HEALTH AND HEALTHCARE ACCESS FOR UNDOCUMENTED MIGRANT AGRICULTURAL WORKERS IN GREECE

by

Brigid Goulem

A thesis submitted to the Department of Global Development Studies
In conformity with the requirements for
the degree of Master of Arts

Queen’s University
Kingston, Ontario, Canada
(August 2021)

Copyright © Brigid Goulem, 2021
Abstract

There are an estimated 200,000 Bangladeshi, Pakistani, and Indian migrants in Greece, most of whom are undocumented men. Undocumented migrant workers are estimated to make up 90 percent of agricultural labour in Greece. The nature of agricultural work significantly increases risk of injury and illness for workers through demanding physical labour, occupational stress, and exposure to pesticides. Under Greek law, undocumented migrants have access to free public healthcare only in emergency situations but must pay out-of-pocket otherwise. This project, driven by the political economy of migration and discourses of health, race, and citizenship looks at how health outcomes and healthcare access for undocumented migrant workers in Greece. It asks how social, political and economic structures, including citizenship status, policies of migration governance, healthcare costs, and racism, impact health outcomes and encounters with the healthcare system for migrant workers. Examining the case study of South Asian migrant men working in the fields around the two agricultural towns of Manolada and Megara, this thesis will draw on an intersectional theoretical framework that combines concepts from critical political economy, migration studies, and health anthropology, to demonstrate how migrant workers experience worse health outcomes as a result of the structural vulnerabilities engendered within racial capitalism and their “illegal” citizenship status. These structural vulnerabilities produce and organize the everyday suffering of workers on a through the enacting of labour demands, the enforcement of such demands, and financial pressure, and have been central in upholding the exploitative conditions in which migrants live and work. The disposability of migrant workers is compounded by “illegal” citizenship status, as undocumented workers are denied the rights and protections of the state and are under constant threat of deportation and detention. Both institutional and societal discourses of migrant “illegality” and anti-migrant
racism work to reproduce the exploitative labour arrangement and serve to justify the state of disposability and precarity in which migrant workers live.
Acknowledgements

I would like to thank my professors and colleagues in the department of Global Development Studies, who have shaped my interests and broadened my horizons. My classmates in both the MA and PhD streams have provided enormous academic and emotional support throughout this process—I am honoured to know you all as friends.

To my non-academic friends, thank you for your interest and support. While you had no idea what I was talking about, I appreciate your blind support.

I am also deeply grateful to my family who have supported me throughout my entire life and have fostered a love of learning and encouraged a sense of justice.

To Dr. Reena Kukreja, your insight, comments, and support have been invaluable throughout this process. Thank you for pushing me to produce better work and demanding the best. I have become a better writer, researcher, and person under your supervision.

Finally, I would like to acknowledge the men who participated in this research, and all workers in precarious and exploitative environments. I stand in solidarity with you. These conditions of exploitation are a consequence of our political and economic system and we must do better.
# Table of Contents

Abstract .......................................................................................................................... ii
Acknowledgements ........................................................................................................ iv
Abbreviations .................................................................................................................. vii
Chapter 1 ......................................................................................................................... 1
  The Context of Migrant Labour in Greece ................................................................. 4
  Scope of the Research ................................................................................................. 5
Chapter 2 Literature Review ......................................................................................... 11
Chapter 3 Research Methods and Theoretical Framework ........................................ 41
  3.1 Methods and Methodology ..................................................................................... 41
    3.1.1 Methodology ..................................................................................................... 42
    3.1.2 Research Methods ............................................................................................ 44
  3.2 Theoretical Framework .......................................................................................... 51
    3.2.1 Defining Undocumented Migrant Labourers ................................................... 51
    3.2.2 Political Economy of Migrant Labour ............................................................. 53
    3.2.3 Social Reproduction ......................................................................................... 57
    3.2.4 The Deportation Regime .................................................................................. 59
    3.2.5 Theorizing Migrant Health .............................................................................. 62
  3.3 Conclusion .............................................................................................................. 67
Chapter 4 Context of Migration .................................................................................... 69
  4.1 Context of South Asian Emigration ....................................................................... 69
  4.2 Economic Restructuring and the Demand for Labour in Rural Greece ................ 75
  4.3 Context of Crises in Contemporary Greece ......................................................... 79
    4.3.1 The Greek Economic Crisis ............................................................................ 80
    4.3.2 The Refugee Crisis ........................................................................................... 83
  4.4 Conclusion .............................................................................................................. 85
Chapter 5 National and International Legal Frameworks of Migration Management and Protection ................................................................................................ 87
  5.1 Migration Governance in the EU and Greece ...................................................... 87
  5.2 Mobility Rights ....................................................................................................... 93
  5.3 Healthcare Access for Undocumented Migrants .................................................. 95
    5.3.1 The Right to Health: International Protections for Migrant Health ............... 95
    5.3.2 National Frameworks of Migrant Health ....................................................... 98
  5.4 Labour Rights for Undocumented Migrants ....................................................... 100
  5.5 Conclusion ............................................................................................................. 103
Chapter 6 Conditions of Life for Workers .................................................................... 104
  6.1 Living Conditions .................................................................................................. 105
    6.1.1 Manolada ......................................................................................................... 105
    6.1.2 Megara ............................................................................................................ 111
  6.2 Working Conditions ............................................................................................... 114
  6.3 Policing and the Threat of Deportation .................................................................. 118
  6.4 Conclusion ............................................................................................................. 123
Chapter 7 Health Impacts of Migrant Life .................................................................... 125
  7.1 Physical Health Impacts ........................................................................................ 126
    7.1.1 Physical health impacts of living conditions .................................................. 126
7.1.2 Physical health impacts of working conditions ........................................... 133
7.2 Mental Health Impacts of Migrant Life ............................................................. 137
  7.2.1 The responsibility to remit and the threat of unemployment ....................... 138
  7.2.2 Working conditions, migrant “illegality”, and the reinforcement of bare life .... 141
7.3 Conclusion ......................................................................................................... 148

Chapter 8 Structural Barriers to Healthcare Access ............................................. 149
  8.1 Medical Racism ............................................................................................... 149
  8.2 Racism, “illegality”, and Health Care Costs ..................................................... 157
    8.2.1 Health care costs ....................................................................................... 158
  8.3 Conclusion ........................................................................................................ 160

Chapter 9 Racism, Structural Vulnerabilities, and COVID-19 ............................. 162
  9.1 COVID-19 Response in Greece ....................................................................... 163
  9.2 Racism and COVID-19 .................................................................................. 166
  9.3 Vulnerability to COVID-19 ............................................................................. 171
  9.4 Conclusion ...................................................................................................... 177

Chapter 10 Conclusion .......................................................................................... 179

Bibliography .......................................................................................................... 184
Abbreviations

AMKA—Social Security Number
AVRR—Assisted Voluntary Return and Reintegration
CAP—Common Agricultural Policy
CDA—Critical Discourse Analysis
CDC—Centers for Disease Control
EAP—Economic Adjustment Plans
EC—European Commission
ECB—European Central Bank
ECHR—European Court of Human Rights
EPA Temporary Employment Firms
EU—European Union
ICESR—International Covenant on Economic, Social, and Cultural Rights
ILO—International Labour Organization
IMF—International Monetary Fund
IOM—International Organization for Migration
NGOs—Non-Governmental Organization
OHCHR—Office of the High Commissioner for Human Rights
SAF—Structural Adjustment Facilities
TEA—Temporary Employment agencies
UN—United Nations
UNDHR—Universal Declaration of Human Rights
UNHCR—United Nations High Commission on Refugees
WHO—World Health Organization
Chapter 1

Introduction

Planted among the olive groves outside of Megara, Greece are rows of leafy herbs such as parsley and dill. Squatting among the rows, men are hard at work, cutting and bundling the herbs at record speed. It is a cold and rainy day in late December 2019, and the men have been working for hours when I arrive with my Professor and local shop owners in the early afternoon. While the rain has mostly subsided, the air is damp and bitterly cold, and the ground and the plants are wet. The men’s hands are numb with cold from the work and they have nothing to protect them from the elements but black garbage bags worn over their sweaters with holes cut out for their heads and their arms. These men are undocumented migrants—largely from Pakistan and India—who work as agricultural labourers in Greece year-round.

Down the road, we visit another farm. Here the men have finished work for the day and show us around their living quarters. There are upwards of eight men living in a small room with three beds, attached to a small tractor shed. There is no toilet, no heat, no kitchen, and the only tap is located next to an open electrical socket. The cement floor and the thin plywood walls are damp with mildew and the smell of gasoline from the tractor shed lingers in the bedroom. These are standard living conditions for the undocumented migrants working as agricultural labourers in Greece.

-Field Notes, December 2019
In 2015, the Greek refugee crisis brought the attention and scrutiny of the world to the Greek and European systems of migration and asylum governance, as thousands of asylum seekers fleeing conflict arrived in the Greek islands to be met by a system ill-equipped to address their needs (Daley 2015). Among the arrivals, there was dire need for shelter, food, employment, and medical care, but in the aftermath of the Greek economic crisis, and with limited help from European partners, Greece was woefully incapable of dealing with the bureaucratic and humanitarian challenges of the refugee crisis (UNHCR 2016). The scale of the so-called “migration” or “refugee” crisis captured the attention of international media, academics, civil society organizations, Non-Governmental Organizations (NGOs), and local individuals who worked to address the inadequate services and resources for asylum seekers (Grotti et al. 2019). However, while the refugee crisis in the Greek islands unfolded in front of the world and garnered international sympathy, a separate crisis has been silently unfolding in the Greek countryside for years now—that of undocumented migrant agricultural workers who live in inhuman conditions and face unsafe working conditions. In the context of the COVID-19 pandemic, these precarious conditions have been exacerbated, as undocumented migrants continue to be denied access to healthcare despite the heightened risk of exposure as a result of inhuman and exploitative living and working conditions.

As the above field notes from a 2019 visit to Megara illustrate, undocumented migrant workers in Greece experience poor living and working conditions which play a large role in shaping their health outcomes and vulnerability to illness and occupational injury. Agricultural work in itself is very dangerous with a high rate of worker injury and mortality (ILO 2020a). Among the common health issues that arise from farm work are
injuries from machinery and falls including lacerations, fractured bones, and amputations; hearing loss; respiratory disorders; arthritis and chronic pain; cancers; and mental illness (Arcury and Quandt 1998, 2, Xiao et al. 2013). Every year, over 100,000 agricultural workers are killed on the job worldwide, and millions more are severely injured or seriously poisoned due to chemical exposure (ILO 2020a). The health risks associated with farm work are exacerbated for undocumented migrants through the intersecting structures of race, ethnicity, class, gender, and (im)migrant status which produce and organize suffering (Holmes 2011, 426, Saxton 2015, 167). The poor living and working conditions of workers are a result of these structures and further compound vulnerability to poor health (Ibid.). For undocumented migrants, accessing public healthcare in Greece is not an option due to the national requirement that patients present their social security numbers which cannot be acquired without immigration documents (MSF 2019). Furthermore, the “illegal” citizenship status of migrants, and the looming threat of deportation, contributes to the fear of being reported to the authorities by healthcare providers (Willen 2012a, 818). Both Greek and European immigration and labour policies play a direct role in determining institutional access to healthcare for migrants, and an indirect role in framing the living and working conditions for migrants through the implementation of migration policy that undermines the rights of undocumented migrants by rendering them vulnerable to deportation or “deportable” (DeGenova 2002, 437).

Taking the case studies of agricultural migrant labourers in Manolada and Megara, Greece as an example, this thesis will focus on the intersecting and reinforcing structures of the global political economy, migration governance regimes, and systems of labour exploitation, to ask how such structures impact health outcomes and health care
access. Using an intersectional theoretical lens, which draws on concepts from critical political economy, migration studies, health anthropology, and health policy, it specifically examines how health outcomes and ability to access healthcare is shaped by migrant deportability, labour exploitation, and racialization.

**The Context of Migrant Labour in Greece**

Since the 1980s, Greek agricultural production has become increasingly reliant on the labour of undocumented migrant workers (Papadopoulos et al. 2018, 200). Historically, agriculture has been an important economic and social institution in Greece, characterized by small, family-run farms (Kasimis et al. 2003, 172). However, from the 1960s onwards, agricultural production began to experience a labour crisis known as the “rural exodus” as the devaluation of agricultural work forced many Greeks to leave the countryside for urban centres in search of work opportunities (Bika 2007, 76). This crisis was exacerbated in the 1980s after Greece formally joined the European Union and became party to the EU Common Agricultural Policy (CAP) which still governs European agriculture today (Lawrence 2007, 28). The CAP transformed Greek rural economies and intensified the labour crisis by creating a demand for more labour through a push for the intensification of agricultural production, while integration into the EU simultaneously facilitated the increasing out-migration of Greeks searching for waged labour opportunities (Kasimis 2008, 514). Following the collapse of the Soviet Bloc in 1991, labourers from former Soviet bloc countries including Albania and Bulgaria, migrated to Greece in search of work, and addressed the labour deficiencies created by the economic restructuring of Greek rural economies, as they were willing to work longer hours for lower pay (Ibid.). Today, Greek agriculture remains reliant on migrant labour
for agricultural production. To address the labour shortage, a small number of workers have temporary work permits or permanent residency, either through bilateral arrangements or regularization programs, though these programs do not address the labour need, leaving a large gap in demand (Papadopoulos 2012,169). It is racialized, undocumented men, and increasingly South Asian men—most of whom are from Pakistan, Bangladesh, and India (Kukreja 2019a, 2)—who make up the vast majority of agricultural labourers that address this labour gap (Lawrence 2007, 7). For these migrant labourers, undocumented status and racism facilitate their social and political exclusion, making them a vulnerable and exploitable workforce (Ibid.).

Scope of the Research

As of yet there has been no comprehensive research examining the compounding effects of “illegal” citizenship status, racism, labour conditions, and global systems of migration governance on the health of undocumented migrants or their ability to seek healthcare in the Greek context. Research examining migrant health and health policy has focused primarily on refugee populations, and literature on undocumented migrants has focused on labour exploitation. This study will add to the field by considering the intersection between labour, health, and migration in the Greek context. Within Greece, this thesis looks specifically at the towns of Manolada in the Peloponnesian region, and the agricultural region around Megara, a small town 40 minutes away from Athens. In Manolada, the primary crop is the commercial crop of strawberries that is grown during the winter months. Consequently, the majority of undocumented workers are seasonal (Papadopoulous and Fratsea 2016, 128). In Megara, year-round migrant labour is required, as agricultural production is more diversified and includes labour-intensive,
high-value greens such as parsley, dandelion, and amaranth, which are grown in the soil around olive trees (Kukreja 2018). In both Manolada and Megara there is a heavy reliance on undocumented migrant labour with many workers coming from Bangladesh, Pakistan, and India (Ibid., 136; Tzavella 2013). In this thesis, I will focus exclusively on the experiences of South Asian migrants. This focus is in part due to the heavy reliance on South Asian labourers in both Megara and Manolada. Furthermore, South Asian migrants are visibly racialized and experience exacerbated levels of policing, are targets of racist and xenophobic attacks, and are often at the bottom of the labour hierarchy (Kasimis 2008, 513). While undocumented migrant labour in Megara has gone relatively unnoticed by the media, the town of Manolada has received significant media attention for labour exploitation, poor working conditions, and violence against migrants (Gialis and Herod 2014). In 2013, a farmer shot 33 Bangladeshi workers who were among over 200 workers protesting the withholding of their pay (Amnesty International 2013). Manolada was subject to media attention again in 2018 after makeshift shelters caught fire, destroying the housing and belongings of over 340 workers (Kukreja 2019b).

Focusing on migrant labour conditions in Megara and Manolada will provide the opportunity for comparative analysis in two important ways. The first is that the majority of workers in Manolada are seasonal workers, while in Megara, workers are there on a more permanent basis. This may impact access to services, relationships with the local community, and relative stability of employment. Second, Manolada has received significant media attention and NGO resources have been invested in the community while the migrant workers living in Megara have received no such attention from either local NGOs, the state, or the media. These two important differences will allow for an
interesting comparative analysis of health and healthcare access for undocumented migrant workers. Using the case studies of Manolada and Megara in Greece, this thesis will consider how the health of undocumented migrant agricultural workers is shaped by lack of citizenship status, racialization, labour conditions, and inadequate access to services. I employ an intersectional theoretical framework that situates undocumented South Asian migrant workers’ structural vulnerabilities in the context of the global economy and recognizes that this context is shaped by global systems of migration governance. This research is building on significant research and theoretical contributions from a wide range of disciplines. Through this project, I hope to provide a small contribution in understanding how broader structures of the global political economy shape migrant health and health access.

**Research Question**

Using an intersectional theoretical framework, this thesis examines how the landscape of health outcomes and healthcare for undocumented migrant workers is shaped by processes of deportability and racialization and reinforced through the social and political exclusion of migrants from host countries. The deportability, or the looming potential of deportation that arises from lack of from proper documentation, is reinforced by racist and xenophobic discourses which work to entrench the notion of migrant “illegality” (Kirtsoglou and Tsimouris 2018). The central question of this thesis asks how deportability and structural vulnerabilities shape migrant health, and the ability of undocumented migrants to seek healthcare in rural Greece. The Greek government’s decision not to provide healthcare to migrant labourers presents a contradiction in
European migration governance as the system works to facilitate the migration of a healthy (undocumented) labour force yet does not provide the necessary care or accommodations to maintain a level of health that facilitates the extraction of surplus value. Expanding on the central questions of this thesis, I ask what structural factors limit access to healthcare for migrants, how migrant health and ability to access healthcare are determined through processes of deportability and migrant “illegality,” how migration governance shapes the deportability of racialized low-class migrants in the interests of Greek and European capital, how precarized agricultural labour and “illegal” status shapes migrant health outcomes, and how perceptions of race and citizenship impact the quality of healthcare received in Greek healthcare centres.

**Argument**

In considering these questions, I argue that deportability, and the structural vulnerabilities that arise from labour exploitation collectively prevents migrants from seeking state-funded healthcare out of fear of state authorities and deportation, and limits the healthcare resources available to undocumented migrants through their social and political exclusion that manifests as both barriers to access and racism within the healthcare system. Migrant deportability reinforces the structural vulnerability of migrants to illness and injury by shaping the poor living, working, and social conditions of migrants. Furthermore, European and Greek systems of migration governance operate to render migrants deportable and exploitable as cheap labour in the interest of Greek and European capital (De Genova 2010, 51). Much academic literature focusing on questions of healthcare for migrants leaves out the experiences of undocumented migrants, instead
focusing on asylum seekers and refugees such as Eikemo et al. (2018), Galanis et al. (2018), Grotti et al. (2019), and Kentikelenis et al. (2014). While research addressing undocumented migrants focuses on the centrality of migrant labour in agricultural production, such as Papadopoulous and Fratsea (2018), Maroukis (2016), Lawrence (2007, 2005), Kasimis et al. (2003, 2010), Kasimis (2008) and Cheliotis (2017). This thesis will tie together both questions of healthcare policy for migrants, and questions of labour exploitation in Greece using the case studies of Manolada and Megara.

Outline of Thesis

This thesis will be organized into eight chapters. In chapter one, I will present a literature review of existing scholarly debates and identify some gaps in the scholarship. The literature review will cover the mobility of labour in the global economy, citizenship as an exclusionary institution, the governance of migration in Europe and globally, the role of xenophobia in governing migrants, and health policy and migration. In chapter two, I will outline the methodology and theoretical framework that underpin the argument of this thesis. Chapter three will historicize the role of migrant labour in the Greek rural economy and examine how neoliberal capitalism has given rise to an increasing reliance on migrant labourers. I will then examine how and why South Asian men have emerged as an important source of labour in Greece. Chapter four will examine the legal access of migrants to healthcare and the protections afforded to undocumented migrants through national and international law. This chapter will address the contradictions that arise from the simultaneous adoption of human rights law and the implementation of migration governance systems which serve to undermine those very
human rights. Chapter five will provide a clear picture of the living and working conditions for the migrant workers, and explain how racism and policing impact their daily life. Chapter six will then address the health impacts of such conditions and elaborate on how poor living and working conditions contribute to illness and injury. Chapter seven will address the structural barriers to accessing healthcare for undocumented migrants in Greece. It will examine infrastructural barriers such as limited healthcare resources, cultural barriers and institutional barriers in accessing care. In chapter eight, I will explore how migrant health and healthcare access has changed in the context of COVID-19. In the concluding chapter, I will summarize the findings of this research, reiterate the central argument of this thesis, and identify further areas of research.
Chapter 2

Literature Review

The question of health outcomes and healthcare access for undocumented migrant agricultural workers builds on intersecting bodies of academic literature. This thesis aims to examine how health outcomes and healthcare access for undocumented migrant agricultural workers are shaped by citizenship status, labour conditions, living conditions, racism, and institutions of migration governance. In examining this topic, I will be building on a broad array of existing literature and presenting a review of such literature in this chapter. From a public health and health policy perspective, case studies examining social determinants of health and infrastructural and socioeconomic barriers to healthcare for migrants are an important source of debate (Economou et al. 2017, Galanis et al. 2013, Grotti et al. 2019, Papadakaki et al. 2017, Teunissen et al. 2016). From a critical political economy perspective, the role of capital interests in facilitating global movements of labour, and the outsourcing of reproduction costs are central debates (Brass 2009, Canterbury 2010, Cohen 1987, Sassen 1988). For legal scholars and critical migration scholars, the primary debates examine systems of migration governance and the role of legal status in accessing the protections of the state, including healthcare (Basok 2004, Cheliotis 2017, DeGenova 2013, Fitzgerald 2020, Harrison and Lloyd 2012, Harrison and Lloyd 2013, Karakayali and Rigo 2010, Kruma 2013, Mavrikos-Adamou 2017, Nyers 2015, Triandafyllidou 2014a, Triandafyllidou and Ambrosini 2011, Walters 2010). Debates on racialization, while presented as a separate topic in this literature review, build on critical discussions of labour exploitation and examine processes of racialization and ask how racialized people are rendered exploitable as

This literature review is organized as follows: I will first present health studies literature highlighting the dangers of agricultural work. This will be followed by a discussion on the Greek healthcare system, and migrant health in Greece. I will then engage with literature on the role of migrant labour in the global economy. Next, I examine critical debates on systems of migration governance, and explore how “illegal” status of migrant workers is reinforced through policies and practices of the state, thus facilitating the exploitation of migrant workers. Building on the critical literature on labour exploitation, I explore how the racialization of migrants reinforces an “illegal” citizenship status, further entrenching labour exploitation. Finally, I present an overview of debates on South Asian labour migration, exploring some of the motivations for labour
migration, and also examine the role of migrants in the Greek agrarian economy which addresses some of the ‘pull’ factors of migration.

**Health Outcomes and Barriers to Healthcare**

Agricultural work is among one of the most dangerous occupations in terms of injuries, and work-related ill-health (ILO 2020a). It has a fatality rate that is ten-times the all-industry rate (Cross et al. 2008, 55). Injuries in agriculture are most frequently caused by being struck by an object, falls, cuts from farm equipment, and accidents involving motor vehicles (McCurdy et al. 2013, 39). Additionally, the physical stressors associated with working positions and movements is attributed with chronic musculoskeletal pain in agricultural migrant workers (Xiao et al. 2013, 217). In Thrace and Macedonia in Greece, it was found that a higher percentage of migrants were involved in workplace accidents than native patients, and these accidents were usually due to the hazardous nature of the work (Tstitakis et al. 2017, 335). Another study out of the United States, found that farm labourers are more likely exposed to chemical pesticides, which can lead to pesticide poisoning, and long-term exposure can significantly increase the risk of cancer and potentially contribute to an increase in suicidal ideation (Marcelino 2019, 359). Among undocumented migrants in Greece, mental health was the primary medical issue reported to doctors with many experiencing loneliness, anxiety, depression, and post-traumatic stress disorder (Teunissen et al. 2016, 119). Psychological stressors and physical demands on the body contribute to “allostatic load”, which Kaestner (2009) defines as “the cumulative wear and tear on important body systems induced by repeated psychological adaptation to stressors” (1090). Allostatic load compounds existing
medical conditions such as poor mental health, and increases risk of occupational injury or illness meaning that migrant workers face significantly increased health risks.

Since the economic crisis in 2010 and the refugee crisis in 2015, healthcare NGOs have played a significant role in providing healthcare, specifically for marginalised populations including the poor, abused women and children, and migrants and refugees (Economou et al. 2017, 21). However, critical academics argue that the increasing reliance of the Greek healthcare system on NGOs to provide emergency care for migrants is indicative of the unwillingness of the Greek state “to recognize the non-transient and non-exceptional character of these population movements, and to allocate resources toward the reception and integration of newcomers” (Grotti et al. 2019, 12). Grotti et al. point out that the emphasis on “emergency” care shapes social and political understandings of situations as “crises” when they may represent broader societal changes (Ibid.). By deploying the label of “emergency” in framing the government response to migrant health needs, the Greek state has legitimized their dubious health practices by displacing the social reproduction costs associated with migrants onto volunteer organizations and NGOs (Ibid).

For migrants who do seek healthcare in the public or private system, there are significant barriers to quality care. The implementation of harsher fees, and a reliance on employers for transportation to healthcare centers means that many undocumented migrants are reluctant to seek care in the first place (Galanis et al. 2013, 5; Teunissen et al. 2016, 121). Furthermore, many undocumented migrants fear that they are at risk of deportation if they seek medical care in a state-funded institution, which is not an unfounded fear as Teunissen et al. (2016) found that some doctors reported being
instructed by the state to report undocumented migrants who visit their practice (121). For some migrant patients, presumption of undocumented status shapes the quality of care received as some mental health physicians reported deciding against prescribing medication because the electronic prescription system does not work for unregistered patients, and it is assumed that undocumented migrants are unable to afford the medication or travel to pick it up (Ibid., 122).

Cultural and linguistic barriers are another significant challenge for migrant patients, as most clinics do not have translators for patients to communicate with healthcare staff. Galanis et al. (2013) identified language as a primary barrier to healthcare access for migrants in Athens and hypothesized that language barriers contributed significantly to other barriers including navigating the complexity of the system (Ibid. 6). While the importance of linguistic barriers in providing healthcare was not challenged, some healthcare professionals challenged the prioritization of translation services, arguing that the shortage of equipment and staff is what is most important (Papadakaki et al. 2017, 21). The prioritization of non-migrant patients was evident in Papadakaki et al.’s (2017), survey of healthcare practitioners in Greece, with one participant stating that “Greek families are starving to death while migrants enjoy great privileges” and another saying that they would “give priority to the Greek above a migrant patient” (Ibid., 21). While Papadakaki et al. report discriminatory attitudes towards non-Greek patients, Teunnisen et al (2016), found the doctors they surveyed to be “engaged in providing good healthcare” and willing to bend rules to ensure quality of care for patients (123).
While this literature provides a clear picture of both the health impacts of agricultural migrant labour and the context of healthcare for migrants in Greece, these issues are examined independently of one another. There has yet to be a thorough consideration of the health impacts of migrant life that considers the barriers to healthcare access that exist in Greece, including the hostility of the healthcare personnel towards racialized migrant patients.

**Migrant Labour and the Global Economy**

Dominant development discourse understands migration to be “the most effective way to reduce poverty and share prosperity” (World Bank 2018, 1). In these circles, migration is discussed as a poverty reduction strategy undertaken by individual decision (Ibid.). Among critical scholars on migration, labour migration is broadly understood to be a structural feature of the global economy (Brass, 2009, Canterbury 2010, Cohen 1987, Sassen 1988). The internationalization of production—which has seen production of goods move from the ‘Global North’, where the majority of goods are consumed to, the ‘Global South’—has operated as both a push and a pull factor for migration (Sassen 1988). Foreign Direct Investment in Global South countries has created conditions conducive to migration including the disruption of traditional work and subsistence structures, facilitating the increased need for purchased goods and the incorporation of large segments of the population into waged labour (Sassen 1988). Simultaneously, the outsourcing of production from Global North countries has radically changed the labour market “upgrad[ing] some jobs but also downgrad[ing] many more jobs, making them unattractive to workers with middle-class aspirations” (Sassen 1988, 26).
consequence of this transformation of the labour market is that the type of labour required has changed and the labour needs in the Global North are for “cheap and docile” workers who will accept lower wages, and meet higher expectations (Sassen 1988, 26). Migrant labour has been a viable solution to labour market deficiencies in Global North countries because migrant labour is distinctive from citizen labour in two important ways that make migrant labour cheaper (Cohen 1987, Sassen 1988). The first is that the processes of labour force reproduction and maintenance occur in migrant-sending countries, meaning that the social reproduction costs associated with maintaining a healthy labour force are effectively outsourced (Cohen 1987, Sassen 1988). The second important way that migrant labour is distinct is the “particular form of powerlessness, associated with formal or attributed foreign status, that meets the requirements of types of work organization based on direct rather than structural control over the workforce” (Sassen 1988, 37).

Cohen (1987) and Brass (2009) characterize the “powerlessness” of migrant labour as “unfree” and argue that it is the unfree nature of migrant labourers that confers an economic advantage for employers. While traditional Marxist theorists assert that unfree labour is incompatible with a capitalist system (Brass 2009), Cohen (1987) and Brass (2009) argue that this is not true, and that in fact, unfree labour forces can be seen in economies around the world. Brass (2009) argues that beyond the economic advantage of lower labour costs, unfree labour is particularly profitable in contexts where consumers are free as the lower labour costs translate into lower costs for consumers and increases the comparative advantage of hiring an unfree labour force. The comparative advantage extends to hiring nations which are absolved of the social reproduction costs
associated with an exploited workforce, while simultaneously reaping the benefits of such labour including lower costs of goods for citizens.

While unfree labour is in violation of international human rights’ agreements and in violation of most national laws (United Nations 1948) Cohen argues that it is through national and institutional actors that unfree migrant labour is reproduced (1987). He argues that migratory movements are shaped by the policy of national and institutional actors which respond to labour market needs and prioritize the interests of “the labour importing state” (1987, 41). Canterbury (2010) reaffirms the prioritization of capital interests in the development of migration policy, which he argues is shaped by global flows of capital, and supported by an arrangement of institutions, academics, and policy makers. It is through the control and management of migration that migrant labour is secured “for exploitation in the process of capitalist commodity production for market exchange in the furtherance of capitalist development” (2010, 8). Through this process of labour exploitation, class inequality is maintained in the interests of global capital flows (Ibid.). Furthermore, it is through the management of migration flows that these processes of exploitation are reproduced in the global economy, and that capitalist class relations are further entrenched, as the neoliberal patterns of production that give rise to em/immigration in the first place are further reproduced through the exploitation of migrant labour (Ibid.). The structural nature of migration in the global economy, and the role of states and institutional actors in governing is evidenced by Canterbury, who highlights the contradictory tendencies that characterize migrant labour in the global economy: “to increase migration and to restrict it” (Ibid., 30). The existence of temporary labour regimes highlights this contradiction, as states like Canada actively recruit migrant
labour through the Temporary Foreign Worker program, yet deny workers access to
labour protections, rights, and permanent settlement as a feature of the program
(Canadian Council for Refugees N.d). While this tendency appears to be opposing, it is
exactly through restriction of migration that “unfree labour” is reproduced, as migrant
worker precarity is institutionalised as a feature of migration.

The literature on migrant labour and the global economy considers the health of
migrants as a secondary concern, with Canterbury (2010), Cohen (1987), and Sassen
(1988) all identifying limited access to health and unsafe working conditions as features
of the migrant labour regime. However, migrant health outcomes are not considered in-
depth as a consequence of the global migrant labour regime. This thesis modestly
addresses this gap, by considering the global position of migrant labour, and health as a
direct consequence of migrant labour regimes.

Migration Governance

Migration governance is understood by the United Nations and the EU to be the
“combined frameworks of legal norms, laws and regulations, policies and traditions as
well as organizational structures” that shape state approaches to migration (IOM 2019,
138). Institutional discourses on migration governance understand these policies to be
essential in “facilitating orderly, safe, regular, and responsible migration and mobility of
people” (IOM 2016, 1). Mainstream discourses on migration governance see it is as a
tool to uphold the rights and responsibilities of states related to migration, promote
international cooperation and security, and protect the human rights of migrants (IOM
2019, 138). Increasingly, protections for human rights have been considered in the
formulation of international laws governing migration (IOM 2016, 2; Kruma 2013, 113) and these rights are intended to protect migrants who are otherwise not protected by the law (Kruma 2013, 113). While Kruma accepts the mainstream understandings of the role of migration governance, she is nonetheless critical of the ability of human rights in international law to protect migrants (Ibid.) She argues that while human rights are considered in the formulation of citizenship and nationality laws, there are no international bodies that can impose these laws on States and make them binding; consequently, these rights have no bearing on policy unless embraced by national governments (Ibid.). The protections and rights afforded by law are thus only available to those who are “attached to ‘their’ state by the special bond of citizenship” (Ibid. 26).

