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RESEARCH ARTICLE

(DE-)POLITICIZATION TRAJECTORIES IN AN ANTI-AUSTERITY CONTENTIOUS CYCLE

Social Clinics-Pharmacies Solidarity structures in Greece*

Loukia Kotronaki
Panteion University, University of Crete

Stella Christou
Scuola Normale Superiore

Abstract: This article aspires to contribute to the ongoing literature on collective action in times of crisis. Our emphasis is on what has been considered the anti-austerity protest cycle's most novel pattern of everyday resistance, i.e., the "solidarity" frame and its concomitant forms of direct social action. For that purpose, we focus on the most emblematic case of solidarity politics in Greece, the *Clinics-Pharmacies Solidarity Structures* (SCPSs). Emerging in 2011, SCPSs spread throughout the country only to decline after the introduction of Health Reform by the left-wing government of SYRIZA. By adopting a relational approach highlighting the interplay between waves of contention, the fluctuating institutional environment, and broader social and structural processes in the background of a hollowed welfare state, we demonstrate the *politicization potential* of solidarity direct social action, as well as its antipodal dynamic: *depoliticization* and movement dissolution. We argue that the latter was the result of a double process: (a) the selective co-optation of solidarity structures by an institutional actor (SYRIZA), setting in motion movement-internal polarization, and (b) the discursive subordination of solidarity frames and activities to the "realm of necessity" as prescribed by the rationality of continuing austerity politics.

Keywords: anti-austerity protest cycle, contentious politics, crisis, Greece, health movements, solidarity direct action
Corresponding Authors : Loukia Kotronaki (l_kotronaki@panteion.gr), Stella Christou (stella.christou@sns.it)

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1. Introduction

The global financial crisis of 2008 and the effects it produced in the countries of Europe, especially those of the European South, not only marked the entrance into the era of the *Great Recession*, but also gave birth to a substantial literature dedicated to the study of collective action identified with anti-austerity protest and/or "anti-austerity movements" worldwide. Moving away from the New Social Movements tradition and related approaches implicitly echoing the "end of history" theme (whereby "social movement societies" mobilize and interact with institutions on the basis of "post-materialist" values, ideas and goals –Inglehart 1977, 1990), scholars stressed the need to reincorporate the structural and institutional dimensions of neoliberalism into their research agenda (della Porta 2015; Tejerina, Perugorria, Benski, and Langman 2013; Giugni and Grasso 2016). Following this research mood of revisiting available analytical and conceptual tools in order to better address anti-austerity movements (Gerbaudo 2012), "old" and key concepts such as *protest or contentious cycles* (Tarrow 1994, 1998; Koopmans 2004; McAdam, Tarrow and Tilly 2001) have also regained academic momentum.[1]In an effort to fully comprehend the ways in which protest cycles emerge, acquire their diffusion dynamics but also subside in a variety of regional, historical and institutional settings, scholars have adopted a comparative perspective (both within and between nations) paying special attention to movement outcomes and the actors involved (della Porta 2015; Tejerina *et al.* 2013; Antentas 2015; Portos 2017).

This article aims to contribute to this developing literature by drawing on the experience of the Greek anti-austerity protest cycle. Our emphasis will be on what has arguably been this cycle's most "novel" element, i.e. the so-called "solidarity" frame, the forms of collective action it has motivated and the organizational modalities it has promoted. For the purposes of this research, the *Clinics-Pharmacies Solidarity Structures* (SCPSs) have been considered emblematic in the investigation of social-movement innovation through "solidarity politics". Beginning in 2011, such SCPSs flourished throughout the country with the aim of providing health services –mainly in primary care. In so doing, they also avidly politicized socio-economic grievances through

[1] According to Tarrow (1998,142), a *contentious cycle* denotes "a phase of heightened conflict and contention across the social system,'' characterized by the rapid diffusion of collective action from more mobilized to less mobilized actors; a combination of organized and unorganized participation; a rapid pace of innovation of tactics and deliberative practices in the forms of contention; the creation of new *interpretative themes* inspiring new groups to undertake transgressive action, as well as the intensification of interaction and information flows between challengers and authorities (Tarrow 1989, 1998).

engaging in what Bosi and Zamponi (2015,2018) have aptly termed "direct social action": the deliverance of goods and services via forms of action that focus upon directly transforming some specific aspects of society" (Bosi and Zamponi 2015). In this context, the key question we set out to explore is the following: *If the protest dynamic of a given contentious era usually operates as an accelerator for transformations in both institutional politics and patterns of collective action (changing electoral geographies and forms of social participation) how is this process reversed?*

In our analysis we adopt a relational approach highlighting the interplay between waves of contention and the fluctuating institutional context epitomized in the coming to power of the left-wing, movement-ally party SYRIZA; the signing of the third Memorandum of Understanding (MoU) in 2015; and the introduction of Health Reform through two consecutive health laws in 2016 and 2017. As we shall see, these reforms represented a radical departure from the path-dependency of previous healthcare reform initiatives, whilst also operating as a critical juncture for SCPSs activities, leading to antipodal interpretations over the meaning of solidarity and the strategic/institutional impact of the concomitant action.

In this spirit, we will first examine the different waves of the Greek anti-austerity protest cycle in order to understand how this distinctive grassroots network of solidarity structures emerged and achieved the politicization of health issues through the strategic use of the new "solidarity" frame *pari passu* with undertaking direct social action. The principal aim will be to demonstrate how this social-movement dynamic changed in terms of scope, goals, demands and practices, and how it gradually declined after witnessing a period of rapid national expansion. We will then trace the trajectory of the Greek National Health Service (ESY[2]), before and after the inauguration of austerity policies. This shall serve as a background for understanding the historical and structural weaknesses of the Greek Health System, which is required in order to be able to evaluate both the rising demands as well as the novelty of the direct-action repertoires employed by the SCPSs under investigation. Finally, by focusing on two emblematic cases of SCPSs in the Athens metropolitan area (KIFA.A and MKIE), we will attempt to further explore –and theorize on– *both* the potentialities of politicized direct social action under the normative umbrella of the "solidarity" frame, *and* its limits and reversibility points in the context of a changing institutional environment.

