

# Médecins Sans Frontières (MSF) Emergency Intervention in Migrants' Detention Facilities in Evros

December 2010 - April 2011



March 2011 - An MSF doctor treats a young girl in the BPS of Tycherio

## Introduction

Every year tens of thousands of asylum seekers and migrants arrive in Greece, one of the main entry points to Europe. Many of them have left unstable or war-torn countries such as Afghanistan and Iraq or are escaping persecution, human rights violations or extreme poverty. Most have survived long and perilous journeys, hiding in crammed trucks or travelling in small, crowded boats. Lacking legal ways to enter Europe, many had to use the services of smuggling networks.

Once they arrive in Greece, irregular migrants and asylum seekers are systematically detained, often in overcrowded facilities. Sanitary conditions are usually very poor and health care is inadequate. Psychosocial support is lacking. Vulnerable groups, including unaccompanied minors and pregnant women, are also detained in degrading conditions. Detention Centres (DCs) lack support staff and interpreters. Migrants and

asylum seekers receive no or little information about their legal status or the detention system.<sup>1</sup>

In 2010, 132,524 irregular migrants were apprehended in Greece, the majority when crossing the Greek-Turkish border in Evros. Specifically, 47,088 undocumented migrants and asylum seekers crossed the border in Evros, among them an estimated 4,460 minors. This indicates a clear shift in migration route from the sea to the land borders.

## **MSF and migration**

MSF assist migrants and asylum seekers at different stages of their journey. In countries of origin such as Somalia, Afghanistan, Democratic Republic of Congo and Nigeria, MSF treats the medical consequences of violence and deprivation. In transit countries such as Morocco, MSF teams support sub-Saharan migrants, many of whom find themselves blocked unable to reach Europe or to return. In European countries such as Greece, Malta, Italy and France, MSF teams have provided medical and psychological care to asylum seekers and migrants who live in precarious situations or are, increasingly, kept in DCs.

At the same time MSF advocated for an improvement of the situation, drawing attention to the impact of restrictive migration and asylum policies on the health and human dignity of migrants.

MSF has been working in Greece with asylum seekers and migrants for many years, initially in polyclinics from 1996 until 2004. From May 2008 until August 2009, MSF provided medical and psychosocial support to migrants living in a makeshift camp in Patras city and worked for the improvement of living conditions in the camp. From June 2008 until September 2008 MSF provided medical and psychosocial support and worked on improving conditions in Pagani DC, on the island of Lesbos. From August 2009 until June 2010, MSF provided psychosocial support in three DCs (in Venna and Filakio at the Northern land border and in Pagani on the Island of Lesbos). Teams of psychologists, social workers and interpreters visited the DCs regularly and undertook both group and individual counselling sessions. Advocacy was an integral part of the project, both at national and international levels, with MSF raising concerns about the impact of detention on the health and wellbeing of migrants and asylum seekers, urging the authorities to provide appropriate reception conditions.

At the end of November 2010, MSF launched an emergency intervention in the Evros region following the exploratory mission completed on the 8th and 9th of November 2010. The intervention was accelerated by the fact that there was a valid Memorandum of Understanding signed between the Ministry of Health, the Ministry of Citizens Protection and MSF.

The number of new arrivals had increased sharply in the last quarter of 2010, with 200 to 300 migrants and asylum seekers arrested each day. New arrivals were detained in Border Police Stations (BPS), places totally inappropriate and unprepared to detain large numbers of people. The detention facilities were -and still are- very