Critical approaches to migration governance argue that it is through the processes of migration governance that citizenship, as an exclusionary institution, is upheld and the human and labour rights of migrants are undermined (Fitzgerald 2020, Karakayali and Rigo 2010, Walters 2010). Among migration scholars, citizenship is understood as an exclusionary institution that decides who is granted access to the rights and privileges of the state (Basok 2004, 51; Kruma 2013, 26; Nyers 2015, 28; Walters 2010, 71). Falling under the realm of migration governance policies include border control, deportation, and migrant detention (OHCHR 2015, 106). Increasingly, the political authority of migration policy reaches beyond the spatial boundaries of the border, as migration control operates both within the country and beyond the border (Fitzgerald 2020, 5; Karakayli and Rigo 2010). The de-territorialisation of borders, especially in international space, deems the movements of certain people “illegal” even before they have reached official frontiers (Karakayali and Rigo 2010, 129). The identification of pre-migratory movements of
certain racialized populations as targets of control suggests that it is not the aim of these policies to protect national or regional borders as static geographic locations, but to govern the mobility of certain racialized populations, effectively rendering some people “illegal” (Ibid., 127). It is through the policies of migration governance, that categories of citizenships are formulated and migrants are rendered governable, as those who are deemed to be “illegal” migrants are excluded from the protections and the rights of the state (Fitzgerald 2020, 7). The focus on racialized populations within categories of migration governance helps to make visible and categorize migrant populations in a way that allows the public “to relate to and govern migration in a given way” (Karakayali and Rigo 2010, 128). This strategy builds on the ideology of white supremacy, as racialized migrants are understood to be undesirable, dangerous, and undeserving of the same rights as non-migrants (Ibid.).

The literature on migration governance has a broader focus on global systems. This thesis will build on this literature by considering how the issues of migration governance impact the conditions of life, and health outcomes of migrant labourers. This thesis will draw a direct line between exclusionary policies of migration governance at both national and international levels, and adverse health outcomes for undocumented South Asian migrant workers in the fields of Manolada and Megara.

**Deportation Regime**

One way that the movement of undesirable migrants is regulated is through deportation, and the threat of deportation, which operates as a “disciplinary tactic and an instrument of population regulation” (Walters 2010, 70). The practice of deportation is
rooted in the rights of sovereign states to control their territories (Ibid., 83), though
Walters argues that deportations have become a tool for governments to expel those
deemed to be a threat to their populations “which is increasingly understood in racial and
biopolitical terms” (Ibid., 85). In this sense, deportation serves as a legalized tool for the
control and management of racialized populations, as governments can not only legally
expel racialized non-citizens, but also use the looming threat of deportation as a tool of
labour and population discipline. The bureaucratized nature and compliance with
international laws reinforces the legitimacy of this practice as a policy tool and aim (Ibid.,
82). Deportation and detention as legal policies in addressing migration highlights a
contradiction for Cornelisse (2010), as migrants who live outside of the protections of the
legal systems are simultaneously held accountable to the consequences of such systems
(114). It is through the detention of migrants, and the looming threat of detention and
potential deportability, that those who belong outside of the legal framework of the state
are “strictly ruled and restricted by the law” and are “thus in a real sense included in the
state’s domain of power” (Ibid. 119). Furthermore, the same territoriality that migrants
are in supposed violation of, is the very factor that “impedes the realization of human
rights’ universal aspirations” (Ibid. 114).

That there is the legal infrastructure to punish undocumented migrants, yet not to
implement universal human rights suggests there is a reluctance by states to do so. The
legal status of migrants and “their position within the labour market” are related factors
(Karakayali and Rigo 131). The value of migrant labour is evident in the contradicting
aims of migration policies which work to maintain a flow of undocumented migrant
labour yet claim to address the same issue (Triandafyllidou and Ambrosini 2011, 251).
Triandafyllidou and Ambrosini point out the “conspicuous absence” of “gate-keeping” policies that focus on “restricting practical legal access to a nation and it’s institutions”, and instead focus has been on policies that reinforce the “illegality” of migrants such as arrest and deportation (Ibid., 272). These serve the interests of Greek capital by creating a large pool of labour for the informal sector and reinforcing the discourse of migrant “illegality” (Ibid., 251).

The reinforcement of migrant “illegality” through policies of migration governance works to isolate migrants from the general population. Discourses on migration policy presents migrant struggles “over mobility, social rights, and segmentation of labour markets” as “a ’penetration’ of the social body” (Karakayali and Rigo 2010, 128). This portrayal of migrants as foreign to society facilitates the further undermining of migrant rights by ensuring the social exclusion of migrants. While social membership does not constitute legal citizenship, Nyers’ (2015) recognizes that “acts of citizenship” can occur beyond formal political structures and that community membership can be a meaningful way for migrants to engage with the political system and “can be central to understanding ruptures in social and political life” (28). Furthermore, the denial of such membership by “a community of citizens to some categories of migrants deprives these migrants of the opportunities to acquire knowledge, learn skills, or secure support to claim the legal rights to which they are entitled” (Basok 2004, 51).

In Greece, the rise of the far right and the implementation of economic austerity measures have served to reinforce public support for the social exclusion of migrants (Mavrikos-Adamou 2017, 33; Triandafyllidou 2014). The collapse of the Greek welfare
state and the implementation of austerity policies that eroded social support has created room for popular support of nationalist, anti-immigrant policies (Mavrikos-Adamou 2017, 32). On an EU level, there has been significant concern that anti-migrant sentiment is serving to undermine the EU’s supposed commitment to the human rights of migrants (Ibid.; Triandafyllidou 2014a). While the EU, and Greece to an extent, support “the ideal of a rights-based notion of individual protection based on international human rights law” (Mavrikos-Adamou 2017, 32), the domestic political environment in Greece is inhospitable to these ideals, creating a barrier to policy reform. Triandafyllidou (2014a) argues that while national sentiment towards migrants is hostile, in recent years, Greece has implemented a number of migration reforms in compliance with EU recommendations including temporary labour agreements with neighbouring countries such as Albania however, while these reforms may have lessened the blow of enforcement, they still serve to facilitate illegal labour migration to Greece (Triandafyllidou and Ambrosini 2011).

The critical literature on systems of migration governance, or the “deportation regime” as DeGenova calls it, is thorough in its theoretical implications. I will be drawing directly on the criticisms and frameworks outlined by DeGenova to explain how policies of migration governance and the pervasive and looming threat of deportation directly impact health outcomes for migrant workers.

“Illegality” and labour exploitation

While undocumented migrants are often portrayed by media outlets and politicians as unwanted by the state, “illegal” migrants play an important role in the
Greek labour market and the maintenance of an undocumented labour force serves the interests of Greek capital by providing a large pool of cheap labour (Cheliotis 2017, DeGenova 2010, Kukreja 2019a). It is the “illegal” nature of migrants that facilitates their economic integration, as social and political exclusion renders them valuable as exploitable labour (DeGenova 2013, Cheliotis 2017, Harrison and Lloyd 2012).

DeGenova argues that the Border Spectacle, which is “a spectacle of enforcement at ‘the’ border whereby migrant ‘illegality’ is rendered spectacularly visible” (DeGenova 2013, 1181), works to legitimize migrant “illegality” by presenting it as a “‘fact’, generated by its own supposed act of violation” (Ibid., 1182). The “illegality” of undocumented migrants is reinforced by public and political discourse that frames migrants “as an undifferentiated mass that poses a variety of serious threats to Greek society” (Cheliotis 2017, 85). Public animosity towards migrants, justifies “severely curtailed access to labour, welfare, and civil and political rights” for migrants, who are subjected to the “systemic application of anti-migrant violence and intimidation” (Cheliotis 2017, 92) all of which enhances their labour exploitability. It is this exploitability that renders migrants so valuable as a labour force, as those targeted for exclusion are increasingly included in the labour pool as racist and exclusionary ideology and the accompanying border spectacle ensures that “this inclusion is itself, precisely a form of subjugation” (DeGenova 2013, 1884). This subjugation is further enforced through the maintenance of a large pool of reserve labour—reinforced through migration governance policies—that heightens the perceived certainty of precariousness for migrants if a job is lost, raising “the costs of prospective unemployment and of continued unemployment” encouraging migrants “to settle for exploitation in the workplace” (Cheliotis 2017, 83).
Migrant “illegality” and the expansion of immigration enforcement create a heightened sense of deportability for workers which has a “disciplining effect” on migrant workers by creating a large pool of workers who are unwilling to make demands of their employers out of fear of deportation (Harrison and Lloyd 2012, 380).

Deportation, and the expansion of immigration enforcement, works as a disciplining tool as “the circulation of [apprehension stories] adds an additional layer of social control to the immigrant population insofar as migrants begin to self-police” (Golash-Boza 2015, 168). For racialized migrants, the hypervisibility of “otherness” embodied in skin colour further reinforces the disciplining power of deportation, as visible racialization renders them immediately identifiable as “outsiders” making them increasingly vulnerable to deportation. The hypervisibility of race prevents workers from blending into the background of the dominant racial group. The disciplining effect of immigration control is further reproduced through migration, labour, and economic policies that generate an oversupply of workers by “limiting workers’ rights and mobility, supressing union organizing, pushing down agricultural wages, creating lasting migration networks, enabling growers to industrialize their farms into production systems that requir[e] large numbers of workers for short periods of time, and deepening workers’ vulnerability and thus exploitability” (Harrison and Lloyd 2012, 371). It is through these policies that the “ideal worker” is produced and labour rights for migrants are undermined, serving to protect capital accumulation through the maintenance of a cheap labour force (Ibid. 371).

Beyond the undermining of labour rights and the looming threat of deportation, “illegality” and deportability shape the decisions and concerns of migrant workers in the workplace. In a study of migrant farmworkers in the USA, farmers expressed that Latino
migrant workers were more committed to working long hours and more compliant with the tasks and shifts offered to them, leading farmers to believe that migrant workers have no ambition to move beyond their current position (Harrison and Lloyd 2013, 291). These assumptions obscure the role of “illegality” and deportability as disciplining tools in shaping the decisions of migrant workers, and work to further maintain immigrant workers as a deskilled workforce. Furthermore, Harrison and Lloyd (2013) found that farmers consider the potential deportability of migrants when reorganizing work in ways that disadvantage immigrant workers including refraining from training or granting additional responsibility to workers they presume are undocumented, as they fear losing the “investment” if workers are deported or detained (292).

The literature focusing on the disciplining effect of migrant “illegality” builds on DeGenova’s framework of deportability, demonstrating that migrant “illegality” facilitates the labour exploitation of migrant workers. While these articles draw on specific cases and highlight nuances within the system of migrant “illegality”, none of the literature directly addresses how migrant “illegality” shapes health outcomes for workers. This thesis will build on the notion of migrant “illegality” and consider how discourses on migration shape health outcomes and treatment within the healthcare system for migrant workers.

**Racialization and Labour Exploitation**

The “illegality” of migrants in Greece is reinforced through anti-migrant racism and xenophobia, as the racialization of migrants plays an important role in the discipline and exploitation of undocumented migrant labour and shapes the context in which
migrant workers seek healthcare. Racialization refers to “the dynamic and dialectical processes of categorisation and meaning constructed in which specific meanings are ascribed to real or fictitious somatic features” (Kirtsoglou and Tsimouris 2018, 1879). The racialization of migrants is intertwined with notions of migrant “illegality” which view migrants as existing outside the law and thus as a criminal presence (Lefkaditou 2017, 333), and discourses of securitization which aim to address the supposed threat of migrant criminality (Karamanidou 2016, 2004). In the context of the economic crisis and the refugee crisis, migrants have served as the scapegoats for social and economic issues such as unemployment, social marginalization, and urban unrest (Ibid.). Furthermore, the racialization of migrants leads them to be portrayed as economically and culturally inferior people who are unable to assimilate into Greek society (Kirtsoglou and Tsimouris 2018, 1877). In the context of health and healthcare, migrants are often viewed as a public health risk as they are portrayed as unhealthy and contagious (Ibid.).

Anti-immigrant policies in Greece are linked to its history of nation-formation. Greece is one of the most ethnically homogenous countries in the EU and anti-immigrant beliefs are deeply institutionalized in policy and history (Kukreja 2019a, 4; Sakellariou 2017). Anti-immigrant policies and discriminatory citizenship practices are linked to anti-Islamic sentiment and “Greek collective memories rooted in the experience of nation-building” (Sakellariou 2017, 511). According to Sakellariou, the Orthodox Church has played a large role in the formation of the “homogenized narrative of national identity” since the 1821 revolution against the Ottoman Empire (Ibid. 513). The Greek state was not created only as an “Orthodox” state, but “also created as an antidote to the Ottoman occupation and its flagship religion, Islam” (Ibid. 513). In early Greek constitutions there
was religious criterion for citizenship, as citizenship was limited to inhabitants within the territory who believed in Christ (Ibid., 513). Today, under Greek law, people of Greek descent are prioritised for citizenship over those of non-Greek descent, making conditions of naturalisation less strict, less expensive, and less time-consuming for people of ‘Greek’ blood (Lefkaditou 2017, 334). Lefkaditou argues that these exclusionary naturalisation procedures become “a tool for discriminatory practices and reinforce the conception of an ethnoracially homogeneous society” (Lefkaditou 2017, 333) working to sustain a status of precariousness for migrants and uphold the stereotype of migrants as criminals (Ibid.).

Compounding exclusionary citizenship policies, the racialization of migrants is further articulated through exclusionary immigration policies that are intended to deter racialized migrants from seeking Greek citizenship, and instead frame racialized people as “illegal”. Karmanidou (2016) argues that anti-migrant racism and violence in Greece have been legitimized through interlinked discursive strategies that undermine both the extent and racialized nature of anti-migrant violence, and rationalize state and non-state violence against migrants as “regrettable yet understandable defensive reactions to the threats posed by migration” (2002). Anti-migrant violence is racialized violence because it is “embedded in regimes of migration control” which rely on the exclusionary citizenship practices and policies of the state which draw “hierarchies around ethnicity, race, [and] also national membership and citizenship status” (Ibid., 2005). Karamanidou argues that state practices and discourses are crucial in reproducing anti-migrant violence, as migration controls and rhetoric on migration reproduce the racialized discourse of migrants as “threatening and different” (Ibid.). This reproduction is especially clear in instances of violence against migrants in the name of “protection” by the fascist political
party, Golden Dawn. The discursive tactic of the state in response to such instances was to construct violence against migrants “as a public order issue to be solved by intensified migration controls” which in turn worked to both legitimize the mission of Golden Dawn’s violence rather than address the issue of racist and anti-migrant violence and reinforce institutionalized violence against migrants in the form of increased policing (Ibid., 2014). While Golden Dawn was recognized as a hate group and prosecuted in 2020, such a prosecution frames the ideology of Golden Dawn as an exception within Greek society rather than a realization of the racism that is institutionalized by the state.

The legitimation of institutionalized violence against migrants is especially clear in light of the overlap between institutional and non-institutional violence against migrants. Lefkaditou (2017) finds that the police are often implicated in “encouraging, allowing, and committing” attacks against migrants—including deaths—and are either complicit in the policing of areas by Golden Dawn members or in cooperation with the anti-migrant fascist party (332).

The racialization of migrants and the institutionalization of anti-migrant policies serves as an important tool in the labour exploitation of migrants. Kirtsoglou and Tsimouris (2018) connects the racialization of migrants to the neoliberal regime and argue that migrants are denied the right to exist as cultural and historical subjects and are rather reduced to the “status and notion of the economic migrant” through which persons, and “eventually entire populations [are reduced] to the status of precarious proletarians” (1855). It is through this process that migrants are transformed from humans into a governable class of workers (Ibid.). Lawrence (2005) reaffirms the centrality of racialization in the reproduction of the labour relations of migrants, as racialization is
“not simply a reaction to immigration but a means by which immigrant labour is constructed as a flexible, and highly exploitable, labour force” (329). It is through the racialization of migrants, that the political exclusion and social subordination of migrants and the social and political supremacy of Greek citizens is legitimized (Lawrence 2007, 8). Paradoxically, as racialization works to exclude migrants from the nation and society, it simultaneously facilitates their economic inclusion and “produces and disciplines a vulnerable workforce and reduces the social costs of reproducing flexible labour” (Lawrence 2005, 329). Verma (2019) argues that the racialization of labour has been central in creating a global system of labour market segmentation as “[t]he matching of migrant workers with foreign employers does not stem from the individual choices of laborers or as a haphazard collection of interactions. Multinational brokerage firms play a critical role in determining not only where migrants are employed but also which labor population is perceived to be desirable” (47).

The above outlined literature highlights the central role in reproducing migrant “illegality” and facilitating worker exploitation. This thesis will build on the dialectical role of racism and consider how the racialization of migrants reproduces conditions of life that are not conducive to health. Furthermore, this thesis will consider how racist ideology and institutionalised racism produce policies that systemically harm racialized migrant workers. This thesis will tie a direct link between the racialization of migrant workers, poor health outcomes and poor treatment within the healthcare system.

South Asian Labour Migration

South Asian Emigration
Undocumented migrants in Greece are increasingly young men, arriving from the South Asian countries of Bangladesh, Pakistan, and India (Kukreja 2019a, 2). Internal and international migration has been common in Pakistan, Bangladesh, and India for a long time and is significant in the histories of nation-formation in the region (Vihe 2007, 79; Stojanov 2017, 348). Large-scale labour migration in Asia began in the 1970s, with the first phase of migrants leaving from India, Pakistan, Indonesia, Bangladesh and the Philippines to provide labour in the Gulf Countries (Dannecker 2009, 42; Vihe 2007, 42). In the 1980s, demand in the Gulf countries declined, but the entrenchment of labour migration in countries such as Pakistan led to a reliance on remittances, prompting Pakistani workers (and workers in Bangladesh and India, where similar patterns played out) to search for work elsewhere including other Asian countries, as well as countries in Europe and North America where smaller groups of men from South Asia had already received work permits (Vihe 2007, 83).

Mainstream development discourse frames labour migration as a poverty reduction strategy undertaken by individuals and their families (World Development Report 2008, 3). This position assumes that economic factors are the central motivation for migration. The World Development Report links the rise in labour migration to the demise of agricultural production in India and Bangladesh, and an increasing reliance by individuals on the sale of their labour for survival (Ibid.). For poor rural households, “seasonal migration has emerged as an important livelihood option” (Ibid., 22). Keshri and Bhagat (2013) also found in India, that temporary labour migration is a predominantly rural phenomenon, and that “persons belonging to poor and disadvantaged caste groups with low educational attainment have a high propensity of engaging in
temporary labour migration” (190). In these cases, migration is a “distress-driven strategy” that is undertaken by households to “minimise risks by diversifying sources of family income or to overcome capital constraints on family production activities” (Ibid. 176). The changing climate and the increasing risks associated with climate change for agriculture have raised the question about the role of climate change as a motivating factor for migration. Stojanov et al. (2017) found that while environmental factors do impact decisions to migrate, it was the influence of the changing climate on economic factors such as the ability to farm land, the destruction of property by floods, and rising water levels that was most significant (350, 355). Given the reliance of poor families on wages from labour migration, the World Development Report calls for “a need to recognise that livelihoods are multi-locational and provide people with an environment where they can make informed choices. Mobility needs to be supported through the development of migrant friendly services” (World Development Report 2008, 22).

Contrary to mainstream development discourse, critical migration scholars view migration as a neoliberal strategy linked directly to the privatization of social services, the precarization of work, and rampant unemployment that is symptomatic of the capitalist system (Dannecker 2009, Rashid 2012, Verma 2019). Migration is understood as an individual poverty-reduction strategy that relies on the subjection of workers to precarious employment arrangements, the denial of social services, and the broader reinforcement of an exploitative global informal economy (Dannecker 2009, Rashid 2012, Verma 2019). The role of multinational firms in facilitating emigration is explored by Dannecker (2009), who argues that information brought home by former migrants and recruitment agencies serve as the main source of information and is only “selective
information serving their interests” (48.). This, Dannecker argues, challenges the conventional notion that migration operates solely as a poverty reduction strategy as this ignores “a lack of information about the chances of employment abroad and the possible income” (48). Furthermore, states that are reliant on migrant remittances have a vested interest in reinforcing migrant labour, “because the national economy relies on remittances sent by migrant workers” (Ibid., 44). In Bangladesh, a new Ministry set up by the former government to deal with labour migration and diaspora works “to negotiate future migration movements with foreign governments and employers” (Ibid.). The role of institutions and informal networks in promoting labour migration is further explored by Rashid (2012) who argues that while social support from local networks “supports poor people’s lives and livelihoods by ensuring access to migration, it also reinforces and reproduces the hierarchy and obligation, precluding their choices and investment in the future” (31). The role of kinship networks cannot be understated in ensuring employment, as it was through these initial networks in the 1980s that connections were “established between their home and the country of destination [which] helped generate aspirations among ordinary and poor farmers about sending their sons abroad.” (Ibid. 40).

**South Asian migrant workers in Greece**

In Greece, South Asian labour migrants have played an increasingly important role in agricultural production and rural economies. The capitalist transformation of agricultural production in Greece has been a process of “slow change” shaped by exogenous factors (Bika 2007, 71). In the past half-century, agricultural production in Greece has undergone enormous changes, transforming from family-based production to
a more class-stratified model of production (Ibid., 70). Beginning in the 1950s, labour from rural Greece became increasingly scarce as people sought waged labour in urban areas creating a significant labour deficit (Kasimis et al. 2003, 169). In the 1980s, the integration into the EU, and the implementation of the CAP played a significant role in shaping capitalist relations in rural Greece through guaranteed prices, farm income support, and subsidised crops (Bika 2007, 70). Economic and political policies of the state and the EU such as irrigation, commercialisation, and technologization had the effect of increasing distinctions between farms, and regions, in Greece (Ibid., 75). This agrarian transformation has led to the emergence of class stratification “with members of large farms extending their business towards trade and other services, while the heads of small farms mostly sold their labour power either locally or regionally, and also in the non-agricultural market” leading to a growing intensification of agricultural production, as fewer people farm a larger share of the land (Ibid., 76). The demographic transformation of rural Greece and the concentration of farm ownership increased the reliance of farmers on waged workers in the 1980s and 1990s (Kasimis et al. 2003, 170). Furthermore, the changing nature of rural labour in the aftermath of the CAP meant that agricultural production required labour “not available from the indigenous population” as members of the local population rejected the low-status and low pay of available jobs (Kasimis and Papadopoulous 2013, 279). Among Greeks, there was the perception that the increased modernisation and access to cheaper goods from the EU would lead to greater equality, however Lawrence (2007) argues that this mirage of equality concealed “emerging patterns of inequality engendered by the diffusion of neoliberal models of governance” (5). Between the 1950s and the 1990s, women filled the agricultural labour
gap through their unpaid family labour, but as women entered the workforce in increasing numbers, this gendered agricultural labour became increasingly scarce (Kasimis et al. 2003, 169; Lawrence 2007, 5). Following the collapse of the Soviet Union in the early 1990s, former Soviet states experienced extreme economic upheaval, and many citizens emigrated in search of higher paying work. Searching more fruitful employment, migrant workers from the former Soviet states of Albania and Bulgaria arrived in Greece and provided a solution to the labour market deficiencies, working longer hours for less money (Kasimis et al. 2003, 170). The arrival of migrant labourers from Eastern Europe allowed Greece to avoid a severe agricultural labour crisis and since then, the use of low-cost migrant labour has allowed for further investment into the increased mechanization and modernization of Greek agriculture (Ibid., 169). Unlike the local population who reject the low-status, and poor pay of agricultural jobs, migrant workers have been willing to accept the poor working conditions, low wages, long hours and inadequate housing conditions that keep labour costs low for farm owners (Ibid.). The economic advantages of migrant labour for agricultural producers arises from the social and political exclusion of migrants (Lawrence 2007, 2). This social and political exclusion is legitimized through an “elaboration of difference” which naturalized the position of racialized migrant workers “at the bottom of the social hierarchy and the appropriateness of Greek social and political supremacy” (Ibid., 8). Social and political exclusion is further entrenched through state and employer policies and practices, which facilitate the “replacement of ‘traditional/old migrants’ by ‘newcomers’” and work to undermine the collective ability of migrants to bargain for higher wages and better working conditions,
further entrenching the social and political exclusion of migrants (Kasimis et al. 2003, 513).

Significant academic and media attention has been paid to the reliance on migrant workers in the agricultural region of Manolada. In Manolada, the availability of migrant workers has been central to the development and growth of strawberry production (Papadopoulous and Fratsea 2016, 129). Strawberries are a labour-intensive crop, and despite extensive mechanization, most picking is still done by hand, requiring significant amounts of labour for very little return (Mannon et al. 2012, 98). In Manolada, migrant workers, most of whom are undocumented, earn 20-22 EUR a day, and live in inhuman conditions which often cost nothing for farmers to maintain (Papadopoulous and Fratsea 2016, 140). The low cost of migrant labour, and the minimal costs for living quarters gives farmers an economic advantage allowing for further investment in production (Ibid.). Papadopoulous and Fratsea argue that precarious legal status, ‘ethnic’ segmentation of the labour market, systems of recruitment, the delayed payment of wages, and actual violence or the threat of violence by employers maintains the insecurity of migrant labourers, keeping wages low and allowing for continued investment in the modernization of strawberry production in Manolada (Ibid. 142). Despite their precarious status, Gialis and Herod (2014) view workers as “active agents” by assessing a 2008 strike by strawberry pickers in Manolada in which migrant workers protested unfair working conditions, the withholding of pay, and demanded a pay increase from EUR 23,50 a day to EUR 30 a day (143). This strike was somewhat successful, as workers secured a slight pay raise though working conditions remain poor. This success was attributed to the nature of strawberry picking and the ability of strikers to garner political
sympathy with the local population (Ibid.). The poor working and living conditions of migrants and the inability of employers to meet workers’ demands are viewed by Gialis and Herod as a consequence of the Greek economic crisis and the “violent” nature of austerity measures (Ibid., 146). It is by the acceptance of such measures, the denial of fundamental rights for workers, and the acceptance of such violations that Greek austerity has been accepted as a “natural” phenomenon (Ibid.). While Gialis and Herod view the conditions in Manolada as an acceptance of the economic order, Papadopoulos et al. (2018) take a contradictory approach, arguing that the alignment of migrant political priorities with increasing precarity in the local labour market has pushed left-wing politicians to take up these causes in responses to incidences of extreme violence in Manolada (200). The media attention after the 2013 shooting of Bangladeshi workers by farmers shone a spotlight on the reality of daily life for migrant workers in Greece and brought the issues of undocumented migrants to the Hellenic Parliament, which the authors see as a significant step (Ibid., 201).

Beyond agricultural work, migrant labour plays a significant role in filling labour gaps in Greek rural economies (Kasimis et al. 2010, 273). Migrant workers have emerged to take on positions in rural areas including jobs in tourism and in the service sector, that have helped to preserve the “multifunctional character of the rural regions” (Ibid.). While migrant workers address labour needs beyond agriculture, these jobs are often characterized by informal, temporary, and insecure working arrangements (Maroukis 2016, 181). Unregulated and highly exploitative Temporary Employment Agencies (TEAs) are common in Greece and recruit migrant workers under false pretenses, facilitating migrant employment in “flexible” working arrangements (Ibid.). The
existence of TEAs in rural areas and the reliance on cheap and flexible labour to fill labour gaps, reinforces labour market segmentation among ethnic lines (Ibid. 191).

The literature on undocumented migrant labour in Greece is growing, with increasing attention being paid to agricultural and rural migrant workers. However, as of yet there has not been a comprehensive analysis of the health impacts of the labour and living conditions of undocumented migrant workers in rural Greece. This thesis will build on this literature by considering how the issues and patterns raised by the above authors impact health outcomes for workers.

**Conclusion**

In this chapter I have presented an overview of the existing literature related to the topic of undocumented South Asian migrant labour in Greece. Throughout, I have identified various gaps in the research that this thesis will attempt to address. Questions of migrant health and healthcare access have been limited to questions of health policy and social determinants of health. On a global scale, the reproduction costs of a broadly unhealthy labour-force for the host country are not well understood in the relevant political economy literature. While the literature accepts that the outsourcing of reproduction costs is one reason for the cost advantages of migrant labour, there is little debate among political economists about the point at which the ill-health of the labour force becomes more costly than the savings in outsourced reproduction costs. Literature addressing “illegality”, labour exploitation, and the living conditions of migrants, is cognizant of the inability of migrant workers to access healthcare but fails to address the potential consequences of the ill-health of labourers on agricultural production, and for
workers themselves. In the Greek context, health research has been limited to the health of refugees and asylum seekers in the Greek islands, and research that does focus on undocumented workers focuses on their role as labour in the Greek economy. In the next chapter I will outline the methods with which I will attempt to address these gaps. The chapter will clearly explain the research methodology, methods, and the intersectional theoretical framework to be employed in this thesis.
Chapter 3  
Research Methods and Theoretical Framework

This thesis looks specifically at undocumented South Asian migrant workers in the agricultural regions of Manolada, and Megara, and asks how migrant deportability and structural vulnerability shapes migrant health outcomes, and the ability of undocumented migrants to seek healthcare in rural Greece. In this chapter, I will outline the research methodology and methods used to address the research question, and the theoretical framework that aided in the analysis and understanding of this issue. I will first outline the methodology and methods, and then provide a clear breakdown of the theoretical framework.

3.1 Methods and Methodology

The research methods of this thesis are informed by an anti-oppressive research methodology that prioritizes the wellbeing of research participants (Potts and Brown 2015). Given the precarious legal migrant status of the men involved in this research, and the power imbalances that are central to both the labour arrangements that are the focus of this thesis, and my own powerful positionality as a white, cis-gendered, Canadian researcher, the consideration of unequal power relations and power dynamics have been central to this research plan.

This is a mixed-methods research project that utilizes Critical Discourse Analysis to analyse migrant interviews, expert interviews, NGO reports, and photographs of the work and living conditions of workers. This research draws on interviews that I conducted with migrants and experts, which were conducted virtually, in compliance
with Queen’s COVID regulations. This research also draws on interviews conducted by Dr. Reena Kukreja during fieldwork in 2018 and 2019 in Megara and Manolada. This research proposal has undergone the GREB approval process and has received ethics approval from the University. This chapter will first present an overview of the research methodology, and then provide an in-depth review of the methods used to collect and analyse data.

3.1.1 Methodology

Anti-oppressive research is research with political purpose and action and involves “making explicit the political practices involved in creating knowledge” (Potts and Brown 2005, 17). An anti-oppressive research methodology challenges the dominance of positivist research and argues that while “quantifying can measure inequalities, the complex causes of injustice and inequity [remain] unexamined” (Ibid., 20). By rejecting a positivist approach, anti-oppressive research does not look to find one singular “truth” but looks for understanding and insights into the social and political world (Ibid.). As an inherently intersectional and feminist approach, anti-oppressive research allows for the exploration of a multiplicity of structural factors and an examination of how such factors intersect and compound to create outcomes. By employing an anti-oppressive methodology for this research, I am setting out to create knowledge that represents, and serves the interests of, the South Asian undocumented agricultural workers who are the focus of this research, and all migrant workers whose health is shaped by migrant status, racism, and labour exploitation.

Anti-oppressive research understands knowledge to be “neither neutral nor benign” and a creation of the power relations of the people and systems involved (Potts
and Brown 2005, 19). Within this methodological approach, knowledge is understood to be produced through the interactions of people, and reflective of their social and political identities—including class, race, and gender—their biases, privileges, and experiences (Ibid.).

Central to this understanding of knowledge is an examination of the power relations that are socially and politically produced through knowledge production. As an anti-oppressive researcher, it is important to first contend with the manifestations of power relations in the research process, including a thorough examination of my own complicity in the maintenance and creation of systems of oppression (Potts and Brown 2005, 19). While I may see myself, as a researcher, as well meaning, compassionate, and knowledgeable on the context, I am a white, middle-class, Canadian citizen with access to legal protections and universal health care both within and outside of my home country. Potts and Brown point out that others may perceive my position as a researcher as privileged, and representative of a dominant institutions with little at stake and little accountability to the community I am researching (Ibid., 22). It is important to constantly be aware of the gap between these perceptions and be attentive to my own biases and motivations. I recognize my privilege as both an individual and a researcher and altered my research plan to be guided by the concerns and ideas of the men being interviewed.

