The securitization of the Covid-19 pandemic in Greece: a just or unjust securitization?

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Abstract

The purpose of this article is to assess the justness or unjustness of the securitization of Covid-19 in the Greek case. To do so, the Just Securitization Theory, is used as articulated by Rita Floyd to examine the following research question: Was there a just initiation and just conduct in the case of the securitization of Covid-19 in Greece? To answer this question, the methodology employed is a mix of methods proposed by Rita Floyd, such as the recourse to natural sciences to establish the actuality of the threat in combination with discourse analysis in political and scientific actors' speech acts and qualitative analysis of legal policy documents. In total, 85 statements and legal documents were examined for the period 26/02/2020 to 15/06/2020 which is considered to be the first "phase" of the pandemic. Overall, the analysis shows that the securitization of the Covid-19 pandemic in Greece was just. More specifically, there was indeed an existential threat, the securitizing actors were sincere in their intentions to securitize Covid-19, whereas the good gained from this securitization (physical survival and protection of public health) was greater than the harm inflicted (suspension of liberties). In addition, the results show that the securitization of Covid-19 in Greece did not cause more insecurity than it aimed to solve and that the overall response from the Greek Government was proportionate to the threat and respectful of the human rights of the people secured by the threat.

Keywords Just securitization theory · Securitization of Covid-19 · Greece · Just securitization of Covid-19 · Pandemic

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1 Introduction

Coronavirus became the news' star on December 31, 2019 when Chinese authorities warned the World Health Organization (WHO) of a newly appeared viral pneumonia in the city of Wuhan. Almost one month later, WHO declared an international state of emergency and on March 11, 2020 WHO declared a pandemic (WHO 2020a). Soon after its arrival, the new virus profoundly transformed all aspects of life, with governments all over the world proceeding in its securitization. Greece, following the overall global tendency, successfully securitized Covid-19 even before the arrival of the virus in the country (Dimari 2021a; Lampas 2020).

The austerity of measures taken in Greece has prompted debates among scholars that concentrate on what else could have been done, other than securitize. These debates center around the argument that securitization is viewed as a negative development. For instance, Buzan et al. (1998) contest all kinds of securitizations by arguing that these are developments with negative implications. Roe (2012) holds the same view, whereas Floyd (2011, 2019a) posits the view that securitization is far away from the ideal context to make security politics. Aradau (2004, p. 393), in turn, supports the argument that "*the exceptional politics of securitization turns into a dangerous undertaking for democracy*". Accordingly, Dimari (2021b) argues that securitization is not a wished development and calls for a positive turn in securitization processes.

The above critiques concern socially constructed threats. What about the securitization of actual threats though? To put it differently and to take Covid-19 as an example, global, national, regional and local death tolls have been showing that there is indeed a lethal virus that transcends global borders with an almost natural ease, as up to this point (28/01/2022), it has resulted in 5,660,899 deaths at a global scale and in 23,195 deaths in Greece (Worldometers 2020). As such are there instances in which securitizations could be justified? And if so, in what manner should they unfold? Should there be norms securitization processes must abide to?

Taking as a starting point that there is a huge difference between securitization processes which serve specific political interests and securitization processes that are driven by actual threats that could indeed curtail crucial aspects of life, Rita Floyd (2019a), having been inspired by the Just War Theory, developed her Just Securitization Theory (JST), advocating that the "*human well being is the highest moral value and as such determines whether something is worth defending*" (Floyd 2015a, p. 123). According to Floyd (2019a, p. 63), JST is defined as a process "*that simultaneously brackets the ideas of sanctioning audience, the securitizing power of language and the idea of exception as executive unilateralism*". To determine, thus, whether resorts to securitization processes are just, Rita Floyd (2019a, p. 69) articulated three parts for her JST, namely the "*just initiation of securitization*", the "*just conduct in securitization*" and the "*just termination of securitization*". Each of these three parts entails a number of criteria the securitization process must comply with, to be just.

As such, in what follows, the securitization of Covid-19 in Greece will be examined in accordance with the JST so as to determine whether it was a 'just one'. More specifically, the securitization of Covid-19 will be assessed through the lens of the two large parts that Floyd (2019a) proposed for the study of justness/unjustness of securitizations: just initiation and just conduct in securitization.¹

¹ The third part, which concerns the just termination of securitization, is not examined here for two reasons: first, Covid-19 and its accompanied measures are an evolving process in Greece. Second, Floyd

2 Towards a normative theory of securitization: health and the just securitization approach

Securitization is an analytical theory that was introduced by the Copenhagen School of Security in the 1990s. The Copenhagen School describes security as a speech act, with securitization being the form of speech act that baptizes a particular issue as an existential threat (McDonald 2008). The theory's founding fathers argue that security is socially constructed and is being processed at various stages and that securitization occurs when an issue is presented in such a way that implies that there is an existential threat to a particular object of reference prompting to the use of exceptional measures to address that threat (Buzan et al. 1998). The Copenhagen School has introduced five sectors of security where securitizations occur: military, political, economic, societal and environmental (Buzan et al. 1998).

Another distinct sector of securitization, which the Copenhagen School has not addressed separately, though, is health (Lo Yuk-ping and Thomas 2010). Indeed, health and security have been increasingly interrelated through narratives that are now embedded in the health security discourse (Wenham 2019). The key to the understanding of health securitization is not the actual 'threat' of a pathogen but a successful speech act or narrative that will lead to exceptional measures. For Wenham (2019, pp. 1094–1095), *"the global health security narrative suggests that pathogens can be considered threats when characterized by fast-moving transmission, little scientific knowledge of the disease, no known treatment or cure, or high mortality or morbidity, or when they are associated with a particular visceral fear of pain or suffering"*.

In the context of health securitization, the pandemics have prominently featured at several instances and prior to the appearance of Covid-19 as threats. Indeed, according to Dillon (2008, p. 312), life, in its biological aspect has been widely debated in scientific discussions pertaining to "biopolitical security technologies" that attempt to regulate the biological existence. A notable case in the health securitization domain that backs the above arguments is made by Hanrieder & Kreuder-Sonnen (2014) who support that when issues are baptized as global threats, exceptionalism could come out at a supranational body level that can obtain the authority to articulate and draw emergencies and political responses. This was the case with the empowerment of the World Health Organization (WHO) in 2003 to tackle the severe acute respiratory syndrome (SARS) (Hanrieder and Kreuder-Sonnen 2014).

