

Aliki Kosyfologou

“Vulnerable” equality

in times of pandemic



*When you gaze long at a rose
that has wounded a wall, you say to yourself:
I hope for a cure from the sand,
Your heart turns green...*

MAHMOUD DARWISH
“When you Gaze Long”

This year marks the 25th anniversary of the adoption of the Beijing Declaration and Platform for Action. This text, which has been adopted by 189 states around the world, has been a benchmark and a guiding principle for the development of politics promoting equality. At the same time, however, it has been criticised with regard to the inflexible indicators for equality that it applies, its orientation towards development policies that avoid questioning the core of the prevailing social and economic relations and its lack of a redistributive character. In this context, 2020 was intended to be a landmark in the assessment of the declaration’s contribution in promoting equality and women’s rights as well as revealing the weak points and challenges for the future, as defined by the 2030 Agenda for Sustainable Development.

The outbreak of the global Covid-19 pandemic disrupted the anniversary planning, as not only were the scheduled events and the convention for the assessment of the declaration postponed, both of which were to take place at the United Nations in New York, but mostly because the social and gendered dimensions of this crisis are a menace for equality and women’s rights all over the world. In the new, emerging circumstances, many of the declaration’s strategic goals have been undermined in a direct and dramatic manner, in particular the strategic goals concerning the position of women in the economy and the field of labour, the tackling of poverty and the addressing and elimination of domestic

abuse.¹ As the introduction of UN policy brief on the impact of Covid-19 on women states: “The pandemic is deepening pre-existing inequalities, exposing vulnerabilities in social, political and economic systems which are in turn amplifying the impacts of the pandemic.”²

Indeed, the pandemic has revealed the vulnerability of public health systems in the most dramatic way. The measures for the containment and isolation of the population implemented in most countries globally “bought us time” without, however, using it to take steps that could compensate for the weak points and the inadequacies of public health-care structures, which were sent into battle to face the pandemic while understaffed and with rudimentary shortages, such as in personal protective equipment for staff. Amid this situation, US President Donald Trump’s shockingly ironic threats to halt all US funding to the World Health Organisation (WHO) because it had “failed in its basic duty” in its response to the coronavirus outbreak³ also function as a reminder of the ideological and political backdrop of prevailing neoliberal health policies.

The global economy is contracting by 3 percent due to the Covid-19 crisis, which the International Monetary Fund has described as “the worst downturn since the Great Depression”.⁴ However, in reality, the economic, health and social aspects of the pandemic are combined with the profound effects of long-term austerity and the creation of debt economies. In countries of the Global South, the dependence of economies on the debt crises has proved to be lethal for public health systems.

- 1 Beijing Declaration and Platform for Action (1995): Strategic Objectives: A. Women and Poverty, D. Violence against Women, F. Women and Economy, United Nations, https://beijing20.unwomen.org/~media/headquarters/attachments/sections/csw/pfa_e_final_web.pdf.
- 2 UN Secretary General Policy Brief: The impact of Covid-19 on women (2020), United Nations, <https://www.unwomen.org/en/digital-library/publications/2020/04/policy-brief-the-impact-of-covid-19-on-women>.
- 3 Corona virus, “US to halt funding to WHO says Trump”, 15 April 2020, BBC News, <https://www.bbc.com/news/world-us-canada-52289056>
- 4 Isabela Kwai (2020), “The morning briefing”, 15 April 2020, New York Times, <https://www.nytimes.com/2020/04/14/briefing/coronavirus-britain-world-health-organization.html>.

The prioritisation of debt repayment, combined with the underfunding of health systems, has undermined the functionality of healthcare structures as well as their capacity to respond to the urgent health needs of the pandemic.⁵ Furthermore, the disproportionate risks to which various social groups are exposed confirm the predominant class character of healthcare access.

- 5 According to data of the European Network on Debt and Development, forty-six countries of the Global South are spending more resources on public debt service than on their health care systems: “7.8 per cent of GDP on public debt service and 1.8 per cent of GDP on public health services”, Eurodad (2020), “Covid-19 and debt in the Global South: Protecting the most vulnerable in times of crisis”, 26 March 2020, European Network on Debt and Development, https://eurodad.org/covid19_debt1.

Gendered aspects of the health crisis



In this context, the current crisis in social care has strong gendered aspects: Women are overrepresented in healthcare professions – according to 2019 Eurostat data, 78 percent of the employees in health structures are women⁶ – while, at the same time, in spending the lockdown in the home, they take on a disproportionate amount of the responsibility for the care of the children, the old and the sick. Moreover, the current health crisis has unavoidably affected labour relations, which have been under stress for a decade now, which also reflects intense gender inequalities. For instance, according to the Hellenic Statistical Authority, the general unemployment rate reached 16.4 percent in January 2020, with 22 percent of the 25–34 age group out of work. Women (21 percent) are also more likely to be unemployed than men.⁷ While no aggregate data is yet available on the impact of the Covid-19 crisis on labour relations, there have been complaints about the arbitrary behaviour of employers during the pandemic and also warnings about the establishment of new forms of precarious labour, including remote working, rotating work schedules and the potential conversion of full-time jobs to part-time positions. Any such development would prepare the ground for the emergence of a Greek version of the gig economy, characterised by a labour market

6 “14.7 million people are employed in health professions”, Ygeia Watch, 9 April 2020, <https://www.ygeiawatch.com.cy/news/eidhseis/147-ek-atoma-apasxoloyntai-se-epag-gelmata-ygeias>.

