Médecins Sans Frontières and the refugee crisis in Greece: An interview with Dr. Apostolos Veizis

Christos Louis

Institute of Molecular Biology and Biotechnology, Foundation of Research and Technology Hellas, Heraklion, Crete, Greece

Europe is presently witnessing the biggest movement of human populations since the end of the World War II. The armed conflicts in Afghanistan, Syria, Yemen, to mention just a few of the ongoing wars, has led to millions of people being forced to leave their homes. At the same time, the extreme poverty witnessed in several developing countries, combined with the poor health conditions in the same areas, has urged many young people to look for better and safer conditions of living in prosperous Europe, especially in its Northwest. To arrive there, refugees often need to cross long distances over the sea, such as the central and western Mediterranean routes for those coming from sub-Saharan Africa and the Maghreb, or parts of the open Atlantic Ocean when crossing from West Africa to the Canary Islands. Although this is understandably a very dangerous enterprise, particularly given the bad state of the boats used, the recent past showed that it is almost equally risky when narrow water straights are crossed, such as from the Turkish Aegean coast to the Greek islands located close by. The latter crossing has been used by hundreds of thousands of migrants/refugees over the last year or so, leading to hundreds of deaths as the result of boats' capsizing.

'Scared' by the prospects of having to host this wave of refugees in their own countries, several of the European Union (EU) member states as well as neighboring countries to the South have made crossing their borders difficult or almost impossible. The result of these policies is the existence of about 50,000 refugees/migrants, most of them from Syria and other Near East countries, presently being blocked in Greece. The unorthodox living conditions for these people in State-run or ad hoc refugee camps are aggravated by the current economic situation of the country. Moreover, the mass migrations of both war and economic refugees has brought along a wave of medical and public health problems that affect individual

inhabitants and populations of both migrants and 'host countries.' In addition, these problems are accompanied by the 'deterioration' of issues such as demographic imbalances and political controversies, which are complicated by the recent exacerbation of terrorist attacks in Europe. One should keep in mind that numbers and facts described here reflect the situation in mid-May 2016 (see Postscript at the end of this interview). PGH has asked Dr. Apostolos Veizis, Director of the Medical Operational Support Unit (SOMA) of the Greek chapter of the Médecins Sans Frontières (MSF) to provide us with some information concerning the medical aspects of the crisis.

PGH: The Greek chapter of the MSF has been involved in the 'Greek' refugee/migrant crisis since its beginning around one year ago. How does the MSF commitment help alleviate the present emergency and how successful do you think it is?

Dr. Veizis: The international medical humanitarian organization, *Médecins Sans Frontières* (MSF) scaled up its operations in Europe throughout 2015 and focused on setting up mobile responses to attend to the needs of these unprecedented numbers of people on the move.

MSF has been providing medical and humanitarian assistance to migrants and asylum seekers in Greece since 1996. Since 2008, this included responding to the urgent medical and humanitarian needs of migrants and asylum seekers confined in administrative detention. MSF launched new projects in Greece in 2014 and 2015 following the increase in arrivals in the Greek islands of migrants and refugees who risk their lives to seek protection and/or the prospects of a better future in Europe.

As such, MSF was one of the very first humanitarian organizations to respond to the increased needs of migrants and refugees. In order to minimize the impact of such an influx on the local health structures and local communities while preserving at the same time people's dignity, MSF started providing free PHC services as well as essential items necessary for the journey and, in the summer of

Correspondence to: Christos Louis, Institute of Molecular Biology and Biotechnology, Foundation of Research and Technology Hellas, Heraklion, Crete, Greece. Email: louis@imbb.forth.gr

2015, expanded its operations to include mental health support to people on the move.

As the number of people arriving in the islands grew in the second half of 2015, MSF further increased the scope of its activities to include transportation of people in Lesbos, building and ensuring the daily maintenance of shelter and hygiene facilities in all locations and managing its waste. Investing in heavy logistic work in order to improve the living conditions for our patients represented a considerable move away from MSF's initial strategy in Greece for 2015, which was to focus on mobile medical activities. In addition, MSF added cultural mediators to its teams in order to facilitate better communication and provision of information to the people arriving.

MSF is currently working in the islands of Lesbos, Kos, Leros, Samos, Agathonisi, the cities of Piraeus, Athens and the encampment of Idomeni located at the border between Greece and the Former Yugoslav Republic of Macedonia, employing a staff of more than 400. MSF teams at sea, in Italy, Greece, throughout the Balkans and in Western Europe have treated refugees and migrants for conditions linked to these policy-made, dangerous and traumatic journeys. Our teams continue to provide medical consultations at all hours of the day and night, to distribute essential items, to build emergency temporary shelter and to create water and sanitation services. But as a medical humanitarian organisation, MSF does not hold the key to a solution and it can only alleviate the consequences of these restrictive policies on refugees and migrants' well-being and health.

