



Médecins Sans Frontières' submission to the United Nations Committee Against Torture prior to the periodic review of Greece, 67th Session

June 2019

Médecins Sans Frontières (MSF) is an international, independent medical humanitarian organisation. We provide medical and humanitarian assistance to people affected by conflict, violence, epidemics, disasters, or excluded from healthcare. Our teams are made up of tens of thousands of health professionals, logistic and administrative staff - bound together by our Charter. Our actions are guided by medical ethics and the principles of impartiality, independence and neutrality. We are a non-profit, self-governed, member-based organisation.

Introduction

In October 2014, MSF began providing medical care for the rehabilitation of victims of torture (VoT) in Athens, in response to a clear gap in the medical and humanitarian response to migrants, asylum seekers and refugees who had suffered torture and ill-treatment. Since the project begun in October 2014, we have provided care to 775 people and currently have 254 active VoT patients in our cohort. MSF also runs a Day Care Center in Athens focusing on Sexual and reproductive care, including sexual violence, mental health, primary health care and chronic diseases. On the Greek Islands, MSF works in Lesbos, Chios and Samos focusing on multidisciplinary care for severe mental health cases, victims of violence and victims of torture, paediatric and mental health care for children, and SGBV care.

Based on MSF's experience providing care to VoT patients in Greece for almost 5 years, the organisation is inclined to address some concerns which were referenced in the Committee's List of Issues (LOI):

- ❖ Health risks associated with restriction of freedom of movement
- ❖ Access to a fair and impartial individual asylum determination procedure
- ❖ Sexual and Gender-Based Violence (SGBV)
- ❖ Redress, including compensation and rehabilitation

1. Health risks associated with restriction of freedom of movement

- Despite a decision of the Greek State Council on 17 April 2018 to annul the **geographical restriction** imposed on asylum seekers on the "hotspots" islands, the restriction was reinstated by ministerial decree a few weeks later. Asylum seekers, including children, continue to be contained for prolonged periods of time in the Reception and Identification Centers (RICs), where living conditions remain below humanitarian standards and where access to health care is insufficient.

- **Lack of accommodation/overcrowding:** According to the latest data registered on the 20th of June 2019, Lesvos, Samos and Chios camps are overcrowded by asylum seekers, refugees and migrants. Moreover, Moria camp in Lesvos, with a maximum capacity of 3,100 persons, has reached a total number of 5,200 persons. Vathi camp in Samos, with a maximum capacity of 648 persons, is already servicing more than 3,600 persons. Vial camp in Chios, with a maximum capacity of 1,014 persons, is congested with a number exceeding 1,700 persons.
- On Lesvos island, our patients do not only suffer the **physical and mental health consequences** of chronic overcrowding, lack of access to hygiene and appropriate shelter, but also the deterioration of their medical and mental health conditions due to the traumatizing experience of living in Moria camp, compounded by their pre-existing trauma from their country of origin and their journey to Europe. **Children are particularly at risk.** Our teams are increasingly responding to acute mental health symptoms in children including self-harm and suicide attempts.
- Asylum seekers whose nationalities have a recognition rate for international protection below 25 percent are systematically detained in the **pre-removal areas of the RIC**. MSF is particularly concerned with the **lack of access to medical and mental health care** for this population, as well as the **difficulty to identify specific vulnerable people such as torture survivors**. In Moria camp, there is currently only one psychologist permanently working in the pre-removal area without interpretation services and a nurse only visiting occasionally. In the past 3 months, MSF has been notified about 3 patients that were held in the pre-removal detention facility; including one extremely vulnerable patient who was deported to Turkey in April 2019 despite MSF doctors deeming him unfit for travel and unable to care himself.

2. Access to a fair and impartial individual asylum determination procedure

- **Inefficient and inadequate identification procedures** are responsible for the prolonged stay of victims of torture in substandard living conditions, inadequate access to medical care, unfair treatment of their asylum claim and exposure to re-traumatization.
- **New arrivals can wait months to be fully registered** at the RIC on the islands, despite the fact that the law stipulates that full registration must be carried out within 25 days of their arrival.
- Upon their arrival to the Greek hotspot islands, asylum seekers pass through a vulnerability assessment conducted by the National Public Health Organisation (EODY), formerly called KEELPNO. Although VoTs are a recognised vulnerable group according to Greek law, thereby should have their geographical restriction lifted and immediately transferred to the mainland for specialised care, **the vulnerability assessments are often delayed and inaccurate**. In 2018, asylum seekers including VoTs, were waiting for up to three to seven months on Chios, Lesbos and Samos island for a screening. This is largely due to the **insufficient number of doctors, psychologists and cultural mediators in the Greek reception centres** and the **lack of adequate training in identifying VoTs**. In 2018, KEELPNO faced additional **staff shortages across Greece**, which has impacted the provision of basic healthcare to camp residents. In autumn 2018, both Moria and Vial camps were left with only an army doctor to provide both clinical care and vulnerability screenings. In December 2018, MSF was informed that medical screenings of new arrivals at Vial camp on Chios would be delayed until June 2019 because there was no medical doctor in the camp. As a result, asylum registration and the recognition of those with vulnerabilities in need of protection will be postponed for six months at best. Recently on Chios island, delays in the renewal of medical staff working in the Vial RIC, led to the **suspension**

of vulnerability and medical assessments for more than two weeks. This further increased the pre-existing backlog and led to set backs in other procedures, such as EASO interviews. During this period, about 60 MSF patients, some of them with severe medical conditions, were not exempted from the geographical restriction regulation. This hampered not only their access to adequate and needed medical services, but also their right to receive appropriate accommodation.

