of the legislation reveal themselves with the occupational accidents. For example, the cause of death of 741 of 2427 employees who lost their lives was stated as COVID-19 in the Worker Health and Safety Council's 2020 Work Murders Report. This represents a total of 31% of workplace murders. In the report "Covid-19 is a Working Class Disease..." published on March 19, 2021, it was stated that 861 workers died in the first year of the epidemic due to COVID-19.

As far as we have determined, 34 percent from the national press; 66 percent of the workers' colleagues, families, healthcare professional organizations, unions, occupational safety experts, workplace physicians and local media, in the first year of the epidemic, (11 March 2020 - 10 March 2021) at least 861 workers died.

During this period, worker deaths due to Covid-19 were not announced by the state and naturally were not reflected in the national press. Therefore, for the first time in our report, the rate of worker deaths reflected in the national press is 1/3 of the worker deaths we can detect. Thanks to the efforts of health organizations (especially TTB - Turkish Medical Association), we were able



to learn the number of deaths of health workers, who constitute the majority of known deaths. In addition to these, our other sources of information were especially unions, colleagues, families of workers, local press, and country associations.¹⁰

The inadequacies in health and safety measures in the workplace have also negatively affected the pharmacy technicians, causing violations of the right to health and life. Both the anxiety of unemployment and the lack of practices aimed at improving the working life with international and national legislation negatively affected the living conditions of pharmacy technicians in this process.

During the study, a total of 200 pharmacy technicians were reached. Interviews were made with these people over the phone, by e-mail and face to face. Almost all of the participants answered all questions. However, in some cases, there were also questions that they avoided to answer with certain concerns. We also tried to indicate the situations in which this happened.

Currently, 267 pharmacies continue their activities in Diyarbakir. According to the data we could access, there are 84 pharmacies in Bağlar district, 52 in Kayapınar district, 51 in Ye- nişehir district and 30 in Sur district. Considering that these numbers are in the past, we can assume that there have been minor changes. Nevertheless, compared to the total number of pharmacies, which is around 220, we can say that a sample of 200 people consisting of 100 women and 100 men has sufficient representation power. The distribution and proportions of the participants according to the districts are as follows:

District	Person	Rate
Bağlar	78	%39
Kayapınar	66	%33
Yenişehir	31	%15,5
Sur	25	%12,5
Total	200	%100

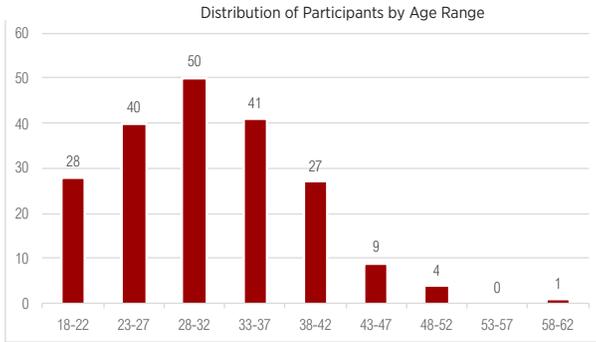
10- <http://isigmeclisi.org/20650-covid-19-bir-isci-sinifi-hastaligidir-salginin-birinci-yilinda>

11- <https://www.titck.gov.tr/PortalAdmin/Uploads/UnitPageAttachment/clcfd8dc10483.pdf>



The population of the districts and the ratio of the number of existing pharmacies in the districts to each other and the ratios of the number of participants by districts approximately overlap with each other.

When the participants are examined according to their age ranges, it is observed that an almost complete bell curve emerges. This situation caused the average age [31,09] and the mean value [30] to be almost the same.



LIMITATIONS

During the pharmacy technicians survey study, we found that misleading answers were given to some questions. We anticipate that the reason for this is that the survey participants were worried about losing their job during the epidemic or not falling into the situation of complaining about their employer.

Most of the participants posed questions such as “Why are you doing this study?”, “Who will you share with?” that made them feel that they were anxious. For this reason, we witnessed ambivalent situations while answering the questions. For example, “Do you feel safe in your field?” When asked, the interviewer answered “no” and said “yes” and corrected himself.

In addition, approximately 30 pharmacy technicians stated that they did not want to participate in the monitoring study because the employer did not consent.

In the question about salary and progress payments, most pharmacy technicians stated that they did not have any problems with salary due to the fear of losing their job - although they received a salary below the minimum wage, but they did not refrain from stating that they were working under the minimum wage. This situation clearly revealed that there were more violations in terms of women when the responses of the female and male participants were compared.

During the interviews, we also reached the data that were beyond the scope of the study. These data also point to the need for further studies on the problems of pharmacy technicians. An important issue that especially female participants stated verbally was that male pharmacy technicians did not open a work area for female technicians, they applied gender discrimination and this situation created very serious problems for women.

According to the data obtained in the study, female employees are obliged to work with a heavier workload and work with lower wages compared to male employees. As it is understood in this monitoring study, it is very seriously discriminated against women in terms of social roles.

4. FIELDWORK FINDINGS

During the survey, we interviewed 200 people between the ages of 18-60 working in Diyarbakir. During the interviews with 200 pharmacy technicians, the number of female and male employees were kept equal, and 100 female and 100 male technicians were interviewed. The average age of the technicians, whose oldest was 60 and the youngest was 18, was found to be 31.09.

We added a 3-question questionnaire to the beginning of our questionnaire, which consists of 19 questions, two of which are open-ended and three of which are two-part. With these 3 questions, we compiled the participants' age, gender and district information.

Among our main survey questions, we tried to include general questions about the epidemic process, the measures taken to combat the epidemic, as well as the working conditions of pharmacy technicians, the problems they face and the profession-specific problems related to violations. We also aimed to bring together their psycho-social experiences. One of the important issues we tried to focus on was the situation of contracting COVID-19 and what happened after the disease.

One of the important dimensions of our research was to identify the differences, if any, in terms of gender roles. By keeping the number of participating men and women equal, we had the opportunity to observe whether there was a change in terms of problems according to gender

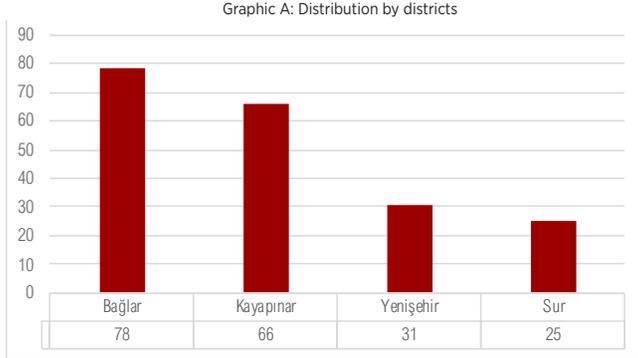
	Person	Average	Medium	The Youngest	The Oldest
Male	100	34.09	34	18	60
Female	100	28.17	27	18	46
Total	200	31.09	30.5	18	60

Gender	Person	Rate%
Male	100	%50.00
Female	100	%50.0
Total	200	%100.0

The study was carried out in Bağlar, Kayapınar, Yenişehir and Sur districts of Diyarbakir. These districts are also the most populous districts of Diyarbakir in terms of population. 78 of the participants were from Bağlar, 66 from Kayapınar, 31 from Yenişehir, and 25 from Sur district. The number of participants and the proportion of the population of the districts coincide approximately with each other.

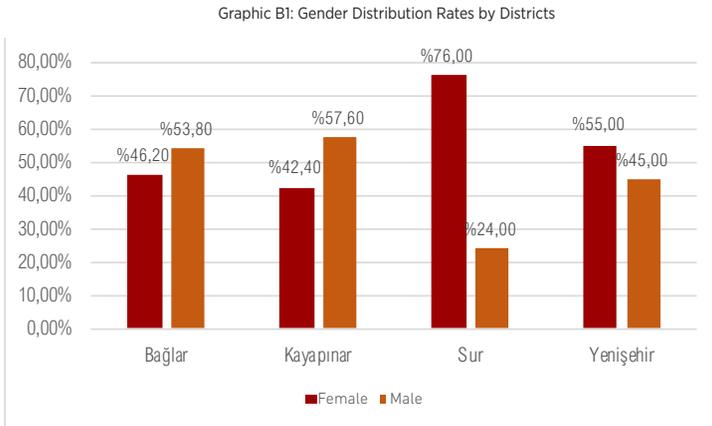


District	Person	Rate
Bağlar	78	%39,0
Kayapınar	66	%33,0
Yenişehir	31	%15,5
Sur	25	%12,5
Total	200	%100,0



Considering the distribution of the participants by districts, 39% of the participants are from Bağlar District, 33% from Kayapınar District, 15.5% from Yenişehir and 12.5% from Sur district. The gender distribution by districts is given below.

		Bağlar	Kayapınar	Sur	Yenişehir
Male	Person	42	38	6	14
	Rate	%53,8	%57,6	%24	%45
Female	Person	36	28	19	17
	Rate	%46,2	%42,4	%76	%55
Total	Person	78	66	25	31
	Rate	%100	%100	%100	%100



SURVEY STUDY AND ANALYSIS

1 - Do You Think The Pandemic Process Is Managed Properly and Soundly?

While 82.5% of the participants stated that it was not managed correctly, 17.5% of them said that it was managed correctly. In the evaluation of the process management according to the gender of the participants, 12 of the female technicians and 23 of the male technicians stated that the process was managed correctly and healthily, 88 of the female technicians and 77 of the male technicians stated that it was managed incorrectly. The number of men who think they are directed correctly is higher than the number of women.

Graphic 1: Do you think the pandemic process is managed properly and soundly?

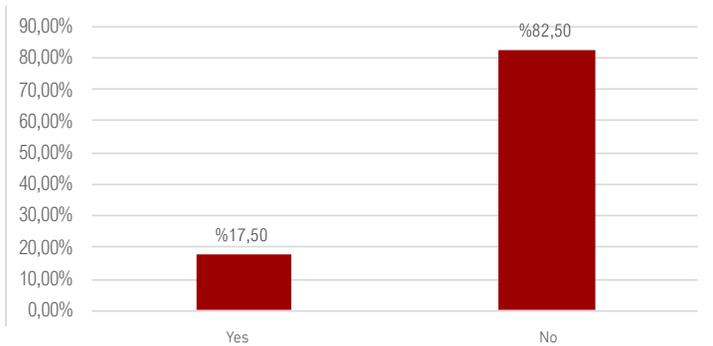
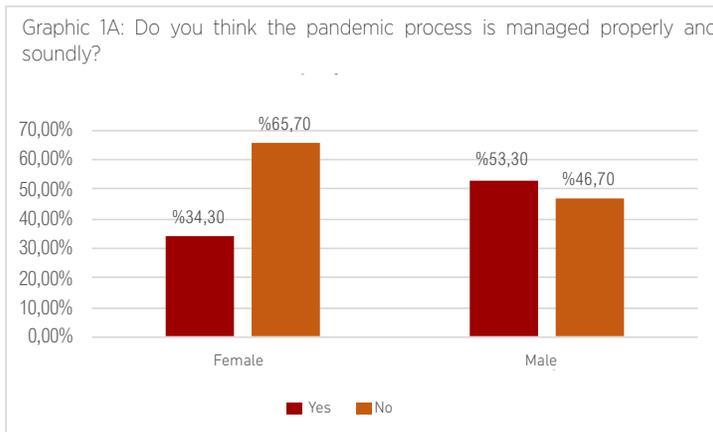


Table 1: Distribution of answers disaggregated by gender

		Yes	No
Male	Person	23	77
	Rate	%65,70	%46,70
Female	Person	12	88
	Rate	%34,30	%53,30
Total	Person	35	165
	Rate	%100.00	%100.00

Graphic 1A: Do you think the pandemic process is managed properly and soundly?