PGH: The migrants/refugees presently in Greece are distributed among a multitude of sites ranging from Government-organized 'hot-spots' to ad hoc encampments. For example, more than 10,000 migrants/refugees are currently present at the 'wild' camp at Idomeni, close to the border of the Former Yugoslav Republic of Macedonia, and about 5000 still live on the docks of the harbor of Piraeus. These people are in constant need of general practitioners and nursing personnel, but also of a number of specialists such as pediatricians and experts in infectious diseases. Are these needs appropriately addressed by medical personnel provided by Greek authorities, or do NGOs such as MSF need to jump-in in order to somehow fill the gaps?

Dr. Veizis: Rash decisions to close borders and a lack of coordination between different European states have created incredible stress and dangerous conditions for thousands of people on the move. MSF has documented the domino effect of border closure: each time a border closes, thousands of people are abruptly halted, stranded in no man's lands, with little to no humanitarian assistance, and ultimately, forced onto more dangerous routes or into the hands of smugglers.

Authorizing transit across the Balkans had so far been the only realistic response to the failure of the European asylum system and Greece's inability to offer assistance

and protection. In recent weeks, the decision to suddenly close the so called Balkan road, implemented without any consideration of people's protection, medical or shelter needs, shows once again the incapacity of European and Western Balkans States to provide coherent and humane solutions to the needs of desperate people in search of protection. In Greece, the lack of swift registration and adequate reception conditions has put the health and safety of the refugees and migrants at risk. For months, our medical teams throughout Greece have treated the health consequences of the extremely precarious conditions refugees and migrants are forced to stay in for days before their identification and registration is completed.

Between June and November 2015, two thirds of the patients seeking care in MSF clinics in Greece suffered from respiratory tract infections, skin diseases and trauma – all linked to the dangerous and unhygienic conditions they face. With no screening of people's medical vulnerabilities on arrival, the system further risks people's health. Last summer this was already a worrying situation, but it has only gotten worse with the rains setting in and climatic conditions during the winter. MSF medical teams in Greece saw a 160% increase of respiratory tract infections between July and October 2015. Patients described how they had gotten sick sleeping outside, on the bare ground, with no protection from the rain and the cold. The lack of access to information and basic services such as shelter, food and sanitation impacts not only people's 'physical' health, but also on their general well-being and mental health.

Failing to comply with EU standards of reception, the Greek authorities have focused exclusively on police and registration procedures, neglecting to put in place an asylum reception system and failing to respond to the urgent and essential needs of the refugees and migrants – be it for shelter, food or water and sanitation. These shortcomings, which are of particular concern given the vulnerable condition of these people; they are not only morally and ethically unacceptable, but they also violate basic human rights as well as EU and Greek legislation. The treatment of asylum seekers in Greece in 2011 was indeed qualified as inhumane and degrading treatment by the European Court of Human Rights and at the beginning of 2015 and UNHCR has called on EU member states to suspend Dublin Regulation transfers of asylum seekers to Greece. The presence of the state is limited so the medical needs are covered mainly from NGOs, solidarity groups and individuals.

PGH: In addition to the Idomeni encampment and several dedicated structures and camps in which the refugees have found temporary living quarters, thousands of migrants are housed in urban areas, notably the port of Piraeus and several squares in the center of Athens, where it is almost impossible to organize even rudimentary medical facilities. Are the MSF also involved in providing medical assistance in the cities? Moreover, is the proximity

of major hospitals to these areas exploited by people in need, either by voluntarily and without any intermediates accessing the outpatient and/or emergency departments or by being referred to them by NGO/government health workers?

Dr. Veizis: In addition to the islands and Idomeni, MSF teams are working at the Piraeus port, the Elaiona temporary facility and at Victoria Square in Central Athens. Since September 2014, in collaboration with two Greek organizations, MSF opened a project in Athens offering medical rehabilitation, including physiotherapy, for asylum seekers and migrants who have been victims of torture. Through Primary Health Care (PHC) activities MSF teams are responding to the medical needs of the people on the move, reducing the number of people using the hospitals and emergency services for PHC needs. The assistance of MSF and other NGOs have reduced the burden of hospitals. There is a very good collaboration of our teams with health care facilities around the country.

PGH: In the context of the refugee crisis one assumes that the majority of the cases requiring medical assistance will consist of ailments that are the consequence of lengthy walking, exposure, malnutrition, and other conditions that go along with long migration trails or derelict living conditions. Although one should certainly not underestimate the potential severity of such disorders, one also thinks of the possibility of the importation of infectious diseases that are not present (or no longer present) in Europe, either through pathogen carriers (e.g. viruses) or relapse/recrudescence (e.g. malaria). Have such cases been detected and how high is indeed the risk of the (re)emergence of (novel) infectious diseases? Furthermore, there are diseases which are manageable by the Greek authorities, whose numbers, though, may increase dramatically, such as scabies, tuberculosis, or even leprosy. What are the thoughts as far as this matter is concerned? Are you aware of any documentation concerning resistant pathogens being introduced?

Dr. Veizis: From the beginning of our refugee/migrant-specific medical activities in March 2015 to the end of December, MSF teams conducted a total of 44,053 medical consultations, 33% of which were in women and 67% in men. In these consultations by our teams, 18% of people were considered vulnerable.¹

Our patients come mostly from Syria, followed by Afghanistan. The main illnesses we treated were respiratory tract infections, followed by trauma² and skin infections. Most of these are directly linked to the living conditions of people on the journey: sleeping on the ground without protection or warmth in ever decreasing temperatures, no or limited access to hygiene facilities, irregular access to drinkable water and food, as well as a change in eating habits.

