

CONSTRUCTING CRISIS AT EUROPE'S BORDERS

The EU plan to intensify its dangerous
hotspot approach on Greek islands



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Cover:
Asylum seekers behind a razor wire fence in Vathy
hotspot, Samos, March 2016, © GUILLAUME BINET/MYOP

Executive Summary

Over the past five years, an entirely avoidable and predictable policy-driven humanitarian crisis has been unfolding in the Greek islands of Lesbos, Samos, Chios, Leros, and Kos, with devastating consequences for the people trapped there. After fleeing their homes and surviving harrowing journeys to Europe, the indefinite containment, limbo, and systematic violence in Greece further traumatises people seeking protection. Nearly 10,000 people are currently being held in five Greek islands ‘hotspots’, also known as Reception and Identification Centres (RICs¹).

The ‘hotspot approach’ has been envisaged as a model of operational support by the EU agencies to the Member States such as Italy and Greece to facilitate the swift identification, registration, and fingerprinting of migrants arriving in Europe. In Greece, this approach is closely intertwined with the implementation of the EU-Turkey Statement (also known as the ‘Deal’) and has proven to be a disaster. The Deal signified a tipping point, creating a European border that is fortified and closed; embedding structural violence at the heart of EU migration policies. After the introduction of the Deal, the hotspots quickly transformed into mass containment sites intended to facilitate the fast-track border processing and return of people to Turkey. Thousands of people remain confined in degrading and inhumane conditions as they wait for protection.

As a humanitarian medical organisation providing care on the Greek islands, Médecins Sans Frontières (MSF) has been treating the physical and mental wounds these migration policies have inflicted on people for many years. In October 2016 and October 2017, MSF published several reports highlighting the health implications of containment and the significant mental health emergency emerging on the islands.² Nearly four years on and, astonishingly, rather than address

the situation, the EU and its member states intend to intensify and institutionalise its containment and deterrence strategy.

In September 2020, the notorious Moria RIC was burned to the ground in a destructive and symbolic moment. EU leaders promised ‘no more Morias’ while ignoring similar facilities on Samos, Kos, Chios, and Leros. From the ashes of Moria has emerged a new, temporary camp, Mavrovouni, that replicates many of the worst elements of the Moria hotspot. The Moria RIC is the blueprint for the proposed EU Migration and Asylum Pact screening and asylum regulations announced on 23 September 2020, and the new EU-funded Multi-Purpose Reception and Identification Centres (MPRICs) - one is being built on Samos and may be operational in June 2021. Commonly referred to as ‘closed centres’ by the Greek authorities, MPRICs are designed as more restrictive versions of the current facilities, and reinforce the ability to contain, detain and deport people arriving in Europe.³

In this report, MSF takes stock of five years of providing medical care on the Greek islands. The report’s analysis is based on documentation and medical data from MSF operations on Lesbos, Samos, and Chios, as well as testimony from patients and MSF staff.

MSF once again calls on European leaders and the Greek government to take accountability, recognise the harm caused and end this deadly and dangerous approach.

“What we found in Moria was inhumanity and violence. It was an open-air prison. We are survivors of torture, but in Moria we were not even treated as human beings. We were told that our country of origin is safe and that we would be rejected and returned. We were told that it didn’t matter what we had been through. We didn’t receive any protection. We didn’t receive any support. We weren’t even told what the decision of our asylum application was. We didn’t have access to a fair asylum process. Now that we have been freed from this hell, we call on you to stop treating human beings like criminals on the Greek islands. We don’t want more lines to queue for food, people left without dignified shelter, no more people trapped in uncertainty and insecurity. We who have suffered the most degrading and insurmountable violence, cannot but refuse inhumane and degrading treatment for anyone in any way. Every person deserves to be treated with humanity with respect to their dignity and freedom.”

Survivors² is a group of survivors of torture, cruel and inhumane treatment, and EU migration policies. All Survivors² members are either current or former patients of MSF’s rehabilitation clinic in Athens.

Key findings: The Human Cost of Containment

People seeking protection in Europe have already been exposed to violence and hardship, and the hotspots are neither safe nor healthy places for them. The majority of people treated by MSF have experienced one or more traumatic events in their country of origin and during their migration journey. This trauma is compounded by their containment and the everyday structural violence¹ of life in the hotspots. As a result, MSF teams on the Greek islands respond to alarming levels of mental health suffering. Between 2019 and 2020, MSF mental health clinics on Chios, Lesbos, and Samos treated 1,369 patients.

Major stressors for patients’ mental health included navigating daily life in poor living conditions and unclear administrative procedures, exposure to violence and insecurity, unaddressed medical needs, and fear of deportation. Many require treatment for post-traumatic stress disorder, moderate to severe depression, reactive psychosis, and anxiety, all of which are serious mental health conditions that demand long-term,

specialised care often inaccessible on the islands. MSF has treated hundreds of survivors of violence, ill-treatment, and torture, who have not been identified by the authorities and have not received any support. Instead, they have been placed in conditions that are not only unsafe but re-traumatising.

Children seeking mental health support often display trauma- and fear-induced symptoms triggered by their environment in the hotspots. There are alarmingly high rates of self-harming and suicidal acts among children; the youngest seen by MSF was six years old. As people’s sense of hopelessness intensifies, their mental health state worsens; MSF has documented this in similar contexts around the world.⁴

The living conditions in the RICs expose children to unhealthy and unsafe environments. Between 2018 and 2020, MSF conducted over 42,000 paediatric consultations at its clinic near the Moria RIC, which included treating children for injuries and burns from accidents, hazards, and violence. The most common issues were linked to poor sanitation and exposure to cold weather.

Europe’s leaders have continued to prioritise containment and deterrence above the provision of basic essential services such as water, sanitation and access to health. MSF and other NGOs have continuously stepped in to provide crucial services. From 2019 to May 2021, MSF has trucked in over 43 million litres of safe water for people in the over-capacity Vathy RIC, where the water is unsafe to drink.

There are significant gaps in access to adequate and timely healthcare for people held on the Greek islands. This may lead to otherwise manageable medical and mental health conditions deteriorating, becoming more severe and potentially chronic. The COVID-19 pandemic should have been the final straw to abandon cramped hotspots. Instead, the pandemic has amplified the suffering of migrants subjected to a chaotic COVID-19 outbreak response and harsh lockdowns in poor living conditions, with little to no access to water, hygiene, or essential services. Measures taken have dangerously conflated public health and migration control agendas.

The hotspot approach harms people’s dignity, health, and well-being and is designed as a

¹ Structural violence refers to the social structures or institutions that put individuals and populations in harm’s way

deterrent to those who dare to seek safety in Europe. This report's detailed analysis demonstrates how indefinite containment, appalling reception conditions, expanding detention, violent border controls and pushbacks^{II}, and rapid border procedures work as a system that inflicts misery and puts lives in danger.

Moving Forward: EU Intensifies a Dangerous Approach

MSF is extremely concerned about the human cost of the MPRICs. Continuing and intensifying this policy of violence will cause a worsening health and protection crisis. The new facilities will be in isolated and remote areas of the islands. People will be held in shipping containers, surrounded by high, barbed wire fences, with controlled entry and exit. This cannot be sold as an improvement in people's living conditions.

The right to asylum is also in jeopardy. The new pre-entry border screening regulation (proposed in the PACT), together with separate pre-removal detention facilities inside the MPRICs, will lead to widespread deprivation of liberty and the potential for mass deportations of people seeking international protection. Increased security, surveillance and segregation from the rest of society will limit access to services and remove any agency or semblance of a 'normal' life. An anticipated decrease in NGO presence means that the MPRICs will make people's suffering more invisible and further isolate the most vulnerable.

Call to Action

"I want Europe to notice, to take care of refugees, to see their problems. We are human beings, we are human beings, like you. As we see each other. They cannot leave us in these conditions."

Menele, 30 years old in Samos, from Democratic Republic of Congo

For European leaders, creating the illusion that migration can and must be stopped is more important than the safety of people and their potential contributions to society through consistent reception and integration programmes. Europe's dangerous approach to migration is the cause of the medical humanitarian crisis in Greece. Demonising and degrading people seeking safety in Europe is not a solution, but the problem itself.

There is a vacuum of accountability, enabled by the EU-Turkey Statement and the hotspot model, which has blurred informal agreements, legal frameworks and responsibilities between national governments and EU institutions. The European Commission, European member states and Greek authorities must take responsibility. Rather than pursuing a brutal, inhumane system and deadly chaos, Europe must instead adopt policies that protect human lives and do not jeopardise people's health and well-being.

Key Recommendations :

- **Evacuate people from the island hotspots** to safety on the Greek mainland and in other European states.
- **End the policies of containment and deterrence, and immediately halt the creation of the Greek island MPRICs.** The only purpose of centres on the Greek islands must be the provision of urgent assistance, facilitation of access to protection and relocation to safe reception.
- **Ensure access to quality, timely medical care**, tailored to the medical and mental health needs of the population, and provided sustainably within the public health system.
- **Invest in a dignified reception system and safe accommodation for asylum seekers, refugees and migrants**, such as housing within communities, as well as integration programmes for refugees.
- **Establish a fair and transparent asylum process** that upholds all necessary procedural safeguards and does not violate the rights of asylum seekers through border procedures.
- **Ensure no refoulement, violence and death at EU borders: end the violence and pushbacks and stop criminalising humanitarian assistance. Instead provide safe passage for those seeking safety in Europe.** Alongside this, invest in family reunification, refugee resettlement, humanitarian visa and other complementary protection pathways, as well pathways for work and study.