---

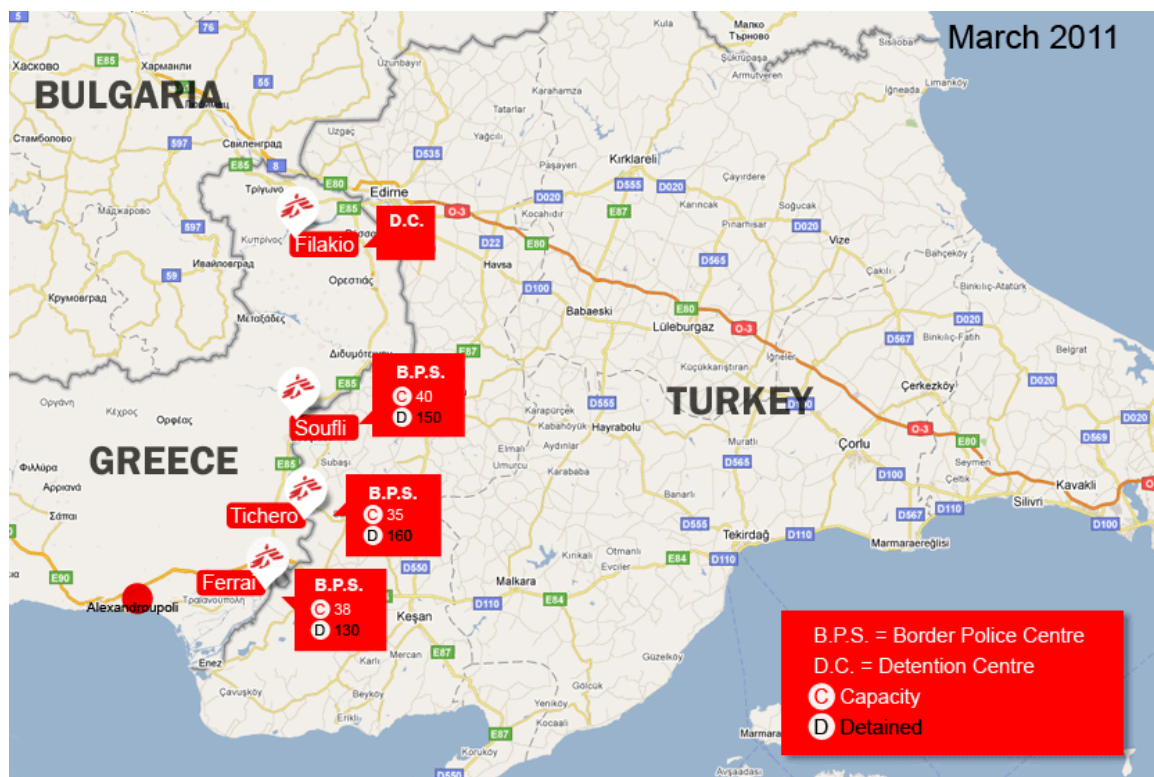
<sup>1</sup>Migrants in Detention: Lives on Hold, MSF, June 2010

overcrowded, operating at two or three times their capacity. People had to sleep on the floor with no space to move. The situation was further aggravated by the sub-zero temperatures, the more so as the heating in the cells did not always work and a number of migrants did not have blankets and warm clothes.

MSF teams provided medical and humanitarian assistance in the DC of Filakio and in the BPS of Ferres, Tychero and Soufli.

The main objective of the intervention was to improve the health condition of detained migrants through the amelioration of living conditions, the provision of medical and psychosocial care and the medical follow up through the access to the national health care system.

*Map of detention facilities in Evros where MSF worked between December 2010 and April 2011*



In the beginning of March, MSF started handing over its activities to the Ministry of Health, that begun providing medical care in all five detention facilities, including Vena DC in Rodopi with the support of European Refugee Fund (ERF) for emergency measures.

This report presents the main findings of the MSF intervention in Evros region that lasted for four months, between December 2010 and April 2011.

This emergency project was developed in two main axes: medical (provision of primary health care) and logistical (distribution of non food items and technical support to the detention facilities). Non Food Items (NFIs) included personal hygiene kits, sleeping

bags, socks, gloves and hats. Technical support included maintenance of toilets, heating system, disinfection and provision of cleaning material.