Furthermore, it is important to consider how power relations shape research participation. The research process “can be exploitative or empowering, or a confusing mix of both” and paying attention to research participants and prioritizing their well-being is an important step in ensuring that the research is truly anti-oppressive (Potts and Brown 2005, 21). The main methodological tool utilized to ensure that the power
dynamics of research relations are consistent with the anti-oppression research is the prioritization of key relationships. In anti-oppressive research, relationships are “foregrounded” and “care is taken to try and shift the balance of knowledge creating power from outside researchers to those with lived experience of the issue under study” (Ibid.). Given this commitment to key relationships, the positivist practice of random sampling is not often consistent with anti-oppressive methodology, as practices such as snowball sampling encourage community members, research participants, and insider researchers to invite and include more participants (Ibid., 26). The research methods employed in this thesis rely on key relationships, and existing interviews with community members who have close ties to interviewers.

3.1.2 Research Methods

This thesis takes a mixed-methods approach to understand the context of health and healthcare access for undocumented migrant workers in Manolada and Megara. Through the combination of interviews, photo analysis, and the study of secondary material such as news articles, NGO reports, and scholarly articles, this research aims to understand how health and healthcare access for undocumented South Asian agricultural workers in Greece is shaped by legal status, racism, and living and working conditions. In addressing this question, these research methods are designed to understand what the main health concerns of undocumented South Asian agricultural workers are, how workers seek healthcare, how legal status shapes healthcare, and the general living and working conditions. The main method used in this project is a qualitative approach that included, open-ended semi-structured interviews conducted virtually through Zoom and
IMO (free phone app) with workers, community members, and open-ended, semi-structured interviews with experts conducted over Zoom. The thesis also draws on

<table>
<thead>
<tr>
<th>Sources of Data and Methods of Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Source</strong></td>
</tr>
<tr>
<td><strong>Interviews</strong></td>
</tr>
<tr>
<td>- 6 interviews with migrant workers conducted by Dr. Kukreja in Manolada and Megara</td>
</tr>
<tr>
<td>- 2 interviews with local migrants in Manolada and Megara conducted remotely via IMO by me</td>
</tr>
<tr>
<td>- 4 expert interviews conducted remotely by me via Zoom</td>
</tr>
<tr>
<td><strong>Manolada Watch Reports</strong></td>
</tr>
<tr>
<td>- 15 reports published between 2018 and 2021 by Generation 2.0 RED</td>
</tr>
<tr>
<td><a href="https://g2red.org/category/manolada-watch/">https://g2red.org/category/manolada-watch/</a></td>
</tr>
<tr>
<td><strong>Newspaper Articles</strong></td>
</tr>
<tr>
<td>- 2013 newspaper article by Alexandra Tzavella on conditions of work in Megara published by enet.gr</td>
</tr>
<tr>
<td><a href="http://www.enet.gr/?i=news.el.article&amp;id=383125">http://www.enet.gr/?i=news.el.article&amp;id=383125</a></td>
</tr>
<tr>
<td>- 2018 newspaper article by Dr. Reena Kukreja on conditions of work in Thiva and Megara, published in the Indian Express</td>
</tr>
<tr>
<td><strong>Journal Articles</strong></td>
</tr>
<tr>
<td>- Journal articles published by Dr. Reena Kukreja in 2018, 2019, and 2020 on the topic of migrant workers in Manolada and Megara</td>
</tr>
<tr>
<td><strong>Vimeo Video</strong></td>
</tr>
<tr>
<td>- Video by Claudio Feliziani, entitled “The Landworkers of Manolada” published on vimeo.com in 2020</td>
</tr>
<tr>
<td><a href="https://vimeo.com/405603629">https://vimeo.com/405603629</a></td>
</tr>
<tr>
<td><strong>Photographs</strong></td>
</tr>
<tr>
<td>- 42 photographs provided by Dr. Kukreja</td>
</tr>
<tr>
<td>- 30 photographs published through Manolada Watch</td>
</tr>
</tbody>
</table>
interviews conducted by Dr. Reena Kukreja with migrant South Asian workers in 2018 and 2019 in the two research sites. These interviews are reinforced with published quotes from newspaper articles, academic articles, photographs from Manolada and Megara (taken by Dr. Kukreja), and monthly reports, “Manolada Watch,” of an activist NGO, Generation 2.0 RED, that monitors the working and living conditions of migrant agricultural workers in Manolada.

In analysing these articles, I used the qualitative analysis software NVivo to code text. I drew on a coding guideline outlined in the Halperin and Heath (2017) textbook. Using my theoretical framework, I highlighted important thematic and discursive ideas in each interview and made note of the connections and patterns that emerged. There were five main codes that were used: health, housing, labour, policing, and citizenship status. Within these codes, I broke down further based on the theoretical framework employed. For example, within the “health” code, there were sub-codes for injury, illness, healthcare access, pharmaceuticals, and barriers to care. After the coding was complete, I identified patterns between the interviews and thematic overlaps to breakdown the discursive meaning and analyze what was left unsaid in the interviews. The analysis undertaken was not a close content analysis but did identify thematic features of the content, and analysed the discursive and theoretical implications of this content.

**COVID-19 Challenge to Research**

The initial plan for this research was to conduct field research and interview 2 – 4 undocumented migrant workers each in Manolada and Megara, 4 legal and medical experts with knowledge specific to Greece, and 1 – 2 active community members from
both Megara and Manolada. However, due to the outbreak of COVID-19 and the resulting travel restrictions, and regulations on social contact, conducting in-person research was not possible. In compliance with the new restrictions, my research plan was amended to conduct a limited number of virtual interviews with migrant workers and experts using phone-based communication applications.

The COVID regulations had little impact on expert interviews, and all interviews were conducted virtually between October and November 2020, with three legal experts, and one medical expert participating. Contacting migrant workers in Greece proved much more challenging on virtual platforms. The first challenge was that my community contacts in Greece were socially isolated from most migrant workers. The other challenge was establishing trusting relationships via messages. The inability to establish relationships with the men in Megara and Manolada meant I was unable to implement the snowball recruitment strategy I had planned on. The initial sample set was for 10-12 interviews, split evenly between Manolada and Megara, however I was only able to secure one interview in each location. These interviews were conducted virtually over IMO, a free phone app preferred by the migrant men, using a translator. Twelve interviews were analysed for this thesis, 6 conducted virtually (due to COVID-19 restrictions) by myself, and 6 conducted in-person by my supervisor Dr. Reena Kukreja. Dr. Kukreja’s interviews were with migrant workers—one focus group with men from Manolada and 5 interviews from Megara. Both mine and Dr. Kukreja’s interviews with migrant workers must be understood in the context of resistance. By speaking out on their exploitative and inhuman living conditions, workers are engaging in resistance by recognizing the injustice and inhumanity of their situation and calling for change.
In order to fill the remaining gaps in my research, I drew on published interviews available online including one 2013 newspaper article on living conditions in Megara (Tzavella 2013), two articles on living and working conditions in Manolada and Megara (Kukreja 2018, Kukreja 2019b), a video interview with migrants in Manolada from 2020 (Feliziani 2020), and academic articles on migrant labour in Megara and Manolada (Kukreja 2019a, Kukreja 2021a. Kukreja 2021b), and NGO reports from Generation 2.0 (2018, 2019, 2020). To compensate for the inability to observe the living and working conditions in Manolada and Megara as a result of virtual research, I relied on photographs available in the Manolada Watch Reports, and the photographs taken by Dr. Reena Kukreja of migrant living and working conditions during her field trips in order to gain an understanding of the living conditions in both locales. I have drawn on 20 photographs from the Manolada Watch reports in Manolada, 30 photographs provided by Dr. Kukreja from Manolada and 42 photographs by Dr. Kukreja from Megara. Photographic analysis will draw on the strategies of content analysis and photographs will provide evidence on the material conditions of life for workers. While the contexts of the photographs from the Manolada Watch reports cannot be accounted for, the photographs taken in Megara and Manolada by Dr. Kukreja are rooted in anti-oppressive methodologies. The photographs in Megara were taken at the behest of workers who identified the issues in their living conditions and encouraged Dr. Kukreja to document the problems. Participant intentions were central to the taking and analysing of these photographs and these photographs can be an understood as an expression of resistance to the conditions in which workers live and work (Drew and Guilleman 2014). I have used this set of photos to better understand the quality of living conditions explained in
interviews and by the Manolada Watch reports, and to complement my own field experience in Megara in December 2019.

Critical Discourse Analysis

In analysing the data collected, this research will draw on the interpretive strategy of Critical Discourse Analysis (CDA). CDA is “principally concerned with the role of discourse in enacting, preproducing, and resisting social power abuse, dominance, and inequality” (Halperin and Heath 2017, 338-9) and is a useful analytical framework in investigating how powerful groups control discourse, how such discourse shapes the minds and opinions of the public or the less powerful, and the resulting social and political consequences (van Dijk 2001, 355). Frameworks of CDA have been published directly on the topic of migration making it a useful framework for this thesis (van Dijk 2018). The attention to racism and context helps develop a framework of analysis that considers discourses on migration, and it's impacts on migrants through a critical lens. By considering the context, identities, and relations involved in an instance of discourse, it is possible to identify and analyse whether a statement is “expressing or functioning as a form of racism” (van Dijk 2018, 234), and how so. The consideration of context also helps to understand abuses of power towards migrant workers, and acts of resistance amongst migrant workers (Ibid.). By considering what is at stake for migrant workers who participate in research, the participation of men in this thesis can be understood as an act of resistance as they highlight and acknowledge the injustices they face. Within CDA, there is an important emphasis placed on social and historical context. The consideration of context must include both local and broad contexts, as “in everyday interaction and experience the macro and microlevel form one unified whole” (van Dijk 2001, 354). To
illustrate, Van Dijk draws on the example of a racist parliamentary speech, which on a micro-level is a form of social interaction, but on a macro-level is a cultural and institutional reproduction of racism (Ibid.). In the research of this thesis, these micro and macro considerations are important, as I examine how macro-level discourse through the enactment of racist immigration policies, and the discourse surrounding such policies, impacts the daily lives and health of undocumented migrant workers. In essence, the effect of such macro-level discourse is present in the individual interactions between migrant workers and police officers.

CDA also seeks to show that discourse has demonstrable effects by examining the **articulation** of discourse, the process through which meaning is produced, and **interpellation**, the “acceptance of the ‘subject positions’” (Halperin and Heath 2017, 343). These considerations of context, ideology, and political implication are useful in studying migration, as it helps to frame an analysis to understand how speech or discourse may shape certain social and political impacts on a macro level, and fear and deportability on a more individual level (van Dijk 2018).

While CDA provides a framework for understanding and engaging in interpretive discourse analysis, this framework is heavily reliant on prior theoretical perspectives, and involves the examination of materials and data “to discover how discourse promotes or challenges one group’s power over another” (Halperin and Heath 2017, 339). In order to undertake CDA, this thesis will draw on the above outlined sources of data, and analyse those materials using the proceeding theoretical perspective that is informed by the considerations of CDA.
3.2 Theoretical Framework

The argument of this thesis builds on an intersectional theoretical framework that draws on concepts from health anthropology, feminist political economy (FPE), and critical migration studies. These core concepts, while presented independently, must be understood as mutually reinforcing components of a broader analytical framework that explains how social and economic structures, citizenship status, and social determinants of health shape health outcomes and healthcare access for undocumented migrant workers. Before presenting the theoretical concepts that inform my work, I will explain what undocumented migrant labour is, and the importance of defining this term to better understand the socio-legal, and economic implications of (lack of) citizenship status. The theoretical framework is organized thematically, with the first section focusing on the FPE analysis of social reproduction, the next section focusing on the notion of deportability in producing an exploitable labour force, and finally health anthropology understandings of migrant health.

3.2.1 Defining Undocumented Migrant Labourers

The label of undocumented migrant worker has important legal, social, and economic implications, that determine what protections and rights are available to those who cross international borders (Sajjad 2018, 41). It is these very implications that are the focus of this thesis, and clearly defining what “undocumented migrants” and “migrant workers” are, is important in understanding how the findings outlined in this research are (or are not) shaped and impacted by such designations. The EU and the UN both define undocumented migrants as “[a] non-national who enters or stays in a country without the appropriate documentation.” (IOM 2019, 223). The use of such bureaucratic terms is problematized by DeGenova, who argues such legal terms that claim to denote the
The juridical status of migrants, actually function to describe “a social relation to the state” and are thus “a pre-eminently political identity” (DeGenova 2002, 422). Designations of migrant status such as “refugee”, “undocumented migrant”, or “temporary foreign worker” reinforce a dichotomy of migrants as either victims deserving of help or security threats to the state (Sajjad 2018, 42). The reality of life for most migrants is shifting and eludes simple characterization, however the designation of migrant status shapes the relationships of migrants to the state and determines their (in)ability to access services, protections, and rights from the state (Ibid.). For undocumented migrants, the spectre of “illegality” is reinforced through their lack of legal status in the host country, and they are denied the ability to access rights and protections from the state. It is the social relation and political identity that arises from the undocumented status that this thesis attempts to interrogate and for this reason, this thesis will rely on the IOM definition of “undocumented migrant.” Using the legal term accepted by institutions of migration governance allows for the consideration of the social and legal implications of citizenship designations.

For the most part, undocumented migrants are also migrant labourers (DeGenova 2002, 422). Unlike “undocumented migrant,” it is not necessary to use bureaucratic terms to define migrant labourers as it is the structural nature of migrant labour that will be examined in this thesis. Sassen (1988) defines migrant labourers as “men and women, typically men, who are crossing a recognized political or administrative frontier for the purpose of selling their labour power” (33). Within this definition there is a broad array of work opportunities—including foreign aid workers, agricultural labourers, and visiting scholars at universities—however migrant labour in this context operates primarily as a
structural feature in the global economy, and in this capacity plays a distinct role in the labour process. As a structural feature, migrant labour is characterized by “the institutional differentiation of the processes of labour-force reproduction and maintenance” and “a particular form of powerlessness, associated with formal or attributed foreign status, that meets the requirements of types of work organization based on direct rather than structural control over the workforce” (Ibid., 37). Given the structural nature of migrant labour, migrant workers are, in large part, low class migrants working in immigrant niche labour markets characterized by low wages, long working hours and precarious employment status.

3.2.2 Political Economy of Migrant Labour

Drawing on a Marxian understanding of capitalist class relations, this thesis employs a theory of racial capitalism, and an FPE analysis of social reproduction to analyze and understand the political economy of migrant labour in Greece. Since the late 1970s, neoliberalism has been the dominant policy paradigm that champions “individual freedoms, property rights, and unfettered markets and trade” and marks a reversal in the Keynesian idea that state intervention is “necessary to counter the social impacts of market deficiencies and failures” (LeBaron and Phillips 2019, 6). Beyond policy prescriptions, neoliberalism entails an ideological framework that “emphasizes the free movement of capital and goods across borders, gives primacy to social relations of consumption rather than production, and recasts the role of the state as an external intrusion in social organization rather than a constitutive element” (Lawrence 2005, 317).

Like previous iterations of capitalism, race has been a central feature of labour hierarchies under neoliberal capitalism. Robinson (1983) uses the term “racial
capitalism” to refer to the “development, organization, and expansion of [a] capitalist society [that] pursued essentially racial directions” (9). According to Melamed (2015), racial capitalism recognizes that the relations of severe inequality inherent to capitalism “require loss, disposability, and the unequal differentiation of human value” which are enshrined within racism (77). Racism, or racialization “refers to those ‘dynamic and dialectical processes of categorisation and meaning in which specific meanings are ascribed to real or fictitious somatic features” (Wodak and Reisigl 1990 cited in Kirtsoglou and Tsimouris 2018, 1879). This racialization functions to produce and exploit distinctions “between the valued and the devalued” as a result of which “forms of humanity are separated so that they may be ‘interconnected’ in terms that feed capital” (Melamed 2015, 78-79). These distinctions produce racialized social hierarchies, in which European citizens are valued above non-citizen, racialized people. Citizenship has been central in the maintenance of social hierarchies, as racialized migrants are consistently at the bottom of the hierarchy and denied access to citizenship and the rights and protections it entails, and framed as undeserving of such protections (Lawrence 2005). Racism and social hierarchies have been central in the maintenance of a migrant labour force, as racism reinforces the social hierarchies and operates as “not simply a reaction to immigration but a means by which immigrant labour is constructed” (Ibid., 10). The existence of racialized surplus populations further reproduces the social relations of migrant labour, as it facilitates the easy replacement of disposed labourers and disciplines labourers as it reminds workers that they are easily replaceable (Farris 2019). The existence of racialized surplus populations reproduces the disposability and replaceability of racialized labourers and reinforces the system of racial capitalism by
“strengthening the racialized hierarchy of citizenship as a flexible and highly exploitable labour force” (Ibid., 329).

Compounding the process of valuation within racial capitalism is what Walia (2013) describes as “border imperialism” which describes both the criminalization of migration, the entrenchment of racialized hierarchies of citizenship, and “state-mediated exploitation of migrant labour” (9). Walia argues that the existence of borders inherently excludes racialized migrants, who are understood to be “in the nation-state but not of the nation-state” (Ibid.). Central to this distinction is the denial of citizenship, as racialized workers who are within the geographical area of the state are denied the social and political rights and protections of the state as a result of their political exclusion and geographic inclusion. The political exclusion and exploitation of racialized migrants is further operationalized through a discourse that criminalizes them on the basis of their class-based and racial otherness. Such a discourse reproduces and reinforces racialized and class-based violence and rhetoric, further entrenching the racialized hierarchy of citizenship. These facets of border imperialism are a component of what Melamed (2015) identifies as the “state-finance-racial violence nexus” which describes the “inseparable confluence of political/economic governance with racial violence, which enables the ongoing accumulation through dispossession by calling forth the specter of race (as threat) to legitimate state counterviolence in the interest of financial asset owning classes that would otherwise appear to violate social rationality” (78).

Racialization and the processes of neoliberal capitalism have both produced, and emerged from unfree labour relations. Neoliberal actors including the state have reinforced unfree labour relations as processes of neoliberalism through the support for,
and implementation of formalized temporary labour migration schemes which have “put in place the conditions in which individuals and groups of people become vulnerable to unfree labour” and also established these schemes as “feasible and coherent ‘management practices’ and profitable business models” (Ibid.). Through international trade laws that prioritize profit maximization, fiduciary duties of corporations, the offshoring of production, union busting practices and the erosion of labour rights, and strict migration policies, the neoliberalisation of labour has reinforced unfree working conditions in both migrant receiving and sending countries. These legal frameworks, policies, and practices that have been instituted globally through institutions like the International Monetary Fund, the World Trade Organization, the EU, and NAFTA have driven the need to migrate in countries of origin, and have created conditions of unfree labour in migrant receiving countries (Sassen 1988). As Harsha Walia (2010) explains in the Canadian context “[t]hose displaced by Canadian trade and foreign policy are made perpetually displace-able by Canadian immigration and labour policy” (73). The same can be said of the EU trade and foreign policy which produces flows of low-skill, low-class workers from South Asia to EU states, including Greece where they are denied citizenship rights and labour protections. This “displace-ability”, or conditions of unfree labour, is maintained through conditions of “superexploitation” which “exacerbate exploitation beyond the baseline of ordinary proletarianization” (Heyman 2016, 44).

This critical political economy framework will be useful in the analysis of this thesis by providing a clear understanding of the economic role of migrant labour, and the exploitation and subjugation that is inherent to this position. Race is a central feature of the economic, social, and political subjugation of migrant workers. This framework aims
to explain how race reinforces and facilitates the economic exploitation of workers, which is central in understanding how labour relations shape conditions of life for workers.

3.2.3 Social Reproduction

The outsourcing of social reproduction reinforces the racialization of a migrant labour force and is a manifestation of the exploitation of migrant labour as states draw on a virtually free labour force, while refusing to cover the reproduction costs of the labour. Social reproduction is “the reproduction of labour on daily, weekly, and annual temporal scales, as well as through generations” (Roseman et al. 2015, 183). Social reproduction is understood as an essential component of the production of good and services, meaning that the “structures, relationships, and dynamics that produce those activities” can be analyzed and explained as part of the capitalist system of production (Ibid.). Included in social reproduction costs are both the costs of producing life, such as pregnancy, and the costs of maintaining life, including healthcare, housing, and food. In the context of migrant health, the reliance on a migrant workforce theoretically lowers the social reproduction costs for the state as the healthcare costs associated with the maintenance of a fit, and healthy workforce are outsourced to the country of origin. Furthermore, when workers are deemed unfit labourers, a large reserve army of migrant labour can replace the lost workers at a lower cost, as the state will not have to support the unfit labourers when they return to their country of origin (either voluntarily or through deportation). The externalization of healthcare costs and workforce reproduction is central to the reduction of labour costs for migrant-receiving countries, as social reproduction takes place primarily in the country of origin (Sassen 1988, 37). By analyzing the costs and
relationships associated with social reproduction, we are able to see how these factors that shape reproduction contribute to the extraction of surplus value from labourers, and how such extraction is a reflection of racialized social hierarchies of labour which “exposes the dependency of capitalist development on such supplies of (already reproduced) labour” (Roseman et al. 2017, 184). While capitalist production is predicated on racialized, already socially reproduced labour, Roseman et al. point out that these class relations of production are “based on a notion of a historically contingent, ever-changing and always contested level of the costs of producing and reproducing labour power” (179) and thus, the available surplus value, and the cost advantage of the externalization of social reproduction “depends on the swirl of social changes in the society” (Ibid.). Such factors can include the implementation of labour agreements that introduce a new racialized surplus population, changes within migrant sending states that impact decisions to migrate or need back home, or domestic factors including the cost of labour, and unexpected reproduction costs. In the context of the health of undocumented migrant labourers, it is important to consider whether the cost advantages of externalized social reproduction persist when the labour force is maintained at a consistently low level of health.

This framework of social reproduction builds on the framework of critical political economy and helps in understanding the role of outsourced social reproduction costs in migrant labour regimes. Through understanding that the outsourcing of social reproduction costs is an advantage of migrant labour in the eyes of the state, it is easier to understand the logic that drives policy decisions that deny migrant workers access to permanent residence, healthcare, social benefits, or proper housing.
3.2.4 The Deportation Regime

DeGenova’s concepts of deportability, the Deportation Regime, and the Border Spectacle, provide an understanding of how migrant “illegality” works to render migrant labour exploitable and disposable, how exploitable migrant labour is reproduced through global systems of migration governance, and how the racialization of migrants works to reinforce the notion of migrant “illegality.” According to DeGenova and Peutz (2010), deportability is the “protracted possibility of being deported, along with the multiple vulnerabilities that this susceptibility for deportation engenders” (14). It is through the looming potentiality of deportation that migrant “illegality” is produced, which serves as a disciplining tool as it is “not merely an anomalous juridical status but also a practical, materially consequential, and deeply interiorized mode of being” (Ibid.). Undocumented migrants live with the constant knowledge that they are always at risk of deportation or detention. Compounding the deportability of migrants is the detention of migrants as a migration governance strategy (DeGenova 2016). Detention is framed by states as an administrative measure of control yet is an effective tool for migrant discipline as migrants who are detained are often doubly subjected to both detention and deportation and face many legal ambiguities and uncertainties that would be considered unacceptable for citizens of the state (Ibid., 4). While undocumented status leaves migrants outside of the “juridical order of citizenship”, DeGenova is clear that this is “no mere logical conundrum”, but rather this “sociopolitical relation of juridical nonrelationality is the material and practical precondition for the throughgoing incorporation within a wider capitalist social formation” (DeGenova 2010, 47). It is the very legal vulnerability that arises from existing outside of the confines of citizenship that sets the conditions for “routinized subordination within the inherently despotic regime of the workplace” (Ibid.)
and fuels demand for undocumented migrants as an exploitable workforce (Ibid., 38). It is the “despotic” nature of this regime that makes deportation such an effective tool of migration governance, as the looming potential of deportation and detention serves to discipline migrant labourers who live in constant fear that they will be apprehended and thus adjust their behaviour to avoid this outcome.

DeGenova (2010) builds on the concept of deportability, arguing that a Deportation Regime exists in which “the whole totalizing regime of citizenship and alienage, belonging and deportability, entitlement and rightlessness” (34-35) can be understood as a means of regulating and controlling capital and labor relations (Ibid., 51). Within the Deportation Regime, state power, or sovereignty, is expressed through both the protection of borders, and also works to advance capital interest by playing an “instrumental role in usurping [labour]” as the “sovereign power of living labor” (Ibid., 48). These expressions of power and sovereignty most clearly overlap in the context of the Deportation Regime, as the enforcement of state borders operates as outposts of the “regulation and disciplining of human mobility (and therefore the subordination of labour)” (Ibid., 50). Furthermore, practices of deportation, migrant detention, and border control are globally coordinated, implicating “a veritably global governmentality” (Ibid., 51). The globally coordinated nature of migration controls are recognized in gentler terms by international institutions such as the European Union and the United Nations, which understand migration governance to be “[t]he combined frameworks of legal norms, laws and regulations, policies and traditions as well as organizational structures (subnational, national, regional and international) and the relevant processes that shape and regulate States’ approaches with regard to migration in all its forms, addressing rights and
responsibilities and promoting international cooperation” (IOM 2019, 138). Within this
definition of Migration Governance, deportation and detention are recognized as accepted
tools of migration control. The formalization and recognition of such internationally
coordinated policies lends credence to DeGenova’s concept and provides a theoretically
useful tool of comparison, as policies of Migration Governance can thus easily be
analyzed through the frame of the Deportation Regime.

Central to the reproduction of deportability and the Deportation Regime is a process
that DeGenova describes as the “border spectacle” (DeGenova 2013). The border
spectacle is a “spectacle whereby migrant ‘illegality’ is rendered spectacularly visible”
and which “sets the scene of ostensible exclusion, in which the purported naturalness and
putative necessity of exclusion may be demonstrated and verified, validated and
legitimated” (Ibid., 1181). The border spectacle is enacted through border and
immigration law enforcement and relies upon discursive formations “that uphold and
propagate the notion of migrant ‘illegality’” (Ibid.). Central to the "spectacle” of migrant
“illegality”, is the racialization of migrants, and the production of migrant “differences”
(Ibid. 1192). Such spectacles exacerbate the racialization of migrants as ‘race’ and
‘immigration’ have been disarticulated “through a politics of nativism” meaning that both
racialized migrants, regardless of status or race, are automatically perceived as “illegal”
and racialized “others” (Ibid.). The ‘spectacle’ of exclusion and the generation of anti-
migrant sentiment, ensures the economic inclusion of undocumented migrants (Ibid.,
1184) because the inclusion of undocumented migrants is “devoted to the subordination
of their labour” which, according to DeGenova, “can be best accomplished only to the
extent that this incorporation is permanently beleaguered with the kinds of exclusionary
and commonly racist campaigns that ensure that this inclusion is itself, precisely a form of subjugation” (Ibid., 1184-1185). The notion of “spectacle” is useful in understanding the health impacts of migrant life as it helps to explain how deportability is operationalized in everyday life. Beyond interactions with the police, the border spectacle serves as a proxy for the threat of deportation or detention for undocumented workers.

The theoretical considerations outlined above are useful in shaping the analysis of this research as they highlight the centrality of deportation in all facets of migrant life. The looming possibility of deportation, or deportability, is an effective tool of labour discipline and population control. The looming threat of deportation shapes access to basic human rights, labour protections, and the legal system. Furthermore, deportability and the mechanisms that uphold it, shape everyday migrant decisions including decisions to access healthcare, seek new employment, and where to be seen. The structure of migration control, and it’s effects on workers, will be a central feature of analysis throughout this thesis.

3.2.5 Theorizing Migrant Health

This thesis utilizes a Foucauldian biopolitical framework to explain how the production of deportability and processes of racial capitalism shape health outcomes and vulnerabilities for undocumented migrant workers. Within a broader framework of biopolitics, I will draw on Agamben, Holmes, and Willen, to explain how these processes manifest in specific health outcomes or vulnerabilities.

Biopolitics refers to the state’s “power to foster life or disallow it to the point of death” (Foucault 1978a, 141). Within the regulatory framework of the state, biopolitics is less a “matter of bringing death into play in the field of sovereignty, but of distributing
the living in the domain of value and utility” (Ibid., 144). According to Foucault, there are two ways in which states exercise power over human life. The first is through the “anatamo-politics of the human body” which recognizes the labour-power of bodies and works to discipline and optimize bodies into “systems of efficient and economic controls” (Ibid.). The second exercise of power is the “biopolitics of the population” which supervises and controls the biological processes of the human body and the reproduction of life” (Ibid.). The centrality of labour power is evident in Foucault’s understanding of biopolitics, and he explains that “the investment of the body, its valorization, and the distributive management of its forces” were indispensable to the development of industrial capitalism (Ibid.). The exercise of anatamo- and biopolitical power by state institutions “acted as factors of segregation and social hierarchization, exerting their influence of the respective forces of both these movements, guaranteeing relations of domination and effects of hegemony” (Ibid.). Biopolitical power is an important tool for states as it has allowed states to effectively tie together the accumulation of people “to the expansion of productive forces and the differential allocation of profit” (Ibid.). Central to the exercise of biopolitical power is the optimization of “forces, aptitudes and life in general without at the same time making them more difficult to govern” (Ibid.). According to Foucault, this exertion of biopower comes not through the formal exercise of sovereign power, but through governmentality, which is “the ensemble formed by institutions, procedures, analyses and reflections, calculations, and tactics that allow the exercise of this very specific, albeit very complex, power that has the population as its target, political economy as its major form of knowledge, and apparatuses of security as its essential technical instrument” (Foucault 1978b, 144). Governmentality is a subtler
mechanism of power that allows for the state to “qualify, measure, appraise, and hierarchize” the biopolitical value of subjects and includes the internalization of this power among citizens (Foucault 1978a), 141). Unlike juridical power, governmentality implies a more relational power in which the subject, and a community of subjects, internalize the power and surveillance of the state, and change their behaviours accordingly. While juridical systems which enforce sovereign power, like police and the courts, are still important in maintaining biopolitical power, Foucault notes that these systems are “utterly incapable of comprehending” the ‘right’ to health and to the satisfaction of needs as juridical systems utilize the threat of violence and death, rather than the facilitation of health, to wield power (Ibid., 145).

Agamben (1995) expands directly on Foucault’s brief discussion of biopolitics, sovereignty, and rights, and introduces the concept of Bare Life, which, contrary to Foucault, places the biopolitical life at the center of the juridical system. Bare Life, or *homo sacer*, refers to the life of the man “who may be killed and yet not sacrificed”, it is human life that “is included in the juridical order solely in the form of its exclusion (that is, of its capacity to be killed)” (Ibid., 12). According to Agamben, bare life originates at the “margins of the political order” but becomes integrated into the political realm through its political exclusion of bare life which is governed by a “state of exception” that exists simultaneously outside of the rules, and in its externality confirms the rules. According to Agamben, the state of exception “in its very separateness [constitutes] the hidden foundation on which the entire political system rest[s]” (Ibid.). Agamben illustrates the extent to which the *homo sacer* is denied all rights of the state and reduced to bare life by explaining that “anyone can kill him without committing homicide” (Ibid.,
For the *homo sacer*, a lack of political identity means that they are vulnerable to the suspension of the law to the extent that they exist outside of the legal system, yet simultaneously remain wholly subjected to the legal power of the state (Whyte 2009, 59). The condition of bare life for the *homo sacer* is legitimized by the orientalist ideology of the racial capitalist state, which exploits perceptions of the racialized “other” as savage, backwards, and inferior in contrast to the civilized, modern, and progressive Europeans. These distinctions serve to justify a differentiation in access to the rights and privileges of the state including the suspension of civil liberties, workplace protections, labour rights, human rights, and access to services, all of which constitute the condition bare life for the *homo sacer* (Ibid.).

Building on a biopolitical framework, Holmes’ (2011, 2013, 2006) concept of “structural vulnerability” and Willen’s (2012a) concept of “health-related deservingness” provide useful theoretical tools for understanding how migrant health vulnerabilities and outcomes are shaped by forces of racial capitalism and deportability. Drawing on his ethnographic research among Triqui farmworkers in the United States, Holmes (2013) proposes the concept of “structural vulnerability” to explain how political, economic, and social *structures* shape the vulnerability of migrant workers, leading to poor health outcomes (152). Speaking specifically about the US context, Holmes explains how structural vulnerability is shaped by global economic processes and is hierarchical by nature, as “the corporatization of US agriculture and the deregulation of international free markets squeeze growers such that they cannot imagine increasing the pay of the pickers or improving the labor camps without bankrupting the farm” (Holmes 2006, 1789). Structural vulnerability is presented as a “counterpoint” to the individualistic focus on
risk behaviour, as is commonly seen in medicine and public health, which Holmes (2011) argues carries the subtle assumption that vulnerability or suffering is a result of the individual and their choices (Ibid., 426, 447). Structural vulnerability, alternatively, examines how social structures of race, political structures, and economic structures “produce and organize suffering” (Ibid. 426). Without the consideration of structural vulnerability “diagnoses and interventions rarely correspond with the context of suffering and may instead comply with the very structures of inequality producing the suffering in the first place” (Ibid. 447). Holmes’ (2006) outlines how structural violence, while enacted by market rule, is channeled through political systems, policies, laws, “international and domestic racism, classism, sexism, and anti-“illegal” immigrant sentiments” (1789). In terms of health outcomes, structural vulnerability explains that racism, classism, sexism, and anti-migrant sentiment shape working opportunities and conditions, living conditions, treatment by peers, bosses, and the state, and especially importantly in the context of health, medical professionals. These structures of discrimination work effectively to erase structural violence that is experienced by migrants precisely because of the risk-behaviour focus of traditional medical practice. Holmes’ argues that structural vulnerability is erased “because its disappearance takes place at the level of the body and is thus understood to be natural” (Ibid. 1790).

