

MdM in Greece



As of 9 May 2017 (*the next official update is due tomorrow, 16 May*), there are 63,049 refugee men, women and children in Greece.

14,857 of them are in detention centres on the Greek islands – centres the United Nations, IOM and Greek government agree have a maximum capacity of 8,613.

The rest, some 48,192, are in camps, hotels, apartments, in pre-removal centres, or staying with host families on the mainland.

Though Mediterranean crossings to reach Europe have been steadily increasing for the last 30-40 years, before 2014, the vast majority of them were made from the North African states of Tunisia and Libya, most often by sub-Saharan Africans attempting to escape war, chaos, persecution, famine, drought, or any of the more prosaic results of poverty: lack of medicine; lack of opportunity; malnourishment; disease; shortage.

But in 2014, the third year of the Syrian civil war, the number of people making a crossing from the East – across the short distance between the Turkish mainland and the Greek islands of the Eastern Aegean – started to rise.

Within Turkey and Syria, increasing numbers of Syrian people sought to board vessels they themselves referred to as 'death boats' and attempt to reach Europe.

In 2015, the year when the mass movement was at its peak, more than 800,000 men, women and children entered the EU this way (compared to around 250,000 entering from North Africa).

At that point, the crisis from a Greek perspective was one of 'transition' – moving people from the islands, via Athens and certain stopping points north of the capital – to the borders with the rest of Europe, from where they would travel to Germany, Sweden and other states.

Our role in Greece – through our Greek chapter, which has been working in the state for more than 25 years – was to patch people up; to help them with their most immediate health needs. Our staff worked on the islands, on the boats to the mainland and at transit camps on the route north through Greece to provide whatever we could to those with injuries and other urgent requirements.

But in March 2016, the crisis changed again. Following a series of vetoes by EU states on measures designed to ‘share’ refugees between members of the bloc, Germany and to a lesser extent Sweden pushed through a deal with Turkey, under which the latter would prevent refugees from leaving for Europe in exchange for cash and visa deregulations.

Simultaneously, states bordering Greece – and other states further North including Serbia and Hungary – began to close their borders to prevent refugees travelling through to Northern and Western Europe.

Effectively, in part due to an EU-wide policy, and in part due to a series of decisions taken by individual states, Europe imposed a ‘double lock’ on men, women and children hoping to escape war, terror and persecution in their home countries – one at Turkey’s Western coast, and a second at Greece’s Northern borders.



Quite apart from the dubious morality of such a measure, the result in Greece was a significant alteration of the crisis. Refugees were no longer using Greece as a stepping stone into the EU, but were forced – at least those who could make it at all – to treat it as a final destination for months, or potentially years, if not for ever.

The Aegean islands changed from a stopping-point to long-term detention centres, places where men, women and children are trapped – some now for more than 14 months – while their applications to gain legal status as refugees are considered. The Greek government says 8,600 such applications have still not even been registered, let alone considered.

And on the mainland, tens of thousands of people remain in refugee camps. The majority are waiting to hear whether they will be allowed to move to other EU states, while some are in the process of applying to live in Greece.



An elephant in a room which seems full of elephants is that Greece is simultaneously suffering an extended economic crisis, in which unemployment is running at 23.4 per cent – and more than 40 per cent in the 18-34 age group – wages and social security have slumped and public services are at best struggling to meet demand.

In the face of this domestic and international turmoil, we at MDM stepped up our response, deploying trained medical staff from across the world through our international chapters, to safeguard and improve the mental and physical health of the people at its heart; the men, women and children fleeing war, terror, chaos and shortage in Syria, Iraq, Afghanistan and other states.

In March 2016, we carried out a full national needs assessment at 20 sites on the Greek mainland where refugees were gathered. We began work in April 2016.

In the 11 months which have followed, we have worked to provide health care services at 21 sites – 18 refugee camps and three hotels where refugees were sent to escape harsh winter conditions – where we have provided services to more than 25,000 men, women and children.

Our seven teams in Greece – six ‘fixed’ (operating at several refugee camps within specific regions of Greece) and one ‘mobile’ (travelling around the country to meet need where it is greatest) – include doctors, nurses, psychologists, midwives and paediatricians.

These teams deliver Primary Health Care (‘general’ health care, treating illnesses and wounds, performing check-ups and diagnoses); specialized services (Sexual and Reproductive Health and Dental care); and Mental Health and Psychosocial Support services

We have also deployed two mobile teams, one offering specialised gynaecological care, the other providing specialised dental care.



And up to the start of April this year, we have carried out more than 28,000 individual consultations, including at least one check-up with every single man, woman and child resident in the camps and other locations at which we work.

