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From Austerity to the Pandemic and Back Again? Lockdown Politics in Greece

Maria Markantonatou *

Abstract: »Von der Austerität zur Pandemie und wieder zurück? Lockdown-Politik in Griechenland«. This paper provides an analysis of the lockdown politics implemented in Greece during the COVID-19 pandemic in 2020 and 2021. It argues that Greece's pandemic politics deepened the crisis of the familistic social model that resulted from the austerity policies of the last decade. Although caring for the family became a high priority during the pandemic, resources for families and households did not increase. Likewise, while “essential” workers were much praised by officials, their wages and working conditions hardly improved. The COVID-19 pandemic crisis management in Greece has two peculiarities: First, the country entered the pandemic after a painful decade of austerity, interrupting the fragile, long-awaited economic recovery. Second, given the inadequate state of the public healthcare system after a decade of austerity, the lockdowns in Greece were among the strictest in Europe. Rather than being the result of state preparedness, these lockdowns can be interpreted as an acknowledgment of state failure.

Keywords: COVID-19, Greece, pandemic, lockdown politics, healthcare, social reproduction.

1. Introduction

Greece entered the COVID-19 pandemic after a painful decade of austerity, which once again postponed the country's long-awaited economic recovery. Moreover, its lockdowns were among the strictest in Europe due to the inadequate state of the public healthcare system after a decade of austerity. Consequently, the lockdowns can be seen as an acknowledgment of state failure, while at the same time Greece's pandemic politics deepened an existing crisis of the familistic social model that arose from austerity.

This paper focuses on the period between the COVID-19 pandemic's outbreak in early 2020 to mid-2021. First, it examines the political response to the pandemic in Greece. In particular, it focuses on changes in public acceptance

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of the lockdowns and the official lockdown rhetoric. The second section investigates the effects of the lockdowns on the Greek economy and labour as well as the measures implemented to mitigate recession such as state transfers and benefits. The third section looks at the social inequalities brought to the fore by the lockdowns with reference to the Greek familistic social model that continues to overburden women with care and social reproduction tasks. Finally, the paper discusses problems related to the privatisation of healthcare, the threat to democracy from law-and-order politics, and the limits of the Greek government's campaign of individual responsibility in response to the pandemic.

2. Lockdown Rhetoric and Public Acceptance

In July 2019, the liberal-conservative party, Nea Demokratia (ND), came to power after receiving nearly 40% of the vote in the Greek national elections. The newly formed majority government ended the SYRIZA/ANEL (Coalition of the Radical Left/Independent Greeks) electoral term that began in 2015. Before the 2019 election, ND's stated priorities were to reduce public spending, attract foreign investment through privatisation and lower taxation, increase competitiveness, reduce and reform public administration, comply with EU-dictated fiscal rules, and enact law-and-order policies. With SYRIZA discredited, many people voted for Kyriakos Mitsotakis even if they disagreed with statements such as the following from 2017: "I have no illusions about a society without inequalities. That would be contrary to human nature" (Keep Talking Greece 2017). Before the outbreak of the pandemic, the ND healthcare plan advocated for more privatisation, further incentives for private healthcare investment, outsourcing, and managerialist personnel restructuring in the public sector. Notably while Minister of Administrative Reform in 2013, Mitsotakis, at the behest of the Troika,¹ oversaw the layoff of tens of thousands of public employees from various sectors, including doctors and medical personnel (Vima 2014).

On February 26, 2020, the first confirmed COVID-19 case was reported in Greece. When Mitsotakis announced the country's first lockdown, he stated that the government would impose measures "far earlier than other European countries" (Mitsotakis 2020). This was an argument he would use again to persuade voters of the government's "readiness" and "preparedness" to face the pandemic. However, the first general lockdown imposed on March

¹ The Troika consisted of three institutions: the European Commission, the International Monetary Fund, and the European Central Bank. They provided loans to Greece after 2010 while requiring certain financial measures and structural adjustments in return.

3, 2020, coincided with those imposed in other European countries.² The lockdown initially came as a shock and included measures such as the closures of businesses, schools and universities, cinemas, theatres, archaeological sites, playgrounds, and parks; the restriction on movement and travel bans; and quarantine requirements for international visitors. Leaving the home was only permitted in exceptional circumstances that required informing the authorities of the reason for doing so by text message. Acceptable reasons were to undertake physical activity or walk a pet, visit the doctor or pharmacy, shop for essentials if delivery was not possible, go to the bank if there was no option for online banking, help people in need, visit one's children if they lived in another household, and attend a funeral. Schools and universities switched to online teaching and thousands of private and public sector employees started working from home. There were restrictions on social and public gatherings and tollgate checks prevented transportation between municipalities. There was also an increase in police surveillance on the streets as well as stop-and-search incidents. Fines were issued to individuals or shop owners who deviated from the new rules (for an overview of lockdown measures, see Secretary General for Civil Protection 2021).