The Covid-19 pandemic inflamed health securitization discussions and their normative considerations, bringing the issue of the justness of the securitization of the virus at the forefront. Indeed, a number of scholars find that securitization of health leads to non-normative implications, and as such the same applies to the securitization of Covid-19. One notable example is Curley and Herington's (2011) study on the securitization of avian influenza in Vietnam and Indonesia, in which they investigate the influence of legitimacy, referents and audiences both on the external and internal reactions of states to such diseases, arguing that this securitization served goals of both internal and external actors in the two states. In the same vein, Kamradt-Scott and McInnes (2012, p. 107) show the

Footnote 1 (continued)

(2019a, b, p. 184) posits the view that the justice of desecuritization should be assessed separately from the justice of securitization. This article is dedicated to the research of the just initiation and conduct of securitization and consequently just desecuritization will be addressed at a later stage.

securitizing processes that political elite actors resort to and that impact public policy profoundly, arguing that “*preparedness, planning and policies were driven by national priorities and not the need for a coherent global public health response*”. Respectively, Lo Yuk-ping and Thomas (2010) assert that “*cultural and religious agendas can and do have a significant impact on responses to health threats, with different social and political priorities altering the way in which a health challenge is successfully securitized (or not)*.” Last, Wenham (2019, pp. 1094–1095) concluded that in health securitizations “*the legal and normative workings of the global health security regime (re)produce a particular policy response which is focused on preparedness for, detection of and response to acute infectious diseases*”.

All the above sound quite reasonable when put under the scrutiny of securitization theory which is an analytical theory, not a normative one as its epistemological counterpart—desecuritization—is. Hanrieder and Kreuder-Sonnen (2014, p. 343) observe this in the context of health securitizations whereby they assert that only desecuritization, as a normative strategy, could match up a “*normative project of global health equity*”. Indeed, as Floyd (2021) argues, desecuritization as a normative strategy relies heavily on the idea that there is not a possible way to know whether a threat is real. So, a vital question here would be whether there could exist a normative theory of securitization that would apply to all sectors where securitizations might occur, including health, with Rita Floyd (2019a) taking the lead with the Just Securitization Theory in the context of which she argues that issues such as the pandemics not only justify securitizations, but necessitate them (Floyd 2021).

Rita Floyd’s (2019a, p. 30) JST is concerned with the elaboration of a normative theory of securitization that “*applies to all actors and threats across the entire range of security sectors*”. Floyd (2019b) has stated that the reason she chose to develop her JST is the realization, on her part, that securitization, *per se*, is a development with negative repercussions and as such she aspired to elaborate on a theory that would minimize its negative effects, through the establishment of a threshold on when states are required to proceed to securitizations. In Floyd’s (2019a, p. 69) own words, JST offers a fresh perspective on “*what ideas might be relevant to a systematic normative theory of security*.” To determine, thus, whether resorts to securitization processes are just, Rita Floyd (2019a) divided her study into criteria specifying three areas of securitization, namely the “just initiation of securitization”, the “just conduct of securitization” and the “just termination of securitization” (see Table 1).

Floyd’s (2019a) theory has provided a fresh perspective on the discussions that look at securitization through a normative lens. Indeed, despite the fact that many debates have taken place on the theoretical departures of securitization prior to the articulation of the JST, none of them has provided a functional normative securitization theory. Balzacq and Guzzini (2015) posit the view that the framework analysis of securitization is extended across a wide range of theorizations, such as discursive and practice oriented, sociological, philosophical, explanatory and normative, yet not systematically. Another significant articulation towards this is the thesis put forward by Sahu (2019) that a democratic securitization can take place, concentrating on the environmental sector in India to back up his argument. As Sahu (2019, p. 443) argues “*the idea of intertwining democratization and securitization is an attempt to attenuate scholars’ critical analysis of the theory’s application*” [...] whereas it is “*also pertinent to furthering the importance of democracy in security policymaking*.” Another significant contribution toward this direction is Anthony Burke’s (2015) discussion on security ethics. Burke (2015) directed his research at the development of a normative framework that could improve security practices and their ethics. Inspired by the principles of cosmopolitanism, Burke (2015, p. 195) has made an

Table 1 Floyd's Criteria on a Just/Unjust Securitization

Part	Criteria
Just initiation of securitization	<p>There must be an objective existential threat to a referent object, a danger with a sufficiently high probability to threaten the survival or the essential character of political or social order, an ecosystem, a species, an individual or human beings as a group</p> <p>Referent objects are entitled to defend themselves/are eligible for defensive assistance in case they are morally justifiable [.....]. Human beings are justifiable referent objects by virtue of being intrinsically valuable</p> <p>The right intention for securitization is the just cause_ Securitizing actors must be sincere in their intention to protect the referent object they themselves identified and declared</p> <p>The expected good gained from securitization must be greater than the expected harm from securitization; where the only relevant good is the good specified in the just cause</p> <p>Securitization must have a reasonable chance of success, whereby the chances of achieving the just cause must be judged greater than those of alternatives to securitizing</p>
Just conduct in securitization	<p>The security measures used must be appropriate and should aim to only address the objective existential threat that occasions securitization</p> <p>The security measures used must be judged effective in dealing with the threat. They should aim to cause, or risk, the least amount of overall harm possible; and do less harm to the referent object than would otherwise be caused if securitization was abandoned</p> <p>Executors of securitization must respect a limited number of relevant human rights in the execution of securitization</p>
Just termination of securitization	<p>Desecuritization of just securitization must occur when the initial and related new objective existential threats have been neutralized, whereas desecuritization of unjust securitization must occur immediately</p> <p>Desecuritization should ideally be publically declared_ and corresponding security language and security measures should be terminated with immediate effect</p> <p>In order to avoid renewed and/or reactionary securitization, desecuritizing actors should undertake context-specific restorative measures</p>

Source Floyd (2019a), authors' editing

attempt to construct a theoretical model of security cosmopolitanism that puts forward the apparatus needed for "*the development of higher normative standards and aims that global governance should meet.*"

But what is it that distinguishes Rita Floyd's JST from the above discourse? The answer here is the objectivist element. As McDonald (2019) argues, Floyd provides a systematic normative theory of securitization. In other words, she inserts an innovative methodology to measure the 'ethicalness' of securitizations, relying upon criteria that yield measurable outcomes.

