

## **Greece in 2016: Vulnerable People Get Left Behind**

Seven months after the closure of the border with FYROM, more than 50,000 people are currently stranded in Greece of which over 15,000 on the islands. As though that weren't enough, the implementation of the EU-Turkey statement at the end of March 2016 has strengthened the policy of deterrence run by the EU by putting in place an organized way to deny access to a safe environment to those having fled war-torn countries and in search of protection.

MSF, which has been providing medical and humanitarian assistance to migrants and asylum seekers in Greece since 1996, has been increasing its emergency response in Greece since 2015 when thousands of people arrived everyday on the Greek islands and crossed through the Balkans to reach their final destinations in Europe. Despite the inadequate response by the Greek authorities, the European Union and international organisations during the “refugee crisis”, the people we treated during the journey via the Balkan route kept a sense of hope while crossing the country. The closure of the border with FYROM and the EU/Turkey deal have created a situation in which thousands of people have seen their journey to hope interrupted, and at this point in time tens of thousands of people are the victims of institutional neglect. Those fleeing war, persecution and unimaginably harsh conditions at home have been left with no other choice than to stay in the “hotspots” in the Greek islands or stranded in inadequate camps in the mainland without any clear vision or information about their future. This lack of perspective and forced immobility further deteriorates the vulnerability of these men, women and children, many of them already traumatized by terrible experiences in their countries of origin or during their journey.

Improved living conditions could have mitigated the negative consequences of this forced immobility. Unfortunately, our teams in the field haven't seen such positive developments. Appalling conditions are still the norm for all those stuck in the camps – whether on the islands or on the mainland. This situation is most concerning for the vulnerable, for whom these conditions can be particularly dangerous for their health. The lack of appropriate accommodation and specialised care for vulnerable individuals, such as victims of violence, persons with mobility limitations, severe chronic medical conditions, pregnant and lactating women and unaccompanied minors is affecting the health and well-being of thousands of individuals.

### **Executive Summary**

- **Despite the huge amount of funds made available, Greek Authorities, the European Union and humanitarian actors have failed to establish humane and dignified reception conditions, guarantee protection and deliver humanitarian aid to a proper standard.**

- **While encampment should be a short-term solution, due to the acute slowness of the system, we are currently looking at a timeframe where people will be in camps for probably years. Living for a long time in deplorable conditions with a lack of access to services in camps is dangerous for our patients, particularly the most vulnerable.**
- **The enduring inadequate reception conditions and the lack of certainty also have an impact on people's psychological well-being.**
- **With winter coming MSF has deep concerns that the shelter in the camps in which migrants are residing is inadequate for the season and will be unable to withstand the low temperatures, putting people at risk of hypothermia, respiratory illnesses and push them further into unacceptable living conditions.**
- **EU and Greek authorities should 1) consider alternatives to the encampment system, 2) fund more programs to cover the needs of vulnerable people, 3) provide effective access to health care and 4) develop and strengthen effective safe and legal channels to migration and adequate forms of international protection.**

## **SUBSTANDARDS RECEPTION CONDITIONS**

Before the implementation of the EU-Turkey deal, the majority of the people only stayed on the islands for a few days before continuing their journey onwards. Since March 20<sup>th</sup>, the population on the islands is more stationary. Most of the people who arrived after this date are currently stranded. The majority of them are staying in hotspots; which are specific centres established by the European Union and the Greek government to register and identify people that are requesting asylum, and to identify those that can be returned to Turkey. "Accommodation" within hotspots continues to be the primary solution for people who arrive from Turkey. As a result, they are overcrowded and the alternatives are falling short to meet the needs of the new arrivals. As of 18 October, there were about 15,000 people on the islands while the capacity to house people is 7,450.

*On Samos, MSF distributed tents through a volunteer's network in the hotspot since the facility is overcrowded. It was problematic because pregnant women and new borns were sleeping inside tents in unbearable conditions (rain, heavy sun). MSF decided to provide proper accommodations to these people by transferring them to a hotel where medical and mental health care were provided, while waiting for their transfer to the mainland.*

*On the 10<sup>th</sup> August, 67 persons (including 2 families) arrived on Leros from Amorgos. They were taken by the police to the hotspot. The Registration and Identification Service accommodated the 2 families but refused to accommodate the other 55 individuals because there was no space inside the hotspots and the containers are mainly occupied by families and children. Five of them were sick and were left for two weeks without shelter at the registration area. They didn't have access to basic hygiene services as there is no shower at the registration area.*

*On Kos, the hotspot is overcrowded. 16 tents, 6 chemical toilets and 8 showers have been placed outside of the hotspot in a parking lot where about 350 people are staying. The conditions in this new camp outside the Hotspot are squalid with solid waste accumulation and no cleaning services. Many people remain without any shelter and don't know for how long they will have to stay in these conditions.*

While the hotspots are overcrowded, the reception conditions on the mainland where the people who arrived before the 20 March were moved are no better. **The strategy of encampment should be a short-term solution, but due to the acute slowness of the system, we are currently looking at a timeframe where people will be in camps for years.** Though the situation differs a lot from one camp to another, most of the asylum seekers are living in appalling conditions, which can be dangerous for their health. This is particularly true for the warehouses where people from Idomeni area were moved in May, where there are, on top of the poor living conditions, major safety concerns. Even if some improvements have been observed in the last months, the services in the camps remain sub-standard. In particular:

- Hygiene materials are distributed on an irregular basis;
- The quality of the food is poor;
- Key areas, like toilets are left without lighting during the night making the area unsafe;
- The waste management is substandard;
- Depending on the camp, the washing area for dishes and clothing is not always in line with international standards;
- Soap and water at toilet exits are not always available and in some camps the cleaning material for the containers hasn't been distributed since June leading to poor sanitary conditions.

