

# **Reflections on grassroots healthcare provisioning in Greece in times of crisis: Breaking with capitalocentric fantasy by prefiguring futures of solidarity**

**[PRE-PROOFS VERSION]**

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## **Introduction**

Crisis today is an everyday event, the daily bread for our news media and a focus of much academic analysis. Whether it is a financial, refugee, climate, obesity, ecological, waste, housing, or species extinction crisis, to name just some, it seems that crisis is the new norm. We are wired up to expect our next serving. But curiously, we also expect to survive crisis. From wherever it springs, hope fosters a belief that there is a future and that there are pathways toward it. While economists and governments continue to mouth the “growth is good” pathway, on the ground people are experimenting with other ways forward.

(Gibson-Graham, 2014, p. 151)

This chapter explores the discourses and repertoires of social movements and grassroots struggles that emerged as particular forms of response to the recent economic crisis in Greece. Our specific goal is to offer a snapshot of the novel practices of solidarity and democratic experimentation that constitute these responses, but also to highlight the broader transformative potential these practices carry. Going beyond their immediate character as ways of tackling the effects of the crisis, we argue that they should also be assessed as *other ways forward*, as Gibson-Graham put it in the opening quote, in terms of the ethical re-imagining of social relations that they enable, as well as the partial bringing into life of these relations. We explore the actual enactment and embodiment of new rules and modes of social interaction seen to carving out a space for forms of social, political and economic organization that are distinct from both the market and the state. We are doing this by taking as a case study the Metropolitan Community Health Clinic at Helliniko, a social solidarity clinic that was set up at the peak of the economic crisis in Athens. Experiments like the Metropolitan Community Health Clinic at Helliniko and other Social and Solidarity Clinics and Pharmacies that emerged within the crisis context, we argue, are attempts to expand democratic imagination and conceptions of social justice values in an area of key importance that was hit hard by the crisis, namely primary healthcare provision.

Drawing on the literature of prefigurative politics, diverse economies and psychoanalysis, our chapter endeavours to highlight key aspects of new ethical practices in grassroots welfare provisioning. These developments emerged in parallel and, at times, intersected with developments at the central political scene during an extended period in which the austerity agenda remained the main point of political confrontation. The struggles that emerged in that period revealed and challenged the function and reproduction of logics of neoliberal capitalism, including their expansion into the sphere of welfare and social care. As we will show, however, they were not simply defensive responses, nor did they merely redirect their demands to the realm of institutional politics. Rather, such initiatives have been productive of new forms of

social life and organization, prefiguring in this way alternative institutions and relations in the present.

Within a context of crisis, Social Solidarity Clinics and Pharmacies are indicative of the material hardships and social exclusion prompted by the austerity-driven dismantling of social welfare rights and access to the Greek National Health System. At the same time, they allow us to discern practices and visions that do not simply contest hegemonic politics but rather reimagine society through experimentation with new forms of social organization (Roussos & Malamidis, 2021). To set the context to our discussion, we shall begin with a brief presentation of crisis-ridden Greece. We then present our theoretical framework, bringing together prefigurative politics, diverse economies, and fantasy, to capture the character of the responses to the hegemony of neoliberal austerity. Through this lens, we proceed to discuss one of the largest solidarity clinics that emerged during the crisis<sup>1</sup>, the Metropolitan Health Clinic at Helliniko (MCCH), which we take as a paradigmatic case of grassroots welfare provisioning. Our analysis and reflection are also informed by fieldwork research, involving eight semi-structured in-depth interviews with MCCH volunteers conducted in August and September 2018 (Blee & Taylor, 2002; Giugni, 2013) as well as by document analysis of announcements, reports, and other campaigning material (Mattoni, 2014, p. 27). The material from the interviews and documents was manually transcribed and processed through repeated readings and thematic analysis (Braun & Clarke, 2006; Keller, 2012).