The notion of health-related deservingness provides an additional theoretical concept through which to understand the politicized nature of migrant bodies when evaluating migrant health and healthcare access (Willen 2012a, 813). Health-related deservingness is an understanding of healthcare access that stands in contrast to “rights” and looks at moral assessments of deservingness (Ibid., 814). According to Willen,
concepts of deservingness are relational and conditional, and “shaped by political, economic, social and cultural context as well as personal values and commitments” (Ibid.). Xenophobic and racist portrayals of undocumented migrants as “non-contributing members” or “morally inferior and excessively demanding” contribute to migrants being deemed undeserving of healthcare by the general public (Ibid., Kirtsoglou and Tsimouris 2018, Holmes 2012). According to Willen’s study, these notions of (un)deservingness are internalized by migrants, impacting decisions to access healthcare. Health-related deservingness, along with compounding economic and political structures, becomes embodied in undocumented racialized migrants as patients, as they will go without, or delay seeking healthcare out of fear of deportation. The consequences, as Willen illustrates, are “improperly healed fractures, festering abscesses, advanced cases of treatable infectious disease, or late stage cancers” (Willen 2012b, 806).

The broad theoretical considerations outlined above provide a framework that will be utilized in this thesis to understand both how structures impact the health of undocumented migrants, and how the health of migrants is understood in political and economic terms. Willen and Holmes provide frameworks for understanding migrant health outcomes, while Agamben and Foucault provide a framework for understanding how poor health and suffering is reproduced and legitimized.

3.3 Conclusion

In this chapter, I have provided a clear breakdown of the methodological considerations for this research, the research methods used, and the theoretical framework that has guided this analysis. The theoretical framework employed in this
thesis is informed by the anti-oppressive research methodologies and aims to consider the broad structural factors that shape conditions of life for migrant workers. By employing an intersectional theoretical framework that draws on concepts from health anthropology, migration studies, and critical political economy, I am able to go beyond a physiological consideration of health and understand the structural and sociological factors that shape health outcomes for undocumented migrant workers. The frameworks employed in this analysis will provide a nuanced analysis for understanding how structures including racism, political economy, systems of migration governance, and the Greek healthcare system intersect to shape health outcomes for workers. In the next chapter of this thesis, I will provide an overview of the social and economic context shaping health and healthcare access for undocumented migrant labourers in Manolada and Megara. By examining push factors of migration in Bangladesh, India and Pakistan, and the pull factors for migrant labour in Greece, including the nature of agricultural production and the changing Greek labour force, I will provide a clear overview of labour needs and the needs of migrant labourers. I will then discuss the crises that have shaped the Greek political landscape in the past two decades which have fueled xenophobia and racism within the country. This discussion will provide a clear understanding of the structural nature of labour exploitation and the dependency of the Greek economy on migrant “illegality” and paint a broad picture of the context in which migrant workers seek healthcare.
Chapter 4

Context of Migration

Increasingly, undocumented migrant agricultural labourers in Greece are young men arriving from countries such as Bangladesh, Pakistan and India (Kukreja 2019a, 2). The health of these migrant labourers is shaped by contexts in both the host country and their countries of origin. By examining the factors that shape migratory flows, from South Asia, and into Greece, the structural factors shaping migrants’ working and living conditions are more clearly understood. The exploitative nature of migrant work and the politicization of migrant lives are reproduced by policies of migration management and a capitalist economic system in which racialised labour is exported from the Global South to the Global North. This chapter will first examine the context of emigration in South Asia and how emigration is facilitated through multilateral polices, and then review how the capitalist transformation of rural Greece has shaped labour demand. Finally, this chapter will examine the impact of contemporary crises such as the Greek economic crisis and the 2015 European refugee crisis shaped the political climate for migrants in Greece.

4.1 Context of South Asian Emigration

Globally, 15% of the estimated 164 million migrant workers worldwide are from South and Southeast Asia (Rutkowski 2020). These racialized workers have a significant economic impact on both their host and home countries, with migrant remittances in South Asia making up between 6 to 30 per cent of GDP in countries of origin (Ibid.). This section will examine how structural factors such as capitalist development, policies on remittances, and global climate change, shape migratory flows out of South Asia and
consider how such factors shape the social reproduction of labour and migrant wellbeing. While this thesis pays special attention to the structural factors that shape labour emigration, it is important to be cognizant of the many contextually specific motivations to migrate that fall beyond the scope of the structural factors discussed here. A strictly structural focus on migration decisions at the expense of contextually specific factors risks drawing overdetermined conclusions, however a contextually specific analysis of migration is not possible within the scope of this research due to the broad geographical region covered. Rather, this thesis will examine broad trends within South Asia and consider the implications in relation to the subject of this thesis.

Most international migration occurring today is motivated by the search for good work (ILO 2020b), though some people migrate involuntarily to escape persecution or conflict. Voluntary migrations can be motivated by marriage, family reunification, or educational opportunities (Abel et al. 2019, 44). Mainstream understandings of labour migration understand the decision to migrate to be determined by “expected improvements elsewhere” with particular emphasis placed on expected improvements in income (Walmsley et al. 2017 116). In this equation, it is both the lack of opportunities in home countries that push people to migrate, as well as the opportunity for economic gain that draws people to destination countries.

While population mobility has a long history in South Asia, colonial rule and post-colonial conflicts have been significant in shaping international population movements in the Indian subcontinent (Brown 2006). Under British Imperial rule, labour mobility was forced by the colonial rulers as the Indians were exploited as indentured labourers, or contract workers abroad (Ibid., 11). In 1947, India and Pakistan achieved
independence from Britain, and the associated political upheaval sparked significant mobility across the newly formed international borders as many fled in fear for their lives, or as a result of political persecution (Ibid.). Following independence in Pakistan and India, many former colonial subjects migrated to Europe—primarily the UK but also France, Belgium, and the Netherlands—in response to a growing need for low-wage industrial and agricultural labour (Van Mol and de Valk 2019). In 1971, when Bangladesh established independence from Pakistan, there was another significant migratory movement, as a large number of religious minorities fled to India, or sought asylum elsewhere (Ullah 2010, 7).

In the post-colonial context, capitalist expansion, particularly the expansion of export manufacturing and export agriculture, has mobilized “new segments of the population into regional and long-distance migrations” (Sassen, 1988 18). In the 1980s, Structural Adjustment Facilities (SAF) loans from the IMF effectively dispossessed many peasants from their land and transformed previously subsistent agricultural workers into labourers (Misra 2017, 594). In Bangladesh, agricultural contribution to overall GDP fell from almost 42% in 1987 to 12% in 2014 (Ibid.). For Bangladeshi farmers in the wake of the SAF loan, market deregulation and the increasing mechanization of agriculture, pushed small-scale farmers out of the market and contributed to a monopolization of agriculture and pushed farmers into waged labour (Ibid.). Similar crises of agrarian production can be observed in India and Pakistan, where the implementation of neoliberal policies mark the withdrawal of state support for peasants and the subsequent dispossession of farmers of their land, and push farmers and peasants into waged labour (Mishra 2020). The incorporation of local populations into waged labour, and the
“associated disruption of traditional work structures” has created a large supply of migrant workers, as the supply of labour exceeds the demand for labourers (Sassen 1988, 18). Furthermore, the feminization of the workforce has created a shortage of jobs for men, and the existence of historical and economic links with other countries has created avenues for labour migration (Ibid.). Labour migration was seen as a “more efficient deployment of wage workers[,] who escape unemployment and underemployment in the Global South to work in the Global North” (Rosewarne 2012, 69). This pattern has been compounded by environmental degradation caused by climate change as natural disasters such as flooding, regularly hit Bangladesh, further impinging on the ability of farmers to subside on their land (Stojanov et al. 2017, 250; Ullah 2010, 7). Bangladesh is particularly vulnerable to extreme weather and rising sea levels as over 80% of the country is within a flood plain near the sea and experiences regular extreme weather events (Wernick 2019). Soil salination from flooding is contributing to failing crop yields, and the destruction of fishing regions (Ibid.) and has even been directly tied to increasing internal and international migration (Chen and Mueller 2018).

The rising need to migrate due to external factors such as climate change further contributes to the general pattern of labour that has played out in South Asia since the 1970s, when a dramatic demand for labour in the Gulf countries and in South East Asian countries such as Malaysia and Singapore offered many South Asian migrants the opportunity to earn attractive salaries for temporary periods (Brown 2006, 26). This dramatic rise in migrant labour led to a reliance on remittances, and when labour demand fell in the Gulf Coast, workers sought employment in other Asian countries, in Europe, and in North America (Vihe 2007, 83). Today, Gulf Coast Countries are still a significant
destination for South Asian migrants, though migration to the area began to decline following the 2008 economic crisis, and reports of the systemic abuse and exploitation of the Kafala system and “conditions akin to slavery” have led to a greater focus on other regions (Ullah 2010, 5). Despite reports of systemic abuse and exploitation, the remittances associated with labour migration are encouraged by labour-exporting countries (Rosewarne 2012, 69). In Bangladesh, the Ministry of Expatriates’ Welfare and Overseas Employment is committed to facilitating overseas employment for Bangladeshi citizens (Government of Bangladesh 2018). South Asian countries are the largest recipient of remittances, receiving more than 20% of global remittances between 2015-2019, with India alone receiving 360 billion USD (Najar and Pochet 2021) In Bangladesh, remittances represent around 7% of total GDP, which is roughly 20 billion USD (Aneja and Islam 2020). Labour-exporting countries implement labour migration promotion policies to ensure that their surplus labour can be utilized in an economically efficient way that encourages remittances (Rosewarne 2012, 75). These labour promotion policies have been important, as remittances are an increasingly substantial source of funding in Global South economies (Ibid., 63). Since the 1970s, South Asian states have been implementing policies and strategies to shape migration flows, and Bangladesh, India, and Pakistan have “been active in developing policies for the export of surplus labour in order to earn foreign currency” (Ibid., 6). In the 1970s, a bilateral agreement was signed between Pakistan and Greece, which allowed for the temporary employment of Pakistani migrants in Greek shipyards (Yousef 2013).

International Financial Institutions such as the World Bank have embraced temporary labour migration as a development strategy, as such individualized approaches
to development offload the responsibility for social reproduction from the labour-receiving state and the responsibility to provide employment for citizens from migrant-sending states. According to Rosewarne (2012), the encouragement of migration as a development strategy “give[s] only cursory attention to the consequences of workers’ labor market position” with many migrant workers being overrepresented in low-paid jobs with job precarity being a condition of employment (73). The racialization of migrants has been a crucial component in the creation of a global segmented labour market (Verma 2019, 47). Within the global system, multinational brokerage firms, bilateral government agreements, and historical colonial ties, shape the available options for labourers and prioritize the labour of some populations above others (Ibid.). Labour recruiting firms in particular play a role in determining not only where migrants work, but also which migrant populations are deemed to be desirable workers (Ibid.). Through the promotion and legitimation of these strategies, states in both migrant-sending and migrant-receiving countries encourage migrant “illegality”, as labour migration is framed as an increasingly attractive and lucrative option for workers, yet continue to implement policies that discourage family reunification or permanent migration. The discouraging of family reunification means that remittances to home countries will continue as workers send money home to their families, while migrant-receiving countries can continue to benefit from a cheap, flexible labour force without bearing any of the costs of social reproduction for workers, or their families.

Labour recruiting firms and existing migration networks are crucial in shaping migratory flows. Established networks of contacts help migrants find employment, housing, and social support networks (Abel et al. 2019, 256). These kinship networks
have been crucial not only in establishing migrants in destination countries but also in establishing and reproducing connections between countries (Rashid 2012, 40). These networks reproduce migration as an ideology and reinforce notions of obligation among potential migrants (Ibid.). Labour recruiting firms are selective in the information they share, framing labour migration as a good opportunity, and returning migrants, especially men, are reluctant to share information about the negative aspects of labour migration (Dannecker 2013, 48). Such information reproduces the idea that labour migration is a great income-generating opportunity that will help fulfil familial obligations and improve their livelihoods (Ibid.).

4.2 Economic Restructuring and the Demand for Labour in Rural Greece

Since the 1980s, Greece has transformed from a migrant-sending country to a migrant receiving country (Kasimis et al. 2003). The capitalist transformation of rural Greece and the stagnation of agricultural production in Greece led to a massive migration of rural Greeks to industrial areas in North America and Northern Europe. Rural economies in post-war Greece were characterised by precapitalist relations of production with small family farms, seasonal production, low incomes, and a heavy reliance on family labour (Lawrence 2007). As Greece underwent capitalist transformation, the rural population functioned mainly to ensure the production of cheap food for urban areas and provided a pool of surplus labour for both urban development in Greece and international labour markets (Ibid.; Bika 2007, 70). Greece’s economic development was consistent with other Southern European countries, and was “characterised by late industrialisation, large agricultural and tourist sectors, speculative urban development and extensive family-based informal economy” (Kasimis et al. 2003, 167-168). Membership in the
European community further facilitated the development of capitalist relations of production through the increased “intrusion” of European capital into Greek economies, the restructuring of state industries, and the expansion of international trade for Greek producers (Lawrence 2007, 28).

Between 1951 and 1980, almost 12 percent of the Greek population left the country in search of higher-paying employment, with a majority of emigrants being either farmers or land workers (Kasimis et al. 2003, 169; Lawrence 2007, 25). Labour emigration was a vital component of the Greek rural economy, as household agricultural production declined with the expansion of capitalist relations of production, agricultural households were integrated into the capitalist system as both producers and consumers (Lawrence 2007, 4). In this context, labour emigration served the dual purpose of providing households with income to meet their new consumption needs, as well as provided labour for urban development, both in Greece and abroad (Lawrence 2007, 24).

This process of economic development brought about significant changes in the social and economic expectations of rural Greeks. Improvements in living standards, higher levels of education, higher employment expectations, and the gradual integration of women into the labour market, prompted a “general reluctance” for rural life and employment among young Greeks, who “voted by their feet” and migrated to urban areas (Kasimis et al. 2003, 174). The economic restructuring facilitating the social transformation of rural Greece was contributory to the creation of jobs that were rejected by local populations (Ibid.). Rural employment needs demanded “flexible labour, independent of trade union practices and legislation” (Kasimis 2008, 511), meaning that available jobs as agricultural labourers were low-paying, low-status, with little job
security. Prior to the arrival of migrant workers, these jobs were filled by a dwindling indigenous, non-family, work force made up primarily of a subjugated workforce of racialized and gendered workers, made up of rural women, seasonal labourers from the mountains, and Roma people, though increasingly these populations were absorbed into the urban workforce (Kasimis et al. 2003, 174). The declining returns in the agricultural sector contributed to the failure of farmers to mechanize production and improve organizational efficiency, putting the agricultural sector in a crisis state (Kyrkilis and Simeon 2015).

Greece’s agricultural sector was able to survive in part due to the CAP—which will be discussed further in this chapter—and due to the arrival of Polish, Yugoslavian, and eventually Albanian and Romanian migrants (Kasimis et al. 2003, 174). The arrival of a flexible labour source in the form of migrant labourers addressed a serious demand for labour in rural Greece. Through the exploitation of cheap migrant labour, farmers were able to diversify crops, invest in limited mechanization, and allow for pluriactivity within farming households (Ibid.). While migrants have addressed the gaps in the labour market, these gaps are reflective of a racialized hierarchy of labour and labour demands are “defined by social positions of power that allocate employees to different segments on the basis of their ethnicity, gender and class” meaning that those deemed to be at the bottom of the hierarchy (i.e. racialized workers, women, low-class workers) have access to the lowest paying, most precarious jobs (Kasimis 2008, 512).

The processes of economic and social restructuring were consolidated in 1981 when Greece became an official member of the EU (Lawrence 2007, 27). EU membership opened up the Greek economy to flows of labour and capital from Europe.
and brought European investment to Greek production and development (Ibid.). For Greece, the most important policy development was the implementation of the Common Agricultural Policy (CAP), which makes up 50 percent of Greece’s agricultural income, making agriculture the most subsidized sector of the Greek economy (Kasimis et al. 2003, 172). The CAP is an EU policy that aims to “increase agricultural productivity, ensure a fair standard of living for producers, stabilize agricultural markets, and provide low-priced food for urban markets” through the implementation of market controls including price supports and producer bonuses (Lawrence 2007, 27-28). While the CAP significantly increased agricultural incomes initially, Greek agriculture experienced a significant decline in competitiveness due to “cutback[s] in private investments, irrational management of EU funds, and ineffective structural policy” (Kasimis 2008, 514). Pressures on agricultural producers to invest in technology, restructure production towards market needs, invest in mono-culture production, and engage in policies such as contracting out farmland, meant that the CAP created favourable conditions for the growth of commercial agricultural food production but single family agricultural producers were often forced to give up their farms or seek employment outside the home (Ibid., Lawrence 2007, 29). The policies of the CAP thus contributed to the increasing class differentiation of rural Greece (Ibid.). The CAP facilitated the integration of more farmers and farmworkers into the waged labour force in urban centres further perpetuating the need for a flexible, agricultural labour force.

At this crucial juncture in Greek agriculture, the emergence of a pool of cheap migrant labor force from countries of the former Soviet bloc came as a lifesaver for it. The labour demand in rural Greece was met by migrant labourers, largely from Eastern
Europe, who were prepared to accept lower wages and longer working hours than the indigenous work force (Kasimis et al. 2003, 170). In the 1980s, it was an increasing number of people arriving from Poland and Yugoslavia on tourist visas who provided the labour, but after the collapse of the USSR, there was a massive inflow of Albanians, Bulgarians, and Romanians who effectively replaced the Polish and Yugoslav workers, accepting even lower wages and longer working hours (Ibid., 169). Migrant workers were an effective solution to the labour and competitiveness crisis as they were flexible and “met seasonal labour needs, permitted increased agricultural production, kept wages low … and contributed to keeping agricultural product prices low” (Ibid., 170). While initially migrants arrived from Eastern Europe, over a period of time, increasing numbers of migrant workers came from Africa, South Asia, and other Balkan countries (Kasimis 2008, 513). The existence of regularized temporary migration programs failed to meet the labour demand in Greece but created a demand among employers for precarious, cheap, informal labour that operated as a pull factor for undocumented migrants. A continuous flow of new “illegal” migrants has been essential to the maintenance of this model of employment (Ibid.). In Greece, the replacement of Albanian labourers with Bangladeshi labourers both helps to restrict efforts for collective action or bargaining as the two ethnic groups are pitted against one another, and ensures the existence of a racialized surplus population from which to draw cheaper, more exploitable labour (Ibid.).

4.3 Context of Crises in Contemporary Greece

The political discourse on migrants, and state and EU migration policies have been developed in the context of two significant crises over the past 15 years: the Greek economic crisis and the European refugee crisis have shaped the political context of
migration and public attitudes towards migrants. Both of these crises have been used by the Greek state and the EU to increase the policing of migrants and the militarisation of migration control, thus reinforcing the racialization and deportability of migrants.

4.3.1 The Greek Economic Crisis

The Greek Sovereign Debt crisis emerged following 2008 financial crash, as it was revealed that Greece had been massively understating its deficit figures which raised concerns about the reliability of Greek finances and caused many financial actors to halt borrowing for Greece (The New York Times 2016). The debt crisis has played a key role in shaping both the context of healthcare for undocumented migrant workers, and the political discourse on migration in Greece. Since 2009 when the deficits were revealed, Greece has experienced a severe financial crisis, with GDP declining by more than 25% (Kotsiou et al. 2018). The crisis has had a direct impact on Greek citizens—disposable income decreased by about 40%, poverty increased between 100% and 200%, and many Greeks lost their jobs (Cavounidis 2018, 20). The EU, the IMF, and the European Central Bank (known colloquially as ‘the Troika’) were concerned that the economic recession in Greece would have a domino effect throughout the rest of Europe (Rogers and Vasilopoulou 2012, 780). In response, ‘the Troika’ implemented Economic Action Plans (EAPs), in which Greece received loans of EUR 110 billion in 2010 and EUR 130 billion in 2011 (Kentikelenis et al. 2014, 748). (Economou et al. 2017). Strict conditions were attached to the loans that required the Greek state to significantly reduce spending, resulting in deep cuts to social services, an increase in the privatization of public goods, and increased market liberalization that significantly impacted workers’ rights (Economou et al. 2017). The conditions of the EAPs have added significantly to the
suffering caused by the financial crisis, unemployment has plateaued around 21.5 percent since 2012, and homelessness increased by 25 percent after the implementation of the EAPs (Chrysoloras 2013, 18).

Since the onset of the economic crisis in 2010, the Greek healthcare system has undergone significant restructuring (Economou et al. 2017, xv; Kentikelenis et al. 2014, 748). The loan conditions of the EAPs required that the Greek government cut spending and increase revenue. In the healthcare sector, this meant “reduce[ing], rapidly and drastically, public expenditure by capping [healthcare spending] at 6% of GDP” (Ibid.). These measures have resulted in significant cuts for public health programs such as syringe disposal programs and condom distribution for drug users, and a 26% reduction in public hospital budgets (Ibid., 749). The austerity measures have exacerbated health conditions and resulted in an increased cost burden for patients, preventing the most vulnerable people from accessing healthcare (Ibid.). The austerity measures implemented by the European Commission, the International Monetary Fund, and the European Central Bank—known colloquially as ‘the Troika’—have exacerbated existing vulnerabilities within the healthcare system (Economou et al. 2017, xvi). Greece has one of the most privatized healthcare systems in Europe, and health insurance pre-crisis was tied to employment which left a gap in health coverage as many people lost their jobs (Ibid. xvii). In 2016 the centre-left Syriza government was passed legislation that expanded access to healthcare, which included expanded access for asylum seekers and undocumented migrants (Ibid. 50). Those suffering from chronic, mental, or rare diseases, and those with severe disabilities had universal healthcare access irrespective of their legal status (Ibid.). Under these legislative changes, coverage expanded for
undocumented migrants to provide pregnancy and emergency care (Ibid.). In contradiction with the 2016 legislation, in 2019, following the election of the centre-right New Democracy Party, the Ministry of Labour and Social Affairs clawed back many of the progressive policies implemented under the Syriza government, including revoking access to social security numbers (known as AMKAs) for third-country nationals, meaning that undocumented migrants and asylum seekers in Greece have no way of legally accessing public healthcare (MSF 2019, 1).

The climate of political instability associated with such austerity measures and the scarcity of public resources fueled anti-migrant violence and xenophobia in Greece. Migrants have been increasingly racialized and served as scapegoats in overt and subtler ways. The fascist, anti-migrant political party Golden Dawn\(^1\) gained electoral success by blaming migrants for causing or worsening the economic crisis (Karamanidou 2016, 2004). Less direct instances of anti-migrant sentiment in the context of the crisis has been the discourse surrounding resource scarcity with the argument being that there is not enough money to provide “hospitality” to non-Greeks (Carasthisis 2018, 145). In the context of a widespread national crisis, migrants as a racialized population, became increasingly visible and vilified. This was most evident in the electoral success of the far-right Golden Dawn political party, which having long before been a fringe political party, achieved 7% of the vote in the 2012 national election on an explicitly xenophobic platform (Drymioti and Gerasopoulos 2018, 51). The rise of Golden Dawn legitimized anti-migrant ideas, as less extreme political parties (often right-wing parties) engaged in

\(^1\) Golden Dawn was deemed by Greek courts to be a criminal organization in Oct. 2020; however, I have chosen to refer to it as a political party to recognize the institutionalized nature of anti-migrant hate in Greece. [https://www.bbc.com/news/world-europe-54433396](https://www.bbc.com/news/world-europe-54433396)
discussions on the “issue of immigration” in the guise of addressing the economic crisis (Ibid. 58). The increasing focus on “illegal immigration” provided political justification for the increased policing of migrant populations and the implementation of stricter immigration policies (Karamanidou 2016, 2004). The economic crisis has weaponized and reproduced the racialization of migrants and reinforced the deportability of migrants.

4.3.2 The Refugee Crisis

Anti-migrant hate and the targeted policing of migrants fuelled by the social and political impacts of the financial crisis, and the rise of the far-right, was further compounded in 2015 by what was deemed to be a ‘refugee crisis’, as thousands of migrants fleeing conflict zones ended up on Greek shores to claim asylum in Europe (Spindler 2015). According to the UNHCR, more than 911,000 refugees and migrants arrived on the shores of Europe, with more than 75% fleeing conflict and persecution in Syria, Afghanistan, or Iraq (Ibid.). The main point of entry into Europe was a passage of the Mediterranean Sea from Turkey to the Greek Aegean Islands, which proved to be deadly as more than 3550 people lost their lives during the crossing (Ibid.).

The increased number of asylum seekers arriving in Greece was a significant concern to the EU, as Greece is a European border country, and entry to Greece allows for easy access to the rest of Europe. The refugee crisis has served as an opportunity for the EU and the Greek state to increase the militarization of migration control and the policing of migrants in Greece and Europe. In March 2016, the EU took decisive action against the inflow of migrants to Northern Europe with the closure of the “Balkan Route”, which had been allowing for easy passage from Greece to Northern Europe, and the implementation of the EU-Turkey Deal which effectively reduced sea-traffic from
Turkey to the Greek Islands (Kalogeraki 2019, 362). Since 2015, Greece has received more than 3 billion EUR in EU support for “managing migration”, which includes the allocation of funds for the Ministry of Defence, the Hellenic Police, and increased border security (European Commission 2021). In addition, there is a heavy presence of the EU-run FRONTEX border management agency, which has recently been accused of involvement in migrant pushbacks (Stevis-Gridneff 2020).

In the wake of the refugee crisis, the social and political context has been hostile towards undocumented migrants in both direct and indirect ways. The increased policing of migrants and discourses of securitization have increased the deportability of undocumented migrants, and indirectly undocumented migrants have suffered as a result of the intensified, and hostile, public discourses surrounding migrants and refugees. Media coverage of the arrival refugees has fueled toxic understandings of migrant populations and served to legitimize “hard line” policy responses to migration. Serafis et al. (2020) analysed Greek newspapers and found an augmentation of racist and xenophobic portrayals of migrants and refugees that framed the 2015 crisis as a natural disaster of sort (as in a “wave” of migrants), and a barrier to Greece’s economic recovery due to the presence of refugees in the Piraeus port (557). Boukala and Dimitrakopoulou (2018) similarly found that Greek politicians and Greek media reinforced xenophobic and racist portrayals of migrants and refugees in the wake of the crisis. Politicians would draw on negative media to justify stances, and media coverage of political statements would reinforce the negative messaging around migrants and refugees (Ibid.). In the aftermath of the refugee crisis, the Pew Research Center found that 72% of Greeks believed that refugees will be an economic burden by taking jobs and social benefits,
while 30% believe that refugees are more at fault for crime than any other population group (Kalogeraki 2019, 362). While these findings are focused on refugees, as DeGenova (2013) argues through the racialization of migrants, understandings of race and immigration are often conflated, meaning that perceptions of race and immigration do not make distinctions based on origin or citizenship status, but rather make assumptions that all racialized bodies are out of place. The intensified discourse surrounding the Refugee crisis, fueled by the Greek state and EU endorsements in the form of increased policing, identifies racialized people as targets for harassment and misplaced anti-migrant hate.

4.4 Conclusion
In this chapter, I have provided a clear overview of the context in which undocumented migrant workers in Manolada and Megara seek healthcare. The historical context of labour migration illustrates the centrality of migrant precarity to the labour regime, and the push factors of migration highlight the reliance of migrant workers on precarious employment. The context of crises is also important in considering both the social and political climate in which migrant workers live and seek healthcare, and the economic context that shapes the availability of healthcare. The economic crisis has slashed healthcare funding, limiting the quality and availability of healthcare services. Furthermore, high rates of unemployment, compounded by the refugee crisis in 2015, have intensified the xenophobia and racism in Greek society and made migrant workers a target of racist harassment and violence. The political climate has legitimized increasingly immigration enforcement policies, which have rendered migrant workers increasingly vulnerable to deportation and detention. The next chapter will build on the
social and economic context discussed in this chapter by outlining the legal and policy frameworks that shape healthcare access, migrant rights, and migration governance. These frameworks work in tandem with the social and economic factors to reproduce migrant deportability and labour exploitation.
Chapter 5  
National and International Legal Frameworks of Migration Management and Protection

Central to the context of health and healthcare access for undocumented migrant workers in Greece are the intersecting legal and policy frameworks at different institutional levels. Healthcare policy, international human rights law, labour law, and migration policies are all at play in determining legal access to healthcare for undocumented migrant workers. This chapter will examine how policies of migration governance negatively impact the context of health for migrant workers by effectively undermining existing national and international legal protections. In this chapter, I will demonstrate how the deportability of migrants—realized through the implementation of policies of migration governance—undermines the realization and assertion of available human rights and legal protections. This chapter will first present an overview of the framework of migration governance and the related policy tools. I will then look at the legal foundations for mobility rights, the human right to health, health care policies in Greece, and labour protections for migrants, and explain in each instance how these rights are undermined or compromised by policies of migration governance.

5.1 Migration Governance in the EU and Greece

The IOM defines migration governance as the “combined frameworks of legal norms, laws, regulations, policies and traditions as well as organizational structures and the relevant processes that shape and regulate States’ approaches with regard to migration in all its forms, addressing rights and responsibilities and promoting international cooperation” (IOM 2019, 138). Policies of migration governance are produced and
enforced by multiple institutional actors including the EU, EU Member States, the IOM, and non-EU states with which the EU has existing agreements. Within the framework of migration governance, states’ and relevant institutional actors have three main tools that are utilized to address “illegal” migrants within their borders: deportations (known as “returns” in EU policy documents), assisted voluntary returns (AVRR), and detention (European Council 2021). These policies are reinforced through readmission agreements with non-EU states (Ibid.).

Deportations, or “returns” are understood as “the process of a non-EU national going back—whether in voluntary compliance with an obligation to return, or enforced to: his or her country of origin[,] a country of transit in accordance with EU or bilateral readmission agreements or other arrangements [,] another non-EU country, to which the non-EU national concerned voluntarily decides to return and in which he or she will be accepted” and have legal grounding in Directive 2008/115/EC (European Commission 2017, 9). Deportation as a policy tool can apply to any “irregular migrant” which includes “any third-country national who does not enjoy a legal right to stay in a Member State” (Ibid., 8). The European Commission does not allow room for a legal grey-zone and is very clear that “[a]ny third-country national physically present on the territory of an EU Member State is either staying legally or illegally. There is no third option” (Ibid.).

Assisted Voluntary Return and Reintegration (AVRR) is the primary strategy for returning undocumented migrants in the EU and is administered by the IOM. Assisted voluntary return programs “provide administrative, logistical and financial support, including reintegration assistance, to migrants unable or unwilling to remain in the host/transit country and who decide to return to their country of origin” (IOM 2018, 1).
The program pays for the return costs and promises a reintegration program for migrants in their home countries (Ibid.). The fundamental principle of assisted voluntary returns are the voluntariness of the returnee, which exists if the decision to return is an informed one, and if there is “freedom of choice, which is defined as the absence of physical or psychological pressure to enroll” in a return program (Ibid., 6). The voluntary nature of such programs has been called into question, as these decisions are often undertaken after the denial of asylum claims, or in encounters with law enforcement. Webber (2011) points out that the absence of “physical or psychological pressure” is not possible in contexts when the alternative to repatriation is “utter destitution, with denial of accommodation, basic support and the opportunity to work, or the prospect of children being taken into care, or months or years in detention” (104). According to the IOM, acceptance of voluntary schemes is closely linked to the enforcement of returns as the “[a]cceptance of the AVR option rests on there being no other choice, in light of the temporary nature of the status granted to the individuals in question” (IOM quoted in Webber, Ibid.), suggesting that voluntary return schemes are a rosier version of deportation schemes.