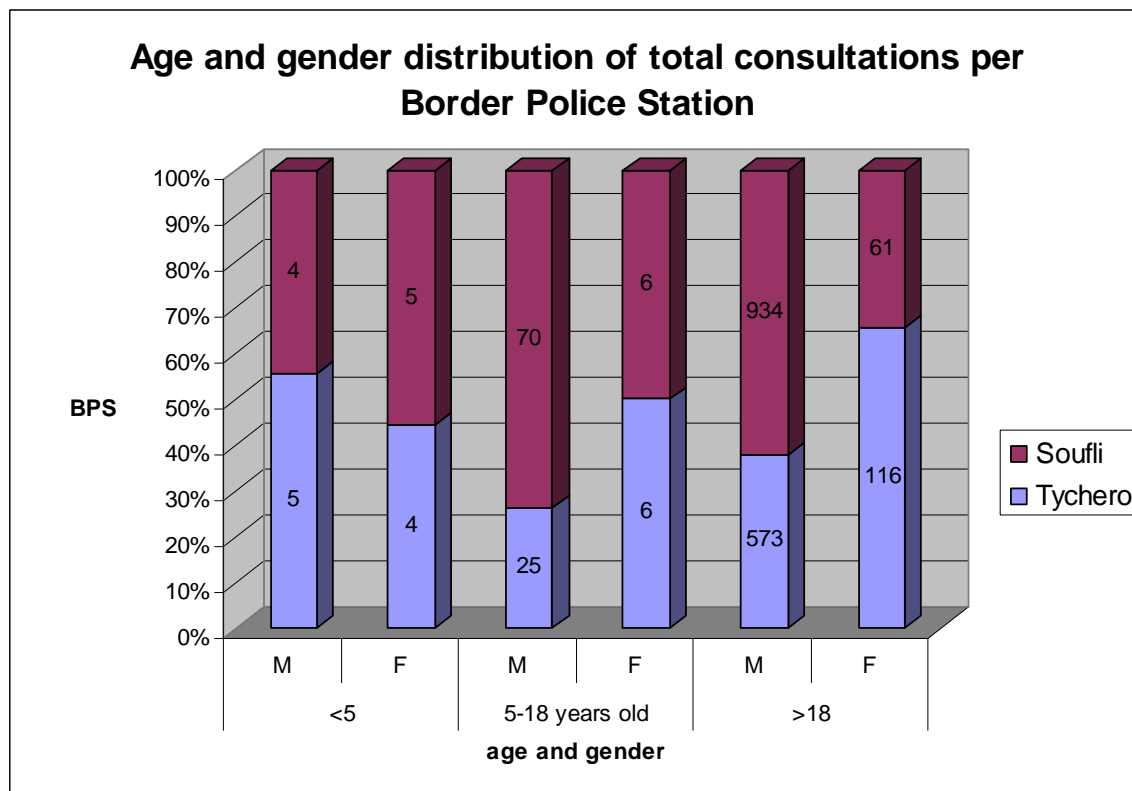
### Primary Health Care

Two medical teams were permanently based in two BPS: Tychero and Soufli. Each of the medical teams was composed initially by a doctor and two interpreters (Arab and Afghani spoken languages) while medicines and medical materials were provided regularly to the DC of Filakio and the BPS of Ferres. At the end of January 2011 responding to the emerging needs, a psychologist started providing psychosocial support in both border police stations along with an Arab speaking interpreter.

From the beginning of December 2010 until March 2011 MSF teams conducted a total of 1,809 medical consultations.

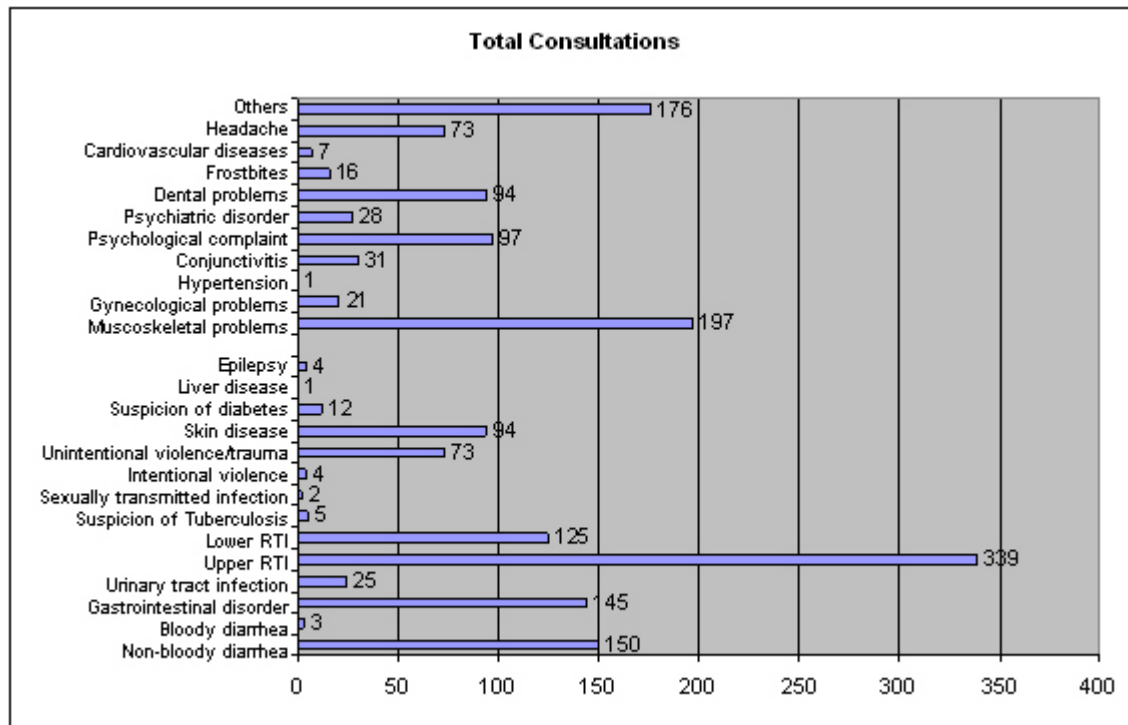
Graph 1 below describes the age and gender distribution of MSF patients. Age is identified by the statement of the patient. According to the MSF medical data, 107 minors have received medical care. Due to gaps in the existing protection mechanism, most of the unaccompanied minors had to be detained for more than one month.