Compliance to the lockdown measures was initially high in Greece, with 86% of the population agreeing in an April 2020 survey that “the measures were in the correct direction” (Dianeosis 2021). This compliance was in line with that of other countries: A survey across 15 EU countries found that trust in the government during the first lockdown increased by 3% and voter intentions for the respective party in power increased by about 4% (Bol et al. 2021, 498). A Spanish survey found that people were willing “to trade-off ideological preferences and individual freedoms for protection against the virus” (Amat et al. 2020, 4). One report that focused on 11 countries (Canada, China, France, Germany, India, Japan, Mexico, Saudi Arabia, South Korea, the UK, and the US) contrasted this new public acceptance against low trust levels during the previous decade of the Eurozone (and Greek) crisis:

Since 2011, government had languished in distrust globally, as gridlock in the EU over Greek debt [...] eroded trust. The Spring Update shows a striking comeback for government: at 65% trust, the public is relying on government to protect them in a manner not seen since World War II. (Edelman Trust Barometer 2020)

Why and how was this compliance to the lockdown measures achieved in Greece? The main reasons were the many COVID-19-related deaths in neighbouring Italy that occurred soon after the pandemic's outbreak in China that were accompanied by images on television of COVID-19 patients fainting on the streets. Additionally, there was fear of yet another *Greek drama* and

² Dates of lockdowns imposed in other countries in 2020: Italy – March 13; Spain – March 15; Austria – March 16; Portugal – March 16; France – March 17; Denmark – March 18; the Netherlands – March 24; the United Kingdom – March 23 (see Bol et al. 2021, 499).

further conflict with the international community following the political events from the last decade. Likewise, there was low faith in the capacity of Greek hospitals to handle surges after a decade of deregulation and rapid cuts to healthcare expenditure. More importantly, the affective dimensions of the government's fear-based information and media campaign had a strong influence on compliance. Every day at 6 p.m. during the first lockdown, the Committee of Public Health Protection – a team of medical experts and government officials – appeared on television to announce numerous restrictive measures. A discourse analysis of 46 announcements issued by this lockdown team between mid-March 2020 and the beginning of May 2020 reveals the role that fear and securitisation played in the language used by the experts (Markantonatou and Savvakis 2021).

COVID-19 was described as an “invisible enemy” (March 17), a “common enemy” (March 25), an “unpredictable enemy,” a “nightmare,” and a “Golgotha” (March 26) among others. There were almost daily assertions that “*we are at war* [with COVID-19],” while appeals to “*individual responsibility*” were repeated more than 120 times in the 46 analysed press releases. In this “battle with darkness” (March 14), “*sui generis war*” (March 26), “universal war” (March 29), and “final battle” (April 11), a new polarisation emerged around the “disciplined” (the “*responsible*” people “who stayed home”) versus the “*irresponsible*” people (who were caught by the police outside their homes without a legitimate reason). The former were praised by the lockdown team (“*we are proud of the responsible citizens,*” April 16), while the latter were threatened (“*deviance from the measures is not allowed; we will show zero tolerance,*” April 4). The state apparatus and the healthcare system were constantly presented as “prepared,” while journalists and members of the political opposition who criticised the government were blamed for “misinforming” the public (March 22). There were also some necropolitical predictions, for example, that “without taking measures we will have 40 million deaths globally,” and a “nightmare scenario” (March 27) will occur. Fear was further stoked by unexpected statements such as “handshakes must be abandoned in the future. This, of course, will lead to a reduction in other respiratory diseases too” (April 11).

The combination of public acceptance and the lack of any disagreement with the notion of the lockdown from the major opposition party (SYRIZA) or the other parliamentary parties helped the government present its crisis management as a success story during the first wave of the COVID-19 pandemic. Although the population's health and the need to relieve pressure on hospitals were presented as top priorities during this time, when it came to the decision to end the lockdown, the emphasis shifted to the importance of the economy. On May 4, 2020, the first lockdown was lifted to reopen the economy, especially the tourism sector. However, due to rising COVID-cases in the autumn of 2020, the government announced a second lockdown on November 11, 2020. The measures were similar to those imposed during the first

lockdown and were partially eased at the beginning of 2021. However, as cases rose once again, a more stringent lockdown was announced on February 11.