People who live in tents have been exposed to heat and/or humidity during the summer (leading to soaked tents and personal belongings), insects and other animals such as snakes. Today, the winterisation of the camps has barely started and it is feared that people will not be provided with adapted shelters on time.

In March, Katzikas camp opened with substandard chemical toilets and showers. It was planned to set-up toilets and shower containers in April. Those new facilities were installed at the end of May and remained dysfunctional for another month due to a lack of connection to the water network. New tents were planned to be installed in July but the work barely started in August. Next to this, they are installed on flimsy wooden platforms that are themselves put on bricks of cement. After the first rains, the wood has already started to break down. These tents will most probably fall apart very soon. Even if the tents are installed properly, this is only a temporary solution that will not solve the issue of the winter as they are not insulated properly. This situation has led to many protests from the Yazidis community.

In Ritsona camp, there were recently some protests from the people against the slowness of the asylum procedure and also against the lack of improvement regarding the living conditions. People are turning against humanitarian actors as conditions are not improving. MSF and other NGOs had to suspend their activities for more than a week impacting service delivery. The slow implementation of an appropriate humanitarian response leads the people to mistrust the NGOs.

**Despite hundreds of millions given to the Greek government and to international NGOs<sup>1</sup>, the humanitarian response remains inadequate and very slow. The lack of leadership and willingness of the Greek authorities to cooperate with other actors has a serious impact on the coordination and planning of the response. The failure to publish the final list of the camps which will remain open is one of the most blatant examples and is directly leading to the perpetuation of appalling conditions as NGOs face difficulties to invest in the rehabilitation or improvements of the camps without knowing the plans of the government regarding the camps (closure, rehabilitation). As a consequence, we are looking at a situation where winter is coming without concrete actions having been put in place to provide people with adequate housing solutions.**

## **VULNERABLE PEOPLE GET LEFT BEHIND**

### **People with specific needs**

This situation is worse for those with special needs or who require enhanced protection (e.g. unaccompanied children, survivors of sexual violence, pregnant women, and patients with chronic diseases who require specific services). The European Council and Parliament Directive 2013/33/EU sets out minimum standards for the reception of asylum seekers. It states that *“the reception of persons with special reception needs should be a primary concern for national authorities in order to ensure that such reception is specifically designed to meet their special reception needs”*.

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<sup>1</sup> MSF does not receive any funds from the European Union for the implementation of any of its programmes, including migration.

The current Greek public system is overwhelmed, and the EU funded response is taking too much time to translate into concrete actions. In the absence of dedicated spaces for women and children in most of the camps, protection remains a strong concern. While some specific areas are currently being put in place for unaccompanied children in the camps, they are still routinely detained in hotspots contravening not only Greek law and EU directives, but breaching international rights and obligations established under fundamental human rights treaties to which Greece is signatory.

Due to the lack of proper accommodation, **most of the people with medical vulnerabilities have to live for an undetermined period of time in poor conditions which can often deteriorate their health conditions.** This is particularly dangerous for some of our patients:

- **Victims of violence or other forms of ill-treatment:** the recovery process cannot start if people do not have control over their own life and live in uncertainty. Flashbacks and intrusive thoughts are psychological consequences of trauma and are exacerbated in conditions of insecurity and uncertainty. Inadequate living conditions and a lack of support to meet even basic needs further undermines people's efforts to re-establish a sense of normalcy and safety.
- **People with psychiatric disorders** need to be in a safe environment with all basic amenities in place, including recreational activities, so that they are able to engage in a therapeutic process.

*“The lack of accommodation gravely exacerbates difficulties faced by refugees, in particular people with mental health problems, and impedes any attempt of rehabilitation and integration. Patients affected by homelessness have difficulties in enrolling in mental health support (more so if they are in need of psychotropic medication), are in danger of exploitation, injury and problematic access to services. Without the safety and stability that only appropriate accommodation can offer, patients continue to experience insecurity, uncertainty and constant fear for their well-being, and one could describe homelessness and precarious housing as a re-traumatizing experience for this population” . MSF social worker*

- **People with physical disabilities** face enormous difficulties to meet their daily needs independently. Accessibility for persons with mobility limitations is extremely limited in accommodation facilities, camps included (no proper pavement, toilets for disabled not always available, the ramp is sometimes missing ...).
- **Patients who require a special diet:** diabetic patients and those with hypertension are in need of a specific diet. The provision of food differs per camp and most of the time people do not have access to the required diet which is vital for their physical wellbeing. In addition, some treatments need to be kept in the fridge. Such items are not available in a camp and people are unable to take their treatment in a correct manner and on a regular basis. As a result, their physical health is deteriorating.

- **Pregnant women and new-borns** need stable and suitable housing. Rudimentary conditions, isolation and high level of stress impact pregnant women and it can have direct repercussions for the health of the baby. It is unacceptable to see that mothers and new-borns have to continue living in the camps under inappropriate conditions for new-borns.