[2] ESY: *Ethnico Systima Ygeias* (National Health System)

2. Data and Methods

Data was collected through a combination of quantitative and qualitative methods. An exhaustive database illustrating protest events at the national scale over a five-year period (2009-2014)[3] allowed us to organize the anti-austerity protest cycle on the basis of *protest event analysis*, and capture its fluctuations in terms of contentious performances and actors, the claims expressed and the frames that animated collective action. Public and internal statements, documents, reports, and press releases produced by SCPSs in the period between 2011 and the present time constituted the empirical core of our research for the identification of the multitude of meanings attributed to solidarity, as well as their variations over time. In an attempt to portray changes in the meaning and connotations of "solidarity" this "discursive database," composed by inter-organizational documents, was complemented by interviews with volunteers, activists, junior doctors and health advisors and was analyzed through *discourse and frame analysis*. Finally, participant observation in major protest events breaking out in the course of the contentious cycle as well as in the activities of five SCPSs (two of them in Athens) enabled us to select the SCPSs we present here (KIFA.A and MKIE) for further investigation.

3. Contextualizing politics of solidarity in Greek anti-austerity protest cycle

Despite differences in their analytical preoccupations and research foci, scholars examining the anti-austerity protest cycle in Greece between 2010 and 2015 (Karyotis and Rudig 2017; Kotronaki 2018; Serdedakis 2018) concur in the view that it encompassed three *waves of contention*[4] "involving different mobilization patterns" (Karyotis and Rudig 2017:2).

[3] This database, kindly offered to us by Professor Nikos Serdedakis and his collaborators (University of Crete), relied on the daily coding of contentious episodes from reports in two national dailies (*Eleftherotypia* and *Avgi*). This material was also the basis of a collective volume on protest during the "Greek Crisis" (Serdedakis and Tombazos 2018).

[4] Koopmans (2004) argues for the use of the metaphor *wave* instead of the notion of *cycle* as *wave* doesn't imply the assumption of regularity and simply refers to the strong increase and subsequent decrease in the level of contention. The author delimits three fundamental features that seem to be universal to waves of contention. First, protest waves are characterized by the strong expansion of contention across social groups and sectors, superseding the narrow boundaries of policy fields, often transcending national borders. Second, protest waves are invariably characterized by a transformation of contention, that is, changes in strategies, alliance structures, identities, and so forth, which inevitably arise in process-

The first wave began with the voting of the first MoU in 2010 and culminated in 2011 with the two-month long *Aganaktismenoi* [Greek *Indignados*] mobilizations (May-July 2011). This wave was marked by mass contentious protests while anti-memorandum frames and anti-austerity discourses became prominent (Kousis and Kanellopoulos 2014; Serdedakis and Koufidi 2018). The wave that followed (2012-2014) was characterized by the fading of collective indignation against austerity and memorandum policies and the upsurge of claims related to democratic and antifascist rights alongside initiatives and experiments of self-organization and social solidarity. Finally, the third one (2014- 2015) was identified with the domestication of protest forms, the gradual relocation of the "memorandum/anti-memorandum" cleavage from the streets to parliament and the transmutation of *movement expectations* (Goldstone and Tilly 2001) from visions of social change through contentious activity to parliamentary ones through the rise of the left-wing party *Synaspismos Rizozpastikis Aristeras/SYRIZA* [Coalition of the Radical Left] to the government (Kotronaki 2018).

In the course of this tremendous epoch of collective mobilization between 2010 and 2015, several transformative dynamics were triggered, affecting both the institutional arena and the field of the Greek civil society that had, until recently, been portrayed as "atrophic", "party-dominated" and deeply rooted into "clientelistic networks" (Mouzelis 1978; Mavrogordatos 1988; Charalambis 1989; Sotiropoulos 2004; Sotiropoulos 2014). The most remarkable among them were: (a) the revitalization of *contentious repertoires* and the reframing of public spaces as loci of democratic deliberation and collective coordination through the mobilizations of the *Aganaktismenoi* and a series of occupations of squares and public buildings (Dalakoglou 2012; Leontidou 2012; Kavoulakos 2013; Kotronaki 2014); (b) the expansion of *alternative economic and social spaces* (Jonas 2010; Kavoulakos and Gritzas 2015) followed by the emergence of a new cluster of *Alternative Forms of Resilience* (Kousis and Paschou 2017) and *direct social action* adopted by *Alternative Action Organizations* (Bosi and Zamponi 2015; Bosi and Zamponi 2018) as witnessed by the numerous self-organized structures of social solidarity at the local level (social clinics-pharmacies, social stores, time banks, collective kitchens, etc); (c) the extension of forms of *public sociality* (Rozakou 2016) resulting from the enhanced role of NGOs in the realm of the gradually hollowed welfare state (Simiti 2014; Clarke, Huliaras and Sotiropoulos 2015; Afouxenidis 2015); and, (d) the collapse of the stable two-partyism of the post-dictatorship era between conservative *Nea Dimokratia* [New Democracy] and social-democratic *PASOK* [Panhellenic Socialistic

es of dynamic interaction and ensure that no protest wave ends up where it began. Third, protest waves come to an end (Koopmans 2004, 21-22). We strongly appreciate the usefulness of this approach as it allows us to capture the distinct stages and the different trajectories of contention in the background of the "big picture", that is, the *protest cycle*.