Yet, the JST has not come without critics. One such critic comes from McDonald (2019) who argues that due to the fact that the JST is inspired by the Just War Theory, it is accompanied by its critique as well, which concerns the peril to encourage securitizations. For McDonald (2019) the JST is more susceptible to this critique due to the fact that the implications of securitization are issue-dependent. Another critique coming from McDonald

(2019) is linked to the issue of the objective existential threat which comes in stark contrast to the intersubjective nature of threats as articulated by the Copenhagen School of Security (Buzan et al. 1998). Another concern has been raised by Sahu (2020) who argues that the JST theory lurks the danger of provoking more unjust securitizations. That is, it is in a position to do more harm than good. Last, Sahu (2020, p. 2) is skeptical on the use of human rights to articulate the JST. As he argues *“highlighting the invariable interrelationship between human rights and JST, Floyd dilutes the latter’s independent existence as an innovative security framework and employs human rights principles to defend JST.”*

3 Methodology

Despite the fact that Rita Floyd, in her overall writings, does not provide any concrete methodological tool to study the Just Securitization Theory, she nevertheless proposes that data should be drawn from speech acts of securitizing actors and the policy implemented thereafter (Floyd 2019a, b). Indeed, Rita Floyd abides—in part—by the principles inserted for the study of securitization by the Copenhagen School of Security according to which discourse analysis—which entails the assessment of language beyond the sentence to understand how it operates in a social context (Barton 2003)—constitutes the appropriate manner to assess securitization, the rationale being that threats are constructed through language (Buzan et al. 1998). As she argues though, objective existential threat assessment is not an easy task and therefore one should turn to natural sciences to assess whether a threat is real. This is so for the so-called ‘agent-lacking threats’ as Floyd has defined them (see Floyd 2019a, pp. 82–99 for a more detailed account for her taxonomy of threats) which occur in spite of human agency. Covid-19 falls into this category.

So, this is the framework used here, due to its methodological appropriateness pertaining to the threshold Floyd (2019a) has set to study just and unjust securitizations. Following the recourse to natural sciences to establish whether Covid-19 constitutes an objective existential threat, discourse analysis in speech acts of Greek securitizing actors (political elite actors) and functional securitizing actors (scientific community) is conducted along with qualitative policy analysis and an equation-like assessment of legal texts and speech acts to assess:

1. Whether there has been a just initiation of securitization (Part 1 of JST theory).
2. Whether speech acts match actions, so as to examine the just conduct in securitization (Part 2 of JST theory).

According to Buzan et al. (1998, p. 40), a securitizing actor is someone who *“performs the security speech act”* and as such has the power to securitize something by declaring it to be a threat. In addition, as Buzan et al. (1998, p. 41) argue *“the state has explicit rules in regarding who can speak on its behalf, so when a government says ‘we have to defend our national security’, it has the right to act on behalf of the state”*. As such, in our case, the securitizing actor is the Greek Government, as the representative of the Greek state. As far as functional securitizing actors are concerned, according to Buzan et al. (1998, p. 36) these are *“actors who significantly influence decisions in the field of security”*, whereas for Floyd (2020, p. 13) they are actors other than traditional political elite ones, that are related to each separate sector of security and are in position *“to veto or endorse securitization on behalf of others, and hence – at least – the potential power to change its occurrence and*

Fig. 1 Coronavirus death toll January 22, 2020–June 27, 2021. Source Worldometers (2020)

form”. In the case of health securitization for instance, the scientific community falls into this category and this is the reason that is taken under consideration in the context of this paper.

As such discourse analysis and qualitative policy analysis is performed on 85 speech acts found in texts such as Messages of the Prime Minister and its cabinet, the scientific community and legal texts that introduced the extraordinary measures imposed during the securitization of Covid-19 in Greece. The data were obtained from the official website of the Greek Government, the official website of the National Public Health Organization and the official website of the National Printing House which is the official organization for the dissemination of the Greek laws. The research period is from 26/02/2020 - first Covid-19 case reported in Greece - to 15/06/2020, when borders reopened. As Karyotis et al. (2021, p. 1) argue, to study material on the onset of a crisis provides “a relatively clean ‘laboratory setting’ to study political behavior and attitudes, at their formative stage”.

4 The securitization of Covid-19 in Greece

Covid-19 was successfully securitized in the Greek case one day before the first officially reported case of Covid-19 infection in Greece (Government Gazette 2020a). The official international death tolls and the growth factor (Figs. 1, 2) led to emergency measures in the Greek case as a preventive response. Indeed, the rising global Covid-19 case numbers set the Greek government in alarm and as such a preventive securitization process took place that was precipitated by a range of securitizing speech acts from political elite and scientific actors, whose contribution in the legalization of the danger posed by Covid-19 was deemed indisputable by the Greek government. One characteristic statement came from the representative of the Ministry of Health, Professor Sotirios Tsiodras, who, one day before the first officially reported case of Covid-19 in Greece stated that the virus poses a risk for the elderly and that it behaves like a pandemic (Tsiodras 2020a), culminating in the first

Fig. 2 Growth factor of coronavirus daily deaths, January 22, 2020–June 27, 2021. Source Worldometers (2020)

legislative content on Covid-19 in Greece (Government Gazette 2020a), which signified a successful and institutionalized preventive securitization.