A survey from March 2021 showed a decline in the public acceptance towards the second lockdown. While 86% of the Greek population accepted the measures during the first lockdown, only 46% agreed with them during the second (Dianeosis 2021). Arguing that the COVID-19 vaccination campaign was proceeding effectively, the government ended the second lockdown on May 3, 2021, in time for the beginning of the tourism season. This decision was made despite COVID-19 cases and mortality rates, as well as pressure on public hospitals and intensive care units, being at their highest since the outbreak of the COVID-19 pandemic.

3. Economy and Labour

The outbreak of the COVID-19 pandemic in Greece coincided with the end of a painful decade. From 2010 to 2020, both the right-wing and left-wing governments implemented harsh austerity measures at the behest of Troika. This included drastic cuts to public expenditure on healthcare, education, social welfare, and public administration, as well as to wages, pensions, and social benefits. This rapid neoliberalisation can be seen as the extension of market relations and a project to insulate the capitalist economy from democratic decision-making (Polanyi 2001; Slobodian 2018). Greek austerity was realised within the framework of a series of structural adjustment programmes (Memorandum of Economic and Fiscal Policies and Memorandum of Understanding on Specific Economic Policy Conditionality). These were developed in response to the country's inability to borrow from the international financial markets due to a lack of trust over its rising default risk. At the end of a decade of austerity and shortly before the COVID-19 outbreak, Greek government debt was still very high, namely 200% in 2019 (OECD 2021). Yet, the country was able to resume borrowing from international bond markets. Moreover, rating agencies raised Greece's sovereign rating from a CCC in 2011 to a BB in 2021 (Fitch Ratings 2021). Prior to the pandemic, the country started to experience moderate GDP growth (1.5% in 2017, 1.9% in 2018, and 1.8% in 2019 [World Bank 2021a]) and the unemployment rate, which peaked at a dramatic 27% in 2013, had declined to 15.5% in April 2020. However, this economic recovery was disrupted by the pandemic and its subsequent lockdowns.

According to the COVID-19 Stringency Index, which is a database that aggregates lockdown measures in 180 countries and 19 policy areas, the Greek lockdown was one of the strictest in Europe (Hale et al. 2021). For example, at 36 weeks, school closures lasted longer than in other EU countries

(UNESCO 2021). Controversial measures lasted for many weeks and included a ban on most outdoor activities and swimming, as well as a curfew from 6 p.m. to 5 a.m., which often led to counter-productive outcomes like crowding in supermarkets and on streets before 6 p.m. In their research on European countries, Aristodemou, Buchhass, and Claringbould (2021, 272) suggest that “before deciding on the type of confinement measures [...], policy makers took into account the preparedness of their health system to effectively deal with an increasing inflow of infected persons.” This holds for Greece too, as the decision to follow such a strict lockdown related to overall deficits in the public healthcare system. The 2010–2020 crisis led to a drastic reduction in health expenditure to 8% of Greek GDP, which is below the European average of 9.8% (OECD/European Observatory for Health Systems and Policies 2020, 3). Additionally, more than one third of healthcare spending in Greece comes from direct payments by private households (e.g., informal payments, medicine, hospital services), which is one of the highest rates in the EU (ibid.).

Aristodemou, Buchhass, and Claringbould (2021, 1) also argue that EU countries with less-prepared health systems implemented stricter COVID-19 lockdown measures, and that higher lockdown stringency is associated with stronger and negative socioeconomic impacts. The authors base their assessment on a variety of indices, such as practicing doctors and hospital beds per 100,000 inhabitants, practicing nurses, healthcare expenditure, total COVID-19 tests per thousand, and the population structure, and they found that Greece, along with Croatia, Hungary, and Portugal, had the lowest levels of preparedness. In contrast, Germany, Austria, France, and Slovenia were the most prepared. Furthermore, despite having a large elderly population, Greece had the lowest availability of nurses (ibid., 12), while its drop in GDP during the pandemic (9.8% in 2020) was among the highest in Europe (OECD 2020).

In the summer of 2020, export services decreased by 18% across the EU, but decreased by 80% for Greece compared to the same period in 2019 (Greek Institute of Labor 2021). At 46% for the second quarter of 2020, Greece’s decline in economic activity was the highest in the Eurozone for retail and wholesale trade, transport, accommodation, and entertainment (ibid.). The Greek tourism sector, which had been increasingly contributing to the country’s GDP and total employment in recent years, was among those most severely impacted by the pandemic. Due to the lockdowns, tourist accommodation dropped by 72% in 2020 in comparison to the previous year (Eurostat 2021), while tourist arrivals fell by 76.5% and revenues from tourism fell by 78.4% during the same period (INSETE 2021). Workers in the tourism sector were unemployed for most of this time, while full-time employment across all sectors was reduced – although some workers saw an increase in working hours. The share of people who worked between 40 and 47 hours per week declined from 90% of employees at the end of 2019 to 60% a year later. The number of

employees who worked less than 39 hours increased by 20% during the same period, and the number of those who worked more than 48 hours per week increased by 10% (Greek Institute of Labor 2021).