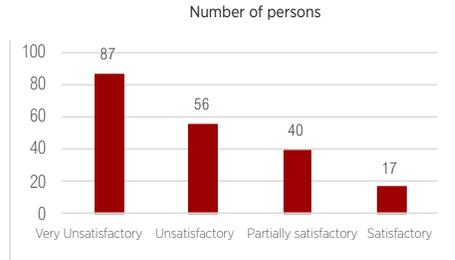


2 - Do you think the path followed and the measures taken to control the epidemic are sufficient?

43.5% of the participants stated that they find the precautions very insufficient, 28% insufficient, 20% partially sufficient, and 8.5% adequate. While the rate of those who find the measures insufficient in general is 71.5%, the rate of those who find the measures sufficient is 28.5%.

Table 2: Evaluation of the way followed and the measures taken to control the epidemic

	Person	Rate
Very unsatisfactory	87	%43,5
Unsatisfactory	56	%28,0
Partially satisfactory	40	%20,0
Satisfactory	17	%8,5
Total	200	%100



Graphic 2: Do you think the path followed and the measures taken to control the epidemic are sufficient?

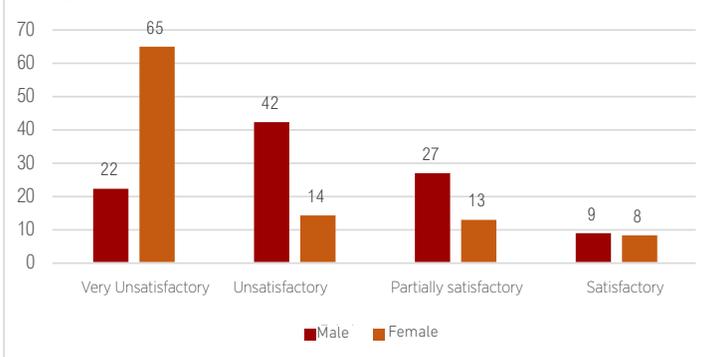
In the evaluations of the female and male participants regarding the adequacy of the measures; 25.3% of those who find it very unsatisfactory are men and 74.7% are women.

75% of those who find the precautions insufficient are men and 25% are women. In partially sufficient, 67.5% are men and 32.5% are women. Of the 8.5% who find it sufficient, 52.5% are men and 47.10% are women.

Table 2A: Evaluate the path followed and the measures taken to control the epidemic.

		Very unsatisfactory	Unsatisfactory	Partially satisfactory	Satisfactory
Male	Person	22	42	27	9
	Rate	%25,30	%75	%67,50	%52,90
Female	Person	65	14	13	8
	Rate	%74,70	%25	%32,50	%47,10
Total	Person	87	56	40	17
	Rate	%100	%100	%100	%100

Graphic 2A: Do you think the path followed and the measures taken to control the epidemic are sufficient?

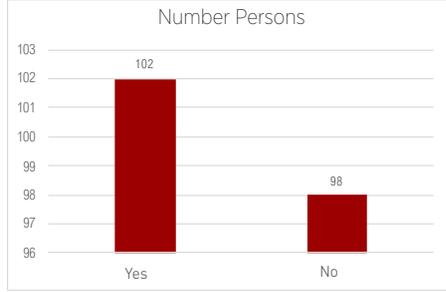


3 - Do you feel safe in the pharmacy you work for?

Teknisyenlerin %51'i kendisini güvende hissettiğini söylerken %49'u güvende hissetmediğini söylemiştir. Güvende hissedenlerin %51'ini erkekler %49'unu kadınlar oluşturmaktadır.

Table 3: Do you feel safe in the pharmacy you work for?

	Person	Rate (%)
Yes	102	51
No	98	49
Total	200	100



Graphic 4: Do you feel safe in the pharmacy you work for?

Table 3A: Do you feel safe in the pharmacy you work for?

		Yes	No
Male	Person	52	48
	Rate	%51	%49
Female	Person	50	50
	Rate	%49	%51
Total	Person	102	98
	Rate	%100	%100



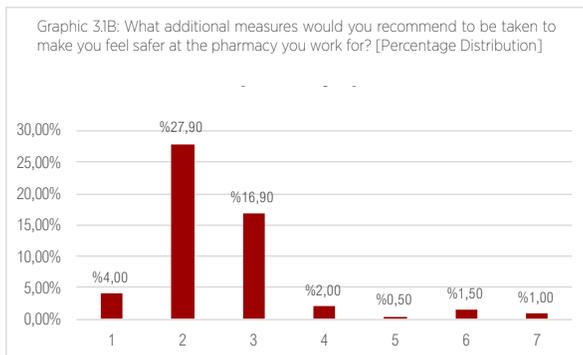
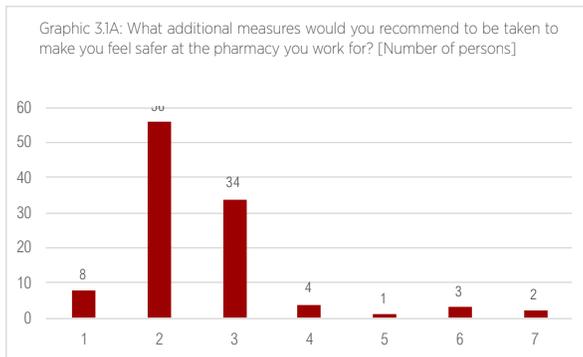


3.1 - What additional measures would you suggest to be taken to make you feel safer in the area you work in? Indicate in a sentence.

A total of 108 participants answered this question and 7 different suggestions were presented. Among them, the suggestion "patients should not come to the pharmacy" was given by 27.9% of the participants, and the suggestion "the distance rules must be followed" was given by 16.9% of the participants. 4% of the participants suggested a 3-4-week of full closure.

Table 3.1: What additional measures would you recommend to be taken to make you feel safer at the pharmacy you work for?

	Person	Rate%
1- 3-4 week of full closure	8	4
2-COVID-19 positive patients should not go to pharmacy	56	27,9
3-Distance rules must be obeyed	34	16,9
4- Hygiene rules must be obeyed	4	0,5
5-Work from home should be conducted	1	1,5
6-Precautions should be enhanced	2	1
7-Working in shift	108	53,7
Total		

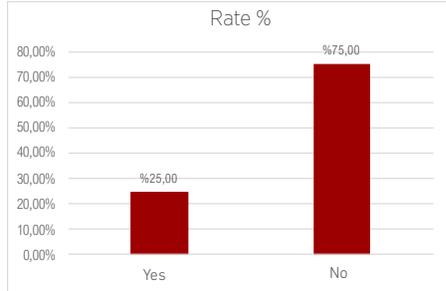


4 - Did you have free access to protective equ- %80,00 ipment free of charge during the pandemic period?

Katılımcıların %75'i koruyucu ekipmana ücretsiz ulaşamadıklarını, %25'i ise ulaştıklarını söylemiştir. Ekipmanlara ücretsiz ulaşan %25'lik dilimde yer alan katılımcıların %70'ini kadınlar, %30'unu erkekler oluşturmaktadır.

Table 4: Did you have free access to protective equipment during the pandemic period?

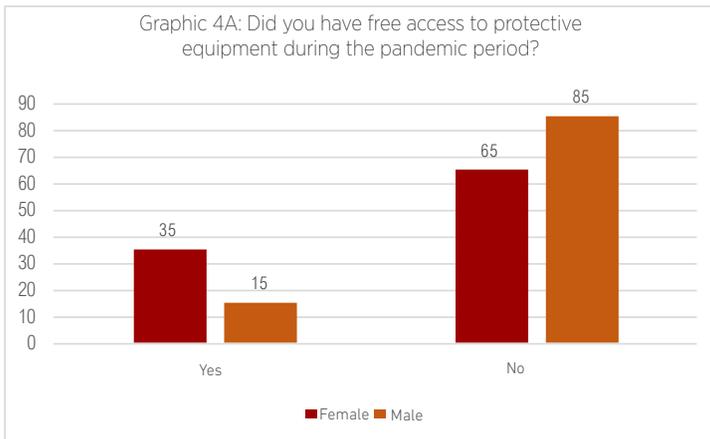
	Person	Rate (%)
Yes	50	25
No	150	75
Total	200	100



Graphic 4: Did you have free access to protective equipment during the pandemic period?

Table 4A: Did you have free access to protective equipment during the pandemic period?

		Yes	No
Male	Person	15	85
	Rate	%30	%56,70
Female	Person	35	65
	Rate	%70	%43,30
Total	Person	50	150
	Rate	%100	%100



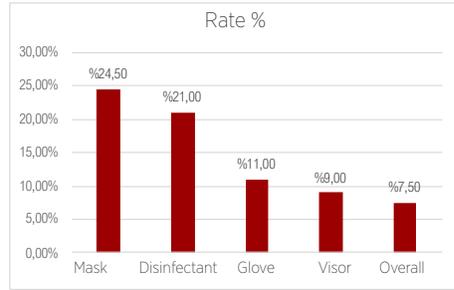


4.1 - If yes, what equipment could you have free access to?

Of the 146 answers given to this multi-choice question, 24.5% said they could reach the mask, 21% to the disinfectant, 11% to the glove, 9% to the visor and 7.5% to the overalls. It was observed that while women had more access to masks and disinfectants among the free protective equipment, male technicians had access to overalls, visors and gloves.

Tablo 4.1: Ücretsiz olarak hangi ekipmanlara ulaşabildiniz?

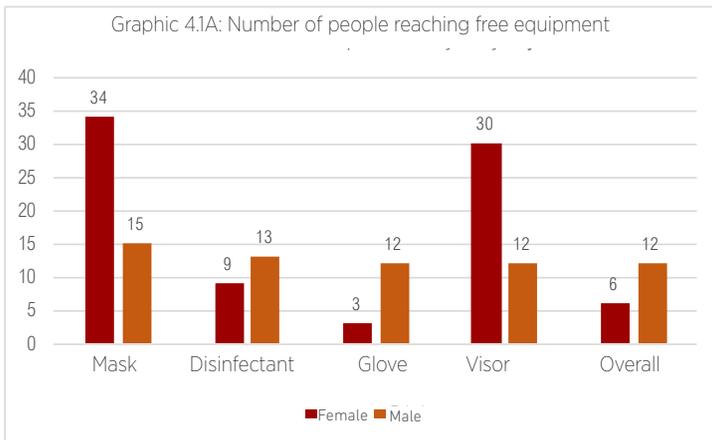
	Person	Rate (%)
Mask	49	24,5
Disinfectant	42	21,0
Glove	22	11,0
Visor	18	9,0
Overall	15	7,5



Graphic 4.1: Proportional distribution of freely accessible equipment

Table 4.1A: What equipment is available for free

		Mask	Glove	Overall	Disinfectant	Visor
Male	Person	15	13	12	12	12
	Rate	%30,60	%59,10	%80	%28,60	%66,70
Female	Person	34	9	3	30	6
	Rate	%69,40	%40,90	%20	%71,40	%33,30
Total	Person	49	22	15	42	18
	Rate	%100	%100	%100	%100	%100

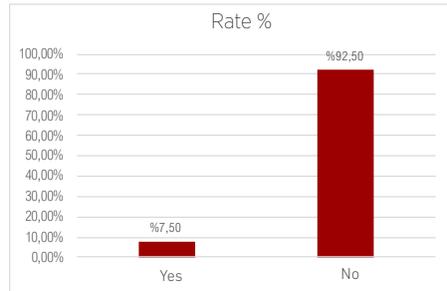


5 - Is there regular COVID-19 testing for technicians at the pharmacy you work?

While 92.5% of the participants stated that COVID-19 test is not performed, 7.5% stated that they are regularly tested for COVID-19. This rate corresponds to only 15 people. While there is no significant difference between male and female technicians who said that they did not test, 73.3% of those who said regular tests were performed, and 26.7% were male technicians.

Table 5: Is there regular COVID-19 testing for technicians at your pharmacy?

