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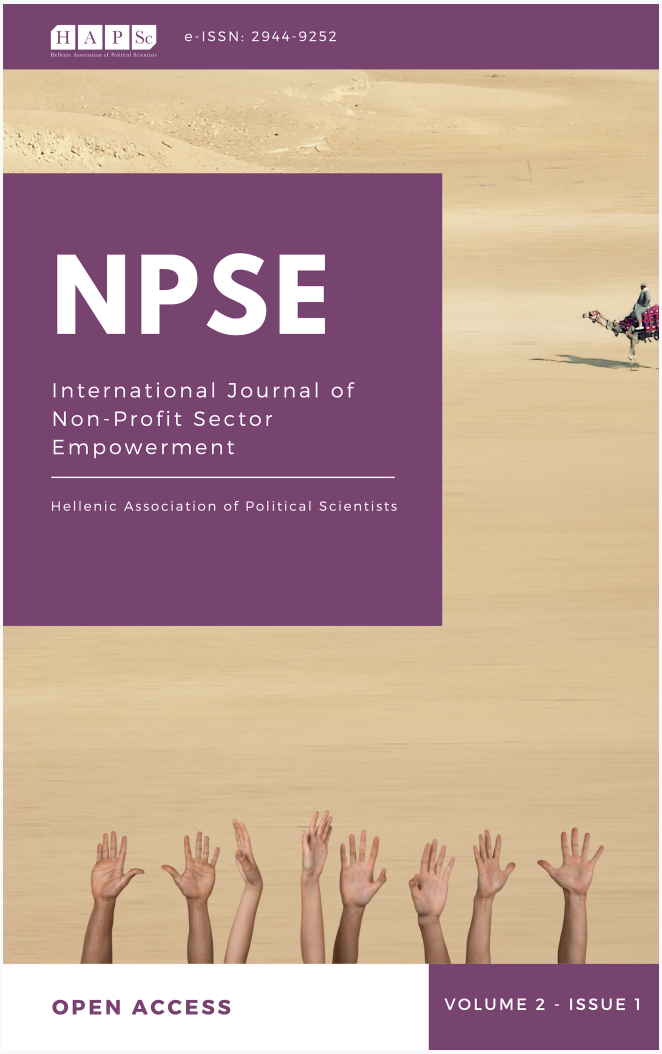

Sociological Perspectives of Migrant Health Disparities and Access to Healthcare Services during and beyond the COVID-19 Pandemic: Voices of Immigrant and Refugee Women in Greece

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RESEARCH ARTICLE

Sociological Perspectives of Migrant Health Disparities and Access to Healthcare Services during and beyond the COVID-19 Pandemic: Voices of Immigrant and Refugee Women in Greece

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Abstract

As the COVID-19 pandemic, as grew into a global health crisis, it created perilous and uncertain situations for vulnerable groups such as migrants, asylum seekers and refugees in the context of measures restricting mobility, social, economic, and educational life. This article, using the fields Sociology of Migration and Sociology of Health, focuses on female immigrants and refugees and their health and access to healthcare services in Greece. According to the results of in-depth interviews, based on the findings of two research projects carried out between 2020-2022 during the COVID-19 pandemic: "Voices of Immigrant Women" (VIW) project (Erasmus+ 2020-1-ES01-KA203-082364) (2020-2022) and "Local Alliance for Integration (LION/GSRI/University of West Attica/81018): Migrant and Refugee integration into local societies in times of the COVID-19 pandemic in Spain and Greece" (2021-2022) implementing a qualitative methodology, migrant and refugee women migrants are entrapped in a frame of invisibility, precarious living and exploitative working conditions and discrimination. On the one hand, one of the greatest challenges that Greece is currently facing is the existence of significant disparities in the health services provided to the population in general, and on the other hand, the problem is particularly severe for migrants. The research emphasizes that the health services to female immigrants and refugees are included in an elliptical system of Public Health policy which fails to address significant claims and fields while the COVID-19 pandemic has intensified vulnerability.

Keywords: Sociology of Health, Healthcare Access, Women, Refugees, Migration, Integration

1. Introduction: Interpreting health inequalities, precarious working and living conditions of female migrants[1]

International studies on health inequalities have focused on variables that are indicators of the social, working and living conditions of people such as social class, employment status and object of work,

[1] This article is based on two longer articles: Fouskas, T., Koulierakis, G., Mine, F.-M., Theofilopoulos, A., Konstantopoulou, S., Ortega-de-Mora, F., Georgiadis, D. & Pantazi, G. (2022). Racial and Ethnic Inequalities, Health Disparities and Racism in Times of COVID-19 Pandemic Populism in the EU: Unveiling Anti-Migrant Attitudes,

gender, race, and geographic location which affect an individual's access to material resources e.g., housing, education, transportation, and income) (Bunton, Burrows & Nettleton, 2003). Relations between professionals and the uses of health services reflect and reinforce wider social relations and structural inequalities, particularly those related to gender, race and social class (Nettleton, 2021; Bradby, 2009) indicating that good health is a consequence of factors other than physio-biological. Patterns of mortality and morbidity, i.e., the viability of an individual, are related to social structures and vary based on gender, social class, race and age group. An important dimension of inequality is race (Ahmad & Bradby, 2007). Migrants whose ethnic identity is clearly visible in the skin colour experience greater difficulty in finding work and adequate housing and under a precarious status could show rather higher than average rates of mortality and morbidity (Townsend, Whitehead & Davidson, 1982). Social and economic disadvantages experienced by migrants are connected to social and occupational class and are reflected in their work situation in the labour market. Unskilled migrant workers are likely to have acquired this low occupational status after a process of downward social mobility associated with failing health. Migrant women and children suffer from health disabilities related to cultural factors, lack of or inappropriate nutrition and lack of immunization.

The working classes adopt less healthy lifestyles than the middle classes and are less likely to engage in health-related activities. In this context, migrants could have unhealthy lifestyles shaped by their religious or cultural backgrounds, their conviction that they are more likely to be unemployed or in precarious, low status, low-paid jobs, live in poor housing conditions and reside in areas that lack adequate social and educational resources (Blackburn, 1991) than native citizens of the reception society. Immigrants face the same disadvantages as working-class whites and even more, including racism and discrimination. Racism exists at both the institutional and individual levels, where immigrants and ethnic minority communities are concentrated in areas lacking material resources, like city centers, and are regionally unevenly distributed. They are also more likely to face discrimination when trying to secure housing and were more likely to be offered temporary accommodation and live in overcrowded conditions (Nettleton, 2021; Bradby, 2009). Immigrants are still overrepresented in low-wage manual jobs, in hazardous industries such as agriculture, construction, textile and clothing workshops and in domestic work. They are also over-represented in those sectors which are

Precarious Living Conditions and Barriers to Integration in Greece. Societies, 12(6), 189. MDPI AG. Retrieved from http://dx.doi.org/10.3390/soc12060189 and Fouskas, T., Koulierakis, G.., Lyberopoulou, L., & De Maio, A. (2022). From invisibility to gender empowerment and migrant integration? Repercussions of live-in domestic work and caregiving on female migrants in Greece. Cuestiones Pedagógicas. Revista De Ciencias De La Educación, 1(31), 77–100. https://doi.org/10.12795/10.12795/CP.2022.i31.v1.05

particularly vulnerable in times of recession and the in informal economy. The fact that correlations are found between race and the level of health does not mean that there is something inherent in migrants that shapes the course of their health, but something inherent to the social context in which they have to live, in societies that have historically been, and essentially remain, inherently racist (Nettleton, 2021; Bradby, 2009).

The presence of women is not a new element, as female migration has always been an important component of international migration (Hondagneu-Sotelo, 2002; Yeates, 2009; Anderson and Shutes, 2014; Yilmaz and Ledwith, 2017; Land, 2019; Yamane, 2021). The change is based on the economic roles that are undertaken by migrant women during the migration process (Campani, 2000; Parreñas, 2001; Lan, 2006; Monreal Gimeno, Terrón Caro, Cárdenas Rodríguez, 2014). More and more women are migrating alone as heads of households and economically active subjects, while fewer than in the past are migrating as dependents of their husbands. This new development of international migration in relation to the participation of women has been recorded in literature under the term "feminisation of migration" (Castles & Miller, 1998:16). Many women from rural areas migrate autonomously or through family reunification programmes; others, who are unskilled, migrate autonomously and at an increasing rate from urban areas due to poverty or family issues. Those who have secondary or higher education migrate autonomously because they are unable to find jobs commensurate with their qualifications. Others migrate due to political unrest, widespread violence and gender discrimination. Women also migrate following their husbands or families. Family reunification is considered to be the easiest way to legally enter certain countries, due to restrictive migration policies. Independent forms of female migration include those who migrate alone or before their husbands, as both the labour market and the gender division of labour in reception countries offer them more employment opportunities. In Greece, migrant women have become part of a cheap workforce reserve that is continually renewed while the division of labour prompts and entraps migrants into wage labour and low-status/low-wage jobs, distinguishing them by class, gender, race-nationality and means of entrance into the country (Fouskas, 2019).

