

## **MIGRANTS IN GREECE. THE RIGHT TO HEALTH.**

Nowadays the economical crisis affects the everyday living of people who live in Greece, since one aspect of this chaotic condition is the degradation of welfare policy. This also leads to a dysfunction of health services which provided to people who live in the country. These services are targeted to the entire population, despite the inherent problems that have characterized it, such as administration, bureaucracy and so on. But today, in the economic crisis we are experiencing, health problems are more complex because those affect directly on the physical and mental health of the population, for example, the incidence of depression are increasing.

This scene, which exists in Greece today, was not created overnight. Since 1990, when the migration rose in Greece, it was showed that the state would face this phenomenon with great perplexity. Since then, five implemented legislation were in question, with neither one of them to cope with the issue effectively. The result of this unease for the immigrant population living in Greece describes them as a socially vulnerable group, with no statutory rights and being socially excluded from society at large.

Today it is estimated that about one million immigrants and refugees living in Greece legally or not (Lianos et al, 2008:40). The motives for migration are mainly economic, which is the main ingredient of the globalized society (Karamanlis, 2006). From the 1990's until now, the migration flows to Greece are gradually unabated. This phenomenon is due mostly to economic and social conditions in countries of origin and the specificities of Greece as the host country (Bouzkova, 2008). The immigrant, legal or not, belongs to a socially vulnerable population group, as is under restricted access to individual rights (Kassimatis, 2003:34). On the other side, this group has been victimized by a social, religious or racial racism, which aggravates the social exclusion they live. This situation creates the conditions for the weakening of social cohesion and the nurturing ground in upcoming social conflicts (Georgoulas, 2003:96).

Regarding the issue of health care of this population, the first mention was in 2001 with Law 2910 and then in 2005 with Law 3386. The first intended to provide health care to irregular migrants only in emergency situations and informed the competent

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deportation authorities. This provision was partially modified by Law 3386/2005, which removed the issue of deportation. As it seems there is a clear distinction between legal and illegal residents in the country. Health should be provided equally to all, regardless of residence status, ensuring smooth integration into the host society. At this point, it is sufficiently clear that there is a fundamental problem into the system. It appears that the Greek borders are porous which allows the uncontrolled entry of large volumes of people. Additionally, the appropriateness of the reception refugee centers creates a bigger issue. Dozens of people crammed into small, literally, cells, which are not given even the basics of a decent living. Although Greece has been accused several times for these centers, the situation has not changed. What is needed to be done is a comprehensive and coherent immigration policy. This would provide the necessary services to immigrants, in order to integrate into Greek society.

The legalization during the past years have not achieved their goal, since a large percentage of immigrant population remains in an irregular residence status (Kapsalis (a), 2007:234) and thus marginalized, employed in informal sectors and undeclared work (Katsoridas, 2007:116). This fact contributes to deprivation of basic social rights, such as health. Since those who do not have the necessary legal documents of stay, are not eligible for health care but only in emergencies.

The Greek Constitution on the other hand requires that operators of individual social rights are only Greek citizens. It recognizes the value in respect of individual and provides even the minimum decent standard of living. What remains is the perception that immigrants are not a carrier of social rights (Article 5).

In 2006, the circular number 139491/16.11.2006 (FEK V/30-11-2006 1747) provided the "requirements definition, criteria and procedures for access to the system of nursing and health care uninsured and financially weak people." As beneficiaries of free medical care, if not entitled to directly or indirectly by another insurer, and reside legally in the country, among many others including expatriates, foreigners with residence permits on humanitarian grounds and citizens of the Member States of the European Social Charter<sup>1</sup>. In this group of beneficiaries it is given a certificate of

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<sup>1</sup> The countries included in the European Social Charter are Austria, Belgium, Bulgaria, France, Germany, Denmark, Estonia, United Kingdom, Ireland, Iceland, Italy, Spain, Cyprus, Luxembourg, Malta, Norway, Holland, Hungary, Poland, Portugal Romania, Slovakia, Switzerland, Sweden, Turkey,

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social protection, since there is evidence of a health problem. In PD. 266/1999 which includes recognized political refugees, asylum seekers, "those with authorization to stay for humanitarian reasons or who has a deadline which has not expired yet, have the option of free medical and hospital care in the NHS with direct identification card or refugee Sheet as asylum seeker or foreign special residence permit for humanitarian reasons.

Regarding the issue of health, which is considered crucial, Greece can take as an example of good practice other European countries. Countries such as Belgium, France and Italy for example, include irregular migrants from the health system. This practice leads to integration in the host society. Unencumbered access to health services relates primarily to the equality to the state laws and the introduced regulations.