Movement] resulting in new parliamentary alliances for the formation of (three-party) governments (2010-2015). Last but not least, (e) the "electoral boom" of SYRIZA, a previously small party of the Left with close ties to social movements in 2012 and 2015 (Nikolakopoulos 2013; Seferiades 2018).

Understanding the emergence and dynamics of solidarity initiatives engaging in health activism in times of crisis presupposes their contextualization in time and space as well as their placement in the broader political and social processes in which they are embedded. A crucial first step in this direction regards the existence of three distinct protest waves within the same contentious cycle. The transformation of protest to solidarity politics obviously reflected the passage from the first wave (marked by mass contentious demonstrations) to the second (characterized by initiatives and experiments of self-organization and social solidarity). A second step concerns the health-pertaining institutional environment, namely the vagaries of the ESY in the context of the waning Greek welfare state.

4. ESY: The Greek patient in "humanitarian crisis"?

Dating back to 1983 and the voting of the single most important healthcare reform in the country (Economou 2010, 21), Law 1397/1983 introduced the ESY on the basis of free, universal and equal access to high-quality health services for Greek citizens. Since then, the Greek public health system has been criticized as chronically suffering from two major weaknesses: (a) the existence of multiple social insurance funds that complicated the financing of the ESY adversely affecting its capacity to provide adequate coverage and (b) the disjointed and weakling Primary Care sector (Economou 2010, 21). It is due to these two structural characteristics of the ESY that the "Greek case" has been interpreted either as a "feeble" case or as an "ideal type" of the Southern welfare model, representing a perfect hybrid system between the models of Social Health Insurance (SHI) and National Health System (NHS) in terms of financing and of organization (Ferrera 1996; Toth 2010).

More specifically, and with regards to the first unsettled characteristic of the ESY, people's health insurance was financed partly via general taxation, in accordance with the original NHS financing model, and partly by the employee, in the form of direct deductions from his/her wage. Such a financing configuration was, of course, existentially antithetical to the principle of universality and equality, as it created discrepancies in coverage and packages of care (Davaki and Mossialos 2005). The second ambivalent aspect of the system concerned the nature of Primary Care. Ever since its inception,

the ESY was seen as a tactic of bridging regional and income inequalities, while also improving coordination, efficiency and continuity across different levels of care. Reform in this direction, however, was neither linear nor coherent. As a result, the weak Primary Care sector was divided among three different providers, split between public, private and insurance funds (Economou 2010).

Economou (2010) stresses how the public health reform debate in the beginning of the century was centered on issues pertaining to the sickness funds and the development and expansion of Primary Care (ibid).He distinguishes between two reform periods, one between 2001 and 2004 under the PASOK government, when a series of "long-awaited interventions to enhance the ESY" (originally announced in 2000) began to be implemented. These involved the unification of the country's largest social health insurance funds under a single organization that would both collect funds and act as a purchaser of healthcare services. In addition, Primary Care was to be reformed in order to provide

> the optional establishment by social insurance organizations of primary health care networks and family doctors, the transformation of social insurance polyclinics into urban health centers and the establishment of new services for home care, post-hospital care and rehabilitation (Economou 2010, 140).

When *Nea Dimokratia* came to power in 2004, however, this reform process was halted and reversed. The new creed was cost-containment and debt minimization on the side of hospitals and PPPs.

A decade later the debate reopened. The advent of the crisis left some 30% of the population unemployed and without any health insurance (as such insurance was tied to employment) (Petmesidou, Pavolini, and Guillen 2014). These unprecedented levels of unemployment and underemployment in combination with structural, organizational and technological differences between the three providers of the Primary Care brought the ESY to its knees (Ifanti, Argyriou, Kalofonou, and Kalofonos 2013; Simou and Koutsogeorgou 2014; Kondilis, Gavana, Giannakopoulos, Zdoukos, Iliffe, and Benos 2012). Moreover, "corrective" austerity policies increasingly transferring charges to the population (Kentikelenis, Karanikolos, Reeves, McKee, and Stuckler 2014) coupled with sharp reductions in the health budget[5] further highlighted gaps in coverage and shortages in provisions.

[5] Health expenditure suffered an unprecedented decrease by 36,6% between 2009 and 2014. Hellenic Statistical Athority (ELSTAT), 2016. Press release: System of Health Accounts (SHA) for 2014, Athens.

All of the above had profound and protracted effects on peoples' health status. Commonly cited indicators of what the SCPSs framed as a "humanitarian crisis," was the dramatic increase of infant mortality rates, the 16-fold rocketing of HIV infections, and the rising of tuberculosis and malaria cases to record levels (Economou 2019). Last but not least, reports on the impact of the economic crisis on mental health showed a 40% increase in suicides between 2010 and 2011, although such studies are rare and remain inconclusive (Economou, Madianos, Theleritis, Peppou, and Stefanis 2011).

In response to this social and economic degradation, on the one hand, and welfare and healthcare deterioration on the other, grassroots solidarity initiatives took it upon themselves to intervene with direct social action in the provision of health services and pharmaceuticals for all those excluded from the ESY or unable to cover their contributions for themselves. Solidarity politics became the master strategic vehicle for SCPSs demanding immediate health reform, as well as the normative ground for intensifying coordinated action and networking with dispersed civil society actors and preexisting contentious collectivities.