In Greece, female migrants are employed as live-in and/or live-out domestic workers (house cleaning, caregiving) via direct-hire in households of Greek employers or via employment agencies and cleaning companies (cleaning offices and residences) to support themselves and mainly their families back in their homeland (Anderson and Phizacklea, 1997; Lazaridis, 2000; Tastsoglou and Maratou-Alipranti, 2003; Psimmenos, 2007; Triandafyllidou, 2013; Maroukis, 2018). There is still demand in Greek society for domestic servants, particularly for female contract workers, due to deficiencies in the

national welfare system, not only from the upper but also from the middle-class due both to the employers' need to shift the burden of house and family care but also as an indication of status quo. Concerning female migrant participation in the main sectors of economic activity, 57.4% (LI-GFGW, 2019) of female migrants can be found in the household sector followed by accommodation and food service activities at 17.2%, manufacturing at 7.2%, agriculture, forestry and fishing at 3.5%, and wholesale and retail trade at 2.7%. Shadow economy in Greece is estimated at 26.45% of the country's GDP (Deléchat & Medina, 2021). Moreover, the percentage of uninsured workers is among the world's highest (37.3%) and so is the percentage of working irregular immigrants (4.4%) (Schneider & Williams, 2013, 90-96).

Integration describes an individual or group process that seeks to adapt to a new country and the reality of immigrants, applicants and beneficiaries of international protection (Lucassen, Feldman & Oltmer, 2016; Gurría, 2016, Jacobsen & Simpson, 2022; Fouskas, 2021a, 201b; Federico & Baglioni, 2021). It is a dynamic, two-way process of mutual accommodation by both immigrants and residents of EU Member States, and the promotion of fundamental rights, non-discrimination and equal opportunities for all are key integration issues (European Migration Network, 2018). One of the main indicators for examining the degree of integration of immigrants, asylum seekers and refugees is their access to healthcare services, both at the level of institutional framework and in challenges they face when accessing and utilizing health services (Fouskas, 2020; 2021). Moreover, their concentration in precarious, low-status/low-wage jobs contributes to this, especially in the case of irregular migrants who are severely affected (Fouskas, 2018). Precarious work is employment that lacks all the standard forms of labour security, typically takes the form of wage work, is characterized by exceptionally limited social benefits and legal rights, job insecurity, low wages and high risk of ill health (Vosko, 2006: 3-4). Migrants are a social category with particular needs in the health sector, given their generally poor living conditions (both in sending and receiving countries), but also due to additional problems caused by difficulties adapting to a new social and cultural environment (Sassen, 2016; Fouskas, Sidiropoulos & Vozikis, 2019). Thus, the relationship between social exclusion and the health status of migrants works in a bidirectional manner: on the one hand, the experience of social exclusion—as reflected via poor living conditions, low income, difficulties in communication, institutional or actual exclusion from health and other services and the phenomena of racism and xenophobia—has detrimental effects on the health of immigrants. On the other hand, a possible health disorder leads to social exclusion due to difficulty in finding formal employment since immigrants are mostly employed in casual, informal occupations, in precarious, low-status/low-wage jobs and experience deterioration of their real income.

Once infected with SARS-CoV-2, individuals who have been marginalized are in greater need of hospitalization because they often have chronic comorbidities (Gravlee, 2022; Greenaway et al., 2022). The prevalence of chronic diseases is higher among low-income, minority populations (Modesti, 2016; Nettleton, 2021). Racial or ethnic minority patients in the European Union (EU) often lack health insurance, suffer from comorbidities, live mostly in low-income and often unsafe neighborhoods, and are dependent on care from low-funded safety net institutions (Graetz, et al., 2017; Galanis, et al., 2013). Patients with limited English language skills and especially limited health literacy, are more likely to have worse health outcomes (Fouskas, et al., 2019). Disparities in socioeconomic conditions across racial lines have intensified during the COVID-19 pandemic (Johnson-Agbakwu, et al., 2022; Laster Pirtle & Wright, 2021; Laurencin & Walker, 2022). Amid the state pandemic measures, the rhetoric on pandemic uncertainty, anti-vaccination movements and vaccine hesitancy, migrants have been among the worst hit by the pandemic and migrant workers have been at a higher risk of infection. This is due to their precarious employment and legal status, while still being considered essential workers throughout the public-health crisis in both low- and high-skilled jobs in the EU (Fassani & Mazza, 2020a, 2020b; Reid, Ronda-Perez, Schenker, 2021; Paul, 2022). Additionally, while residing in confined and crammed spaces in Accommodation Facilities, squalid housing and unsanitary conditions, with inadequate access to healthcare, migrants have been vulnerable to COVID-19 infection (Fouskas, 2020; Mengesha, et al., 2022; Tagliacozzo, Pisacane and Kilkey, 2021; Pavli & Maltezou, 2017).

1.1. Social determinants of migrant and refugee health during and beyond the COVID-19 pandemic

Social determinants of health contribute to racial and ethnic groups being disproportionately affected by COVID-19 (CDC, 2020): (a) Living environment: They face difficulties finding inexpensive, quality housing (Tai, et al, 2021; Gómez, et al., 2021). This limits their options to neighborhoods and residences with other racial and ethnic groups, crowded conditions that may also lack access to reliable transportation. Under such conditions, illnesses, diseases, and injuries are more common and more severe. Access to nutritious affordable foods may be limited and they may be exposed to environmental pollution within their neighborhoods. Older adults are at increased risk due to living in over-crowded conditions. (b) Healthcare: They are disproportionately affected by lack of access to quality health care, health insurance, and linguistically and culturally responsive health care, resulting in their distrust of State healthcare systems and considering health, health promotion, preventive care and hygiene as unimportant (Turner-Musa, Ajayi and Kemp, 2022). (c) Occupational conditions: They are

disproportionately represented in precarious, low-status/low-wage work due to the unequal division of labour. Hence, it entraps migrants almost exclusively into the informal sector of the economy, where employers benefit financially by avoiding social security contributions and hiring people without contracts. Migrants exercise manual labour in agriculture, construction, crafts, domestic work, restaurant and hotel services, personal care, nursing, factory work, fishery, food production, and public transportation and in itinerant trade. These jobs are not attractive, offer no social prestige and are socially inferior Watson, 2002). In such settings, they have increased risk to be exposed to COVID-19 due to close contact with the public or other workers, as they involve activities that cannot be done from a distance or lack benefits such as health insurance and paid sick leave. (d) Income: They face barriers in accumulating funds, have greater debts and are unable to send remittances to the country of origin, pay for health coverage in cases of uninsured individuals, cover medical bills and access housing, nutritious food and childcare. (e) Education: They are disproportionately affected by inequities in access to formal education. This can lead to lower literacy, limited school completion rates, barriers to university-level education, poor access to quality job training and language courses, thus restricting future job choices and leading to inferior pay or unstable jobs. These results are disadvantageous for migrants, asylum seekers and refugees due to inequities in the above social determinants of health (Recio-Román, Recio-Menéndez & Román-González, 2021; Cervi, García & Marín-Lladó, 2021; Proudfoot, 2022). Racism impacts them mentally and physically and is deeply embedded in societies creating inequities in access to a range of social and economic benefits (Berman & Paradies, 2010; Campani, 2019). Racial and ethnic groups in the EU experience higher rates of ill health, including COVID-19 infection (Tazreiter & Metcalfe, 2021; Krieger, 2020; Su & Shen, 2020], and death compared to nationals. The pandemic has had an uneven impact among racial and ethnic populations deepening health disparities due to poverty and health and quality-of-life risks and are less likely to be vaccinated and unable to implement social distancing.

2. Methods

The results are based on the findings of two research projects carried out between 2020-2022 during the COVID-19 pandemic: “Voices of Immigrant Women” (VIW) project (Erasmus+ 2020-1-ES01-KA203-082364) (2020-2022) and “Local Alliance for Integration (LION/GSRI/University of West Attica/81018): Migrant and Refugee integration into local societies in times of the COVID-19 pandemic in Spain and Greece” (2021-2022) implementing a qualitative methodology.