7 Labour Force Survey: January 2020, Hellenic Statistical Authority, last update 9 April 2020, <https://www.statistics.gr/el/statistics/-/publication/SJ002/>.



based on flexible, temporary and remote employment.⁸ Furthermore, the manner in which the Greek government chose to regulate labour issues within the context of the pandemic has strengthened the move in this direction. It is significant that, in the Covid-19 measures announced by a Greek joint ministerial decision (12998/232/2020), there is provision for businesses to suspend contracts or to introduce rotating work schedules as well as to arbitrarily decide on salary reductions.

The imposed confinement to the home has worsened conditions for those women, young children and teenagers who live in an abusive environment. In the Greek case, according to the General Secretariat for Family Policy and Gender Equality, during May the number of calls to the 15900 emergency helpline increased by 16.5 percent. In particular, the calls relating to domestic abuse increased by 6.5 percent.⁹ The potential intensification of domestic violence under the particular conditions formed by the lockdown, combined with the additional burden on austerity-weakened health and social care structures in the pandemic context, has placed even more obstacles to the effective treatment of the problem and the provision of adequate health and social support to the survivors of domestic abuse. Furthermore, the limited accommodation capacity, the lack of interpreters and other protective services, as well as the isolation and exclusion imposed on refugee facilities, have made conditions for the lives of hundreds of women even more dangerous.

Finally, as can be expected, the outbreak of the pandemic has led to a further deterioration, in terms of the health and lives of the inhabitants, in the living conditions in the “hotspots” and “camps” on the islands and the mainland. Ignoring calls from the scientific community, international human rights organisations, but also the employees and inhabitants of the “camps” themselves, the Greek government has refused to take the serious action necessary to decongest and move the people to suitable living spaces and to provide them with free access to healthcare. On the contrary, it proceeded to enforce racist lockdowns of entire facilities

8 The term “gig” refers to the development of a labour market in which forms of temporary, remote labour prevail.

9 “Urgent need for emergency measures for the victims of domestic abuse”, Diotima press release, 8 April 2020, <https://diotima.org.gr/ektakta-metra-gia-endoikogenaiki-via/>.

as well as movement restrictions, as in the case of the Ritsona facility.¹⁰ A similar lockdown policy has also been applied in the case of the Roma settlement in the Nea Smyrni district of Larissa,¹¹ without making provisions for the social and health support of the settlement's inhabitants.

In the light of the above, there is certainly no doubt that the social and financial effects of the Covid-19 crisis have accentuated the need to search for new ways of social cooperation and towards the radical transformation in social care provision. The obstacles posed by social distancing on the function and activation of horizontal care and solidarity networks that challenge class and gender hierarchies are important, but not insurmountable, as we can see in our everyday reality. The maintenance of communication, the continuation of dialogue and the concern for the inclusion of increasing numbers of people can constitute the first act in the preparation for the crucial social struggles that lay ahead.

10 The Hellenic League for Human Rights mentioned that “the plan anticipates a lockdown for health reasons, but not adequate measures for the protection of the health of the people isolated in camps lacking the most rudimentary health conditions and medical services. Furthermore, the shutdown of the Asylum Service until May 15 does not allow for the normalization of the situation.” HLHR statement on rights in times of pandemic: Democratic vigilance and the need to safeguard social cohesion, Hellenic League for Human Rights, April 2020, <https://bit.ly/2zz3GEE>.

11 “Roma camp in Larissa quarantined”, Efimerida ton Syntakton, 9 April 2020, https://www.efsyn.gr/ellada/koinonia/238661_se-karantina-oikismos-roma-sti-larisa.

Biography



Aliki Kosyfologou lives in Athens. She has received a Doctoral Degree in Political Science and Sociology (PhD) from the National Kapodistrian University of Athens. She has an expertise in the area of gender representation and ideology and in cultural politics. She has lectured several social and cultural theory courses. She currently works as a social researcher and social impact consultant. She is a founding member of the feminist activist group **Kiouri@**.



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The above text is a timely introduction to the study *Women's Status in a Struggling Greek Economy: The Terrifying Fall of a Society's Progress*, which was published in English in February 2020 within the framework of *Feminist Responses against Austerity: How Fiscal Cost-cutting Impacts Women around Europe* (Rosa Luxemburg Stiftung, 2020). These texts aim to offer a constructive critical assessment of the impact of the Beijing Declaration and Platform for Action on promoting equality. All related texts are available at the following link: <https://www.rosalux.de/en/publication/id/41726/feminist-responses-against-austerity>