*Graph 1: Age and gender distribution of total consultations in Soufli and Tychero*



Graph 2 describes the distribution of the diagnosed diseases for all the medical consultations conducted.

Graph 2: Total Consultations in Soufli and Tychemo (1<sup>st</sup> December 2010-2<sup>nd</sup> March 2011)



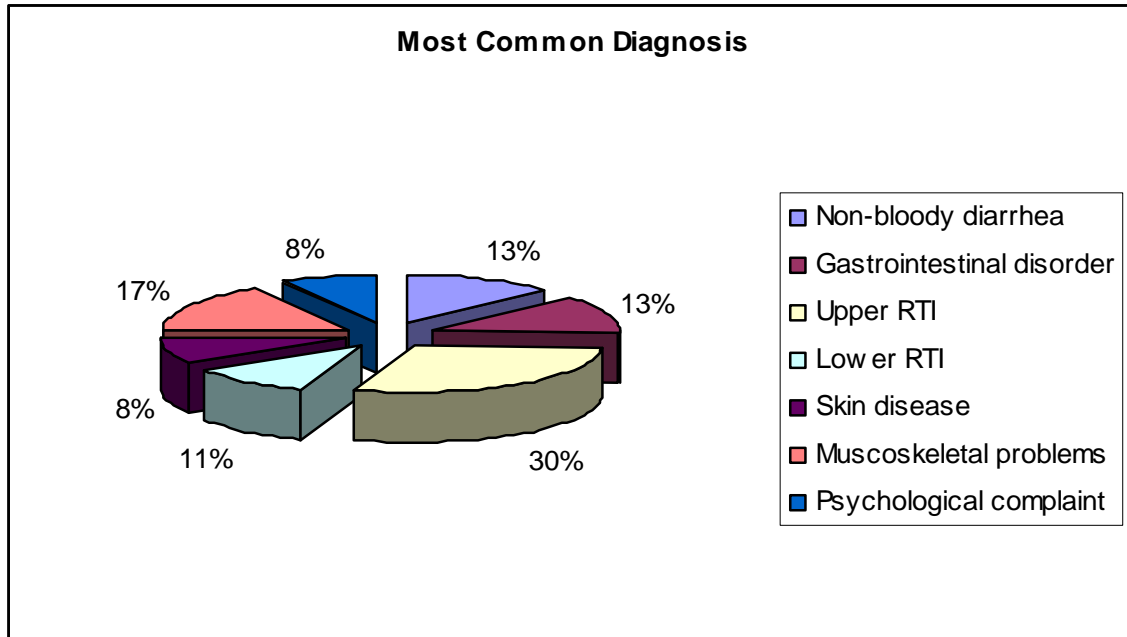
Source MSF medical data

MSF teams have referred 32 patients to the General Hospital of Alexandroupolis (almost 1,8% out of total consultations). None of these patients have been transferred to the hospital with ambulances, while coordinating with the Police Authorities for the referrals had been challenging due to lack of human resources and police vehicles from their site. Thus all patients that MSF referred were escorted by team members including the appropriate interpreter.

MSF doctors have provided medical care to 16 patients suffering from frostbites (i.e. 0,9% of the total consultations). They were the first reason for referral to the General Hospital of Alexandroupolis and were hospitalized for long periods of time, sometimes over a month. One patient suffering from frostbites has undergone a surgical intervention while a second one did not consent for it.