More specifically, the “urgent need to address the immediate risks of the occurrence and spread of coronavirus” (Government Gazette 2020a, p. 763) led to the legislative act titled “Urgent measures to prevent and limit the spread of coronavirus”, which was issued on February 25, 2020 and announced the following measures: (a) compulsory clinical and laboratory medical examination, health monitoring, medication and hospitalization of persons suspected of the transmission of the disease directly or indirectly; (b) the imposition of clinical and laboratory medical examinations; measures of preventive health monitoring, medication and preventive care of persons coming from areas where the disease has been widespread, (c) enforcement of preventive health checks and clinical or laboratory tests at all or individual points of entry through the country and (d) temporarily restricting, in whole or in part, air, sea, rail and / or road links to countries with a high prevalence of the disease; (e) temporary restriction of persons of cases (a) and (b) under conditions that prevent contact with third parties, from which transmission of the disease could be induced (f) temporary prohibition of the operation of schools and all kinds of educational structures, institutions and bodies, public and private, of any type and degree, places of religious worship, and temporary prohibition and suspension of travel for any reason of teachers and other staff and students, educational structures, institutions and bodies, (g) temporary prohibition of the operation of theaters, cinemas, sports and artistic events, archeological sites and museums, health shops, private companies, (h) temporary imposition of measures to restrict the movement of means of transport within the territory, (i) temporary imposition of restrictions at home on groups of persons to avoid actions which might cause disease (Government Gazette 2020a).

On March 5 Prof. Tsiodras publicly stated that “it is very important, that we all understand that here, we are united against a virus which is a new flu, it behaves like this, very similar to it and we must deal with it as much as we can” (Tsiodras 2020b). By this time, the official global death toll had risen to 3391 with a growth factor of 1.24 (Worldometers 2020), showcasing an exponential growth of the virus. But what prompted WHO to declare

Table 2 The World Health Organization pandemic phases

"In Phase 1 110 viruses circulating among animals have been reported to cause infections in humans,

In Phase 2, an animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans, and is therefore considered a potential pandemic threat

In Phase 3, an animal or human-animal influenza virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic

Phase 4 is characterized by verified human-to-human transmission of an animal or human-animal influenza virus able to cause "community-level outbreaks". The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk of a pandemic. Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a forgone conclusion

Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short

Phase 6, the pandemic phase, is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is under way."

Source Fukuda (2009)

the Covid-19 virus as a pandemic six days later and to lead the Greek Government to a general lockdown on March 22? This is a reasonable question as by the time WHO declared Covid-19 as a pandemic, that is on March 11, 2020, the official international death toll was 4638 with a growth factor of 1.20 (Worldometers 2020), slightly reduced from the growth factor of March 5, 2020.

According to WHO (2009), there are six phases before a virus outbreak is declared as a pandemic as shown in Table 2.

As such, Covid-19 was declared as a pandemic when there were outbreaks at community level in several WHO countries. Indeed, during the WHO Director-General's opening remarks at the media briefing on Covid-19 on March 11, 2020, Dr. Tedros Adhanom Ghebreyesus stated that *"in the past two weeks, the number of cases of Covid-19 outside China has increased 13-fold, and the number of affected countries has tripled. There are now more than 118,000 cases in 114 countries, and 4,291 people have lost their lives. Thousands more are fighting for their lives in hospitals. In the days and weeks ahead, we expect to see the number of cases, the number of deaths, and the number of affected countries climbs even higher. WHO has been assessing this outbreak around the clock and we are deeply concerned both by the alarming levels of spread and severity, and by the alarming levels of inaction. We have therefore made the assessment that Covid-19 can be characterized as a pandemic"* (WHO 2020b).

The March 11 declaration of Covid-19 as a pandemic by WHO set in motion a set of harsher securitizing mechanisms in Greece and inaugurated a new era in the government's handlings of the virus. The Prime Minister of Greece, Kyriakos Mitsotakis engaged in a series of messages to the Greek public to articulate and establish the threat in the Greek consciousness through securitizing speech acts, to prepare the ground for stricter excessive measures the government would take to protect the Greek people and to establish trust between himself and the audience through the employment of functional securitizing actors (Floyd 2020), the scientific community.

In his first address to the Greek people, which was the same day Covid-19 was declared a pandemic, the Prime Minister of Greece stated *“our country, until today, has not been hit as much as others. But let us not have illusions: The hardest are yet to come”* [...] *“That is why we preferred to take strict preventive measures in time, in order to limit the spread of the virus. And on this road we will continue”* (Mitsotakis 2020a). In addition, on March 17, during his second message to the Greek public, the Prime Minister stated that *“we are at war. With an enemy that is invisible but not invincible”* [...] *“Our first priority is one and non-negotiable: To save lives. Our first concern is man and public health”* (Mitsotakis 2020b).

Despite the fact that the passages above reflect the breadth of securitizing speech acts and use of war parallels to prepare the stage for the next step of securitization, that is emergency measures, nevertheless, at this point the securitization was mild and preventive. All the above constituted the crescendo of successful securitizing moves, which precipitated the crucial point of the consolidation of a harsh securitization with even stricter measures.

The consolidation of securitization took place with the announcement, on March 22 by the Prime Minister of Greece of a general lockdown so as to impose social distancing and to protect Greek citizens from the virus. It became effective through the Joint Ministerial Decision No. D1 a/G.P 20036/2020 FEK 986/B/22-3-2020, titled *“Imposition of the measure of temporary restriction of the movement of citizens in order to deal with the risk of spreading the coronavirus Covid-19”* (Common Ministerial Decision, 2020). To convince the Greek citizens and to give legal authority to this action the Prime Minister evoked the Greek Constitution, stating that *“According to the Constitution, the state must take care of the health of the citizens and intervene when the exercise of individual freedom exceeds its constitutional purpose and threatens society. And when one’s responsibility proves to be in deficit, then the public interest must be safeguarded. In the name of the collective good, then, I proceed to today’s decision”* (Mitsotakis 2020c). Kyriakos Mitsotakis used a strict securitizing language, stating among others that *“I will not, however, let a few trivial ones undermine the safety of many. Because the few irresponsible can hurt thousands of people in charge. So, as difficult times come in the battle, every backdoor to evil must be closed. And this is the goal of restricting traffic from tomorrow. From the first moment of the health crisis, the government informed the citizens honestly. It properly organized the medical structures of the country, proceeding to the recruitment of additional nursing staff but also to the procurement of hard-to-find medical equipment”* [...] *“Coronavirus does not distinguish between borders or nations, incomes or social groups. It threatens man, whoever he is, wherever he lives. Against him, we are all equal”* (Mitsotakis 2020c).