	Person	Rate (%)
Yes	15	7,5
No	185	92,5
Total	200	100

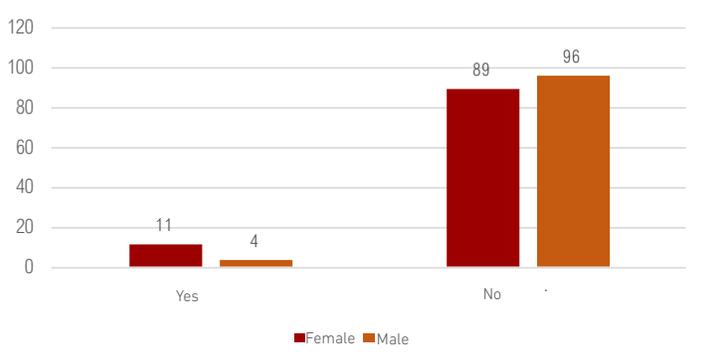


Graphic 5: Is there regular COVID-19 testing for technicians at your pharmacy?

Table 5A: Are regular COVID-19 tests done for technicians at the pharmacy you work in?

		Yes	No
Male	Person	4	96
	Rate	%26,70	%51,90
Female	Person	11	89
	Rate	%73,30	%48,10
Total	Person	15	185
	Rate	%100	%100

Graphic 5A: Is there regular COVID-19 testing for technicians at your pharmacy?





5.1 - If yes, at what intervals and how many times did you get it done?

Of the 15 participants with a rate of 7.5% who answered "Yes" to the previous question, 9 people out of the 15 participants said that they were tested every month, 4 people every 2 months, 1 person every 2 months, and 1 person every 10 days.

Table 5.1: If yes, how many times have you tested at what intervals?

	Person	Rate (%)
Once in 10 days	1	0,5
Twice a month	4	2
Once a month	9	4,5
Once in 2 months	1	0,5
Total	15	7.5

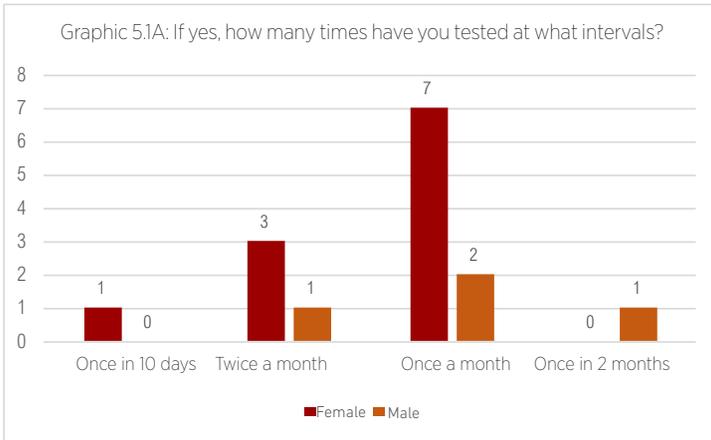


Graphic 5.1: If yes, how many times have you tested at what intervals?

Table 5.1A: If yes, how many times have you tested at what intervals?

		Once in 10 days	Twice a month	Once a month	Once in 2 months
Male	Person	0	1	2	1
	Rate	0	%25	%22,20	%100
Female	Person	1	3	7	0
	Rate	%100	%75,00	%77,80	%0
Total	Person	1	1	9	1
	Rate	%100	%100	%100	%100

Graphic 5.1A: If yes, how many times have you tested at what intervals?

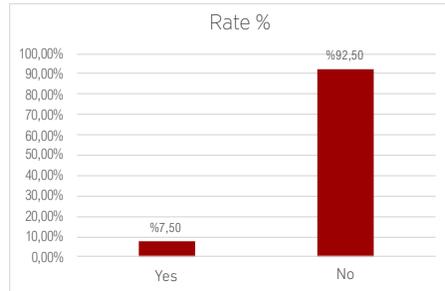


6 - How do you evaluate the adequacy of the measures taken for pharmacy technicians?

While 49% of the participants found the measures taken for pharmacy technicians very insufficient, 23% found it insufficient, 16% partially sufficient, 11.5% sufficient and 0.5% very sufficient. Of those who say that the measures are very insufficient, 26.5% are men and 73.5% are women. Of the 23% group who said that the measures were insufficient, 82.6% were men and 17.40% were women. While 72% of all participants found the measures taken for pharmacy technicians insufficient, 28% found it partially and completely sufficient.

Table 6: Evaluation of the measures taken for pharmacy technicians

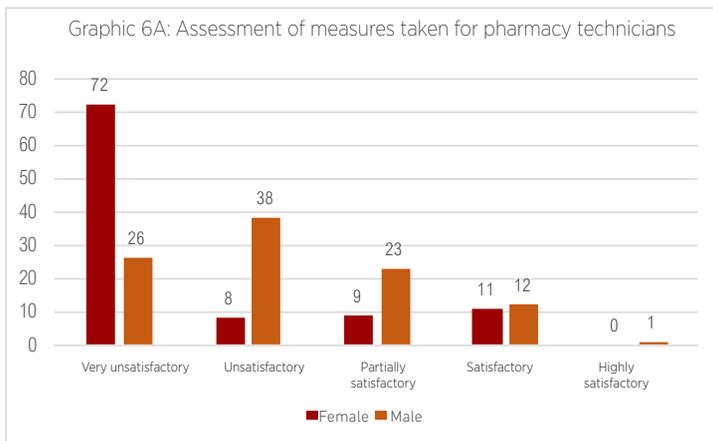
	Person	Rate (%)
Very unsatisfactory	98	49
Unsatisfactory	46	23
Partially Satisfactory	32	16
Satisfactory	23	11,5
Highly satisfactory	1	0,5
Total	200	100



Graphic 6: Evaluation of the measures taken for pharmacy technicians

Table 6A: Evaluation of the measures taken for pharmacy technicians

		Very unsatisfactory	Unsatisfactory	Partially satisfactory	Satisfactory	Highly satisfactory
Male	Person	26	38	23	12	1
	Rate	%26,50	%82,60	%71,90	%52,20	%100
Female	Person	72	8	9	11	0
	Rate	%73,50	%17,40	%28,10	%47,80	%0
Total	Person	98	46	32	23	1
	Rate	%100	%100	%100	%100	%100





7 - Have you gotten COVID-19 disease?

49 people, corresponding to 24.5% of the participants, stated that they had COVID-19 disease, while 75.5% said they did not. Of the 24.5% group with COVID-19 disease, 24 are male and 25 are female technicians. The ratio between men and women who say they do not have COVID-19 disease is also very close to each other.

Table 7: Have you had COVID-19 disease?

	Person	Rate (%)
Yes	49	24,5
No	151	75,5
Total	200	100

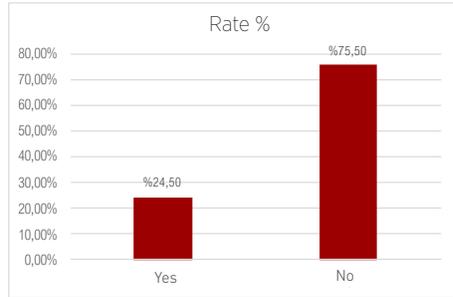
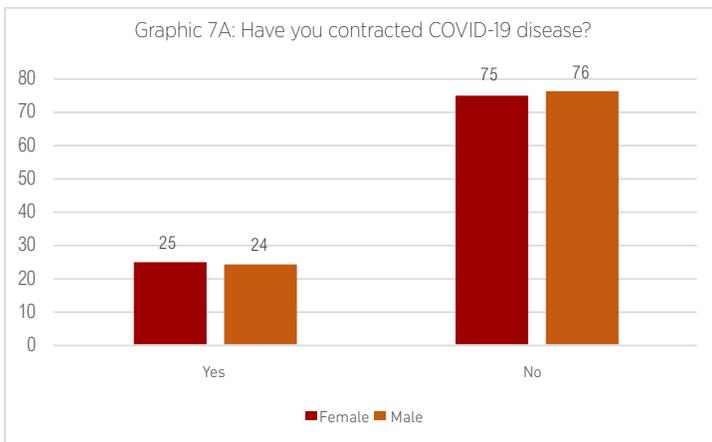


Table 7A: Have you contracted COVID-19 disease?

Table 7A: Have you contracted COVID-19 disease?

		Yes	No
Male	Person	24	76
	Rate	%49	%50,30
Female	Person	25	75
	Rate	%51	%49,70
Total	Person	49	151
	Rate	%100	%100

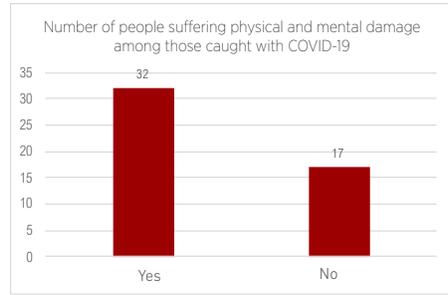


8 - Have you experienced physical and mental damage after the illness?

16% of the total number of participants in the 24.5% group consisting of 49 people with COVID-19 disease stated that they experienced physical and mental damage, while 8.5% 32 stated that they did not experience physical and mental damage. Women constitute 24 65.6% of those who say they have suffered damage, and men 34.4%.

Table 8: Have you experienced physical or mental damage after the illness?

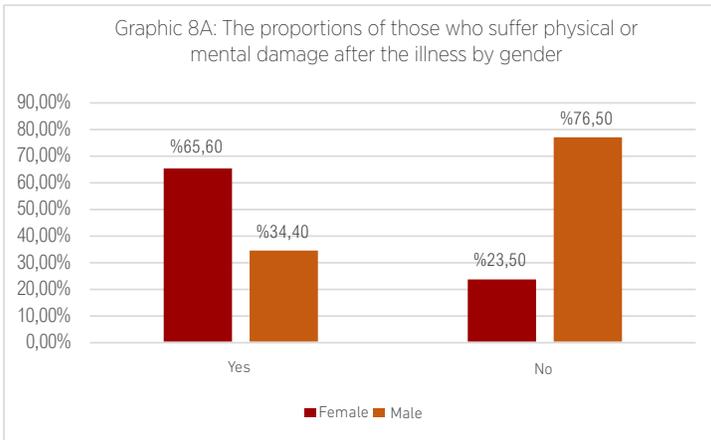
	Person	Rate (%)
Yes	32	16
No	17	8,5
Total	49	24,5



Graphic 8: Have you experienced physical or mental damage after the illness?

Table 8A: Have you experienced physical or mental damage after your illness?

		Yes	No
Male	Person	11	13
	Rate	%34,40	%76,50
Female	Person	21	4
	Rate	%65,60	%23,50
Total	Person	32	17
	Rate	%100	%100





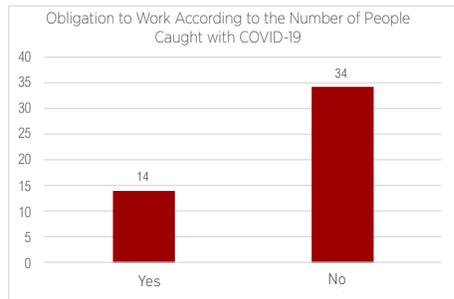
9 - Did you have to work with COVID disease during the pandemic process?

In the previous question, one of the participants who declared they had COVID-19 disease did not answer this question.

Among those caught with COVID-19 disease, 7% of the 24% of the general participant said they had to work, while 17% said they did not have to work. To put it in another way, 28.57 percent of those who got the disease stated that they had to work, while 69.39 percent stated that they did not have to work. 42.9% of those who have to work are men and 57.10% are women.

Table 9: Did you have COVID-19 disease and have to work during the pandemic process?