According to MSF medical data the seven most frequent diagnosed health problems were Upper Respiratory Track Infections, musculoskeletal system problems, non-bloody diarrhea, gastrointestinal disorders, Lower Respiratory Track Infections, psychological complaints and skin diseases. These seven most common diagnoses accounted for the 63% of the total consultations. It is important to note that all seven of them are caused by and/or linked to the inhumane detention conditions: overcrowding, the lack of hygiene, water and sanitation problems, lack of ventilation and no possibility to spend some time outdoors and quality food (see graph 3 below).

Graph 3: Most Common diagnoses in Soufli and Tychero (1<sup>st</sup> December 2010-2<sup>nd</sup> March 2011)



MSF psychosocial support activities started on 17<sup>th</sup> of January 2011 and lasted until the beginning of March.

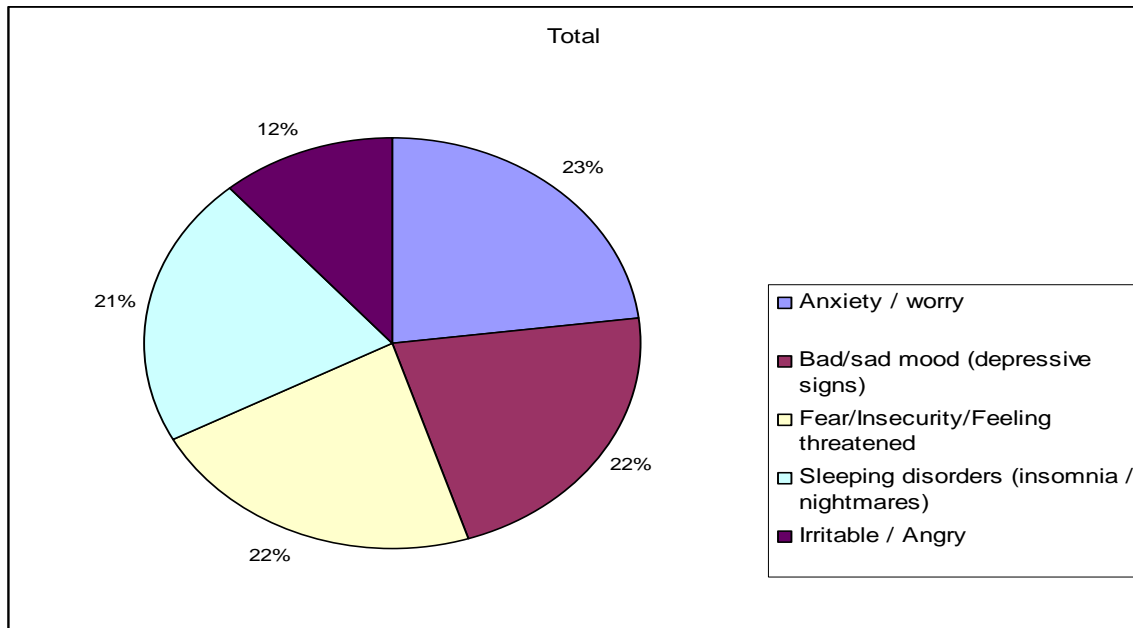
During this time, the MSF psychologist conducted 122 sessions for 75 patients in both Tychoero and Soufli. Unacceptable detention conditions, fear of deportation, not knowing how long they would be detained and what would happen to them, difficulty communicating as there were no interpreters and being treated "like criminals" had a negative impact on the mental health of the migrants.

The most frequent symptoms presented during counseling sessions were anxiety, insecurity/fear, irritability/anger, sleeping disorders and depressive signs.



February 2011 - In the BPS of Tychoero this child from Afghanistan was detained with his family for three days

Graph 4: Main signs and symptoms identified in the psychological sessions in Soufli and Tychemo



11 cases have been referred to the psychiatrist and have been followed up by the mobile psychiatric unit that is functioning in the General Hospital of Alexandroupolis.

"It's been 64 days now that I am detained in this border police station and the conditions are unimaginable. In the cell we are 124 people. The cell is very small, it can only fit 35 people. There is no space to lie down and sleep, you cannot walk to go to the toilet, you cannot do even the most simple things. All the people who are detained in this place are reaching to a point that we don't know how all this will affect our body and our mental health. We are treated like animals, worse than animals. They don't care if we are humans. A free human being has two meters free space to walk, can go out in the yard - why should we be treated like animals? I cannot have any dream for my future. I live in hell and all I see is nightmares."

