

Greece: I, the caregiver - stories from “the grey zone”

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Once Greeks start to get old, they start saving money for “apoklistiki” (medical assistants) - just as Bulgarian pensioners save money for funerals. Due to the lack of sufficient personnel in hospitals, the care of old people is done mostly by foreigners, who predominantly work illegally.

A few days ago I read [on a Bulgarian site](#) about an Armenian caregiver, who threw herself from the window of an Athenian hospital after a check by the Greek Labour Inspection Office. She worked there illegally. She had been threatened with one month imprisonment and extradition. In order to avoid them, she risked her life. That same day, I learned from Greek media about her death as a result of her injuries.

She was 50 years old, almost as old as me. After 16 years of illegal work in Greece, having been surrounded by the tragic stories of Eastern European migrants, I thought that nothing could shake me. What is the reason for the death of this worker? Unemployment, loneliness, fear of extradition, poverty? Armenians, Georgians, and Russians pay between 3,000 and 5,000 euros in order to come to Greece and have “the privilege” to make “the free choice” between their extradition and death. I have lots of questions, but can’t answer all of them.

These hired caregivers compensate for the deficit of personnel in hospitals and for the lack of money in social services. Why is the control of illegal labour directed against the workers? What is the role of the hospitals? Could they control the hiring of caregivers by the relatives of the ill persons? What are the conditions of labour for foreign illegal workers in these social institutions?

This Armenian worker is one of us, one of the hundreds of thousands of foreigners in Greece who are waiting to be offered illegal, insecure labour, and inadequate or extreme hours.

We carry a great deal of responsibility to those we take care of and because of this there is always the risk of losing our jobs, no matter how low-paid and labour-intensive they are. We, the caregivers of children, work as cleaners and sometimes as movers over the course of a week. We assume great risks to our physical and psychological health.

I stopped working as a caregiver a few years ago, because I can sustain myself financially now and I don’t need to make so many compromises in order to support my family in Bulgaria. I know very well the essence of care for ill and old people in Greek public and private hospitals, as well as in nursing homes. **Once an ill person enters any of these institutions, his or her relatives confront their inability to provide adequate care and they see the insufficient number of medical assistants and janitors** (the latter work only over the course of a day).

The problems in hospitals encourage cruel competition between the local, professional medical assistants and the illegally employed caregivers, who are paid on an hourly basis. Caregivers are more often than not foreign women and haven’t passed the 3,000 euros quarterly courses (a cost

equal to six months of their income). But this doesn't mean that they are not qualified. On the contrary, these caregivers are qualified, and that is why they are asked by the ill person's relatives to provide care.

The cruel competition between local and foreign workers is caused by the low wages of both categories of workers. Six hours of work by the local medical assistants costs 75 euros. Their hiring is facilitated by the hospital. That is why the hospital takes half of this sum (editor's note – in this case Greek hospitals are an intermediary in the hiring of external personnel, and they receive a fee for that. Each department has a number of licensed caregivers, who are at the disposal of the ill person's relatives whenever they ask. The hospital hires these medical assistants and withholds a fee for acting as an intermediary).

The relatives of the ill often use the services of illegal labour bourses or use personal contacts in order to find foreign women, whom they pay significantly less. The foreign caregivers receive between 30 and 50 euros for 12-hour work shifts. But this doesn't mean less work for licensed medical assistants. Often they report foreign workers to the Labour Inspection Office, so that workplaces "are opened" (i.e. another caregiver, maybe somebody who is closer to the medical assistants, can take the position). Such cases sometimes have tragic endings. It doesn't matter whether the report is really sent by local workers or whether these stories are the result of migrants' fear. **The hospital neither bans the use of illegal labour, nor encourages the legalisation of labour of foreign workers.**

Licensed caregivers, who work on monthly contracts in the hospitals, achieve such contracts through bribes and gifts to the senior medical assistant of the department, to the secretary and so on. While contracted caregivers work 8 hours per day, the conditions of the illegal workers is much worse. The 12-hour shifts are like hell – from 8 o'clock in the evening until 8 o'clock in the morning. Such a shift confuses one's feel for time and space. **"Which bus do I have to take to go home? Which day of the week is it? I will probably not sleep, because I am so tired,"** they say. The day, which is filled with coffee drinking, ends in the hospital at 8 o'clock in the evening. This type of labour is emotionally and physically exhausting, and its duration makes it impossible to sustain for a long time.

My last shift was in a large public hospital in Athens. I started work at 7:45 in the morning. I washed, dressed and fed the old woman I took care of. A little bit later the janitors came to clean the room. They asked me to leave. I stayed in the corridor for 20 minutes. When I returned, I spoke with the granny. Then it was the time for visiting. It was my turn again to stand on my feet for an entire hour in the corridor. Then came the medical assistants. Then the time for lunch came. I fed the granny, but her condition deteriorated suddenly. I called the medical assistants again. They were overwhelmed by work. They came after about half an hour, just to observe that a doctor had to be called. All this time I was running to and fro, searching for a free doctor. I found a doctor, who was a medical intern. He prescribed infusions, but the assistants couldn't find the granny's vein. She fell into a coma and I into shock. I used to spend 10 hours per day with her over the last 8 months in a private clinic. We were attached to one another. The granny regained consciousness and told me to leave the room, but the assistants forced me to stay and help. She understood that she was departing from life and didn't want me to see what followed. The assistants ordered me to call the relatives. It was 18:30. I had spent the day on my feet, with just a cup of coffee, without water or food. I felt like I was going to lose consciousness. I gathered my strength and told the relatives as I burst into tears: "Vasiliki has gone." I don't remember a lot after that – how I returned home, what I did there. I only remember my firm decision to never work in a hospital again.

This story is just one example of many from my own and my friends' experiences. It is easy to see the reasons for our suffering – the suffering of the local workers and pensioners.

Greece introduced universal healthcare in the beginning of the 80s, but the heritage of this accomplishment disappeared swiftly, especially in recent years (between 2009 and 2015 the expenditures for health care fell by 5.9%). Severe austerity was introduced to the healthcare system under the pretext of its salvation. But this negatively affects access to and the quality of health services for people with lower incomes. **Greece starts to resemble Bulgaria - here the personal cost of health rises too**, not only because prices have risen, but because an increasingly smaller portion of treatment is covered by health contributions. Contributions to the healthcare system are also falling due to greater unemployment. More and more doctors and medical assistants are leaving public hospitals.

The pensions in Greece were cut drastically the last several years. For some groups of people this cut was 40-50%! This cut was justified in the following way: It is less probable that old people will become poor, than working people. **But how can you afford to pay a decent salary to a caregiver in a hospital, if your income has fallen in half?** The old Greeks, whom we take care of, save money for “apoklistiki” (medical assistants), like the Bulgarian old people save for funerals.

I hope that politicians will pay greater attention to the people who work as unlicensed labour – the thousands of caregivers, help personnel, child caregivers. The relations between foreign workers and bosses are unequal and demands for labour contracts will never be fulfilled without political will. It is necessary both for the legalisation of our work and for accessible services for the ill and children.

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