The *first* project[2] "Voices of Immigrant Women" (VIW) project (Erasmus+ 2020-1-ES01-KA203-082364) (2020-2022)[3] attempted to address the following central question: Are there cases of female migrants whose migration path has changed towards upwards social mobility and socioeconomic integration? In the analysis unit in Greece of the case study designed for the "Voices of Immigrant Women" (VIW) project (2020-1-ES01-KA203-082364, 2020-2022 co-financed by the Erasmus + program of the European Union)[4] the main research technique of in-depth interviews was utilized. Ten (10) interviews were conducted with migrant women in Greece (Table 1) in order to understand the impact of women's migration trajectory, social networks and contextual conditions on their integration or marginalisation in host societies. The interviews were conducted in person during the first half of 2021. Applying this technique allowed the researches to delve into the migrant women's own vision of their migration path and their integration/inclusion process in the country of arrival. It also helped in identifying possible "success stories" of women's integration and inclusion in Greece. The main constraint during the research were the Covid-19 pandemic restrictions. In order to minimize these limitations, researchers provided a flexible availability on their part and extended the planned time of the research. Interviewees were given an informed consent4form, which stated that data confidentiality is guaranteed5. In the context of ethical issues and anonymity, names or personal details of the participants would not appear in the interview transcript. The methodological design and the information collection instruments have been designed by the University Pablo de Olavide, as the scientific coordinator of the VIW project, and validated by all partners[5].

[2] Fouskas, T., Koulierakis, G.., Lyberopoulou, L., & De Maio, A. (2022). From invisibility to gender empowerment and migrant integration? Repercussions of live-in domestic work and caregiving on female migrants in Greece. Cuestiones Pedagógicas. Revista De Ciencias De La Educación, 1(31), 77–100. https://doi.org/10.12795/10.12795/CP.2022.i31.v1.05

[3] Project coordinator: Universidad Pablo de Olavide of Seville, European Public Law Organization (EPLO), Institut de Recherche pour le Développement (French National Research Institute for Sustainable Development), Pixel, Polytechnic Institute of Bragança (IPB), The Peace Institute, EMET Arco Iris Foundation.

[4] Funding: The "Voices of Immigrant Women" project (2020-1-ES01-KA203-082364) is co-financed by the Erasmus + program of the European Union. The content of this publication is only responsibility of its authorship and neither the European Commission nor the Spanish Service for the Internationalization of Education (SEPIE) are responsible for the use that may be made of the information disseminated in this publication. https://viw.pixel-online.org/

[5] i) Participants have been informed of the procedure and purpose of the study; ii) Participation of the sample and continuation in the research has been voluntary; iii) The investigation has been carried out under the principle of confidentiality of the data provided, ensuring the correct use of the same, iv) The research participants have signed the informed consent. All personal data obtained in the study is confidential and will be treated in accordance with Law 4624/2019 on data protection.

Table 1: The social and demographic characteristics of the sample

No	Country of origin	Age	Entry year in Greece	Family status	Employment	Employment change
1	Congo	29	2012	Single	Professional interpreter for a Service provider in migrant/ refugee accommodation centers	Created her own blog & e-shop, brand of clothes that she designs & sews & works as an entrepreneur
2	Kenya	50	2010	Widowed	Live-in nanny & housekeeper	Founded and runs an NGO to assist refugees/migrants
3	Georgia	50	1995	Widowed	Live-in domestic worker, elderly caregiver, private nurse at hospitals	Live-in domestic worker, elderly caregiver, private nurse at hospitals
4	Philippines	57	1996	Widowed	Live-in domestic worker	Live-out domestic worker
5	Ukraine	56	2000	Widowed	Live-in domestic worker, cleaner, nanny	Live-out service worker, cleaning offices & residences
6	Ukraine	53	1998	Married	Live-in caregiver, elderly caregiver	Live-out caregiver, elderly care
7	Nigeria	52	1999	Married	Live-in domestic worker (nanny, caregiver to older people)	Live-in domestic worker & caregiver for a family with children
8	Albania	54	1196	Married	Live-out domestic worker, cleaner	Live-out domestic worker, cleaner
9	Philippines	55	1997	Married	Live-in domestic worker	Live-out domestic worker
10	Bulgaria	35	2005	Married	Live-out domestic worker (nanny, caregiver to older people, cleaner at a hospital)	Live-out domestic worker (nanny, caregiver to older people, cleaner at a hospital)

Source: "Voices of Immigrant Women" (VIW) project (Erasmus+ 2020-1-ES01-KA203-082364) (2020-2022)

The *second* project[6] "Local Alliance for Integration (LION/GSRI/University of West Attica/81018): Migrant and Refugee integration into local societies in times of the COVID-19 pandemic in Spain and Greece" (2021-2022)[7] carried out by the Department of Public Health Policy at the School of Public

[6] Fouskas, T., Koulierakis, G., Mine, F.-M., Theofilopoulos, A., Konstantopoulou, S., Ortega-de-Mora, F., Georgiadis, D. & Pantazi, G. (2022). Racial and Ethnic Inequalities, Health Disparities and Racism in Times of COVID-19 Pandemic Populism in the EU: Unveiling Anti-Migrant Attitudes, Precarious Living Conditions and Barriers to Integration in Greece. Societies, 12(6), 189. MDPI AG. Retrieved from http://dx.doi.org/10.3390/soc12060189

[7] Funding: The project "Local Alliance for Integration" (LION/General Secretariat for Research and Innovation (GSRI)/University of West Attica (UNIWA)/81018): "Migrant and Refugee integration into local societies during the COVID-19 pandemic in Spain and Greece", carried out by the Department of Public Health Policy at the School of Public Health of the University of West Attica (UNIWA) (Greece) and funded by the General Secretariat for Research and Innovation (GSRI) implementing a qualitative methodology under the National Funding 2019 with Scientific Director/Principal Investigator (PI) Theodoros Fouskas, Assistant Professor at the Department of Public Health Policy at the School of Public Health of

Health of the University of West Attica and funded by the General Secretariat for Research and Innovation implementing a qualitative methodology under the National Funding 2019 with Scientific Director/Principal Investigator (PI) Theodoros Fouskas, Assistant Professor at the Department of Public Health Policy at the School of Public Health of the University of West Attica (UNIWA). The interviews were conducted in person during the first half of 2022 (between 18 March 2022 and 28 May 2022). In the current article, research results from Greece are presented: Thirty-two (32) in-person, semi-structured interviews were conducted in Greece with 18 adult male and 14 female TCNs (immigrants, refugees and asylum seekers) from Afghanistan, Congo, Iraq, Kuwait, Morocco, Somalia, Syria and Uganda (see Table 2) living in Open Accommodation Facilities for Migrants and Refugees in the wider region of Attica (Greece). Additionally, fifteen (15) semi-structured interviews were conducted in Spain with adult male and female TCNs from Colombia, Venezuela, El Salvador, Romania and others in the greater Andalusian region. Via 47 in-depth interviews regarding the experiences of immigrants and refugees in Spain and Greece the research unveils increased barriers towards integration during the COVID-19 pandemic which function as a means of perpetuating exclusion in five sectors: (a) formal employment, (b) healthcare, (c) formal education and language learning, (d) housing and social care/protection, and (e) intercultural coexistence as well as unravelling the impact of the COVID-19 pandemic on migrants in the EU, which caused polarization, racism and new forms of populism and obstacles to their social integration. The unravelling of the narratives revealed perceptions and practices of inequality and uncertainty but also hope. The socioeconomic impact of the pandemic on immigrants and refugees, similarities and differences and evidence of the continuous obstacles they encountered during the pandemic are presented. Policy and practice implications include the implementation of prevention measures by the relevant institutions to remove obstacles, address unequal treatment, and raise awareness that the COVID-19 pandemic has intensified vulnerability. Applying this technique allowed the researches to delve into the TCNs own vision of their migration path and their integration/inclusion process in the country of arrival. It also helped in identifying possible “success stories” of their integration and inclusion. The main constraint during the research were the COVID-19 pandemic restrictions. In order to minimize these limitations, researchers provided a flexible availability on their part and extended the planned time of the research. The transcribed interviews underwent a coding procedure. Data broken down into parts and labels to identify recurrences of coded text within the cases and links between codes. Thematic Analysis was implemented. Interviewees were given an informed consent form, which guaranteed confidentiality.

the University of West Attica (UNIWA). Research team: Theodoros Fouskas (PI). Researchers in Greece: George Koulierakis, Fotini-Maria Mine, Athanasios Theofilopoulos, Sofia Konstantopoulou, Dimitrios Georgiadis and Georgia Pantazi. Researcher in Spain: Fabiola Ortega-de-Mora.