Other than the general lockdown, the consolidation of the securitization of Covid-19 had been already successfully completed, through a series of emergency measures during the period under examination with social distancing constituting the principle upon which all measures were based.

More specifically, the second act of legislative content was issued on March 2 and called on the suspension of asylum applications (Government Gazette 2020b), whereas on March 11 Law 4675 was passed on the *“Prevention, protection and promotion of health - development of public health services and other provisions”* (Government Gazette 2020c)XXX, in addition to an act titled *“Urgent measures to address the negative consequences of the occurrence of coronavirus Covid-19 and the need to limit its spread”* (Government Gazette 2020d), which was re-issued on March 14, 2020 (Government Gazette 2020e). The next set of measures was passed on March 20 with a legislative act titled *“Urgent measures to deal with the consequences of the risk of spreading the coronavirus Covid-19, to support society and entrepreneurship and to ensure the smooth functioning of the market and of*

government administration" (Government Gazette 2020f). Moreover, a legislative act titled *"Further measures to address the continuing consequences of the Covid-19 coronavirus pandemic and return to social and economic normalcy"* was issued on May (Government Gazette 2020g).

All the above legislative acts referred to the necessity to combat the virus and introduced and legalized the following emergency measures: the mobilization of health resources, financial measures, the restriction of travel, events/gatherings, the closing of borders and suspension of connections with other countries and the suspension of operation of businesses and workplaces, educational units and religious concentrations, culminating to the restriction of circulation.

5 Assessment of the morality of the securitization of Covid-19 in the Greek case: a just securitization theory approach

5.1 Part 1: just initiation of securitization

In attempting to assess the just initiation of securitization of Covid-19 in Greece, the first step taken is to examine the 'just cause of securitization' (Criteria 1&2). As shown in Table 1, according to Floyd (2019a) the first part of the JST's (just initiation of securitization) first two criteria constitute what she calls the 'just cause for securitization'. As such, two questions will be explored here:

1. Was there an objective existential threat for the securitization of Covid-19 in Greece to be just?
2. Are Greek people a legitimate referent object?

To begin with, let us introduce the Covid-19 disease in a few words. Covid-19 spurred as an epidemic in China. Its etiologic agent was soon discovered and later on the virus genome was sequenced and due to its genetic resemblance to the SARS outbreak of 2003, the virus was named as severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2). Evidence of human to human transmission became strongly supported on January 22, 2020 after a visit conducted by a WHO delegation to the city of Wuhan, China, which was the epicenter of the disease. Since the first outbreak in February 2020, the disease spread rapidly around the world (Dos Santos 2020). Since its outbreak, this new coronavirus disease was characterized by both easy spreading and high mortality (Calcaterra et al. 2021). As far as easy spreading is concerned, according to medical data obtained by Worldometers (2020), by February 26 the global death toll was 2803 (Fig. 1) with a growth factor of 0.58 (Fig. 2). This is the factor by which a quantity multiplies itself over the course of time. The equation is the following: every day's new deaths / new deaths on the previous day. As such, a growth factor above 1 marks an increase. On the other hand, a value between 0 and 1 marks a decline, with the quantity eventually becoming zero. A growth factor below 1 is a positive sign, whereas a growth factor that is continuously higher than 1 shows an exponential growth (Worldometers 2020).

Regarding high mortality, according to biological studies conducted to detect the lethality of this new virus it is overall concluded in the literature that Covid-19 constitutes a major health risk that could be devastating for such groups that are vulnerable (elderly people with underlying diseases etc.) and that its mortality is well known to scientists (Mason

2020). More specifically, according to accredited biologists this new virus has been established in the overall scientific domain as a ‘killer’ virus, which is highly transmittable and has lethal implications to those who are infected by it in case it reaches their lungs (Cyranoski 2020). In Das et al.’s (2020, p. 1206) words, Covid-19 constitutes a “*severe life-threatening infection*” which owes “*much of its killer properties to its unique structure that has a stronger binding affinity with the human angiotensin-converting enzyme 2 (hACE2) protein, which the viruses utilize as an entry point to gain accesses to its hosts*”.

These findings were confirmed by the highest global health authority (WHO) and as such, the objectivity of the threat is deemed indisputable.

Thus, from the above analysis it becomes clear that the JST first part’s first criterion is met, as there is a scientifically proven lethal and highly transmitted virus that threatens the life of Greek citizens.

As far as the second criterion of the first part of the JST theory is concerned, the referent object here is Greek citizens as individual human beings, in the sense that life in its biological sense is threatened. Despite the fact that the referent object can be extended to Greece as a country overall, to the social order and other sub-referent objects, for the purposes of this paper individual human beings are used due to the need to establish the first instance necessity to securitize Covid-19. Individuals are people in the sense that they can transmit the lethal disease to one another. Hence, due to the fact that the existential threat is a deadly virus, the referent object is the human being, in whatever form it takes (elderly, groups of people etc) which, according to Floyd (2019a, p. 99) is “*intrinsically morally valuable*”. As such, it has the “*automatic right to self-defense*” (Floyd, 2019a, p. 112).

So, as Covid-19 constitutes an objective existential threat that challenges the very physical life and existence of human beings, it is concluded here that the first two criteria of the first part of the JST are met. In other words, there was a just cause for the securitization of Covid-19 in the Greek case.

The second step this study undertakes is to examine the remaining three criteria of the first part of JST as articulated by Floyd (2019a). So the following questions are addressed:

1. Were the securitizing actors sincere in their intention to securitize the Covid-19 in Greece?
2. Was the good gained from securitization greater than its harm?
3. Did securitization of Covid-19 have a reasonable chance of success? Were the chances of achieving the just cause judged greater than the chances of alternatives to securitize to succeed?