^{II} Pushbacks refer to informal and illegal cross-border expulsion of people by States.

Introduction

This report details the devastating health and protection crises that has been unfolding in the Greek island hotspots since the EU-Turkey Deal. The hotspot approach implemented which has resulted in indefinite containment and increased forms of detention, erosion of protections and the asylum process, limited access to care and services, and exposure to appalling conditions, works as a system that has jeopardised people's health, well-being and dignity.

MSF warns against the replication and intensification of this dangerous model with the Migration Pact proposals and new MPRICs.

Key Figures



More than 180,000 people passed through **Greek islands** since EU-Turkey deal (march 2016)



847 people have gone missing or dead on the journey to Greece since 2016



At least **21** people died in hotspots



12 fires on Lesbos and Samos leading to injuries, death and displacement

Source: UNHCR, see annex

Methodology

The report analysis is based on routine patient data collected in MSF clinical health database in MSF mental health, child health and medical programs for survivors of sexual violence on Lesbos, Samos and Chios islands. This database was modelled on the standard MSF health database, and then adapted to capture specific variables within each context and project. As a result, there may be some differences between the information available for each project.

The medical information used in this report is complemented by an analysis of information gathered by the MSF case management team and legal aid partner on Lesbos, Refugee Support Aegean (RSA) and PROASYL. All data in this report complies with MSF's data collection policy, in full respect of medical confidentiality.

Testimonies were collected from MSF patients and staff to complement the quantitative data found in the clinical health database and support the analysis in this report. Twenty-five semi-structured interviews were conducted with MSF patients and staff between February and March 2021. They focused on the health conditions of asylum seekers and refugees, and their experiences living in the hotspots and coping with the administrative procedures. Interviews were carried out in English or the interviewee's native language, and all people interviewed gave informed verbal or written consent. The names of patients have been changed to protect their privacy.

This report provides a descriptive analysis of the health outcomes and the impact of the hotspot approach on the well-being of men, women and children trapped on the island. The health needs on the Greek Islands exceed the availability of services on the islands and of MSF interventions. Consequently, the data in this report does not represent the overall scale of health needs in Lesbos, Samos and Chios; instead, it provides an alarming insight into the severity and range of the most visible and critical health suffering on the islands.

The EU hotspot: containment strategy on the Greek islands

The 'hotspot approach' was first introduced in June 2015 by the European Commission in the European Agenda on Migration and was presented as a temporary measure to deal with large numbers of people entering Europe, facilitate relocation of recognised asylum seekers and prevent secondary movements to other EU countries⁵. It was presented as a solution to the migration reception crisis and five hotspots were built on the Greek Islands, the largest was the Moria Reception and Identification Centre (RIC) on Lesbos.

After the EU-Turkey Statement in March 2016, the hotspots became de-facto containment centres on the Greek Islands to implement the fast track and return procedures and limit the movement of new arrivals to Greek Islands. The ultra-rapid hotspot procedure examines the admissibility of the claims according to the concepts of 'safe third country' and 'safe country of origin', without need to assess each individual application for international protection and is

designed to be concluded in only a few days. In practice, this approach has demonstrated several challenges in terms of access to a fair, transparent and dignified procedure.

Over the years there have been systemic shortcomings in terms of protection and access to essential services such as running water, shelter and basic health care, despite the full operational support of EU and its agencies such as FRONTEX (European Border and Coast Guard Agency) and European Asylum Support Organisation (EASO). EU agencies work hand in hand with national authorities to conduct border patrols, registration and nationality assessments, fingerprinting and security screening, eligibility and admissibility interviews as part of the fast-track border procedures in Greece, and deportations. Whilst the role of the agencies is outlined in the operational agreements, in practice there is often blurred accountability and functions between EU and Greek authorities, frequently resulting in a lack of transparency.



Moria Hotspot, Lesbos, March 2017, © MSF



Living conditions in the “jungle” area outside Vathy Hotspot, Samos, February 2019, ©: ANNA PANTELIA/MSF

Meanwhile, so called solidarity mechanisms between EU member states such as relocation scheme, which aimed to relocate 160,000 asylum seekers from Italy and Greece to other EU Member states have fallen short. Less than 20 % of this target was met when the relocation scheme was abandoned in September 2017.⁶ Recognised refugees and people identified as vulnerable were transferred to mainland Greece, where there is a significant shortcoming regarding access to safe accommodation and healthcare. While there have been some ad-hoc agreements on relocation since 2017, these remain voluntary, inadequate, and highly contested between EU States. Between 2020 – January 2021, 2,296 people including, unaccompanied minors and sick children with their family members

were evacuated from the Greek Islands and the mainland to other EU countries.⁷ However, due to a lack of agreement between EU member states more comprehensive relocation and protection pathways are increasingly conditional upon increased control, restrictions at the border and deportation of migrants.

New centers, same approach: Multi-Purpose RICs

Plans to create five multi-purpose reception and identification centres (MPRICs) on the Greek island hotspots are proceeding. These have been referred to as ‘closed’ or ‘controlled’ camps by Greek authorities. On 29 April 2021, Commissioner Johansson visited Lesbos and Samos to promote the new multi-purpose centres. She toured the newly constructed MPRIC on Samos, built using EU funds, which may be operational by June 2021. It will have capacity to hold around 3,000 people and will be jointly operated by EU agencies and the Greek authorities. At the same time, a joint pilot is taking place on Lesbos, supervised by a taskforce of the European Commission General Directorate for Home Affairs (DG-Home) working with the Greek authorities, to establish and operate a new MPRIC on the island. According to the Memorandum of Understanding (MoU) between the European Commission and the Greek authorities, the MPRIC will have the capacity to hold 5,000 people and is initially planned to be ready by September 2021.⁸



Location ⁹	Name of Reception and Identification Centre	Capacity	Detention Capacity inside the RIC
LESVOS	Moria RIC	2,757	210
CHIOS	Vial RIC	1,014	0
SAMOS	Vathy RIC	648	0
LEROS	Leros RIC	860	0
KOS	Pyli RIC	816	474
-		6,095	684

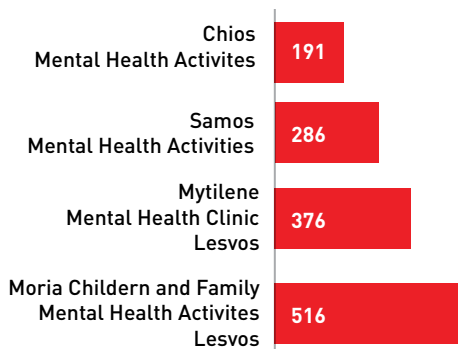
The Human Cost of Containment

MSF provides medical humanitarian support on Lesbos and Samos islands. We previously also ran a project on Chios, which closed in December 2019.

MSF offers holistic medical care, including mental healthcare, sexual and reproductive healthcare, vaccinations, as well as social and legal support to people living in the hotspots. MSF mental health projects on Lesbos, have a special focus on children and survivors of violence including survivors of torture and ill-treatment. MSF receives referrals from medical organisations working in the RICs, which have limited capacity to provide mental health care and medical assistance to people with severe mental health conditions.

MSF also covers the cost of appointments with private specialists and medication for patients who do not have official access to healthcare. In July 2019, the Greek government revoked access to public healthcare for asylum seekers, leaving thousands of people deprived of regular access to care, until it was formally partially restored in November 2019 through the introduction of a new registration number called ‘temporary insurance and healthcare number for foreigners’, otherwise known as PAAYPA. However, many asylum seekers remain unregistered due to administrative delays.

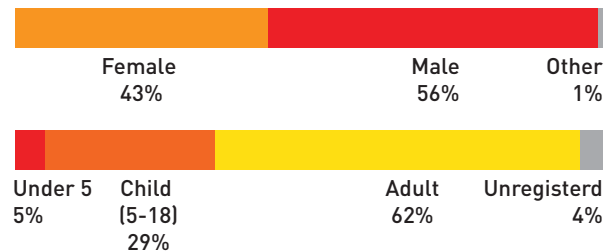
Graph 1: Breakdown of patient per mental health project (2019-2020)



MSF teams on the Greek Islands are responding to an acute level of mental health suffering, that is compounded by the containment and everyday structural violence of the hotspot.

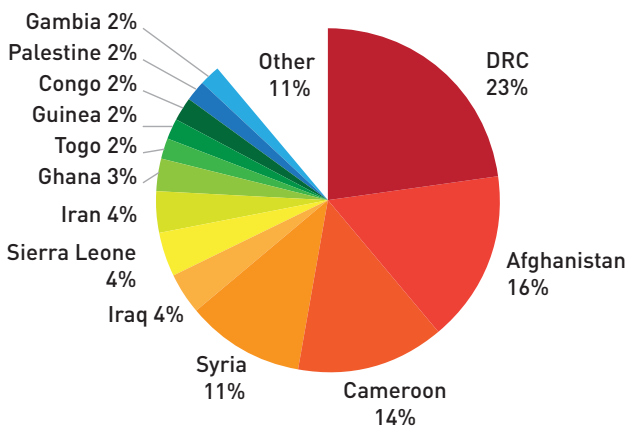
Between 2019 and 2020, MSF mental health projects on Chios, Lesbos and Samos treated 1,369 patients, of which one-third (465) were children and 5 per cent were under the age of five. The youngest was only one year old. More than 40 per cent of patients were female. Most of the patients who sought out mental health services from MSF were from Afghanistan, Democratic Republic of Congo, Cameroon and Syria.

