

UNVEILING MIGRANT AND REFUGEE INTEGRATION DURING AND BEYOND THE COVID-19 PANDEMIC: A COMPARATIVE STUDY BETWEEN GREECE AND SPAIN

ARTICLE

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Introduction

Racial or ethnic minority patients in the European Union (EU) often have limited English language skills and especially limited health literacy; they lack health insurance, suffer from comorbidities, live mostly in low-income and unsafe neighbourhoods, and are dependent on care from low-funded safety-net institutions (Fouskas et al., 2021; EMN & OECD, 2021; Dumont et al., 2022). During the COVID-19 pandemic, inequalities emerged, particularly regarding marginalised and racialised populations (Fouskas, 2020; Abedi et al., 2021). Social health determinants contributed to racial and ethnic groups being disproportionately affected by COVID-19 (CDC, 2020; Fassani & Mazza, 2020; Mheidly et al., 2022), namely: (a) Living environment, (b) Healthcare, (c) Occupational conditions, (d) Income and (e) Education. Immigrants, asylum seekers and refugees resided in confined and cramped spaces in accommodation facilities, in poor housing and in unsanitary conditions with inadequate access to healthcare, all of which rendered migrants vulnerable to COVID-19 infection. Failure to deal with social determinants of health disparities increases vulnerability of these racial and ethnic groups to infectious diseases, highlighting the need for the alleviation of social inequalities to be a priority in both policy and practice (Dalsania et al., 2022). Anti-migrant sentiments and mobilisations, social exclusion and xenophobia have intensified (Vega Macías, 2021) as governments, local societies, communities and individuals react to fears and challenges related to the disease, regarding migrants as a threat to public health.

Methodology

The paper attempts to address the following central question: has the COVID-19 pandemic raised barriers against integration? In total, 47 semi-structured interviews were conducted between March and May 2022 with adult male and female Third-Country Nationals (TCNs) residing in the reception country for at least three years: 32 interviews in Greece with TCNs from Afghanistan, Congo, Iraq, Kuwait, Morocco, Somalia, Syria and Uganda living in open Accommodation facilities for migrants and refugees in the region of Attica, and 15 interviews in Spain with TCNs from Colombia, Venezuela, El Salvador and Romania in Andalusia. A thematic analysis was implemented and the methodological design was approved of by the Research Ethics Committee of the University of West Attica (ref. 22354/08-03-2022).

Healthcare

The majority of interviewees 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. They usually make an appointment with the assistance of officials of the facility in which they live. Two participants (no. 2-male/Congo, no. 19-male/Congo) reported that since they did not possess tax ID (AFM/Tax Identification Number and/or Medical ID/National Insurance Number [AMKA]/Temporary Social Security Number PAAYPA) they had limited access to medical services and/or had to pay for the medication they needed. Another participant (no. 5-female/Iraq) expressed inability to afford the prescribed medication. She stated that the absence of interpreters when in the presence of medical staff hindered communication and created difficulties. Regarding the protective measures against the spread of the coronavirus, almost all participants stated they adhered to the personal protection measures and specifically the use of masks and antiseptic lotion, adding that these items are provided free of charge within the facility. However, it seemed that the provision of information on COVID-19 was not the same in all the facilities. Another interviewee (no. 19-male/Congo) added that the problems he faced before the pandemic were the same as those during the pandemic. One participant (no. 32-female/Afghanistan) focused mostly on the effects of the pandemic and the resulting restrictive measures on mental health. Overall, 17/32 (53.13%) had been vaccinated and 2/32 (6.25%) tested positive for COVID-19. Some participants reported feelings of fear, insecurity and isolation as a result of the pandemic and the restrictive measures that had been implemented. One participant (no. 5-female/Iraq) referred to the lengthy postponement of her asylum application process: "[The pandemic] changed my life 100%. I waited two years for my interview. When the interview date came, it was postponed by 12-18 months. That was very difficult for me."

Employment

Some interviewees have worked in Greece. For example: one in low-skilled and informal work (no. 30-male/Syria) and 2 as volunteers in accommodation facilities on the Aegean islands (no. 26-female/Congo, no. 4-female/Iraq). Almost all encountered difficulties in finding a job in Greece or lacked access to employment for a variety of reasons unrelated to the pandemic. Interviewee no. 3 (male/Congo) said: "I lost my job at the moving company. My boss said we don't have work now. It's the pandemic. It's difficult to find a job now." Another participant (no. 15-female/Iraq) focused on language barriers: "In order to work I have to know the [Greek] language and they do not offer us language classes." One participant (no. 6-female/Somalia) focused on her family responsibilities and the lack of a support network that would allow her to work.

Education

Participants noted that there were no opportunities for educational activities for the children in the accommodation facilities. They also mentioned the inhospitable living conditions that children in the facilities and/or in the country are subject to. An interviewee from Somalia

(no. 7-female) added: "I remember once when I left my child at school some parents kept staring at me. One man came and asked me where I was from, if I was fully vaccinated, where I lived and if my son had been sick. I felt I was being interrogated." An interviewee from Congo (no. 12, female) said: "In the camp my daughter did not have access to online lessons because we had a weak WIFI signal while others did not have a tablet. She was disappointed."