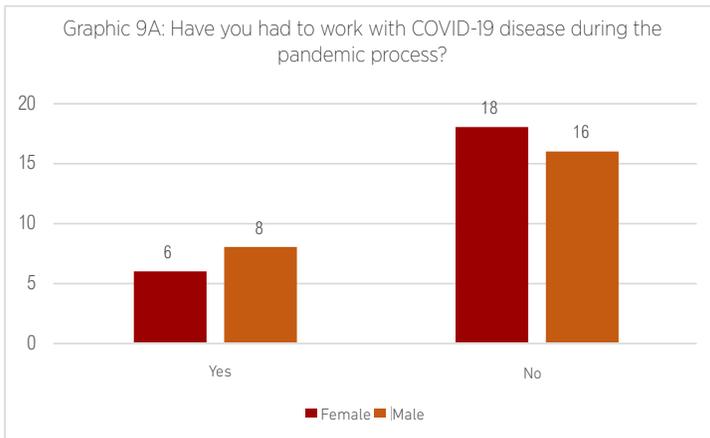
	Person	Rate (%)
Yes	14	7
No	34	17
Total	48	24



Graphic 9: Have you had to work with COVID-19 disease during the pandemic process?

Table 9A: During the pandemic process, did you have to get COVID-19 disease and work?

		Yes	No
Male	Person	6	18
	Rate	%42,90	%52,90
Female	Person	8	16
	Rate	%57,10	%47,10
Total	Person	14	34
	Rate	%100	%100

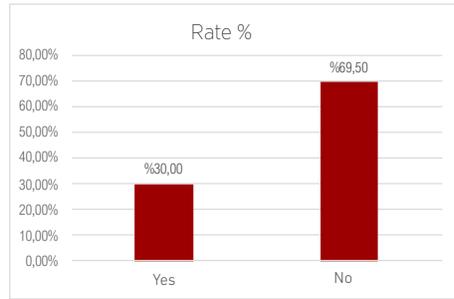


10 - Did you have to work even though you were in close contact during the pandemic process?

1 participant did not answer this question. While 30% of the participants stated that they had to work even though they were in contact, 69.5% stated that they did not have to work. While 53.30% of those who say they had to work are women, 46.70% are men.

Table 10: Did you have to work even though you were in close contact during the pandemic process?

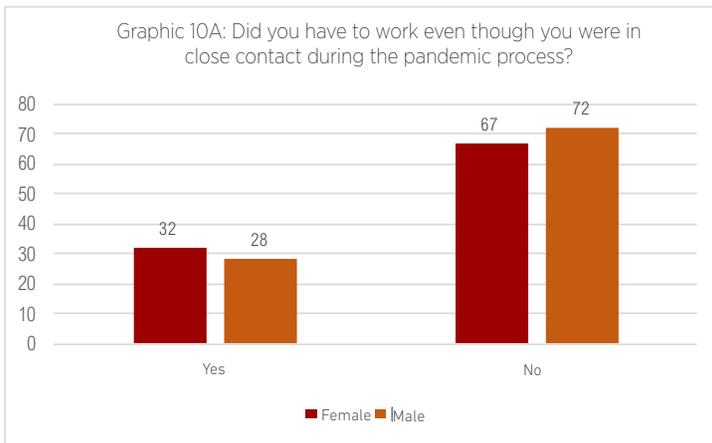
	Person	Rate (%)
Yes	60	30
No	139	69,5
Total	199	99,5



Graphic 10: Did you have to work even though you were in close contact during the pandemic process?

Table 10A: Did you have to work although you were in close contact during the pandemic process?

		Yes	No
Male	Person	28	72
	Rate	%46,70	%51,80
Female	Person	32	67
	Rate	%53,30	%48,20
Total	Person	60	139
	Rate	%100	%100





11 - Have your workload increased during the pandemic process?

64% of the participants stated that the workload increased with the epidemic, while 36% stated that it did not. 45.30% of those who say that their workload has increased is men and 54.70% are women.

Table 11: Did your workload increase during the pandemic process?

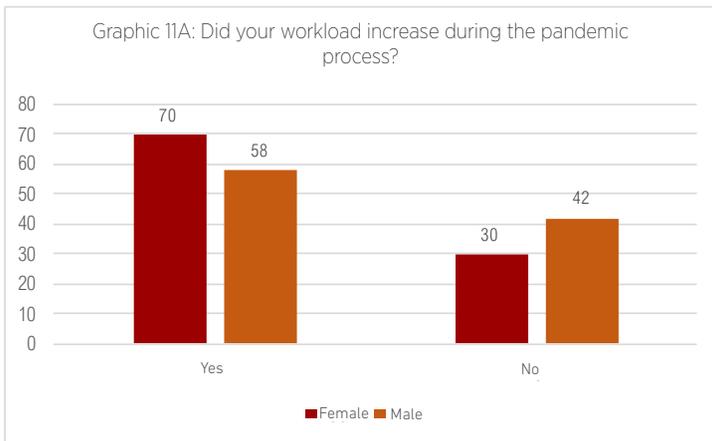
	Person	Rate (%)
Yes	128	64
No	72	36
Total	200	100



Graphic 11: Did your workload increase during the pandemic process?

Table 11A. Did your workload increase during the pandemic process?

		Yes	No
Male	Person	58	42
	Rate	%45,30	%58,30
Female	Person	70	30
	Rate	%54,70	%41,70
Total	Person	128	72
	Rate	%100	%100

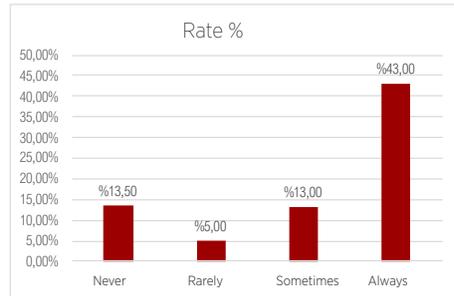


12 - Do you think the increasing workload during the pandemic process creates physical and mental pressure on you?

To this question, "Did your workload increase during the pandemic process?" 21 people were added to 128 people who answered yes and a total of 149 people responded. While 13.5% of the group stated that the increasing workload never caused physical and mental pressure, 5% stated that it rarely creates pressure. While the rate of those who say sometimes is 13%, the rate of those who say that it always creates physical and mental pressure is 43%. 66.70% of those who say that the increased workload does not cause physical and mental pressure are men and 33.30% of them are women, while 68.60% of those who say that it always creates mental and physical pressure are women and 31.40% are men.

Table 12: Do you think that the increasing workload during the pandemic process puts physical and mental pressure on you?

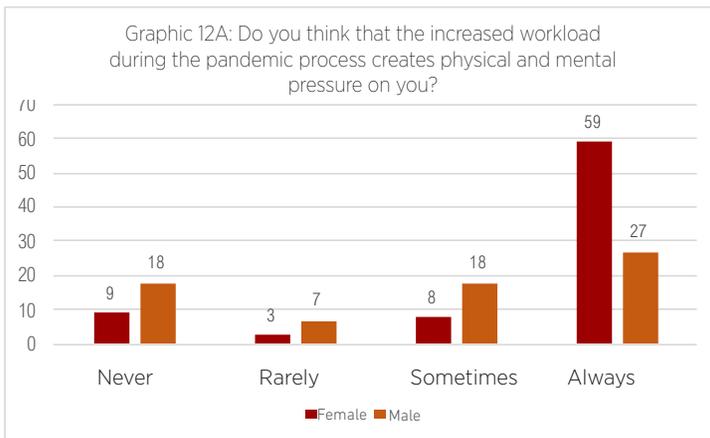
	Person	Rate (%)
Never	27	13,5
Rarely	10	5
Sometimes	26	13
Always	86	43
Total	149	74.5



Graphic 12: Do you think the increased workload during the pandemic process puts physical and mental pressure on you?

Table 12A: Do you think that the increasing workload during the pandemic process puts physical and mental pressure on you?

		Never	Rarely	Sometimes	Always
Male	Person	18	7	18	27
	Rate	%66,70	%70	%69,20	%31,40
Female	Person	9	3	8	59
	Rate	%33,30	%30	%30,80	%68,60
Total	Person	27	10	26	86
	Rate	%100	%100	%100	%100





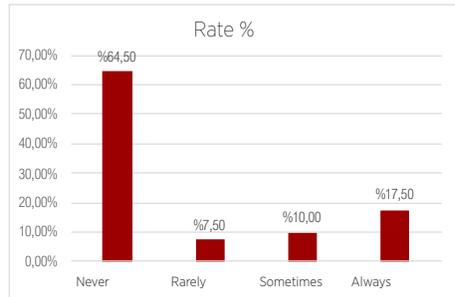
13 - Have you thought about quitting your job during the pandemic process?

While 64.5% of the participants stated that they never thought of resigning during the pandemic process, 17.5% stated that they always thought of resigning, 10% sometimes and 7.5% rarely. One participant did not answer this question. Differences between male and female technicians in participants who said "never and sometimes".

While 65.70% of those who always think of resigning are women, 34.30% are men. Of those who rarely think of resigning, 66.70% are men and 33.30% are women. There are small differences between male and female technicians in 17.50 participants who said "never and sometimes".

Table 13. Have you thought about quitting / re- signing during the pandemic?

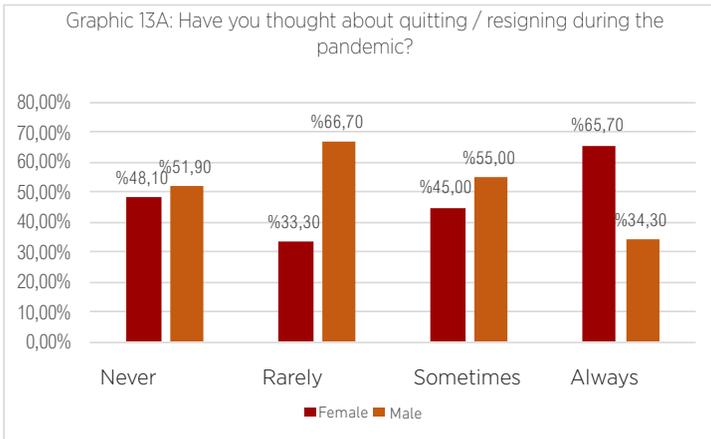
	Person	Rate (%)
Never	129	64,5
Rarely	15	7,5
Sometimes	20	10
Always	35	17,5
Total	199	99.5



Graphic 13: Have you thought about quitting / resigning during the pandemic?

Table 13A: Have you thought about quitting / resigning during the pandemic process?

		Yes	No
Male	Person	58	42
	Rate	%45,30	%58,30
Female	Person	70	30
	Rate	%54,70	%41,70
Total	Person	128	72
	Rate	%100	%100

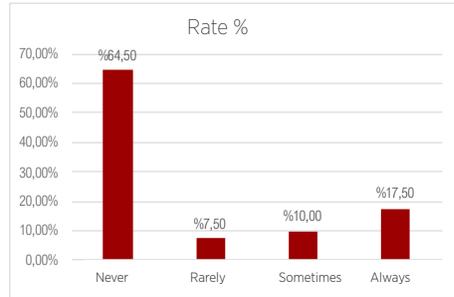


14 - Did you have to take unpaid leave during the pandemic process?

94% of the participants stated that they did not have to take unpaid leave during the epidemic period. 6% of them stated that they had to take unpaid leave. Of the 12 participants who had to go on leave, 25% were male and 75% were female technicians.

Table 14: Did you have to take unpaid leave during the pandemic process?

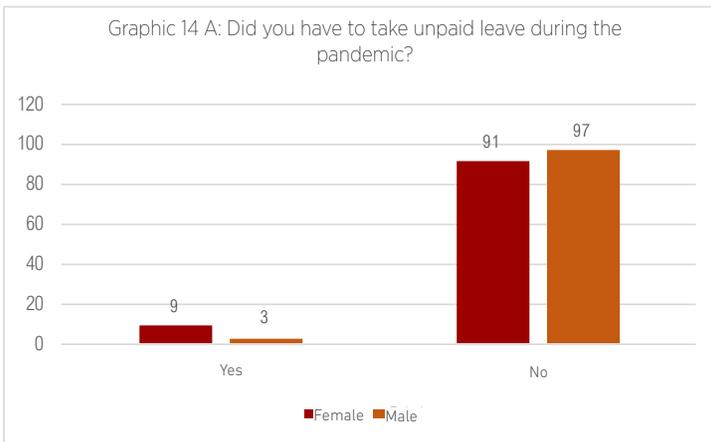
	Person	Rate (%)
Yes	12	6
No	188	94
Total	200	100



Graphic 14: Did you have to take unpaid leave during the pandemic?