Graph 2: Breakdown of age and gender of total number of patients attending mental health projects (2019-2020)



Importantly, among MSF patients there are several people identified as survivors of torture or severe violence from countries including Ghana, Togo, Senegal and Gambia. Since 2020, these countries were among a list of 12 countries designated as ‘safe’ on Greek government’s so-called ‘safe countries list’.¹⁰ According to recent legal reforms in the International Protection Act, all applicants coming from a safe third country and a safe country of origin are to be subjected to the fast-track border procedure which provides them with much fewer safeguards and protections.¹¹

Graph 3: Breakdown of nationalities of MSF patients attending mental health projects (2019-2020)



People arriving to Europe's shores to seek protection have already been exposed to violence. Most people treated by MSF reported one or more traumatic events in their country of origin and/or during their migration journey. Many MSF patients in mental health projects report experiencing torture, violence and ill-treatment including forms of psychological violence such as threats, harassments and humiliation, bombing and shelling, incarceration, shipwrecks and violent push-backs, and persecution due to their race, ethnicity, sexuality and gender identities.

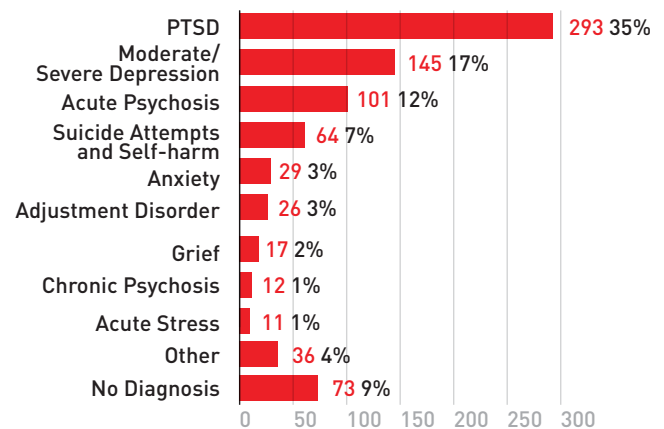
The hotspots are not safe places for people seeking asylum. Patients reported facing challenging situations in Greece that likely exacerbated their feelings of vulnerability and their mental health problems. This included sexual violence, detention, physical violence and ill-treatment from community members and state authorities and receiving racist abuse. A recurrent theme that emerged from the mental health consultations was the sense of hopelessness that people felt as a result of having no control over their lives or their futures.

Mental health deterioration among adults

Among the 845 adult patients admitted to the MSF mental health clinics in Chios, Lesbos and Samos. More than 35% were diagnosed with post-traumatic stress disorder (PTSD), a psychological response caused by experiencing or witnessing a highly traumatic event, such as severe violence or threats of violence, war, a natural disaster or a severe injury. Symptoms of PTSD often include flashbacks, nightmares, irritability

and hypervigilance and can negatively impact concentration, memory and daily functioning. The second highest diagnosis was moderate to severe depression (17%), followed by acute psychosis (12%) and anxiety (3%). The most common symptoms were recurring nightmares and sleep disturbances, panic attacks, severe depressive symptoms and psychotic symptoms such as hallucinations, delusions, withdrawal and mutism. Patients also presented with physical symptoms, including chronic headaches, digestive problems and chronic pain, especially in their back. All the mental health conditions treated by MSF are serious conditions with that may require long-term, specialised care. However, such treatment is not accessible to people contained on the Greek islands.

Graph 4: Mental health diagnoses among patients in Mytilene clinic on Lesbos, Samos and Chios mental health projects (2019-2020)



MSF teams responded to over 50 adults who had attempted suicide while on the Greek islands. More than two-thirds of the patients who had attempted suicide demonstrated symptoms of PTSD. Research shows that PTSD and depression are associated with increased rates of suicidal ideation and attempted suicide, especially among asylum seekers and refugees.¹²

Main issues impacting mental health patients:

- Stress and insecurity linked to living conditions in the RIC
- Past traumatic experiences, especially violence related
- Anxiety and fears related to the asylum procedure, detention or deportation
- Unaddressed medical concerns
- Death or Separation of Family Members



MSF staff care for a woman injured after a fire that destroyed Moria hotspot, Lesvos, September 2020, © MSF

Their containment in the hotspots often further damages the mental health of people on the Greek islands. Continuous traumatic stress (CTS) refers to the psychological impact of living in conditions in which there is a realistic threat of present and future danger. Research on CTS suggests that prolonged exposure to trauma may increase the severity of psychological disorders, especially over the long term¹³. Among MSF patients, daily stresses and constant fears were raised as major factors impacting their well-being and mental health. This included navigating daily life in poor RIC conditions and complicated administrative procedures, exposure to violence and insecurity, family separation, unaddressed medical needs, and fear of deportation. This continuous stress prevents people from developing coping mechanisms or building resilience.

“This place destroyed me from the inside. I am afraid, and I have a lot of stress. In the night, a shadow comes for me. I am broken from inside. The best way to describe the situation here on Lesvos is ‘dying without ending’.”

Mohammed, 30 years old in Lesvos, from Afghanistan

Greece limits the recognition of vulnerable people: The exclusion of PTSD in the International Protection Act

The International Protection Act, passed by the Greek government in 2019, further limited the vulnerabilities that they are required to provide additional protections and support for during asylum procedures. The new law removed PTSD and survivors of shipwrecks from the list of vulnerabilities (art. 58).¹⁴ This change in the law follows several years of attempts by authorities to reduce the number of vulnerable people identified in the RICs.¹⁵ The arbitrary removal of PTSD disregards the seriousness of this mental health condition and reduces the likelihood of early intervention and protection for vulnerable traumatised people. Research has demonstrated that asylum interviews may exacerbate post-traumatic symptoms, especially among asylum seekers who received no preparation or psychological support during their procedure¹⁶.

Children at risk: mental health

In MSF's paediatric health projects on Lesbos, we have cared for an alarming number of children with deteriorating mental health. Between 2019 and 2020, MSF treated 456 children on Lesbos with mental health problems, including 32 unaccompanied minors.

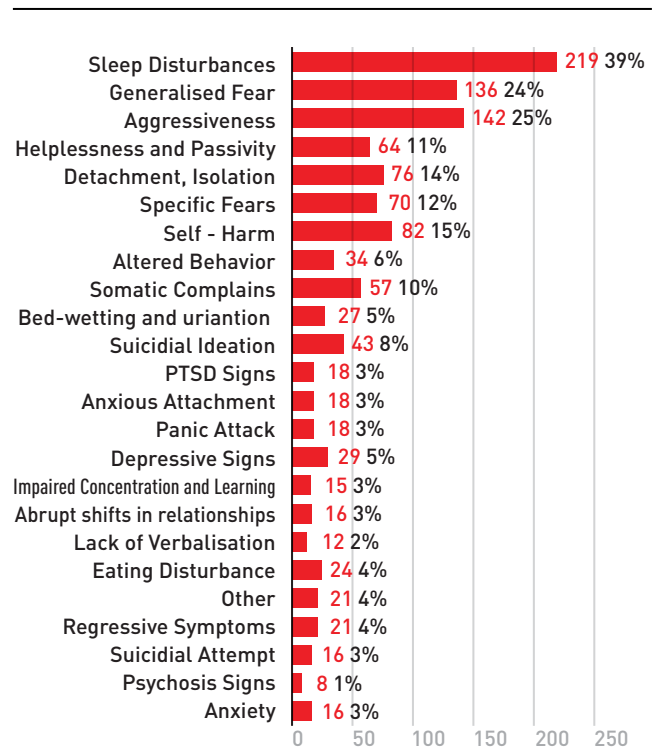
These children displayed trauma and fear-induced symptoms, often triggered by their lives in the hotspot. The main symptoms included: sleep disturbance and nightmares (39%), generalised fear (24%), behavioural regression and development delays (30%), helplessness and detachment (25%), and psychosomatic complaints, such as headaches, stomach aches and dizziness (10%). This often resulted in children experiencing impaired concentration, learning, interaction and play, lack of verbalisation or accident-prone behaviours, bed-wetting, and inability to control negative emotions.

There were alarming high rates of self-harm and suicidal acts among children. Out of the 180 MSF patients who had experienced self-harm, suicidal ideation or had attempted suicide, more than two-thirds were children; the youngest of which was a six-year-old child. Among the 32 unaccompanied children treated in the paediatric clinic, 20 per cent had engaged in self-harming behaviour and 15 per cent had experienced suicidal ideation. MSF staff observed that the significant rates of suicidal thoughts and self-harming as an unfortunate consequence of an unsafe environment, extended limbo and uncertainty. As people's sense of hopelessness increases, their mental health worsens; MSF projects in detention and containment settings, such as on the island of Nauru, have found similarly high rates of suicide.¹⁷



A young girl plays in the "Olive Grove", overflow of Moria hotspot, Lesbos, February 2019, © ANNA PANTELIA/MSF

Graph 7: Most common mental health symptoms among patients attending the Moria Paediatric Clinic (2019-2020)



“The main reason that children become ill is that most them are already traumatised in the first place. They are traumatised in their country of origin, then during their travel here and then in Moria. It is either fights, stabbings or police violence, and of course also the fire severely traumatised them. What the brain needs is stability, safety and predictability, and none of these are present. They weren't there in the old Moria and they are not in the new camp either.”

