

Response to Refugees Deeply piece: 'Where Did the Money Go?' March 2017

In response to recent speculation and accusation in specialist and international media regarding the Greek refugee situation and the responses to it – including, sadly, the hi-jacking of the genuine and justified concerns of the humanitarian sector over our response by elements of the far-Right who seek to use them to undermine the very idea of assistance for men, women and children in need – MdM invites interested parties to read the following statement.

We welcome the opportunity for a frank and detailed discussion about the response in full – its achievements as well as its shortfalls – and we hope that this public debate will enable all actors, governmental and non-governmental organisations, to honestly and openly mark the successes and failures of the response, building on the former, and swiftly ending the latter.

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MdM received €7.4m of ECHO funding to work in response to the Greek crisis in 2016, and after a full national needs assessment at 20 sites on the Greek mainland where refugees were gathered, began work in April 2016.

In the 11 months which have followed, we have worked to provide health care services at 19 sites – 16 refugee camps and three hotels where refugees were sent to escape harsh winter conditions – where we have provided services to well over 20,000 men, women and children.

This work continues, and the budget-period under which we are operating will end on 15 May this year.

We feel it is appropriate to note at this point that we have significant reservations regarding the figure used repeatedly by Refugees Deeply, as well as by all those who have carried its analysis since its clear-eyed, well-meant piece was released – that €803m has been spent on the response so far.

Our reservations come because Refugees Deeply's sole cited source for this figure is a previous one of its own articles – and one in which the authors themselves admit that the figure is an 'estimate'.

We note that the most recent article also raises significant questions about whether some €547m of that quoted figure – well over three-fifths of the €803m – was ever actually accessed and spent on the response.

We are also concerned that the implication that effectively none of this money was spent on helping the more than 1m refugees who travelled through Greece to other EU states betrays a lack of understanding of the costs and logistical practicalities involved in rescuing people, offering them shelter, food and care, even if those people do not remain in one place for long periods.

In the interests of accuracy, we would also note that despite the article's claim that there are 57,000 refugees in Greece, the official number is in fact 63,646, with more people arriving on the Greek islands every day.

Finally, we would note that the 'cost' of a response – while an important consideration – should of course be a secondary concern to whether or not that response succeeds in saving and improving the lives of men, women and children.

Having stated this, we would also note that if the €803m figure is true, MdM received less than one per cent of the money spent on this response, and used that money to provide health care services to by far the greatest number of refugees of any actor in Greece.

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Using this money, we have provided seven teams, 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), which include doctors, nurses, psychologists, midwives and paediatricians, delivering:

1. Primary Health Care ('general' health care, treating illnesses and wounds, performing check-ups and diagnoses),
2. Access to specialized services (Sexual and Reproductive Health and Dental care),
3. Mental Health and Psychosocial Support services

We have deployed two mobile teams, one offering specialised gynaecological care, the other providing specialised dental care in four regions in our area of operation.

We have carried out more than 25.699 individual consultations during our response so far, and have performed check-ups with every single man, woman and child resident in the camps and other locations at which we work.

We have treated 93 per cent of 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.

We also identified vulnerable cases and referred them to the correct service providers (hospitals, clinics, etc).

Other services we have provided include, but are not limited to:

- 1) Accompanying refugees to health appointments to help them acclimatise to the Greek health service and to undertake translation duties where needed;
- 2) Helping refugees to attend appointments by providing transportation or public transport tickets;
- 3) A series of immunisations (in collaboration with the Greek government) 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 Pnuemonia.

We should also note that we undertook these services alongside – and in assistance to – our Greek national operating organisation Giatroi Tou Kosmou.

Thanks to their extensive networks in Greece, built up over the last quarter of a century, we have also been providing vital care services to refugees detained on the Greek islands, and our 'Polyclinics' – health centres we run and operate which are open to everyone in Greece – in Athens and Thessaloniki are also the first point to which refugees in the wider Attika and Macedonia regions of Greece are referred.

Though these activities were not carried out using ECHO funding, they are a vital part of our holistic approach to the refugee – and indeed the worst effects of the Greek economic – crisis.

We developed and delivered a specific programme to promote and safeguard the mental health of aid workers across Greece – the ‘Care for Care-givers’ programme, which has helped to ensure that all aid workers in Greece can work to their full capacity and respond efficiently and comprehensively to the challenges faced by refugees.

We have also worked closely with other Health actors in Greece, including NGOs and the state health service, to ensure that refugees can receive a co-ordinated and comprehensive service while they are here.

Though we feel this is far less important than the type and standard of care we provide to men, women and children in Greece, because it is listed as a ‘failing’ by Refugees Deeply, we would like to note that in our ECHO-funded response, 11 per cent of our staff are non-Greeks, and were brought in to meet needs which could not easily be met by the pooled Greek workforce, such as translation services.

This is, of course, a far smaller proportion of the workforce than the only figure the Refugees Deeply article provides – 33 per cent of UNHCR staff members. We also brought in some volunteers to meet need in particularly difficult periods. Giatroi Tou Kosmou’s employees are almost exclusively Greek nationals.

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None of this, however, is to pretend that the response to the Greek crises has been perfect. It has not.

As the Refugees Deeply article acutely observes, there are a number of relationships between some actors which must be repaired – and in some cases effectively built for the first time – if we are all to improve our services and increase our reach here, to ensure nobody is ‘left behind’ in this crisis in the EU.

For our part, we have – even while providing the services we have delivered – already begun a review of our response, and we are moving to a stage where we will be more ‘pro-active’; seeking and assisting people in need, and working to prevent further crises wherever this is possible, than before.

But we would be failing in our duties to the tens of thousands of innocent men, women and children in dire need here in Greece if we did not also add the following:

> The major reason for poor and deteriorating health in refugees all over Greece is that the vast majority of them have spent almost all of the last 12 months in refugee camps here, and in some cases, several months previous to that in camps in Turkey.

> Refugee camps are harmful to **physical health**, as they necessitate men, women and children living at very close quarters, with

- inadequate hygiene provision (including too few/insufficient standards of toilets and showers, and insufficient litter collection - the latter leading to infestations of insects and vermin),
- lack of adequate cooling and heating equipment and electricity to power it,

- provision of poor-quality food, meaning that large amounts of food are rejected, causing ill-health through lack of nutrition and due to insect and vermin infestations as rejected food is irregularly cleared from sites.

> Refugee camps are harmful to **mental health** as they necessitate men, women and children living at close quarters meaning

- noise levels (leading to sleep deprivation and lack of 'space' to process thoughts) and lack of privacy are an ongoing problem.
- Families - parents and children - live together in a small space meaning normal adult relations between men and women are almost impossible.
- Lack of activity causes people who are often already in precarious mental states, having already experienced war and life-endangering transit, to focus only on when they can leave - a matter over which they are well, and painfully, aware they have no control at all.

All these factors cause depression, anger and frustration, which is often made worse by the fact that the process of being relocated can take many (in some cases up to 18) months, that families are divided throughout the process and that if people are refused for relocation to a specific state they are returned to camps with no explanation why this has happened - causing distress for them and dread for others in the camp.

And as the richest political bloc ever to have existed, the EU is perfectly positioned - geographically, financially and structurally - to help refugees restart meaningful, productive lives. These are people with skills and qualifications; adults with years of professional experience, and children eager to learn.

Yet 12 months after the EU/Turkey deal was signed, more than 60,000 men, women and children remain in camps which endanger their physical and mental health.

If we are serious about the health and wellbeing of human beings, we must move refugees out of camps and into decent accommodation, where they can start to contribute to society in the ways they always have, and wish to again.