In the context of ethical issues and anonymity, names or personal details of participants would not appear in the interview transcript. The methodological design and the information collection instruments were designed by the Scientific Director and approved of by the Research Ethics Committee of the University of West Attica (UNIWA) (approval ref. no. 22354/08-03-2022). Participants were informed of the procedure and purpose of the study, participation of the sample and continuation in the research has been voluntary, the investigation was carried out under the principle of confidentiality of data provided, ensuring the correct use of the same and the research participants signed the informed consent. All personal data obtained in the study is confidential and will be treated in accordance with Law 4624/2019 on data protection.[8]

Table 2. The social and demographic characteristics of the sample

Interview code	Nationality	Gender (M/F)	Age	Entry year in Greece	Reasons for entry	Way of entry	Education	Family status	Children	Employment	Residence	Community association	Healthcare via NHS	Healthcare via NGOs	COVID-19 positive	COVID-19 vaccinated
1	Syria	M	23	2019	Warfare	Irregularly/Sea	ISCED 2	Married	1	No	Container in Open Accommodation Facilities for Migrants and Refugees	No	No	No	No	No
2	Congo	M	36	2019	Warfare		ISCED 2	Single	0	No		No	No	No	No	No
3	Congo	M	34	2019	Warfare		ISCED 1	Single	0	No		Yes	Yes	No	No	No
4	Iraq	F	55	2018	Warfare		ISCED 6	Married	3	No		No	Yes	No	No	No
5	Iraq	F	21	2020	Warfare		ISCED 3	Married	1	No		No	Yes	No	No	Yes
6	Somalia	F	28	2018	Warfare		ISCED 2	Married	1	No		No	Yes	No	No	Yes
7	Somalia	F	20	2018	Warfare		No formal education	Married	0	No		No	Yes	No	No	Yes
8	Morocco	M	44	2019	Economic		ISCED 6	Married	2	No		No	Yes	No	No	No
9	Congo	M	21	2019	Economic		ISCED 5	Single	0	Yes		No	Yes	Yes	No	Yes
10	Syria	M	30	2020	Warfare		ISCED 1	Married	3	Yes		No	Yes	Yes	Yes	No
11	Somalia	M	19	2021	Economic		No formal education	Single	0	No		No	No	No	No	Yes
12	Congo	F	29	2017	Family		No formal education	Married	2	No		No	Yes	Yes	No	No
13	Kuwait	M	57	2019	Economic		No formal education	Widowed	3	No		No	Yes	No	No	Yes
14	Congo	F	39	2019	Economic		ISCED 2	Single	0	No		No	No	Yes	No	Yes
15	Iraq	F	70	2018	Warfare		No formal education	Single	2	No		No	Yes	Yes	No	Yes
16	Congo	M	41	2018	Political		ISCED 6	Married	3	Yes		No	Yes	Yes	No	No
17	Congo	F	36	2019	Political		ISCED 1	Single	1	No		No	No	Yes	No	No

[8] The study was conducted in accordance with the Declaration of Helsinki, and approved by the Research Ethics Committee of the University of West Attica (UNIWA) (Greece) (approval ref. no. 22354/08-03-2022) for studies involving humans.

18	Congo	M	20	2019	Economic		No formal education	Single	0	No		No	Yes	Yes	No	Yes
19	Congo	M	29	2019	Warfare		ISCED 6	Single	2	No		No	No	Yes	No	No
20	Syria	F	23	2019	Warfare		ISCED 3	Married	2	No		No	Yes	Yes	No	No
21	Syria	M	24	2019	Warfare		No formal education	Married	3	No		No	Yes	Yes	No	Yes
22	Somalia	F	19	2019	Warfare		No formal education	Single	0	No		No	Yes	Yes	No	No
23	Uganda	M	28	2018	Warfare		ISCED 2	Married	2	No		Yes	Yes	Yes	No	Yes
24	Syria	M	20	2019	Warfare		ISCED 2	Married	1	Yes		No	Yes	Yes	No	Yes
25	Somalia	M	19	2020	Political		No formal education	Single	0	No		Yes	No	Yes	No	Yes
26	Congo	F	39	2019	Economic		ISCED 2	Single	0	No		No	No	Yes	No	Yes
27	Kuwait	M	37	2019	Economic		No formal education	Widowed	4	No		No	Yes	Yes	No	Yes
28	Congo	F	29	2020	Economic		ISCED 2	Separated	2	No		No	No	Yes	No	No
29	Syria	M	30	2020	Warfare		ISCED 1	Married	3	Yes		No	Yes	Yes	Yes	No
30	Afghanistan	F	43	2019	Warfare		ISCED 1	Married	3	No		No	Yes	Yes	No	No
31	Afghanistan	M	37	2019	Warfare		ISCED 3	Married	2	No		No	Yes	Yes	No	Yes
32	Afghanistan	F	29	2019	Warfare		No formal education	Married	3	No		No	Yes	Yes	No	Yes

Source: "Local Alliance for Integration" (LION/General Secretariat for Research and Innovation (GSRI)/University of West Attica (UNIWA)/81018)[9]

3. Results: Voices of Immigrant and Refugee Women Regarding Health and Access to Healthcare Services

According to the female migrants interviewed in the context of the "Voices of Immigrant Women" (VIW) project (Erasmus+ 2020-1-ES01-KA203-082364) (2020-2022), there are problems in accessing healthcare, they develop perceptions that cut them off from official health policy and care while they develop perceptions regarding themselves, their health and survival in the market of precarious, low-status/low wage jobs. According to research results, a possible health problem may limit the ability of migrants to maintain a job, since the majority is drawn to such occupations or to ones where there is a high incidence of labour accidents and occupational health hazards. Due to this situation many interviewees lack the protection of national healthcare and insurance and may be unable to meet the cost of hospitalization and medication. Interviewees, therefore, have no other option but to follow informal, private and individualistic practices which female migrant live-in domestic workers are pushed to and eventually select, even by fundamentally ignoring their healthcare. Interviewee 5 (Ukraine, 56) never had any difficulty in dealing with cleaning the residences, except in some cases

[9] Fouskas, T., Koulierakis, G., Mine, F.-M., Theofilopoulos, A., Konstantopoulou, S., Ortega-de-Mora, F., Georgiadis, D. & Pantazi, G. (2022). Racial and Ethnic Inequalities, Health Disparities and Racism in Times of COVID-19 Pandemic Populism in the EU: Unveiling Anti-Migrant Attitudes, Precarious Living Conditions and Barriers to Integration in Greece. Societies, 12(6), 189. MDPI AG. Retrieved from http://dx.doi.org/10.3390/soc12060189

when the place had not been cleaned for a long time. She described herself as a self-motivated person with unlimited strength, focus and determination. In Greece, she felt lucky as she met the "good people". She worked for many years for specific people, which helped her form relationships with them. Until 2009, Interviewee 5 was under pressure to clean the residences and take care of the employer's child. The pressure was best described as:

> "*I never permitted myself to get sick; I had to be there for them, I had to work hard, mainly because I had to clean and take care of a child all day long."*

As suggested in this research, the main barriers for migrant female domestic workers to access health and healthcare/social care services are summarized in the following points: cost of care, lack of information on access to services such as healthcare, social insurance and the welfare system (e.g. vaccinations/location of services), language difficulties in communicating with health professionals and workers in social work/care, prejudice and stereotypes of health professionals toward these groups, and fear of these groups regarding the operation of public health services. The interviews suggest that a considerable number of migrant female live-in domestic workers may be employed without national health insurance, without any work agreement or are self-employed, without insurance, medical coverage or other labour rights. Thus, migrant female domestic workers become accustomed to not having any rights regarding their work and healthcare. Initially, interviewees did not know what their rights were and how to claim them. However, even when they became more knowledgeable, they preferred to work without national health insurance coverage in order to keep their job and receive higher wages. Migrant female live-in domestic workers, as emerges from the interviews, are pushed to meet their social needs in informal individualistic or private practices, which exist beyond the safety of formal employment, forming a grid of stability and familiarisation in the informal labour market and living without medical coverage or labour rights. Concerning their health, as is evident from the interviews, female migrants do not follow any preventive health care practices and turn to pharmaceutical coverage alone, to relatives or informal networks (medical doctors from their country-of-origin friends/acquaintances), for hospitalisation and medical examinations to private doctors and clinics, and to employers. Some interviewees experienced certain stereotypes based on skin colour/racial background.