Katrin Brubakk, child psychologist for MSF in Lesbos.

There were often spikes among children after emergencies or violent incidents in the hotspot. For example, after the stabbing of a 15-year-old boy in the unaccompanied minors' safe section of the Moria RIC in August 2019, MSF teams responded to six acute mental health emergencies among children living in the section in four days. These included self-harm, severe anxiety attacks and flashbacks, mutism and risk-taking behaviour.

Based on staff observations, mental health conditions among children worsen the longer they stay in the camps and have significant impact on the entire family and the broader community

in the RICs. MSF conducts group sessions with parents and families to address children's fears and anxiety, to help them support the well-being of their children, and to help build their children's resilience.

'My daughter says she does not feel safe. After a fire in the camp, she was traumatised a lot. My daughter is six years old. When we arrived here, her weight was 24 kilos, and now she is 16 kilos. She does not eat and has changed so much, she was a calm girl, but now she is always afraid. She is even afraid of the sound of raindrops when she is inside the tent. The hardest part for me is I see my girl getting worse day by day, and I cannot do anything. All I want is a safe and secure place for my child to have a future like other children'

Fatima, 33 years old in Samos, from Afghanistan

Children at risk: physical health and well-being

The living conditions in the RICs have severely affected the physical health and well-being of children. Between 2018 and 2020, MSF conducted over 42,000 paediatric consultations at its clinic near the Moria RIC. More than 20,400 were for children under the age of five, and 850 were with unaccompanied minors. The most common issues were upper and lower respiratory tract infections (33%), skin infections, including scabies, lice and chickenpox (20%), and gastrointestinal conditions (19%), including watery and bloody diarrhoea. These issues are often linked to poor sanitation and exposure to cold weather. MSF treated children for injuries, wounds and burns (5% of consultations) often from accidents and hazards around the RIC, and those resulting from physical and sexual violence.

Between March 2019 and November 2020, MSF treated 320 children and adolescents with chronic and complex conditions, including heart disease, diabetes, epilepsy, Down's syndrome and asthma. Children held in the hotspots often do not have access to timely treatment, medication, tests and follow-up care. The lack of access to care, combined with the hazardous living conditions, may lead to long-term negative impacts on these

children's physical health. As a result of successful advocacy efforts by MSF and other NGOs, most of these children have now been relocated to other EU member states.

Sexual violence and a chronic lack of protection

MSF receives a high number of reports of sexual violence and harassment across the hotspots, where, risk reduction and response measures remain grossly inadequate. Instances of sexual and gender-based violence (SGBV) are known to increase in a more stressful environment; the violence in and around the RICs is compounded by lack of safety and protection measures. People report to MSF that they are afraid to leave their shelter or wait in the food lines. Toilets and showers remain dimly lit, resulting in people fearing going to the toilets or taking a shower in the evening and early morning hours. Female patients report bathing inside their tents and avoiding drinking later than the early afternoon to minimise the need to leave their shelter at night. However, daytime does not necessarily offer protection; MSF previously treated a child who was sexually abused in the toilet during the day. In addition, the hours long queues to receive food rations leaves vulnerable dependents alone in their shelters and exposed to assaults.

Since 2019, MSF has treated 325 survivors of sexual violence on Samos, Lesbos and Chios.^{III} Among them have been women who are travelling alone, pregnant women, people who identify as LGBTQI+, unaccompanied minors and people with disabilities.

On Lesbos, of the 186 patients treated, a quarter had experienced sexual violence inside the Moria RIC.

Survivors often feel afraid to report sexual violence to the authorities and even when they do they are sent back to the hotspot in which it occurred. In practice, survivors of sexual violence are often obliged to report the incident to police to gain access to emergency healthcare and protection. As a result, some cases lose the limit of 72 hours for emergency treatment such as post exposure prophylaxis, which offers protection from pregnancy and HIV. For survivors that decide to proceed with reporting

^{III} This is the number of people who have sought care with MSF and is not representative of the total number of people who have experienced sexual and gender-based violence, which is known to be under-reported.

our teams have witnessed severe shortcomings and re-traumatisation throughout the procedure.

“I had a girlfriend; she was coming to my tent to see me. One day a guy stormed into the tent and beat us up. We were very afraid to be seen together. One day we decided to meet near the police, so we if something happened the police could come to intervene but as we were going there, I felt someone grab me around the neck and punch me in the face. I turned and saw also somebody else beating up my girlfriend.”

Neta, 25-year-old woman in Samos, from Democratic Republic of Congo

On the islands, there are limited options for safe and appropriate alternative accommodation for vulnerable people. Between February and July 2020, only 11 of the 26 survivors of SGBV that MSF referred for safe shelter on Samos were granted a space. In December 2020 the ESTIA shelter programme on Samos closed. On Lesbos, the Greek government has closed alternative accommodations such as PIKPA and Kara Tepe, which were providing safe accommodation, and moved the vulnerable people who were residing there to Mavrovouni camp, where they lack the necessary support and protection.

Systematic gaps in healthcare

There are significant systematic and structural gaps in the provision of essential and urgent healthcare for asylum seekers, refugees, and migrants on the Greek islands. Since the implementation of the EU-Turkey Statement, healthcare provision is heavily dependent on the support of NGOs and volunteer-run medical organisations. Meanwhile, the official medical unit in the hotspot, which is currently EODY (The National Organisation for Public Health), has been diverted to the vulnerability^{IV} screening for the fast track border procedure. This diversion of health actors to the border procedure combined with a continual lack of sufficient staff and resources has resulted in systemic deficiencies in the overall health response. This is demonstrated in severe shortcomings in providing preventative care, such as routine vaccinations, incorporation

of culturally acceptable family planning methods, and responses to outbreaks of disease.

To address this gap, MSF has conducted mass vaccination campaigns in Chios, Samos, Lesbos, Leros, and Kos between 2017-2019 to ensure children are protected from preventable life-threatening disease such as tetanus, measles, and diphtheria and continue to provide routine vaccinations for children and new-borns in our projects in Lesbos and Samos. Between 2018-March 2021, MSF has administered more than 25,000 vaccine doses on Lesbos and Samos. Due to gaps in the provision of sexual and reproductive healthcare MSF provides these services for those living in the hotspots. On Lesbos, Samos and Chios between 2018 and 2020 MSF provided 5,050 antenatal consultations, 815 post-natal consultations, 1495 family planning consultations, as well as 2,217 gynaecology consultations, with referrals to the hospital for emergency or secondary care.

Local health services and hospitals on the islands are not equipped to deal with the additional pressure of the hotspots and often lack the specialists needed to treat the complex conditions, which asylum seekers suffer from, and the cultural mediation skills to help them access care. The gap is particularly devastating for people with psychiatric conditions who need specialised treatment and accommodation. In March 2021, the standing committee for the rights of persons with mental health conditions under the Greek Ministry of Health reported the severe shortcomings in appropriate mental health provision for people with severe mental health symptoms in the hotspots¹⁸. The alternative accommodation programme for vulnerable asylum seekers, ESTIA, is often unable to host people with acute psychiatric symptoms due to the specialised care they require. This further highlights the need for alternative and specialised types of reception-based accommodation at a time when the Greek government seems determined to prioritise the closure of existing ones.

MSF continues to call for the evacuation of all people with medical conditions that require medical care not available on the islands.

^{IV} The term ‘vulnerability’ in Greek and EU law focuses on specific categories, including victims of torture, children, pregnant women, elderly, victims of trafficking etc. to highlight the need for special protections (procedural guarantees and special reception conditions). MSF presumes that migrants are not inherently vulnerable nor do they lack agency, instead migrant vulnerability arises from multiple and intersecting forms of discrimination, inequality and structural dynamics that leads to diminished enjoyment of rights and places people at risk. Migrants may find themselves in vulnerable situations as a result of their reason to flee, circumstance of travel and conditions they face on arrival, or because of personal identities.

The COVID-19 effect: conflation of public health and migration control

The COVID-19 pandemic has amplified the suffering of migrants and has exposed their structural exclusion. MSF has called for the inclusion of asylum seekers, refugees and migrants in the COVID-19 response and offered support. In absence of any appropriate public health response MSF provided health promotion, infection and prevention control trainings and dignified isolation for suspect or confirmed cases on Lesbos^v, while on Samos we provided early case detection and awareness.

The lockdown measures and movement restrictions applied to people in camps and refugee facilities on both the islands and mainland were stricter and applied for a longer duration than those applied to the rest of Greece. People in the hotspots were subjected to months of lockdown in poor, crowded living conditions, with derisory access to water and toilets, limited access to healthcare and an inadequate COVID-19 outbreak response. Asylum procedures were suspended throughout the lockdown leaving people in limbo. All of this led to a deterioration of mental health in the RICs and often placed detainees at greater risk of contracting COVID-19 or other illness.

These measures conflated public health with a migration control agenda. The COVID-19 restrictions provided a glimpse of how the MPRICs could lead to complete and arbitrary control over the camp populations' movements.