*Man detained in one border police station in Evros*

### Logistic support and NFIs distribution

MSF teams distributed sleeping bags, personal hygiene kits and warm clothing (socks, gloves and hats) to all four detention facilities, as well as medical supplies to Fylakio and Ferres, since there were frequent stock ruptures due to lack of a proper supply mechanism in these detention facilities.

Items distributed are presented in the table 1 below.

*Table 1: Non Food Items distributed until 9 April 2011*

Item		Filakio	Soufli	Ferres/ Poros	Tychero	TOTAL of Distributions
Sleeping Bags		2838	1471	1115	1668	7376
Hygiene Kits	Soap	3559	1231	1290	1517	8145
	Towels	3549	1238	971	1624	7952
	Toothbrushes	3007	1191	943	1307	7135
	Toothpastes	2983	1241	731	1330	6935
Sanitary Towels		646	49	395	204	1370
Knitwear Kits	Gloves	1380	535	529	1109	3654
	Socks	4140	1605	1612	3093	11898
	Hats	1380	535	558	1170	3783

Minor maintenance work done included:

- ⇒ Plumbing works (toilets, linkages, heating system) in Fylakio, Soufli, Tychero
- ⇒ Minor constructions in Tychero.

The buildings of the current BPS were not constructed with the aim to detain people. They had been rehabilitated for this purpose but not for these high numbers of persons. All the efforts to maintain minimal hygiene conditions were undermined by the increased number of the detainees.

Practically that implied that there were detainees sleeping in the toilets, that they would not have space to move or to stretch their legs to sleep and frequent blockage of the toilets that in any case were not cleaned systematically.

## Epilogue

Fleeing violence, conflict, and poverty, asylum seekers and migrants come from countries such as Afghanistan, Iraq, and Somalia to seek safety and a better future in Europe. For many, Greece is the first European country they reach after a long and dangerous journey. Upon arrival they are systematically arrested and detained in DCs for migrants, BPS or other detention facilities.

Living conditions in DCs do not meet national and international legal standards. Problems in the DCs where MSF worked included overcrowding, unacceptable hygiene conditions, irregular distribution of personal hygiene items and clothing, lack of provisions for the accommodation of vulnerable groups and inadequate time outdoors.

As already presented 63% of the medical conditions were caused by and/or linked with the detainees living conditions during their period detention; this actually implies that detention conditions raise major public health concerns.



Psychological symptoms and signs are in their vast majority (85%) aggravated or provoked by the detention itself combined with lack of awareness about current or future legal status and the specific inhumane conditions in the detention facilities.

Currently the Ministry of Health is deploying 5 teams, each one in a detention facility including doctors, nurses, social workers, psychologists and interpreters. Their role is to provide medical services and psychosocial support to those detained. Two teams deployed by KEELPNO (Hellenic Center for Disease Control and Prevention) are providing screening to new arrivals.

There is a significant delay regarding the distribution of NFIs and the logistic support. Although they both have been planned in the proposal submitted to ERF till this moment that the report is written there is no clear decision on who is taking over.

The ERF for emergency measures is, among others, aiming on increasing the accommodation capacity, including the provision of basic services to the persons in need. So far no action in this aspect has shown any tangible results.

However, there is a systematic effort to decongest the detention facilities by reducing the detention period to maximum three months. All the activities that are funded by ERF are finishing at the end of July 2011.

#### **MSF recommends that the Greek authorities and the EU**

- Ensure dignified living conditions in detention facilities for migrants and asylum seekers, including suitable accommodation, sufficient distribution of food, clothing and personal hygiene items, adequate time outdoors, access to information about the detention system as well as the right to apply for asylum;
- Ensure continuity of adequate medical and mental health care to detained migrants and asylum seekers including specific care for vulnerable groups, such as pregnant women, and systematic medical screening for new arrivals and timely secondary referral;
- Ensure protection of vulnerable groups: women in advanced pregnancy and nursing mothers, children, chronic patients, persons with disabilities and victims of torture or trafficking;
- Refrain from the systematic detention of unaccompanied minors and guarantee their protection during the period of their stay in Greece by placement in special centres;
- Ensure coordination among the involved stakeholders and maximize the timely use of the existing funds and resources, although the EU's-responsibility is not discharged simply through provision of funds.