- The **lack of case workers, interpreters and cultural mediators working with the Greek Asylum Service (GAS)** has further **slowed down the asylum process**. Asylum seekers wait between 6 to 8 months to be given their asylum interview appointment in Lesbos and Samos. Those who arrived at the end of 2018 are currently being given appointments for the second half of 2021. This has led to many vulnerable people, including VoTs, being stranded in substandard and unsafe conditions in the RICs on Lesvos, Samos, Chios and other hotspots. MSF's clinical staff regularly observes the deterioration of patients' mental health during this lengthy process.
- In 2018, 358 migrants were registered, by the Greek Asylum service (GAS), as victims of torture, violence, rape or other forms of exploitation. However, based on the number of patients MSF treats in Athens and Lesvos, it is likely that **many more torture victims remained or remain unidentified**. Between January and March 2019, 54% of new MSF patients on Lesvos identified by MSF doctors as having severe mental health conditions and/or are VoTs were not identified as vulnerable in their screening by EODY.
- Furthermore, despite their geographical restriction, **several of our VoT patients took the decision to move from the Islands to Athens**, where they can access proper medical care and more adequate living conditions. Consequently, these patients are not having the proper documents and **have no rights to official housing schemes, financial support and live in constant fear of arrest**. In addition, in order to continue their asylum procedure, they must return to their island of arrival, return to unsafe and inadequate living conditions and consequently discontinue their care in Athens.
- Asylum interviews in Athens are carried out by GAS caseworkers at the Municipality of Athens Centre for Reception and Solidarity in Frourarchion. If a GAS case worker thinks the applicant being interviewed is a VoT, he/she must ask for a medical and/or psychosocial examination. This requires the **case workers to be trained in detection/identification**. However, for what has been reported to MSF, only 10 GAS case workers are trained in identification, thus it is likely that due to this insufficient number of trained case workers, many VoTs might not be recognized as such and therefore will not receive the care they are entitled to. Last but not least, this might affect their asylum claim.

3. SGBV

- In its different projects in Greece, MSF has observed the difficulties faced by refugees, asylum seekers and migrants who are victims of sexual and gender-based violence to seek care and report to authorities. This is largely due to a **lack of trust towards public health structures and law enforcement** and to the **lack of information, cultural mediation and services available**. **Prevention of SGBV is also largely insufficient** in the different sites; there are multiple structural factors that pose significant risks to safety, putting the most vulnerable to SGBV at risk.
- On the hotspot island of Lesvos in **2018, MSF responded to 28 cases of sexual violence** (rape, non-penetrative sexual assault, sexual threats with or without physical assault) which have happened in the last 5

days in and around Moria camp. Of the 28 cases, 26 of them were living in Moria / Olive Grove at the time of the **SV** incident. All but 3 cases happened in or around Moria camp. Of the cases of rape and non-penetrative sexual assault, 18 of these were adults and 10 were children/minors.

- **Security and protection for vulnerable people in Moria is insufficient** as demonstrated by the frequency of sexual assault and harassment reported to MSF staff. Toilets and showers are not lit properly at night and separation by gender is not respected. Families, women and children often sleep in large rub-halls offering minimal privacy with internal partitions made from blankets or in containers and tents that do not have locks. Furthermore, violent clashes are of regular occurrence.
- In 2018, MSF has witnessed significant **gaps in protection responses to reports of harassment and threats**, including failing to provide safe and appropriate accommodation and protection for survivors of sexual violence. Many of our patients who experienced violence, including sexual assault, or who had received threats in Moria and Vial were not moved to safety immediately, due to lack of space in alternative accommodation on the islands and on the mainland.

4. Redress, including compensation and rehabilitation

Medico-legal reports

- **Traumatized persons often don't have the ability/willingness to recall or describe traumatic experiences.** During asylum interviews this may impact the credibility of their asylum claim. Medico-legal certificates can play a crucial role in the credibility assessment and evaluation of international protection needs of VoTs. However, there is not enough capacity to meet the need as the Greek public sector lacks medical services that can provide VoTs with medico-legal certification. Therefore, asylum seekers rely on few NGOs to obtain reports from doctors and psychologists, yet this capacity is also limited.
- In May 2018 the Ministry of Migration Policy introduced a new law (4540/2018 article 23, transposing the reception directive 2103/33/EU) stipulating **victims of torture, rape or other forms of ill-treatment must be certified by doctors working in the public system or in the military**, ostensibly indicating that medico-legal reports produced by other actors should not be recognized. More recently **the law has been amended to include appropriately trained doctors**. However, it is still unclear whether medical reports provided by MSF or other specialized non-public actors would be recognized. Today there are very few medical doctors working under the Ministry of Health that have been properly trained on identification, documentation or certification, meaning that many VoTs may not be identified and will therefore never have access to rehabilitation, international protection and redress.