5. Clinics-Pharmacies Solidarity Structures: Politicizing solidarity, forging a health social movement?

The first *Voluntary Clinic of Social Solidarity* appeared in 2008 in Rethymnon (Crete) *in* "an attempt to support people who do not have access to public health services, medicines and vaccines while also highlighting exclusion per se, together with issues pertaining to preventive and public health."[6] Pioneering the field of direct social action in times of welfare collapse, the "social solidarity structure" as a pattern of collective action was destined to become modular during the next three-year period.

Triggering mechanisms explaining this remarkable diffusion at the national level were:

(a) the *radicalization* of the meaning and of the concomitant repertoires of solidarity in the wake of the creation of the *Thessaloniki Social Clinic* in 2011, an initiative of doctors with biographical affinities to contentious politics, who mobilized in support of the 300 migrants-hunger strikers struggling for the recognition of their social rights (January – March 2011);

(b) the unprecedented salience of practices of self-organization emerging during the *Aganaktismenoi* and "Occupy" mobilizations in Athens (May – July 2011), which in turn

6*Voluntary Clinic of Social Solidarity of Rethymnon.* In Solidarity4All official website.

facilitated *the attribution of similarity* and the recognition of common meanings and values among dispersed grassroots claimants and challengers; and
(c) the *certification* and *appropriation* of the *master frame* 'solidarity' by an institutional actor (SYRIZA) with the formation of the network *Solidarity4all* in 2012 - a national organizational node seeking to promote the communication and coordination of the galaxy of scattered solidarity structures engaged in the direct provision of goods (food, medicines) to disadvantaged people.[7]

All these shifts in the context of collective action had a twofold effect. Firstly, by building upon the latent contentious infrastructure of informal organizations that had emerged during the first wave of anti-austerity protest they contributed to the forging of a health social movement. Secondly, they encouraged the politicization process of "social solidarity."

Following Brown and Zavestoski's (2004, 682) formulation of Health Social Movements as "collective challenges to medical policy and politics, belief systems, research and practice that include an array of formal and informal organizations, supporters, networks of cooperation and media" we claim that the web of SCPSs exhibited elements of such a movement, or its potential. This is because SCPSs addressed issues such as: (a) the equal access to health services regardless of racial, national, gender, class and/or sexual identity; (b) the universalization of quality healthcare through the improvement of the ESY and the development of Primary Health; as well as (c) the reversal of medical authority and the experimentation with more holistic and communitarian paradigms of health and wellbeing.

In an attempt to map the SCPSs universe, Teloni and Adam (2015, 27-32) recorded 56 solidarity clinics in operation between 2011 and 2014, and organized them on the basis of the identity of the actor that established them: movement initiatives (19), regional authorities (5), the third sector (4), doctors' trade union (1), municipal political party (1), group of health professionals (1), the church (1) and synergies between the aforementioned actors (24).

Among those, they distinguish between what they call "movement initiatives" and "institutional initiatives" that, despite existing differences *within* them, seem to have more pronounced differences *between* them -mostly in terms of role, scope, management, culture and orientation. More specifically, "movement initiatives", the subject-matter of this paper, have a more politicized profile, with obvious connections to broader movements and struggles. Their interventions seem to be more active rather than passive, challenging the austerity frame and collectively refusing to function as a substitute to the ESY. At least in the first period covered by this research, SCPSs also

7*The Initiative: Solidarity4All*. In Solidarity4All official website.

resist institutionalization and collaboration with governmental authorities; reject funding from institutional and/or corporate channels; and are suspicious, if not hostile, towards the monetary compensation of volunteers for their contribution to the clinics-pharmacies' operation.

Following a different classification based on the sole criterion of "not [being] directly connected and funded by state owned organizations or big NGOs" Evlampidou and Kogevinas (2018, 2) have identified 92 SCPSs in operation by 2015. These are summarized as "a social movement oriented to the supplementary provision of health care", while "their members are frequently politically active supporting anti-austerity policies" (ibid). Within this "movement" category they also include initiatives undertaken by the Church (11%) and the municipal authorities (30%) whilst underlining that the majority is comprised by citizens' initiatives (39%).

In view of the aforementioned -albeit diverging- studies, it seems plausible to defend that the SCPSs operated as a social movement. Nevertheless, it is imperative to operationalize our use of "social movement" for the sake of conceptual and analytical clarity. We conceive as Health Social Movements those of SCPS branches that are characterized by prominent "networks of informal interactions between a plurality of individuals, groups and/or organizations engaged in political or cultural conflicts on the basis of shared collective identities" (Diani 1992, 1). The most reliable indicator for this emergent Health Social Movement has been the formation of the national *Network of Social Clinics-Pharmacies* in 2013.

The 1st Pan-Hellenic meeting of Social Clinics–Pharmacies was the constitutive event of the *Network of Social Clinics-Pharmacies*, during which the common *Map* outlining their main features and values was produced –adumbrating the emergent initiative's collective identity, drawing boundaries *vis-à-vis* institutional political agents and specifying initiatives of charity. The *Code of Conduct* published on the same occasion prescribed what was to be followed by the collectivities belonging to the Network and highlighted their "autonomous, independent, self-organized and self-managed" *modus operandi* seeking the "provision of services of primary healthcare to all uninsured people, the unemployed and the poor, on a completely volunteer basis"[8]. This was expressed in explicitly contentious terms and in dire juxtaposition to charity, as the Network assumed the role of coordinating the SCPSs "collective struggle for our right to public health and demand free access of medical and pharmaceutical care for all"[9]. On a more strategic note, the *Code of Conduct* stated that SCPSs should weave a "net of

[8] *Map of Solidarity Social-Clinics Pharmacies*. In Solidarity4All official website [15/10/2013]

[9] Ibid.

social protection" against the crisis and its effects, thus contributing to creating the necessary conditions for the development of claims "for equality and equity through certain actions and public interventions […] by creating open spaces of deliberation and resistance."[10]