The government took several measures to cope with the economic losses caused by the lockdowns. These included the government bailout of the country's largest airline, Aegean Airlines, which comprised millions of Euros. Government measures amounted to 14% of GDP in 2020 and an additional 7.5% of GDP in 2021. These measures included spending on medical procurement in the healthcare sector; temporary cash transfers to thousands of self-employed professionals and "suspended" workers in the sectors of tourism, commerce, arts/culture, sports, transportation, and education; liquidity support and loan guarantees to closed businesses; reductions to taxation and rent; and the deferment of tax payments and social security contributions (IMF 2021).

This kind of increased spending did not correspond with the Greek government's election promise to align with free market principles and stick to a program of low spending. However, it did conform with the general interventionist trends seen in Europe and the US during the COVID-19 pandemic. In the US and Europe, budget stimuli to cope with the lockdown's economic effects doubled those of the 2008 global financial crisis (Donohoe 2021). As French President Emmanuel Macron put it, political leaders aspired to mitigate these effects at European and national levels "whatever the cost" (Financial Times 2020). This is reminiscent of the monetary policy approach of former European Central Bank (ECB) president Mario Draghi, who stated he would do "whatever it takes" in 2012 to preserve the Eurozone (ECB 2012).

The Greek government followed the same course of action in its attempts to return to "normality" from the COVID-19 pandemic. It sought to benefit from the ECB's response, which began in March 2020 with the Pandemic Emergency Purchase Programme – a temporary asset purchase programme for private and public sector securities. Greece was not eligible for specific ECB provisions due to the pre-existing terms set out in the loan agreements from the previous decade. However, it was allowed to benefit from other instruments such as the ECB's new liquidity facility, the Pandemic Emergency Longer-Term Refinancing Operations (PELTRO), the ECB's flexibility "in the classification requirements and expectations on loss provisioning for non-performing loans (NPLs) that are covered by public guarantees and COVID-19 related public moratoria" (IMF 2021), as well as recovery plans like the Recovery and Resilience Facility and Next Generation EU. The latter provides grants and loans for investments in green transition and digital transformation. To receive funding, states must submit concrete plans to

devote at least 37% of their outlay to climate-related objectives and a further 20% to digital initiatives [and] follow, at least in part, the Commission's

previously stated “country-specific recommendations”: structural-reform proposals. (Economist 2021)

EU recommendations and structural reforms are not new to Greece. Considering the IMF’s conditionality rules and its suggestions for post-pandemic austerity measures, which are evident in a review of 91 pandemic-related loans approved by the IMF for 81 countries as of September 2020 (Daar and Tamale 2020), it is likely that the EU will continue to follow a similar path of austerity despite initial economic emergency assistance. Greece is one of the world’s most indebted countries and concerns are justified that receiving new loans to compensate for economic losses experienced during the pandemic and achieving long-term green growth will depend on the acquiescence of new rounds of austerity and labour market deregulation. Indeed, a European Commission document “intended to help Member States prepare their recovery and resilience plans” suggests “reviewing civil service regulations to allow *more flexible working conditions*” (European Commission 2021, emphasis added). Moreover, a new labour law proposed by the Greek government in 2020 legislates reforms in these directions. These include individual working time directives that lack commitment to collective agreements, a 30- to 50-hour working week (working flexibly from six to twelve hours per day depending on the company’s needs), liberalising regulations for dismissal, extending the legal overtime limit to 150 hours per year, and part-time and rotational work combined with telework.

Telework, which is now included in Greek employment law, was not prevalent in Greece prior to the pandemic – or at least it remained largely unreported. Lampousaki (2008) states that hardly any available or concrete data about Greek telework existed, and only an estimated 1.1% of all companies had teleworking arrangements. These arrangements were typically facilitated by large companies that operated at more than one site. Although there was an absence of specific regulatory frameworks, trade unions had noted that in practice, individual employment teleworking contracts often replaced collective labour agreements. Teleworking soared in Greece during the COVID-19 lockdowns, as home office and home-schooling arrangements became necessary. While low social protection existed for telework before the pandemic, COVID-19 may well constitute a turning point for its extension and the accompanying new forms of precarity (Mexi 2020). The next section focuses on new forms of precarity and pandemic-related social inequalities.