In multiple cases their situation was aggravated by the authoritarian, demanding and ugly behaviour of employers towards them with physical and/or verbal abuse, as well as with the withholding of their documents. Interviewee 4 (Philippines, 54) mentioned that due to the economic crisis and Covid-19 restrictions, she is currently receiving a lower salary, which means she needs to adhere to a strict budget

in order to meet her monthly needs and responsibilities (e.g., rent, remittances to the Philippines, bills, supermarket or other expenses). She had to learn to survive in the current economy and the recession since she is in Greece. When she got sick, her employer would call a medical doctor to their residence to examine her and help her with health issues. Now, she occasionally books an appointment and visits a doctor in public hospitals or health units, e.g., a dentist. Some interviewees are self-insured for social security and healthcare. The following were identified from the interviews during the Covid-19 pandemic: i) fewer or irregular payments, ii) days-off reduced thus spending more time in employer's residence, iii) more dependency on employer reluctance to leave an employer, iv) fewer or no Rapid/CPR test administered.

The majority of interviewees from the project "Local Alliance for Integration (LION/GSRI/University of West Attica/81018): Migrant and Refugee integration into local societies in times of the COVID-19 pandemic in Spain and Greece" (2021-2022) report that, while in Greece, they have visited a public hospital at least once—for themselves or their children and have received medical care and/or medication. One of them (interviewee 15, female from Iraq) reported taking medication for hypertension and diabetes. They usually make an appointment with the assistance of officials of the Facility in which they live. However, some participants reported that since they do not possess Tax ID (AFM/Tax Identification Number and/or Medical ID/National Insurance Number (AMKA)/PAAYPA) they have limited access to medical services and/or have to pay for the medication they need. Similarly, another participant (interviewee 5, female from Iraq) stated that she could not afford the prescribed medication. Additionally, the same participant stated that the absence of interpreters when in the presence of medical staff hindered communication and created difficulties. In fact, even though she spoke a little English, she could not communicate with to the medical staff. Another issue that was mentioned was the tendency of health issues to be downgraded by the medical staff: one participant (interviewee 4, female from Iraq) said that she went to hospital not feeling well, but the doctors insisted she was healthy: "I went to the hospital because I was not well; there they told me "There's nothing wrong with you". In fact, she added that officials of the refugee Facility have formally complained to a hospital about this practice, but receive the answer that the patient was well in their health or that they should visit the hospital again: "She has nothing" and "Come next week", something not always feasible due to family obligations: "I cannot leave the girl alone [her minor daughter] every day to visit doctors". On the other hand, when asked about it, none of the participants reported discriminatory behavior towards them by the medical staff—some said that the behavior of the staff towards them was "good". Regarding the protective measures against the spread of the coronavirus pandemic, almost all participants stated that they adhere to the personal protection measures and specifically the use of

masks and antiseptic lotion, adding that they are provided with these items within the Facility. However, it seems that the provision of information on COVID-19 is not the same in all the Facilities: for example, as one participant (interviewee 26, female from the Congo) reported, while in the refugee Facilities in the Aegean islands, the executives informed the refugee population about the COVID-19 protective measures, which apparently is not the case in the Facility she currently resides. There was also a difference in the reports by the participants regarding the provision of personal protective equipment as some of them stated that they are given "only" masks within the Facility, while others stated that they have access to other materials such as antiseptic hand lotion. One possible explanation is that the relevant items of personal protection are not sufficient to cover the needs of the entire refugee population living in the Facility.

Additionally, three participants (interviewee 15, female from Iraq and interviewees 6, 7 two females from Somalia) had already been vaccinated against coronavirus. Of the others, 1 participant (interviewee 4, woman from Iraq) stated that her vaccination had been scheduled, some participants stated that they did not wish to be vaccinated, others stated that they intended to be vaccinated while others wondered how they could be vaccinated while not having a National Insurance Number (AMKA or PAAYPA/Provisional Social Security and Health Care Number). The lack of adequate or effective information is also highlighted by reservations expressed recently by some of the participants regarding the safety of coronavirus vaccines. In particular, some stated that, despite the fact that they fears the coronavirus pandemic, they do not intend to be vaccinated because they do not know what the vaccine contains, while to strengthen their argument, their referred to the corresponding refusal or reservations of several Greek citizens. Other participants reported that, although initially afraid, they finally decided to get vaccinated because their friends had done so. Other participants also expressed the view that the coronavirus pandemic and the consequent restrictive measures are simply an excuse to justify his poor living conditions.

Other interviewees added that the problems they faced before the pandemic are the same as those they faced during the pandemic. As for the other participants, one participant (interviewee 32, female from Afghanistan) focused mostly on the effects of the pandemic and the resulting restrictive measures on mental health: as she characteristically stated, because of the pandemic (and the consequent restrictive measures) "we are like prisoners", "It has deeply affected us psychologically", "we are afraid to go out", "our already aggravated psychological condition has been affected". In the same vein, another participant (interviewee 7, female from Somalia) noted that their daily lives are difficult as they have been under "too much pressure" and are forced to wear masks.

Another participant (interviewee 6, female from Somalia) focused on the difficulty of meeting daily needs while she dwelled on the conditions of confinement, but also expressed the hope for better days:

> "*I cannot go to the supermarket, I cannot go out on the street, I cannot buy anything, but now we have had the vaccinations and I hope things will change.*"

Finally, other participants generally stated that they are having a "difficult" time due to the restrictive measures, adding however "We thank God that we are alive*".*

Overall, 17/32 (53.13%) were had been vaccinated and 2/32 (6.25%) were positively tested in COVID-19. Some participants reported feelings of fear, insecurity and isolation as a result of the pandemic and the restrictive measures that were implemented. In addition to the effects of the pandemic and the restrictive measures on participants' mental health, they have had a negative impact on their lives at multiple levels. For example, one participant (interviewee 5, female from Iraq) referred to the lengthy postponement of her asylum application process (interview): "[The pandemic] changed my life 100%. I waited two years for my interview [examination of an asylum application]. When the interview date came, it was postponed for 1-1.5 years. That was very difficult for me". Another participant (interviewee 7, female from Somalia) referred to the cessation of educational and creative opportunities within the Refugee Facility: in particular, before the outbreak of the pandemic, there was an "English-language school" in the Facility which closed down at the outbreak of the pandemic. Other participants expressed their dissatisfaction with the required use of masks (interviewee 7, female from Somalia, interviewee 32, female from Afghanistan), the inability to visit shops (e.g., supermarkets) for basic necessities (interviewee 6, female from Somalia). In some cases, it was pointed out that pre-existing problems and challenges still existed.

The life of TCNs (immigrants, asylum seekers and refugees) in Greece is full of challenges: living in Accommodation Facilities under often unsuitable conditions, time-consuming procedures for international protection applications or appeals, job and education prospects for themselves and their children, lack of access to even basic services (e.g., healthcare) and finally limited or non-existent alternative support networks. The coronavirus pandemic and the application of restrictive measures aimed at preventing its spread, has had an additional negative impact on their life in the country: exacerbation of their mental health (widespread feelings of fear and/or isolation due to segregation), additional delays in asylum applications, restriction of their daily activities. Pandemic containment policies include, albeit with difficulties or shortages, refugees and asylum seekers. Despite these adversities, many of them take an active stance against the pandemic threat and the difficult conditions

of their lives: they are vaccinated or have scheduled vaccination, adhere to the individual protection measures and, above all, make plans for the future, both for themselves and their children, even in the same country that has not always been hospitable to them.