**Not only is it a general obligation for Member States to provide access to minimal levels of acceptable living conditions, but for the most vulnerable people this is also a fundamental step in the recovery process and should be taken into consideration by all stakeholders (Greek Authorities, UNHCR, NGOs, donors etc.).**

### **The identification of vulnerable people is inadequate and not always effective**

Article 14 of the Greek law 4375/2016 describes the categories of people who are deemed vulnerable and therefore benefit from stronger procedural guarantees. For example, people identified as vulnerable are exempted from the border procedure meaning that they are excluded from being subjected to “safe third country” and “first country of asylum” proceedings. They will – regardless of nationality – be processed under the normal asylum procedure and will not be subjected to deportation upon arrival.

In reality, MSF has often noticed a gap with regards to the identification of vulnerable people. According to the Greek asylum law, vulnerability screenings should be done by the Reception and Identification Service (RIS) upon registration and identification in the hotspot<sup>2</sup>.

The medical screenings conducted at the reception and identification service are mainly based on primary healthcare examinations without the necessary equipment to assess certain conditions. Although the person is allowed to go to a hospital, it is an expensive and time consuming process which is not supported neither financially or with staff that can assist in the procedure (e.g. a cultural mediator who can act as a liaison to ensure understanding between the asylum seeker and the medical staff). Even if during the admissibility interview the European Asylum Support Office (EASO) conducts its own assessment, there are particular concerns that certain medical cases will be left behind as EASO’s vulnerability expert is not a medical person.

*MSF has been following the case of a young Kurdish boy from Syria: he was initially declared inadmissible before he was identified as vulnerable, due to bombing injuries he had sustained in Syria. During the appeal the relevant medical documents were not in place, and the extra time that was given by the appeal committee to the lawyers to gather the documentation was solely on the basis of their goodwill.*

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<sup>2</sup> The Reception and Identification Service subcontracted this task to other actors.

This raises the question of the amount of resources that are made available to ensure the quality of the assessments and of the numbers of vulnerable people who been failed to be identified during the procedure.

In addition, vulnerability certificates are not always being issued on time; meaning that for example for Syrian people, their vulnerability status is undetermined at the moment that they go through the admissibility procedure.

Between May and July 2016, MSF funded lawyers to provide legal aid to people in the hotspot of Moria on Lesbos. During this time, MSF regularly witnessed the following situation:

- The asylum seeker went for the first admissibility interview with EASO whilst still waiting to receive his vulnerability status from the authority in charge of the provision of the determination.
- The interview was completed and the applicant got rejected.
- The applicant then received his medical vulnerability status and presented it to EASO who didn't change the admissibility decision and still made the applicant appeal to the 2nd degree, even if he has the medical vulnerability.

In conclusion, valuable time and resources were, and are being, wasted in being forced to access the appeals procedure. Next to this the additional stress of a rejection and appeals procedure on an already vulnerable applicant is immense, and in these cases avoidable.

On the mainland, the Greek Asylum Service (GAS), UNHCR and EASO started a pre-registration exercise on June 8<sup>th</sup> in order to overcome a backlog of pending registrations, and to identify the profiles of the people present in Greece. As of July 30<sup>th</sup>, out of 27,592 persons, 3,481 persons were identified as vulnerable as per Greek law<sup>3</sup>, that is **12,6%** of those who were pre-registered at that time. MSF has repeatedly raised concerns that people with less visible vulnerabilities remained unidentified during the exercise. Though a 5 day training course was conducted for those participating in the pre-registration exercise; it remains difficult for unspecialised people in the course of short interviews conducted in non-private spaces to identify vulnerabilities such as victims of sexual violence, trafficking, torture or those with mental health disorders.

In comparison, from the 18<sup>th</sup> to 29<sup>th</sup> of August 2016, MSF's health promoters and cultural mediators undertook a mapping exercise in 5 camps where MSF runs mental health activities (Softex, Dervenil-Alexil, Sindos-Fragaport, Kalochori and Kavalari) around Thessaloniki. The purpose of the mapping was to detect vulnerabilities (e.g. those with mental health problems, those suffering from medical complications requiring specialized treatment etc.) in order to identify needs, and consequently plan our activities; aiming to address the unmet needs by referring the people to the appropriate actors (MSF's

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<sup>3</sup> As per Greek law, vulnerable groups are: a) unaccompanied minors, b) Persons who have a disability or suffering from an incurable or serious illness, c) The elderly, d) Women in pregnancy or having recently given birth, e) Single parents with minor children, f) Victims of torture, rape or other serious forms of psychological, physical or sexual violence or exploitation, persons with a post-traumatic disorder, in particularly survivors and relatives of victims of ship-wrecks, g) Victims of trafficking in human beings.

psychologists; actors in charge of primary healthcare in the camps; specialist’s doctors in the hospital; protection actors etc.). The results from the mapping showed that the percentage of people identified as vulnerable by MSF’s team in those 5 camps is much higher (**18,5%**) than the percentage of people identified as vulnerable during the pre-registration exercise – calling into question the validity of the results of the exercise.

	Softex	Kalochori	Derveni-Alexil	Sindos-Fragaport	Kavalari
<b>% vulnerable people</b>	17.0	20.3	14.2	22.8	24,8
<b>% of physical vulnerabilities</b>	34.3	28.6	44.0	57.3	41,1
<b>% of physical vulnerabilities including pregnant women</b>	39.8	38.1	52.4	63.2	51,8
<b>% of psychological vulnerabilities</b>	33.8	41.3	29.8	25.6	35,7
<b>% of social vulnerabilities</b>	26.4	20.6	17.9	11.1	12,5

Physical vulnerabilities: asthma, diabetes, kidney problems, cardiac problems, gynaecological problems, neurological problems, etc.