“After COVID [the first lockdown], the situation became worse. The police became very strict, stopping people in the camp, not letting anyone out of the camp. We were already suffering in the camp... and being forced to stay in the camp we were badly affected. [...] There is a huge difference between COVID for the refugees and COVID for the locals because the refugees had more pressure and more restrictions compared to the locals.”

Ali, 32 years old in Samos, from Syria

The designated COVID-19 quarantine sites for new arrivals have become de-facto detention centres. As of mid-January 2021, more than 500 people arriving to the north coast of Lesbos have been

confined in the Megala Therma quarantine site, often for weeks at a time, in grossly undignified and inhumane conditions. Our teams provide general healthcare on-site once a week. They have witnessed a very serious and systematic neglect in the provision of essential services, protection and proper access to specialist healthcare. There have also been deeply concerning allegations of asylum seekers being taken from Melaga Therma and returned to Turkey¹⁹.

“For one month we had no toilet, no electricity, nothing [...]. They didn't explain to us why we were there. They just told us that we needed to remain there, and they would come to do a coronavirus test. That's all. They told us that we were going to stay there for two weeks when they would do the first COVID-19 test. After two weeks they came again to do the COVID-19 test and then we stayed again for two more weeks.”

Abdullah 30-year-old in Lesbos from Togo

Since January 2021, MSF advocated for the urgent removal of 25 patients from the site, including babies with serious medical conditions; heavily pregnant women in need of antenatal care; survivors of torture and ill-treatment with serious mental health conditions, including PTSD and suicidal thoughts; persons with disabilities or other serious medical conditions; and unaccompanied children in need of urgent follow-up care and medical treatment. Out of this group, only seven people were transferred out of the site in a timely manner.



An MSF health worker examines a young patient whilst wearing full PPE, May 2020, © ANNA PANTELIA/MSF

^v MSF was forced to close the COVID-19 isolation centre set up on the island of Lesbos, Greece on 31st July 2020 due to administrative fines and potential criminal charges, related to urban planning regulations.

The 'Shield' of Europe: Normalisation of Push-backs and Violence at Borders

To tightly control the number of migrants arriving in Europe, the European Union and its member states have reinforced the militarisation of both their land and sea borders. This has led to the widespread use of violent tactics, push-backs and the illegal forced return of asylum seekers to unsafe countries (known as 'refoulement'), in which EU borders guards, coastguards and FRONTEX forces are allegedly implicated.

Recent reports have found that EU member states have used illegal operations to push-back at least 40,000 asylum seekers from Europe's borders during the pandemic, using methods that are linked to the death of more than 2,000 people²⁰. Between 2016- 2020 MSF projects in the Serbia and Bosnia and Herzegovina, have treated at least 940 people that have been victims of violence at EU borders along Balkan Route. More than 60 per cent of patients report the alleged perpetrators as border authorities from EU member states, including Croatia, Hungary and Romania.²¹

In early March 2020, the European Commission President Ursula Von der Leyen praised Greece as the "shield" of Europe, after a concerning number of reports and allegations of illegal push-backs at Greece's land and sea borders, in which FRONTEX, and the Greek military and coastguard were all implicated²². MEPs on the EU civil liberties committee²³ and Commissioner Johansson²⁴ have called for an investigation into the allegations of push-backs at the Greek-Turkish border. In January 2021, the EU anti-fraud office launched a probe into FRONTEX²⁵ over allegations of harassment, misconduct and unlawful operations to stop migrants from reaching EU borders.

In recent months, people arriving on the Greek islands have told MSF about the violent practices employed at the sea border. These include making waves around the inflatable boats, assaults by groups of masked men, the use of guns and other forms of violence. No one is spared; pregnant women, children and people with disabilities have all been targeted.

"I was pregnant, but I had a miscarriage because it was very hard, and I had a lot of pressure on me. [...] Every time we attempted to cross the sea border to come to Samos the coastguard boats made high waves and tried to pull us back to Turkey... It was hard for children; hard for us and harder for my children."

Fatima, 33 years old, in Samos from Afghanistan

"They have those boats; they catch you and then they leave you in the middle of the sea. You have no protection. They will remove everything, even if you have a jacket, they will take it from you. They will take your money, your telephone. If you have anything that you have of value, they will take it from you. They take from the people and leave you in the middle of the sea."

Abdulrahim, in Lesbos



An inflatable boat carrying 45 people off the coast of Lesbos, December 2015, © WILL ROSE

From March 2020, MSF documented several testimonies from patients describing escalating push-back tactics. After they reached the Samos RIC in September 2020, two minors were taken from the island, put back in a boat and left adrift at sea²⁶. Similarly, after landing on Lesbos in March 2021, a father, mother and their two young children were driven in a van to the coast, beaten by masked men and left adrift in a raft²⁷. We have heard of other similar cases, including 18-year-old Aisha's account:

the small life raft. All 19 of us in one raft. They pushed us. [...] At 11 o'clock in the morning, the Turkish coastguard saw us... Two people almost lost their lives; they were not in their senses. They rescued us and gave us blankets. I could not feel my body. I could not feel pain. Everything just died in my body. Because we were sitting on top of each other, so I couldn't feel any pain."

Aisha, 18 years old, in Lesbos

"They had one guy; he was not wearing a police uniform, he was dressed normally. He told us to take our trousers down. He had gloves on and he search me, around my breasts, my private parts. He took my phone. [...] At 10 o'clock at night they brought us to a minibus. They put all of us in there; there were 19 of us. We drove to a very faraway place. There, they said, 'Don't worry, we are taking you to Athens for a coronavirus test'. I said, 'No' – I was crying – I said, 'You are not taking us to Athens. You want to take us back.' They told me to 'Shut up and walk fast' [...] They took us, one by one, and pushed us into

The EU's Dangerous Hotspot Experiment

The medical data and analysis from three years of MSF health projects on Chios, Lesvos and Samos demonstrate the severe impact of this EU's hotspot approach on the mental health, well-being and protection of people seeking safety in Europe. These are not unintended consequences: **the hotspot is designed not only as a facility for processing asylum seekers but as a deterrent to those who dare to seek safety in Europe.** This section will detail the underlying ways in which the hotspot approach which includes the containment, expanding detention, violent border control and fast-track border procedures work as a system that inflicts misery and puts lives in danger.

The everyday violence of containment

“For patients in the hotspots, everything is much more intense. Acute symptoms are constantly triggered because of the environment they live in and their traumatic experiences. People must put tremendous effort into just existing within such an abusive context. Abuse can be many things. It is not just the violence in the camp, but that here you must learn to live in another way. You lose your identity. Suddenly, you become someone who waits in lines all day and asks for basic things, like food, water, shelter and safety, that are often denied. In our sessions, people often tell me that they are just there, that there is nothing left to imagine or dream. They live with a constant feeling of intense fear; whether in Moria or the new camp, nothing has changed.”

Zoi Marmouri, MSF psychologist, Lesvos

The impact of the hotspot containment policy on people's physical and mental health is a humanitarian crisis with devastating consequences. Since 2016, chronic overcrowding,

security issues, and a lack of access to adequate healthcare, sanitation, and food have contributed to at least 21 deaths²⁸, including a six-month-old baby who died of dehydration.

Before September 2020, when Moria RIC was destroyed in a fire, it was more than five times overcapacity. More than 13,000 people lived in a facility built for 2,757. As a result, most people lived in slum-like conditions in the unofficial extension of the RIC known as the Olive Grove, where people had no access to toilets, showers, electricity, or sewage. In partnership with Watershed, MSF installed chemical toilets, showers, and water points with solar lights and water heaters in the Olive Grove. This was required more than five years since creating the hotspot.

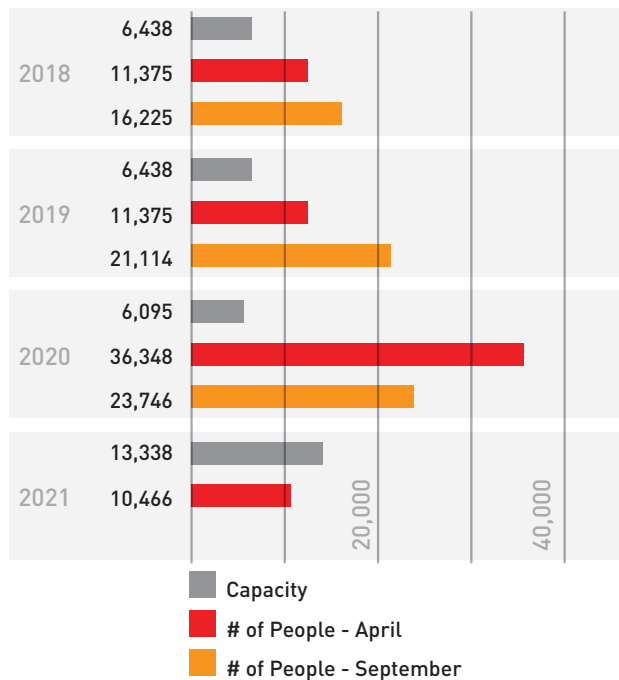
The overcrowding and sanitation situation is similarly dire on Samos. In September 2020 the Vathy RIC on Samos was around seven times overcapacity, with approximately 4,300 people living in and around a centre meant for 648.²⁹ The water inside the official Vathy RIC is not safe to drink. Between 2019 and May 2021 MSF has brought in by truck over 43 million litres of water to the population in Vathy camp. MSF has also installed and maintained 80 toilets per year (in 2019 and 2021) and 68 toilets so far in 2021, as well as 30 showers and 200 rat traps.