### **Context: Austerity, Crisis and Inequalities in Healthcare**

The global financial crisis, as well as its handling, had a devastating impact on many Southern European economies and societies. Consecutive Greek governments between 2010 and 2015 signed and implemented with ‘the troika’ (European Commission, European Central Bank and Internationally Monetary Fund) three bailout agreements, receiving a total of €326bn. The reforms detailed in and required by the three Memoranda of Understanding (MoU) in exchange for financial assistance elevated austerity into the major principle and goal of economic governance (Vassalos, 2018). As a result, Greek governments introduced measures of government downsizing (wages and pensions cuts, leaning out of the public sector, curtailing of welfare state provisions) and rolling privatization of state assets (airports, public highways and railways, energy, etc.) (European Commission, 2013, pp. 25-27).

Of particular importance for our account are the constitutional and legal changes in social welfare provision, which were framed as economic necessity and were accomplished through severe austerity measures. As key pillars of the EU’s ‘Structural Reform Support Programme’ (SRSP), labour market and social welfare policy (mainly healthcare and pensions) have been at the epicentre of all three bailout programmes. Labour and pension reforms were among the priorities of EU’s general structural reform approach to restore competitiveness and growth, as stated in the ECFIN Economic Brief (Canton et al., 2014, p. 1). However, in the case of Greece (and in Portugal too), the profound retrenchment in public health spending was also explicitly highlighted as a major bailout clause (Petmesidou et al., 2014, p. 338), and then specifically addressed as a crucial component of the country’s fiscal consolidation efforts (European Commission, 2012, p. 36).

The austerity reforms led to unprecedented cuts in salaries and pensions, public services and welfare provision, social protection, and labour rights with an immediate impact in the day-to-day life and livelihood of millions of citizens. When it comes to healthcare specifically, the implementation of austerity started as part of the general cuts in public expenditures, in which there was a significant shrinking of the public share in the total health expenditure, down 30 percent from 2011 to 2012 (Teloni & Adam, 2018). This was followed by a curtailing of the public budget for drugs and medication, with an estimated fall of 32 percent (Economou et al., 2015, p. 14). At the same time, such budgetary reforms were followed with policy changes that required from patients to pay contributions of €5 for visits to outpatients clinics and a €5 fee for every hospital admission (Karanikolos et al., 2013; Petmesidou, 2019). Similarly, the austerity governance of healthcare prevented hospitals from hiring new personnel and purchasing medical equipment or maintaining their infrastructures (Economou, 2012). Hospital workers and personnel, mainly doctors and nurses, whose salary had been cut by 40 percent, were forced to work increased hours to cover the extra needs (Simou & Koutsogeorgou, 2014).

### **From protest to infrastructures of solidarity**

Immediately after the announcement, in spring 2010, that Greece had requested a bailout from the European Union and the International Monetary Fund, citizens and activists took to the streets. In the ensuing period, the country experienced a wave of popular mobilizations and struggles against the austerity policies adopted, as well as the authoritarian ways in which these were introduced and enforced. More than 20,000 protest events took place between 2010 and 2014 (Diani and Kousis, 2014), with the 20 largest bringing from 25 to 500 thousand participants to the streets (Kousis & Kanellopoulos, 2013). One third of the population took part in at least one protest event, with almost 20% of the participants engaging for the first time in protests and strikes (Rüdig & Karyotis, 2013). Beyond the traditional protest repertoires, the movement of *Aganaktismenoi* (Indignants) in Spring and Summer 2011 engaged in the occupation of entire squares and played a crucial role in attracting citizens into political action (Karaliotas, 2017; Roussos, 2019).

The emergence of collective struggles was not exhausted in the above events, though. Rather, by catalysing changes in traditional protest politics, this early anti-austerity protest-wave soon gave rise to an expanding network (more than 400 groups in 2016) of grassroots initiatives in various areas of everyday social and economic conduct, addressing material and everyday needs through direct democratic processes and an ethos of solidarity (Arampatzi, 2018; Malamidis, 2020). Such social activity took two broad forms: (1) alternative forms of provision of services against the shrinking and withdrawal of the welfare state through mutual support and new forms of volunteering (in the form of health and medical provision, defence from eviction, collective kitchens, housing, support for groups in need, notably including migrants and refugees, etc.); (2) economic projects engaging with alternative forms of labour organization and market exchange (working cooperatives, occupied factories, bartering, markets ‘without middlemen’, producer collectives, local currencies, time banks, etc.) (Amanatidou et al., 2021; Papadaki & Kalogeraki, 2018). Despite the distinction, it should be noted that practices from the two categories intersect to a large extent, and even form common