The living conditions of immigrants who live in Greece play a key role in the level of their health. The health problems are varied and sometimes very serious. The legal protection provided to them is minimal thus acts as a deterrent to prevent them. The cost of health services and various administrative problems encountered in entering the health structures hold back. The law itself, which necessitates the provision of health services for unauthorized immigrants only in emergencies, creates a host of other problems since they are not treated in the appearance of a disease but only when it becomes critical for the patient. In the same time there are "forgotten" and communicable diseases, thus endangering the lives of those who lack the means of prevention and care of their health.

Regarding Greece, immigrants face a variety of health problems, which hinder their everyday lives and their integration. The difficulties encountered during their journey to Greece, but the trip itself puts additional burden on health. The health problems in relation to the obstacles encountered in their access to health services hamper further integration and labor market integration. That makes them socially excluded from essential goods for their survival, involving the loss of financial resources to ensure a decent survival and a good physical and mental condition, which is necessary for it.

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The problems experienced by migrants leaving their countries of origin are diverse. Not only in their removal from the country and their social environment but also the vicissitudes of the journey. As a result they face various health problems, and fatigue greatly both physical and mental health. The main factors for disease's appearance are the agony of survival for themselves and their children, poor housing, feeding and health issues. The health system in Greece more often excludes them from the provided services, exacerbating the state of health.

In Greece there are not many studies on the health problems they face as group. In 2008, a survey of Medicines Du Monde in eleven European countries showed that most of them provided free medical and nursing care for the group of irregular migrants. This team lacks both the legal documents of stay and the necessary financial resources to cover the cost of health services. In Greece, only those who are legally in the country are entitled to free health services. In the case of irregular immigrants, the law states that are entitled to free care only as emergencies.

In 2003, a research in Greece took place, concerning the use of social services by immigrants. The results showed that immigrant women make greater use of these services, mainly due to increased gynecological needs, such as the monitoring of their pregnancy. It also showed that immigrants are the younger age groups, which do not require frequent medical attention, since most of them do not have serious health problems. Another factor that determines the frequency of use of health services is the type of household, whether they are nuclear or single parent families or unmarried. Also, the age of the person responsible for the family plays a crucial role, if he/she is between the ages of 30-50, because they do not need frequent medical attention. Finally, educational level, determines also the order of the utilization of these services.

Apart from it they face physical illnesses and mental health's problems, which are also a big issue but the researches are still few. In the researches have been made, the migration itself is a very stressful factor that triggers the appearance of mental illness. On one hand immigration might be a conscious choice for the individual, which sees it as an opportunity to improve life. On the other hand, conceals very basic difficulties in adapting new realities such as culture and language of the host country. Also

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refugees experience more intense environmental changes because their removal from the country was forced by the circumstances.

A study by Bezevegki (2008) on the acculturation and psychosocial adjustment of migrants in Greece showed that the removal from their country was experienced by them as an opportunity rather than as a loss. The decision to move to another country was the result of a personal choice to search for better living conditions for themselves and their families (Anagnostopoulos et al, 2004).

In the refugees' case the stressful factors should be taken into account because potentially lead to psychopathology such as mood disorders (depression), personality disorder, anxiety (agoraphobia, PTSD), psychotic disorders (schizophrenia) (Gionakis, 2010:12). Wars, torture, stressing conditions in refugee camps, the stress due to travel as refugees but also the lack of acceptance in the host country, the illegal residence status, and the change in lifestyle but also the general process of migration can be summarized as the main precipitating factors for psychopathology (Gionakis, 2010: 20-21).

According to a recent research of Athens University, depression is the main problem they face during their adjustment in the host country. The load factors for the disease is the eldest age they travel, the small number of children in the family, the lack of social support and person's low resistance in difficulties. The stressful symptoms remain until triggered again by proportional situations. Besides the losses experienced, such as family, social status and social support, it contributes to increase feelings such as uncertainty and anxiety of survival, which makes their adjustment to their new society more difficult (Grigoriou, 2007).

Beyond this, in recent decades, parts of the immigrant population who live in Greece have an increased level in communicable diseases such as tuberculosis, hepatitis and AIDS. The difficult conditions of life, the fact that too many people leave in a house, often with minimal sanitation or complete lack of housing, benefit the transmission of these diseases (Roussos, 2003:993, Emke-Poulopoulou, 2007:458-9).