In 93 per cent of cases, we treated our patients in MdM clinics, but in the 7 per cent of cases where this was not possible, we ensured they received 'second-line' services delivered by other actors, such as the Greek national health service.

And we are working to ensure we identify vulnerable cases and secure them the correct services within the Greek health service, too.

Alongside these services, we also work to help the men, women and children trapped in Greece by accompanying them to health appointments to help them acclimatise to the Greek health service and to undertake translation duties where needed, and providing transportation or public transport tickets for them to attend appointments.

And in collaboration with the Greek government, we have carried out a series of immunisations of school-age children, infants and toddlers, including MMR jabs and vaccines against Influenza; Diphtheria; Tetanus; Whooping Cough; Polio; Hepatitis A and Hepatitis B, and Pneumonia.

Nor do we provide services only to refugees. MdM polyclinics in Athens, Thessaloniki and five other locations in Greece, are open to everyone in the state, including Greek citizens and third-country nationals. These clinics – where many of the man-hours are worked on a voluntary basis – have seen an enormous increase in patient numbers as the economic crisis has continued, and the Greek health service runs out of cash and in some cases qualified staff.

One interesting point to note here is that men, women and children at refugee camps close to Athens and Thessaloniki are regularly referred to our polyclinics, where they receive the same service and treatments as every other user, of any nationality and legal status.



As we enter the second year of this response, we can note some successes. Reaching close to 30,000 refugees at camps, and providing services for many thousands more at our polyclinics – while simultaneously helping to ensure that no-one in Greece is denied healthcare by either of the crises ongoing in the state – is something of which I believe we can be proud.

Our vaccination programme is another achievement I feel we can be happy with, and it is also very important to say here, while I have the chance, that I am proud to be part of an organisation whose field staff in Greece and other locations across the world, are working extraordinarily hard under often extremely difficult circumstances, to help those who need help, regardless of their age, sex, race or beliefs. They are literally life-savers and it is an honour to work with and for them.



But despite our achievements and efforts, we cannot pretend that the international response to the refugee crisis has been a success.

Everyone in this room will have seen the shocking images of tents buried and destroyed by the heavy snow which struck Greece last winter, and will be aware that five people died in that short period.

This is unacceptable.

So, too, is the fact that conditions on the islands – which have, as noted already been turned into detention centres – are so poor that the islands themselves; centres of great natural beauty, are now routinely referred to as ‘Europe’s dirty secret. And that at camps all over Greece men, women and children are driven regularly to hunger strikes in their desperation to see even the slightest improvement in their situation.

It is unacceptable, too, that more than a year on from the signing of the EU/Turkey Deal, tens of thousands of people are still living under canvas, or in former warehouses, not only in Greece, but across the Western Balkans, too. That those people, who have already fled vicious and bloody warfare, and risked their lives on unsafe sea crossings to reach Europe, have spent the last 13 months being herded around Greece, with little or no information about their current situation, or what they can expect for the future.

In short, refugee camps are bad for people. They are bad for physical health, and for mental health.

This is why they are only ever supposed to be a temporary measure, and yet in a member state of the European Union, the richest political bloc ever to have existed, tens of thousands of people are entering their fourteenth month trapped within them.

As a human being, I wish for this to end, and end fast. As the representative of a major health organisation, it is my duty to speak, and to act, to make it happen.

All of us, as humanitarians, know that a significant part of our role is effectively attempting to 'clean up' the mistakes made by national and supra-national governments and agencies. It is something which needs to be done, and none of us shy away from it.

Indeed, in some cases it is a privilege. To know that your work improves and saves lives is a genuine honour for us all.

But this does not mean that we should turn our backs on uncomfortable truths.

And in Greece, those truths are that despite the best efforts of aid organisations, as well as the Greek public, tens of thousands of people have been suffering for well over a year, and are suffering still. That their mental and physical health is suffering because of the places they are forced to live in, and the wider political situation in which they are trapped.

I am proud of our work in attempting to help those people, and I am proud of the staff working with them every day to this aim.

But we cannot forget that this situation should never have arisen to begin with, and that having arisen, it should certainly have been solved before now.

In the EU right now, people are suffering, and suffering unnecessarily. It is our job to reduce that suffering. I am proud to say that we are working hard to do so.

But more than that we, as Europeans, and indeed as human beings, have a duty to end that suffering, and to help ensure it never happens again.

We must remember that the people we work with and for, are primarily people, who deserve and have the right to expect, better. That they are still trapped in camps more than a year on, is shaming.



Our work will continue in Greece, because it is necessary. Because health-care is vital, and access to it is a human right. But we have the right and the duty to ask why, in Europe in the 21st Century, this work is needed at all.