networks. For instance, some cooperatives played a key role in hosting medical clinics;<sup>ii</sup> and most of these initiatives have a shared parallel interest in fostering and expanding democratic organization, e.g., with the participation of all members in decision-making. Our case study falls into the first category, that of welfare provision and care, and particularly in primary healthcare provision.

The rising number of uninsured and financially deprived citizens due to unemployment and wage cuts, combined with the introduction of fees for outpatient clinic visits, left almost 2.5 million people without access to medical care (Economou et al., 2015). As an attempt to address the widening exclusions from the Greek National Health System, a constellation of Social Solidarity Clinics and Pharmacies (SSCPs) emerged, set up by participants in the anti-austerity movement. 40 SSCP in different cities and neighbourhoods across Greece were providing free of charge primary health and pharmaceutical care services for all (Teloni & Adam, 2018). With solidarity and self-management at the epicentre of their day-to-day operation, such projects involved healthcare professionals, activists, and other volunteers without medical expertise, and played a key role in tackling the exclusionary effects of austerity in public healthcare provision (Vlachokyriakos et al., 2021).

Turning to our main case study, MCCH as part of this constellation of social clinics was inextricably linked to the anti-austerity struggles, grounded upon collective action and solidarity. The interplay between the two is pointedly depicted in the words of one of our interviewees: ‘whether you were entering [the clinic] as completely newbie or you had experience of previous mobilizations, it was through the collective processes in organizing the clinic or protesting against austerity cuts that solidarity truly sinks in’ (Int. 5). Launched in the autumn of 2011 as an initiative of a group of participants in the Aganaktismenoi squares, MCCH had 280 members in total, half of them doctors and healthcare staff. During the first years of its operation (2011-2015), as the clinic’s data demonstrate, MCCH provided its free-for-all services to more than 41.000 people (MCCH, 2015a). After the 2015 elections, due to legislation changes implemented by the SYRIZA-ANEL coalition government that lifted most barriers for uninsured people in accessing publicly provided care, the number of monthly visits started to drop. They remained, however, in high levels (370-500) up until the start of the Covid-19 pandemic (MCCH, 2019).

### **Capitalocentric fantasy and crisis**

To get a better sense of the character and significance of such initiatives – especially in the context of the economic crisis in which they appear – we start with some theoretical reflections from the perspective of ‘diverse economies’, introduced by feminist geographers Gibson-Graham and, in particular, the critique of what they call ‘capitalocentrism’: the hegemonic understanding of all types of economic practices and identities as ‘fundamentally the same as (or modelled upon) capitalism, or as being deficient or substandard imitations; as being opposite to capitalism; as being the complement of capitalism; as existing in capitalism’s space or orbit’ (Gibson-Graham, 2006a, p. 6). Capitalocentrism, therefore, is not only at the core of discourses that present capitalism as unavoidable; it also permeates much of critical anti-capitalist discourses (political, activist, as well as academic), to the extent that their articulation

also evolves around capitalism as a master signifier and thus reinforces its power and omnipresence.

Capitalocentrism is a significant obstacle to the building of alternatives, since it prevents us from recognising that the economy, rather than homogeneous, is actually quite diverse and heterogeneous, comprising practices that are already ‘different’ from capitalism even when operating alongside it. A series of examples can be mentioned: household labour, producer cooperatives, volunteering and the third sector more broadly, family and childcare, bartering, etc. Although such practices account for a very significant part of economic activity, they are typically excluded from our understanding of ‘the economy’ (Gibson-Graham, 2006a, p. xiii). Our failure to recognise the heterogeneity of ‘the economy’ seriously limits our economic imagination, including our capacity to imagine new practices ‘beyond capitalism’, at least in ways that are different from ‘socialism’ as traditionally understood (i.e., the abolition and replacement of capitalism through direct confrontation). This realisation calls for a ‘reading for difference’ (Gibson-Graham, 2006b, p. xxxi-xxxii), i.e., an attentiveness and affirmative stance towards the various social and economic practices at the margins of capitalism that can inspire our imagination of counter-hegemonic visions.