In addition, immigrants face many problems in their access to health services. The principal is the administrative obstacles, mainly to ambiguities and omissions in the law. In Medicines' du Monde survey (Medicines du Monde, 2009), administrative

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barriers were ranked first with 38.6% share. These include restrictive provisions of the law on access, fear of arrest and deportation as provided for cases of irregular immigrants, as well as the delay in issuing permits. Also, another major obstacle faced is the cost of health services, which is covered by the irregular immigrants themselves who live in Greece. Moreover, the complexity of the system itself for immigrants makes their access more difficult.

The issue of communication is mainly linguistic but also cultural, especially when they try to access health services. The services provided are minimal and relate mainly to public hospitals, which are currently underperforming the economic crisis. This covered by the NGOs, which provide mainly primary health care, contributing to health care for the immigrant population in the first instance.

While the rest of Europe discusses issues such as cross-cultural intervention, the immigrants in Greece are still seeking for the health services, which are still functioning and able to accept patients. At the same time there is a concern about the way they will deal with, since they are foreigners, financially weak and can not speak the language.

These health facilities must be open to all; immigrants are not simply "labor" but objects and people who look for a better life. The residency status can not be the only data that will ensure a good quality of life and health. In case the health of a group is challenged it is most likely to affect the health of the general population.

### **BARRIERS TO ACCESS OF MIGRANTS TO HEALTH SERVICES**

#### **ADMINISTRATIVE BARRIERS**

The inadequate legal framework for migration creates additional barriers to immigrants' access to health services. A large number of immigrants fail to legalize their stay in the country because of the multitude of documents required or of the lengthy process. Moreover, the continuously addition of provisions contribute directly to the ineffectiveness of laws (Kapsalis (b), 2007). On the other hand, another difficulty for their access is the lack of information for both immigrants and state agencies, about the legal status of foreigners and the rights of different categories such as refugees, asylum seekers and economic migrants, (Kotsioni, 2009:28). In these

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cases there is the possibility, through ignorance or misinterpretation of the law, to deny services that they deserve and not to pursue the beneficiaries. The bureaucracy, the long waiting lists and the inadequate structures are very significant barriers that prevent immigrants from claiming their rights of self-evident, as is their health care.

### **COST OF HEALTH SERVICES**

For many immigrants who do not have the legal documents of stay and thus are not insured by a fund, the cost for medical examinations and treatments are often a deterrent issue. The uninsured pay their own medical expenses, 50% prepayment of the charges for hospitalization (Kotsioni, 2009:27). The problems of access to health services intensified as the cost is often high.

### **LANGUAGE, CULTURAL BARRIERS**

The language barrier is considered as a major deterrent to access to health services (Gundara & Jacobs, 2009:422) since it makes the communication between patient and physician very difficult. Ignorance of the host country's language excludes them from information about their illness and their rights. At the same time this impedes the process of accessing health services, providing in this way a major obstacle to the overall integration of the immigrant population in the host country. The communication problem is also very important. The lack of communication makes the spread of information about the patient's rights weak and therefore weakens the ability to enforce them. This affects the relationship between physician and patient, since it is not feasible for both sides. Also, the lack of knowledge of language does not help them to engage in simple, for indigenous people, processes, such as an appointment with the doctor or getting to know the health status when hospitalized. Also, the way each person treats the issues of health and illness is primarily determined by the cultural elements as its subject (Paltoglou & Trans, 2009:2; Karlou & Rammou, 2009:367). In some cultures, the disease can be seen as a result of magic or even as God's will (Sargentis 2008:2).

## **PROVISION OF HEALTH SERVICES TO IMMIGRANTS**

Objective and political pursuit of the European Union is equal access to health services, regardless of socio - economic, racial, ethnic, and religious or other characteristics (Pappa, 2008:11). Also requested the smooth integration of immigrant populations living in Europe and exclusion from health services contributes to their social marginalization rather than integration into. According to the World Health Organization, equal access to health services means that available resources are allocated fairly and equally to all (Pappa, 2008:11). In these data favor both, the social cohesion and the protection of public health. In Greece, however, the state proved inadequate in terms of welfare and performance mechanisms are lacking in cohesion and effectiveness (Polizoidis, 2006:11).

The hospitals and centers of emigration are the main points of health services in the immigrant population. This does not mean that they cover the full range of care needs and care of all these people, as well as public hospitals and the Centers have too many gaps, particularly to structures and human resources (Amnesty International, 2010; Karanikas, 2010; Médecins Sans Frontières, 2010:9-18). This gap is covered as far as possible from non-governmental organizations operating in various sectors.