4. Social Reproduction and Inequalities

As Dowling (2016, 453-4) notes, in social reproduction, “the work of producing labor power and life” remains “unacknowledged and is gendered and racialised in its distribution.” She argues that since social reproduction not only

encompasses the “reproduction of labor power for capitalist exploitation” but also “all of the activities and relationships that reproduce life itself” (ibid., 454), a struggle emerges about its forms: The socioeconomic patterns built around it, the relations between state and society, and ultimately the question of “precisely *who* is bearing the cost for the reproduction of labor power” (ibid., 456, emphasis in original). With regard to cost-bearing, which is an important matter in the context of the COVID-19 pandemic, the family emerges as the answer for Greece.

Greece constitutes a version of “familistic welfare capitalism,” which is “a type of national political economy where the family plays a double role both as the main provider of welfare to its members and as a key agent in the reproduction of its politico-economic institutional arrangements” (Papadopoulos and Roumpakis 2013, 204). The institutional qualities and historical construction of welfare states in Southern Europe, including Greece, differ from those in Northern Europe. While Western countries experienced their famous “golden years” after the end of the Second World War, this was not the case for Greece. Instead of social peace and reconstruction, a painful civil war had severe and lasting consequences for the decades that followed. After the Greek Civil War ended in 1949, a series of political anomalies distorted the country’s course towards capitalist development. While there were certain efforts to support some form of welfare state after the end of the country’s dictatorship in 1974, they faded as the international economic crisis deepened and neoliberal policies gained prominence. From the early 1990s until 2010, welfare provision remained residual, although public debt increased. As a Eurozone member state, low interest rates allowed for a rapid financed growth model in Greece. However, due to policies of privatisation, outsourcing, and the flexibilisation of labour market legislation, this kind of growth did not improve the conditions of the Greek welfare state.

During the 2010 financial crisis, welfare services also underwent a severe crisis meaning families had to respond to care emergencies with limited support, which particularly overburdened women regarding care and social reproduction. Even before the COVID-19 pandemic, the risk of poverty, unemployment, and social exclusion was a reality for most women from working and lower middle-class backgrounds. However, the pandemic increased care emergencies and heightened gender disparities. As Bijl (2020) notes, because of the pandemic,

unpaid work for women has increased, as has the pressure on them and the insecurity they experience. This is causing additional mental and physical strain, in particular for single parents, 85% of whom are women. Women were economically disadvantaged before the crisis, they are risking poverty, unemployment, social exclusion and homelessness now. (ibid.)

This overburdening became especially evident in Greece, which maintained its familistic social model. For example, of those who worked from home,

women were especially affected since they had to additionally take care of their children's home-schooling and elderly relatives. A survey of Greek workers conducted between May and June 2020 (Symeonaki et al. 2020) showed that 80% of respondents with a higher education qualification worked from home, compared to 40% of those with a post-secondary qualification. Of the female respondents surveyed, 75% worked from home while the same was true for 63% of men (ibid., 15). In particular, the survey revealed that quarantine conditions intensified conflicts within households over work and caring responsibilities. Survey questions concerned the first lockdown period when nurseries and schools were closed, and babysitters or grandparents were unavailable to help with childcare. Having underaged children was an important factor regarding the extent to which respondents were satisfied with teleworking: 62.7% of those without underaged children were satisfied with teleworking, while the share of parents satisfied with teleworking was much lower at 48.3% (ibid., 18). The results showed that more women (33.9%) than men (23.6%) reported that they had to put their personal needs aside to cope with the lockdown. Likewise, more women (36.8%) than men (23.2%) stated that they had "to be over-flexible" and "use their imagination" to find solutions to combine work with family demands. Additionally, women were more likely to state that their work did not give them enough time for their family, and conversely, that their family did not allow them enough time for their work (ibid., 26).

In a country where female labour market participation is among the lowest in the EU (61% in Greece, compared to 75% in Germany and 77% in Finland; World Bank 2021b), the COVID-19 pandemic once again exposed women to the threat of unemployment, just like in the 2010 economic crisis. The pandemic delayed women's entry into the labour market for those who had either planned to enter for the first time or after their children had reached school age. In 2020, 39.4% of young females (15–24 years old) in Greece were unemployed, which was the highest share in the EU, compared to 6.4% in Germany and 15.1% in Belgium (World Bank 2021c). Informally or precariously employed women were often expelled from the labour market during the pandemic, while others experienced new forms of precarity, unregulated working hours, increased demands from employers, work overload, or burnout. This situation corresponds to Burawoy's illustration of COVID-19 in the US:

At home women are more likely to take up the slack, home-schooling their children, reorganizing family life, giving up their jobs and careers. For others, the second shift becomes a third and a fourth shift – working multiple jobs to keep family alive. (Burawoy 2021)

Moreover, gender-based and domestic violence increased in Greece during the lockdowns, as reported by shelters for abused women (Dionellis 2020).