Not that this is an easy task. Capitalocentrism defines our relationship with the economy to an extent that renders attempts to move beyond it very demanding for subjects. To grasp this, several diverse economy and other critical economy scholars have turned to psychoanalysis (Byrne & Healy, 2006; Glynos, 2012). Bringing psychoanalysis into discussions about the economy may seem counterintuitive at first. After all, the economy is typically understood as characterised by ‘hard’ materiality; it is about remuneration, redistribution, investment, debt, etc., all of which are measurable and objective. We should not miss, though, another important aspect, namely that individuals build attachments to the economy that can be quite complex. Indeed, we can say that the economy constitutes a terrain of *identification*, including identification with the subject-positions produced and sustained by economic structures, as well as economic visions inextricably linked to ideals of a fair and just society. In this context, the concept of fantasy has been used to capture the affective and ideological force of the subjects’ relationship to specific social norms and practices (in the field of economy and elsewhere) (Glynos & Howarth, 2007, p. 110-132).

Fantasy characterises over-attachments and comprises potent narratives whose dual function is to reproduce idealised or utopian images of social practices and, at the same time, provide an account for the non-achievement of these idealised vision by blaming someone for it. One important implication of fantasy for a politics oriented towards the production of postcapitalist alternatives, is that fantasy conceals the fact that those practices and visions we are attached to are contingent and ultimately represent certain possibilities amongst others. In other words, fantasy conceals that things could be otherwise or, for diverse economy scholars, that alternatives *are* possible. Fantasy, therefore, has the ideological effect of distorting, narrowing down, or even shutting down attempts to explore other ways of acting and organising communities.

In relation to the organization and economy of health and social care, Jason Glynos (2014) draws on two distinct and dominant forms of fantasy characterising the neoliberal era. First, fantasies of ‘self-sufficiency’, formed around an ideal of individual self-interest and self-reliance, which provide justification and support for market logics as the key principle for governance and distribution. On the contrary, fantasies of the ‘Caring Other’ run in the opposite direction and are characterised by a desire for reliance on an external figure (most commonly, the government) as someone who is always to guarantee our welfare (Chang & Glynos, 2011). Although these ideals are in conflict when seen from a normative lens, their character *qua* fantasies also have something to tell us about what they may share (Glynos, 2014, p. 10). Namely, their function as narratives reinforcing a sense of closure or fulness for subjects. This diagnosis strongly resonates with Gibson-Graham’s account of capitalocentrism and offers valuable insights for its critique. To the extent that the two fantasies together draw a picture of healthcare as something that can *only* be the result of *either* competition amongst (self-interested) individuals *or* the (paternalistic) protection of the state, their joint effect reinforces capitalocentric logics: the market/state dichotomy that such fantasies give rise to appears as *exhaustive* of all possibilities regarding health and welfare.

An economic crisis of the kind we have described here constitutes a moment of dislocation for such fantasies. As such, it provides a suitable context for demonstrating its operation, while it also presents an opportunity for detachment and making alternative ways visible – i.e., an opportunity to challenge the hegemony of capitalocentrism. Of course, any dislocation of fantasy is a deeply disturbing experience since it shakes the guarantees of our shared sense of reality and way of life. This is why detachment, and the seeking of new attachments, is not an easy choice. In Freud’s (2001, p. 244) words, ‘people never willingly abandon a libidinal position, not even, indeed, when a substitute is already beckoning to them’. Indeed, subjects are much more likely to turn to resentment and scapegoating of figures deemed responsible for the non-fulfilment of fantasmatic ideals, rather than to affirm contingency. The intensity and likelihood of resentment is analogous to the degree of investment into fantasy narratives.