## **EUROPE: HEALTH SERVICES TO IMMIGRANTS**

Accessibility to health care for foreigners who live in Europe varies from country to country. The right to access to health services is very wide and varies both in scope of the recognized rights and the services which are provided. But few are those who will not benefit the cover of health expenses. As many researches' show, EU countries take into account the issue of health care for migrants, regular or not, acknowledged the right of access to health services for their preventive examinations. This maintains the balance and makes their position more tolerable in relation to irregular migrants who live in southern European countries like Italy, where access to health services is clearly limited.

Access to prevention and care should be open to all regardless of residency status and economic status. It is clear that the contraction of social rights and migrants make



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them a socially vulnerable group. The limited right to access in health services is highly burdensome to their health. This has resulted in their inability sometimes to work and therefore lose important resources that contribute to decent survival (De Lomba, 2004:366). This seems to have been perceived by many European countries, which may facilitate both their access to health services. A typical example is Belgium, which promotes intercultural medicine in order to provide as much as possible comprehensive care for immigrants living in the country. The differences with Greece are fundamental and clear cross-cultural medicine is something far by Greek standards, since first taking the necessary steps to access this social group on health services.

### **CONCLUSIONS**

The migration's phenomenon in Greece is relatively recent compared to the rest of Western Europe. Already in the 1990's and onwards was a massive turnout of migration in Greece. The motives for the move were purely financial with a view to finding job and improving their living conditions. Greece was unprepared to be transformed into a host country, both politically and administratively. The legislative framework on migration has many gaps and ambiguities thus not fulfill its objective role, which is mainly to protect this population. The consequence of all this is that immigrants face discrimination from the state itself, which is denying in this way the citizenship of this population group. The result of such discrimination is the social exclusion which this vulnerable social group experience. In addition, poor immigration policy implemented in Greece led to social exclusion and lack of integration into the host society. The regularization attempted classified as unsuccessful, leading immigrants to remain socially excluded, workers in the informal economy as uninsured workforce, it deprived while basic social rights such as right to health. As uninsured workers, are not entitled to have free medical care, only as emergencies.

The integration of the individual in the host society involves the smooth integration of this with the recognition of fundamental individual and social rights, such as those of dignity, respect and health. In several European countries appear to

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have achieved a balance. In Greece, however, than is apparent from the data, it appears that these fundamental rights are not any data and much more for those who are not citizens of this country.

There is a clear distinction drawn by the legislature over the issue of efficiency of social rights. The Greek Constitution provides that recipients of social rights are Greek citizens. It is a direct connection with the rights of citizenship. The right to health is guaranteed for the immigrant population, through the legalized work and leave, thus excluding the irregular immigrants that good.

The health problems are varied. The basis of the problems is that leaving the country experienced a violent separation from their homeland, their family and social environment in general. The journey to a new country poses over the difficulties of travel, the stress of installation, the agony of the new (new country, people, habits) and the fear of the unknown.

Many times these data make them even more vulnerable. His/her health is also more sensitive and show signs of mental and physical illnesses. The dividing line is clearly the age, while younger are healthier, the marital status, the parental role and the children, makes the individual as responsible as possible towards the health of himself and his children.

With regard to mental health, studies have been few. Immigration is a key precipitating factor in developing mental illness. The main aggravating factors of mental illness is the age to move from one country to another, the small number of children in the family, lack of social support and less resistance to the difficulties. The largest percentage of immigrant population, according to surveys, suffers from depression.

These health problems also vary with the standard of living, housing, feeding and hygiene, a very key factor in balanced health. 'Neglected' diseases such as tuberculosis, recurrent, sexually transmitted diseases are also real, as well as various infections. These diseases do not naturally found only in the immigrant communities. However, because of living conditions, especially for irregular migrants and victims of trafficking who lack a stable and secure employment, financial comfort and the right of access to health care as uninsured, become more vulnerable to these diseases.

Apart from health problems, there are obstacles to their access to health services.

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The main obstacles encountered are mainly administrative difficulties such as inadequate legal framework, inadequate information on their rights and fear of arrest by the authorities in the absence of legal documents of stay. Also, the cost of health services makes them inaccessible; as if uninsured have not the necessary insurance coverage. Moreover, the complexity of the health system itself may be a key obstacle to their access to them, as the bureaucracy of each system varies from country to country. Finally, the most important obstacle is the problem of communication as most immigrants do not speak the language, so they cannot communicate. This difficulty precludes them from information and directly affects the doctor- patient relationship, because they need an intermediary to communicate. Differences in culture also influence strongly the doctor patient relationship. Intercultural intervention, works with great success in Belgium, shows that there is room to improve. In Greece, there are many things to be improved till others considered.

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