Psychological vulnerabilities: anxiety signals, depression signals, eating disorder, lack of emotional control, psychosis signal, sleeping disorder, etc.

Social vulnerabilities: unaccompanied minors, single-parent, isolated woman, elderly people.

**Identification of very vulnerable groups requires an assessment done by a professional and those identified should be provided with tailored care and protection. Many people identified as vulnerable by MSF were not identified as such during the pre-registration exercise and consequently, were not referred to the relevant actors and couldn’t access appropriate protection or care.**

### **Limited access to protection and care for very vulnerable people**

- ***Challenging access to healthcare***

While the right of free access to healthcare and drugs in medical centres and in hospitals has been extended as per law 4368/2016, the accessibility to these services remains a key challenge.

In order to have access to primary health care structures (PEDY) and to have access to the scheme where healthcare costs – including costs of drugs- are subsidized, people who are pre-registered have to obtain a tax registration number and social security registration number. Though MSF welcomes the fact that the access to primary health care facilities has recently been extended to asylum seekers under the new law, we find that the administrative barriers remain in place, as people are not informed on how they should proceed and where they should go to obtain the required documents. The staff in the hospitals and health care centres are also not always aware of the new law.

*At the end of July, MSF's social worker in Athens escorted a pregnant woman to the hospital in order to have a simple pregnancy ultra sound. At the hospital, the staff told MSF that 8 euros were needed to access this examination. Our social worker tried to explain that there is a law, allowing them free access to every test. The staff member did not accept the explanation, so consulted with the manager of the administration. The manager stated that there was a new law but that it was not clear to her what the obligations were under the law. Luckily in the end she accepted the clarification and processed the referral paper without payment. If the social worker of MSF hadn't been there to intervene, the woman would not have been able to do that test.*

Hospitals are struggling to respond to the needs of both local people and migrants, mainly due to a lack of resources. As a result, people regularly face difficulties in accessing proper healthcare, especially specialised care. Whilst they theoretically have access to the treatment in hospital for specialised issues, in reality access is difficult due to a general lack of capacity, including a lack of financial and human resources:

In Greece, there are:

- 6.3 doctors / 1000 inhabitants,
- 3.2 nurses / 1000 inhabitants,
- 4, 8 hospital beds / 1000 inhabitants.

Source: *Organisation for Economic Cooperation and Development, 2013*

Several hospitals reported to MSF their distress regarding their inability to handle the situation. Their staff are overloaded and as result very stressed; scared to make medical mistakes. There is a real willingness of the hospital staff to do their best but at the same time, there is a certain distress due to the lack of resources to cope with the situation.

The problem of access to treatment and specialised consultations for people living in the camps is exacerbated due to the lack of transportation, cultural mediators and referral pathways provided by the national health system.

**Transportation** to and from health facilities remains one of the biggest issues as the vast majority of the camps are very isolated. An ambulance service is made available for emergency cases, however since there are no medical actors in the evening and at night to perform triage, the ambulance service is overused and this raises complaints from the public health system.

Moreover, the health facilities run by the Ministry of Health don't have any **cultural mediators**. It makes it impossible for the medical staff to guarantee proper medical care to the patient. The patient should be able to understand the kind of pathology from which they suffer, be advised of the different therapeutic options and be able to give his/her consent. The inability to communicate with patients puts their health at risk. Cultural mediators are also essential to enable the adherence to a treatment and to be the bridge from one culture to another one. Trying to mitigate these problems, MSF has provided cultural mediators in 3 hospitals in Greece (around Thessaloniki and on Lesbos).

*“I have been suffering from epileptic seizures. Thirteen years ago the Taliban hit me on the neck and also broke my leg. From that moment I have been having approximately 6-7 epileptic seizures/day and this gets even worse when I feel hot or when I feel stressed. I was staying in Malakasa but the living conditions were very difficult for me. Due to my health problems, we booked twice an appointment to the hospital so as to have an MRI exam. For both of the appointments, we called the ambulance but it never came. I was trying to use the train to go to the hospital but every time the ticket controller would disembark me. At the hospitals there are no interpreters and the doctors struggle to understand what my symptoms are. They have given me drugs but they don’t help [...]”.*

**Afghan man, 43 years old, travelling alone<sup>1</sup>. He was brought to the OPD by Spanish volunteers and while waiting for the ambulance to come he had 2 epileptic seizures. In this case, the ambulance came approximately 1 h and 30 min after the call.**

- ***A lack of referral pathway to have access to protection and care***

Everyone should be able to have access to decent accommodation. However, we have some patients for whom it is vital.

**At the moment, the few facilities that exist to accommodate vulnerable people are overwhelmed.**

The Greek State has a limited capacity and very few donors are funding facilities for vulnerable people. There are some patients who need a temporary accommodation to perform a medical examination while others need a permanent home to be able to fully recover.

**The lack of referral pathways impacts the capacity of vulnerable people to have access to healthcare.**

Our teams face difficulties in concluding referrals due to the lack of accommodation. Sometimes, severe medical cases cannot be managed on the islands as there is no technical expertise available in the district hospitals. As a consequence, people are referred to Athens in order to receive appropriate treatment. But, such transfers are often delayed or even cancelled because no accommodation is available.