In Greece, the crisis was disturbing for both forms of fantasies described above: the state’s status as a ‘Caring Other’ was shaken, since it became incapable of guaranteeing welfare. At the same time, developments such as the decline of wages and the high rates of unemployment made the promise of ‘self-sufficiency’ appearing as very distant for many. Resentment was manifested in very potent ways, by rendering various groups responsible for the collective hardship. Pro-austerity governments blamed public sector workers for the crisis: their (undeserved) high salaries, laziness, and inefficiency were presented as responsible for the high levels of debt, in a way that reminds of Thatcherism’s label of ‘the scroungers’. Immigrants were also a target of blame for the collapse of the welfare state and its effects, as well as for unemployment. The then Prime Minister Antonis Samaras, for instance, claimed that the lack of places in nurseries for Greek children is because of immigrant children who had occupied them (Keza, 2012). He also blamed immigrants for unemployment saying: ‘we have as many illegal immigrants as we have unemployed’ (Ta Nea, 2013).

The grassroots experiments of the crisis period are of obvious significance against this context. As we will see in the next section, such experiments, from a normative point of view, are aimed at fighting exclusion and desperation and empowering those who have experienced them. We also show how this is achieved through the introduction of an organizational arrangement in which users and activists can shape together the governance of these initiatives through direct-democratic assemblies. Fantasy, though, also hints to the *ethical* significance of such alternatives. Since social reality is always structured by fantasy, the task for anyone committed to ethical alternatives is not the elimination of fantasy, but the establishment of a different relation with it. This would involve a less invested relation with fantasy, and an acceptance of the inherent fragility of social practices in general. From the perspective of the subject, this means a qualitatively different stance characterised by the acknowledgement of ‘an open future’ (Glezos, 2011, p. 162) and the adoption of an ethos of ‘becoming’ (Connolly, 2011). This process of becoming is translated in the lived experiences and relations that rewire the organization of everyday life in such experiments. It is in this context that the concept of prefiguration will allow us to explore how this ethical disposition is being defined in the everyday practices of grassroots actors.

### **Prefiguring practices of solidarity**

‘It is not necessary to conquer the world. It is enough to make it anew. We. Today.’

(Subcomandante Insurgente Marcos, 1996)

In the previous section we have shown how neoliberal hegemony works, in part, due to the fantasy that conceals or distorts alternative possibilities. Furthermore, as we have discussed, the anger that could arise from the failings of the neoliberal capitalist project are canalized, by this very same fantasy, into looking for ‘perpetrators’ for the faults, rather than revising the ways we have organized out collective lives. However, we have also introduced cases and examples from Greece, focusing on the MCCH, that exemplify responses to dislocation that move beyond resentment or, even, scapegoating. How then, within the framework presented, are we to understand the coming together of people and movements in the yearn to build from the ground that which they have lost? Could it be that fantasy, as much as it can conceal and distort the idea of alternative, can also open up the space for an ethical response to the crisis and dislocation?

The term ‘prefigurative politics’ has been often deployed to characterize social movements that do not focus exclusively on voicing demands or protesting against injustice, but that also create spaces in which the set of social relations and principles of social justice and solidarity they invoke can be practiced ‘here and now’. Prefigurative politics, thus, can be read as the coming about of an ethical transformation that traverses the immediacy of capitalocentric experience and consciousness by affirming that things can be otherwise. In this sense, as we see it in our case, the new social and solidarity infrastructure developed in the space brought about dislocation keeps the rupture with capitalocentric fantasy vivid. The democratic experimentation and collective embodiment of new social relations and practices keep open the possibility of other ways forward. In the words of one of our interviewees, this appears as follows:

Yes, in the first instance the social clinic is a product of struggle against the crisis and specifically the exclusions from the health system, when one day so many people had the rag of healthcare and social security pulled out from under them. But we only started from there, to create a clinic the philosophy of which is to provide health and medical care for all; independently of class, sexual orientation, nationality, race and so on. This is the kind of solidarity clinic we create (Int. 4).

The above quote captures also the spirit of prefiguration as *lived* social change, a form of politics that organizes in the present features of a society that is *yet to come*, as though it has already been materialized (Yates, 2015, p. 4).