Reinforcing the right of states to deport third-country nationals is the ability to detain migrants facing return orders who are believed to be at risk of absconding (Webber 2011, 11). According to the European Commission, detaining migrants without justification is illegal, though the European Commission gives discretion to Member States in determining what constitutes justification for detention, and suggests the following criteria as indication that individuals may abscond: lack of documentation; lack of residence, fixed abode or reliable address; failing to report to relevant authorities;
explicit expression of intent of non-compliance with return-related measures; existence of conviction for a criminal offence; lack of financial resources; being subject of a return order issued by another Member State; illegal entry into the territory of the EU Member State and of the Schengen Associated countries which includes Norway, Switzerland, and Liechtenstein (Ibid., 11-12). While theoretically undocumented migrants have the legal protection from detention without just cause, these protections are rendered redundant as the legal criteria for just cause for detention is simply having no documentation.

The policies of deportation, voluntary return, and detention are supported through readmission agreements that work to more efficiently return undocumented migrants to either the country in which they are nationals, or transit countries (European Court of Auditors 2020, 5). Currently, the EU has 18 legally binding readmission agreements and is in negotiations for many more (Ibid., 6). Such readmission agreements often involve tied aid that is explicitly directed towards military expenditures or training (Oxfam 2020). However, these agreements have not shown to be effective at increasing the number or rate of returns, as 8 of the top 11 countries with the highest numbers of non.returned migrants have, or are in negotiations for, readmission agreements with the EU (European Court of Auditors 2020). While these agreements do not increase returns, the focus on these readmission agreements increases the political and financial resources available for policies of migration governance such as deportation and detention as these tools are vital in fulfilling the European Council’s commitment to “significantly step up the effective return of irregular migrants” (Ibid.).

The entire infrastructure of migration governance functions to reinforce the deportability and “illegality” of undocumented migrants. Since 2015, Greece has received
over EUR 3 billion from the EU to support migration and asylum governance (European Commission 2021, 1). Directly, these funds have been used to fund both voluntary and involuntary ‘returns’, with the Hellenic Police receiving EUR 2.54 million to support the “return of Third-country nationals to their country of origin” (Ibid., 4), and the IOM receiving EUR 31.82 million to support “voluntary relocation from Greece” (Ibid.). Indirectly, these funds have funneled millions of euros to strengthen border control both on land and at sea, and to increase the reach and visibility of border and migration control. There have been numerous payments to the Hellenic police department, the Ministry of Defence, and the Hellenic Coast Guard, all of which have the capacity to detain and deport migrants and are institutions that are visible everyday within the Greek borders and reproduce and reinforce the “spectacle of deportation” (Ibid., DeGenova 2013).

Since 2008, there have been around 500,000 deportation orders issued annually, though on average only 38% of those orders result in an actual return, and compliance is below 30% for countries outside of Europe (European Court of Auditors 2020, 4). DeGenova and Peutz (2010) argue that while deportations are an ineffective tool for managing undocumented migration, the true effect deportation is the reproduction of deportability, which is effective “exactly insofar as the grim spectacle of the deportation of even just a few, coupled with the enduring everyday deportability of countless others, produces and maintains migrant ‘illegality’” (14). Through policies of migration governance that support and reinforce deportation as a tool of managing undocumented migration, the deportability and “illegality” of undocumented migrants is reproduced, and
the material consequences of such deportability is the undermining of the legal rights and protections to which undocumented migrants are theoretically entitled.

Despite high numbers of deportations and a heavy reliance on migrant labour, with an 90% of agricultural labourers being undocumented migrants (Kukreja 2018), Greece has done little to facilitate legal migration or implement regularization programs. According to the Migration Policy Institute, regularization systems aim to grant legal status to those who lack it, however the term encompasses a broad array or routes to temporary or permanent legal status (Brick 2011). In 1998, Greece implemented a regularization program, which was a one-time program granting permanent legal status to migrant labourers in Greece (Vullnetari 2015). A second regularization program followed in 2001, and a third in 2005-2006 (Triandafyllidou 2014b). In 2005, the Greek Parliament passed Law 3386/2005 which allows for a sort of temporary foreign worker scheme (Ibid.). The law requires that domestic labour market needs be reviewed, and relevant employers may invite potential workers, however the application process for employers involves three different ministries, at three levels of government, and takes it approximately 18 months for an employer request for a guest worker visa to be approved (Ibid.). Temporary labour migration is further facilitated by Temporary Employment Agencies (TEA), and Temporary Employment Firms (EPA) (Maroukis 2016). EPAs are businesses regulated by the Greek state which facilitate the low-skill, low-wage labour of both Greek workers and migrant workers in primarily the tourism sector, and as such privilege Greek-speaking workers (Ibid.). TEAs are not regulated and draw primarily on reserves of migrant workers who are willing to work in low-skill labour, including sex work and criminal networks (Ibid.). Such agencies profit by taking a percentage of the
wages of workers, who agree to such legal arrangements, as agencies exploit their fear of deportation and unemployment by (falsely) assuring workers that they will provide them with secure employment and assist in securing residency. As of 2014, 89 legal TEAs were operating in Greece (Ibid.).

5.2 Mobility Rights

Migration governance policies, including deportation and detention, explicitly and directly undermine the human right to mobility, and are in violation of the principle of non-refoulement. The freedom of movement is enshrined as a human right in the Universal Declaration of Human Rights which stipulates that “everyone has the right to freedom of movement and residence within the borders of each state” and that “everyone has the right to leave any country, including his own, and to return to his country” (UN 1948, Article 13). While mobility is established as an international human right, national regulation of borders and citizenship is not considered to be in violation of the principle as it is an assertion of state sovereignty, meaning that mobility rights are effectively undermined by national regulations of borders. Article 14 of the Universal Declaration of Human Rights establishes the right to seek asylum from persecution (Ibid.). This right to seek asylum is reinforced by the principle of non-refoulement, which is a tool in international human rights law that “prohibits States from transferring or removing individuals from their jurisdiction or effective control when there are substantial grounds for believing that the person would be at risk of irreparable harm upon return, including persecution, torture, ill-treatment or other serious human rights violations” (OHCHR 2018, 1). The Principle of Non-Refoulement is explicitly included in the Convention
against Torture and Other Cruel, Inhuman or Degrading Treatment of Punishment (1985), which has been ratified by 83 countries including Greece (UN N.d.).

Despite the legal commitment to the principle of non-refoulement, Greek and EU policies of migration governance undermine this principle. The EU-Turkey Agreement, implemented in 2017, was an agreement that “aimed to return every person arriving irregularly on the Greek islands—including asylum-seekers—back to Turkey, while EU member states agreed to take one Syrian refugee from Turkey for every Syrian returned back to the country from the Greek islands” (Amnesty International 2017, 6). This agreement was based on the “untrue, but wilfully ignored, premise that Turkey is a safe country for refugees and asylum-seekers” (Ibid.). The EU-Turkey agreement is the most high-profile international agreement that has been criticized for its undermining of the principle of non-refoulement, but is by no means the only instance. In 2019, Greece updated the law on applying for asylum, loosening the restrictions for safe countries of origin and decided that a country of origin can be deemed safe for an asylum seeker if the application does not show “serious reasons why the country is not a safe country of origin for that applicant” (Ekathimerini.com 2020). This law expanded the list of countries to be deemed safe countries of origins to include Ghana, Senegal, Togo, Gambia, Morocco, Algeria, Tunisia, Albania, Georgia, Ukraine, India, and Armenia (Ibid.). In 2021, the list was amended to include both Pakistan and Bangladesh (EASO 2021). The 2019 law was passed despite serious objections from NGOs and international organizations including the UNHCR which stated that the law “will endanger people who need international protection,” and that there was “risk that people could be returned to a country where their life or freedom would be threatened” (Human Rights Watch 2019). The policies of
migration governance implemented by Greece and the EU exploit the notion of a safe-third country to undermine the principle of non-refoulement and shirk the legal responsibility to asylum seekers.

5.3 Healthcare Access for Undocumented Migrants

5.3.1 The Right to Health: International Protections for Migrant Health

The health and wellbeing of undocumented workers is protected as a human right under multiple international covenants and treaties. While only one of these international covenants and treaties pertains specifically to undocumented migrant workers, the categorization of health as a human right ensures that all are entitled to health “without distinction of any kind” including “national or social origin” (UN 1948). Health can be understood through a human-rights lens in two ways, the first is a human-rights approach to health, which considers all relevant human rights in assessing health “including the rights to life, information, privacy, participation, association, equality, non-discrimination, and the prohibition of torture and inhuman and degrading treatment” (Hunt 2016). The “right to health” is a narrower lens and is a short-hand that does not appear in any international legal documents but is used amongst international health law scholars to refer to the “right of everyone to the enjoyment of the highest attainable standard of physical and mental health as enshrined in Article 12 of the International Covenant on Economic, Social and Cultural Rights [(ICESCR)]” (Hunt 2016). This understanding of health echoes the WHO Constitution, which stipulates that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human without distinction of race, religion, political belief, economic or social condition” (WHO 1946). Though the human-rights approach to health encompasses the right to health, the right to health perspective addresses the specific legal provisions that
ensure access to health is protected by law. By framing health as a human rights issue, health is underscored “as a social good and not solely a medical, technical, or economic problem” and can thus “trump” other competing claims or goods (Leary 2014, 36). Furthermore, the recognition of such a right gives political and legal legitimacy to those who are attempting to claim that right, be it through the courts or through the government (Ibid. 39).

The strongest provision for the right to health is Article 25 of the Universal Declaration of Human Rights, which has been ratified by all UN Member States. Article 25 stipulates that “[e]veryone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control” (UN 1948). This protection is guaranteed for people without legal immigration documents, as the declaration stipulates that “everyone is entitled to all the rights and freedoms set forth in this declaration, without distinction of any kind such as race, colour, sex, language, religion, political or other opinion, national or social origin” (Ibid.). The right to health is further entrenched in the ICESCR, which provides the clearest framework for states to ensure adequate health. Article 12 of the ICESCR states:

“1. The State Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. 2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for: (a) the provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child; (b) the improvement of all
aspects of environmental and industrial hygiene; (c) the prevention, treatment and control of epidemic, endemic, occupational and other disease; (d) the creation of conditions which would assure to all medical service and medical attention in the event of sickness” (UN 1965).

The European Social Charter (1966) also provides international legal provision for the protection of health as a human right and aims to “take appropriate measures designed

*inter alia:* 1. To remove as far as possible the causes of ill-health; 2. To provide advisory and educational facilities for the promotion of health and the encouragement of individual responsibility in matters of health; 3. To prevent as far as possible epidemic, endemic and other diseases, as well as accidents” (Council of Europe 1966). The International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families (1990) is the only international treaty that provides specifically for the health of migrant workers, and is the only agreement in this chapter that has not been ratified by Greece (UN 1990). It stipulates that “Migrant workers and members of their families shall have the right to receive any medical care that is urgently required for the preservation of their life or the avoidance of irreparable harm to their health on the basis of equality of treatment with nationals of the state concerned. Such emergency medical care shall not be refused to them by reason of any regularity with regard to stay or employment” (Ibid., Article 28) and that Migrant workers “shall enjoy equality of treatment with nationals of the state in relation to: […] (e) access to social and health services, provided that the requirements for participation in the respective schemes are met;” (Ibid., Article 43)

While human rights are understood “as universal, deontological principles”, the reality of implementing these provisions is rife with challenges that arise from “deeply contextualized political realities” (Yamin and Cantor 2014, cited in Hunt 2016). The
ambiguous language of the provisions and the diverse contexts to which it applies means that interpretations of such laws can vary significantly. Article 12 of the ICESCR, which Taylor (2017) describes as “the most significant binding legal expression of the right to health” fails to define health, or clarify the specific obligations expected of states to realize health (270). The Covenant adopted a General Comment that explained the right to health as “not simply a right to be healthy, but rather a robust human right extending not only to access to healthcare services but also to the underlying determinants of health, including access to safe water and adequate sanitation, occupational health and environmental conditions, and access to health-related education and information”, however this comment is not binding law and therefore does not impact the interpretation of the Article (Ibid.). The vague and ambiguous language of these international provisions presents a real challenge for those who are trying to assert these rights as legitimate, as such language gives states and courts wide discretion in interpreting these laws. Human rights law clearly establishes health as a human right, however the ambiguity of language leaves a lot of room for states to ignore their commitments to these human rights and presents many challenges in asserting the right to health.

5.3.2 National Frameworks of Migrant Health

In compliance with the broad framework of human rights, undocumented migrants in Greece have access to public healthcare in emergent situations. However, policies of migration governance have effectively undermined healthcare access for undocumented migrants. According to Teunissen et al. (2016), some doctors have been instructed by the state to report undocumented patients, and this legitimate threat of deportation or detention may deter migrants from seeking care. In non-emergent
situations, undocumented migrants do not have access to public healthcare in Greece and must either pay out-of-pocket for private healthcare or seek care at an NGO-run clinic such as Praksis, Medecins du Monde, or KIFA, which provide medical exams and medication free of cost to anyone, regardless of status (MacGregor 2019). Law 4368/2016 provides health services for “all those residing in Greece on humanitarian grounds or for exceptional health reasons” (European Commission 2016) including health coverage for pregnant women, people with disabilities, and those suffering chronic or rare diseases, regardless of legal status (Economou et al. 2017, 50). Initially this law allowed undocumented migrants to be admitted and treated in public hospitals in emergency situations free of charge, and “without fear of being reported to authorities” (MacGregor 2019). However, the requirement for an AMKA (Social Security) number to access public healthcare has effectively undermined legal access to public healthcare for migrants as the Greek Ministry of Labour and Social Affairs revoked access to AMKAs for third-country nationals in 2019 (MSF 2019). While this policy may not fall under the usual institutions of migration governance, the requirement for proof of immigration status to access services has impacted undocumented migrants almost exclusively and undermined their legal right to healthcare. According to MSF, this policy has left almost 50,000 people with no access to healthcare including “unregistered people and even babies born in Greece” … “despite article 33 of Law 4368/2016 which guarantees free healthcare for everyone—regardless of their legal status” (Ibid.). While undocumented migrants are legally entitled to emergent care in Greece, European and Greek policies of migration governance undermine both national and international legal provisions to ensure the health of migrants.
5.4 Labour Rights for Undocumented Migrants

While migrant workers are entitled to the protections of Greek and international labour laws, the legal vulnerability that arises from policies of migration governance and the ever-loomig threat of deportation “radically enhance the preconditions for [the] routinized subordination [of migrant workers] within the inherently despotic regime of the workplace” (DeGenova 2010, 47). In theory, migrant workers are entitled to the protections of labour laws, though as DeGenova points out, the management and disciplining of labour has a central and constitutive role in the deportability of undocumented migrants (Ibid) and it is precisely this function of punitive policies of migration governance that curtail the movement of racialized migrants, while encouraging the free movement of EU citizens, to undermine the legal protections for migrants so as to produce a vulnerable and disposable labour force.

As discussed in the previous chapter, on paper, labour rights of migrants are enshrined in the Universal Declaration of Human Rights, and the ILO Fundamental Conventions which establishes international standards of labour laws. Article 23 of the Universal Declaration of Human Rights (1948) establishes the right to work as a human right. Included within this right is free choice of employment, favourable working conditions, protection against discrimination, equal pay for equal work, and the right to “just and favourable renumeration ensuring for himself and his family an existence worthy of human dignity” (Ibid.). Furthermore, the Declaration establishes reasonable limitations on working hours, and periodic paid holidays as human rights (Ibid., Article 24). These rights are further reinforced through the Fundamental Conventions of the ILO which include: The Freedom of Association and Protection of the Right to Organise Convention (1948), The Right to Organise and Collective Bargaining Convention (1949),
The Forced Labour Convention (1957), The Abolition of Forced Labour Convention (1957), The Minimum Age Convention (1973), the Worst Forms of Child Labour Convention (1999), The Equal Renumeration Convention (1951), The Discrimination (Employment and Occupation) Convention (1958). These conventions establish the protections laid out in their titles, and establish as law, the prohibition of forced labour, the minimum working age at 15, and allow for protection from employment discrimination. These are legally binding conventions that have been widely ratified, including by Greece, however none of these conventions pertain specifically to migrant workers, and no ILO conventions on the topic of migrant work has been ratified by Greece (ILO N.d.).

These international protections are reinforced by Greek labour laws which lay out broad protections for minimum wage, working hours, and minimum standards for working conditions. The Greek Constitution reiterates many of the core goals of the ILO Fundamental Conventions, including protection against discrimination, the right to unionize, and the prohibition of compulsory work (Koukiadis 2009). The principles of human dignity and individual freedom, that are the basis of human rights, are reiterated in Article 106 of the Greek constitution, which states that “private economic initiative shall not be permitted to develop at the expense of freedom and human dignity” (Hellenic Parliament 1975).

While freedom and dignity are the philosophical basis of the labour articles of the constitution, the nitty-gritty of Greek Labour Law is far less poetic. Greek law distinguishes between white-collar “employees” who provide skills deemed to be mostly intellectual, and blue-collar “workers” who provide services based on physical strength
(Chairopoulos 2015). The legal protections for workers are less stringent than those for white-collar employees. For workers, there is no provision for prior notice of termination, meaning workers can be fired suddenly and the minimum wage is calculated on a daily basis (EUR 26,18 for those over 25, and EUR 22,83 for those under 25), whereas minimum wage for employees is calculated on a monthly basis (Ibid.). For both employees and workers there are restrictions on working hours, with the national standard set at 40 hours a week, though “parties can arrange working time in different ways, subject to all the parties’ consent” (Ibid.). Additionally, if working hours exceed six hours in one day, employers must provide a minimum 15-minute break that is not at the beginning or the end of the day, though this is subject to exemption depending on the nature of work (Ibid.).

Migrant agricultural workers fall into the “worker” class/category, and while these laws offer significantly less protection than those for employees, agricultural workers, regardless of immigration status, are entitled to these protections under the law. The challenge in applying these laws is that the possible consequences for migrant workers in asserting these protections far outweighs the possible benefits of their enforcement. Employers can threaten to report undocumented workers to the authorities if they complain, or workers may be concerned that reporting violations to the authorities might potentially alert the state to their undocumented status and that they might be deported. As outlined in previous chapters of this thesis, the deportability of migrants is a constant looming threat that undermines the ability of workers to assert any existing rights or protections to begin with, and it is this legal vulnerability that makes undocumented migrants such an ideal workforce.
5.5 Conclusion

As outlined in this chapter, the international and national legal frameworks that govern human rights, labour, and mobility are rife with contradictions. While migrant workers are theoretically entitled to the rights and privileges enshrined in international human rights law, and national labour laws, the existence of migration governance policies effectively undermines the enforcement of these laws. The policy focus of the state on the expulsion of third-country nationals undermines enforcement of labour and human rights law, as it is the migrant workers’ whose rights are violated who will end up bearing the consequences of legal action. This vulnerability prevents migrants from asserting the limited rights that are available, and maintains a disciplined, flexible, and exploitable workforce. In the next chapter, we will see the material consequences of this legal vulnerability, as the living and working conditions of workers in Manolada and Megara are presented. These conditions come about as a result of the inability of workers to assert their rights, and the neglect, and refusal, of the state and employers to treat workers with dignity.
Chapter 6

Conditions of Life for Workers

The agricultural sectors in both Manolada and Megara are upheld by a large labour force of undocumented South Asian migrant workers who provide cheap, and flexible labour for farmers. In both regions, there have been accounts of exploitative working conditions including allegations of forced labour and human trafficking (PICUM 2013). Following the publication of a newspaper article in 2013, local prosecutors in Megara investigated allegations of labour violations and human trafficking of Pakistani migrants on Megara farms (Ibid.). In 2017, the European Court of Human Rights ruled in favour of migrant workers in Manolada, deciding that the working conditions in Manolada were akin to forced labour, and that many workers were victims of human trafficking (European Court of Human Rights 2017). The landmark decision called out the role of the Greek state in failing to protect workers and victims of trafficking (Ibid.)

This chapter aims to gain a deeper understanding of the specificities of the exploitative labour arrangements in Manolada and Megara by examining the conditions of daily life for migrant workers in both locales. First, I will present a comprehensive account of the living conditions for agricultural labourers in Manolada, and then Megara. Next, this chapter will discuss the working conditions of farm labour and the exploitative nature of the working arrangements. Finally, I will look at migrant interactions with police, and examine how the policing of migrants reproduces migrant deportability and operates as a tool of labour discipline that upholds the exploitative working and living conditions.
6.1 Living Conditions

6.1.1 Manolada

Every year between the months of November and June, less than 20 km from the town of Neo Manolada, there are an estimated 8,000 to 12,000 migrants who work seasonally as agricultural labourers in strawberry cultivation (Kukreja 2019a, Kukreja 2020). During these months, the vast majority of workers live in informal housing camps on the land of local farmers, without access to electricity, running water, or toilets (Kukreja 2019a). These housing camps have been the site of dangerous incidents including a shooting in 2013, and fires in 2009, 2018, 2019, and 2021, in which hundreds of workers lost their housing, and all of their possessions, including identification papers, money, and work permits (Kukreja 2019a, Kukreja 2021a, Manolada Watch 2019, 1). Despite the dangerous conditions and the lack of basic amenities, local landowners collect hundreds of euros in rent from the workers each month (Kukreja 2019a). One worker described the conditions of the housing camps in a December 2019 interview: “even the animal will refuse to stay where we live” (Reena Kukreja interview with Bangladeshi migrant, Manolada).

Generation 2.0’s Manolada Watch records two common types of dwellings in Neo Manolada. As seen in Fig. 1, the majority of dwellings are makeshift huts built with bamboo, steel, and recycled greenhouse plastic films, the rental of which costs workers 15-20 EUR each, per month (Manolada Watch July 2020). A second dwelling type (Fig. 2), localized to one
field alone in Manolada, was built in the aftermath of the 2018 fire, and initially consisted of 14 “substandard lodges, made of plywood” inhabited by an estimated 8 people each, with each building costing 220 EUR per month, with an additional monthly fee for a generator (Manolada Watch June 2020, Manolada Watch July 2020). In order to protect dwellings from the rain, workers often add extra layers of polyethene carpet and add cardboard on the interior to serve as extra insulation (Fig. 3). The base of the dwellings are sometimes reinforced by using soil to augment the sturdiness of the structure and protect it from flooding caused by rain (Fig. 1). While these measures provide a level of protection from the rain, the polyethene tarps trap hot air inside the dwellings and create “a suffocating environment indoors” (Manolada Watch April 2019). The heat of the building material is further compounded by a lack of adequate ventilation in the dwellings and a lack of natural shade in the surrounding environments, which causes the temperature inside the dwellings to “multiply” during the daytime (Manolada Watch July 2020).

Overcrowding is a serious issue within the dwellings, colloquially referred to by workers as barangas. In the bamboo and plastic dwellings, between 10 to 30 people
typically share one single room (Manolada Watch June 2020), while approximately 8 people live in a single room in the plywood dwellings (Ibid.). The high number of occupants also limits the possibilities for furnishings, with most men sleeping in makeshift beds on the ground made from cardboard or wooden pallets, with only thin blankets and pillows to provide comfort (Fig. 3). Furthermore, there is little-to-no space to store clothing or personal belongings. Within these worker dormitories, there is no electricity provided and there is no provision for lighting, water pumps, charging stations, or kitchen tools. While some workers purchase generators, the majority of the dwellings have no electricity. As one young man said in a 2020 interview “there is no electricity here, we cannot charge our mobile, we cannot charge anything”, (Feliziani 2020). The lack of mobile phone chargers weighs heavily on workers, who use mobile phones as the sole means of connecting with their families back home. Unreliable access to chargers hampers the support systems available to the men who are working. Furthermore, access to employment opportunities or contact with immigration lawyers is challenging without a reliable mobile phone. Shiso Miah, a regularized Bangladeshi migrant working in Manolada, also spoke of the lack of electricity in the camps, and said that to provide lighting inside the dwellings, workers have to use candles or solar lights (Interview, Nov. 2020). The lack of electricity also impacts the ability of workers to cook, and cooking stations have been built by workers using propane stoves and containers of bottled gas (Manolada Watch March
Most cooking stations are located within plastic shacks separate from the living quarters, and propane stoves are often in close proximity to cooking oil and other flammable materials, thus exacerbating the risk for a fire-related accident.

Lack of running water is another serious issue, as there is no provision for running water in any of the camps. Workers access water for cooking and bathing through the tapping of municipal pipes—which is often contaminated and is thus not suitable for drinking—and fill small plastic tanks with water that are then placed near the dwellings (Fig. 4). As there is no electricity for a water heater or kettle, water is heated for bathing and cooking outdoors, using a large vessel over an open flame. As the water from the municipal pipes is not safe for consumption, workers purchase plastic water bottles from the Manolada Market for drinking water which adds a significant cost to their living expenses. According to Shiso Miah, the cost of water can be prohibitive for workers, and those who cannot afford it are forced to drink from the contaminated water pipes (Interview, Nov. 2020).

Bathrooms, including toilets and showers, consist of makeshift structures that have been built outdoors by workers. Following the 2018 fire, six chemical toilets and a system for running water were installed, but as of Dec. 2018, all the new provisions...
have since been removed (Manolada Watch December 2018). While the installation of chemical toilets was an improvement on the hygienic conditions, the provision of six toilets was highly inadequate to serve the needs of a population between 8000-12000 people. Makeshift showers are built in clusters by the workers using aluminum sheets (Fig. 5), or bamboo with plastic sheeting (Fig. 6) for the walls, with plastic sheeting on bamboo rods used as shower curtains. The water for the showers is from the tapped municipal water store and is untreated water. The flooring for the bathing stations varies. In one station, there is cement flooring with a narrow furrow for water drainage (Fig. 5). In most other bathing stations, wooden pallets are used as flooring where water drains directly onto the soil from the showers through slats in the pallets (Fig. 6). The toilets are also makeshift structures, with minimal provisions for drainage.

The toilets are built further away from the sleeping quarters and consist of a raised wooden pallet on bamboo stilts with a hole for drainage and plastic sheeting for some privacy.

While toilets are built separately from the living quarters, the lack of adequate drainage for fecal disposal still presents significant risk for ground water contamination which can cause illness and infection for those living in the proximity. In Manolada, there is “no provision for sanitary protection” including “no waste collection and no sewage

Figure 6  Photo: Reena Kukreja

Figure 7  Photo: Reena Kukreja
cleaning of the makeshift toilets” (Manolada Watch June 2020). The only drainage for toilets and showers is shallow, man-made gullies that pass behind the dwellings through which the wastewater from the open toilets and showers flow (Fig. 7). While these gullies provide some drainage away from the main dwellings, they are an open-drainage solution, meaning there is open sewage present in the housing camps with no chemical treatment. Furthermore, where the gullies end, there is standing sewage (Fig. 8). During periods of intense rainfall, the gullies are filled with rainwater and there is the possibility of overflowing sewage (Manolada Watch Feb. 2019).

These poor hygienic conditions are compounded by a lack of provision for garbage collection. The municipality of Manolada does not collect garbage from the housing camps, and there are no garbage bins in the vicinity, meaning that workers have no means of disposing of waste. In images from the campsite, there are large piles of garbage near the dwellings and the toilets (Fig. 9). When the garbage piles become too large, workers burn the piles to dispose of them. Fumes from garbage fires are a significant health risk, as emissions can expose workers to fine particles, dioxins, volatile organic compounds, polycyclic aromatic hydrocarbon, and polychlorinated biphenyls, which are linked to heart disease, cancer, skin diseases, asthma, and respiratory issues
(Human Rights Watch 2017). Following the 2018 fire in Manolada, the burnt remnants from the dwellings were never cleaned up and these remains have been identified by Manolada Watch as a “source of infection” (April 2019). They have added to the deterioration of living conditions, as dwellings have been built on top of the remains (Manolada Watch Jan. 2019). The combination of the lack of garbage disposal and lack of drainage provisions results in incredibly poor hygienic conditions that have caused smells to emerge in the area, which are worsened by the warm Greek temperatures.

6.1.2 Megara

Living conditions in Megara are more varied than the living conditions in Manolada, and quality of accommodations depends largely on employers. Unlike in Manolada, where workers live together in housing camps, most workers in Megara live in repurposed agricultural sheds on the properties of their employers, though some men live in rented rooms in town. The types of dwellings in Megara range widely and include storage sheds for farm equipment (Fig. 10) or old used vans (Fig. 11). Although there is a range in accommodations, the quality of living conditions is consistently poor across dwellings.
The workers are often housed amongst farm equipment, including cannisters of gasoline, animal feed, tractors, and even animals, meaning that the space available for the men is limited by the storage needs of the farmers. The housing conditions of workers clearly illustrates the bare life of migrants, who are valued solely for their labour power and housed amongst farm equipment and machinery. An analysis of photographs from Megara shows that most dwellings are concrete brick buildings with aluminum roofs or fully-aluminum walled buildings. An old used van has also been converted into a dwelling and is used as sleeping quarters for two men with no additional amenities beyond basic shelter. The structural quality of these dwellings is inadequate for human habitation. There is a lack of windows and little provision for proper ventilation, with one dwelling having a carved-out hole in the wall to allow for ventilation, and another having visible asbestos insulation lining the roof. The lack of proper drainage and ventilation is also evident by the visible mildew on the floors and walls of one bathing station (Fig. 12), and the accumulation of water on the ground near a laundry station. Workers complained of leaking roofs, and one dwelling even had a makeshift contraption on the ceiling to redirect leaks from above the beds. The variety of living conditions among workers in Megara is characteristic of what Agamben describes as “the camp”, in which living spaces exist outside of the juridico-political order and yet, are only possible as a result of the total subjection of workers to that order (Agamben 1995, 97). In essence, the normal
order of the Greek state—housing regulations—is “de facto suspended” and the conditions of life “depends not on law but on the civility and ethical sense of the police who act temporarily as sovereign” (Ibid., 99).

Overcrowding is characteristic of the living conditions in Megara, with 6-12 men in one room, sharing beds (Fig. 13). The quality of beds varies, with one image displaying a makeshift bed made of plastic milk crates and blankets, while others have plyboard bases with thin mattresses and headboards. Bed sheets and blankets are rarely cleaned in these dwellings and collect dust and other allergens. There are also rugs in many of the dwellings which provide a level of protection from the floor and add an element of comfort especially during the winter period. However, these rugs are not cleaned and collect dirt, dust, and allergens from the air, and also absorb moisture from the floors, the walls and the ceiling.

Most of the dwellings in Megara have electricity, but access to amenities requiring electricity are varied. For example, while one dwelling had a fridge and a broken oven, most of the dwellings do not have such amenities. For the most part, workers in Megara use makeshift kitchens with gas stoves and cannisters of bottled gas to prepare food. Any amenities or supplies are provided or purchased by workers, who must take money from their salaries to buy propane stoves, propane, pots and pans, soap, and food.
Food storage is also very limited and food is often stored in the open where it is exposed to flies and other pests, or at risk of being stolen. In one image (Fig. 14) the men can be seen sitting down to cook rotis from dough that is covered in flies as it has been sitting exposed for hours. Other workers hang their food in plastic bags to protect the food from being eaten by animals such as cats, dogs, and even rodents. The lack of refrigeration and high indoor temperatures means that food stored indoors easily goes bad, putting workers at risk for developing food poisoning, diarrhea, or stomach upset from consuming spoiled or contaminated food.

Running water access varies between dwellings in Megara, with most dwellings having taps that connect to hoses as the sole source of water, though others, including the used van dwelling, have no access at all. Washroom facilities are also varied and limited. Some dwellings appear to have a makeshift shower situation, though these showers have limited provision for drainage, meaning the workers have to clean themselves in an environment of mildew and standing water. Consistent across most dwellings is a severe lack of toilets. Workers are expected to relieve themselves in an adjacent field, and there are no makeshift toilets like those seen in Manolada.

6.2 Working Conditions

The availability of a large, flexible workforce has transformed agricultural production in Manolada and Megara, as farmers transitioned to more labour-intensive, lucrative crops. In Manolada, strawberry production requires seasonal labour, with demands fluctuating throughout the year. Beginning between mid-October and early November, strawberries are planted in Manolada, which requires the labour of an estimated 1000-1500 workers, who stay on for early harvest beginning in December
The harvesting season begins in full-swing in early February, and runs until mid-June, which requires the daily labour of an estimated 5000 workers, though labour demand increases throughout the season (Manolada Watch Feb. 2019). To supply this labour, an estimated 7000-10000 workers arrive at the beginning of the season (Ibid.). In Megara, a more diversified agricultural economy consisting primarily of olives and high-value greens such as parsley, dandelion, and chicory, locally known as horta, means that employers require year-round labour. According to Rab Nawaz, a regularized Pakistani migrant and local shop-owner, there are an estimated 4000 people of South Asian descent living in Megara, about 70-75% of whom work as agricultural workers (Interview, Nov. 2020). Of those workers, approximately 80% are undocumented (Ibid.).