Female caretakers were not the only ones overburdened during the lockdowns. Burawoy points out that

the pandemic has brought to life what sociologists have been describing and analyzing for decades, the deepening of inequality in all its dimensions. Now everyone can see just how encumbered are the “essential” workers upon whom we all depend [...]. The essential are often those deemed inessential – the outcasts, the dispossessed, the undocumented. (Burawoy 2021)

Essential workers such as factory workers, couriers, workers at supermarkets and essential supply stores, drivers, garbage collectors, and agricultural workers were among the few professional categories in Greece allowed (or obliged) to leave the home. They were the ones who carried out the material tasks of everyday life and were at a higher risk of being exposed to the virus – especially in the first phase of the pandemic, when community testing was not yet widespread. Hence, staying home was not a realistic option for some workers; doing so would have deprived them of their daily wages.

In 2020 in West Attica, a poor urban area severely hit by both the previous decade’s economic crisis and the pandemic, 50% of unskilled and uninsured migrant workers at a recycling plant tested positive for COVID-19. West Attica inhabitants are primarily low-income Greeks, Roma, and migrants from the Middle East and elsewhere. In 2015, unemployment reached 50% in Aspropirgos, a municipality in West Attica. The municipality’s poverty rates were among the highest in Greece, while suicide rates were higher in West Attica from 2002 to 2014 than the national average (Sotiris 2020). Even before the pandemic, West Attica’s residents had limited access to healthcare or only had access to poor-quality healthcare. The area’s household size is also larger than the average for the entire Attica Region, reflecting more crowding due to many people from different generations or families sharing the same home. This factor contributed to the spread of COVID-19 in West Attica (*ibid.*).

Throughout Greece, conditions were equally problematic for refugees and displaced persons who were already living in an emergency situation amid the wider emergency of the pandemic. During the COVID-19 pandemic, they experienced greater health risks because of the substandard living conditions at overcrowded camps on the Greek islands of Lesbos, Samos, and Chios. Undocumented refugees also faced greater health risks because they avoided visiting medical centres and hospitals out of fear of arrest or deportation. Those working informally lost their sources of income, while those looking for work encountered new hardships. Instead of a public discussion about their inadequate living conditions, refugees were presented as “threats” to public health. As Fischer (2021) observes, the lockdowns cut refugees in Greece off “from the outside world, reducing their agency, freedom of movement, and access to education.”

5. Privatisation, Law and Order, and Individual Responsibility

This section discusses three central dimensions of the Greek government's crisis management during the pandemic. These problems relate to the privatisation of the public healthcare system, the threat to democracy from law-and-order politics, and the limits imposed by the government's campaign for individual responsibility in response to the pandemic.

Privatisation. Jones and Hameiri (2021, 3) assert that “the regulatory state [that] has emerged as part of the wider shift from ‘government’ to ‘governance’ since the late 1970s [has] fundamentally failed in the COVID-19 context.” The population came to expect less in terms of public provision and the responsibility was shifted from the state to technocratic, private, and quasi-autonomous actors (ibid.). From a Polanyian perspective, Aulenbacher (2021, 8) argues that the pandemic is “paradigmatic of the carelessness that characterizes the market-fundamentalist commodification of nature, labor and money.” Therefore, COVID-19 brought to the surface pre-existing problems borne from decades of neoliberalisation in Europe and the US, and the constantly increasing role of the private sector in provisioning healthcare services. In recent decades, the state's priority has been to open up and give more power to private healthcare markets by means including low taxation and incentives for entrepreneurs, managerialism in the public sector, and the underfunding and degradation of the public healthcare system, alongside political campaigns to persuade voters about the low social utility of public services.

However, the COVID-19 pandemic exposed the operational limits of the private sector, especially during the first phase of the pandemic in mid-2020 when private health centres offered expensive COVID-19 testing in Greece. At the same time, private hospitals would not accept COVID-19 patients (Iliopoulos 2020, 1) despite mounting pressure on public hospitals and protests by groups of Greek doctors who criticised the government for trying to protect the private sector and for trying to prevent information about the unfolding situation in intensive care units from entering the public domain. Thus, the COVID-19 pandemic revealed the need to reverse privatisation, expand the public sector, and enact policies for equal access to healthcare. However, such priorities are not on the agenda of the current Greek government, which remains oriented towards privatisation. In May 2020, Prime Minister Mitsotakis insisted that, despite the pandemic, his plan for a “new national healthcare system” would focus on “cooperation with the private sector” so

that the public sector “can turn to the private sector for equipment and services.”³

Law and Order. A question that arose during the COVID-19 pandemic was whether surveillance and lockdown measures that encroached upon individual liberties would remain temporary or whether some governments would take advantage of the pandemic state of emergency to impose more permanent forms of authoritarian governance. Pleyers’s (2020, 307) concern is that the pandemic crisis management “may pave the way for a new authoritarian era, grounded in new technologies, artificial intelligence and increasing police control over citizens.” For example, anti-government voices were oppressed in China; police intimidation was reported against people who hung banners to criticise President Macron in France; in Spain, the military patrolled the streets; Hungary passed a bill for President Orbán to rule by decrees; and on May 1, 2020, International Workers’ Day protests were met with increased policing in cities like Jerusalem, Santiago, and Athens (ibid., 298).