As mentioned in the previous section and the words of our interviewee above, the majority of the SSCPs that emerged during the crisis considered to be part of the anti-austerity struggles. The announcement below, jointly issued in 2012 by five of the biggest grassroots clinics in Greece, highlights their demands as part of the broader anti-austerity movement:

[...] The last two years, since Greece asked aid from the IMF and the implementation of the austerity policy, we have witnessed an increasing impoverishment of a large part of society [...] At the health sector the implementation of the austerity policies has as an immediate effect: a) a rapid increase in the number of people who lose their right to healthcare provision due to the loss of their social insurance coverage; b) the effective abolition of free health, even for insured citizens, the dismantling of the Greek NHS, with mergers and closures of hospitals and clinics, the huge cuts in health spending. As a first step in responding to this policy, doctors, solidarity and sensitized citizens, we have established in many cities around Greece Social Solidarity Clinics offering free primary health care and pharmacy services [...] All of us, doctors and citizens in solidarity with Social Solidarity Clinics, believe that the whole society should fight to safeguard the public good of health [...] (SSCs-Announcement, 2012).

Similarly, all our interviewees emphasized that the MCCH has its roots in the Aganaktismenoi squares and other struggles of that period. Rakopoulos speaks about the element of ‘movementality’ in such projects as an educational frame that cultivates new ideas of belonging and everyday relatedness, thus counterposing to the neoliberal ethics ‘an egalitarian idiom where a community of equals is imagined and wherein mutual aid emerges as at once a material concern and a cosmological bond’ (Rakopoulos, 2016, p. 143). MCCH and other SSCPs have a hybrid character as community economies of care and activist organizations (Howarth & Roussos, 2021). This movement between the ‘streets’ and the institution of grassroots solidarity infrastructures carried an important implication for the latter’s organizing principles and everyday practices:

For me the three core principles in the everyday operation of our clinic come from experiences of the squares or other forms of mobilization. First, we provide health and medical care to individuals from any social group without any form of discrimination. Second, we don’t accept and neither we deal with money. Anyone that wants to support us they can do it through participation or by donating medicines, equipment and stationery or other supplies. Third, and maybe the most important, is the way that the clinic is organized; its structure is horizontal,

meaning that we operate in a direct democratic manner. There is no hierarchy, neither supervisors nor subordinates; there is only the general assembly in which we all participate equally, discuss, and decide everything' (Int.4).

Different thematic groups and sub-groups were assigned with specific tasks such as communication, material maintenance, pharmacy organization, etc. (MCCH, 2015a). All of the groups coordinated their activities through the general assembly in which all the participants could equally participate and vote. The function of the general assembly as the ultimate decision-making organ (common characteristic of the post-*Aganaktismenoi* solidarity projects) introduced new forms of political participation and institutional conduct that enable the construction of an alternative sociality and organization in healthcare beyond the centralized bureaucratic structure of state paternalism on the one hand, and the hierarchical profit-driven logic of the market on the other. As a result, through their participation in the general assembly and thematic groups of the clinic, MCCH volunteers developed and shared knowledge, practiced collective judgement, and gained confidence in taking decisions for themselves. Through such involvement participants cultivated new individual and collective dispositions of direct participation, co-production, equity, and trust in making and organizing the provisioning of primary healthcare. Moreover, one of the first decisions of the clinic's general assembly was the rejection of funding from political parties, NGOs, market agents and the government. This highlights its commitment to autonomy and independence as essential values and goals; in other words, its commitment to safeguarding the 'sovereignty' of its assembly from profit-driven and bureaucratic logics.

[...] Part of the media are confusing - by mistake or not - the municipal clinics - which are now accustomed to calling themselves 'social'- with various NGOs active in the field of health, as well as social structures of the state with us; the 'Social Solidarity Clinics and Pharmacies'. So we have to make clear who we are. The SSCs and Pharmacies are autonomous, independent, self-organized and self-managed communities that provide voluntary and completely free primary health and pharmaceutical care services to uninsured, financially deprived and unemployed people - Greeks and immigrants without any discrimination. They are solidarity structures that have been set up to counter austerity policies and the humanitarian crisis, and are fighting for a free and universal public health system (SSCs & Pharmacies, 2015).