Regarding the third criterion Floyd (2019a, p. 124) argues that to unveil whether the securitizing actors are sincere in their intention to securitize, one should examine their speech acts and practices for the justification of their securitization to see whether the “*entity intends to achieve the just cause rather than using it as an excuse to achieve some wrongful end*”. Floyd (2015b, p. 11) had previously articulated this methodology as such: “*in case X, we do Y to deal with Z or in case X, Y is the right thing to do to deal with Z*”. The intention as well as the planning of the Greek Government becomes clear already from the first legislative act the government issued on the handling of Covid-19, which followed several securitizing speech acts both from political elite actors as well as from the scientific community, as presented in the analysis of the first criterion. The legislative act which was issued on February 25, 2020 titled “*Urgent measures to prevent and limit the spread of coronavirus*”, commenced with the remark: “*Having regard to*” [...] “2.

The extremely urgent need to address the immediate risks of the occurrence and spread of Coronavirus” [...] (in Case X) and stated that: “We decide: Article 1: Measures to prevent, monitor and limit the spread of the disease” [...] “In order to avoid the risk of the occurrence or spread of coronavirus that may have serious effects on public health, measures may be imposed to prevent, monitor health, and limit the spread of the disease” (We do Y to deal with Z) (Government Gazette 2020a). The measures were effective immediately and what followed, in terms of legislative acts always referred to either “The extremely urgent and unforeseen need to deal with the negative consequences due to the appearance of the coronavirus Covid-19, to limit its spread and to take relevant and necessary measures for the country’s economy and the labor market”, “The extremely urgent and unforeseen need to address an asymmetric threat to the security of the country that goes beyond the justification of international and EU law for the asylum procedure, combined with the absolute objective impossibility of examining asylum applications within a reasonable time of illegal mass entry into the country”, “The extremely urgent and unforeseen need to limit the spread of Covid-19 and to take the necessary measures to ensure the support of society and entrepreneurship and the smooth functioning of the market and public administration, as well as to protect national and EU borders” and the “Extremely urgent and unforeseen need to take further measures to support the economy and work, as well as to strengthen the health system for the treatment of coronavirus Covid-19, as well as the corresponding need to establish the necessary conditions for a safe return to social and economic normalcy and the settlement of other urgent issues” (Government Gazette 2020a, 2020b, 2020c, 2020d, 2020e, 2020f, 2020g). In the case of the lockdown, the Greek Government gave the justification in Article 1 of the Common Ministerial Decision stating that “for urgent reasons of dealing with a serious risk to public health, which consists in reducing the risk of spreading the coronavirus Covid-19 (in Case X), it is necessary as a preventive measure and for the absolutely necessary period, to limit the movement of citizens throughout the territory” (We do Y to deal with Z) (e-nomothesia.gr 2021).

When a securitizing actor promises protection to the referent object and warns the aggressor, according to Floyd (2019a), a comparison can be made regarding whether his/her language matches his/her subsequent practice. As such, it is concluded that the Greek government was sincere in its intention to securitize, as the actions the Greek government took to protect the public good matched its previous speech acts, in a *quasi* equation mode as articulated by the founder of the JST (Floyd 2015b, p. 11) meeting up the third criterion of the JST.

As far as the fourth criterion is concerned, the securitization was justified as a means to protect human life in its biological form, therefore to tackle the insecurity of death. Floyd (2019a, p. 131) is explicit in her readings of objective existential threats stating that humans/individuals are evidently harmed when their physical security is compromised. That was the justification of the Prime Minister of Greece as well, who stated that: “Our first priority is one and non-negotiable: To save lives. Our first concern is man and public health” (Mitsotakis 2020c). According to the Greek Constitution, the right to health appears as a classic individual right of negative content, i.e. as a right to freedom, and at the same time as a social right, which corresponds to a positive obligation of the State to provide health services to all citizens. Health, as an individual right is enshrined in article 5 par. 5 of the Constitution, which protects individual health from attacks by third parties and guarantees the freedom of self-determination of the individual in matters concerning his or her personal health. As a social right, health is enshrined in article 21 par. of the Constitution, which in itself would not be particularly legally important, if there was no National Health System established by Law

1397/1983 in the 3rd Hellenic Republic. The pandemic, however, also highlighted the most archaic dimension of the right to health, its protection for the interest of society as a whole and as a public collective good. This collective right to health, the protection of which also ensures the individual health of citizens, is the fundamental rule of health crisis law, and the source of legitimacy of the most severe restrictions on citizens' freedom during the pandemic (Anthopoulos 2020).

As such, the good gained from the securitization of Covid-19 in the Greek case, is far better than any possible harm it could inflict on the Greek people, in this case the suspension of individual liberties, as life (in its biological form) is the supreme good and it is accordingly safeguarded by the Greek Constitution. In addition, the securitization served as a reassurance for the perseverance of life versus death and therefore it caused, for the period under examination, more security than insecurity. Therefore, the fourth criterion of the JST in the case of the securitization of Covid-19 in Greece is met.

Last, as far as Criterion 5 is concerned, the question to answer is: what would be the alternative in the Greek case of the securitization of Covid-19 instead of securitizing it? The answer here is the politicization of the issue (Floyd, 2019a, p. 139) or, in other words, the herd immunity strategy which would be the immediate outcome in case Covid-19 was not securitized. Herd immunity expresses the phenomenon whereby a large enough percentage of a population has acquired immunity to a pathogen, so that the disease cannot spread widely. In this way people at increased risk of a disease can be protected from infection, because they are surrounded by people who have developed immunity to it. Herd immunity can be achieved either through massive vaccinations or through the disease of a significant percentage of the population in order to develop antibodies to it (CLEO 2021).

But would the exposition of the Greek public to the virus be more appropriate as a response than its securitization? The answer is no. The main problem with trying to achieve herd immunity through natural disease is that the disease would be allowed to spread to such an extent, that a significant part of the population would be infected, causing exponential growth of cases instead of its reversal by disease retention thus leading to the collapse of the Greek National Health System (NHS).

A glance at the United Kingdom, for example—a major case study pertaining to the herd immunity strategy, which disproved its effectiveness in the Covid-19 case—shows that to achieve herd immunity would require more than 47 million people to become ill. By the time this article was written, estimates pointed out that Covid-19 mortality could range from 0.5% to over 2%, with approximately 1/5 of Covid-19 patients becoming severely ill. This means that achieving herd immunity to Covid-19 in the UK could lead to more than 200,000 deaths, with another eight million people requiring intensive care. The goal, analysts said, was to make the spread slower (smoother curve), while gradually forming herd immunity through those with mild symptoms (CLEO 2021).