In March our teams started distributing a kit composed of items identified through a survey as essential for people to have during their journey through Greece and the Balkans, namely: a blanket, energy bars, soap, toothpaste,

toothbrush, all wrapped together in a backpack. This kit was adapted to every new season, for instance the winter one contained a warmer blanket, a rain poncho and socks instead of a cap and sun-cream as the summer one did. By the end of December, our teams in Greece had distributed a total of 88,385 kits (of which 51,502 were distributed in the islands), representing an average of 11,048 kits distributed per month.

In spite of the common perception of an association between migration and the importation of infectious diseases, no such systematic association has so far been detected in Greece.

PGH: MSF, similarly to the Red Cross, have a vast international experience in handling medical crises ranging from the aftermaths of earthquakes to epidemics. Are these efforts hindered by the presence of other NGOs with a much lower degree of expertise? This may be particularly crucial, as there are rumors suggesting that the primary objective for the presence of several NGOs at the migrant/refugee encampments may be sought for reasons that are rather distant from the actual alleviation of acute medical and public health problems.

Dr. Veizis: MSF is able to distinguish itself from other NGOs and work within its own field of expertise, thereby contributing in the most efficient way. It still wants to remain flexible, though, and tries to improve its coordination and cooperation with other players in order to maximize the support for people on the move.

PGH: The closing of the northern borders of Greece will lead to several thousands of migrants/refugees remaining in the country for long periods of time. Since the number of families with small children seems to be relatively high, what are the plans to vaccinate the children according to the Greek national regulations? Is the supply of such vaccines sufficient to cover the thousands of recipients and how are the logistics of such an operation being taken care of?

Dr. Veizis: MSF is in contact with the Greek Ministry of Health and have shared the concerns and needs for vaccinations, including a potential Expanded Program on Immunization especially in places like the Idomeni encampment. From 11 May to 14 May 2016, more than 3000 children aged between six months and 15 years were vaccinated in (MMR, PCV, Hexavalent). There is a plan presented by the Ministry of Health on the issue and we are trying to provide support in that direction. Still much needs to be done in terms of the availability of vaccines and logistics.

PGH: Several migrants/refugees have gone through traumatic experiences due to wars and war-related events; moreover, the long journey from their home countries and the less-than-optimal living conditions over a long period of time has certainly not helped in alleviating psychological problems (e.g. post-traumatic stress) faced by them as a result of witnessing the horrors of war. Finally, for most, if not all of them, the future is a complete unknown.

Are specific steps being taken in this direction, specifically psychological support?

Dr. Veizis: From the beginning of our medical activities in March 2015 to the end of December, our psychologists conducted 733 individual sessions, of which 36% were in women and 64% in men, as well as 2098 group sessions in which 22,815 people participated.

Given that many of our beneficiaries have been exposed to violence, trauma of various sorts and discriminative behaviour both before and during their journey, our teams deal mostly with multiple trauma and on-going trauma. Anxiety symptoms formed the most common complaint (29%), related not only to the journey and past experiences but also to the reception conditions and the onward journey. Depression symptoms (22%) as well, were related to previous experiences, often heightened by the migration journey, followed by adjustment symptoms (21%).³

Our mental health sessions are an opportunity for our patients to talk about their experiences before migration. In the course of their journey to Greece, upon arrival and during their transit in the country, people experience additional hardships, primarily related to life risks (accidents at sea) and violence or bad treatment by representatives of the states, smugglers or unknown people and groups. The mental health care needs have been covered mainly by NGOs. Recently the Ministry of Health has created a working group to look at the issue.

PS When this interview went to press, the Greek Ministry of Citizen Protection initiated the eviction from the Idomeni

encampment of the approximately 10,000 migrants/refugees. Although the idea was, using chartered buses, to move all of them to government-sponsored centers, a large proportion of the encampment's population left on its own and 'settled' at places such as gas stations and/or the major highways or village soccer camps. It is obviously unknown how the situation will evolve, and making any predictions at this time is clearly risky. One should keep in mind the increased flow of migrants to Italy over the last days and one should not forget that the migrant/refugee problem in Greece (and Italy) is not a local problem, as it fully depends on international developments in the Near East, Africa, and, last but not least, in Europe.

Notes

- 1 Disabled, children under 5, elderly, pregnant women, unaccompanied minors and single parents with children of minor age.
- 2 Trauma refers to wounds, whether due to intentional violence or accidents and partly to musculoskeletal complaints (muscle, joint and back pain).
- 3 A category formed by symptoms such as 'recent traumatic events', feeling overwhelmed' and 'somatic symptoms'.

Acknowledgments

The commitment and dedicated work of the MSF teams in the field, in coordinating offices and at headquarters is gratefully acknowledged.

ORCID

Christos Louis <http://orcid.org/0000-0003-2497-2210>