Table 14A: Did you have to take unpaid leave during the pandemic process?

		Yes	No
Male	Person	3	97
	Rate	%3	%97
Female	Person	9	91
	Rate	%9	%91
Total	Person	12	188
	Rate	%100	%100



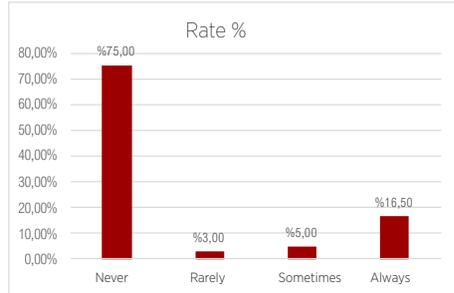


15 - Did you have any problems with salary and progress payments during the pandemic process?

75% of the participants said that they never had a problem. 6% of them stated that they rarely have problems with payments, 5% of them so- metimes, 16.5% of them stated that they always have problems. In other words, 25% of the employees stated that they had problems with payments and progress payments. While men constitute 60% of those who sometimes have problems and 83.30% of those who rarely have problems, 36.40% of those who always have problems are men and 63.60% are female technicians.

Table 15: Did you have problems with salary and progress payments during the pandemic period?

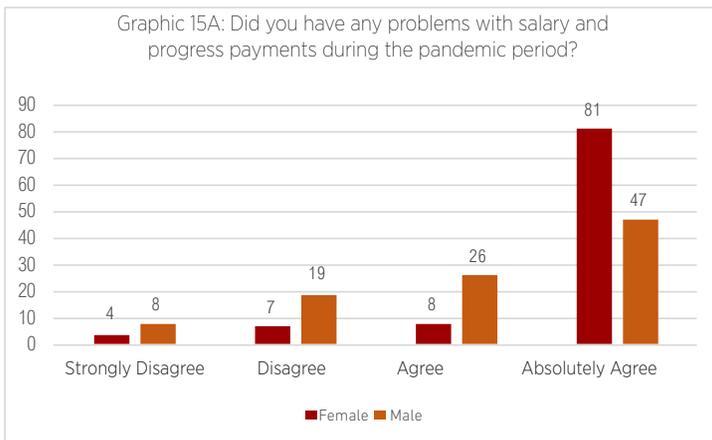
	Person	Rate (%)
Never	150	75
Rarely	6	3
Sometimes	10	5
Always	33	16,5
Total	199	99,5



Graphic 15: "Did you have problems with salary and progress payments during the pandemic period?"

Table 15A: Did you have any problems with salary and progress payments during the pandemic period?

		Never	Rarely	Sometimes	Always
Male	Person	77	5	6	12
	Rate	%51,30	%83,30	%60	%36,40
Female	Person	73	1	4	21
	Rate	%48,70	%16,70	%40	%63,60
Total	Person	150	6	10	33
	Rate	%100	%100	%100	%100

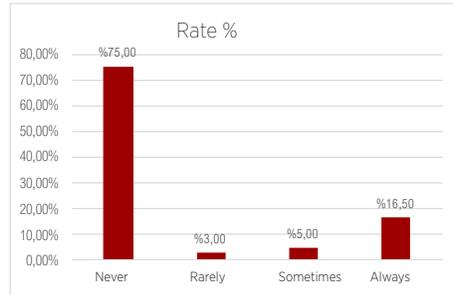


16 - “My relations with my family and home were weakened during the pandemic process.”

64% of the participants answered this question that their relations with their family and home have definitely weakened. 17% of them stated that they have weakened, 13% have not weakened, and 6% have stated that they have not been weakened at all. 81% of the participants said that their relations with their family and home were weakened during the epidemic. Of those who say that their relationship with their family and home has definitely weakened, 36.70% are men and 63% are women. Men constitute 76.5% of those who say they agree. The rate of those who disagree and strongly disagree is more than twice among male technicians than female technicians.

Table 16: My connection with my family and home was weakened during the pandemic process.

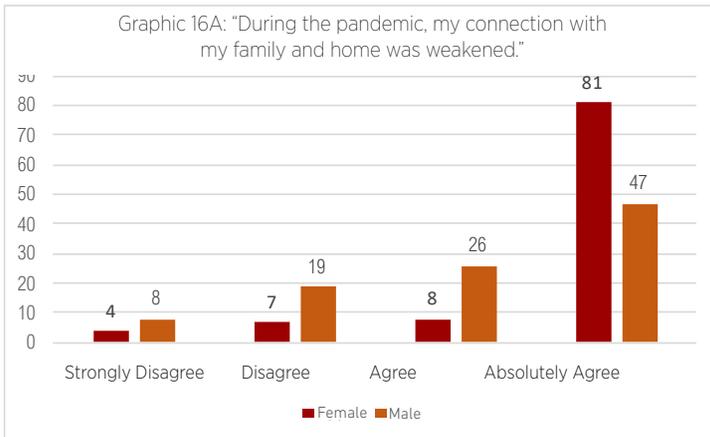
	Person	Rate (%)
Strongly disagree	12	6
Disagree	26	13
Agree	34	17
Absolutely agree	128	64
Total	200	100



Graphic 16: My connection with my family and home was weakened during the pandemic process

Table 16A: My connection with my family and home was weakened during the pandemic process

		Strongly Disagree	Disagree	Agree	Absolutely Agree
Male	Person	8	19	26	47
	Rate	%66,70	%73,10	%76,50	%36,70
Female	Person	4	7	8	81
	Rate	%33,30	%26,90	%23,50	%63,30
Total	Person	12	26	34	128
	Rate	%100	%100	%100	%100



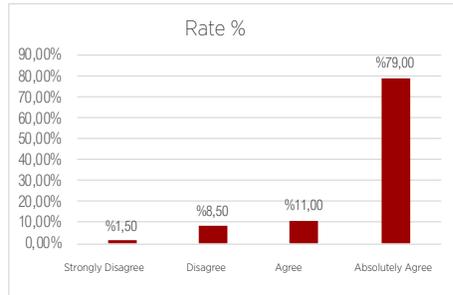


17 - “I had problems in my social life while communicating with my friends, neighbors and close environment during the pandemic process.”

While 79% of the participants stated that I definitely had a problem in their answer to the question, 11% said they had a problem, 8.5% did not have a problem, and 1.5% said they absolutely did not have any problems. Those who say they have problems make up 90% of all participants.

Table 17: I had problems in my social life while communicating with my friends, neighbors and close environment during the pandemic process.

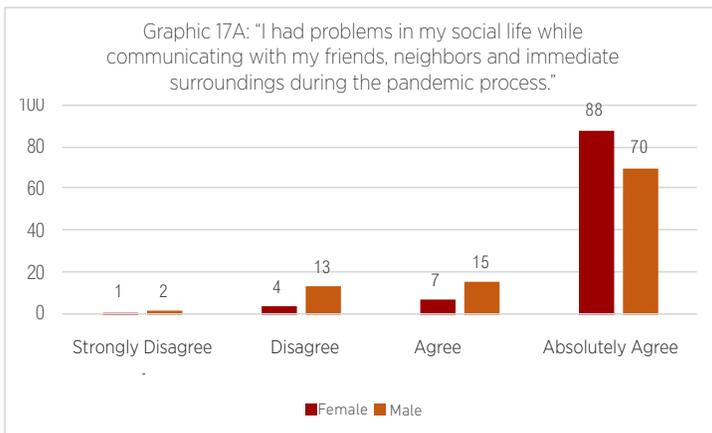
	Person	Rate (%)
Strongly disagree	3	1,5
Disagree	17	8,5
Agree	22	11,0
Absolutely agree	158	7,0
Total	200	100



Graphic 17: “I had problems in my social life while communicating with my friends, neighbors and close environment during the pandemic process.”

Table 17A: I had problems in my social life while communicating with my friends, neighbors and close environment during the pandemic process.

		Never	Rarely	Sometimes	Always
Male	Person	77	5	6	12
	Rate	%51,30	%83,30	%60	%36,40
Female	Person	73	1	4	21
	Rate	%48,70	%16,70	%40	%63,60
Total	Person	150	6	10	33
	Rate	%100	%100	%100	%100



18 - For whom should COVID-19 disease be considered an occupational disease?

The acceptance of COVID-19 as an occupational disease for pharmacy technicians and all healthcare workers at risk was voiced by 197 of 200 participants. 2 participants stated that COVID-19 should be considered as an occupational disease for all employees who have to work during the epidemic process.

19- When the participants were asked to add any other suggestions they would like to add, the following suggestions were received:

The pharmacy technicians who participated in the survey wrote their suggestions for themselves in this open-ended question. In general, it is observed that the suggestions are gathered under certain headings.

One of the most emphasized issues by pharmacy technicians has been financial support and rights. They mention that the efforts of pharmacy technicians who are constantly on the field during the epidemic process and faced with the risk of contamination are not visible enough and therefore they cannot get their full reward. Many pharmacy technicians state that pharmacy technicians are most affected by the COVID-19 outbreak, they are in constant contact. In fact, there are many participants who state that pharmacists do not care about patients, they do not deal directly with them, and technicians are the main contacts.

Among the demands are the granting of awards or the right to early retirement to include other health workers, including pharmacy technicians. In addition, it is also among the suggestions that the progress and additional payments should be paid by the state. It is stated that another manifestation of the work of pharmacy technicians not being visible enough is that even the pharmacy technicians who lost their lives are not visible enough and cannot find a place in the media. Such that, chambers of pharmacists and the Turkish Pharmacists Union do not provide the personal rights they provide for pharmacists to pharmacy technicians who have passed away.



5. CONCLUSION AND SUGGESTIONS

Surveys conducted with 200 pharmacy technicians, media reports and researches have shown that healthcare workers pharmacy technicians were deeply and negatively affected both psychologically and socially during the COVID-19 process.

In the surveys and interviews, 82.5% of the pharmacy technicians stated that the epidemic process was not carried out correctly. The rate of pharmacy technicians who find the measures taken insufficient is over 70%.

In pharmacies, which are the working environment of the participants, the rate of those who feel safe and those who do not feel themselves is half. Health surveillance of the working environment is included in detail in Article 5, which defines employer responsibilities in the ILO Convention on Health Services No.161. According to this article, it is stated that "the employer is responsible for the health and safety of the workers he employs, and taking into account the necessity of the participation of the workers in occupational health and safety, the occupational health services will cover the following duties in a way that is appropriate and sufficient to the work risks in the enterprise" Among these missions

- Identification and evaluation of risks harmful to health in workplaces, and
- Oversight of workers' health in terms of their relationship to work are

are also included.

The duration of health surveillance and what the surveillance will cover are determined to be specific to its own risks in each workplace after the health risks are defined. For example, in a dusty working environment, health screenings such as respiratory function tests and chest radiographs are performed. Additional screenings are performed if there are also hazards in the work environment that may pose noise or other health risks. Again, the test periods may vary in accordance with the exposure times and the recommendation of the workplace doctor.

Upon the COVID-19 outbreak, one of the most important risk control measures to be taken in work areas where exposure is high is that employees have regular COVID-19 diagnostic tests. In the research, 92.5% of the participants stated that they never had a test. In other words, it was determined that only 15 people out of 200 participants were tested. Of the 7.5% of the participants who stated that they had regular tests, 9 people stated that they were tested every month, 4 people every 2 months, 1 person every 2 months, and 1 person every 10 days.