Housing

All participants lived in metal containers within the open accommodation facilities. Almost everyone expressed their strong dissatisfaction with the living conditions, the majority of whom focused on the quality of the meals. In addition, other participants also mentioned: (a) lack of room in the cooking and showering facilities, (b) the absence of heating, (c) power outages or reduced meals, and (d) lack of cleanliness.

Intercultural coexistence and community participation

The pandemic resulted in some participants being forced to remain within the facility and to cease their social contacts. Indicatively – and as mentioned above –, due to the coronavirus pandemic, a participant (no. 15-female/Iraq) stopped socialising with members of her community while adding that the fear of the pandemic has kept them constantly within the facility, where they felt like "prisoners". An interviewee from Syria (no. 24-male) said: "One day, while I was at the bus stop with lots of people, I removed my mask for a minute and a woman told me put it back on. You carry diseases! Do you want to get us all sick?"

Migrant and refugee integration in the midst of the COVID-19 pandemic in Spain?

Healthcare

Most of the interviewees affirm that they did not face any problems in accessing the health system. They felt the process was easy thanks to the help they received from the institutions they went to for guidance on health. Interview 2 (male/Venezuela) stated that "everything was very easy, they guided me through everything. It took a week to register and receive the health card." This ease of access to the health system has been seen by the majority of interviewees as a positive aspect of the health situation in Spain. Some of them show their satisfaction by making comparisons with the situation in their country of origin. Challenges faced by the interviewees in relation to COVID-19 varied. An interviewee (no. 1-female/Colombia) considers it necessary to keep moving forward: "It is necessary to move on." Other interviewees (no. 2-male/Venezuela, no. 6-male/Venezuela) considered it necessary to develop greater education and social awareness in society. Interviewee 6 (male/Venezuela) considered it important to monitor other public health issues that exist. An interviewee (no. 3-male/Romania) adopted an optimistic perspective thanks to the vaccine and the high number of people who have already had the appropriate shots. However, another interviewee (no. 7-female/Romania) expressed great uncertainty about the situation that could be created by COVID-19 in the future.

Employment

The majority of interviewees did not report that they had great difficulties accessing the labour market before the pandemic. However, they did mention a great occupational and psychological

adjustment necessary in order to enter the labour market when they arrived in Spain. One of the interviewees (no. 9-male/Venezuela) points out that he had high expectations because of his qualifications as a lawyer. However, when faced with reality, he had to lower his expectations and accept the fact that the job he had never thought of doing was his only chance of being able to work. In addition, interviewee 9 (male/Venezuela) added that it is not easy to find a job: "The issue of work is difficult, but if you are a hard worker, you will definitely find something; you are a foreigner with training in your country so you can work to practise and prove yourself here." For her part, interviewee 4 (female/Colombia) mentioned that before the pandemic she mostly worked in the informal economy, which demonstrates the precariousness and irregularity of work. However, other interviewees, after being in the country for many years and using their network to access more less precarious jobs, believe that their access to the labour market was not complicated

Education

None of the interviewees noted that there were barriers to accessing education. However, interviewees who had a university degree from their home countries pointed out the difficulties they face in Spain in order to validate it. One of the main reasons is the lack of information or the incorrect information provided by the relevant public administrations and agencies. They also pointed out that the whole process is a lengthy one.

Housing

Only 2/15 were owners of the apartment in which they lived. All other interviewees lived in rented accommodation. It should be noted that some of the interviewees shared the apartment with another person for financial reasons. However, there are other interviewees who prefer to live alone.

Intercultural coexistence and community participation

Only 4/15 were members of a community association. An interviewee (no. 4-female/Colombia) is a member of an association in Huelva that aims to help people of Latin American origin. 7/15 of the interviewees believed that the COVID-19 pandemic has brought about a change in how they interact with people and has affected friendships, since they have not been able to meet more people in Spain. However, other interviewees felt that their relationships with small groups of friends had not been affected. Another interviewee (no. 2-male/Venezuela) considers that even his closest relationships have been affected by the pandemic.

Conclusion

The relationship between social exclusion and the health status of migrants works in a bidirectional manner. The research unveils increased barriers towards integration during the COVID-19 pandemic in Greece in comparison to Spain. These function as a means of perpetuating exclusion and posing obstacles to their integration. Interviewees in Spain, for the same period of stay, seem to have had more opportunities and faster and more holistic progress toward integration compared to interviewees in Greece. In Greece, TCNs experienced slower progress and fewer opportunities to learn the language, access the labour market, receive healthcare services and acquire housing in comparison to TCNs in Spain. Major differences are highlighted in integration measures at local level between the two countries. In Greece, there were extended mobility restrictions, difficulties quarantining positive cases in overcrowded and unhygienic conditions, delays in vaccinations,

exclusion from general response programmes, and delays in re-establishing access to migration/asylum services during lockdown measures, thus driving them to precarity and vulnerability while experiencing subtle ways in which racism and xenophobia operate in everyday interactions with nationals.

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