

EU migration policies drive health crisis on Greek islands



Published Online
January 13, 2020
[https://doi.org/10.1016/S0140-6736\(19\)33175-7](https://doi.org/10.1016/S0140-6736(19)33175-7)

Restrictive migration policies that deny migrants and asylum seekers their right to health—a fundamental right enshrined in universal human rights declarations and treaties since 1948—are increasingly prevalent globally.¹ They are the result of the so-called migration crisis that is a politically made humanitarian crisis. States are criminalising people who are in some of the most vulnerable situations, often also denying their right to seek asylum and right to health.² Such policies are particularly apparent in situations of indefinite containment, such as on the Greek Islands (Chios, Kos, Leros, Lesvos, and Samos), where people are contained in EU-supported hotspot facilities in overcrowded, unhealthy, and undignified conditions.³

Despite evidence of the adverse health consequences of migration regimes that force people seeking safety to endure these environments,⁴ at the end of 2019, there were more than 42 000 asylum seekers residing in the Greek Islands, even though those hotspot facilities have a maximum capacity of 6178.⁵ After arriving in Greece, asylum seekers are subject to geographical restriction, which prevents them from leaving the island unless they receive a positive decision or are deemed “vulnerable”.⁶ More than a third of asylum seekers are children, and there are over 1000 unaccompanied minors on Lesvos alone.⁷ People are forced to live in tents and under plastic sheeting even in the winter, with insufficient access to water, sanitation, and hygiene, exposing them to respiratory, skin, and gastrointestinal infections as well as environmental risks from hypothermia and fires.⁸

Non-governmental organisations (NGOs) working on the Greek islands, such as the International Rescue Committee and Médecins Sans Frontières (MSF), have repeatedly warned of the deterioration of health on the islands, especially the mental health distress among asylum seekers that has worsened due to the conditions of containment. The MSF clinic in Lesvos, for example, sees multiple cases of children who have self-harmed or attempted suicide and children younger than 10 years who have acute and complex mental health conditions, including one case of the rare condition resignation syndrome.⁹ Alongside the burden of mental health problems, the general conditions compromise health and at least six asylum seekers have died of preventable causes on the Greek islands since

August, 2019, including a 9-month-old baby who died due to dehydration.¹⁰

These conditions are not inevitable; they are the result of political choice.¹¹ The Greek Government and EU continue to insist on the implementation of this approach. People are held in the hotspots for increasingly lengthy periods, ranging from 6 months to 1.5 years. After fleeing war and persecution in countries such as Afghanistan, Syria, or the Democratic Republic of the Congo, many are survivors of violence or torture and have faced adversity in their home countries or during migration routes. The gaps in the provision of health care mean that manageable medical and mental health conditions risk becoming more severe, posing long-term, and even life-threatening, consequences.^{12,13} In many instances, NGOs and volunteers are left attempting to respond to the basic needs neglected by the state. Additionally, in July, 2019, the Greek Government revoked access to a social security number (known as AMKA) for asylum seekers and undocumented migrants in Greece. Without AMKA, thousands of asylum seekers, unaccompanied children, and undocumented migrants (who did not already have AMKA) do not have free access to health care, including regular treatments and medication, as well as facing difficulties in accessing other social services. The repeal of AMKA, combined with the recently introduced new International Protection Legislation, has resulted in an increased restriction of individual rights and protections for vulnerable people.¹⁴ Protections for vulnerable



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asylum seekers and migrants have also been weakened in Greece by the removal of post-traumatic stress disorder as a category of vulnerability considered during the asylum process, as well as the expansion of detention measures.¹⁵ There is an urgent need to integrate refugee and migrant health into high-level policy discussions and not to continue placing health into a silo; at the Global Refugee Forum in December, 2019, health was notably absent from the six main priority themes.¹⁶ European governments and political leaders, including the new President of the EU Commission, Ursula von der Leyen, a physician with a degree in public health, should consider the harmful health consequences of restrictive migration policies and recognise their responsibility for the political determinants of asylum seeker and migrant health.

Restrictive migration policies—containment, detention, forced return, and involuntary and unsafe repatriation—are justified by states as necessary to protect borders; however, containing people at borders produces chaos and inhumane living conditions, which are then used to justify detention. Without due process for those who are entitled to protection of legal status, individuals are rendered undocumented and without access to vital health services. By perpetuating this, policy makers demonstrate a lack of humanity, a lack of commitment to universal human rights, and a failure to understand the migration reality: individuals forced to flee their homes due to conflict, instability, and poverty. The catastrophe is one of human suffering, created by political choice, laws, and policies. This is part of a global trend, as seen in the indefinite offshore detention in Nauru and Manus by the Australian Government,¹⁷ which has subsequently been followed by other countries such as the USA, as examples of good migration management.¹⁸ These policies have resulted in avoidable suffering and harm, and neglect of universal human dignity and rights.

The global failure to uphold the human right to health disregards the wellbeing of asylum seekers and migrants. States must acknowledge their complicity in human rights abuses and the human cost of their hostile migration policies. They must adopt policies that integrate the protection of human lives as a priority and minimise health and humanitarian risks by providing universal and equitable access to health services, and to all determinants of health, for all people, irrespective of legal status.¹⁹ Asylum seekers and migrants are not an immigration status: they are human beings.

MO reports personal fees as a migration health specialist from Médecins Sans Frontières (MSF), as a public health and migration consultant from WHO, and from The UCL-Lancet Commission on Migration and Health. LH worked for MSF for 9 months (August, 2018 to April, 2019) in Jordan and is employed as DOTW GP Champion. RM, AV, SM, EP, and AP all report employment by MSF. MK declares no competing interests.

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