Due to the high labour costs of production, profit-making in agriculture is dependent on a large, subordinated labour force that will work long hours, in poor conditions, for low wages (Papadopoulos and Fratsea 2018). In both Megara and Manolada, the survival of the agricultural industry has been a direct result of the exploitative working conditions for migrant labourers. In Megara, workers are expected to work between 12-15 hours a day and earn between 20-23 EUR a day (Tzavella 2013) while in Manolada, the daily wage is 23-25 EUR for an eight-hour workday, though work often extends beyond these hours (Kukreja 2021a). In both Megara and Manolada, workers and community members have reported that the daily wage is an inadequate compensation for the work being done, and not reflective of both the hours worked and the physically demanding nature of the work. In Megara, Rab Nawaz explained that workers “are not well paid for the work they do, and the amount of work that is taken
from them—it is more than what is paid for” (Interview, Nov. 2020). A similar complaint was made in Manolada, where a local Bangladeshi migrant explained that “the workload is too much for a person. Work is more and the renumeration is less according to the work we do” (Reena Kukreja interview with Bangladeshi worker, Dec. 2019).

Exacerbating the exploitative conditions of work is the irregularity of hours and the lack of breaks for workers. In Megara, one regularized Indian migrant explained that workers have to “wak[e] up at night to water the fields or place covers to prevent frost from damaging the *horta*” (Kukreja 2019a). Workers in Megara are often expected to work from 5 or 6 in the morning until 8 or 9 at night (Rab Nawaz, Interview Nov. 2019). According to Kukreja (2021a), working hours in Manolada are similarly long, and workers are given only one 15-minute break to go to the bathroom and to eat their food. One Bangladeshi worker expanded on this, explaining that “the whole day, we bend and work with little rest, sometimes without rest for 7 hours in a day, which ultimately plays on our health, giving back pain and finally kidney problems” (Reena Kukreja interview with Bangladeshi migrant, Dec. 2019).

The physically demanding nature of strawberry harvesting is one of many ways that agricultural work is harmful to the health and wellbeing of workers. The harvesting of both high-value greens and strawberries requires that harvesters are closer to the ground and crouched down for long periods of time, often moving along the rows while crouching for efficiency, causing significant bodily pain for workers. Exposure to the elements is another source of risk for workers in Megara and Manolada. In Megara, work takes place primarily outdoors regardless of weather conditions, and workers can be seen wearing nothing but garbage bags over their clothing to protect them from the rain and
the wind, with their bare hands exposed to the wet and cold greens. While the temperatures do not usually drop below 0 ° Celsius, weather patterns are expected to intensify in the context of the climate crisis, leaving workers in Greece vulnerable to harsher weather. In Feb 2021, large snowfall and temperatures of -19° were reported in Athens, and the freezing temperatures were linked to at least three deaths (BBC 2021). In Manolada, work often takes place inside greenhouses, where the hot temperatures are amplified, and workers have to withstand extreme heat and humidity while they work (Kukreja 2021a). The use of farming equipment and agricultural chemicals poses additional risks for migrant workers. Agrochemicals such as pesticides and soil fumigants are common in the production of strawberries and high-value greens. In Manolada, one Bangladeshi fumigator reported not being provided with a mask or gloves to spray the fields (Ibid.). Workers in Manolada are further exposed to the chemicals as the lack of adequate ventilation in the greenhouses and the unwillingness of employers to implement cessations of work between sprayings, means that workers are inhaling chemical fumes and are exposed to chemical residues (Ibid.). According to one worker, “our clothes, face, neck, everything is sticky with [chemicals]” (interview Manolada 2019, cited in Kukreja 2021a). The risk of exposure to chemicals is exacerbated for migrant workers who are not provided with proper protective equipment or adequate training to handle chemicals despite the knowledge that such chemicals are carcinogenic and toxic (Ibid.).

Despite the evident risks and dangers workers face as farm labourers, they often go without adequate financial compensation. The withholding of pay is a consistent practice among farmers in both Manolada and Megara. In a 2013 newspaper article on the working conditions in Megara, one regularized worker claimed that 8 out of 10 bosses
do not end up paying wages (Tzavella 2013). Another worker in Megara said “The Greeki pays me 100-120 Euro’s for a week’s work, but he owes me 4300 Euros. I have been working for him for eight years. If I leave his farm now, I will lose all that money” (quoted in Kukreja 2018). The fear of losing the money is compounded by the fear of deportation and detention. One 27-year-old Bangladeshi worker in Manolada, explained “[i]f I ask for my wage, the farmer threatens to report me to the police and get me arrested. I have seen that happen with some others.” (July 2019, quoted in Kukreja 2021a).

6.3 Policing and the Threat of Deportation

The threat of police violence and intimidation is an everyday reality for migrant workers in Manolada and Megara. The looming presence of police represents the protracted possibility for harassment, arrest, and most importantly, deportation, for undocumented workers. Such looming threats of deportation operate as a disciplining tool, and creates what Harrison and Lloyd (2012) describe as “workaholic migrants” in which migrant workers feel unable to turn down additional responsibilities, longer hours, or more dangerous jobs (377). Police and other instruments of state surveillance serve as constant reminders to workers of their deportability and disposability, and instill a fear in workers that operates a disciplining tool. The disciplining effect of deportability arises from a sort of collusion between the state and capital, as migrants are rarely threatened by police when they are working, but migrants beyond workplaces are subjected to harassment, detention, and deportation which further reinforces the dynamic of the “workaholic migrant” (Ibid.). This deportability and vulnerability to police harassment is heightened by race, as one undocumented South Asian worker in Megara explained: “We
stand out as we look different. There is no escaping this fact” (quoted in Kukreja 2019a, 9). The racialization of migrant labour, and the refusal by Greek society to integrate migrant workers means that visibly racialized men are easily identifiable as migrant labourers and thus as targets for police harassment. In Megara, one man said that workers live “in constant fear that, if caught, we will be deported back” (quoted in Kukreja 2019a, 9). Another undocumented worker in Manolada explained: “we are afraid of the police because we have no papers with us. Anytime, any moment, the police can catch us and put us behind bars or deport us to Bangladesh” (Reena Kukreja interview with Bangladeshi migrant, Manolada Dec. 2019).

The looming threat of deportation is reinforced by regular violent and intimidating interactions with police. In Manolada and Megara, the COVID-19 pandemic has meant the implementation of local curfews and an increased police presence on local roads (Interview Rab Nawaz Nov. 2020; Feliziani 2020). Workers in Manolada explained that migrant men have been experiencing heightened violence from police in this context, with police using the COVID regulations as justification for violence. One man explained “[i]f we get together four or five people, then police beat us. We can’t go outside” (quoted in Feliziani 2020), and another added “if we go outside the road, the police just beat us” (quoted in Feliziani 2020). While the pandemic response has increased policing, police violence and intimidation is a reality for migrant workers that predates the pandemic. Police target visibly racialized workers without consequence as lack of documents means workers have no avenues to claim the rights and protections to which they are theoretically entitled. As one worker pointed out: “there’s no documents here. That’s why police always beat us” (Feliziani 2020).
Despite the barrage of violence and harassment they experience, workers understand their essential role in the Greek agricultural economy. While migrants are presented as “illegals,” maintaining a cheap, disenfranchised labour force is in the interest of the Greek state. One Bangladeshi worker in Manolada explained this contradiction:

“If the police arrest us, then we will be deported to Bangladesh. But what will happen to this country? They will be at loss because there are many paperless workers who feed this country by working here. The farmers will be at great loss too. These farmers have [organized] themselves to have their voice heard (by the state). So, I think the government considers all these points and deliberately looks the other way about our lack of papers.”


According to workers in Megara and Manolada, there are agreements between the police and local farmers, in which migrants can work free from police harassment. However, beyond the bounds of the farm, migrants are vulnerable to harassment and arrest. A 27-year-old undocumented worker in Megara explained the situation: “the police are totally in the know about us working in the fields. They do not catch us when we are working there. It is only when we go to the town that we are pulled over by the police” (quoted in Kukreja 2019a, 10).

The understanding between the Greek police and local farmers in Manolada and Megara is illustrative of the way that the policing of migrants operates as a tool of labour discipline. Workers alter their behaviour and habits to avoid police attention and reduce their chance of deportation—attention they know to be heightened as a result of being visibly racialized. This involves avoiding public spaces and remaining in the designated living and working spaces. Such disciplined behaviour also works to the advantage of local farmers, as workers avoid speaking out about labour rights infringements or joining
a labour union (Kukreja 2018). One worker reported having never once been to the town of Megara in the ten years he had been working in the region, he explained that “one runs the risk of being captured by the police there and the possibility of being locked up for 6 to 18 months. Or being deported. If that happens, my family will be ruined. I remit money to them every fifteen days” (quoted in Kukreja 2019a, 10). According to other workers and community members, this fear is justified, as police presence is common at times, and in areas, where migrants may travel after work hours:

“You have seen the road to this colony. The police often patrol it. If anytime we are seen on the main roads, we run the risk of being pulled over by them. All workers take the back roads to ensure reaching here safely. The policy do not bother us here. Once here, I feel life returning back in my body. I can breathe a bit more easily. Until then, I am tense with insecurity and anxiety. I do not leave again till the next morning” (25-year-old undocumented Pakistani migrant in Megara, quoted in Kukreja 2019a, 11).

As evidenced by this statement, the presence of migrant workers is tolerated by police, only to the extent that they are engaging in economically productive work for local farmers. Gajjan Singh, a regularized Indian migrant in Megara who runs an ethnic grocery store, explained that men face a greater likelihood of being apprehended on main roads outside of work hours “but not when they are travelling on these very roads for work” (quoted in Kukreja 2019a, 10). The parameters of policing—the limitation to personal hours and public spaces—serves to remind workers that they are precariously employed as they are always vulnerable to deportation and they are under constant surveillance. While many of the workers recognize the essential role of their labour, they are also cognizant that there is a large surplus population of migrant workers who are ready and willing to accept their work. The reliance on a racialized surplus population is
a deliberate strategy by nation states, as the fear of replacement operates as a disciplining
tool as workers are made aware that if they complain, there are workers from the surplus
population who will accept even more exploitative conditions. Highly publicized
departments serve to reinforce this narrative, as they illustrate the potentiality of
department if workers are too visible or demand too much. In order to remain employed,
and in Greece, workers adopt strategies to efface themselves from the public landscape
such as avoiding public spaces, not interacting with the local Greeks, and keeping their
heads down. As one worker put it: “the worker should only be seen in the fields and not
in the streets” (quoted in Kukreja 2019a, 8).

The disciplinary effect of policing is important in undermining the ability of
migrant labourers to assert their legal rights or undertake collective action to improve
their living and working conditions. Shiso Miah, a regularized Bangladeshi migrant in
Manolada explained how “most of the people, they don’t have any documents so they
can’t protest the government, they can’t go for any kind of movement or anything, if they
go for a movement, they will be sent back to Bangladesh and they don’t want that”
(Interview, Nov. 2020). A focus group of Indian migrants in Megara echoed these
concerns: “We have no status. We cannot go out publicly on the streets of Megara and
protest. The police will arrest in a blink of an eye” (quoted in Kukreja 2019a, 14).
Workers are also aware that as visibly racialized people with precarious legal status, they
are already targets for police harassment and violence, and would be rendering
themselves more vulnerable if they undertook collective action. It is precisely the legal
and social vulnerability of migrant workers that renders them valuable as labour, and
police take an active role in reproducing that vulnerability. Worker action that may
improve their labour situation would undermine their value as a cheap labour force and is thus deemed unacceptable by both the state and employers. In both Megara and Manolada, workers have faced severe repercussions for demonstrating and striking. In Manolada, worker strikes have been met with violence including beatings, shootings, and firings (Kukreja 2021a, 6). In Megara, workers who went on strike to demand the release of withheld payments were immediately dismissed upon reaching a settlement with their employer (interview with Pakistani worker, Kukreja 2018; Kukreja 2018). Both police and farmers are aware of the precarious legal status of migrants and the limited options available to them. This precarity is further compounded by racist rhetoric and portrayals of migrants which undermines any public support for workers among the Greek population. Pervasive racist attitudes are weaponized against migrants as a constant reminder of their powerlessness and disposability within Greek society. As one employer threatened: “who do you want me to [call], the Golden Dawn or the Police?” (Tzavella 2013). Without the employment protections afforded by legal status, workers who speak up are deemed to be not worth the trouble and are threatened with deportation or violence from racist groups if they assert their rights. In the words of a Bangladeshi worker in Manolada “we are like flies, swatted away once we become a nuisance” (quoted in Kukreja 2021a).

6.4 Conclusion
As this chapter has demonstrated, undocumented legal status or migrant “illegality” shapes all aspects of life for migrant workers in Megara and Manolada. Undocumented workers are subjected to abhorrent living conditions that are overcrowded, unhygienic, and lack basic amenities such as electricity and sewage
disposal. “Illegality” undermines labour standards for migrant workers and creates a vulnerable and exploitable workforce. This is evident in the withholding of wages, the neglect to implement health and safety standards, and the long hours which workers are expected to put in. The living and working conditions for migrant workers are reinforced and protected through the constant surveillance and policing of migrants. By employing a police force that prioritizes the deportation or detention of migrant workers, the state undermines any legal protections or rights available to migrants and reinforces migrant “illegality”. Such conditions of life impact migrant health in multiple, compounding ways that will be examined in the next two chapters. The physical, mental, and emotional impacts of living conditions, working conditions, and “illegal” status, are important to consider as intersecting factors that negatively impact the ability of migrants to both be healthy, and to seek healthcare.
Chapter 7

Health Impacts of Migrant Life

Seth Holmes’ (2013), who has worked with Triqui migrant agricultural workers in the western United States and in Mexico, identifies how migrant health is shaped by structural factors including the unequal processes of capital accumulation under neoliberal capitalism. Looking specifically at Triqui farmworkers on the west coast of the U.S., Holmes’ (2013) explains that one worker’s pain

“was caused unequivocally by the fact that he, as an undocumented Triqui man, had been excluded by both international market inequalities and local discriminatory practices from all but one narrow and particularly traumatic labor position. This occupation required him to bend over seven days a week, turning back and forth, in all kinds of weather, picking strawberries as fast as he possibly could” (94).

This statement correctly identifies structural inequalities that render migrant vulnerability as the source of pain for the worker in question. In this chapter, I will be drawing on Seth Holmes’ notion of “structural vulnerability” and Giorgio Agamben’s concept of “bare life” to explain how migrant health vulnerabilities and outcomes are shaped by structures of the global political economy. This chapter will examine the exploitative conditions of work and life that were laid out in the previous chapter and identify and examine how these conditions, that are central to the value of migrants as a cheap labour force, produce convergent health issues and risks for workers. Drawing on migrant interviews conducted by myself, and interviews shared directly with me by Dr. Reena Kukreja, and published in journal articles, this chapter will first examine the physical health risks and impacts as a result of both living and working conditions, taking care to interrogate how such risks
arise from structural factors including migrant “illegality” and racial capitalism. The second half of this chapter will discuss mental health impacts of migrant life, examining how depressed wages, “illegal” status, and labour coercion function as both a constant source of tension for workers, and as a disciplining tool for profit extraction.

7.1 Physical Health Impacts

7.1.1 Physical health impacts of living conditions

Living conditions for workers in both Megara and Manolada are maintained at the lowest possible cost for farmers while simultaneously ensuring a large availability of labourers. As described in the previous chapter, living conditions for migrant workers in Manolada and Megara are marked by overcrowding, poor hygienic conditions, and lack of running water, toilets, and electricity. The poor quality of living conditions in Manolada and Megara is a manifestation of the market pressures of agricultural production as the quality of living quarters serves as a cost-cutting measure for farmers experiencing fluctuating market demand or economic pressures (Holmes 2006, 1789). A drop in market demand or a change in the supply chain may impact profits for farmers and in order to ensure that production remains profitable, costs related to labour are often the first to go. The structural vulnerability that arises from these market pressures is offloaded from farmers onto the backs of migrant workers, who directly experience the health vulnerabilities that arise from poor quality living conditions. As one worker in Manolada explained, “[t]he owners don’t build good habitats for us; they think it will incur more expenditure on them. They never think about us, our facilities or our health, but only think about their profit” (interview by Reena Kukreja with Bangladeshi migrant in Manolada, Dec. 2019). The poor quality of dwellings is further explained by the seasonal nature of work, as market logic dictates that landowners choose not to invest in
dormitories or dwellings that lie mostly vacant for a portion of the year without producing profit.

These deplorable living conditions are further maintained through migrant “illegality”, as the fear of deportation or arrest prevents workers from raising the issue of quality of housing with their employer(s) for risk of losing their job or being reported to the officials, and fear of the authorities prevents workers from seeking legal recourse to improve these conditions. Such appeals to the state are unlikely to be worthwhile as the Greek state is well aware of the conditions of life for migrant workers, and has even been brought to European Court of Human Rights over concerns of labour exploitation and trafficking in Manolada, with special focus on the living conditions of migrant workers (Interview, Vassilis Kerasiotis Nov. 2020). Despite documented knowledge of these conditions, the Greek state continues to implement policies and spew rhetoric that reinforce migrant “illegality”, while failing to implement any changes that might improve conditions for workers. Speaking on the inability to improve housing conditions, one worker explained that “to build a building, proper permission is required. Permission to build a building for illegal people is not possible. In this case the owner cannot do anything without government help” (interview by Reena Kukreja with Bangladeshi migrant in Manolada, Dec. 2019). In Megara, most workers live free of rent in agricultural sheds on the land of their employers, however in Manolada, workers are charged rent by farmers to stay on the land. In both environments, there is a lack of protection from the elements, overcrowding, poor hygienic conditions, lack of sanitary facilities, infestations of rodents, and growths of mold and mildew - these present significant health risks for workers.
Damp air, and poor ventilation and drainage have led to the development of mould and mildew which is evident on the walls of most of the dwellings in Megara and in the showers and toilet stations in Manolada. The presence of mould and mildew is shown to aggravate existing health issues such as asthma and allergies, and is also correlated with the development of health issues in previously healthy people (WHO 2009). For migrant workers in Manolada and Megara, this health risk is compounded by the existing compromised health that arises from deplorable living conditions. According to the WHO, there is a correlation between the existence of indoor dampness-related growths and a wide range of respiratory health effects, including asthma development, asthma exacerbation, respiratory infections, upper respiratory tract symptoms, cough, wheeze, and dyspnoea (Ibid.). In Megara, the health risks of poor indoor air quality are exacerbated by the presence of asbestos installation as roof material in some farm sheds (repurposed as living quarters), which, when inhaled, is a highly carcinogenic material causally linked to the development of lung cancer, mesothelioma, and non-cancerous respiratory illness (Oregon State University, N.d). Despite the widely known danger of asbestos insulation, farmers in Megara have not removed the insulation and workers continue to live with the exposed insulation and its associated health risks.

Another health risk that arises from the living quarters in both Manolada and Megara is high indoor temperatures. In Manolada, where makeshift dwellings lack proper ventilation and are made from available materials, the risk of overheating is quite high. Many workers complained of the heat inside the polythene dwellings as the plastic material, lack of windows and ventilation traps the heat inside, and lack of electricity means workers cannot use fans to alleviate the heat (Feliziani 2020). In Megara, while
dwellings are made of sturdier materials, the lack of proper ventilation and windows contributes to high indoor temperatures as well. According to Hamdy et al. (2017), heat-related mortality begins to rise above a threshold of 24.7 degrees Celsius (307). Above this threshold, overheating can have serious health consequences and exacerbate existing health issues (Ibid.). Extreme heat can contribute to dehydration, which is especially concerning as workers lack access to clean, consistent water sources. Prolonged exposure to heat can also lead to worsened mental health symptoms including depression, anxiety, and worsened psychotic episodes, impact insulin absorption for those with type 1 diabetes, and increase the risk of respiratory morbidity (Ibid.). Furthermore, high temperatures inside dwellings impact one’s ability to recover from outdoor heat and can increase sleep fragmentation which further contributes to poor health, and impacts the ability of workers to recover from illnesses (Hamdy et al. 2017, 307). While heat is the primary concern, in winter months, dwellings in both Manolada and Megara can be incredibly cold as the dwellings, because of the very nature of their construction, lack insulation and have no source of electricity for portable heaters. Furthermore, workers often cannot afford to purchase good-quality bedding or winter clothing to stay warm due to the high costs (Reena Kukreja 2021).

Compounding the risk of overheating in Manolada, is the risk of fire. As a result of the informality of the dwellings in Manolada, there is very limited access to electricity meaning that workers have to use lit candles as light (Shiso Miah interview 2020), propane stoves to cook meals, and water for bathing or cooking must be heated over an open flame (Manolada Watch 2019). The regular use of fire as heat or as light presents a significant risk for fire outbreak, as the dwellings are built with highly flammable
material and fire spreads quickly between closely situated dwellings. Furthermore, there is no running water or provision to quickly address a fire, and the close proximity of flammable structures makes for a fast-spreading disaster, as was seen in the 2018 and 2021 Manolada fires in which hundreds of structures were destroyed (Kukreja 2019b, Manolada Watch June 2021).

Another lacking necessity is kitchen hardware such as stoves and ovens. The use of gas stoves is prevalent in both Manolada and Megara as workers are required to provide their own cooking implements and gas stoves are the most efficient option. The use of gas stoves in indoor dwellings can have adverse health impacts and contribute to poor air quality. One study from Australia found that the use of gas stoves in damp environments is linked with an increased incidence in childhood asthma (though the risk for adults was not addressed) (Knibbs et al. 2018), while another study from the United States found that gas stoves emit nitrogen dioxide, carbon dioxide, and formaldehyde at levels that can be dangerous without proper ventilation (Nicole 2014, 27).

Adding to the poor air quality, and the plethora of environmental pathogens is the lack of sanitation. In both Megara and Manolada, there is no provision for toilets meaning that workers must openly defecate. In Manolada, there are ad-hoc toilet stations with elevated platforms and dug tunnels to divert the waste into the ground water system. In Megara, workers are expected to defecate and urinate in the surrounding fields. In both cases, the presence of human excreta can potentially contaminate ground water sources. This can pose a serious health risk, as exposure to human waste can lead to diarrheal disease, skin infections, cholera, typhoid, polio, hepatitis, and intestinal worms (Carr 2001, 90). In Manolada, this risk is much higher as the sewage is diverted directly
through the living quarters and is concentrated in specific areas. In Megara, open
defecation in fields exposes workers to human excreta throughout the workday and
provides a ripe breeding ground for parasitic-carrying insects such as mosquitoes (ibid.).
A study of migrant farmworkers in Utah, USA where there are no toilet facilities
mandated for migrant housing, found that migrant patients presented with fecal-related
diseases, including diarrhea, nausea, and vomiting, at a rate 20 times higher than the
native population (Arbab et al. 1986).

A lack of running water and adequate hygiene provisions significantly increases the
health risk of environmental pathogens such as human waste. According to Carr (2001)
“adequate personal and domestic hygiene can reduce [transmission]” of pathogens (Ibid.).
In both Manolada and Megara, workers have constructed makeshift showering stations
with cold water to bathe but lack the facilities and the water to wash hands as regularly as
recommended. In Manolada, showering and handwashing requires using water diverted
from the public water main, which is at risk of further contamination as a result of the
open sewage that runs through the camp. While in Megara workers end up using the
water sources intended for agricultural use to wash, they must pay utilities to farmers and
pay for the soap they use (Kukreja 2021b).

A lack of provision for food storage in both Manolada and Megara is another risk
for workers, as workers must store food in hot and humid, open environments which
increases the risk for foodborne illnesses such as norovirus, salmonella, c. perfringens,
staph infection, listeria, and E.coli (CDC 2020a). In order to protect against such
illnesses, the CDC recommends storing food in cool, dry environments, and regularly
washing food—precautions which are not feasible in Manolada and Megara, where space
for food is limited and there are no fridges. A study of migrant farm workers in North Carolina found that cooking and food storage facilities in worker housing did not comply with federal regulations and presented a significant risk for the development of food-borne illnesses, and in the long-term may increase the risk of chronic disease if dietary choices are constrained by storage (Quandt 2013).

The health risks, outlined above, are further compounded by the overcrowding in living quarters. Precarious legal status and the ensuing fear of deportation, and precarity of living and working status makes those with health concerns reluctant to disclose their concerns out of fear of compromising their living or working situations. According to Apostolos Veizis, former Director of Medical Operations with MSF Greece, when migrant workers become ill, “they don’t tell the people living in the same apartment because they will be kicked out of the apartment”, and that “the apartment itself makes people exposed to more risk than a lot of the population” as the communal risk is compounded by the risk of illness of each individual in the dwelling (Interview Oct. 2020).

While living conditions for migrant agricultural workers varies from region to region, across the world, patterns emerge similar to the structural neglect and violence seen in Manolada and Megara. In Canada, for instance, the Migrant Workers Alliance for Change (2020) issued a report to the federal government raising concerns over unhygienic and overcrowded living conditions. The report called for the implementation of federal housing standards for migrant dormitories which includes adequate ventilation, reliable running water, and the provision of toilets, kitchen tools, and sleeping quarters under one roof (Ibid.). The failure of the Canadian state to implement housing standards
for migrant workers, mirrors the neglect of the Greek government to address the crisis of migrant housing in Megara and Manolada.

Poor living conditions are a physical manifestation of migrant “illegality”, as migrants are powerless to address these conditions as their disposability renders them vulnerable to being fired or deported. Furthermore, the powerlessness of migrants means that both employers and the state have no incentive to address these issues and continuing to ignore these conditions is economically beneficial. Living conditions in Manolada and Megara are both a product of the structural vulnerabilities of migrant workers, and a source of structural vulnerability which contributes to poor health outcomes for workers. Poor living conditions leads to illness and injury, exacerbates existing conditions, and negatively impacts the ability of workers to recover from illness. The lack of legal and social protections for workers—in terms of both legal status and social security such as healthcare access and housing security—further exacerbates and facilitates the vulnerabilities that arise from these abhorrent conditions and is compounded by the shared precarity amongst workers.

7.1.2 Physical health impacts of working conditions

Structural vulnerabilities compound the physical pain and suffering inherent to the physical labour required of farm workers, as workers cannot adopt work practices that could be less painful, seek timely medical care, or take time off work to heal. To illustrate, according to Holmes (2013),

“the grueling conditions in which [Triqui migrants] work … function as mechanisms through which structural violence produces suffering”, and “knee, back, and hip pain are only a few of the ways in which the social context of migrant farm work—especially living and working conditions—affects the bodies of Triqui companions. These
pains are examples of the structural violence of social hierarchies becoming embodied in the form of suffering and sickness.” (89).

This suffering is imposed on workers, who must bend for long, extended periods of time in order to harvest, with very few breaks, causing severe back pain, urinary infections and kidney issues. The maxim of productivity inherent to capitalist production further perpetuates the risk for chronic pain and urinary and kidney issues, as workers are denied breaks from work and disciplined/coerced to stay bent over for long periods to maximize their harvesting efficiency. This is evident in Megara, where workers harvest the high-value greens crouched down on the ground and moving slowly along the rows of greens. Complaints of health issues associated with the posture required for harvesting appear widespread among workers. According to Shiso Miah, a regularized Bangladeshi migrant in Manolada “most of the people are suffering from back pain because of the kneeling down to harvest strawberries. Back pain is the main illness here” (Interview, Nov. 2020). Another undocumented Bangladeshi worker in Manolada clearly identified the causal relationship between working requirements and the health outcomes for workers, explaining that the “whole day we bend and work with little rest, sometimes without rest for 7 hours in a day which ultimately plays on our health, giving [us] back pain [and] kidney problems” (Reena Kukreja interview, Manolada Dec. 2019). Echoing the same concern, one man added that “the Bangladeshi boys normally get lower back pain, kidney problem and upper back pain. The problem is too much. The pain is unbearable. All this pain occurs because one has to bend for a long time to work in the field.” (Reena Kukreja interview with Bangladeshi migrant, Manolada Dec. 2019). According to this worker, these health issues often require medical attention but workers who seek doctor’s advice are usually told to take paracetamol and given no more care (Ibid).
The health consequences and vulnerabilities of physical labour are a threat for workers and the neglect by medical professionals can be a real health risk for workers as medical conditions go overlooked. In Megara, one 25-year-old man died after returning home to India following a diagnosis with kidney stones. According to one worker in Megara, fellow workers donated to get the man surgical care in India as it was not feasible for him to seek medical care in Greece: “He kept on taking some medicine but it was all like poison to his body. He died in India soon after. We collected money to send to his family. We still do send some money to his family. He was 25 years old” (Reena Kukreja interview Megara 2018). While the cause of his death is unknown, hot working environments, inadequate breaks to allow for rehydration, intense physical activity, and environmental toxins—all of which are consistent with the working conditions in Megara—have been demonstrated to increase the risk of developing kidney stones (Nerbass 2017) and kidney disease (Johnson et al. 2019).

The widespread use of agrochemicals is another serious health risk that arises from the working conditions on farms. Lax labour practices facilitated by worker “illegality” exacerbate the exposure of workers to chemicals, and thus the health risks of such chemicals. According to one worker in Manolada, “while spraying the medicine in the strawberry field, no mask is given to us, and gloves are also not provided” (Reena Kukreja interview, July 2019, cited in Kukreja 2021a). Lack of adequate equipment, poor ventilation in greenhouses, lack of training, and the unwillingness of employers to stop work following chemical sprayings increases the potential risks for workers. One worker explained that following sprayings, workers end up consuming the chemicals as they eat their lunches in unsafe environments and without time to properly clean during their
breaks (Ibid.). The risks of agrochemical exposure are well documented and include “headaches, blurred vision, vomiting, abdominal pain, suppress[ed] immune system, [blood and liver diseases], depression, asthma, and nerve damage” (Hicks 2012). While the risks of exposure are clear, the effects can have a delayed onset and make it more challenging to identify the source of illness or to provide proper treatment (Ibid.). Diagnoses may be especially difficult to achieve for migrant workers in Greece who face significant barriers in accessing healthcare as a result of their “illegal” status, and who are seeking care in a system that has been depleted of resources through the implementation of austerity policies.

The existence of a large surplus labour force both exacerbates the existing health risks by pushing workers to accept increasingly precarious working conditions, and itself presents a health risk as workers are forced to work ill or injured, or risk losing their employment. The reserve army of labour functions to depress worker wages, as supply for labour exceeds demand, meaning that migrant labour is further devalued through this process. For workers, this large labour force of willing workers is a disciplining tool that serves as a reminder that workers are replaceable. As the migrant work force in Manolada and Megara is largely undocumented, workers cannot rely on labour laws to protect their employment when they fall ill. As one worker in Manolada explained “[i]f I say I am ill and cannot come to work, the farmer says, ‘no problem, I will get someone else’” (Reena Kukreja interview, December 2019, cited in Kukreja 2021a). This threat of replacement operates in three ways to reinforce health vulnerabilities for migrants. Individually, workers have to weigh the cost of losing employment against that of recovering from an illness, possibly exacerbating an existing condition. This threat of replacement also
undermines labour complaints, meaning that workers cannot advocate for improved workplace safety including more breaks, better protective equipment, or proper training, as those who do, incur the risk of being fired. On a community health level, the fear of losing employment means that workers will attend work even if they are ill, which puts other workers at risk for contracting that same illness, the consequence of which has been widely observed in the context of COVID-19, where disease spread quickly amongst populations of migrant farmworkers across the globe (Keung 2020).

7.2 Mental Health Impacts of Migrant Life

In addition to the physical health impacts, conditions of migrant life produce psychological and emotional impacts for workers which often serve to reproduce the exploitative labour relations inherent to the value of migrant labourers. Processes of global capitalism that have created the financial imperative for migration in home countries have contributed to the burden of financial responsibility of migrants towards their families, which serves as both a significant source of psychological tension for workers and a motivating factor, as workers strive to provide for their families. Another significant source of tension for migrants is “illegal” status which serves to reproduce the “bare life” condition of workers and reinforce their position as expendable labour. In the eyes of the Greek state and society, migrant workers are reduced to their “illegal” status through the implementation of harsh immigration policies, and public discourse that portrays migrants as “illegal”. The material consequence of this “illegality” is the bare life of labourers, which serves as a disciplining mechanism as workers are aware that they live without the protections of the state or the law and thus lack the power to improve conditions. The “bareness” of life is made abundantly clear as conditions of
work are unequivocally in violation of labour standards and many human rights, demonstrating the extent to which undocumented migrants are excluded from the protections of Greek labour laws and basic human rights. Yet the constant policing and surveillance of undocumented migrants, and the discourse of migrant “illegality” are evidence that migrant workers are simultaneously subjected to the full punitive extent of the law (Agamben 1995). This contradiction serves as a source of emotional and psychological tension that serves the dual purpose of reinforcing the precarity of migrant labourers by alerting them to their rightlessness and creating a disciplined and compliant workforce by highlighting their “illegality”.