*Early June, a Syrian woman arrived on Leros with her husband and little girl from Aleppo Syria. She is suffering from a chronic disease. Early August, the hospital said that she should IMMEDIATELY be transferred to the mainland in order to have a medical examination, which is not available in Leros. Her geographical restriction should have been lifted already since she was on a list with others who have been released - however she hasn’t received the necessary documents yet. The police director has been informed of the situation of this patient but doesn’t consider the case an emergency. As a result, she is still on Leros despite the fact that the required medical examination is not available on the island.*

*In July, a psychologist from Samos' hotspot tried to refer two patients to our clinic for victims of torture and other forms of ill-treatment in Athens. The first one is 26 years old and was detained and tortured 4 times in Syria. He suffers from severe panic attacks. The second one, who is 46 years old, has also suffered extreme torture and presents mental health symptoms. Due to the lack of accommodation in Athens, these two men had to stay in the hotspot and were unable to access appropriate medical care and protection follow-up.*

The people who are on the mainland also face difficulties to receive adequate care and protection.

*In Idomeni, one of our patients suffered from a major depression with intense suicidal thoughts. She lost her husband in Syria and was alone with her one month child in Greece. She needed accommodation in order to have proper psychological follow-up.*

*Another patient is in a wheelchair and has diabetes with complications. This person also has depressive symptoms and was alone in Greece. Accommodation and a psychological follow-up were needed. For both of these situations, there was no intervention from the protection actor and we lost track of them after the evacuation of the EKO gas station.*

As a consequence, MSF has had to refer people to shelters run by volunteers if there are empty places. The volunteer groups are one of the main actors that provide a response to the refugees' needs by trying to fill the gaps that are not covered by the government and/or by humanitarian agencies, or simply propose alternative ways to welcome people (mix with the host community, etc.). We welcome and applaud these initiatives but it is ultimately the State's responsibility to provide suitable accommodation for those who are stranded in Greece.

**Considering the plight of very vulnerable people, specialised care is an urgent need, particularly early identification of cases and adequate referrals. There are some people with specific vulnerabilities who should not be in camps; they need to be accommodated in specialised facilities with appropriate medical and protection follow up.**

*"A woman suffered violence in Syria and as a result attempted to commit suicide. She managed to leave and arrived in Greece with part of her family. When she arrived to the MSF clinic she was offered mental health support and as she was in constant danger of staying homeless we looked for housing options. A placement was found at a shelter that offers accommodation for women. However as she could not cope with having to share her room she eventually turned down the offer. The reason is she is having night terrors and nightmares which make it very difficult for her to share a room with others. Ensuring appropriate accommodation for such particularly vulnerable cases is almost impossible in Greece at the moment and a great obstacle for our daily work with survivors of violence". MSF social worker*

The current situation reflects the overall poor capacity of the Greek welfare system and the slowness of actors to offer appropriate support and accommodation to very vulnerable people.

## **DIRE MENTAL HEALTH CONDITIONS**

During the second quarter of 2016, following the EU-Turkey deal and the closure of the borders, MSF's teams providing psychological care all over the country have seen the negative effects of being stranded in appalling conditions.

Persons fleeing have usually experienced traumatic events. They left their countries and homes, uprooted their lives because of violence, insecurity, conflict, or extreme poverty. For many the journey was fraught with risks including being exploited by smugglers or traffickers. Upon arrival in Europe, their expectations for security and a better life are shattered as they are faced with squalid living conditions and disillusionment. Emotional responses to this multitude of events are complex and vary from person to person. Our findings indicate that many suffer from symptoms of anxiety, depression, and post-traumatic stress disorder. For example, medical data from the first 6 months of 2016 from our activities in Lesbos shows that 26.64% of our patients show signs of depression.

Upon arrival in Europe people have an expectation that they will have reached the point where they are safe, and that the journey will become easier. That they will be afforded access to services, assistance and protection. That the end of the road is near. The current situation in which people are trapped in Greece due to the EU – Turkey deal for extended periods of time exacerbates the stress and suffering of those that have already been through traumatic experiences. The final stage of their journey is put on hold indefinitely, and they are subjected to a reality that is fraught with uncertainty. Whilst on the move most people are able to focus on the journey and are able to put on hold processing the events that have happened to them. Once in Greece they are forced to confront their traumatic experiences in substandard conditions with inadequate support. This increases anxiety and depression.

On the basis of the work done by our mental health teams, MSF has been able to establish that the psychological well-being of the vast majority of our patients is compounded by the daily stressors of displacement, such as:

- ***The living conditions in the camp;***

*"I feel like we are being treated like animals, I know people in Europe treat their pets better than the way we are treated here. My children are always sick due to the conditions; I am so worried for them. I would rather go back to Syria and have a quick death but in dignity rather than to die slowly in humiliation here in this camp".* **41 year-old man from Syria, living in Kalochori camp with his wife and his 3 children, in Greece for almost six months.**

*“We are seeing many people with depressive symptoms and it is difficult for us to help them because of the conditions in the camp and the uncertainty about how long they have to stay in these conditions”. A psychologist from MSF, operating in 5 camps around Thessaloniki.*

- **The lack of legal information and assistance;**

Access to legal information remains a big challenge. There don't seem to be enough actors to cover the legal and bureaucratic needs of the asylum seekers present in Greece. There is a lot of misunderstanding among the people regarding their access to asylum. For example, after the pre-registration exercise, some people thought that they were recognized refugees. Some others don't receive the right information to process their asylum claim.