In this vein, the reality of the Greek health system did not allow for the Government to expose Greek citizens to herd immunity due to the lack of Intensive Care Units (ICUs) in Greece and the peril that the Health System of Greece would crash, as an extensive outbreak of Covid-19 would put unprecedented pressure on the intensive care unit facilities of the country.

Therefore, it follows from the above, that the measures taken were proportionate to the threat and in case the herd immunity strategy would have been followed by the Greek Government, it would have pressured and even crashed the Greek health system. As such, the 5th criterion of the first part of the JST is met.

5.2 Part 2: the just conduct in securitization

The second part to assess whether the securitization of Covid-19 in Greece has been a just one is the ‘just conduct in securitization’. As shown in Table 1, this part entails three criteria that need to be examined. In this context, three vital questions come up.

6. Was the response appropriate?
7. Where the security measures judged effective in dealing with the threat?
8. Did securitizing actors respect a limited number of relevant human rights in the execution of securitization of Covid-19?

As far as the sixth criterion is concerned, the response was—among others—a general lockdown and suspension of individual liberties instead of herd immunity. So, according to the analysis conducted for criterion 5 from the first part of the JST, the response was appropriate. More in particular and speaking in numbers, when Covid-19 ‘set foot’ in the Greek territory (February 2020), the ICU beds were 565 and there was no availability for a possible Covid-19 incident (Covid19.gov.gr 2020). Later on, on March 26, the Minister of Health Vassilis Kikilias and the government representative Stelios

Petsas reported that there were 813 ICUs, causing overall confusion and distrust. Stelios Petsas, while briefing the political editors on the same day, stressed that *“today the total number of ICUs reaches 813, out of which 695 are public and 118 private. The beds that have been developed for the simple treatment of patients with coronavirus are to date 2158”*. In fact, Mr. Petsas compared these data in relation to the situation of the Greek NHS two months ago, where there were 565 ICU beds without availability for possible cases of Covid-19, in order to substantiate the government’s argument that ICU beds for the coronavirus had increased (Petsas 2020). On Monday, March 23, Mr. Kikilias stressed in a briefing that *“2 months ago the NHS had 565 ICU beds; we added 80 from the private sector. Today we have 685 ICU and HDU (high-dependency unit) beds. The beds that have been developed to date are 2158. The numbers will continue to increase based on needs”* (Kikilias 2021). On April 4, after reorganization, the total number of ICUs exclusively for the treatment of Covid-19 cases was 293, out of which 179 were available with a painstaking effort to continuously increase them (Covid19.gov.gr 2020).

This number was so alarmingly small that the Greek Federation of Hospital Doctors demanded the augmentation of the small proportion of ICU beds based on the population in Greece to a total of 3500 beds (2000 ICUs and 1500 high-dependency Units (HDUs)), the recruitment of 2000–3000 permanent doctors, the provision of personal protective equipment for healthcare staff and the immediate requisition of the private health sector and the conduct of coronavirus tests free of charge and exclusively by the public health system (In.gr 2020). Indeed, the number of hospital beds in 2017 (360 per 100,000 inhabitants) was not only below the EU average (418), but also showed a major difference between the number of beds in the metropolitan area of Attica and the rural areas of central Greece (OECD 2017).

In fact, the data on the available ICUs at that time were very important, in the sense that, as Mr. Tsiodras said, about 5% of patients needed ICU treatment, as the coronavirus causes a severe pneumonia in some limited cases. He pointed out that *“in our country, to date we record patients who are incubated at an average age of 66 years and about 47% of them have concomitant underlying diseases”* (Xardalias and Tsiodras 2020a, b).

What the available 215 ICUs meant when 5% of the cases—according to Mr. Tsiodras—needed hospitalization in an Intensive Care Unit is reflected in the data given by Mr. Tsiodras for the course of the disease on March 29. The number of coronavirus cases in Greece amounted to 1156, and 69 patients were incubated in ICUs. *"The average length of hospital stay in the ICU is quite long. It is not a battle that is easily won"* (Tsiodras 2020c) Mr. Tsiodras pointed out for those patients who should be hospitalized in ICU. In fact, it is worth mentioning what Prof. Elias Mosialos (Representative of the Greek Government in International Organizations) stated about the need for respirators. Specifically, Mr. Mosialos speaking to ERT (Hellenic Broadcasting Corporation) mentioned: *"We do not have a system that is so well funded and developed so that we could cope with pressure" [...]* *"We don't want to have the effects of Italy and Spain because there will be no respirators and we will mourn unjustified deaths"* (Mosialos 2020).

As such, taking as a starting point the analysis conducted for criterion 5 and the above analysis, it is concluded here that the response was appropriate. The security measures that were used in response to the Covid-19 pandemic in Greece did not exceed the threat; neither did they serve an ulterior motive, as shown also by the analysis of criterion 3 in the first part of the JST. The primary focus was the containment of the disease. As such, security measures entailed curfews, lockdowns, and restriction of travel and gathering restrictions. All these security measures were in place for a comparatively short time and served to bring the spread of the virus under control and to protect the Greek NHS. In Floyd's (2019a, b, p. 157) words, *"security measures [are] tailored to the source of the threat and [do] not pursue some ulterior agenda."*

Passing now to the seventh criterion of the JST theory, this criterion is fully met as the analysis for criterion 5 has also shown. More in particular, as Rita Floyd (2019a, p. 160) argues in her analysis, *"security measures must do less harm to the referent object than there would be if securitization were abandoned"*. As previously shown, the alternative to the measures taken for the Greek case would be the herd immunity approach, which nevertheless, would have caused the crash down of the NHS of Greece and would have provoked many deaths that would not only be the outcome of the Covid-19 situation; rather, they would also signify the fact that the polity would have to decide, at a certain point, whether, for instance, a heart attack medical incidence would be more or less serious than a Covid-19 acute respiratory incident. This ambivalence would raise ethical issues and would lead to massive protests and intense polarization among Greek people. As such, in fact, by resorting to these measures, the Greek polity safeguarded the right of every citizen to have access to public health services. In other words, if securitization were to be abandoned, there would be a domino virus transmission to Greek citizens which would jeopardize the ability of the Greek NHS to function properly, thus giving a major blow on public health services' provision. Hence, by taking into consideration Floyd's (2019a, b, p. 159) recommendation that *"in order to establish least harmful means/options, users of JST must weigh up the expected harm different targeted security measures are likely to cause those that have rendered themselves liable to being secured against and to innocent bystanders"* it is concluded here, that the expected harm of the measures taken as opposed to herd immunity, were significantly lesser and as such criterion 7 of the JST is also met.