### 7.2.1 The responsibility to remit and the threat of unemployment

Financial responsibility for families back home is a consistent source of stress for workers in Manolada and Megara. According to workers in Manolada and Megara, many men are supporting upwards of 10 close family members. With these wages, many families back home cover the costs of social reproduction including living and medical expenses. Under neoliberal capitalism, many of these services including healthcare, have been reduced or privatized, and the responsibility to cover these costs has fallen on the individual and the family unit, meaning that the failure to remit can have compounding health impacts in countries of origin, as people cannot afford treatment or care. For many, the responsibility to remit serves as both a motivation to work regardless of conditions, and as a source of tension as the failure to remit impacts the ability of their loved ones to survive. One worker in Megara explained this responsibility:

“I had to trudge overseas to fulfil my duties as a man. I had to earn to improve the financial standing of the family, to ensure that my parents could get medical care and treatment, that my son could receive his education from a
good school. These are the responsibilities that a man has to shoulder. Now my life has passed – the future lies with my son – I have to ensure that he gets educated and becomes a good man” (Reena Kukreja interview with Indian migrant, Megara 2018).

As this man explains, he accepts the conditions of work as he understands his life to have passed, a sacrifice he has made for the wellbeing of his son and the health of his parents. The weight of these responsibilities is evident among workers. As one worker in Manolada explained, “I am a single person but 10 people in Bangladesh are dependent on me.” (Feliziani 2020). Another man added that “it would be very very dangerous [if] we die, our families in Bangladesh would be in great trouble. They can’t eat. They can’t do anything” (Feliziani 2020). These statements make evident the economic pressures that migrant workers experience on a multiplicity of scales. The neoliberalization of the global economy has transformed relations of production in local economies, making labour migration a necessary choice for some in order to survive (Holmes 2013, 25). In home countries, workers have felt the impact of neoliberal violence as local agricultural production, has been monopolized and small-scale or subsistence farming has become infeasible (Deshingkar and Farrington 2006). As explained in Chapter Four, broad trends of neoliberalization have transformed local economies, as production of goods for consumption in global north countries has been outsourced to global south countries, where local populations are incorporated into the waged-labour work force and exploited at incredibly low wages (Sassen 1988). As microcosms of a global system, migrant labourers in Manolada and Megara feel the immense pressure of global economic processes on their families back home who struggle for income, while simultaneously experiencing the downward pressures of neoliberal globalization on agricultural production in Greece, as agricultural labourers themselves.
The financial pressure that workers face is heightened by scarcity of work and the existence of a large surplus workforce on a local level in Greece. Many workers have expressed anxiety about their ability to find adequate work and to remit money. The scarcity of work and the pressure to remit on a regular basis is articulated by Bangladeshi workers in Manolada, with one man explaining “We cannot send any money back home. They are in great trouble, my father, my mother, my sisters they are in great trouble right now” (Feliziani 2020) and another adding that “10-12 people are dependent on me, but I don’t have any work, I don’t have any money” (Ibid.). The responsibility to remit has reverberating effects, as workers finances are squeezed by competing bills. Many workers owe money to smugglers, have rent payments, and additional living costs. One man in Manolada articulated the competing financial pressures, explaining that he has to borrow money from back home to finance life in Greece: “Even we need to get money from Bangladesh back home. There is no [place] to eat our food. We sold everything in Bangladesh and we spent almost 10 lakhs, we can’t do anything here. Spending a lot of money” (Ibid.). According to another worker in Manolada, the choice comes down to him eating, or to feeding his family: “We have four-five kids in Bangladesh, and I can’t eat so how can I feed them? What can we send money or food to them, I can’t eat either. No work here” (Ibid.). These concerns compound the existing mental stress for workers, as they experience anxiety about the conditions of their families and feel a responsibility to remit, and failure to do so can be mentally stressful for the men. Exacerbating these financial concerns is the constant threat of unemployment and underemployment. As undocumented migrant workers lack any legal or political protection, they can be fired without cause and unable to find adequate working hours, which would compromise their
ability to remit money. This threat of unemployment is compounded by a large surplus labour force that consists of men in equally precarious positions who can replace labourers.

7.2.2 Working conditions, migrant “illegality”, and the reinforcement of bare life

The emotional and psychological stresses that workers experience, compounded by the exploitative and isolating living and working conditions reproduce what Agamben identifies as “bare life”. “Bare life” explains the condition of life in which workers’ social and political exclusion—their reduction to labouring life—facilitates their economic inclusion (Agamben 1995). This condition of bare life is evident in Megara and Manolada, where workers’ economic inclusion is maintained by their “illegal” status which, as discussed in chapter 6, guarantees their social and political exclusion. This exclusion is evident in the consistent valuation of workers for their labour power, and the refusal to view workers as human beings. Conditions of bare life manifest in lack of agency for workers and abusive and exploitative working conditions. As one worker in Megara explains,

“Here, the entire existence is based on shams – it is all lies. You work for 8 hours continuously. In the winters, it snows yet you have to go to work in that cold. Your hands are numbed so much that you cannot even wipe your runny nose. Your bones ache in the mincing cold. You cannot straighten your limbs. Your nose runs like that of a small child. You see my clothes here – all these become wet due to the snow. Sitting down on the ground as we work makes our clothes wet and the cold seeps into our bodies. There is a lot of snow on the ground. Life is like hell here then. And then the summers – the temperature soars to 40 odd degrees. You have to work in the searing heat of the mid-day. Even the rocks become searing hot to touch. Then there are the snakes in the fields – these are poisonous and
come out in the fields when we are working. Who do we tell all what we face on a daily basis – the struggles and challenges. Do I share this with those who I am remitting money to? They will become saddened on learning the ordeal I face” (Reena Kukreja interview with Indian migrant, Megara 2018).

As this worker makes clear, constant labouring comes at the expense of human needs—standing up, drinking water, wiping sweat from one’s brow, or being dry and warm, to list a few. This constant labouring can take its toll on the human body and mind, and on an everyday basis, migrant workers are at greater risk of dehydration, exhaustion, and sunburn. To illustrate, in Qatar, heat stroke is a deadly risk for migrant workers in the construction industry, with hundreds of men between the ages of 25-35 estimated to die every year from heat-related cardiovascular stress (Kelly et al. 2019). The wear and tear of physical exhaustion on mental and physical health is compounded by the inability of workers to access affordable, and immediate medical care that can address health concerns before they become emergent or build up. The valuation of this worker solely for his labour contributes to anguish and isolation, which is made clear by his inability to share his struggles with family back home. Another worker in Megara elaborated on the consequences of constant labouring:

“If you are farming on your own land, then you have the freedom to take a small rest when you are tired – to sit down and catch your breath. But here, we work for a farmer and if we sit down for a moment, they remove you from work by labelling you as lazy. They state, ‘go away.’ Here we don’t have our family network to support us nor do we have papers – so we are forced to work continuously without a break” (Reena Kukreja interview with Indian migrant, Megara 2018).
As he suggests, the isolation from the land and the inability to assert agency over their working lives is demoralizing for workers. This is compounded by the harsh name-calling and the threats for dismissal of work. As this quote illustrates, the individual agency of workers—expressed through sitting, catching a breath, resting when tired—is tied to threats for dismissal of work and discouraging comments. This highlights the very essence of bare life, as workers’ expression of human needs marks them as unfit labour. While the cruel and inhuman living and working conditions that are inherent to bare life seem senseless, they are a result of the maxim of productivity that drives capitalism. In order to extract the most value from labour-hours and ultimately produce the most profit, employers keep labourers working at maximum efficiency, meaning there is no time for standing up straight or taking breaks, as such measures detract from the amount of output workers produce and thus the value they generate for employers. Compounding these demands is the existence of a large surplus workforce of bare life labourers in the waiting, meaning that labourers who challenge their role as bare life by expressing their human need are easily replaceable. As migrant workers lack the legal protections of a domestic workforce, employers can impose cruel working conditions and fire workers without cause and without fear of consequence. The bare life of migrants is essential in facilitating these conditions as their perception as “illegal”, economic beings excludes them from the same human consideration that might be afforded to a domestic workforce.
The “illegal” status of workers is a constant source of tension for migrant workers and has immense emotional and psychological impacts. Migrant “illegality” is a disciplining threat that functions to maintain a pliable and exploitable workforce (Harrison and Lloyd 2012). A constant sense of surveillance and legitimate fear of detention and deportation permeate all aspects of the lives of undocumented workers and functions as a tool of labour discipline, creating a pliable and superexploitable workforce (Ibid.). One worker in Megara, clearly expresses the internalization of this exploitability and pliability and describes the emotional and psychological impacts of “illegality” as a disciplinary mechanism:

“My heart desires to explore this country or this town – after all, I have come to a foreign land. But it is our helplessness. It is the imprisonment of the living dead, you can say about our lives here. It is also a life imprisonment. You commute from home to work and that is it. We cannot leave the kitechi [living quarters] – no idea when the police might nab us and put us in detention. They will ask us to show our papers – but we don’t have any papers for our status. Last year, I did get to apply for asylum – the case is pending and till then I got the ‘card’ (white card for pending asylum status). It warmed my heart to get that card – it also alleviated my stress.” (Interview by Reena Kukreja with a Pakistani worker, Megara 2018)

As can be seen above, the lack of legal status governs all aspects of this man’s life, as he has been denied the opportunity to have a life outside of being a labourer. For workers, “illegal” status functions as a prison, with men forced to live out their days either at work, or in their overcrowded, unhygienic living quarters with dozens of other men. These conditions are suffocating, and claustrophobic and it is only through the looming, and constant, threat of
deportation that migrants remain acquiescent with their bare life. Migrant “illegality” has proven to be an effective tool at governing and maintaining bare life as workers know that deportation or detention would jeopardize their ability to provide financially for their families. According to one man, immediately following the end of the workday, workers return straight to their living quarters (Kitechi) and “dare not venture out of our Kitechi afterwards. We fear that the police might apprehend us at any time. They might arrest us and put us inside a detention centre” (Reena Kukreja interview with Pakistani migrant, Megara 2018). Many workers echoed the fear of apprehension and identified “illegal” migrant status as central to their emotional and psychological distress. The emotional and psychological distress that arises from the fear of deportation is one of the effective consequences of migrant “illegality” as deportability becomes “not merely an anomalous juridical status but also a practical, materially consequential, and deeply interiorized mode of being—and of being put in place” (DeGenova and Peutz 2010, 14). The workers interviewed clearly demonstrate this interiorized mode of being, as they “experience tension 24/7—all the time—due to lack of papers” (Reena Kukreja interview with Indian worker, Megara 2018), with “[t]he biggest tension [being] about my undocumented status – lack of papers. If I get papers, then I will be able to visit India and meet my dear ones – I yearn to do that. It is really hard to be without them.” (Reena Kukreja interview with Indian migrant, Megara 2018). The internalization of “deportability” serves as a reminder to workers of their bare life, as they are wholly vulnerable to the punitive arm of the law—deportation,
detention—yet they receive none of the legal rights or protections available to other workers. Migrant workers are reduced to their labour value and cannot enjoy the experiences central to human life—time with family, seeing the city, having command of their own time.

For many, the lack of papers is specifically tied to the inability to see family members, which would ease the stress and tension that workers experience. According to one worker in Megara

“Life isn’t easy here – in fact, it might have been better that we were struggling on daily wage earning [in India] – at least we would be with our families and not face this separation. Here, you live afar from your family plus you are also not paid well nor on time.” (Reena Kukreja interview with Indian migrant, Megara 2018).

Workers without documents cannot travel abroad or they risk being unable to return. For many this means that providing for their families comes at the expense of being able to see their loved ones, as one man said:

“The biggest sadness is that my son is now 11 years old. He was an infant when I left him and came here. Now, he cannot even recognise his own father – that I am his papa. For him, I am reduced to being a stranger. How can he recognise his own father – after all, he hasn’t seen me. Nor has he received my love nor spent any time with me. On my end, I have lost out on his childhood. I missed out on seeing him crawl, learning to walk, learning to talk – all these losses bereave me. It gives me great mental stress just thinking of what I have lost. It has been 11 long years since I came here (He starts crying). If I return back home now – what will I do there? The land that we have there is not enough for us. It is a tiny patch. Plus, my son is growing up – he is studying and needs to focus on his studies and education. I have to manage household daily expenses – all of these combined, cause great tension / mental stress for me.” (Reena Kukreja interview with Indian worker, Megara 2018).
For the men working in Manolada and Megara, identifying and addressing mental health issues is very challenging as they tend to be “invisible” issues that are moralized and not seen to be worthy of care (Teunissen et al. 2016). Despite the challenges in disclosing mental health, links between poor mental health and undocumented migrant status have been identified in Thailand (Meyer et al. 2016), Greece (Teunissen et al. 2016), China (Xiao et al. 2018), and Sweden (Andersson et al. 2018). While there is a clear pattern of mental health challenges among migrant populations, feelings of shame, loneliness, fear, and lack of trust in medical professionals prevent migrant patients from disclosing mental health issues with healthcare professionals (Ibid.). Kukreja (2021b) explains the feelings of shame surrounding mental distress as a consequence of masculine performance, as male workers refuse to complain about their living and working situations or admit to the internal challenges out of fear of being viewed as “weak” or “feminine” (Ibid., 314). Masculine performance operates as a barrier to seeking mental health care as men, due to the fear of emasculation, are unwilling to admit to their mental health issues and seek support. For men who do seek support, there are countless barriers to mental healthcare for migrant workers in Greece. For undocumented workers, the lack of an AMKA number means they are unable to access public healthcare and must pay out-of-pocket for private medical treatment, the costs of which can be prohibitive. For migrants who can seek care, there has been found to be very little knowledge among Greek migrant populations of the mental health treatment available through general practitioners or hospital doctors and lack of translation services.
in hospitals prevents many patients from adequately communicating their health challenges with medical staff (Teunissen et al. 2016). Despite the evident emotional and psychological distress that workers are subjected to, it is the financial obligations to families that forces workers to accept the abhorrent living and working conditions. As one man explained: “We have to constantly think of the people we leave behind and whom we support. It is because of them that you keep silent and accept everything” (Reena Kukreja interview with Pakistani migrant, Megara 2018).

7.3 Conclusion

Migrant workers are rendered vulnerable to multiple, intersecting health issues as a result of their structural vulnerability. Both physical and mental health issues are directly correlated with migrant “illegality”, inadequate living quarters, and exploitative working conditions. Through the maintenance of migrant “illegality” the state is directly responsible for the ill-health of migrant workers in Greece. Given the multiplicity of health vulnerabilities for migrant agricultural workers, access to healthcare is particularly important. However, the structural vulnerability of migrants to ill health is further compounded by structural barriers to accessing health care in Greece. The next chapter will examine and explain the structural barriers to healthcare for undocumented migrants in Greece.
According to Seth Holmes (2013), the concept of structural vulnerability explains how social, political, and economic structures shape the vulnerability of migrant workers to poor health outcomes (152). As outlined in the previous two chapters, there are multiple structural vulnerabilities that arise from the conditions of migrant life. These vulnerabilities are compounded by the structural barriers to healthcare that exist for undocumented migrant workers in Greece. The structural vulnerabilities that shape poor health for migrant workers also reinforce and perpetuate the inaccessibility of healthcare. This chapter will build on the health impacts of migrant life, to examine how racism and migrant “illegality” both create, and uphold, barriers to healthcare for undocumented migrants. I will first examine medical racism and discuss how racist ideology and migrant “illegality” directly impact healthcare for migrants. Next, I will examine how racism and “illegality” manifest in structural barriers to healthcare, focusing on the AMKA requirement for public healthcare and financial barriers to healthcare and pharmaceuticals.

8.1 Medical Racism

The racist ideologies and assumptions that permeate Greek society frame the context in which migrant agricultural workers seek healthcare in Megara and Manolada. Medical racism is understood as the existence of racist ideologies and assumptions in the health care system (Palmater 2021). The term explains that both interpersonal and structural racism result in lower quality of care and worse health outcomes for racialized patients. Looking at the Canadian context, Palmater (2021) explains how “racist
stereotypes held by healthcare workers about First Nations being drunks, drug seekers or less worthy of care manifest in ways that negatively impact the health and lifespan of First Nations due to denial of service, minimizing health concerns, rough treatment sometimes resulting in injuries, and medical mistakes and misdiagnosis rooted in racist assumptions”. While Palmater speaks specifically to the racism Indigenous people experience in the Canadian healthcare system, similar assumptions are held by Greeks with regards to migrants or “foreigners” (Kirtsoglou and Tsimouris 2018, 1877). In Greece, the public understanding of migrants as “dangerous, potentially prone to criminal activity, as unhealthy and possibly contagious, and as religious and cultural misfits” frames them as “undeserving” of the same healthcare as Greek citizens (Ibid.). Such notions of undeservingness are highly contextual and reflect systemic racism, xenophobia, and personal biases (Willen 2012a). A societal understanding of migrant workers as undeserving of healthcare reinforces the racism in the medical system as structural racism goes unchallenged by healthcare practitioners who embrace this toxic ideology.

Structural racism within healthcare includes the policies and practices of the healthcare system and “has profound effects on access to health care and health disparities” (Gunn 2016, 1). Systemic medical racism was reported by workers in Megara and Manolada, with many claiming that they were dismissed from hospitals, or

---

2 Systemic racism is defined by the Officer of the High Commissioner for Human Rights, as an “infrastructure of rulings, ordinances or statues promulgated by a sovereign government or authoritative entity, whereas such ordinances and statutes entitles one ethnic group in a society certain rights and privileges, while denying other groups in that society these certain rights and privileges because of long-established cultural prejudices, religious prejudices, fears, myths, and Xenophobia’s held by the entitled group”. https://www.ohchr.org/Documents/Issues/Racism/WGEAPD/Session27/submissions-statements/mdshahid-systemicracism.pdf
their medical issues were minimized by healthcare workers. Workers have a clear grasp on the role that racism plays in their experiences with the healthcare system, with one worker explaining that “white” patients, an allusion to Greeks, receive preferential treatment, stating that “one who is having white skin colour is treated well here. Once I went to hospital with my stomach pain, I was told to come after two days. Person without papers never get medical facilities here” (Reena Kukreja interview, Manolada Dec. 2019). Speaking to the Canadian example of Joyce Echaquan³, Palmater (2021) explains how racist assumptions held by healthcare workers that Indigenous women are drug abusers and sexually promiscuous, justified the lack of care that she received, and framed her as a drain on the healthcare system rather than a patient deserving of treatment—ultimately resulting in her death. The instance explained in Manolada is reflective of Palmater’s description of the impacts of anti-Indigenous racism in the Canadian healthcare system, as a visibly racialized man in Greece was denied healthcare, and in the process of denial his pain was dismissed as unworthy of treatment. Abul Kasim, a documented Bangladeshi migrant in Manolada, spoke to the systemic nature of racist mistreatment in the healthcare system. He said that the “majority of the doctors are inhuman, do bad behaviour with us. There are many hospitals in Greece. Here the health staffs behave rudely with us. In health staff, all are included Doctors, nursing staff, all. All are same here,” (Reena Kukreja interview, Dec. 2019). According to Abul Kasim, quality healthcare provision is only available as a result of the largesse of some doctors and is not the norm within the system: “some doctors are very good and have humanity.

³ Joyce Echaquan was an Indigenous woman who died in a Canadian hospital on September 28, 2020, shortly after posting a video of hospital staff making racist and sexist comments while denying her care (Palmater 2021).
They do the check-up and prescribe the medicine to be purchased from the chemist shop or will give the purchased medicine… they understand we workers are poor and can’t afford the medical expenses,” he explained. The exceptionalism of the equitable medical care of some doctors illustrates the widespread discrimination and racism present in the Greek healthcare system and speaks to the systemic nature of such attitudes. The attitudes and behaviour of medical professionals reflects the belief that migrant workers are “undeserving” of healthcare (Willen 2012a). The widespread reports from migrant patients’ mistreatment and dismissal from healthcare workers indicates that the notion of “undeservingness” is systemic within the Greek healthcare system, and reflects a social and political culture in which racialized migrants are deemed morally inferior to Greek citizens. This pattern is reflected by Palmater (2021) in the Canadian context, as migrant patients are confronted with assumptions and stereotypes—that migrants are criminals, unhygienic, and “illegal” (Kirtsoglou and Tsimouris 2017, 1877)—and are thus deemed undeserving of medical care.

Routine mistreatment was widely reported amongst workers, with many saying that rather than being thoroughly examined and treated by doctors, their health concerns were immediately dismissed, and they were consistently told to take over-the-counter painkillers instead of the medical staff investigating individual-specific concerns. For instance, Abul Kasim, a regularized Bangladeshi migrant who, because of his fluency in Greek, would often accompany other co-ethnics to the hospital, explained that upon seeing racialized migrant patients, doctors would say “DEPON-DEPON—that means paracetamol—without seeing us, without any check-up or without asking the reason of our coming to the hospital,” (Reena Kukreja interview, Dec. 2019). Shiso Miah reported
the same pattern saying that, “most of the people don’t have the proper documents so when they go to the hospital, they just treat them with very minimal treatment. Sometimes they give ibuprofen or over the counter medicine, so this is not good as people are not treated for their injury or their sickness” (Shiso Miah, interview Nov. 2020). These accounts of the migrant workers highlight the racist nature of medical dismissal, as ailing workers are denied even the opportunity for a diagnosis, never mind treatment, upon coming into contact with healthcare workers. The dismissal of migrant workers is especially clear in this instance, shared by Abul Kasim, who, upon accompanying a fellow worker to the hospital who complained of chronic stomach pain, was told to “give him DEPON [acetaminophen]. He will be alright and do not come here in the future” (Emphasis added) (Reena Kukreja interview, Manolada 2019). In this instance, the unwillingness of healthcare providers to treat migrant patients is explicit—Abul Kasim and his companion were dismissed as they were immediately recognized as disposable, racialized labourers. Assumptions of “illegality” and racist assumptions reinforce a notion that racialized migrant workers are “undeserving” of healthcare, and the denial of healthcare is of little consequence to the medical system due to the disposability of migrant workers who can be easily replaced (Wilén 2012a).

Holmes (2011) suggests that healthcare workers broadly have little understanding of the socioeconomic structures that produce migrant illnesses and injuries, and that such superficial understanding results in poor medical treatment for migrant agricultural workers (426). In the Greek case, it seems that the consistent reliance on over-the-counter pain medication reflects an assumption that any ailment that may bring a racialized migrant to the hospital is related to physical pain, an assumption that is rooted in the
perceived role of migrants as labourers in Greek society. In this context, the reliance on paracetamol and the dismissal of concerns are illustrative of the disposability of migrant labourers, as the use of pain medication allows for workers to continue work in the immediate term—maintaining their economic value to Greek society—but does not address long-term or quality of life concerns for such workers.

Intricately linked to the racism in the Greek healthcare system is migrant “illegality” and deportability. Migrant “illegality”, or a lack of regularized citizenship status, creates structural barriers to accessing healthcare, and also reinforces and normalizes the racism that migrant patients experience in the Greek healthcare system. Assumptions of migrant “illegality” are often predicated on perceptions of race, as differences of skin colour and language have been politicised and exploited to reinforce anti-migrant “essentialist politics of difference” (DeGenova 2019, 1191). These politics of difference are reflected in the healthcare system and embody the same assumptions—that migrant “illegality” is an inherent moral deficiency and constitutes an important moral difference between Greeks and racialized non-Greeks, and that such a difference makes the latter less deserving of quality healthcare (Ibid.).

The assumption of migrant “illegality” has rippling effects for migrants trying to access healthcare. The looming threat of deportability and the internalization of “illegality” acts as a deterrent for migrants seeking care. Furthermore, the demonstrated disregard for migrant patients and the belief held by healthcare workers that migrant patients are undeserving of healthcare (Papadakaki et al. 2017) justifies any fear held by workers. Hospitals or healthcare centres are places of increased risk for undocumented migrants as they are either state-run or state-regulated and may be a site for a “border
spectacle”, meaning that state agents may publicly arrest and deport patients they deemed to be “illegal”, with the effect of deterring other migrants from seeking healthcare (DeGenova 2013, 1183). As DeGenova explains, “the border is effectively everywhere, so also is the spectacle of its enforcement and therefore its violation, rendering migrant “illegality” ever more unsettlingly ubiquitous” (DeGenova 2013, 1183). As previously illustrated, migrant workers alter their behaviour to avoid situations that may result in in interaction with the police, including limiting where they walk, eat, shop, and stand. Undocumented migrants understand and internalize the risks of the “border spectacle” and may avoid seeking healthcare rather than risk deportation. Rab Nawaz, a documented Pakistani migrant explained that “unless it’s very severe, they don’t try to take a chance”, but rather will “ask somebody in town to send that medication up towards where they are located” (Interview, Nov. 2020). Nawaz explained that he himself has delivered over-the-counter medication to workers in their dwellings, though medications for more serious ailments that require prescriptions are not possible to access without visiting a doctor (Ibid.). While workers use the available resources to treat their illnesses or injuries, the inaccessibility of healthcare for undocumented workers and the resulting healthcare avoidance has been demonstrated to increase morbidity and mortality as seemingly minor injuries or illnesses may go untreated or may worsen without proper care (Byrne 2008, 290).

Reinforcing the deterring effect of migrant “illegality” is the inability and unwillingness of healthcare workers to address the linguistic and cultural barriers to healthcare in Greece. In a systematic review of published literature regarding the health status of migrants, Suphanchaimat et al. (2015) found that almost all studies identified
language as a barrier to effective healthcare provision for migrant patients and concluded that “such difficulties critically impeded effective communication between migrants and providers” (7). In response to language barriers, healthcare providers have “shaped their practice to be more ‘superficial’ and ‘straight forward’” leaving underlying stress or mental health issues unresolved (Ibid.). The unwillingness of healthcare providers to make healthcare more accessible to the health needs of migrants is reflective of both the systemic racism within the Greek healthcare system, and the ideology of racism, that justifies the diminished quality of care for migrants. The role of racist ideology in reinforcing the accessibility of care was evident in Papadakaki et al. (2017), who found that in the context of fiscal austerity, healthcare staff were reluctant to prioritize the language needs of migrant patients, and openly prioritized the interests of Greek patients above those of migrants (132). The statements published by Papadakaki et al. reflect Willen’s (2012a) framework of “undeservingness”, as migrant patients are framed as less worthy and more burdensome than Greek patients. The responsibility for communication and comprehension was placed on patients, as it was thought to be too much work to address these barriers. The context of deservingness is relevant in this instance, as the reluctance to accommodate patients was justified in a context of austerity as hospitals in Greece have experienced a sharp cut in resources—including staff, supplies, and the outsourcing of services such as blood tests and MRIs—as the EAPs implemented following the economic crisis mandated massive cuts in spending, privatization of healthcare services, and reduction in available services (Economou et al. 2017). Workers in Greek hospitals explained that the inability to meet the needs of Greeks was viewed as more important than the inability to provide adequate care to migrants: “what we care
about right now is the shortage of equipment and staff, not the language difficulties that migrants face” and “If a migrant is unable to speak in our native language, then it is their responsibility to bring an interpreter with them, at our health centre we are so understaffed; we don’t have the time to worry about the migrant that cannot speak Greek” (Padakaki et al. 2017, 132). The inability, and the unwillingness of staff, to address the accessibility needs particular to migrants is reflective of the structural racism in the medical system, as the needs of migrant patients are deemed less important and less worthy than the issues facing Greek patients. This prioritization of Greek patients is reflective of the disposability of migrant workers, as ultimately superficial levels of care are provided and workers are denied their right to health through the denial of meaningful care.

8.2 Racism, “illegality”, and Health Care Costs

Racism has been enshrined in the Greek medical system through the requirement of the Greek state that users of the public healthcare system have a social security card (or AMKA card). As previously explained in chapter five of this thesis, those without AMKA cards cannot seek non-emergent medical treatment at public hospitals in Greece, a policy that systematically denies healthcare to undocumented migrants (Amnesty International 2019). Access to care, and quality of care, are both detrimentally impacted for workers by undocumented status. One worker in Manolada explained that “without papers, doctor refuses to check us, and without papers one has to pay huge amounts for buying medicine” (Reena Kukreja interview, Manolada 2019). This policy enshrines, and further reinforces, the racist assumption that undocumented migrants are “illegal” and less deserving of care than Greeks and is demonstrative of the disposability of
undocumented workers in the eyes of the Greek state. The implication of Willen’s (2012a) notion of “deservingness” is reflected through the implementation of such policies that justify the denial of services through negative portrayals of undocumented migrants. While “deservingness” is a moral consideration, the denial of care by the state further legitimizes such beliefs. Through the implementation of the AMKA requirement, the Greek government has essentially absolved themselves of any responsibility for the social reproduction costs of migrant workers. However, the policy still provides for care in emergent situations, meaning that work-related injuries or ailments that may immediately impact the labour power of a worker can be addressed, while longer term healthcare costs such as those associated with chronic health issues or long-term health impacts of labour, are offset to home countries when migrant workers return home.

8.2.1 Health care costs

The denial of access to public healthcare means that undocumented migrant workers must seek care in the private healthcare system. This reliance on the private system creates prohibitive costs for migrant workers, which operates as a structural barrier to accessing quality medical care and pharmaceuticals. As Shiso Miah explained, “It’s all about the money. If they pay the money, they get the good treatments” (Interview Nov. 2020). For many workers, having to pay for healthcare is not an option. The inaccessibility of healthcare costs is compounded by low wages, the responsibility to remit, high daily living expenses and debts, and the inability for workers to sacrifice a day’s wage to seek care. These competing financial constraints limit the ability of workers to pay for necessary health services and illustrates the disposability of migrant workers in the eyes of the Greek state. While the state is complacent in the exploitation of
migrant labour, there are no state supports to address the negative health consequences that arise from such labour exploitation. Workers are expected to bear the healthcare costs that arise primarily because of the harmful work and living conditions entirely on their own. For workers in Manolada, the prohibitive costs of healthcare means that they do not get to see a doctor. Three men explained the lack of available healthcare services, saying: “if you want to go to the doctor, we don’t have a doctor. There is no proper healthcare”, “there’s no healthcare, nothing” and “we can’t go to the hospital” (Feliziani 2020). The unaffordability of healthcare was stated explicitly by one worker who explained that “if we get sick, we can’t go to the doctor due to the lack of money” (Feliziani 2020). While costs vary between doctors, Shiso Miah estimated that prices for one visit can range between 30 to 100 EUR, which amounts to up to four days wages for just one single visit (Interview, Nov. 2020). This cost estimate excludes the additional cost of medication, tests or any follow-ups that may be required.

While healthcare access is limited by financial constraints and AMKA requirements, migrants and local communities have come up with alternative means of seeking care. According to Shiso Miah and Rab Nawaz, for routine illnesses, some doctors in public hospitals and pharmacies will provide care, free of cost. Miah explained that “if it’s a general illness they will give the medicine” (Interview, Nov. 2020). Nawaz further added that “if someone has a temperature or a cold or something and doesn’t have the means of health insurance or coverage, people will be courteous in pharmacies and give them antibiotics to fight the temperature” (Interview, Nov. 2020). These broad-spectrum antibiotics are taken without any understanding of the cause of illness, meaning that antibiotics may not treat the issue, and may even contribute to the men developing
antibiotic resistance (Alhomoud et al. 2018). Occasionally, undocumented workers will get a co-ethnic who is regularized and hence with insurance to seek care in the local government hospital in their place to secure a prescription or diagnosis (Rab Nawaz Interview, Nov. 2020). In cases of serious illness where private care is required, workers are advised to go to a larger hospital where they “need to pay first, and if it costs a lot, then the community will raise money to help those people” (Shiso Miah Interview, Nov. 2020).