The Mavrovouni temporary facility built following the destruction of Moria remains well below adequate standards. Residents continue to live in a make-shift camp, exposed to harsh weather conditions, in a site reported to have lead contamination³⁰. Just like Moria RIC, the sanitation in Mavrovouni is grossly inadequate, as are its safety precautions.



Vathy hotspot, Samos, March 2016, © GUILLAUME BINET/MYOP

Graph 8: Overcrowding in the five hotspots (2018-2021)



The persistent deficiencies in providing basic reception conditions, coupled with the procedures in place to implement the EU-Turkey Statement, are clearly harming people seeking protection in Europe. According to European Fundamental Rights Agency, “the processing of asylum claims in facilities at borders, particularly when these facilities are in relatively remote locations, brings along built-in deficiencies and experience in Greece shows, this approach creates fundamental rights challenges that appear almost unsurmountable.”³¹

The high-security detention-like conditions in the RICs cannot provide asylum seekers with a safe environment. The highly visible police presence, the official communications delivered by loudspeaker, the fencing and razor wire, all serve to worsen the pervasive sense of fear and exacerbate existing vulnerabilities. People lack a sense of privacy, respect, care or dignity, with long-term consequences for their health and well-being.

“We saw the camp; we were shocked. It looked like a prison, not really a camp.”

Ali, 32 years old in Samos from Syria

It is not only living conditions that have an impact of people’s well-being. A loss of sense of self, uncertainty for their safety and their future, and a lack of agency leave people with a sense of hopelessness. This situation, compounded by the ever-present threat of deportation, severely impacts their mental health.

“It is a nightmare; it is worse than a nightmare... Eating, sleeping, having a shower, understanding what is going on with the paperwork and the asylum procedure. Dogs and cats are more protected than we are... Our lives are paused here. We know only the date we enter. We never know the date we will leave. We are very tired. I am very tired waiting here... We came here to seek asylum; this does not mean they have to treat us like animals. They should treat us like... we are also human beings.”

Neta, 25 years old in Samos, from Democratic Republic of Congo

Hostility and increased xenophobia from authorities and fractions within local communities have escalated in recent years. The Greek Government have introduced more administrative measures to shirk humanitarian space. In October 2020, local organisation Lesvos Solidarity was forced to close PIKPA, a community run alternative shelter which provided accommodation for vulnerable people due to administrative fines and the criminalization of their activities³². In February last year, tensions on the island boiled over after authorities announced the construction of MPRICs on the Greek islands, which led to riots, roadblocks, arson, and xenophobic attacks on asylum seekers and those providing them assistance.

Despite years of evidence against this model, the International Protection Act and the pre-entry screening proposal in the EU Migration and Asylum Pact reinforce the containment of people on the islands and the implementation of screening and border procedures for all people, including vulnerable people, at the edge of the EU’s borders.

The MPRICs will likely worsen the structural violence embedded in the existing hotspot

model. The new centres are more securitised than the existing camps and are in more isolated areas of the islands. This cannot be sold as an improvement in living conditions.

Failure to identify and protect vulnerable people

According to Greek law, people identified as vulnerable are due special protections, including access to appropriate services, special reception conditions and adequate support. Vulnerability assessments should occur during the identification procedure upon arrival and involve medical and psychosocial staff in the RIC³³. However, MSF has regularly documented the failure of the authorities to identify vulnerable people properly. The ‘swift’ process employed as part of the hotspot model reduces the chances of identifying vulnerable people or those with special needs, especially when these are not easily visible, such as people with mental health conditions or those that have been victims of violence. Disclosure of traumatic incidents is a lengthy process that should be conducted by specialised staff and requires trust-building and establishing a safe environment.

“The medical screening is far from adequate, often they are rushed with the doctor spending merely half an hour with each patient [...]. A proper psychiatric diagnosis requires a psychiatrist to observe the patient over several sessions, build trust and create a safe environment. Here, you have half an hour with this person; they’ve been waiting for hours outside, and there are many people around. It’s an environment not fit for identifying vulnerabilities.”

Greg Kavarnos, MSF Mental Health Supervisor, in Lesvos

The screening process is not adequately designed to identify vulnerable people in need of protection or medical follow-up. Instead, the identification of non-vulnerable people for deportation and detention is prioritised. Health authorities view people with suspicion and disbelief when seeking assistance, care, and certification of their illness or vulnerability. Recent legal reforms have further limited the definition of vulnerability and removed protections for people identified as vulnerable. Before the International Protection Act, vulnerable people were exempt from the fast-track border procedure and would be able



A young mother and her child look out through a fence at Moria hotspot, Lesvos, May 2018, © ROBIN HAMMOND/WITNESS CHANGE

to have their asylum claims assessed under the regular asylum procedure on the mainland, but this is no longer the case.³⁴

When people seeking asylum first arrive on one of the Greek islands, they are screened and registered by the Greek police, with the support of FRONTEX. According to patient testimonies, new arrivals are not provided with information regarding their rights and protections. Authorities put little time and effort into effectively identifying and referring vulnerable people to appropriate services and organisations. Some patients reported experiencing dehumanising practices, such as being forced to sit on a cold floor while wet, no access to food or blankets, and police using intimidating and humiliating tactics.

“When we arrived, they brought us to the police station in the camp. They did not tell us anything about the fact that we couldn’t leave the island. They asked us how we came here. They took all our documents, passports, everything we had, and then asked us who was the captain of the boat. They registered our names. No one told us about the medical

screening, the asylum process or how to reach the hospital. Many people who were injured were asking for doctors, but they did nothing.”

Abdul-Aziz, 32 years old in Samos, from Afghanistan

Young people are often registered as adults without proper age assessments, in violation of the presumption of minority as enshrined in articles 3 and 12 of the Convention of the Rights of the Child.

“When I arrived, I was 17 years old and I had already gone through a lot. I didn’t have my passport and they didn’t believe that I was 17. When I told them my date of birth, they said no because you don’t have any passport[...] later when I went to the asylum interview, I told them my date of birth. They told me that since I was registered as an adult in the the first place, they cannot change it.”

Jeremy, 18 years old in Lesvos from Democratic Republic of Congo

High turnover and shortages of key staff, including doctors, psychologists, social workers and

interpreters, has left the screening process with numerous shortcomings. Medical assessments are often delayed and some patients report attending their first asylum interview prior to being seen by a doctor.

A lack of access to reliable information and legal support at this stage in the procedure creates confusion and uncertainty. Asylum seekers are not provided with any record of their vulnerability status or details on the sharing of information between the reception service officials and asylum services officials conducting the border procedure. In 2019 and 2020, MSF legal partner PROASYL/RSA represented 56 MSF patients and their family members in attempts to recognise their vulnerable status and ensure they have access to healthcare and safeguards in their asylum procedures.

“We have had so many patients who require care that is not available on the islands. Every time, it takes months to prepare and advocate for their vulnerable status to be identified and their geographical restrictions to be lifted. An inhumane bureaucratic system has been built [...], which burdens the already overburdened health system. You need to convince so many different authorities from the RIC officials, to the police, EODY and UNHCR to move one person. It is practically impossible for asylum seekers to do this by themselves.”
Anna Pavlidi, MSF case manager on Lesbos (2019-2020)

Erosion of asylum: ‘Fast track’ procedures and return

Navigating the complicated and constantly changing border and asylum procedures can be a nightmare for people seeking safety in Europe. Uncertainty, fear and confusion regarding the procedures were one of the main causes of stress for people treated by MSF. The fast-track procedures implemented on the Greek Islands aim to quickly determine whether a person can begin their asylum procedure or be immediately marked for return, often based on people country of origin rather than the individual circumstances of their claim for protection. This procedure has changed many times throughout the years and faced periods of extreme delays followed by periods of acceleration. While a swift process that does not leave people living in a state

of limbo is welcome, over the years, this process has not proven to be fair, dignified, transparent or accompanied by the appropriate support.³⁵

“After two weeks I had the big interview... I was not well. They didn’t ask me about the pain that I was feeling. I had just arrived; I was not thinking clearly. I was not able to sleep, and I had a lot of nightmares during that period. My friend took me to EASO... I showed them my prescription. I told them that I didn’t feel well. They asked me if I can express myself and I told them I would try. I have just received my result, a negative.”
Adam, 35 years old in Lesbos, from Togo

Asylum seekers are left to prepare for the complicated asylum procedure without support of a lawyer and little access to information whilst exposed to other post migration stressors such as unsafe living conditions. Only a third of MSF patients on Lesbos had access to legal assistance during their asylum interview. Without reliable legal advice, it is impossible for many people to both fully understand the procedure and have the best chance at receiving protection. This is very distressing for all asylum seekers, especially those with mental health conditions or survivors of violence. They face the additional risks of becoming re-traumatised and being forcibly returned to places where they may face further violence or not have access to appropriate care. The fast-track border procedure on the Greek islands continues to violate safeguards that are meant to provide additional protections for vulnerable asylum seekers. Since its implementation, MSF and PROASYL/RSA have noted that vulnerable asylum applications have been systematically channelled into the border procedure without access to adequate support or protections.³⁶ In 2020, the Greek authorities began implementing the International Protection Act, which aims to speed up asylum procedures, expand the grounds for detention and ultimately increase the rate of returns. It has been widely criticised as an attempt to lower protection standards and create hurdles for people seeking protection.³⁷

On many occasions, the asylum service has shown a complete disregard for applicants’ health. Recently, an MSF patient who had been recognised as a survivor of torture by the reception service officials was repeatedly summoned to asylum interviews, where he was

re-traumatised again and again. This caused a severe deterioration in his psychological state and, as a result, he was hospitalised on four separate occasions, including being urgently transferred from the asylum service offices to the hospital's emergency ward. On one occasion, the asylum service attempted to serve a notification while the applicant was inside an ambulance.