In their efforts to politicize their interventions of direct action in the provision of health services and pharmaceuticals, to develop skills and to promote their claims in the direction of a high quality, universal public health system, the majority of collectives included in the Network invested in three main forms of collective action: (a) *contentious protest events*, such as picketing and protesting in front of hospitals and health centers, as well as participating in larger anti-austerity protests as a distinctive collective actor; (b) *cultural events* publicizing health issues and collecting resources necessary for the continuation of their operation; and (c) *coordination initiatives* with broader struggles, such as those of the public health professions and/or other actors challenging poverty, social marginalization, racism and sexism. These collaborations were understood to contribute in the formation of "a permanent, quotidian, democratic, social and political struggle" in the name of public health.[11]

It is in this sense that SCPSs opted to politicize institutions of civil society. By rendering issues public and consequently open to confrontation (Luhtakallio 2012, 9) through practices that belong to an intermediate sphere between "private" pursuits and concerns, on the one hand, and institutional, state-sanctioned politics on the other (Offe 1985), SCPSs triggered the process of politicization of marginalization, poverty and exclusion. The following interview extract from an activist working in a clinics' reception is indicative:

> People come here with all sorts of problems. But they talk to us [receptionists]! We talk about their condition, the fact that they have no insurance […] but also about their electricity bills, their children... […] When they first come [to the clinic] they are shy, ashamed- you see it from the way they stand. But after a few visits they change, they are more open, more talkative, they smile. […] They understand they are not alone. Their problem is not theirs alone [R.D. 05/06/2015].

The clinic thus became a space for the socialization and politicization of grievances and hardships. In the same vein, albeit more directly, an experienced member of the reception of an Athenian clinic told us:

[10] Ibid.

[11] Ibid.

> We give them [the patients] the possibility of getting involved. It's not compulsory, but we say "you can assist in this or that way".[...] There is no need for them to remain passive beneficiaries of an effort, of some aid. They can do things for themselves, claim things from the state. I don't mean benefits [...] but their real rights. 'Yes sirs, I demand to have [access to] public health. Health is a basic right and should be free for all! I demand to have a job and be able to sustain myself [...] And I don't just want these things by sitting on my couch; I want them through participating in common action.

The slogan "no one alone in the crisis", found on posters around clinics, the performative repetition of the "I" or "We could be you tomorrow", or jokes concerning their deplorable social conditions, further stimulated the creation of this precarious community of everyday resistance joined together under the practice of solidarity. Moreover, this work of bringing people together to talk about their grievances in a space performing solidarity direct social action was contrasted almost entirely with charity. Another volunteer told us:

> No. That's not what we do [Referring to charity and/or municipal authorities]. We are solidarians. We built a relationship with the people coming in here. We talk to them about their problem, about our problem. We address their problem. Then, we see, how can we help? Each one for their own struggle, but all together, you know? [...] But we discuss, we understand why we're here. We don't cover the problem, we expose it [M.P. 01/06/2015].

Nevertheless, this process of the politicization of grievances and civil society institutions which encouraged the articulation of the compelling demand for health reform was not homogenous for all the actors involved. Differences existing amongst SCPSs became pronounced after the Health Reform, a process that ultimately led to the splitting of the Network and the eventual decline of the Health Social Movement. Our findings suggest that crucial to this process was the partial –and mainly depoliticized–reframing of "solidarity", as the result of changes in the institutional context occurring in the course and aftermath of the Health Reform.

6. SYRIZA's Health Reform: Too little, too late?

The national election of January 2015 marked a turning point in the *path dependence* of the anti-austerity protest cycle, and influenced profoundly the dynamics of the

timidly emergent Health Social Movement. SYRIZA became the major parliamentary force with 36.34%, it fell just short of absolute majority of seats in the parliament. To form a government, it entered into a coalition with the populist right-wing, yet anti-memorandum party *Anexartitoi Ellhnes* [Independent Greeks] in the name of an imperative, anti-memorandum government charged with the mandate to end the vicious cycle of austerity.

Since the first days of the new government, addressing and resolving the humanitarian crisis took center stage, while the restructuring of Primary Care was portrayed, symbolically and politically, as a key priority. A doctor and prominent member of the first Social Clinic of Rethymnon, Andreas Xanthos, was appointed Alternate Minister of Health and, a few months later, assumed full responsibilities as Health Minister. Moreover, *Solidarity4All*, the institutional umbrella of social solidarity was entrusted with the task of contacting 40 SCPSs around the country in order to establish links of collaboration between the SCPSs space, the Ministry of Health and the newly founded Ministry of Social Solidarity and Migration.

After a long period of meetings and deliberative processes between the aforementioned actors, the network of SCPSs assumed an experiential advisory role and submitted a series of reports on the humanitarian crisis as well as a number of reform proposals addressing pressing problem areas. Eventually, SYRIZA's government drafted and voted the "Health Reform," involving the combination of two consecutive laws. First, Law 4368/2016, which saw the admission of all uninsured patients in hold of a Social Security Number into the ESY, and Law 4486/2017, which was to radically restructure and boost Primary Care in the country through the creation of *PFY* [Primary Health Care]. Later on, Law 4486/2017 announced the incremental establishment of *ToMYs* [Local Health Units] for the provision of welfare and healthcare services, on the basis of "health promotion, prevention, diagnosis, therapy and a holistic conception of health" [Law 4486/2017].