Barriers to accessing healthcare and specialised rehabilitative medical care:

- There are several **barriers in accessing healthcare**, including:
 - Lack of medical services and professionals addressing multidimensional needs of VoTs, as well as the management of residual and co-morbidities;
 - Severe lack of interpretation services in clinics and hospital which reduces the capacity to communicate their medical condition;
 - Severe lack of mental health services specialised in assisting VoTs;
 - A general lack of awareness amongst migrants and public service workers on migrants' rights to access the public health services. For instance, between December 2018 and 1 June 2019 MSF

social workers in Athens recorded 10 incidents where our patients were denied authorisation to receive an AMKA card (necessary to access to the public healthcare system), mainly due to Citizens Service Centre (KEP) staff being unaware about this right.

- At the moment, **the public health system does not provide any holistic services for VoTs.**
- There are **only three such specialised programmes offering holistic, multidisciplinary care in Greece run by NGOs;**
 1. Babel Day Centre, Greek Council for Refugees (GCR) and MSF Athens Project for VoTs.
 2. MSF clinic for people with severe mental health issues, including for Victims of Torture, sexual violence & other forms of violence in Mytilini, Lesvos
 3. ARSIS VoT project, Thessaloniki, Greece
- Majority of the above-mentioned actors have **limited funds** and are unable to meet the needs and demands of VoTs in Greece.

Precarious living conditions for VoTs in Greece

- **Living conditions have a significant and direct impact on VoTs' ability to rehabilitate.** If the accommodation is inadequate, inappropriate and unsafe they become **daily environmental stressors** that can seriously impede the treatment of VoTs.
- Most MSF VoT patients in Athens face several **legal and financial barriers to access safe and dignified accommodation.** Out of a sample of 397 patients assessed by the MSF social workers between October 2014 and October 2018:
 - 105 (26%) were accommodated in official shelter, of those 40% reported feeling unsafe in their apartments
 - 32 (8%) were accommodated in camps, of those 72% felt unsafe
 - 111 (28%) were living in precarious forms of accommodation (e.g. squats and informal renting)
 - 66 (16%) had experienced homelessness
- Of this same sample, 293 (72%) had **mental health residuals** such as **PTSD** and depressive symptoms due to the torture they endured. Additionally, 269 (66%) patients reported having **musculoskeletal pain** due to their torture experience. Specifically, for those living in camps (32), 17 (54%) reported not having access to adequate food, 22 (69%) had mental health residuals, with 16 (50%) suffering from symptoms related to PTSD, 17 (52%) were suffering from symptoms of depression and 25 of our VoT patients (79%) had musculoskeletal pain related to torture.
- Out of the 66 patients that reported having been **homeless** at some stage during their time in Greece, 93.7% reported that during this time they had **no access to basic necessities**, including access to food. Addressing mental health residuals of patients who are homeless is extremely difficult since they lack even the basic necessities required to survive and the precarious and often dangerous living conditions impede their ability to recover and rehabilitate.

- A ministerial decision of January 2019 announced that **all people with recognised refugee status since more than 6 months must leave the ESTIA scheme** (accommodation and cash assistance for vulnerable asylum seekers run by UNHCR, Greek government and implementing partners). **25 of our patients in Athens are at risk of being evicted. There is not yet a functioning integration programme in place** for recognised refugees in Greece which would help refugees access the job market, accommodation and social support. Although there are **eviction exemptions**, based on an assessment of vulnerability, there is **no long-term accommodation strategy for this population**, and evictions could likely lead to homelessness, destitution and a complete absence of protection which could have a significant impact on VoTs' health and mental health and set them back severely on their journey to recovery.

Conclusions:

- The current situation in the Hotspots on the Greek Islands is characterized by a **systematic failure to ensure access to comprehensive medical care**, in particular specialized care, **and provision of safe accommodation**.
- Asylum seekers, refugees and migrants in Greece continue to be largely exposed to **undignified and unsafe living conditions, inadequate protection and unfair treatment of their administrative situation**. In this environment, the most vulnerable, in particular children, victims of torture, sexual violence and people suffering from mental health conditions are especially at risk of seeing their health deteriorating and face lasting consequences.
- Currently in Greece, **VoTs are not timely or appropriately identified and do not receive the proper care or protection they need and are entitled to**. This is impeding their ability to recover from their experience of torture and is having severely detrimental medical and mental health impacts.
- VoTs in Greece face a series of **barriers to care and rehabilitation**. The main obstacles our patients face are related to identification and the asylum procedures; living conditions and accommodation and access to health care.