In the study conducted, approximately one fourth of the pharmacy technicians participating in the study in Diyarbakır stated that they had COVID-19 disease. In the study conducted by the Socio-Political Field Research Center with 203 healthcare workers working in Diyarbakır during the pandemic period and published on August 26, 2020, it was determined that 17% of the healthcare workers were infected. With this study, it was determined that pharmacy technicians were in the high risk group among healthcare professionals.

The technicians who have the disease are half female and half male technicians. More

than 60% of the technicians caught with COVID-19 disease stated that they were harmed physically and mentally due to the disease. Female technicians with the disease say they suffer twice as many physical and mental damage than male technicians. Moreover, there have been technicians who reported that they were operated despite being infected with or contacted with COVID-19 disease.

The research has revealed that 75% of the participants cannot access protective equipment free of charge. According to the answers given by the participants, TEB 11th Region Diyarbakir Pharmacist Chamber provided only one mask, gloves, disinfectant, visor and overalls support. As it is known, the Occupational Health and Safety Law gives the employer the obligation to ensure the health and safety of the employees. In this context, it is said that "taking all kinds of measures, including preventing occupational risks, providing training and information, organizing, providing necessary tools and equipment, adapting health and safety measures to changing conditions and improving the current situation."

The employer is also obliged to provide personal protective equipment to be used alongside tools that must be used for work. It is also among the responsibilities of the employer to provide these equipment to employees free of charge and to renew them in case of loss of function. However, research shows that personal protective equipment such as masks, visors, gloves, disinfectants, which should be used to prevent the transmission of COVID-19 disease, are not supplied to the employees.

Participants who stated that they had access to personal protective equipment reported that they reached the most masks and disinfectants. Among our findings, women can more easily access masks and disinfectants, which are freely accessible protective equipment. It was observed that among the more qualified protectors, overalls, visors and gloves were accessible to male technicians.

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When asked what should be done to make the pharmacy technicians feel safe, their answers seem to be appropriate for risk management. Risk management can be expressed as eliminating the danger or using a less dangerous method, removing the employee from danger if this cannot be done, if not, isolating the danger and as the last method, protecting the employee by using personal protective equipment. In order for the participants to feel safer, suggestions such as full closure for 2-3 weeks, COVID-19 patients not coming to the pharmacy, obeying the distance rules, obeying the hygiene rules, working in shifts, increasing the measures, working from home.

With the epidemic, it has been observed that the workload of pharmacy technicians has increased as in all healthcare professionals. 64% of the participants stated that the workload increased during this period, while 36% stated that it did not. 45.30% of those who say that their workload has increased is men and 54.70% are women. The increased workload with the epidemic has created both physical and mental pressure on employees. Of those who say that the epidemic process and increasing workload always cause physical and mental pressure, 68.60% are women and 31.40% are men.

It was also investigated whether pharmacy technicians thought of quitting due to increased workload and physical and mental pressure. In the study, 64.5% of the participants stated that they never thought of resigning during the epidemic, while 17.5% stated that they always thought of resigning, 10% and sometimes 7.5% rarely. It has been observed that the number of women considering resignation is twice as much as men. Although the answers given to the questionnaire were revealed in this way, it was observed that the employees



stated that they did not intend to resign because of the concern that the employer would be aware of the questionnaire or that he would be aware of the answers he gave. It is understood from the verbal statements and the conflicting answers that the pharmacy technicians who participated in the monitoring study had more fear of unemployment than the fear of getting sick, and that they had to work despite unsuitable working conditions.

While most of the participants stated that they did not have to go on unpaid leave during the epidemic period, only 6% of them stated that they were sent on unpaid leave. The majority of those sent for unpaid leave are female technicians. Of the 12 participants who had to go on leave, 25% were male and 75% were female technicians.

We have determined the rate of pharmacy technicians who state that they have partial, sometimes or permanent problems regarding wage payments as 25%. The rate of female technicians who have constant problems with paying wages is almost twice the rate of male technicians.

The rate of those who say that their relations with both their home and family, as well as their friends, neighbors and close relatives have weakened during the epidemic is around 80%. This is one of the most important problems faced by healthcare professionals. Due to the risk of being a carrier, almost all healthcare professionals feel themselves under social pressure.

World Health Organization's "health; It is understood that the health conditions defined in the definition are not only the absence of illness and disability, but also full physical, mental and social well-being for pharmacy technicians. In addition to the physical and mental burdens brought about by the COVID-19 epidemic, it is seen that social well-being cannot be sustained. Both fear of unemployment and irregularities in payments and weakened relationships in their social environment eliminate the conditions of "social well-being".

Accepting COVID-19 as an occupational disease for all healthcare professionals is the common demand of all participants. Apart from this, pharmacy technicians demand that the progress and additional payments be paid by the state, that healthcare workers should be rewarded and early retirement should be granted, additional payments should be made to pharmacy technicians, the efforts of the pharmacy technicians and the difficulties they face become visible, and the measures should be increased.

Again, the study showed that "healthy workplaces based on defined requirements for the health, safety and well-being of workers and managers, all workers and the sustainability of the workplace" defined by the World Health Organization could not be established for pharmacy technicians.

It has been observed that the obligations of the Occupational Health and Safety Law No. 6331, which defines the responsibilities of the employer in order to ensure the health and safety of the employees, and the International Labor Organization ILO Convention No. 161 on Health Services were not fulfilled.

SUGGESTIONS

A series of measures should be taken in order to improve the conditions of healthcare workers in general and pharmacy technicians in particular, to eliminate the violations of rights they are exposed to, and to establish redress mechanisms for their grievances. Of course, what can be done in this area is not limited to the suggestions listed below. Other inclusive suggestions can be brought to the agenda by bringing together people from different specialties and different professions, using processes with wider participation.

As Diyarbakir Pharmacy Technicians Association, we tried to identify the problems and violations of rights encountered by our pharmacy technicians in Diyarbakir and offer suggestions to eliminate them.

In this context, starting with the improvement of epidemic management, the following studies should be carried out for pharmacy technicians:

I. The necessary equipment, tools and equipment for the epidemic period and all other emergencies should be provided free of charge and regularly for all individuals working in the health sector.

II. Considering the heavy working conditions and devoted work during the epidemic period, all healthcare workers should be provided with additional payment support by the relevant institutions and organizations, without discrimination.

III. COVID-19 tests should be made widespread and made mandatory for pharmacy technicians.

IV. Workplaces should be inspected regularly and measures should be taken to increase the protection of the environment.

V. All healthcare professionals should be included in the policies created by the relevant institutions during the epidemic period, without discrimination.

VI. COVID-19 disease should be considered an occupational disease for all healthcare professionals, including pharmacy technicians.

VII. The obligations of the Occupational Health and Safety Law and the International Labor Organization ILO Convention No. 161 on Health Services must be fulfilled.

VIII. Violations of pharmacy technicians' right to life and health should be eliminated, both in Diyarbakir and throughout the country.

IX. Equal working conditions in terms of gender should be created, necessary measures should be taken for equal pay for equal work, and conditions for equal opportunity should be created.

X. Measures should be taken to prevent female pharmacy technicians from working under harsher conditions and from being exposed to more physical and mental pressure.

XI. Work should be done for pharmacy technicians who work unregistered, working with wages below the minimum wage, who cannot use their rights such as leave and overtime, and the conditions should be brought to the level determined by the law at least.



ANNEX I: SURVEY QUESTIONS

Age

Gender

Please tick the district you are working in:

Bağlar

Kayapınar

Yenişehir

Sur

1. Do you think the pandemic process is managed properly and soundly?

Yes

No

2. Do you find the path followed and the measures taken to control the epidemic sufficient?

Very unsatisfactory

Unsatisfactory

Partially satisfactory

Satisfactory

3. Do you feel safe in the pharmacy you work for?

Yes

No

3.1. What additional measures would you suggest to take to make you feel safe in the area you work in?

2-3 weeks of full closure

COVID-19 positive patients should not come to the pharmacy

Distance rules must be obeyed

Hygiene rules must be obeyed

/012 should be conducted

Measures should be increased

from home

Work must be in shifts

Other – Please explain:

4. Did you have free access to protective equipment during the pandemic period?

Yes

No

4.1. If yes, what equipment could you have access?

Mask

Disinfectant

Glove

Visor

Overall

Other – Pls.Explain:

5. Is there regular COVID-19 testing for technicians at your pharmacy?

- Yes No

5.1. If yes, at what intervals and how many times did you have it done?

- Once in every 10 day Once in 15 days
 Once a month Twice a month
 Once in 2 months Other – Pls. Explain:

6. What would your answer be when asked to assess the adequacy of the measures taken for pharmacy technicians?

- Very unsatisfactory Unsatisfactory Partially satisfactory Satisfactory Very satisfactory

7. Have you contracted COVID-19 disease?

- Yes No

8. Have you experienced physical and mental damage after the illness?

- Yes No

9. Did you have to work after getting COVID-19 disease during the pandemic process?

- Yes No

10. Did you have to work even though you were in close contact during the pandemic process?

- Yes No

11. Did your workload increase during the pandemic process?

- Yes No

12. Do you think that the increasing workload during the pandemic process puts physical and mental pressure on you?

- Never Rarely Sometimes Always

13. Have you thought about quitting or retiring during the pandemic?

- Never Rarely Sometimes Always
-



14. Did you have to take unpaid leave during the pandemic?

Evet

Hayır

15. Did you have any problems with salary and progress payments during the pandemic process?

Never

Rarely

Sometimes

Always

16. "During the pandemic, my relations with my family and home were weakened."

Strongly disagree

Disagree

Agree

Absolutely agree

17. "I had problems in my social life in terms of communicating with my friends, neighbors and close environment during the pandemic process"

Strongly disagree

Disagree

Agree

Absolutely agree

18. For whom should COVID-19 disease be considered an occupational disease?

19. If you have any other suggestions to add:

ANNEX II: NEWS FROM THE INTERNET MEDIA

The news, we have obtained from the internet media on pharmacy technicians, covering the period between March 11, 2020, when Ministry of Health in Turkey announced the first Covid-19 case and 15 March 2021 are as follows:

March 19, 2020

Protest against the inspections by the Pharmacists Association!! / Sözcü

Erdoğan Çolak, President of the Turkish Pharmacists Association, made a statement about the recent inspections in pharmacies. Stating that the actual inspections should be made to companies and suppliers, Çolak said, "We do not find it right for our pharmacists to spend their time and energy on such inspections as a health professional. These practices should be abandoned as soon as possible." Following the Corona virus seen in Turkey, measures and practices aimed at exorbitant prices applications continues apace. Citizens are trying to protect consumer rights by complaining about businesses that charge high prices. Erdoğan Çolak, President of the Turkish Pharmacists Association, made a statement on the audit complaints they received. Mentioning that it is not right for pharmacists to be inspected in such an environment, Çolak used the following statements:

- Together with the whole world, we are going through extraordinary times as a country. Everyone is doing their part in the fight against COVID-19, this struggle is continued in an overall way, and in such an environment, our pharmacies are inspected and penalties are imposed accordingly.
- We never accept this. Pharmacies are not places to be inspected. The main places to be audited are the manufacturers and suppliers.

March 29, 2020

Coronavirus appears in 4 pharmacists and 10 pharmacy employees in Istanbul. / Sol Haber 2

Istanbul Pharmacist Chamber President Cenap Sarılioğlu said that coronavirus was diagnosed in 4 pharmacists and 10 pharmacy employees in Istanbul. Sarılioğlu said that inpatient prescriptions with the diagnosis of Covid-19 came to the pharmacies, indicating that the intensive care beds were full.

Stating that the majority of patients who come to pharmacies are inpatients who have been diagnosed with Covid-19, Sarılioğlu stated that this shows that the intensive care beds in the hospitals in the city are full and the diagnosed patients are sent to their homes.

IEO (Istanbul Pharmacy Chambers) President stated that this situation poses the risk of pharmacies becoming the center of the epidemic, and noted that as a precaution, patients have been taken to pharmacies one by one since Friday.