To varying degrees the health reform was applauded by most SCPSs ' actors. This is because it has, to a large extent, been interpreted not only as a necessary step for overcoming the historical weaknesses of the ESY and for alleviating the pressures created by the crisis and austerity, but also as a fruit, albeit partial and incomplete, of their campaigns and tactics of contention and negotiation with the relevant institutions. This became apparent with the appeal, co-signed by the SCPSs of Athens, made towards the Health Ministry in 2016:

> We recognize that the Law that announces full access to the public health system is a *step in the right direction*, as long as it gives access to the uninsured in the same way as it does to the insured. We are obliged to position ourselves concerning potential problems

> of the Law's imposition, before it is realized. The estimated *funding* for the completion of the Law at least as announced for now, is *insufficient* and needs to be increased. The funding of the public health system should be outside any negotiation procedure and the government needs to demand to fortify this. […] The public health system needs to be *amply staffed* with permanent personnel, otherwise instead of solving the problem [the Law] will only exacerbate it. […] We demand that responsible parties should initiate a process of *examination and cancelation* of public hospital admission debts of uninsured patients. We demand the full coverage of all migrants, regardless of the documents they might possess. We expect that the leadership of the Health Ministry will take serious account of our proposals and anticipate on the frontline.[12]

This document was also followed by a joint statement produced in the course the 5th Pan-Hellenic meeting of the Social Clinics-Pharmacies' Network:

> [We], the SCPSs as social collectives that continue to fight for our vision for an inclusive Public Health System, cannot remain in silence today, neither allow our instrumentalization by any government [...] In today's bleak environment, where the policies of the memoranda continue and the problems in the total coverage of the population are numerous as they are serious, it is more than pressing to set Health free from the vice of austerity policies and the criminal reductions in spending. The SCPSs will now, more than ever,
>
> - continue fighting against the policies that impoverish people and are existentially antithetical to our vision for a free and equal access for all into quality health services;
> - become 'the eye' and 'the ear' of society in whichever situation promotes health inequalities and obstacles faced by patients in their movement into the ESY;
> - continue to provide primary health and pharmaceutical care to all who are not covered by the new Law and especially the migrants "without papers";
> - enhance our anti-racist and anti-fascist actions [...];
> - continue to pave the way for a movement alternative to the medical model that will include holistic medicine that fights against poverty and social exclusion.[13]

Despite its public declarations for open and ongoing struggle, however, this was the last statement produced by the Social Clinics–Pharmacies' Network. After this announcement there are no more calls for future meetings, assemblies or common events. Following a similar trajectory, the coordinating body of the Athenian SCPSs was

[12] *Social Clinics-Pharmacies of Athens: We are here and continue to offer*. In KIFA.A. official website [22/02/2016].

[13] *The need that birthed us persists*. Press release for the 5th Panellenic meeting of autonomous SCPSs. In KIFA.A. official website. [12/04/2016].

gradually weakened, as a number of SCPSs involved either interrupted their operation, or departed. In the words of a volunteer: "The body had 14-15 clinics, now it's just 9 of us. […] Some closed down, some left. In a terrible manner..." [M.L. 22/11/2018]

7. Depoliticizing Solidarity

Considering *depoliticization* as a (neoliberal) political strategy obsessed with technique, productivity and efficiency, intent on eradicating political and moral questions from public life, (Held 2006; Hay 2007; D' Albergo and Moini 2017), Hay (2007, 80) identified three main forms: (a) a governmental depoliticization that transfers issues from the governmental arena to the public sphere (non-governmental and technocratic bodies); (b) a societal depoliticization that demotes issues from the public to the private sphere (individuals/or communities); and (c) a discursive depoliticization that transmits issues from the private sphere to the "realm of necessity". Grounding themselves in this classification researchers have sought to identify the mechanisms triggering this crucial process in the field of social policy and public action (Busso 2017), the particular historical and discursive contexts framing it and the nature of the principal actors (and interests) involved in its operation (Flinders and Wood 2014; Fawcett and Marsh 2014).

In the remainder of this article we will attempt to contribute to this ongoing debate by capturing the depoliticization process in the form of movement dissolution as a result of a double process: (a) the (selective) co-optation of solidarity structures by an institutional actor (SYRIZA) spearheading movement-internal polarization, and (b) the discursive subordination of solidarity frames and activities to Hay's "realm of necessity" as prescribed by the third MoU.

It is interesting to note that this depoliticization process, that also led to a split for certain SCPSs, on the national level, was accompanied by a process of internal undermining of the clinics' organizational procedures. The interviews that we conducted in Athenian clinics-pharmacies in the aftermath of reform's introduction suggest an overall devaluation of assemblies and a less concerned outlook over regularity, attendance and participation. More specifically, as a volunteer put it, "Now, after all these years... We meet in the assembly just for the sake of meeting. […] It's more of a ... social event". [C.C. 12/12/2018]

In addition, the preoccupation those same clinics once exhibited concerning the participation of patients in the deliberative and decision-making processes seems to have succumbed to a *de facto* admission of its impracticality –the inability and/or disinterest of patients to participate. As one of our interviewees put it:

> No, it's just volunteers [in the assembly]. I mean, what do the recipients have to do with it? I don't think they have any reason, dear. We had some [patients], they would offer themselves to do things for us, fix things for us. But that is that. [D.N. 22/01/2019]

The combination of these shifts on the part the SCPSs suggests the breaking of channels of cooperation and joint action. As such, it seems that the dynamics of the emergent Health Social Movement in the country and the ensuing politicization process of solidarity interventions have been discouraged after the proclamation and subsequent implementation of the Health Reform.

Focusing on the two largest SCPSs in the Athens Metropolitan area, the *KIFA.A.* [Social Clinic-Pharmacy of Athens] and the *MKIE* [Metropolitan Social Clinic of Hellenikon], will offer us a glimpse of the depoliticizing dynamics and the polarizing tendencies occurring due to changes in the principal institutional ally of the SCPSs in the political system, SYRIZA. After coming to power, the party was rapidly transformed from a movement-affiliated anti-austerity claimant to one that compliantly adopted a third MoU entailing continuation of austerity and a half-hearted implementation of the Health Reform.