As far as criterion 8 of the JST theory is concerned, Rita Floyd (2019a, pp. 161–162) sets out two principles when examining the study of violations of human rights: *"(1) the proportionate use of lethal force and (2) mistreatment of persons detained or handled/controlled as part of securitization."* The first principle is not of research concern here as no lethal force was used in the period under examination. As far as the second principle is concerned, the JST takes into consideration two possible events, the first being people

being ‘detained’ and the other people being ‘controlled’. As far as the detentions’ issue is concerned, the Greek Police’s statistics on the Results of tests for measures to prevent the spread of coronavirus, commenced to be daily updated on November 7, 2020 (Hellenic Police 2021), a period that does not fall into the timeframe of this research and in which period there has not been recorded any detention in any national or international report. As far as the handling/control of people is concerned, Floyd (2019a, p. 168) states that *“specifically in securitization of infectious disease, disease carriers might be detained and quarantined to stop the further spread of the disease. While this may be a proportionate and appropriate measure, it is important that humane treatment and dignity must also be awarded to those individuals. While it may not be possible to cure these people, the right to humane treatment means that they are cared for and not simply – once isolated – left to their own devices.”* According to the Greek Government’s ‘Quarantine End and Isolation Strategy of Close Contacts & Cases of Covid-19’ that was issued by the National Public Health Organization (NPHO), for the period under investigation, for all confirmed cases of Covid-19 the following isolation protocol was (and still is) followed (NPHO 2021): based on the known incubation period of 1–14 days, a 14-day quarantine is recommended for individuals who have come into contact with confirmed Covid-19 cases. People who are quarantined have been in close contact with a confirmed Covid-19 case and their contact with the case is detected up to 2–24 h before the onset of symptoms or laboratory diagnosis. Quarantine is mandatory and citizens must remain at home or in another area which they will designate as a quarantine area, on their own, for at least 14 days from their last contact with the confirmed case. The completion of the quarantine period is imperative and is not interrupted for any reason, such as a negative test for the new coronavirus. In addition, important factors to consider in ending case isolation are (NPHO 2021): the state of the healthcare system, the possibility of laboratory diagnostics and the epidemiological situation locally and nationally. Patients with Covid-19 can be isolated based on criteria that take into account the following (NPHO 2021): (a) clinical improvement of symptoms (b) time from onset of symptoms (c) severity of disease (d) patient’s immune status and (e) the indication of clearance of the virus (viral RNA) from the secretions of the upper respiratory system.

As such, despite the fact that suspected or confirmed cases of Covid-19 in Greece were subjected into quarantine and isolation practices, nevertheless, this does not indicate a violation of human rights of the people concerned. On the contrary, it shows a coordinated effort to protect one’s own life by taking into consideration, as well, the vulnerability of the NHS and the overall protection of the public. Hence, criterion 8 is met.

6 Conclusions

The aim of this article was to examine whether the securitization of Covid-19 in Greece was just in accordance to the Just Securitization Theory that was formulated and later on expanded by Rita Floyd (2019a). Overall, the above analysis shows that the securitization of the Covid-19 pandemic in Greece for the period under investigation was just. More specifically, the use of the normative theory that Rita Floyd (2019a) created, prompted the following conclusions: during the time frame under investigation, there was a just initiation and a just conduct of the securitization of Covid-19 in Greece.

But what follows from this? In terms of contributions, this research is the first that puts a successful securitization process under the scrutiny of the Just Securitization Theory. As such,

it brings into the normative security debate useful insights on the nature of securitizations, when they occur as a response to actual threats. In other words, the JST theory seems to be a new, comprehensive and promising tool that can be used for the betterment of security policy making through the use of specific criteria. Indeed, what this study shows is that the investigation of whether an articulated (or future) security policy serves (or is going to serve) the interests of the citizens of the state instead of the interests of the political elites, is possible and in our view, much needed. This tool is functional and can yield useful results for policy makers and securitization scholars as far as the ‘ethicalness’ of a given securitization is concerned. In the case of ‘agent-lacking threats’, this theory, as applied to the Covid-19 case, seems to be fully workable. But what about the rest of the threats in the threat taxonomy of Rita Floyd (2019a)? Can JST work for them? These are questions that cannot be answered here. More thorough research is needed to cast light on the functionality of this theory for every sector-specific securitization.

Another contribution of this study is that it adds significantly in the emerging literature on the securitization of Covid-19 from an analytical standpoint, bringing in, though, a new element. The role of functional actors in the promotion and consolidation of successful health securitizations. According to the findings of this study scientific actors play a functional role in the securitization of Covid-19, by embracing and popularizing the securitizing narrative promoted by political elites. What could explain such behavior though? Certainly the quest from the Greek government to back up its claim on the lethality of Covid-19 explains, at a certain degree, the mobilization of scientists in the securitization process. Yet, this is a speculation and due to the fact that scientists as functional securitizing actors have not been given proper attention in such contexts, this research could be the starting point for further research on the issue.

Other than the above, this study which comes as a panacea to the endless debates on the justness or unjustness of securitization processes and to the discussions that pertain to the inherent negative nature of securitizations, paves a new way of discussing securitization *per se*. *Verbis alteris*, light is shed on the way specific criteria could serve positive or in other words moral securitizations, when they are employed as political strategies to protect referent objects that are indeed threatened.

Concluding, the most significant contribution of this article is that it empirically supports that a securitization could indeed be moral. In addition, it is argued here that when securitizations are pragmatically addressed, they can serve as a deterrent for life threatening situations.

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