The repertoires for the self-organization and self-management of primary healthcare have allowed SSCPs to reclaim healthcare for all, regardless of nationality, religion, age, sexual orientation etc. This reclaiming of solidarity, cultivated within horizontal forms of social and organizational conduct, goes beyond practices usually qualified as 'charity': 'for us it was an attempt towards an alternative direction, a way to reclaim healthcare provision for all, and not from a charity perspective (*philanthropia*) but from the perspective of solidarity. We understand this as a reciprocal social process' (Int 1). In the words of our interviewee, solidarity is to be distinguished from charity, the latter capturing the practices of NGOs, the church, not-for-profits, or private initiatives that offer support through a top-down relationship with the "beneficiaries", normalizing in this way inequality and injustice and silencing their root causes. Moreover, together with the provision of healthcare services to deprived, uninsured Greeks and immigrants, as well as wider parts of the local population, MCCH has supported a

number of public hospitals by donating medicine and equipment (MCCH, 2012; MCCH, 2015b). Also, the clinic had played a crucial role in the collection and shipment missions of medical supplies and other materials in refugee camps in Greece, and in countries in war and conflict such as Palestine and Syria (MCCH, 2013; MCCH, 2014; MCCH, 2015c).

We are a community of activists and volunteers with main aim to provide primary healthcare support. In parallel, we are a community of volunteers that has sensibilities; that has a political viewpoint for numerous issues in our society, such as the environment, poverty, inequality, war, and so on, that directly or indirectly affect health (Int 2)

Boggs defined prefigurative politics as the ‘embodiment, within the ongoing political practice of a movement, of those forms of social relations, decision-making, culture and human experience that are the ultimate goal’ (Boggs, 1977, p. 7). It is through such a commitment to action for mutual aid and the embodiment of it that MCCH and other Solidarity Clinics and Pharmacies in the crisis-ridden Greece composed a constructive alternative to notions of healthcare provision in neoliberal capitalism. While an outright rejection of market-driven welfare provision is obvious in our interviews and in the discourse of SSCPs more generally, we can see more mixed, complicated and, often, ambivalent stances towards the role of the state. For several volunteers and activists, the role and operation of SSCPs was understood as temporary, claiming that, in an ideal situation, they should vanish – in the sense that health provision should be free and universal and exclusively offered by the state. But others express a different view that problematizes the market/state binary:

We do not aspire to become the supplement of the current healthcare system. As I told you, we report the deficiencies in the provision of healthcare; we don’t wait for them to arise so as to cover them and become the system’s crutch. We know, unfortunately, that we are far away from a social organization in which people would be able to take their health[-care] on their own hands. We are within a system that becomes all the more inhumane. The state aspect of health is diminishing, and thus the private sector – the private healthcare provision – grows at the expense of public health. As such, it is very difficult for citizens to take the matter of Health in their own hands, when there are no social structures that would allow them to do so. MCCH and other SSCPs played exactly this role. Yes, to be honest, one solidarity clinic, or five, or thirty cannot cover the needs of a country of ten million citizens. However, they provide a model, and this is the crucial message, a model of social organization that could be replicated by the broader society. SSCPs and the MCCH created and continue to create a paradigm’ (Int 1).

In this sense, the prefigurative politics of SSCPs might not only aid in envisioning welfare beyond the market vs. state dichotomy, but also in the reimagining of health and welfare provisions in ways that extend beyond top-down, hierarchical, and bureaucratic approaches and that is informed directly by the values of solidarity and community. Importantly, recognising the importance of SSCPs as *examples* (rather than as a substitute to the welfare state) operates as a reminder to actors of how they can use their collective strengths to defend their livelihoods and dignity:

The central [issue] I believe is to not fall into the sleep that we fell before [the crisis]. We no longer have the excuse of ignorance. We know from the experience of the SSCPs that there are things that citizens and people can do on their own, without relying on the state (Int. 2).