Conclusions

Racism entails practices and norms that allocate lower value and determine prospects according to the external looks or skin color of individuals. In the context of the COVID-19 pandemic, inequalities emerged particularly regarding marginalized and racialized populations (Abedi, et al., 2021; Elias, et al., 2021; Chowkwanyun and Reed, 2022). Strong differences existed concerning mortality and infection rates by age, gender, ethnicity, work status and conditions, housing and geographic residence (CDC, 2020; Baptiste et al, 2022). Racism involves a disadvantaged position in society where consistent disparities arise along with institutional exclusion (Balibar, 1991; Banton, 2018) in employment, education, housing, healthcare and everyday interaction. It is articulated via xenophobic behaviours and discriminatory practices due to social identification of racial and ethnic origin with precarious, low/status/low wage work, poor housing and living conditions. Immigrants, asylum seekers and refugees are subject to aggression and false characterizations, negative behaviours, rejections for work advancement and access to education and healthcare. All these lead to poor life opportunities and unfavourable exclusion regarding healthcare, employment and housing, and place migrants on the receiving end of multiple forms of violence (verbal, physical and psychological) and increasing disparities (Fouskas, 2020; Fouskas and Koulierakis, 2022). Failure to deal with social determinants of health disparities increases vulnerability of these racial and ethnic groups to infectious diseases, thus combating social inequalities needs to be a priority in both policy and practice (Dalsania, et al., 2022). For example, there have been reports of racism against Chinese individuals and other groups in response to the way the origins of the virus were stated (Croucher, Nguyen and Rahmani, 2020; Gover, Harper and Langton, 2020; Wang, et al., 2021). There are documented occurrences of xenophobic responses where racial and ethnic groups were marginalized. They are perceived by societies as ‘unwanted individuals’ or as a ‘threat’, a ‘health time-bomb’, ‘criminals and dangerous’, ‘invaders/intruders’, individuals who ‘alter the homogeneity of the host country’, people who are ‘uneducated, uncultured and do not want to attend school’, and who ‘take the jobs of native-born workers’, a threat to democracy, and draining of public resources and during COVID-19, a threat to public health (Fouskas and Koulierakis, 2022; Barreneche, 2020; Reny and Barreto, 2022; Pazhoohi and Kingstone, 2021; Hennebry, Caxaj and McLaughlin, 2020, Hennebry and Hari, 2020). All these

descriptions have been used by political leaders and the media (Esses, Medianu and Lawson, 2013; Rea, et al., 2019; Vega Macías, 2021).

The interviewees from the project "Voices of Immigrant Women" (VIW) project (Erasmus+ 2020-1-ES01-KA203-082364) (2020-2022) underline the necessity for a) multiple Greek language and culture courses, b) human rights and gender equality education and c) awareness events so local communities can learn about the background of migrants. All women interviewed noted that learning the Greek language is central in accessing social care and social services. They underlined the necessity of attending Greek language classes as it will help them in everyday communications with social services. Due to the existence of lengthy procedures, legal support is required. According to their experience, interpreters are considered essential in public social services (healthcare, taxation services, municipalities, Unified Social Security Fund etc.) Due to the work mode and employment, not only is the workforce's life at risk, but also its freedom and potential for progress and social development. Since migrant women are isolated and unable to find social and labour solidarity and assistance, social policy and labour protection measures as well as the active intervention of advocacy associations, trade unions and workers' organisations regarding migrant workers' labour organisation and representation, response and resistance at the workplace, are imperative. Concerning their labour rights, migrants experience intense workplace instability and also in their relationships with fellow migrant workers. This workforce is distinguished by its lack of work rights and trade union representation. More and more migrants are becoming a part of a workforce reserve that is continually renewed and is divided into sectors according to the type of employment.

The project "Local Alliance for Integration (LION/GSRI/University of West Attica/81018): Migrant and Refugee integration into local societies in times of the COVID-19 pandemic in Spain and Greece" (2021-2022) showed that what emerges in the post-COVID-19 era is the prevalence of the image of migrants as a threat to Public Health which is reinforced by the relevant policy measures. There has been an extension of the Joint Ministerial Decision on emergency measures to protect public health from the risk of further spread of COVID-19 throughout the territory to 14 November 2022 (Government Gazette, 2022). It includes Reception and Identification Centers (RICs), Closed Controlled Structures (CCS), Controlled Facilities for the Temporary Accommodation of asylum seekers, as well as any kind of structure and place of reception and accommodation for TCNs. Entry and exit options are being implemented by taking into account the particularities of the location of the Facilities or structure. Based on the identified needs of the participants in this research and in order to promote the social inclusion of third country nationals, the following are proposed: (i) the acceleration

of procedures for requests for international protection but also for appeals and the issuing of the relevant documents in cases of positive outcome, (ii) the learning of the language (e.g., in cooperation with civil society organizations, adult educational institutions, etc.), (iii) the design and implementation of targeted promotion programs in employment and vocational training (e.g., through the Manpower Organization and/or in the context of corporate social responsibility of private companies/enterprises and vocational training providers). Regarding the improvement of living conditions, the following are proposed: (i) the re-granting of a Medical ID/National Insurance Number (AMKA), (ii) the improvement of living conditions in Accommodation Facilities (e.g., through the improved utilization of the relevant European funds, the participation of private sponsors when and where possible and the active—and voluntary—involvement of the guests themselves, through which they will put to use any technical knowledge they have, will improve skills and abilities, acquire new ones and possibly earn a basic income as compensation for their work), (iii) provision of special care for the needs of mothers and children in the Accommodation Facilities (e.g., opportunities for creative employment and entertainment, parallel support for refugee children so that their parents can participate freely in training/education activities or work), (iv) continuous training and awareness of the Accommodation Facility staff in order to better function, (v) provision of information on the coronavirus pandemic among the refugee population in order to address misinformation or fears that act as deterrents to vaccination.

Concerning the COVID-19 pandemic, future research should focus the understand how the pandemic is impacting the health, employment, living conditions, human rights and well-being of communities of migrants, asylum seekers and refugees as well as to unravel the effect of policy responses in the reception societies via critical analyses that examine the responses under the prisms of exclusionary migration regimes and sorting of individuals according to access to immunization and the ability to prove it.

References

Abedi, V., Olulana, O., Avula, V., Chaudhary, D., Khan, A., Shahjouei, S., Li, J., & Zand, R. (2021). Racial, economic, and health inequality and COVID-19 infection in the United States. *Journal of racial and ethnic health disparities*, *8*(3), 732-742.

Ahmad, W. I., & Bradby, H. (2007). Locating ethnicity and health: exploring concepts and contexts. *Sociology of health & illness*, *29*(6), 795-810.

Anderson, B. & Phizacklea, A. (1997). Migrant Domestic Workers: A European Perspective.Leicester University.

Anderson, B. & Shutes, I. (ed.) (2014). Migration and Care Labour: Theory, Policy and Politics.Palgrave Macmillan

Balibar, E. (1991). Racism and Nationalism. In Balibar, E., Wallerstein, I. M., & Wallerstein, S. R. I. *Race, nation, class: Ambiguous identities*. London: Verso, 37-68.

Banton, M. (2018). The Concept of Racism. In Zubaida, S. (Ed.). Race and racialism (Vol. 23). London Routledge, 17–34.

Baptiste, D. L., Commodore-Mensah, Y., Alexander, K. A., Jacques, K., Wilson, P. R., Akomah, J., Sharps, P. & Cooper, L. A. (2020). COVID-19: Shedding light on racial and health inequities in the USA. *Journal of clinical nursing*, 29, 2734–2736.

Berman, G., & Paradies, Y. (2010). Racism, disadvantage and multiculturalism: towards effective anti-racist praxis. *Ethnic and Racial Studies*, *33*(2), 214-232.

Blackburn, C. (1991). Poverty and Health: Working with Families, Milton Keynes: Open University Press.

Bradby, H. (2009). *Medical sociology: an introduction*. London: Sage.

Bunton, R., Burrows, R., & Nettleton, S. (2003). Sociology and health promotion. London: Routledge.

Campani, G. (2000). Immigrant Women in Southern Europe: Social Exclusion, Domestic Work and Prostitution in Italy, in: King R., Lazaridis G., Tsardanidis C. (eds.), Eldorado or Fortress? Migration in Southern Europe. Palgrave Macmillan, 147-169.

Campani, G., Fabelo Concepción, S., Rodriguez Soler, A., & Sánchez Savín, C. (2022). The Rise of Donald Trump Right-Wing Populism in the United States: Middle American Radicalism and Anti-Immigration Discourse. *Societies*, *12*(6), 154. MDPI AG. Retrieved from http://dx.doi.org/10.3390/soc12060154.

Castles, S. & Miller, M. J. (2014). The Age of Migration: International Population Movements in the Modern World, 5thEdition.The Guilford Press.

Centers for Disease Control & Prevention (CDC). COVID-19 Racial and Ethnic Health Disparities. 2020. Available online: https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/index.html#income&education (accessed on 30 June 2022).

Cervi, L., García, F., & Marín-Lladó, C. (2021). Populism, Twitter, and covid-19: narrative, fantasies, and desires. *Social Sciences*, *10*(8), 294.