The expansion of detention

The use of administrative detention as a precursor to deportation has increased in Greece over the last few years. The situation in pre-removal centres is deplorable; in 2014, MSF denounced conditions in Greek detention centres as posing a threat to detainees' health and safety.³⁸ The expansion of the use of detention upon arrival in the hotspot model further places people at risk, depriving them of their liberty and excluding them.

Initially, only the hotspots in Lesvos and Kos had pre-removal centres; however, in the new MPRICs, all centres will have an expanded pre-removal centre. In 2016, the Greek authorities began a pilot project in Lesvos and Kos where people from countries with an asylum acceptance rate below 25% were immediately detained on arrival. These people remained in detention for their entire asylum procedure. This amounts to discrimination based on nationality.

According to a 2018 report by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, conditions of detention for migrants were prison-like, filthy, with poor sanitary conditions and ventilation. The committee found that medical screenings to identify those with health problems or vulnerable people, such as unaccompanied minors, were not systematically occurring³⁹. MSF frequently visited the pre-removal centre in the Moria RIC to follow up with patients who were detained. Detainees often had limited access to medical doctors and psychosocial assistance. For example, in the Moria RIC there were no doctors available in the pre-removal centre and timely medical assistance was deprived to detainees, even though some had high fevers or were having a psychotic crisis.

"In 2019, we were informed that one of our patients, who was suffering from severe mental health conditions because of the extreme violence they had suffered, was detained inside the pre-removal centre of the Moria RIC and required medical assistance [...]. Our psychologist, psychiatrist, cultural mediator and I were allowed by the police to enter the pre-removal centre and see our patient. When they brought him to us, he could not recognise us, he could not tell us where he was, where he was from, or what time of the year it was. He was completely broken."

Liza Papadimitriou, MSF case work supervisor, Lesvos (2019).

For years, our teams on Lesvos have seen that administrative detention is more of a norm rather than an exception. MSF has regularly intervened in the pre-removal centre in the Moria RIC to follow up and support patients suffering from mental and physical pain. Two such patients were detained in the Lesvos pre-removal centre in 2020 and it required the intervention of the Greek Ombudsman and the European Court of Human rights, among others, to revoke the detention and deportation orders.

Despite this, the new MPRICs aim to further expand the capacity of Greek authorities to detain people upon arrival and further reinforce the most dangerous elements of the hotspot approach.



An MSF health promotion team walks through Vathy Hotspot, Samos, March 2020, © ENRI CANAJ / MAGNUM PHOTOS FOR MSF

Moving Forward: EU Intensifies its Dangerous Approach



A view of the new Multi-Purpose Reception and Identification Centre, Samos, May 2021, © DORA VANGI/MSF

“Europe is a country of freedom, but why are you taking our freedom from us? You want us to be in prison. Being in that new camp, we will not be considered as refugees but as someone who committed a crime. If I did a crime I go to prison, but I did not commit any crime I am just a refugee”

Ali, 32 years old in Samos, from Syria

The renewed and intensified hotspot approach: MPRIC red flags

Despite EU Commissioner Johansson’s promise of ‘no more Morias’ after a fire burned down the infamous Moria camp on Lesbos, the EU is reinforcing and institutionalising this approach with its proposed Migration Pact and the MPRICs. MSF is extremely concerned about the human cost of the new ‘closed camps’ and the impact they will have on the health and well-being of people contained in them.

MSF's five key concerns about the MPRICs are explained below. These are based on what our teams have seen and heard, together with our medical humanitarian experience working on the islands and supporting people who have suffered as the result of the EU's migration policies. Since 2016, MSF has consistently challenged the policy of containment on the Greek islands. Today, we are witnessing the EU's increasing attempts to normalise structural violence, racism and policies that focus on security, border control and deterrence rather than on protecting people's health and respecting their fundamental rights. The MPRICs use the Moria camp as their blueprint; they renew the hotspot approach and intensify the destructive EU containment policies that are unnecessary, inadequate, damaging to peoples' health and an abuse of human rights.

1. Structural violence causing mental health and protection crisis

"In this new camp they will have big problems because they will put everyone together in a closed camp. [...] I hope no one will go to that camp because, if people go there, a lot of people will lose themselves. In the new closed camp, there will be a lot of violence and theft; a lot of protest. It will be an endless problem, every day."

Ali, 32 years old in Samos, from Syria

Described as 'state of the art'⁴⁰ by the European Commission, the MPRICs will hold people in shipping containers, surrounded by barbed wire fences. There is no possible way these facilities can be sold as an improvement in people's living conditions. Despite having a larger planned capacity than the RICs, the MPRICs cannot hold the current number of asylum seekers on the islands. This means that overcrowding will continue to contribute to poor living conditions, and health and protection concerns for people inside. Structural violence on such a scale will only worsen the current public health and protection emergency.

"It's a system to contain them and to break them down. This is not the solution; not even if you make it a bit fancier by having mattresses and blankets to sleep on or if you make the food line a bit shorter or give them two apples instead of one. That still is not dignity. That is no way to treat a human

being. If we are looking at the big picture, the whole system needs to be changed."

Katrin Brubakk, MSF child psychologist in Lesvos

Containment in the MPRICs will inflict immediate and long-term harm. It will deny people their fundamental rights to dignity and respect for physical and mental health.⁴¹ Most patients treated by MSF on the Greek islands were already traumatised when they arrived. Given the mental health needs we have witnessed over the past five years, we anticipate a worsening crisis when people are put inside the MPRICs.

The implications are not only psychological. MSF has serious concerns about the lack of safety and the potential for physical harm in the MPRICs, particularly for women, children and people who identify as LGBTQI+. According to the European Commission, the MPRICs will have 'safe zones' for unaccompanied minors and vulnerable people.⁴² However, based on what MSF has witnessed in the hotspots so far, it is hard to believe that any zone inside the MPRIC can be reasonably designated as 'safe'.

2. A rushed, and harmful process puts the right to asylum in jeopardy

The Memorandum of Understanding between the European Commission and Greek government regarding the MPRIC on Lesvos states that people arriving on the island will undergo 'screening upon arrival with health checks and security checks and will be adequately informed of these procedures'.⁴³ However, five years' worth of experiences have shown these procedures to be opaque, arbitrarily implemented and harmful.

The new screening process proposals, which will determine whether a person can begin their asylum procedure and or be immediately marked for return, will take no more than five days. This fast-track procedure will have fewer protections and will likely mean more vulnerable people will be overlooked. According to the proposed Migration Pact, following their screening, an asylum seeker's case will be examined through a 12 week border procedure if they are from a country with a low recognition rate for international protection.⁴⁴ This erodes their right to asylum by failing to recognise the fact that asylum seekers do not come from pre-defined countries, and all people have a right to seek asylum, if they have a well-founded fear of persecution. For those who

qualify for the normal asylum procedure, this will also be 'fast and efficient', this can be a welcomed step but the process must also be fair, dignified, transparent and with appropriate support, which has not been the case to date.

The potential for refoulement is increased by the proposed Pact's emphasis on returns, with the creation of a returns coordinator and the opportunity for EU countries to sponsor returns in an act of so-called 'solidarity' between states.⁴⁵ The Pact and the MPRICs will enable more detentions and mass deportations. This is a significant step backwards for people's right to seek asylum, which legitimises potential increased breaches of human rights.

3. Increased security and segregation from the rest of society and services

"I saw some videos about the new camp. It is like an army barracks; it is a closed camp. They going to bring us into the new camp. I don't want to think about this new camp."

Mubarak, 25 years old in Samos, from Syria

The new MPRIC in Zervou, on Samos island, has been built in a remote hillside far from any towns and completely isolated from public services. There is a heavy focus on security with a double fence perimeter, space for police patrols and fenced areas inside demarcating different zones. The site's digital security system will include surveillance cameras and security gates secured with a fingerprint system for controlled entrance and exit. The MPRIC epitomises total control and securitisation of migration management, removing any agency from the individuals contained in the system. As MSF has witnessed countless times before, lack of agency and control is a key factor in the deterioration of detainees' mental health.

Despite current shortcomings in health services, there will apparently be medical and other services inside the MPRICs. People will be unlikely to have easy access to healthcare and other services, or to safe spaces outside the facility. MSF has seen the children's playground surrounded by high barbed wire fencing inside the Samos MPRIC. In line with the view of MSF child psychologists, the EU Agency for Fundamental Rights (FRA) has stated that, "Children should never be exposed to a prison-like environment with barbed wire fencing and should not be detained for immigration-related purposes."⁴⁶

"The good thing about working outside of the camp is that we can actually create a safe space. It's very different. It's very clear that this is a place that is safe, where nobody can harm you. That no police can knock on the door and say come out here. [...] I mean if we are talking about a safe environment for a child, it doesn't mean being imprisoned."