*At the end of August, MSF met an Afghan family in the camp of Softex. They explained that one of their children is a minor and is currently already in Germany. The family arrived to Greece in February and has been residing in Attica. They didn't pre-register for asylum. They have been told that they couldn't pre-register as they don't have any ID. As a consequence, they moved to the North of Greece and tried to exit the country to continue their journey. They were already push backed once but will try again, “as long as we are enough healthy to do it”.*

*“At the first interview they did not really explain anything to me. I was just told that it was good for me to preregister because I would avoid future problems. However, I do not know what this interview is about. I don't even know if I applied for asylum or not. I just want to gain some more time and also not to have problems with the police. I have been given the date for the next interview and, if I am still here, I will go”. 31 years old Iranian man travelling alone met in Victoria square.*

The lack of legal assistance is an important gap faced by asylum seekers in Greece today. Legal aid programs have been scaling up but more support is needed to provide legal aid at first instance and in detention facilities. In the hotspots, MSF, through its legal partner on Samos, noticed a clear attempt from the authorities to minimize access to legal assistance (lawyers are not always allowed to enter the hotspots although they are legally entitled to do so; appointments are announced the same day as the date of the interview which prevents the lawyers from supporting the applicants at the first stage; etc.).

- **The uncertainty about the future;**

*"I feel mentally very tired from the lack of clear information available. And the information they give us constantly changes. I can no longer tell what is true and what could be a rumour. My children keep asking me when will we leave the camp and I don't have an answer. I feel tense most of the time about the "unknown". I feel depressed; this is like mental torture. The last information we received was that we will be removed from this camp once again and taken to another camp. They say that this other camp is in the middle of nowhere with no electricity or basic services available. I'm not sure if that information is right or wrong but I feel destroyed by this whole situation".* **Female from Halab, Syria, married with three kids. She arrived in Greece approx. 8 months ago and is currently in Kalahori**

*"It's a mental battle every day, I keep thinking of what will happen to us and I am so frustrated by the lack of information given to us. I am particularly worried about my pregnant wife; I wonder what will be the fate of my unborn child".* **23 year-old man from Dirik, Syria. He is in Kalahori camp with his heavily pregnant wife and mother in-law.**

The lack of clarity over their future is due to the lack of reliable information which is one of the biggest concerns for the people who are stranded in Greece. In most of the camps, there is no visible information present. As a result, people don't know who is doing what in the camps and face difficulties in requesting assistance from the right organization. When they finally know who they should ask for support or information, their needs are rarely met.

*"I asked to an actor doing protection some information regarding my asylum claim. They couldn't answer to my questions because no lawyer was present that day. They told me that they will come back the following week with a lawyer and that I will be able to access the relevant information. Two weeks later, they came back. They told me that their lawyer was lost... I wonder how such a big NGO, whose role is to do protection, is not able to find a lawyer to answer our questions".* **X, Syrian man, approximately 30 years old, in Greece since February and currently stranded in Kavalari**

- ***The feeling of insecurity;***

This is one of the main problems for people who have lost their home; home gives a feeling of protection and when people lose their home they lose the sense of security which they were not cognitively aware of. This means they experience an internal feeling of insecurity without knowing why. When in addition to this people live in a tent where they cannot lock the door, this feeling becomes even stronger and begins to manifest itself externally. In this condition the quality of sleep can deteriorate and this leads to a multiplicity of psychological problems.

*"There is no sense of security here, because the army and the police don't get involved if a crime occurs here. I can't sleep at night out of fear; anyone can walk into my tent. I feel very vulnerable and I am scared for my own safety and for the safety of my children all the time".* **Female, aged 28 from Syria, single mother of seven children, arrived in Greece about 6 months ago. She is currently in Softex camp.**

- **The isolation and discrimination;**

*"They feel neglected from Europe, Government and NGOs, they feel abandoned, no one pays attention to them, the spotlights went off after Eidomeni and now they feel even worse than when they were in Eidomeni".*

**A psychologist from MSF, operating in Northern Greece around Thessaloniki.**

The lack of interaction with the host community reinforces the marginalisation of the people. In addition, the community leaders whose role it is to represent the views of the people staying in the camps don't feel taken into consideration by the camp managers or other relevant actors.

*"I'm one of the Syrian community leaders here in Softex. Our main concerns are the food, the slowness of the asylum process, the security and the fact that some people with specific needs are staying in camp. Here you can see that there are some disabled people. There is even someone who is blind. When I meet the Ministry of Migration, the Army and the UNHCR, I ask them to improve the quality of the food, to tell me when we will receive the sms\* and to take the vulnerable people out of the camp. No solution is provided. One day, we made a demonstration in Thessaloniki. We stood in the way of a big street. We went in a park and refused to move on. We were waiting for some answers to our questions. We need to be informed on what is going on. Someone from the Ministry of migration came to us and told that we will receive sms by the 15<sup>th</sup> August. We went back to the camp. Now the 15<sup>th</sup> August has passed, and still we are waiting for the sms. The Syrians here are upset because the situation remains the same. They think that I don't ask anything. I'm held responsible for it. I will quit, they are not listening to what we are saying".* **A, Syrian, in Greece since February with his wife and his 3 children and currently stranded in Softex.**

\*sms are expected to be sent to all the people who pre-registered for asylum. The sms will inform them on the date of their appointment to be fully registered.