Chowkwanyun, M., & Reed Jr, A. L. (2020). Racial health disparities and Covid-19—caution and context. *New England Journal of Medicine*, *383*(3), 201-203.

Croucher, S. M., Nguyen, T., & Rahmani, D. (2020). Prejudice toward Asian Americans in the COVID-19 pandemic: The effects of social media use in the United States. *Frontiers in Communication*, *5*, 39.

Dalsania, A. K., Fastiggi, M. J., Kahlam, A., Shah, R., Patel, K., Shiau, S., Rokicki, S. & DallaPiazza, M. (2022). *Journal of racial and ethnic health disparities*, *9*(1), 288-295.

Deléchat, C. & Medina, L. (eds.), (2021). The Global Informal Workforce: Priorities for Inclusive Growth.International Monetary Fund. https://bit.ly/3t86O2d

Elias, A., Ben, J., Mansouri, F., & Paradies, Y. (2021). Racism and nationalism during and beyond the COVID-19 pandemic. *Ethnic and Racial Studies*, *44*(5), 783-793.

Esses, V. M., Medianu, S., & Lawson, A. S. (2013). Uncertainty, threat, and the role of the media in promoting the dehumanization of immigrants and refugees. *Journal of social issues*, *69*(3), 518-536.

European Migration Network (EMN). (2018). Asylum and Migration Glossary 6.0; European Migration Network (EMN): Brussels, Belgium, 2018; Available online: https://ec.europa.eu/home-affairs/sites/default/files/what-we-do/networks/european_migration_network/docs/interactive_glossary_6.0_final_version.pdf (accessed on 30 June 2022).

Fasani, F., & Mazza, J. (2020). Being on the frontline? Immigrant workers in Europe and the COVID-19 pandemic. CEPR Discussion Paper No. DP15590. 2020. Available online: https://ssrn.com/abstract=3846043 (accessed on 1 August 2022).

Fassani, F., & Mazza, J. (2020). *A vulnerable workforce: Migrant workers in the COVID-19 pandemic*. Luxembourg: Publications Office of the European Unio; Available online: https://op.europa.eu/en/publication-detail/-/publication/43d3d0e2-a679-11ea-bb7a-01aa75ed71a1/language-en# (accessed on 30 June 2022).

Federico, V.; Baglioni, S. (Eds.) (2021). Migrants, Refugees and Asylum Seekers' Integration in European Labour Markets: A Comparative Approach on Legal Barriers and Enablers, Cham, Switzerland. Springer:

Fouskas, T. (2018). Precarious employment repercussions on migrants' perceptions regarding healthcare. International Journal of Human Rights in Healthcare, 11(3), 298-311.

Fouskas, T. (2019). (Un)Maid in Greece: Repercussions of precarious, low-status work on family and community networks of solidarity of migrant Filipina live-in domestic workers and race discrimination at work, in J. Vassilopoulou, O. Kydiakidou, V. Showunmi and J. Brabet (Eds.) Race discrimination and the management of ethnic diversity at work. European countries perspectives.Emerald, 225-250.

Fouskas, T. (2020). Migrants, asylum seekers and refugees in Greece in the midst of the COVID-19 pandemic. *Comparative Cultural Studies-European and Latin American Perspectives*, *5*(10), 39-58.

Fouskas, T. (2021). Lives (un)maid in Greece: Migrant Filipina Live-In Domestic Workers, New York, NY, Nova Science Publishers.

Fouskas, T. (Ed.), (2021a). Immigrants, Asylum Seekers and Refugees in Times of Crises: A. An International Handbook on Migration and Refugee Studies, Management Policies and Governance (Foreword by Giovanna Campani), European Public Law Series, vol. CXXIV, Athens: European Public Law Organization (EPLO)

Fouskas, T. (Ed.), (2021b). Immigrants, Asylum Seekers and Refugees in Times of Crises: B. An International Handbook on Migration, Asylum, Social Integration and Exclusion (Foreword by Marco Martiniello), European Public Law Series, vol. CXXV, Athens: European Public Law Organization (EPLO).

Fouskas, T., & Koulierakis, G. (2022). Demystifying Migration Myths: Social Discourse on the Impact of Immigrants and Refugees in Greece. Urbanities, 12, 9–28.

Fouskas, T., Gikopoulou, P., Ioannidi, E., & Koulierakis, G. (2019). Health inequalities and female migrant domestic workers: Accessing healthcare as a human right and barriers due to precarious employment in Greece. Collectivus, 6(2), 71-90.

Fouskas, T., Koulierakis, G., Mine, F.-M., Theofilopoulos, A., Konstantopoulou, S., Ortega-de-Mora, F., Georgiadis, D. & Pantazi, G. (2022). Racial and Ethnic Inequalities, Health Disparities and Racism in Times

of COVID-19 Pandemic Populism in the EU: Unveiling Anti-Migrant Attitudes, Precarious Living Conditions and Barriers to Integration in Greece. Societies, 12(6), 189. MDPI AG. Retrieved from http://dx.doi.org/10.3390/soc12060189

Fouskas, T., Koulierakis, G.., Lyberopoulou, L., & De Maio, A. (2022). From invisibility to gender empowerment and migrant integration? Repercussions of live-in domestic work and caregiving on female migrants in Greece. Cuestiones Pedagógicas. Revista De Ciencias De La Educación, 1(31), 77–100. https://doi.org/10.12795/10.12795/CP.2022.i31.v1.05

Fouskas, T., Sidiropoulos, S., & Vozikis, A. (2019). Leaving no one out? Public health aspects of migration: Health risks, responses and accessibility by asylum seekers, refugees and migrants in Greece, 7, 13–28.

Galanis, P., Sourtzi, P., Bellali, T., Theodorou, M., Karamitri, I., Siskou, O., Charalambous, G., & Kaitelidou, D. (2013). Public health services knowledge and utilization among immigrants in Greece: a cross-sectional study. *BMC Health Services Research*, *13*(1), 1-8.

Gómez, C. A., Kleinman, D. V., Pronk, N., Gordon, G. L. W., Ochiai, E., Blakey, C., ... & Brewer, K. H. (2021). Practice Full Report: Addressing Health Equity and Social Determinants of Health Through Healthy People 2030. *Journal of Public Health Management and Practice*, *27*(6), S249.

Gover, A. R., Harper, S. B., & Langton, L. (2020). Anti-Asian hate crime during the COVID-19 pandemic: Exploring the reproduction of inequality. *American journal of criminal justice*, *45*(4), 647-667.

Government Gazette D1a/GP.ok.61055/27.10.2022 Extension of the validity of the D1a/GP. co. 51236/8.9.2022 Joint Ministerial Decision on Emergency Measures to Protect Public Health from the Risk of Further Spread of the COVID-19 Coronavirus throughout the Territory until Monday, November 14, 2022 at 06:00. 2022. Available online: https://www.taxheaven.gr/circulars/41050/d1a-gp-oik-58309-14-10-2022 (accessed on 1 August 2022). (In Greek).

Graetz, V., Rechel, B., Groot, W., Norredam, M., & Pavlova, M. (2017). Utilization of health care services by migrants in Europe—a systematic literature review. *British medical bulletin*, *121*(1), 5-18.

Gravlee, C. C. (2020). Systemic racism, chronic health inequities, and COVID-19: A syndemic in the making?. *American Journal of Human Biology*, 32, e23482.

Greenaway, C., Hargreaves, S., Barkati, S., Coyle, C. M., Gobbi, F., Veizis, A., & Douglas, P. (2020). COVID-19: Exposing and addressing health disparities among ethnic minorities and migrants. *Journal of travel medicine*, *27*(7), taaa11.

Gurría, A. (2016). The Integration of Migrants and Refugees: Challenges and Opportunities; Organisation for Economic Co-operation and Development (OECD): France Paris; Available online: https://www.oecd.org/migration/integration-of-migrants-and-refugees-challenges-and-opportunities.htm (accessed on 30 June 2022).

Hennebry, J., & Hari, K. C. (2020). Quarantined! Xenophobia and migrant workers during the COVID-19 pandemic Geneva: International Organization for Migration (IOM). Available online: https://www.onlinelibrary.iihl.org/wp-content/uploads/2021/03/202D4A1.pdf (accessed on 1 August 2022).

Hennebry, J., Caxaj, C. S., McLaughlin, J., & Mayell, S. (2020). Coronavirus: Canada stigmatizes, jeopardizes essential migrant workers. *The Conversation*, *3*. Available online: https://theconversation.com/coronavirus-canada-stigmatizes-jeopardizesessential-migrant-workers-138879 (accessed on 1 August 2022).