Katrin Brubakk, MSF child psychologist in Lesvos

Segregating people from the rest of the island in such a securitised facility is degrading, dehumanising and paints them as criminals when they are only exercising their right to seek asylum. Rather than segregation, the focus should be on integration.

4. Increased detention depriving people of their liberty

"I heard that there is a new closed camp; people cannot go out; it is like a prison. Here it is open, we can go outside, and I already feel like I'm in a prison."

Abdul-Aziz, 32 years old on Samos, from Afghanistan

Detention is becoming the norm rather than a measure of last resort. Geographic restrictions containing asylum seekers to the Greek islands during their asylum process will continue. However, the MPRICs will further restrict movement to within the facilities themselves. New arrivals will be in de facto detention and will be unable to leave the MPRIC at all for 25 days.

"Imagine if you are a victim of torture and you have been jailed in your country of origin. Then you come to Greece and you are expecting freedom or support. Instead you find yourself in a jail... If there is one thing that is becoming apparent through the COVID-19 pandemic, it is how difficult it is to live under conditions where you do not have freedom of movement."

Greg, MSF psychologist in Lesvos

The new Samos MPRIC is designed to enable control of when and how more than 2,000 people awaiting their asylum decision can enter and exit the camp. This creates opportunities for arbitrary and discriminatory restrictions on freedom of movement. The arrival of COVID-19 to the Greek islands provided a preview of how easily



A view of the new Multi-Purpose Reception and Identification Centre, Samos, May 2021, © DORA VANGI/MSF

discriminatory restrictions can be imposed on asylum seekers and refugees.

All new MPRICs will have pre-removal detention centres, just like the Moria and Kos RICs did. The Samos MPRIC will apparently include a separate pre-departure centre with space for 900 people to be detained before deportation. This is new for Samos. Combined with the new pre-entry border screening regulation, the pre-departure centres could lead to the widespread detention of people seeking international protection. The MPRICs risk becoming mass containment camps at the EU's border, depriving people of their liberty.

5. Decreased humanitarian assistance and more invisible suffering

“I am the one with the privilege to talk to you. I am talking on behalf of the people that are struggling there, that need a better life. They need protection. They need humanitarian aid. They need rescue.”

Abdulrahim, Lesbos

The closed camps will make people's suffering more invisible and further isolate the most vulnerable. A more restrictive environment for humanitarian assistance is already underway in Greece, with criminalisation of response at land and sea⁴⁷ and a new discriminatory NGO registration law implicating those wishing to help asylum seekers and refugees.⁴⁸ This is amplified by increasingly xenophobic discourse and the criminalisation of those who seek asylum, such as the case of a father who was charged when his son drowned trying to reach Samos.⁴⁹

The question of whether humanitarian actors can adequately respond to the population's needs in a principled way is stronger than ever. The detrimental consequences of shrinking humanitarian space mean a lack of solidarity, safe spaces, protection and good quality services for people. Controlling the areas where humanitarian organisations can operate prevents them from witnessing potential abuses and so limits accountability; independent actors are unable to expose unacceptable situations and hold authorities accountable.

Conclusion

MSF is outraged by the crisis we continue to witness on the Greek islands. We have written numerous previous reports, press releases and briefings calling for action and demanding a complete change in the EU's approach towards migration. Yet these calls have fallen on deaf ears.

This report details the appalling implications of the EU's hotspot approach on the health, well-being and safety of people trapped on the islands, who have sought help and support in MSF clinics over the past five years. It is sickening that the EU and Greek authorities are proceeding with plans for new closed camps on the five island hotspots.

It is astonishing that the European Commission intends to institutionalise the hotspot approach through the new EU Migration Pact. A complete change is desperately needed. It is not too late for European leaders to act with compassion and common sense. People seeking safety in Europe must be treated with dignity and their lives, health and well-being must not be put at risk any longer.

MSF once again calls on European leaders and the Greek government to take accountability, recognise the harm caused, and to end their deadly and dangerous approach.



Art beneath a barbed wire fence of Vathy hotspot, Samos, September 2017, © TIZIANA CAULI/MSF

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Special thanks to all the field, operations and communications staff who provided and reviewed material for this report.

Annex:

Reported Deaths in Hotspots

Date	Location	Description	Source
23-06-16	Chios	Egyptian man was fatally wounded during fight and died in hospital	https://rsaegean.org/en/greek-hotspots-deaths-not-to-be-forgotten/
24-11-16	Lesvos	66-year-old woman and 6-year-old child died after a portable cooking gas stove exploded inside a tent, setting on fire parts of the Moria RIC. A 30-year-old woman and a four-year-old child were seriously injured.	https://www.euronews.com/2016/11/25/greece-explosion-and-fire-reported-at-moria-refugee-camp-on-lesbos-at-least-2
24-01-17 28-01-17 30-01-17	Lesvos	Three refugees — an Egyptian, a Syrian and a Pakistani — died at the Moria RIC. Reports suggest that the refugees had inhaled the fumes from makeshift stoves in their tents.	https://www.europarl.europa.eu/doceo/document/E-8-2017-004100_EN.html
24-01-17	Samos	42-year-old Kurdish man died in the hospital	http://moving-europe.org/death-in-greek-camps/
31-03-17	Chios	29-year-old Syrian man set himself on fire at the Vial hotspot.	https://rsaegean.org/en/greek-hotspots-deaths-not-to-be-forgotten/
24-08-19	Lesvos	15-year-old unaccompanied minor stabbed in Moria RIC safezone,	https://rm.coe.int/cc173casedoc7-en-response-to-the-gvt-s-submissions/1680995335
24-09-19	Lesvos	5 years old child killed by a truck while playing	https://www.in.gr/2019/09/24/greece/thanatos-sti-moria-o-5xronos-thyma-tou-diarkous-egklimatos-kai-tis-ypokrisias-sto-prosfygiko/
30-09-19	Lesvos	Woman and child die in fire in container followed by riots	https://www.kathimerini.gr/society/1044951/dyo-nekroi-apo-tin-pyrkagia-sti-moria-leei-o-perifereiarhis-voreioy-aigaioy-vinteo-fotografies/
17-11-19	Lesvos	9-month baby dies from dehydration in Moria RIC	https://www.euronews.com/2019/11/17/baby-dies-in-moria-migrant-camp-msf-reveals

15-01-20	Lesvos	Congolese asylum seeker stabbed in Moria RIC	https://www.infomigrants.net/en/post/22268/life-in-the-moria-camp-on-lesbos-every-day-someone-is-injured
01-06-20	Lesvos	31 years old Iranian man was found hanged in the pre-removal centre of Moria	https://legalcentrelesvos.org/2020/02/07/press-release-a-criminal-complaint-filed-regarding-the-death-of-a-31-year-old-iranian-national-at-the-pre-removal-detention-centre-of-moria/
16-01-20	Lesvos	20 years old Yemeni man stabbed in Moria RIC	https://www.infomigrants.net/en/post/22268/life-in-the-moria-camp-on-lesbos-every-day-someone-is-injured
16-03-20	Lesvos	6 years old child dies in fire	https://www.cnn.gr/ellada/story/211435/nekro-exaxrono-paidi-sti-moria-meta-apofotia
24-06-20	Samos	31-year-old man from Ghana died in the camp	https://www.efsyn.gr/ellada/dikaiomata/249424_o-samioyel-pethane-kathos-den-eihe-parapemptiko-sta-epeigonta
24-03-21	Kos	44 years old man from Guinea Conakry dies from peritonitis inside the pre-removal of Kos RIC	https://dm-aegean.bordermonitoring.eu/2021/03/26/another-death-in-prison-outrage-in-kos-detention-centre-after-medical-attention-withheld/
03-05-21	Chios	28 years old Somali man found dead in his tent surrounded by rats	https://www.theguardian.com/global-development/2021/may/07/a-scene-out-of-the-middle-ages-dead-refugee-found-surrounded-by-rats-at-greek-camp
09-05-21	Chios	51 year old Iraqi man found dead, due to ongoing health issues	https://greekreporter.com/2021/05/10/second-asylum-seeker-found-dead-greece-chios-camp/

MSF in Greece

Médecins Sans Frontières/Doctors Without Borders (MSF) has been providing medical and humanitarian assistance to asylum seekers, refugees and migrants in Greece since 1996.

In 2015, MSF expanded its activities in Greece to meet the humanitarian needs of people on the move arriving in Greece. MSF set up emergency interventions on Lesbos, Samos, and Chios, as well as the Dodecanese Islands, Athens, and Idomeni providing medical and mental health care, shelter, water, and sanitation services and distribute relief items to refugees and migrants. Between December 2015 to March 2016, MSF conducted life-saving search and rescue operations in the Aegean Sea, off the coast of Lesbos, and provided medical assistance at landing points. In March 2016, MSF decided to suspend all its activities inside the Moria 'hotspot' after the EU-Turkey Deal.

Since 2016, MSF has remained on the Greek islands to provide medical and mental healthcare to migrants on Lesbos, Samos, and Chios (closed 2019). Our activities include providing mental health care to children and adults, vaccinating children against common childhood diseases, providing sexual and reproductive healthcare, treating chronic diseases, and providing water and sanitation services. MSF runs two clinics in Athens, a day center providing medical and mental healthcare and a specialized clinic for survivors of torture and ill-treatment.

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