Additionally, freedom of assembly was threatened in Greece during the COVID-19 pandemic. For example, the government chose to ban the annual protest march in commemoration of the November 1973 Athens Polytechnic Uprising, which symbolises the resistance to Greece’s former dictatorship. The same ban was ordered for December 6, which commemorates the death of 15-year-old Alexandros Grigoropoulos, who was shot dead by a police officer in 2008 (Karavokyris 2021). Moreover, the Greek government did not hesitate to pass new authoritarian laws while society was under lockdown. For instance, shortly after deciding to remove sociology from the high school curriculum and replace it with Latin, the government enacted a law that stationed police forces on university campuses to observe “delinquent students,” which indeed marked an “authoritarian turn” (Lavelle 2021). The government quickly suppressed demonstrations by students and others against this law, arguing that gatherings were prohibited due to COVID-19. Hence, the pandemic gave democracy a new test and the questions remain of whether and how authoritarian responses to pandemics or other states of emergency can be resisted in the future.

Individual Responsibility. A process of spatial reorganisation took place during the pandemic, wherein public space was deserted and appeared dystopian. Home became the place of work, confinement, shelter, and entertainment, and digital life obtained new social dimensions, with primary school children using *Viber*, teenagers dressing up for evening parties on *Skype*, or professionals meeting over *Zoom*. Furthermore, the development of a new “careful” and “responsible” subject set a process of individualisation in motion: As previously mentioned, the Greek government’s response to the COVID-19 pandemic was based on a harsh lockdown and a campaign of

³ Interview with K. Mitsotakis on *Star Channel*, May 24, 2020 (Accessed June 4, 2021).

individual responsibility. The interlocking of international health organisations, state institutions, pharmaceutical companies, global financial institutions, and the police culminated in a biopolitical mode of governance that blurred the limits between economic, political, medical, and policing powers, along with their corresponding responsibilities. The state attributed its lockdown decisions to medical experts, while medical experts also took account of economic considerations and other practicalities. Despite this blurring, individual responsibility remained the clearest message and was posited as the most fundamental factor for the success of lockdown policies. This kind of neoliberal responsabilisation required individuals to independently secure their livelihoods in a social setting where, after a decade of austerity, welfare institutions had been systematically retrenched. Hence, the COVID-19 pandemic subject is not only an “entrepreneur of himself, being for himself his own capital” (Foucault 2008, 226), but also the owner of their own biological capital, which encompasses the individual responsibility for self-conduct against the virus in the face of a healthcare system that has been undermined. As French and Monahan note,

The COVID-19 threat is being plugged into well-established neoliberal constructions of responsible subjects as those who manage risks on their own and do not (or cannot) rely on states or institutions to ensure safety. [...] At the same time, the responsabilization move can also subtly (and not so subtly) redirect blame for the crisis and its (mis)management to individuals and their families, diverting attention from severely underfunded and understaffed public health and social services institutions. (French and Monahan 2020, 7)

6. Final Remarks

As mentioned earlier, social reproduction in Greece is familistic and the state traditionally “locked’ into the family unit the responsibility for the provision of care and social protection” (Papadopoulos and Roumpakis 2013, 206). Familialism has not merely been the result of a low level of development in Greece; it has been a part of an attempt by “employers and the state to minimize their responsibility for social reproduction” and “one of the ways in which Southern European national political economies were integrated in the European and global economies” (ibid.). Given this structural economic role of the family, Dowling’s (2016) distinction between the valorisation and valuing of social reproduction makes sense for the Greek case too. Her premise is that neoliberal restructuring valorises social reproduction, but does not value it, which would mean a more democratic division of labour and less exploitation and oppression. Social reproduction is valorised as a cost shifted onto families in Greece, but its social value remains invisible and unacknowledged, with the state using familialism to avoid tasks and maintain clientelist

relations instead of institutionalising a reliable welfare state and providing families with essential social infrastructure.