## **Conclusion**

Grassroots struggles and practices have always been at the epicentre of debates about the character and future possibilities of radical democratic politics. Within the Greek context, heavily affected by the neoliberal austerity management of the crisis, the dispersion of grassroots politics into the field of everyday life has reinvigorated the interest of academics, activists, and other political agents on the impact of such struggles for counter-hegemonic projects. In this short chapter, focusing on grassroots welfare provisioning and drawing reflection on the practices of SSCPs and MCCH in particular, we attempted to rethink such struggles in terms of the ethical re-imagining of social relations that they enable through the prefigurative embodiment of such relations.

In doing so, we first provided an account of the crisis and the neoliberal austerity measures implemented in the field of social welfare, as part of the structural adjustment programs signed with the EU, ECC and IMF. We have then shown how early anti-austerity mobilizations and the uprisings of the Aganaktismenoi squares gave rise to a constellation of grassroots projects in different areas of socioeconomic life. Reflecting on the concept of *Capitalocentrism* we sought to understand how the hegemonic discourse of the capitalist economy – its norms, values and ideals – grips subjects through an ideological fantasy that limits the field of possibility in politics and the economy, thus rendering attempts to move beyond it almost unthinkable. Specifically, in thinking of the organisation of health and social care we called on Chang and Glynos's (2011) distinction between two dominant forms of fantasy and the way these characterise the neoliberal capitalist era: the market-oriented fantasy of 'self-sufficiency', and that of the 'Caring Other'. Seen from this perspective, in the last section of the chapter we offered an empirically informed account of grassroots responses in primary healthcare provisioning. Through an analysis of the practices and discourses of the MCCH and other SSCPs we argued that such grassroots projects have reactivated the political character of social practices and relations (tied to neoliberal capitalism) and transformed them into sites of antagonism.

These struggles, we contend, contest and change embedded relations of domination and oppression in various social fields, while prefiguring more diverse modes of production, care, decision-making, knowledge sharing, and so on. Rather than reproducing over-attachments to either omnipotent conceptions of the individual self or to the state as an external Other, social and solidarity projects emphasise the value of relying on the collective capacities of the subjects participating in them. Furthermore, rather than being energised by a promised fullness, they openly and eagerly endorse their partial, local, experimental, and uncertain character. These alternatives represent a distinct strategy for developing counter-hegemony which comprises an attempt to bring together a diverse ecosystem of practices and organizations in alliance against neoliberal capitalism.

Prefiguration is an essential part of this strategy, since such alternatives are not directed at substituting capitalist social relations in a particular moment of refoundation of society but, rather, at reappropriating current relations with practices drawn from a society envisioned and attempting to multiply and expand those practices. Alongside the possibility of sinking deeper into the logics of fantasy and the resentful responses it commands towards dislocation, the crisis also opens up a different kind of possibility towards ethical transformation. The grassroots experiments that emerged during the economic crisis are the closest examples of such move in that they constitute material evidence for the possibility of alternative modes of living and acting. It is in that sense that we can say that these practices represent a *post-fantasmatic* enjoyment of the economy (Byrne & Healy, 2006). Through collaborative engagements beyond the market and the state, the practices of solidarity projects come to radicalize and extend democratic practices into different sites of the economy and civil society. As we have shown, this involves the weaving of discourses and repertoires of social change as a part of a bottom-up project in the making.

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<sup>i</sup> Writing these lines we were informed about MCCH's decision to close after 11 years of continuous activity. As it is mentioned in the clinic's announcement, this decision was the only way to make sure that the principles, organisational novelties and political character of the project will not be jeopardized. For more see the clinic's announcement: <http://mki-ellinikou.blogspot.com/2022/04/blog-post.html> (in Greek).

<sup>ii</sup> See, for instance, the 'workers' medical clinic' operating at the self-managed factory Vio.Me, details provided here: [biom-metal.blogspot.com/2017/09/blog-post\\_1.html](http://biom-metal.blogspot.com/2017/09/blog-post_1.html).