13- <https://www.sozcu.com.tr/2020/gundem/eczacilar-birliginden-denetim-isyani-5689576/>

14- <https://haber.sol.org.tr/turkiye/istanbulda-4-eczaci-ve-10-eczane-calisaninda-koronavirus-cikti-283851>



March 31, 2020

Second death in pharmacy that denies Corona allegations in Istanbul / Sözcü

After the death of İhsan Giray, owner of the 50-year-old Melis Pharmacy in Beyoğlu, Istanbul, Ekrem Özdemir, who worked as a journeyman in the same pharmacy, also died. It was claimed that Giray died due to the corona virus and that the employees were also quarantined.

The death of his head at the pharmacy a week after İhsan Giray, led to claims that the deaths occurred due to the corona virus epidemic.

CHP's (Republican People's Party) pharmacist deputy Özgür Özel also shared the statement he made on his Twitter account on the day İhsan Giray passed away, saying, "Our first citizen who died in the Corona virus epidemic is a pharmacist profession".

However, İhsan Giray's family members and relatives told the press members who followed the funeral that the claim that Giray died from the corona was not true.

April 10, 2020

5 pharmacies are in quarantine in Kocaeli! / Kocaeli Newspaper

Kocaeli province, which is one of the primary cities where most common cases are seen in Turkey, 5 pharmacies are infected with the coronavirus.

The coronavirus also spread to pharmacies in Kocaeli. Bilal Arpacı, President of Kocaeli Chamber of Pharmacists, announced the news with these words: "Our pharmacists and pharmacy employees fulfill their responsibilities as part of the health service. In our city, our drug service is provided by our 462 pharmacies. We continue to fight against the coronavirus epidemic with all our strength. With the outbreak in our country, our pharmacists have taken the precautions to prevent contamination in accordance with the pandemic measures published by the Ministry of Health. The virus, which is the cause of the disease, is easily transmitted. Our pharmacists and pharmacy employees are at great risk due to the service we provide.

Test results of our two pharmacists and two pharmacy employees have now been positive. Our other three pharmacies, which we find to be in close contact with our colleagues and employees working here, are also kept closed for precautionary purposes. Our pharmacist and pharmacy staff will continue to serve you after the relevant quarantine period has expired and has been confirmed to be negative in the necessary tests. Our pharmacies, which are kept closed for precautionary purposes, are put into service after being disinfected by authorized units

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May 9, 2020

Punishment for pharmacist journeymen who do not have a permit / HaberTürk

During the inspections carried out due to the curfew restriction applied within the scope of combating coronavirus, 2 people who said they were pharmacist seniors were punished because they did not have a work permit. One of the people who were sentenced was "We are healthcare professionals, brother, I have been a pharmacist foreman for 27 years, why would I lie?

We are on duty today as well," he reacted.

The police officer on duty said to the citizens who do not have a certificate, "You do not have your work permit, they should have sent it, but we cannot follow it. Since you do not have a work permit, I have to take action against you due to the curfew. "The penalty will be canceled because you cannot prove it, you will not have any trouble."

15- <https://www.sozcu.com.tr/2020/gundem/corona-virusu-iddialari-yanlanlayan-eczanede-ikinci-olum-5704403/>

16- <https://www.kocaeligazetesi.com.tr/haber/4148935/kocaelide-5-eczane-karantinada>

17- <https://www.haberturk.com/izin-belgesi-olmayan-eczaci-kalfalarina-ceza-yanlan-borcumuz-yok-ki-bugun-de-nobetciyiz-haberler-2673270>

May 14, 2020

Istanbul Chamber of Pharmacists: 70 pharmacy employees are corona positive/ Deutsche Welle - Turkish

Speaking at the May 14 Pharmacy Day Istanbul Chamber of Pharmacists President Sarılioğlu, stated that "in Istanbul, there are 70 people consisted of pharmacists and pharmacy staff who are infected with the coronavirus, and 6 people are dead throughout Turkey."

Istanbul Pharmacist Chamber President Cenap Sarılioğlu said that the coronavirus test of 30 pharmacists and 40 pharmacy employees in Istanbul was positive.

Making a statement on the occasion of 14 May Pharmacy Day, Sarılioğlu said, "We know the cases reported to us. For Istanbul, 30 pharmacists and 40 pharmacy employees have been given positive information about the corona. Currently, there is no life-threatening among them. Some of them are under quarantine in their homes." Sarılioğlu, noted that throughout Turkey five pharmacists and 1 pharmacy employee have died due to the virus.

Sarılioğlu said, "In the first days, there was a very chaotic environment. The age of our first colleague who lost his life was quite advanced, he had chronic diseases. We did not know the cause of death. We did not know the cause of death. The family also kept its silence. It turned out that he died from the corona. The pharmacy is now closed. "He will decide whether the pharmacy will be opened or not," he said.

Noting that they will organize the Pharmacy Day activities this year only on the internet in accordance with the social distance rules, Sarılioğlu said, "This year, our pharmacy is a bit bitter. We are going through an extraordinary process and unfortunately we have lost lives."

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August 20, 2020

A pharmacy technician dies in Diyarbakir from the corona virus. / HaberTurk

36-year-old pharmacy technician Rıdvan Dolan died in the health struggle against the corona virus in Diyarbakir.

Rıdvan Dolan, 36, who worked as a pharmacy technician for 15 years in a pharmacy in Diyarbakir, died due to the corona virus disease (COVID19) he was caught. A written statement was made by Diyarbakir Pharmacist Technicians for the Pharmacy Technician Rıdvan Dolan, who died. In the statement, which stated that pharmacists and healthcare professionals who were at the forefront of the struggle during the pandemic process, the

following statements were made:

During the pandemic process, pharmacists and their employees were at the forefront of the fight against the epidemic, both in mask distribution and drug consultancy. Our first loss in the pandemic was also a pharmacist. During this period, we lost many healthcare professionals and pharmacist friends. With the spread of the epidemic, pharmacists and healthcare professionals were very worn out. Our citizens should also support this struggle by following the mask, distance and hygiene rules. We wish condolences to our technician Rıdvan Dolan's family, lovers and the pharmacy community

18- <https://www.dw.com/tr/istanbul-eczaci-odasi-70-eczane-calisani-korona-pozitif/a-53439205>

19- <https://www.haberturk.com/diyarbakir-haberleri/80220619-diyarbakirda-bir-eczane-teknikeri-korona-virusten-hayatini-kaybetti>

20- <https://onedio.com/haber/turk-eczacilari-birligi-sosyal-medyadan-saglik-calisanlarina-yapilan-siddetin-goruntulerini-paylasti-914953>



August 25, 2020

Turkish Pharmacists Association Shared Images of Violence Against Healthcare Professionals on Social Media. / ONeDio

In the footage, it is seen that a citizen hurls medicine boxes at the counter at pharmacy employees.

The Turkish Pharmacists Association shared the following message upon the images that caught reaction:

In the fight against pandemics, we do not accept that one of our pharmacy employees, who are our closest colleagues in our pharmacies, is subjected to verbal and physical violence by the person who has lost his human qualities, as in the images you watch.

We will not sacrifice any health worker to violence in health! We will not allow violence in health to become normal. As the Turkish Pharmacists Association, we demand that the necessary legal sanctions be fulfilled, and we declare to the public that we will follow the issue.

September 10, 2020

Alas ... Turkish Pharmacists Association finally revolted! / Yeni Çağ Newspaper

In the statement made on the official Twitter account of the Turkish Pharmacists Association, it was stated that the healthcare professionals in the fight against the corona virus have reached the point of exhaustion and the 7-item request was shared.

Turkey coronavirus cases and VESAT in rapidly increasing numbers, came very important statement from the Turkish Pharmacists' Union.

In the posts made on the official Twitter account of the institution, it was reported that the healthcare professionals came to the point of exhaustion.

We have come to know almost every day that healthcare professionals have tested positive for COVID-19 and lost their lives. In the fight against the pandemic, we have lost 9 pharmacists and 2 pharmacy employees so far. In addition, the 7-item request was listed.

Shares made are as follows:

To the press and the public, We have come to know almost every day that healthcare workers have tested positive for COVID-19 and lost their lives. In the fight against the pandemic, we have lost 9 pharmacists and 2 pharmacy employees so far.

Cases are increasing, the epidemic is getting worse day by day. This process also increases the burden on healthcare professionals. Since the beginning of the process all over Turkey in our pharmacy, we worked night and day by putting our hearts and soul.

Sometimes we were subjected to violence, sometimes we were accused of unjust accusations, sometimes we did not see our family for months. However, at the point we have reached, we see that the healthcare workers who bear the greatest burden face the risk of exhaustion.

We do not want to be exhausted, we do not want to get used to the deaths of healthcare workers, we do not want to be ignored. We want our voices to be heard and our demands to be met.

We repeat the demands we have listed since the very beginning of the epidemic process:

- Just as football players and politicians are tested regularly, we demand

that our pharmacists and pharmacy staff be tested regularly.

- We expect support for our pharmacies and pharmacy staff to provide free protective equipment.
- The risk of contamination is very high in our pharmacies and paper prescriptions increase this risk. We want the prescriptions prepared in the paper environment to be completely removed and to switch to the electronic prescription system.
- We want the Pharmaceutical Price Decree to be updated immediately and the uncertainty about the issue to be eliminated.
- We request the representation of the Turkish Pharmacists Association in the Scientific Committee.
- We request our pharmacist chamber presidents to participate in the local scale pandemic board.
- We want protective measures and incentives to be initiated in order to contribute to the pharmacy economies deteriorating during the epidemic process.

It is respectfully announced to the public.

September 16, 2020

The pharmacy technician is defeated by Covid-19./ Denizli Haber

A 64-year-old pharmacy technician, Yunis Çelik, who was hospitalized and diagnosed with covid-19 after showing symptoms of coronavirus last Friday, died in the hospital where he was treated.

64-year-old Yunis Çelik, who worked as a technician in different pharmacies in Denizli, died due to coronavirus. Çelik, who went to the hospital for showing symptoms last Friday and was diagnosed with covid-19 positive, died in the hospital where he was-treated today.

October 15, 2020

Pharmacy technician Hüseyin Sedir dies of the corona virus. / GazeteDuvar

İSİG (Occupational Health and Safety) Council announced that pharmacy technician Hüseyin Sedir passed away due to the corona virus. Sedir was working in Istanbul Kadıköy.

Pharmacy technician Hüseyin Sedir passed away due to the corona virus. The Occupational Health and Safety (İSİG) Council announced the death of Sedir. It was stated that Sedir worked in the Hasanpaşa District of Istanbul's Kadıköy district.

November 30, 2020

7 healthcare workers died in one day from corona/ Sözcü

The Turkish Medical Association (TTB) announced that 7 healthcare workers died in one day due to the corona virus.

There was a peak in the number of healthcare workers who died due to the Corona virus. It was learned that 7 healthcare workers died in one day due to the corona virus.

The Turkish Medical Association reiterated the call to the Ministry of Health after every healthcare worker who died due to COVID-19 'Let COVID-19 be accepted as

22- <https://www.denizlihaber.com/yasam/gundem/eczane-teknisyeni-kovit-19a-yenildi/>

23- <https://www.gazeteduvar.com.tr/eczane-teknisyeni-huseyin-sedir-korona-virusunden-oldu-haber-1501740>

24- <https://www.sozcu.com.tr/2020/gundem/bir-gunde-7-saglik-calisani-coronadan-yasamini-yitirdi-6148166/>

an occupational disease'.

Pharm. İbrahim Nizam Çileli: He was a pharmacist in Manisa.

He died due to the Corona virus.

Dr. Gökhan Ercan: Ercan, who worked in Adana Provincial Health Directorate, was 35 years old. After graduating from Antalya Akdeniz University Faculty of Medicine, he worked in various cities. Finally, he started to work in the filming team at the Community Health Center located on Turgut Özal Boulevard in

Adana. He died due to COVID-19.