- ***The destruction of the family entity;***

**Weakening of the parental authority:** a father who cannot provide money for his family, a mother who cannot prepare food for her children; they feel a sense of humiliation in receiving assistance from NGOs. Children feel this and they are left without the necessary psychological protection that the parental capacity and the home should provide them. MSF psychologists are often consulting children with regressive behavioural symptoms; withdrawal, aggressiveness, disobedience caused by the trauma they have experienced and the current living conditions. This also increases the family and marital conflicts.

*Arezo is a 30-year-old woman who lives with her four children (aged 15, 13, 9, and 7) in Malakasa camp in Attica. She left Afghanistan because of terrorist attacks; one of which killed her husband. The plan was to go to Greece and then to travel to Belgium, where she has family. X has to take care of a mentally retarded sister. She referred herself to the psychologist as she has been experiencing intense anxiety and despair, accompanied by physical symptoms (musculoskeletal pain, headaches, and sleep disturbances). A central issue in the sessions is the guilt she feels for not being a good enough mother, as she is not able to offer her children what she promised them when they left Afghanistan (security, education, better life). She would like to send her 15-year-old son to Austria in order to initiate family reunification. The work with X focuses on the expression of feelings, what it means to be a good mother and the realistic prospects for her and her children. It also aims at giving back the responsibility of a parent to the patient who seems to be trying to 'outsource' decision-making and responsibility to the psychologist or/and her children (transforming them into the responsible for the family's wellbeing).*

**In addition, due to the circumstances gender roles change in too short a time frame:** in a short period of time they have to adapt to a situation that requires the negotiation of a new power relationship inside the family and the couple.

Normally such a change requires dozen of years or more; the families are not prepared for this and are often dragged into a conflict due to new balances of power and responsibilities which are difficult to manage. MSF psychologists are also consulted for these problems, which are not easy to deal with when people are facing so much pressure. These stressors are often unbearable for those people who are already dealing with traumatic and depressive symptoms.

*“A patient told me “I would like to have some medicine to sleep as in a state of coma until I can reach Germany””. A psychologist from MSF, operating in 5 camps around Thessaloniki.*

**MSF psychologists provide psychological consultations every day all over<sup>4</sup> Greece to help people to find coping mechanisms in order to face with the multiple stressors. It is important to highlight that in the majority of the cases the mental health conditions are caused mainly by the external factors rather than by an internal previous mental health disorder.**

*A Syrian female from Syria asked for psychological support because of trauma from bombings in her country and due to stress from socio-economic issues in Greece. She was reporting feelings of hopelessness and had suicidal thoughts and was also very scared for her safety and mainly that of her daughter and had great insecurity in her maternal role. Through various psychological interventions her role as a mother was reinforced and she rediscovered all the coping skills and strategies that were already available to her but she was not aware of. The stress gradually subsided and she is now more calm and confident, the suicidal ideation is not present anymore and she is more optimistic concerning her future and that of her family.*

## **RECOMMENDATIONS**

The current restrictive migration and asylum policies create widespread human suffering. At this point in time in Europe it is almost impossible for people to find a refuge. They are stranded in Greece for an undetermined period of time trying to survive in poor living conditions. A real reception system that can adequately and appropriately respond to people’s needs should be put in place, no matter the nationality of those seeking asylum. Solutions need to be provided for very vulnerable people who have specific medical and protection needs. There is an urgent need for authorities, donors and organisations to step up their response to these needs, which are fundamental for the wellbeing of those seeking protection. Authorities at both the national and European level should change their approach of

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<sup>4</sup> See Annex.

deterrence and invest in a more humane reception management system in avoid further medical and humanitarian consequences and to respect the right to seek protection and refuge.

### **1) Consider alternatives to the current encampment system**

Alternatives to encampment exist and offer more dignified conditions to the people stranded in Greece. The ability to have privacy, access to proper sanitation facilities and to be able to interact with the local community has a good impact on people's well-being. The promotion of accommodation in urban areas could contribute to their de-ghettoization as local and international civil society would have the possibility to gather and to take action and offer different forms of support.

Coordinated and multiple services for migrants, asylum seekers, recognised refugees and local people in urban areas should be more promoted. Indeed, such facilities could serve as a hub to respond in a holistic and coordinated manner to peoples' needs. Feeling that their views are considered and having the possibility to interact with the host society is a key element for migrants in feeling that they can regain control over their own lives.

The authorities should consider these types of alternatives and put aside the logic of the camps which are short-term solutions and which isolates people. A long-term strategy needs to be put in place where people have the possibility of upholding their dignity.

### **2) Fund programs to cover the needs of the vulnerable people**

As mentioned before, the accommodation system in Greece is under strain. While many donors have expressed their interest to fund shelter to accommodate those people, there is at this point in time no concrete plan. There is an urgent need to ensure adequate protection and care to very vulnerable people such as victims of violence and other forms of ill-treatment, battered women and, patients with medical conditions, etc. Funds to respond to these needs need to be made available as soon as possible to reduce the suffering of those needing higher levels of protection and assistance.

### **3) Provide effective access to healthcare**

The shortcomings of the national health system should be addressed by improving the capacity of hospitals to properly receive and assist people in need of care. Funding should be allocated to fill the deficiencies in public healthcare. There is an urgent need to address staff shortages in the hospitals and to ensure real coordination between the actors and effective access to the health facilities (transportation and cultural mediators should be made available; referral pathways need to be set-up). Victims of torture for instance need to have access to specialised healthcare, including rehabilitation services, and adequate psychological support. Mental health provision through the national health system is severely constrained for migrants due to the lack of interpretation services and relevant expertise. Moreover the system for the support of mental health patients is overall, overloaded.