8.3 Conclusion

Medical racism, migrant “illegality”, and cost requirements operate as structural barriers to healthcare access for undocumented migrants in Greece. Medical racism shapes the context in which migrant workers seek care and has been shown to impede on the quality of care received, and the ability of workers to see healthcare professionals. Migrant “illegality” further compounds medical racism by legitimizing racist rhetoric and serves as justification for racist behaviours and policies. Migrant “illegality” as a barrier to healthcare is operationalized through the Greek state’s AMKA requirement, which effectively prevents migrants from accessing the public healthcare system and forces undocumented workers to pay out-of-pocket for private healthcare. This requirement exploits the deportability of migrants and deters migrants from seeking care out of fear of deportation. The costs of healthcare that arise from the AMKA requirement are prohibitive, and a significant barrier that prevent many workers from seeking care. These barriers compound the ill-health that arises from the conditions of life for migrant workers as health issues go untreated or undetected and are at significant risk of becoming worse over time. In the context of COVID-19, such risks are heightened as
comorbidities increase the chance of death from COVID-19. The next chapter will
discuss how the structural vulnerabilities to ill-health, and structural barriers to accessing
healthcare have been exacerbated in the context of COVID-19, and rendered migrants
more vulnerable to contracting, and dying of, COVID-19.
Chapter 9

Racism, Structural Vulnerabilities, and COVID-19

In early 2020, COVID-19—a highly contagious respiratory illness—emerged first in Wuhan, China, and quickly spread across the globe. On March 11, 2020, the World Health Organization declared the COVID-19 outbreak to be a global pandemic (WHO 2020). Global North countries, including Greece, were quick to implement public health measures such as the closure of international borders, national lockdowns, and the implementation of stay-at-home orders to limit the spread of COVID-19, and to minimize the economic impact of a global pandemic. While COVID-19 was colloquially described as the “great equalizer” most cases have been among racialized, low-class workers (Mein 2020). In Canada and the United States racialized people working in informal, or low-status jobs often contracted the virus while working, and few protections were taken within workplaces to prevent such outbreaks (Fearon and Hejazi 2021).

Among the most impacted by the COVID-19 pandemic have been undocumented migrant workers (WHO 2021a). For example, in Singapore, almost half of the reported cases have been among migrant labourers (Illmer 2020), and in Canada there have been large outbreaks across the country among temporary foreign workers (Migrant Workers Alliance for Change 2020). In Greece—a country that has fared relatively well—undocumented migrant agricultural workers have been disproportionately impacted by the social and economic impacts of COVID-19. At the time of these interviews, there had been one reported official death among migrant workers in both Manolada and Megara. Despite the relatively low case counts and deaths among undocumented migrants in Greece, the living and working conditions have rendered them incredibly vulnerable to
COVID-19. The health of these populations is largely due to strict measures implemented collectively by the workers themselves.

This chapter will demonstrate how the COVID-19 pandemic has exacerbated the structural vulnerabilities inherent to the agricultural system in Greece, and how anti-migrant racism and migrant disposability have been reinforced in the context of this pandemic-induced crisis, leaving undocumented migrant workers at higher risk of illness and without medical protection. Worldwide, COVID-19 has exploited the structural vulnerabilities of migrant workers in places like Canada, the United States, and Singapore, to list a few and, migrants have borne the brunt of the health, economic, and social impacts of the pandemic (Illmer 2020, Kinch 2021). This chapter will first outline the COVID-19 response in Greece, then demonstrate how racism has been exacerbated in the context of the pandemic and explain how this racism has compounded the structural vulnerability of migrant workers to COVID-19.

9.1 COVID-19 Response in Greece

The national pandemic response in Greece was prompt and mainly concerned with preventing an overload on the fragile national health care system (Bamias et al. 2020, 1144). Prior to the pandemic, the Greek healthcare system had undergone significant cuts at the behest of the Troika (the International Monetary Fund, the European Central Bank, and the European Union) and had fewer than 1000 ICU beds in both public and private hospitals (Ibid.). When the first case of COVID-19 was reported in Greece on February 26, 2020, there was significant concern that an outbreak of COVID-19 would completely overwhelm the healthcare system (Ibid.). By March 3, 2020, the Greek government had declared a state of emergency and by March 22, 2020, the country had entered a nation-
wide lockdown prohibiting all non-essential movement, cancelling flights, and implementing strict quarantine and social distancing measures (Ibid., 1145). Initially, the strict lockdown measures were effective, as Greece had less than 1000 cases a day until late October 2020 (WHO 2021b). As of June 2021, Greece is experiencing a second wave of COVID-19, and to-date has had almost 400,000 confirmed cases and almost 12,000 deaths from COVID-19 (Ibid.).

Restriction on travel presented serious challenges for the Greek agricultural sector—with 90% of agricultural labour being migrant labour, as noted in the Introduction—as border closures prevented circular migrants from the neighbouring countries of Bulgaria and Albania from entering Greece, and restrictions on in-country movement prevented migrants within Greece from travelling between regions (Kukreja 2021a; RTL Today 2020; Sinoruka and Daci 2020). The Greek state and the European Union were responsive to lobbying efforts by Greek agricultural producers to bring in foreign migrant labourers and swiftly implemented policies to address the labour shortage, including a fast-track process in which farmers could legally hire workers with irregular status who were already in the country, and the waiving of visa requirements for seasonal labourers from Albania with a provision of transportation for those workers (RTL Today 2020). Furthermore, the European Commission provided 1 billion EUR in aid to the Greek agricultural sector, and the Greek state provided up to 7000 EUR in direct financial assistance to individual farmers and up to 50,000 EUR for small and medium sized agricultural businesses (Ibid.).

While the Greek state and the European Union recognized the essential role of migrant labour in the agricultural economy through the implementation of the above
policies, which facilitated the arrival of migrant labourers from eastern Europe, all migrant agricultural workers were left to fend for themselves in the wake of the pandemic. Despite recently implementing tax benefits to attract wealthy upper-class professional foreign workers with a targeted campaign encouraging those with the luxury to “work from home”, to do so from the shores of Greece’s beaches (Amaro 2020), the Greek state has not extended unemployment insurance benefits or emergency response benefits to low-class migrant agricultural workers (Interview Shiso Miah, Nov. 2020). According to Shiso Miah, a regularized Bangladeshi migrant in Manolada, workers in other more formalized sectors received compensation from employers or social security from the state during the stay-at-home order, however undocumented agricultural workers received no such support (Ibid.). Workers with regular immigration status who lost employment during the early period of the pandemic received a one-time payment of 800 EUR and qualified for continued social security from the state (EY 2020). The requirement for an AMKA number to access these programs entirely excluded undocumented agricultural workers from receiving any support from the state or employers. Furthermore, the AMKA requirement to access public healthcare remained in place, effectively excluding undocumented migrants from accessing regular healthcare services as well as COVID-19 vaccines (Keep Talking Greece 2021). These policies demonstrate the disposability of migrant workers in the eyes of the Greek state, as state policies facilitating the movement of Albanian and Bulgarian migrants have reinforced the structural reliance of the agricultural economy on migrant labour through the maintenance of a cheap, flexible labour force, yet exclusionary social and economic
policies have robbed migrants of any state support and reinforced the precarity of their employment and living situations by failing to address the risks of COVID-19.

9.2 Racism and COVID-19

In addition to the racist policies of the Greek state, the COVID-19 pandemic has exacerbated racist violence and rhetoric against migrants in Greece, and across the world (Human Rights Watch 2020). In the United States, reports of anti-Asian racism and hate-crimes against Asians rose 150% between 2019 and 2020 (Yam 2021). As variants of COVID-19 have emerged in different regions, racist tropes of racialized “others” as carriers of disease have been rampant, with the Journal de Montreal posting a front-page photo highlighting the “ethnicity” of the virus and calling for Canada to cut ties with India (CTV Montreal 2021). With the emergence of the Delta variant, there has been a rise in racism and hate crimes against South Asians in the United States, Canada, and the UK among others (Bahia 2021). Racist rhetoric and actions throughout the pandemic have reinforced the state’s racist policies and demonstrated how racialized inequalities are central to the maintenance of a racial capitalist economy. Politicians in Greece, and across the world, have used immigrants and racialized people as scapegoats for the spread of the virus, and such blame has fueled hatred and violence towards visibly racialized people (Human Rights Watch 2020). In Greece, the New Democracy government has cited the threat of COVID-19 as justification for the intensification of migration governance policies including the construction of new migrant detention centres, for increased policing, and for the denial of entry of asylum seekers (Trilling 2020). Simultaneously, the centrality of race within capitalism has been reinforced through the biopolitical notion of “essential” workers—a concept that demonstrates the reliance of
the economy on disposable, racialized labourers. The example of Singapore clearly illustrates the disproportionate impact of COVID-19 on “essential” migrants, as more than 47% of migrant workers in Singapore have been infected with COVID-19, compared to fewer than 4,000 non-migrants (Illmer 2020). The state response to these alarming figures has demonstrated the respective biopolitical value of both racialized migrant labourers and non-migrants in Singapore. State policies effectively allowed racialized migrant workers to be infected and die from COVID-19 yet demonstrated the ability to protect the population through a relatively low case count for non-migrants (Ibid.). In Singapore, migrant workers were only allowed to leave their dormitories to go to work and to shop in designated locations—a precaution which both insulated the non-migrant Singaporean population from the migrant population, and ensured that migrants could fulfil their role as labourers. These measures did little to protect migrant workers, as they were forced to stay confined in overcrowded living conditions where they were exposed to known cases of COVID-19, demonstrating the disposability of this population in the eyes of the Singaporean state (Ibid.).

Similar processes of social hierarchization between migrant and non-migrant populations are evident in Greece, where labour protections are based on who is deemed “essential” and who is not. While “essential” may seem like a celebratory notion, it has been primarily racialized and poor communities that have been deemed “essential” and have been forced to continue working in risky and low paying employment, while wealthy Greeks have received support to stay home. Central to the essentiality of workers is the “unequal differentiation of human value” between Greek workers and racialized workers, as the value of racialized and migrant workers lies in their economic output as
opposed to their human value (Melamed 2015, 77). In the context of the pandemic, there has been a significant devaluation of migrant labour. In public discourse, migrant workers have been celebrated as “essential”, however the increased demands in the context of the pandemic, including the threat of death from disease, added work, and general stress, have not resulted in additional support from the state or legislated labour protections, and are rendered increasingly precarious and disposable, as many labour protections have been rolled back in the pandemic context (ILO 2021). In this sense, workers have experienced a devaluation, as they are expected to do more work, for less money. This devaluation reflects the unequal differentiation of human value, as migrant workers have been knowingly exposed to the COVID-19 virus and denied protections by the state in order to avoid bearing the extra costs. Racism has been instrumental in this process, as it has reinforced the logic that racialized workers are less valuable than Greek workers, and therefore do not warrant the same protections. The racialized rhetoric of blame from the Greek government, and pre-existing racist portrayals of migrants as criminals and morally inferior beings, helps to justify the decision by the state to deny migrant workers the supports needed to survive the pandemic.

The racist logic that existed in Greece prior to the pandemic underpins the disproportionate impact of COVID-19 on migrants. Pre-pandemic racist ideology—the idea that migrants are unhealthy, criminal, dirty, illegal—has only been exacerbated by the social, political and economic stresses of the pandemic in Greece (Lefkaditou 2017). Greek racism builds on orientalist ideology, which perceives and understands the “East”—and its racialized population—in contrast to Europe (Said 1978). While Europe is understood as a modern, morally good, and progressive place, the “East” is understood
as traditional, morally compromised, and backwards (Ibid.). This logic has fueled a cruel understanding of racialized migrants as morally corrupt and “illegal” “others.” In the context of the pandemic, this understanding has been exacerbated by political scapegoating and fear. Rather than having garnered sympathy for the living and working conditions of migrant workers, Vassilis Kerasiotis, a migration lawyer with HIAS, explained that the pandemic has worsened local views of migrants and that “the perception is worse now, at least in the local societies where these people live, [locals] know the conditions and probably they will see [migrant workers] as threats because they know how 12 people in the same tent are sleeping together” (Interview, Nov. 2020).

According to this statement, local Greeks recognize the structural vulnerabilities to COVID-19 that migrant workers face, but the pervasive logic of racism and an orientalist understanding of migrants as the “other”, produces a negative reaction among locals who do not understand migrant workers to be members of the Greek community, but “illegals” who are there against the interest of the Greek state and as a biopolitical threat to Greek citizens. Racist assumptions that migrant workers are unhygienic, criminal, and morally inferior, generate a fear and distrust of migrants among the general population (Lefkaditou 2017). This fear and distrust serve to justify the abhorrent living and working conditions and allows the system of labour exploitation to persist which in-turn reinforces the structural vulnerability of migrants to COVID-19 as their conditions of life go unchallenged by local populations.

The policing and surveillance of migrants is a structural manifestation of racist ideology, as it simultaneously reinforces the racist idea that migrants are criminal subjects in need of surveillance, and reinforces the precarious status of migrants within
Greek society. As a result of the COVID-19 pandemic, there has been an increase in policing in both Megara and Manolada, under the guise of enforcing COVID-19 regulations. As a result of this rise in policing, many migrants have reported an increase in the policing of their movement and an increase in police brutality (Feliziani 2020). The rise in policing has reinforced the racialization and vulnerability of migrant workers, as the Greek police system is argued to be both an institution of structural racism, and an institution in which racist ideology has been demonstrated to thrive (Lefkaditou 2017, 132). Greek police officers have views and biases that are shaped by the pervasive racism within Greece and these views and biases are reinforced by the increases in discretionary power granted throughout the pandemic which has compounded the racism and violence that migrants have experienced at the hands of police. Greek police have often been implicated in anti-migrant violence, with more than half of the police force on duty in Athens being found to support the anti-migrant, fascist political party Golden Dawn (Lefkaditou 2017, 132). According to Lefkaditou, there is an understanding among police officers that immigration is a “plague” that is associated with criminality, insecurity, unemployment, and economic collapse (Ibid.). Worker testimony confirms this claim, as workers in Manolada shared that they routinely experience police violence and actively avoid police out of caution. One worker explained that “if we go outside the road, the police just beat us,” and another worker added that the “Greek police, they tortured us in many ways” (Feliziani 2020). As this statement illustrates, the intensification of surveillance in the name of COVID-19 has created a context in which migrant workers are vulnerable to indiscriminate policing. Consistent with pre-pandemic police violence, there is an understanding in these statements that the violence migrants experience occurs
outside of the workplace and the living dwellings. The limitations on violence demonstrates how policing works to reinforce the social hierarchy of migrant labour and facilitate the labour exploitation that workers experience through the effective curtailment of movement. The demonstrated anti-migrant bias of police officers compounds the structural racism inherent to policing and renders migrants even more vulnerable to detention and deportation in the pandemic context, as police officers have been invested with greater power in a climate of increased anti-migrant racism. This combination of power and racism exacerbates the bare life of migrant workers, as they are denied the protections of the law, yet, as visibly racialized targets of police harassment, are wholly subjected to the consequences of the law. As demonstrated in the discussion of migration regimes in Chapter 5, and the pervasive nature of policing in Chapter 6, the only acceptable role for racialized migrants in the eyes of the state is as labourers, and the police work to enforce this expectation. One worker demonstrated how police surveillance and violence is internalized for workers, explaining “we are always on the run due to the police” (Feliziani 2020). Workers recognize that they are valued only for their labour, and understand that as visibly racialized workers, they are targets for police violence and deportation and they alter behaviour accordingly so as to avoid police interaction.

9.3 Vulnerability to COVID-19

Throughout the pandemic, processes of racial capitalism and the biopolitics of migrant labour have exacerbated the structural vulnerabilities of undocumented migrants, and rendered workers more susceptible to contracting and dying of COVID-19. Central to this vulnerability is anti-migrant racism and migrant “illegality”, both of which function
to uphold an exploitative labour system in which migrants are valued solely for their labour outputs. In Canada, Singapore, and the EU, the labour conditions of migrant workers have been identified as structural factors that increase the vulnerability of workers to COVID-19. In the EU context, Fasani and Mazza (2020) explain that the nature of migrant work—temporary contracts, low wages, and the requirement for in-person work—function to render migrants both more vulnerable to contracting COVID-19 and to suffering financially as a result of the pandemic (1). In Windsor, Canada, at least four migrant farm workers have died of COVID-19 since the start of the pandemic, and the Migrant Workers Alliance for Change (2020) explained how inadequate living and labour conditions that arise as a feature of migrant “illegality”, lead directly to these deaths. In Manolada and Megara, similar living and working conditions that contribute to poor health pose a significant risk for workers. In the context of the COVID-19 pandemic the pre-pandemic conditions of life such as exposure to mould, mildew, and farm chemicals, are particularly dangerous as these factors contribute to the development of comorbidities, which significantly increase the risk for severe illness or death from COVID-19 (Mayo Clinic 2020). As demonstrated in previous chapters, the poor ventilation in dwellings, the presence of mould and mildew, exposure to agrochemicals and pesticides and exposure to asbestos are all significant risks in the context of COVID-19 as they have been shown to cause lung issues, and conditions affecting the lungs are among the highest risk comorbidities for COVID-19 (Ibid.).

Compounding the risk of severe illness from COVID-19 is the heightened risk of exposure for migrant workers as a result of the lack of enforcement of COVID regulations. The “illegality” of migrant workers allows for employers to flout workplace
requirements—such as the provision of masks to workers or maintaining social distancing in fields—as migrant workers are in a powerless position to report such infractions to the authorities as they may fear that they will be deported or detained as a result of their complaints, or employers will threaten to report the undocumented status of workers to the enforcement authorities if they complain (Kukreja 2021a). This powerlessness renders migrants vulnerable to unsafe working conditions, which are taken advantage of by employers who appear to cut the extra costs of providing protective equipment rather than comply with the requirements. According to Manolada Watch, farmers are responsible for providing workers with masks and gloves but “some land workers have them, because their employer has provided them, while others don’t” (Manolada Watch March 2020). Transportation has been another significant labour issue in the context of COVID-19, as some recommendations stipulated that workers should walk to the fields despite living 5-6 km away (Ibid.). Some employers have ignored this regulation, as Manolada Watch reported that there is “evidence that the workers are stacked in small trucks by their employers, in order to be transported to the fields” (Manolada Watch June 2020). The lack of compliance with COVID-19 regulations makes the working and living conditions for migrant workers considerably less safe as this heightened risk of exposure compounds the existing risks and vulnerabilities that migrant workers face in terms of their exposure to COVID-19.

Compounding the increased risk of comorbidities is the inability of workers to comply with public health recommendations as a result of their living and working conditions. Workers in Megara and Manolada face significant barriers in complying with the seemingly simple recommendation of regular hand washing. Hand washing is an
effective strategy to reduce the chance of contracting and transmitting COVID-19, but the absence of a supply of running water in Manolada, and of adequate, clean water in Megara, prevents many workers from even having access to soap and water as frequently as is recommended (CDC 2020b). Compliance with the recommendation to physically distance is also impossible for migrant workers in both regions as the overcrowding in living quarters means that workers do not have the space needed to comply. Multiple people living in one dwelling increases the chance of contracting COVID-19 as the virus is often spread through close contact between people, meaning the risk of exposure increases exponentially with each roommate, and their subsequent contacts (Ibid.). In the dwellings for migrant workers in Manolada and Megara, this risk is heightened as a result of the conditions, as workers do not have bedrooms in which to isolate and must share beds, food spaces, and living spaces. There is no opportunity for social distancing or adherence to public health protocols. One worker in Manolada explained how the living environment puts workers at risk, stating “the environment that we live in right now, we can be affected anytime. If there is a single case here, we don’t think we will survive in this environment” (Feliziani 2020). Another worker explained that the community of workers in Manolada “are in great danger right now due to the coronavirus, if anyone is affected here that would not be good for us” (Ibid.). While there had been few cases of COVID-19 at the point of this interview, workers clearly identify the threat of COVID-19 and recognize their specific vulnerability to the disease as a result of the living conditions. According to Manolada Watch, despite an acknowledgement of the health risks of such living conditions from the Directorate of Health and Social Welfare in Western Greece, the directorate denied responsibility for the community as “land
workers” fall outside their jurisdiction (Manolada Watch March 2020). This denial of responsibility is a recognition by the state of the disposability of land workers and demonstrates how the ethno-nationalist notions of Greeks and migrant ‘others’ permeates policy making to the health detriment of migrants. Furthermore, the directorate offloaded the responsibility for addressing the inadequate housing conditions for migrant workers to the municipality without providing guidelines on how to do so (Manolada Watch March 2020).

Further increasing the risk of exposure to COVID and severe illness from COVID is the exclusion of migrants from state pandemic support such as paid sick leave or employment insurance. While farm work was not halted as a result of the pandemic, a drop in international exports resulted in a significant drop in production, with strawberry production dropping in Manolada in March 2020, by an estimated 70 percent (Manolada Watch April 2020). As Holmes’ (2012) describes in his notion of structural vulnerability, the vulnerabilities that occur as a result of changes in production are not felt equally among the production chain. For migrant workers in Manolada, the vulnerability that arose from the drop in exports was offloaded from the shoulders of producers and farmers onto the backs of workers, who felt a significant cut in hours and therefore took home less pay, impacting their ability to buy food, pay for water, and send money home to their families (Manolada Watch March 2020). This financial insecurity renders workers more vulnerable to contracting COVID-19 as they are in a more precarious financial situation and may need to seek work elsewhere. The economic recession that arose from the pandemic and the restrictions in place put migrants in a powerless bargaining positions and may force workers to accept unsafe working conditions, lower pay, or simply just
increase the number of social contacts and their risk of exposure to COVID-19. The informality of farm work, and the “illegality” of migrant workers, is central to this risk, as formalized sectors have received sick pay and stay-at-home compensation from the state or their employer. Shiso Miah, a regularized Bangladeshi migrant in Manolada explained that workers at his former factory job were receiving approximately 500 EUR a month in compensation, but the workers in Manolada “they are not getting a single penny from the government or the farm owners—they are very much worried about why they are not getting paid” (Interview Nov. 2020). These informal work arrangements are effective strategies of neoliberal capitalism employed by farmers to reduce labour costs, as farmers then bear no responsibility to workers beyond hourly wages. Flexible working arrangements are a feature of the global migration regime that facilitate exploitation of migrant labour, and make migrants such a cheap and disposable labour force, as migrant workers have no claims to the labour rights and protections provided by employers to formalized workers or by the state to citizen workers (Sassen 1988). In the context of the COVID-19 pandemic, this decision to exclude undocumented migrants and informal sectors from pandemic relief is justified by the racist understanding of migrants as “illegals” and “criminals” which thus makes them undeserving of state support.

Finally, the vulnerability to COVID-19 for migrant workers is exacerbated by limited access to healthcare. Undocumented migrants do have access to COVID-19 testing, however the limited healthcare infrastructure in rural Greece means that workers have almost no way of accessing testing, particularly in a context in which workers are discouraged from sharing cars or hitching rides with employers (Interview Apostolos Veizis, Nov. 2020). Exacerbating the inaccessibility of testing is a long history of
discouraging migrants from seeking care in the public healthcare system, meaning that
many undocumented migrants are reluctant to seek care in the public system and may not
understand the level of access available to them. Many workers in Manolada expressed
frustration with the lack of available healthcare resources, explaining that “there’s no
healthcare—nothing”, and “if you want to go to the doctor, we don’t have one” (Feliziani
2020). Workers are justified in this understanding as undocumented migrants remain
excluded from accessing public healthcare in Greece and must pay to access private
healthcare—something that is quite challenging given the limited availability of work.
This inability to access regular care increases the risk of migrant workers to having
existing comorbidities that may go untreated or unnoticed and increases the risk of severe
illness or death from COVID-19. Furthermore, unusual cases of COVID-19 or
asymptomatic cases may go untested, if workers cannot access different avenues of care
(Kukreja 2021a).

9.4 Conclusion
The COVID-19 pandemic has exploited and exacerbated the structural
vulnerabilities of undocumented migrant workers. Undocumented workers in Megara and
Manolada have faced increased racism, policing, and deportability in the context of
COVID-19 while also bearing the brunt of the social and economic consequences of the
pandemic. Migrant workers have been denied access to protections from the state
including employment insurance, paid sick leave, and basic healthcare which has
increased the vulnerability of workers to exposure and severe illness, as they lack the
ability to work from home or take sick days. Simultaneously, the Greek state has used the
pandemic as an opportunity to reinforce harsher policies of migration governance and the
policing of migrants, further exacerbating the deportability of migrants and their labour vulnerability. The racist policies of the state have been reinforced by heightened racist rhetoric in Greek society, in which migrants are framed as unhygienic and infected with COVID-19. This racist rhetoric reinforces the policies of the state and undermines social solidarity and support for the migrant workforce. While migrant agricultural workers across Greece have provided labour that has maintained the food supply and upheld the economy, the Greek state’s prioritization of Greek citizens throughout the pandemic, most recently with the denial of vaccines to non-Greek citizens, is a further demonstration of the disposability of the labour and lives of migrant workers. Throughout the COVID-19 pandemic, profit and production have been prioritized while the vulnerability of migrant workers to exploitation has been exacerbated.
Chapter 10

Conclusion

This thesis has focused on the health and healthcare access for undocumented, South Asian, agricultural migrant workers in Megara and Manolada, in Greece. This research sought to examine the question of how health and healthcare access is shaped by processes of deportability and racism, and reinforced through the social and political exclusion of migrants. Drawing on interviews with migrant workers and activists, NGO reports, and supporting documents, I have argued that migrant illegality and potential deportability, as regimes of migration governance, reinforce the structural vulnerability of migrant workers to illness and injury by rendering migrant workers vulnerable to poor and unhygienic conditions of life. Despite an increased need for healthcare services, deportability, and the structural vulnerabilities that arise from labour exploitation, further prevents migrants from seeking state-supported healthcare out of fear of deportation and limits the healthcare resources that are available through the social and political exclusion of migrants. Notions of health-related “deservingness” reinforce existing structural barriers to healthcare for migrants. Moral beliefs that migrants are unworthy of healthcare permeate the Greek health care system, reinforcing and legitimizing policies that deny care and justice to migrant patients. Anti-migrant racism among medical workers is evident in the interviews throughout this thesis, and illustrates the extent to which racism is a systemic feature of the Greek healthcare system.

The poor conditions of life for undocumented migrant workers are a function of an exploitative labour system which reproduces racialized social hierarchies of labour. Greek and European systems of migration governance reinforce these poor conditions of
life through the implementation of policies that reinforce the social and political exclusion of migrants, and thus their “deportability” and exploitability. Central to the poor conditions of life that shape health outcomes have been the exploitation inherent to the labour system. Labour systems exploit existing social hierarchies, hiring the least “desirable” migrants for the lowest paying, most exploitative jobs in order to maximize profits. For undocumented, racialized South Asian migrants who fall at the bottom of the social hierarchy, their racial visibility and presumed non-citizenship renders them increasingly deportable and exploitable. Without the legal protection of citizenship and with the looming fear of deportation, migrant workers have no legal avenues to improve living conditions, such as speaking out about housing conditions, advocating for safe working conditions, or pursuing legal action. The exclusion from the legal protections of the state, and the simultaneous subjection to legal punishment through deportation and detention, is illustrative of the condition of “bare life” in which migrants live. The bare life of migrant workers facilitates their inclusion in the economic system, as the lack of labour protections and rights makes migrant workers a cheap, replaceable labour source.

The first section of this thesis focused on the context of migrant labour in the Greek economy. The availability of a cheap, flexible labour force has been central in the survival of Greek agriculture following Greece membership to the EU. Racism and migrant “illegality” have played a constitutive role in maintaining a flexible and exploitable workforce, as migrants are framed as “illegal” and thus unworthy of the rights or protections of the state. This understanding of migrants as “illegal” is further reinforced through national and international policies of migration governance, which renders migrants vulnerable to deportation and effectively undermines the legal
protections available to migrant workers. The latter half of this thesis focused on the impact of such policies on the material conditions of life for workers. In chapter 6, I provided a clear picture of the conditions of life for workers, and directly tie those conditions to migrant deportability and the structural vulnerability of the migrant workforce. Furthermore, I explained how police surveillance and policies of migration governance reproduces deportability in the daily life of migrant workers, effectively preventing them from asserting labour rights or undertaking collective action to improve working conditions. The next chapter focused on the direct physical and mental health impacts of these conditions of life. This chapter clearly demonstrated how processes of racial capitalism reinforce poor health outcomes. Considering the heightened demand for healthcare among migrant workers, chapter 8 demonstrated how medical racism and structural barriers to healthcare make it significantly more difficult for migrants to seek care, and erodes the quality of care that is received. The inability to seek care, or diminished quality of care, ultimately leads to worsened health outcomes for workers, as health issues may go undiagnosed or untreated and worsen over time. The final chapter of this thesis demonstrated how the COVID-19 pandemic has exacerbated and exploited the structural vulnerabilities of migrant workers to ill-health. The pandemic context has clearly illustrated the centrality of labour exploitation and racial capitalism in producing health vulnerabilities. This chapter has argued that racial capitalism has been central in the underpinning logic of state neglect and has illustrated how migrant workers in Manolada and Megara have been rendered more vulnerable to labour exploitation and deportation throughout the pandemic as the Greek state has strengthened institutions of migration governance—including police surveillance and national policy tools—under
the guise of pandemic control. Ultimately, the COVID-19 pandemic has clearly illustrated the dynamics at play within this thesis—labour exploitation, policies of migration governance, and health care services—and demonstrated how the structural vulnerability of migrants to ill-health is compounded by each of these factors.

While much has been written on the health vulnerabilities of refugees, and the labour exploitation of undocumented migrant workers, there is limited research on the intersection between labour exploitation and health vulnerability for undocumented migrant workers. Through this research, I hope to have addressed the existing gap in the literature by providing a thorough analysis of the health impacts and vulnerabilities that arise from the compounding factors of migrant deportability, policies of migration governance, labour exploitation, and anti-migrant racism. The importance of this research has become glaringly evident in the context of COVID-19, as migrant workers—the majority of them low-class and racialized—across the world have borne the brunt of the social, economic, and health impacts of the pandemic. Processes of racial capitalism have been called into questions as it has become evident that the economic survival of certain sectors is reliant on the exploited labour of racialized migrants. The complicity of states in this process has been under scrutiny, as it has become clear that governments both tolerate and facilitate these labour structures across the globe. Beyond COVID-19, it is important to understand how social and economic factors shape the health vulnerability of migrant workers, and the role of institutional actors in maintaining and exploiting this vulnerability.

While this research has addressed an aspect of the gaps in the research, there are opportunities for future research. A detailed analysis of the savings in the outsourcing of
labour force reproduction compared with the health costs of an unhealthy labour force would be an interesting and important avenue of research. A clear analysis of the COVID protocols implemented by migrant workers in Manolada and Megara would also be an important area of study, as these populations were vigilant in protecting their population health. Future research should consider the intersecting factors that shape migrant health, and how the structural vulnerabilities of migrants to ill-health can be addressed in the short and long term.

This research has painted a grim picture of the conditions of life for migrant workers as a feature of the global economy. However, there are glimmers of light that emerge throughout. COVID-19 has highlighted the grim living and working conditions of migrant workers across the globe and the complicity of states in maintaining systems of exploitation. Furthermore, migrant workers are actively resisting the conditions and recognizing the structural nature of their suffering, be it through small acts such as participation in this research, or more public acts such as collective action, migrant workers regularly work to improve their conditions of life. This notion of resistance is central to the anti-oppressive methodology that has guided this research, and in compliance with that framework, I will work to share these findings widely and highlight the issues raised by workers. Moving forward, this work will be shared with local NGOs including Generation 2.0 and Praksis who are actively engaged with health and labour conditions of migrant workers. Furthermore, I will be publishing this research in an academic book and seeking to present at conferences and publish in academic journals.
Bibliography


https://www.keeptalkinggreece.com/2021/03/07/greece-temporary-amka-foreigners-covid19-vaccination/


Keung, Nicholas. “COVID-19’s heavy toll pushed Ottawa to propose these changes to how migrant farm workers are housed.” The Toronto Star, Nov. 5, 2020. https://fh6hs2dfx2j6j2fm1vzc4sl5sy42ppgbr362mbwb64vczts2a.arweave.net/Kfx5aGu-kl8nRWLrkXJL7LHNPeZcQx37TA2D7lRZnLQ


Nyers, Peter, 2015. “Migrant Citizenships and Autonomous Mobilities.” *Migration, Mobility, & Displacement* 1(1).


https://www.macleans.ca/opinion/what-joyce-echaquan-knew/


https://balkaninsight.com/2020/10/26/pandemic-may-prove-turning-point-for-greeces-albanian-fruit-pickers/


https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7150305/


Tsitsakis, Christos A; Karasavvoglou, Anastasios; Tsaridis, Efstathios; Ramantani, Georgia; Florou, Giannoula; Polychronidou, Persefoni; Stamatakis, Stamatis. 2017. “Features of Public Healthcare Services Provided to Migrant Patients in the Eastern Macedonia and Thrace Region (Greece).” *Health policy* 121 (3):329–337.

Tzavella, Alexandra. 2013. “‘We dreamt of Europe but awoke as slaves in Megara’.” *EnetEnglish.gr*. http://www.enet.gr/?i=news.el.article&id=383125


202


Whyte, David. 2009. “Naked labour: Putting Agamben to work.” Australian Feminist Law Journal 31(1), 57-76