Pharmacist Technician Hayri Tuna: He was working as a pharmacy technician in Istanbul. He died due to the Corona virus.

Ahmet Temir: He was working as a health technician in the Urodynamics Department of Gaziantep University Medical Faculty Hospital. He died due to the Corona virus.

Selver Kuşçu Ünal: He was working as a midwife in Konya Beyhekim Training and Research Hospital. He died due to the Corona virus.

Ferdane Bilgin: He was working as the administrative staff of the Hatay Provincial Health Directorate Public Hospitals Services Presidency. 40-year-old Bilgin, married and mother of 2 children, died of a heart attack related to COVID-19.

Veterinary Technician Ahmet Yiğit: He was working as a veterinary technician in Bursa Keles District Directorate of Agriculture. He died due to the Corona virus.

December 14, 2020

A doctor and a pharmacy technician died from the virus / Mersin Haber

While doctor Nezih Aydoğın and pharmacy technician Ramazan Öz died in Mersin in the last 3 days due to COVID-19, the number of health workers who lost their lives since the outbreak has increased to 5.

The COVID-19 epidemic, which has affected the whole world, continues to target health workers, especially. Health workers die in Mersin due to COVID-19 as in the whole world.

Finally, Ramazan Öz, pharmacy technician, who worked at Tarsus State Hospital, died on Friday. With his death, Öz, who saddened his relatives, once again revealed the dangerous situation experienced by physicians.

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December 20, 2020

Pharmacy Technician in Gaziantep becomes the Victim of Corona. / Gaziantep Haberler13

COVID-19 continues to die in Gaziantep. Today, another healthcare provider died from coronavirus.

Cuma Kara, who worked as a pharmacy technician in Çiçek Eczanesi in Gaziantep central Şehitkamil district, died of coronavirus.

8th Region Gaziantep Chamber of Pharmacists İrfan Demirci shared the incident on his social media account as follows:



ACI KAYBIMIZ

İlimiz Şehitkamil ilçesinde bulunan Çiçek Eczanesi Eczane Teknisyeni Cuma KARA'yı Covid 19 nedeniyle kaybetmenin derin üzüntüsü içindeyiz.

Ailesine,yakınlarına ve dostlarına sabır dileriz.
Camiamızın başı sağolsun.

8. Bölge Gaziantep Eczacı Odası



25- <https://www.mersinhaberleri.com/haber/25275/br-doktor-ve-br-eczane-tekniyen-yrsten-yaamini-yrtdr.html>

26- <http://www.gaziantephaberleri.com/haber/gaziantep-te-eczane-tekniyen-i-korona-kurbani-oldu-haberi-49703.html>

December 20, 2020

12 healthcare workers died in one day from corona / Sözcü14

According to the information obtained from the Turkish Medical Association (TTB) and trade associations, 12 healthcare workers died in one day due to COVID-19. Healthcare workers who died in one day due to COVID-19 are as follows:

Health Officer Ali İhsan Kabadayı in Giresun Provincial Health Directorate Pharmacy Technician Friday Kara, working in Gaziantep General Surgery Specialist Dr. Nuri Ocak Nurse Hamza Mesut Özasan, who works in the district polyclinic of Düzce Atatürk State Hospital Dentist Serkan Munis, one of the former chief physicians of Balıkesir Oral and Dental Health Hospital

Rıfat Ataseven, who works as a driver at Samsun Çarşamba 112 Emergency Health Services Veterinarian Sait Gülabacı, former Provincial Director of Agriculture of Kastamonu and former mayor of Tosya Pharmacist Mehmet Raşit Uzar working in Trabzon Pharmacy Technician İlhan Sarıoğlu in Manisa Internal Medicine Specialist Dr. Orhan Çaşkurlu Retired Infectious Diseases Specialist from Ege University Faculty of Medicine. Dr. Cahit Gunhan

Retired Pathology Specialist from Isparta Gynecology and Pediatrics Hospital. İbrahim Zühtü Altuğ The Number of Infected Health Workers is Increasing

The number of health workers who died from the corona virus in Turkey is increasing every day. It has been stated that one out of every 15 infected people and one out of 10 people with each corona virus is a healthcare worker, and 120 thousand of 1 million 900 thousand infected people are healthcare workers

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February 15, 2021

The pharmacist technician dies from the corona. / Sözcü15

In Gaziantep, pharmacist technician Sakine Kılıç (41), who caught the corona virus about 3 months ago, died in the hospital where he was treated. It was stated that Kılıç obeyed all precautions and warned every customer to be careful about this issue.

Gaziantep Chamber of Pharmacists President İrfan Demirci said that pharmacists should keep the measures stricter. Explaining that they were very sorry for the death of Sakine Kılıç, a pharmacist technician, İrfan Demirci said:

We are really sad. We almost lose a pharmacist or a colleague on a few days a week. It is not just the loss of the sad, it hurts us all. According to the data announced by the Ministry of Health, approximately 100 citizens die every evening. Apart from that, what we lost in the pharmacy affects us even more and deeply. Until today, we have lost about 45 pharmacist colleagues and nearly 20 of them pharmacy employees. When we look into the groups of health care workers in Turkey it is seen in most casualties physician. After physicians, pharmacists and pharmacy employees pass away. This shows us that. There is an interaction because the pharmacy areas are narrower and the working conditions are adjacent and close. I want to say this to my pharmacist colleagues. The precautions they have taken before must be even more stringent. As healthcare professionals, we got our vaccine. We have to continue our precautions in the strictest way possible, because we are working in a narrow area.



March 5, 2021

One more health worker dies due to coronavirus. / İleri Haber16

Another health worker has died due to coronavirus.

TTB announced that Pharmacy Technician Hatice Özgümüşdağ died due to COVID-19.

The Turkish Medical Association (TTB) announced that another health worker died due to the new type of coronavirus (COVID-19) epidemic.

Health workers, whom the AKP government said "Your rights are not paid" but left alone in the fight against the epidemic, continue to lose their lives.

According to the social media post by TTB, Pharmacy Technician Hatice Özgümüşdağ, who worked in Samsun's İlkadım district, died due to the coronavirus.

ANNEX III: STATEMENT BY DİYARBAKIR MEDICAL CHAMBER

OUR PHARMACISTS AND TECHNICIANS WE LOST IN THE HEALTH BATTLE AGAINST COVID-19



Pharmacist İhsan GİRAY	17-March-20	İstanbul
Pharmacy Technician Ekrem ÖZDEMİR	26-March-20	İstanbul
Pharmacist Himmet Taştan KARDAŞLAR	03-April-20	Denizli
Pharmacist İsmail DURMUŞ	11-April-20	İstanbul
Pharmacist Merih YALÇINÖZ	12-April-20	İstanbul
Pharmacist Süreyya ZIPKINKURT	14-April-20	İstanbul
Pharmacist Lütfü POLAT	06-July-20	Van
Pharmacy Technician Rıdvan DOLAN	20-August-20	Diyarbakır
Pharmacist Ayşegül ÖĞÜT	22-August-20	Gaziantep
Pharmacist Hayati SEZERER	04-September-20	Karaman
Pharmacist Taki TÜRKYILMAZ	05-September-20	Mersin
Pharmacist Yücel YILDIRIM	11-September-20	Kırşehir
Pharmacy Technician Mesut Yiğit	14-September-20	Kütahya
Pharmacist Emine AKYILDIZ	19-September-20	Diyarbakır
Pharmacist Ahmet TANIŞ	25-September-20	Kahramanmaraş
Pharmacist Naci GÖZÜKÜÇÜK	26-September-20	Kayseri
Pharmacist Cem SEYHAN	05-October-20	Kayseri
Pharmacist Osman ÖKE	09-October-20	Niğde
Pharmacy Technician Hüseyin SEYİRT	14-October-20	İstanbul
Pharmacist Hüseyin İlhami OKATAN	09-November-20	İstanbul
Pharmacist Ali BALKAN	15-November-20	İstanbul
Pharmacist Bekir MUTLU	16-November-20	Sivas
Pharmacist Hasan ÖZİŞİK	20-November-20	Denizli
Pharmacy Technician Abdulaziz UMUÇ	21-November-20	Şanlıurfa
Pharmacist Erhan YÜKSEL	22-November-20	İstanbul
Pharmacist Yalçınkaya VAROL	22-November-20	İstanbul
Pharmacist Hasan YÜCEL	27-November-20	İstanbul

we will not forget

Pharmacist Atilla ADA	28-November-20	Ordu
Pharmacist Ayhan ULUBELEN	29-November-20	İstanbul
Pharmacy Technician Hayri TUNA	30-November-20	İstanbul
Pharmacist İbrahim Nizam ÇİLELİ	30-November-20	Manisa
Pharmacy Technician Belgin Kürşat TORAMAN	01-December-20	Antalya
Pharmacist Tevfik Fikret ATILGAN	02-December-20	Edirne
Pharmacist Muharrem KANMAZ	05-December-20	Hatay
Pharmacist Nazım YİĞİT	05-December-20	Konya
Pharmacist Süleyman Eser ÖZGÜN	05-December-20	Denizli
Pharmacist Süleyman Özcan KARA	06-December-20	Denizli
Pharmacist Rıdvan MUTLU	06-December-20	Aydın
Pharmacy Technician Ömer DEMİR	10-December-20	Afyonkarahisar
Pharmacist İsmail DÜZAĞAÇ	10-December-20	Afyonkarahisar
Pharmacy Technician Ahmet KOYUNOĞLU	11-December-20	Samsun
Pharmacist Ahmet UNCU	11-December-20	Kahramanmaraş
Pharmacy Technician Ramazan ÖZ	12-December-20	Mersin
Pharmacist Mustafa KOCATMAZ	13-December-20	Nevşehir
Pharmacist Zeki GÜL	14-December-20	Samsun
Pharmacist Kamer OKTAYOĞLU	17-December-20	Sakarya
Pharmacist Ömer ABACI	17-December-20	İstanbul
Pharmacist Mehmet Raşit UZAR	19-December-20	Trabzon
Pharmacy Technician Cuma KARA	20-December-20	Gaziantep
Pharmacy Technician İlhan SAĞIROĞLU	20-December-20	Manisa
Pharmacist Sıtkı ASLAN	23-December-20	Mersin
Pharmacist Namık Kemal YAVUZ	23-December-20	Van
Pharmacist Room Employee Nazlı YAKIŞ	24-December-20	Aydın
Pharmacist Ömer GÜRKAN	28-December-20	Adana
Pharmacist Halit USLUEL	03-January-21	Tekirdağ
Pharmacist Mehmet ÇİNPOLAT	03-January-21	Gaziantep
Pharmacist Köksal TÜRKEL	08-January-21	Samsun
Pharmacist Şekip ÖZTÜRK	08-January-21	İstanbul
Pharmacy Technician Mustafa DOĞAN	16-January-21	Mersin
Pharmacist Nurcan USLUPAT	04-February-21	Sakarya
Pharmacist Halil BOZDAĞ	09-February-21	Manisa
Pharmacy Technician Kemal DERİM	11-February-21	Tekirdağ
Pharmacy Technician Sakine KILIÇ	14-February-21	Gaziantep
Pharmacy Technician Hatice ÖZGÜMÜŞDAĞ	04-March-21	Samsun

As long as technological development and consumption growth do not end, the amount of waste produced on the earth will not decrease. In addition, given the rapidly growing human population, it is inevitable that the amount of the waste will reach dangerous levels. Medical waste: used drug and injector waste formed in treatment centers such as hospitals, dispensaries, pharmacies ,health centers and offices, as well as waste formed during surgery and treatment, included in the class of "medical waste".These wastes cause non-coverable serious damage to the environment,nature and human health.In order to protect nature and human health, medical waste must be disposed in controlled disposal facilities. DİÇEV collects and disposes of medical waste that may produced in Diyarbakir and nearby provinces in a way that does not harm the environment and human health in accordance with laws and regulations.

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