### **4) Develop and strengthen safe and legal channels to other European countries**

The last 9 months have shown that the Greek System is unwilling and/or unable to provide adequate reception conditions for the most vulnerable ones. In such a situation, the EU member states should

ensure that very vulnerable people are transferred to other countries where they can receive appropriate protection and care.

Relocation, family reunification and the delivery of humanitarian visas are currently the only legal ways for migrants and asylum seekers to reach another member state of the EU.

According to the Ministry of Migration, 80% of the people who pre-registered in Greece are eligible for either relocation or family reunification.

That being said; at the moment, the process of family reunification takes more than one year to be concluded.

*An accompanied minor that MSF was following on Lesbos was eligible for family reunification. Instead of having his asylum claim fast-tracked, he was given an appointment for his interview 6 months after having been pre-registered. The preservation of the family unit doesn't seem to be priority of the authorities.*

The Dublin unit at the Asylum Service is completely overwhelmed and is not able to treat on time all the cases.

In addition, some embassies don't have enough staff to perform the interview with the candidates. An embassy told MSF in July that only 2 interviews per week were performed as there are not enough employees. At that time, 3 months were needed to obtain an appointment with this embassy. As a result of the length of the process, there are people who apply for relocation as it's said to be faster without having the certainty that they will be relocated in the country where their family members are.

Some others try to exit the country illegally and face the risk to being push backed – often violently. Being quickly reunified with family is a key element for the well-being of a person.

Moreover, there are some situations that force people to be transferred onwards as Greece is failing to provide them efficient access to protection and decent reception. There are some people who struggle to receive the necessary care in Greece, due to the low capacity of the Greek welfare system to adequately support patients that need enhanced long-term care. Those people should be granted humanitarian visas in order to access effective assistance and protection.

Relocation should also be strengthened and speeded-up: whereas in September 2015, the European Union pledged to relocate 66,400 people from Greece, this has not been translated into practice. As of the 14<sup>th</sup> October, of the meagre 16,532 places pledged by EU Member states for relocation, only 4,716 persons have been relocated from Greece.

<b>MSF's current projects</b>	
<b>Lesbos</b>	<ul style="list-style-type: none"> <li>• Chronic disease and mental health care for vulnerable families in Kara Tepe camp.</li> <li>• Providing cultural mediators to local hospital attending migrants and asylum seekers.</li> </ul>
<b>Samos</b>	<ul style="list-style-type: none"> <li>• Shelter and care for vulnerable families (pregnant women close to delivery, babies up to 6 months old, disable people).</li> <li>• Mental health care.</li> </ul>
<b>Attica</b>	<ul style="list-style-type: none"> <li>• <u>Victims of violence and other forms of ill-treatment project</u>: medical care and psychosocial support to migrants and refugees who have suffered systematic violence in their country of origin during their stay in Greece. In addition, international protection, integration services and services of psychosocial, social and psychiatric assistance offered to survivors of torture in collaboration with the Greek Council for Refugees and Babel day centre.</li> <li>• <u>Elliniko</u>: sexual reproductive health, SGBV consultations and mental health care with a mobile clinic in the 3 camps (arrivals of Ex Athens Airport, Baseball stadium and Hockey stadium). Health promotion and education.</li> <li>• <u>Victoria square</u>: primary and mental healthcare support.</li> <li>• <u>Malakasa, Lavrio and Agios Andreas</u>: mental health care services with a mobile clinic.</li> <li>• <u>Urban day care centre in 133 Solonos street</u>: sexual and reproductive health, mental health care, SGBV consultations, outreach health promotion and education.</li> </ul>
<b>Central Greece</b>	<ul style="list-style-type: none"> <li>• <u>Ritsona</u>: mental health care services.</li> <li>• <u>Thermopiles</u>: sexual reproductive health, SGBV consultations and mental health care services with a mobile clinic every other week.</li> </ul>
<b>Epirus</b>	<ul style="list-style-type: none"> <li>• <u>Katsikas camp</u>: mental health care.</li> <li>• <u>Faneromini building</u>: mental health care.</li> <li>• <u>Doliana</u>: mental health care.</li> <li>• <u>Tsepelovo</u>: mental health care.</li> </ul>
<b>Thessaloniki region</b>	<ul style="list-style-type: none"> <li>• Mental health care in 5 camps: Kalochori, Softex, Derveni Alexil, Kavalari and Frankappor.</li> <li>• Providing cultural mediators to two local hospitals attending migrants and asylum seekers.</li> </ul>
<b>All over Greece</b>	<p>MSF, in support to the Ministry of Health, organized a <b>vaccination campaign</b> reaching more than 7.000 children between 6 weeks and 15 years of age in more than 15 locations across the country. So far children in Idomeni, Polycastro, Lesbos, Samos, Katsikas, Faneromeni, Konitsa, Doliana, Tsepelovo, Filippiada, Lavrio, Agios Andreas, Thermopiles, Elliniko, Elaionas and Piraeus have been vaccinated against 10 preventable diseases including pneumococcus, while vaccinations are on-going to cover the refugee children in 15 more camps mainly in Northern Greece and in urban areas.</p>