Hondagneu-Sotelo, P. (2002). Doméstica: Immigrant workers cleaning and caring in the shadows of affluence. University of California Press.

Jacobsen, K., & Simpson, C. (2020). *Integration and Resettlement of Refugees and Forced Migrants*. Social Sciences, 8, 212.

Johnson-Agbakwu, C. E., Ali, N. S., Oxford, C. M., Wingo, S., Manin, E., & Coonrod, D. V. (2020). Racism, COVID-19, and Health Inequity in the USA: a Call to Action. *Journal of racial and ethnic health disparities*, 1-7.

Krieger, N. (2020). ENOUGH: COVID-19, structural racism, police brutality, plutocracy, climate change—and time for health justice, democratic governance, and an equitable, sustainable future. *American Journal of Public Health*, *110*(11), 1620-1623.

Labour Institute of the General Confederation of Greek Workers (LI-GCGW), Annual Report 2019: The Greek Economy and Employment, Athens: INE-GSEE (in Greek).

Lan, P. (2006). Global Cinderellas: Migrant Domestics and Newly Rich Employers in Taiwan. Duke University Press.

Land, S. (2019). Maid: Hard Work, Low Pay, and a Mother's Will to Survive. Hachette.

Laster Pirtle, W. N., & Wright, T. (2021). Structural gendered racism revealed in pandemic times: Intersectional approaches to understanding race and gender health inequities in COVID-19. *Gender & Society*, *35*(2), 168-179.

Laurencin, C. T., & Walker, J. M. (2020). A pandemic on a pandemic: Racism and COVID-19 in Blacks. *Cell systems*, *11*(1), 9-10.

Lazaridis, G. (2000). "Filipino and Albanian Women Migrant Workers in Greece: Multiple Layers of Oppression," in F. Anthias and G. Lazaridis (eds.) Gender and Migration in Southern Europe: Women on the Move, 49-79

Lucassen, L., Oltmer, J., & Feldman, D. (2006). *Paths of integration: migrants in Western Europe (1880-2004)*. Amsterdam University Press.

Maroukis, T. (2018). Migrant care workers' trajectories in a familistic welfare regime: Labour market incorporation and the Greek economic crisis reality-check. Journal of Ethnic and Migration Studies, 44(14), 2358-2374

Mengesha, Z., Alloun, E., Weber, D., Smith, M., & Harris, P. (2022). "Lived the Pandemic Twice": A Scoping Review of the Unequal Impact of the COVID-19 Pandemic on Asylum Seekers and Undocumented Migrants. *International Journal of Environmental Research and Public Health*, *19*(11), 6624.

Modesti, P. A., Perticone, F., Parati, G., Agabiti Rosei, E., & Prisco, D. (2016). Chronic disease in the ethnic minority and migrant groups: time for a paradigm shift in Europe. *Internal and emergency medicine*, *11*(3), 295-297..

Monreal Gimeno, M., Terrón Caro, M.T., Cárdenas Rodríguez, M. (2014). Women inmigratory movements in the northern border of Mexico-USA, Pedagogía social: Revistainteruniversitaria,3(23),45-69.

Moreno Barreneche, S. (2020). Somebody to blame: On the construction of the other in the context of the COVID-19 outbreak. *Society Register*, *4*(2), 19-32.

Nettleton, S. (2021). The Sociology of Health and Illness, London: Polity.

Parreñas, R. (2001). Servants of Globalization: Women, Migration and Domestic Work.Stanford University Press.

Paul, R. (2020). Europe's essential workers: Migration and pandemic politics in Central and Eastern Europe during COVID-19. *European policy analysis*, *6*(2), 238-263.

Pavli, A., & Maltezou, H. (2017). Health problems of newly arrived migrants and refugees in Europe. *Journal of travel medicine*, *24*(4)., tax016.

Pazhoohi, F., & Kingstone, A. (2021). Associations of political orientation, xenophobia, right-wing authoritarianism, and concern of COVID-19: Cognitive responses to an actual pathogen threat. *Personality and Individual Differences*, *182*, 111081.

Proudfoot, P., & Rohwerder, B. (2022). Anti-Migrant Authoritarian Populism and the Global Vaccination Challenge. IDS Bulletin 2022, 53, 67-80.

Psimmenos, I. (2007). Work Culture and Migrant Women's Welfare Marginalization. Greek Review of Social Research, 124(3), 9-33.

Rea, A.; Martiniello, M.; Mazzola, A. & Meuleman, B. (Eds.) (2019). The Refugee Reception Crisis in Europe. Polarized Opinions and Mobilizations, Bruxelles, Éditions de l'Université de Bruxelles, Available online: https://library.oapen.org/handle/20.500.12657/24581 (accessed on 1 August 2022).

Recio-Román, A., Recio-Menéndez, M., & Román-González, M. V. (2021). Vaccine hesitancy and political populism. An invariant Cross-European perspective. *International Journal of Environmental Research and Public Health*, *18*(24), 12953.

Reid, A., Ronda-Perez, E., & Schenker, M. B. (2021). Migrant workers, essential work, and COVID-19. *American Journal of Industrial Medicine*, *64*(2), 73-77.

Reny, T. T., & Barreto, M. A. (2022). Xenophobia in the time of pandemic: othering, anti-Asian attitudes, and COVID-19. *Politics, Groups, and Identities*, *10*(2), 209-232.

Sassen, S. (2016). A massive loss of habitat: New drivers for migration, in Fouskas, Theodoros (Ed.). Immigrants, Asylum Seekers and Refugees in Times of Crises: A. An International Handbook on Migration and Refugee Studies, Management Policies and Governance (Foreword by Giovanna Campani), Athens, European Public Law Organization (EPLO), 59-92.

Schneider, F. & Williams, C. (2013). *The Shadow Economy*. London, Institute of Economic Affairs, 52-96.

Su, R., & Shen, W. (2021). Is nationalism rising in times of the COVID-19 pandemic? Individual-level evidence from the United States. *Journal of Chinese political science*, *26*(1), 169-187.

Tagliacozzo, S., Pisacane, L., & Kilkey, M. (2021). The interplay between structural and systemic vulnerability during the COVID-19 pandemic: Migrant agricultural workers in informal settlements in Southern Italy. *Journal of Ethnic and Migration Studies*, *47*(9), 1903-1921.

Tai, D. B. G., Shah, A., Doubeni, C. A., Sia, I. G., & Wieland, M. L. (2021). The disproportionate impact of COVID-19 on racial and ethnic minorities in the United States. *Clinical Infectious Diseases*, *72*(4), 703-706.

Tastsoglou, E. & Maratou-Alipranti, L. (2003). Gender and International Migration. *Greek Review of Social Research*, *110*, 5-22.

Tazreiter, C., & Metcalfe, S. (2021). New vulnerabilities for migrants and refugees in state responses to the global pandemic, COVID-19. *Social Sciences, 10*(9), 342.

Townsend, P. B., Whitehead, M., & Davidson, N. (1982). *Inequalities in Health: The Black Report & the Health Divide (new third edition)*. Penguin Books Ltd.

Triandafyllidou, A. (ed.), (2013). *Irregular Migrant Domestic Workers in Europe: Who cares?* Ashgate.

Turner-Musa, J., Ajayi, O., & Kemp, L. (2020, June). Examining social determinants of health, stigma, and COVID-19 disparities, 9(2), 168.

Vega Macías, D. (2021). The COVID-19 pandemic on anti-immigration and xenophobic discourse in Europe and the United States. *Estudios fronterizos, 22*.

Vosko, L. F. (Ed.). (2006). *Precarious employment: Understanding labour market insecurity in Canada*. McGill-Queen's Press-MQUP.

Wang, S., Chen, X., Li, Y., Luu, C., Yan, R., & Madrisotti, F. (2021). 'I'm more afraid of racism than of the virus!': racism awareness and resistance among Chinese migrants and their descendants in France during the Covid-19 pandemic. *European Societies*, *23*(sup1), S721-S742.

Watson, T. (2002). *Sociology, work and industry*. London: Routledge.

Yamane, S. (2021). Gender equality, paid and unpaid care and domestic work: Disadvantages of state-supported marketization of care and domestic work. *The Japanese Political Economy*, *47*(1),44-63.

Yeates, N. (2009). *Globalizing care economies and migrant workers: explorations in global care chains*. Palgrave Macmillan.

Yilmaz, G. & Ledwith, S. (2017). *Migration and Domestic Work: The Collective Organisation of Women and their Voices from the City*. Springer.