The SCPSs selected here, KIFA.A. and MKIE, apart from being the largest clinics in Athens, both abandoned their contentious repertoires after 2015 and the electoral victory of SYRIZA. They no longer made public calls in picketing, nor did they publicly attend and/or support central demonstrations and protests. However, those clinics took different –if not outright antagonistic– trajectories in the cycle of their mobilization in the social field as flowing from the different framings of their identity and their strategic visions of solidarity in general.

7.a. KIFA.A: Solidarity as a (cultural) process

KIFA.A is a large SCPSs situated in the center of Athens. Over the years, it played a key role in intervening in the humanitarian crisis, with an outstanding presence in the Social Clinics-Pharmacies Network, the Coordinating body of Athens as well as the Health Reform process. Due to its central location, it has participated in a number of key protest events, and due to its proximity to Athenian hospitals and clinics it has been very quick and efficient in mobilizing around targeted demonstrations and picket actions. The coming of SYRIZA to power, found KIFA.A "startled in the face of a left-

wing government"[14] and like most SCPSs, it experienced a transitory period of close re-examination and deliberation over its role and identity. The boldest expression of this process and the contentious orientation it has adopted in 2016 is portrayed in the following internal document:

> *Role of SCPSs today***:** The role of SCPSs under the SYRIZA government and the efforts towards restructuring the Public Health System [in the direction of] universal access, is definitely altered [...] Unfortunately, the malaises of the public health system are so pronounced that it will take years to overturn its dysfunctions, [while] the economic situation and memorandum commitments add to the delay in the application of our policies in Health.
>
> Which can be the contribution of SCPSs today?
>
> 1.They continue overseeing patients not covered by Law4368 (migrants with no legal documents, subsumed in categories not covered by the Law)
>
> 2.They inform incomers over the rights offered by the Law [...]
>
> 3.The new role of SCPSs as *par excellence* primary clinics can be the education of patient populations over the regulations of the new Primary Health Care emphasizing prevention [...]
>
> 4.Mobile dentist team: Dental care in the country is overwhelmingly private. The ESY as much as the National Primary Health Network has very little infrastructure to cover for their respective populations […][15]

The document concludes that the clinics should assume the "*the role of an educating-preparatory space*"[16] for the smooth transition to –and the successful completion of– the Health Reform.

As can be readily observed, the Health Reform prompted KIFA.A. to assert a new collective identity. This can be summarized as consisting of three parts: (a) informing citizens about their new rights and subsequent changes in coverage, care and contributions; (b) operating as a corrective force for the Ministry of Health by bridging gaps in coverage and by inspecting newly established health centers and/or intervening when a patient gets rejected by a public health institution; and (c) acting as an agent of cultural change, through the diffusion of the solidarity culture and practice in general and in health, in particular.

14*The Political Movement of Solidarity*. Article circulated by Dr. D. Parthenis (member of KIFA.A). In KIFA.A official website [28/11/2015].

15 *Internal document*. Article circulated by C. Matsouka (ex-volunteer doctor at KIFA.A., director of the National Blood Donation Centre and a member in the committee for Primary Care).

16 Ibid.

This assumption of the role of the informal mediator between civil society and the government until the reform is complete (also acting as a cultural instructor in the field of health education) condenses KIFA.A.'s co-optation by SYRIZA and graphically illustrates the new cognitive trends underpinning its new, still transitory, identity. These trends were also inscribed in the new way that KIFA.A now understood and approached "solidarity:"

> In that view, the forefront of the solidarity movement needs to be the contribution to citizens' consciousness over certain fundamental issues, such as the need for collective action, the understanding of the dead-ends of overconsumption, the challenging of the dominant management modes, the curbing of polypharmacy and the predominant medical model that promotes iatrogenic illness.[17]

Having abandoned its contentious repertoires, KIFA.A. gradually depoliticized its action through and by the redefinition of solidarity intervention and the renegotiation of its collective role in the face of the new government and the Health Reform. The same process took place in the case of the MKIE, leading, however, to completely different identities and perceptions of solidarity.

7.b. MKIE: Solidarity as an end in itself

MKIE, sees its establishment as the crystallization of the *Aganaktismenoi* mobilizations. The idea of the creation of MKIE "belongs to cardiologist Giorgos Vichas, who gathered a small team of 6 people in Syntagma […] and through the processes that unfolded that summer in the square […] active resistance was brought up…"[18] Besides this, MKIE is situated in a seaside suburb mostly known for hosting the airport of Athens and the US Air Force until 2001, followed by its selling off to a development company intending to build the Metropolitan Park of Hellenikon. The selling of the area was bitterly opposed by locals both because it was auctioned and because of the company's plans for the area. When MKIE was established in the late months of 2011, its members decided to install the clinic in the Park, as a symbolic move pointing to the possibilities of alternative utilizations of public space as well as a means of direct resistance to development works in the area.

17 *The Political Movement of Solidarity*. Article circulated by Dr. D. Parthenis (member of KIFA.A). In KIFA.A official website [28/11/2015].

18 *Presentation of the Clinic.* In MKIE official website.