The Greek familistic model was affected by the general changes described by Jessop (1996, 176) nearly three decades ago: Undermining domestic full employment in favour of international competitiveness, the weakening of redistributive welfare rights in favour of a market-oriented social policy, and the “hollowing out” of the nation state. However, the greatest blow to the Greek familistic model was in 2010 when “the responsibility of dealing with the [...] crisis was transferred almost singlehandedly to the working population, pensioners and their families” (Papadopoulos and Roumpakis 2013, 219). When the crisis began in 2010, the Greek welfare state was already in decline. Austerity accelerated this decline. Families’ care and social reproduction tasks increased, but their capacities weakened as wages were slashed and housing and emergency taxes increased along with household debt. Reforms at the behest of creditors did not lead to the modernisation and defamilialisation of welfare, but to pauperisation. Thus, the Greek familistic social model entered a crisis in 2010 and the recession, unemployment, and new indebtedness resulting from the COVID-19 pandemic are likely to deepen that crisis. The familistic model did not make the economy and society more resilient to the pandemic or the measures to contain it, such as lockdowns. Instead – and once again – it makes the family the last resort of care in times of crisis.

During the COVID-19 pandemic, politicians promoted “saving our relatives” and “caring for the family” as a high priority and the ultimate reason to comply with lockdown measures. Care and feminised care work emerged as essential, and their social importance became obvious (Aulenbacher 2021). However, in Greece, families are deprived of resources due to the recession and austerity of the previous decade and due to the economic consequences of the lockdowns. Similarly, “essential” workers were highly praised, to the point of heroisation, but their wages and working conditions hardly improved. For instance, Young (2021) notes that “women workers were serenaded [...] for providing ‘essential’ economic services,” but the focus of the Next Generation EU package is on “industries with high male employment - such as the digital, energy, agriculture, construction, and transport sectors - while neglecting those with a high female ratio: care and health, education and social work, culture and recreation” (ibid.).

The Greek case ultimately has two peculiarities. First, the country entered the COVID-19 pandemic period at the end of a painful decade of harsh austerity, and its long-awaited economic recovery was abruptly stalled. Concerns are thus justified that public spending through state transfers and bailouts in 2020 and 2021 may lead to new rounds of austerity measures in the near future. Second, the lockdowns imposed in Greece were among the strictest in

Europe due to the inadequate state of the public healthcare system after a decade of austerity.

As argued in the introduction to this HSR Forum (Dowling 2021) and demonstrated in the articles on the UK (Skeggs 2021), India (Wichterich 2021), Serbia (Vilenica, Mentus, and Ristić 2021), and Mali (Hasenöhr 2021), national healthcare systems appeared defenceless in the face of the pandemic as a result of the processes of neoliberal globalisation of the past decades. Such processes included the unregulated profit strategies of large pharmaceutical companies, their independence from the boundaries and control of nation states, and cuts to state budgets resulting in shortages of fundamental medical equipment previously thought of as unnecessary (from respirators to testing materials) (Streeck 2021, 319-20). Although these were common trends across many countries, they were stronger in Greece and other austerity-hit countries. Thus, while the Greek government framed the lockdowns as an indication of state capacity and preparedness, the situation instead suggests the opposite. During the pandemic several questions arose, such as the epidemiological objectives of the lockdowns, the criteria used to evaluate their efficiency and implementation, and the different lockdown models and alternatives. These questions are objects of interdisciplinary future research. Independent of these new questions, the point here is that entering a crisis in which lockdowns appear as the only or the less risky option in the face of a weak healthcare system can be understood as state failure. Dale's (2020) remark that lockdowns constitute an "admission of failure" and "a desperate tactic resorted to when escalating hospitalization rates overwhelm all preferred strategies" also applies to Greece.

The Greek government downplayed the weaknesses of the public healthcare system and still endorses the previous decade's neoliberal policy orientations, even for the post-pandemic era. Rather than improving the public healthcare system, its policies remain based on securitisation, law-and-order policies, and a campaign of individual responsibility. The COVID-19 pandemic gave rise to both public demands for and expectations of a stronger state with regard to public healthcare and welfare in general. However, rather than the welfare state, it seems that the police and the surveillance state were strengthened during the COVID-19 pandemic in Greece. While businesses and the processes of privatisation gradually return to their neoliberal "normality," authoritarian forms of governance and police and surveillance methods, which were imposed at the conjuncture of the pandemic, will likely remain in place during the post-pandemic era – or be reintroduced when a new "state of emergency" is declared. In the pre-pandemic era, only a minimal state provided residual welfare and healthcare for the lower social classes in Greece. In the post-pandemic era, it is likely that the effects of the crisis will once again be offloaded to lower social strata, resulting in further precarisation, insecurity, and pauperisation.

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