This combination of the militant biographies of its initiators with the contentious spatial memory of the secluded suburb not only shaped but also encouraged the flourishing of MKIE, which succeeded in becoming the biggest and most salient SCPSs in the country. As a volunteer recounted, "At MKIE's zenith there were over 300, 340 of us [volunteers] more or less. All the specialties, the pharmacy, the reception, working six days a week […]." [C.T. 13/10/2018]

MKIE had a pronounced public profile, both in Greece and abroad, and was calling in demonstrations and protests either in coordination with the Athenian SCPSs or with local actors in defense of the Park. After SYRIZA came to power MKIE as KIFA.A's activity entered into a phase of decline. This was mainly due to the unpredicted outcome of the participation of the prominent members of the Clinic in the advisory committee of the Health Ministry. Internal disagreements led to MKIE's resentment towards SYRIZA and the Ministry. As one volunteer suggested,

> In March 2015, Vichas [the famous doctor at MKIE] and other social clinics and movements had gone and told the Minister of Health, who took interest that 'such and such needs to be done'. And from March [of that year], the reform was voted after one year and three months, when the Memoranda were voted in three days, [even though they were] 700 pages long. [R. C. 19/02/2019]

Shortly after the signing of the third MoU, MKIE adopted a polarizing position towards both the government and the Ministry of Health. This is evident among the many accusations for the "continuation of barbarism and lies;"[19] the "inflated announcements and vague promises"[20] on the part of the government; and the "criminal" stance of the Ministry of Health towards excluded patients.[21] These announcements were accompanied by the continuous appeals made by MKIE for increase in the funding and staff of the ESY.

However, having toned down its contentious repertoires, MKIE seems to be more concerned with the re-appropriation of the identity of "solidarity" and the redefinition of its boundaries vis-à-vis other actors. For MKIE, solidarity was no longer a mean to an end, but an end in itself. MKIE's public announcements thus became all the more self-referential, with the intention of distancing and distinguishing itself from other forms of social engagement and political participation. Such boundaries are drawn versus

19 *The barbarism and lies continu*e! MKIE Press Release. In MKIE official website [16/09/2015].

20 *We demand answers, not announcements from the new government*. MKIE Press Release. In MKIE official website [23/11/2015].

21 Ibid.

"philanthropic" institutions, like the George Soros' foundation "SolidarityNow," and the institutional social clinics funded by European packages.[22]
More specifically, they argued that:

> The accomplishment of the solidarity movement in Greece proves that we can achieve *this goal* without the assistance of "philanthropic" gentlemen like Mr. Soros that have other purposes. Is it possible to turn solidarity into a business or a Silam Bathhouse where anyone can wash off their sins and rise purified, regardless of how deeply corrupt they might be?[23] [emphasis added]

This shift in the meaning and content of solidarity and the need of MKIE to reassert its profile was a result of its departure from the Coordinating body of the Athenian SCPSs and its subsequent isolation. The combined loss of its contentious repertoires and attachment to the movement's network ultimately led to a mystification of solidarity, simply –and often uncritically– by juxtaposing it to institutional actors.

8. Conclusions

In the course of the anti-austerity contentious cycle in Greece, several transformative dynamics were set in motion, altering both the institutional arena and the field of collective action. Focusing on the most emblematic instance of what has been portrayed as absolutely novel in the contentious repertoires emerging during the crisis, the *Social Clinics-Pharmacies Solidarity structures*, we have highlighted their most central features, and have traced the processes of politicization they triggered through *direct social action* and the diffusion of the form *solidarity structure.* We have also attempted to assess the varying affinities and interactions between emergent actors initiating solidarity politics and the shifting institutional context involving (a) the rise to power of the left-wing, movement-allied political party SYRIZA; (b) the voting of a third Memorandum; and (c) the adoption of the long pending Health Reform. We have argued that the politicization of health issues and civil society institutions through solidarity direct social action was neither linear nor homogenous for all the collective actors and the contentious identities that emerged. This became particularly evident in

22 *Systematic abuse of solidarity for particular purposes*. MKIE Press Release. In MKIE official website [26/04/2016].

23 *George Soros: when solidarity loses its meaning*. MKIE Press Release. In the MKIE official website [07/04/2015].

the polarization befalling the movement when the opposite process set in, *depoliticization*. The latter was primarily the result of changes in the institutional environment, understood both materially, as a pool of resources for the collective actors involved, and symbolically, as a cognitive template determining the parameters for the (re-)framing of "solidarity" and its affiliated collective identities. The relational approach we have adopted, emphasizing the influence that different layers of policy-making exert on collective action, can pave the way for more nuanced –context-embedded and historically grounded– analyses of popular forms of resistance in times of crisis, from which future researchers can benefit.

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Authors' information:

Loukia Kotronaki is currently a Teaching Post-Doctoral Fellow in Political Science at the Panteion University of Athens (Laboratory on Contentious Politics, Department of Political Science and History) and Principal Investigator in the context of the NSRF Program *Human Resources Development, Education and Lifelong Learning* (Project Title: "The Politics of Solidarity: NGOs and Social-Movement Networks during the Refugee Crisis" –University of Crete, Department of Sociology). Her work lies at the intersection of political sociology and contentious politics with a special emphasis on the study of anti-globalization and anti-austerity movements, political violence, political parties, and solidarity-based collective action. She has participated in numerous research projects and has published extensively in collected volumes and journals such as *Partecipazione & Conflitto*, *The South Atlantic Quarterly*, *Pôle Sud*, *Situations* and *Actuel Marx*. Her book *Another World is Possible: Social Movements and Political Parties in Neoliberal Times* is currently forthcoming form Topos Publishers in Athens, Greece.

Stella Christou is a PhD candidate in Political Science and Sociology at the Scuola Normale Superiore and member of the Center of Social Movements Studies (COSMOS). She is currently working on the social and political ramifications of austerity on public healthcare, with a particular emphasis on health care activism and movements in Southern Europe. She holds a MSc in Medical Anthropology and a BA in Archeology and Anthropology from the University of London (UCL).