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A place of refuge?

A deal to keep migrants fleeing war-torn countries from entering Europe has left thousands in squalid, over-crowded camps where their health often worsens further. **Keith Cooper** visits one of the largest camps, on the Greek island of Lesbos

They call them 'soft signs' in the paediatric clinic outside Moria, a refugee camp. Bed-wetting is one. 'We see it a lot,' says the Italian consultant paediatrician Carola Buscemi who helps run the clinic on Lesbos, Greece, for medical charity MSF (Médecins Sans Frontières).

Then there are the children who have panic attacks in the clinic, as young as six or seven, at least once a week. The babies who stop growing, under the conditions of the camp.

'This is not normal,' says Dr Buscemi. 'These people are completely collapsing. The conditions in the camp are terrible.'

Yet these and other horrors are the new normality in Moria and other camps, on a chain of Greek islands between Turkey and Europe. Together, they make up a 'sea border' on the eastern edge of the continent. Concerns about the 'abhorrent conditions' in camps on two of the islands, Lesbos and Samos, have been raised by MSF and others for years and each year the conditions worsen. The deterioration is linked to a deal between the EU and Turkey in 2016.

So, what is happening in Moria? How are doctors easing the suffering of the thousands enduring the

DOWN AT HEEL:

Junior doctor Leonidas Alexakis examines Omid Mahdi Sultani from Afghanistan, aged 11



awful conditions of the camps? And what is the effect of the EU-Turkey deal?

Under the deal, Turkey received €6bn to take back asylum seekers who arrive in Greece by boat without official permission. To aid these returns, the Greek authorities prevent them from leaving the island, trapping thousands in camps of limited capacity. The number returned has been far lower than expected, as Greek courts find in favour of refugees' claims that Turkey doesn't offer adequate protection.

EU member states including the UK, however, consider the deal a 'success' for significantly stemming arrivals and reducing fatalities from perilous sea crossings. Migrants who do still arrive from war-torn

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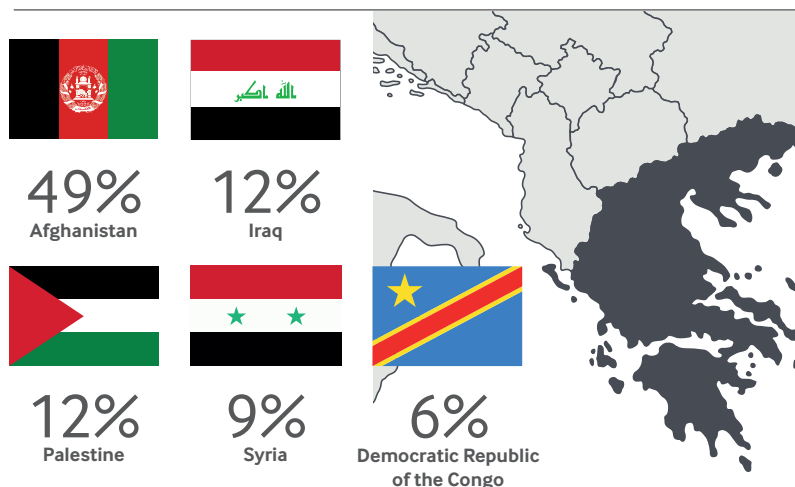
countries such as Afghanistan, the Democratic Republic of the Congo and Syria have responded by switching to other routes.

Others, unable to reach European shores, remain scattered. There are millions of displaced people held in limbo in Jordan and the Lebanon. Among the unluckiest are those being held in appalling conditions in Libyan detention centres, vulnerable to extortion, torture, sexual violence, and forced labour (see 'Humanity let down by its leaders', on page 19).

The dead and missing at sea are still in the thousands, and although numbers of people on the sea are reducing, the UN said last September that one in 18 trying to cross the Mediterranean died en route.

MSF Lesvos field coordinator Caroline Willemen says the EU-Turkey agreement has worsened conditions in the camp, despite the drop-off in arrivals.

'When people arrived in thousands, they would stay in Lesvos for one or two days before taking the boat to Athens to continue their journeys,' she says.



Source: UNHCR, figures for February 2019

Country of origin of refugees arriving in Greece by sea

'Now there are fewer people arriving but the impact is much, much worse. You have enormous overcrowding, people living here for one to two years in circumstances that are not acceptable.'

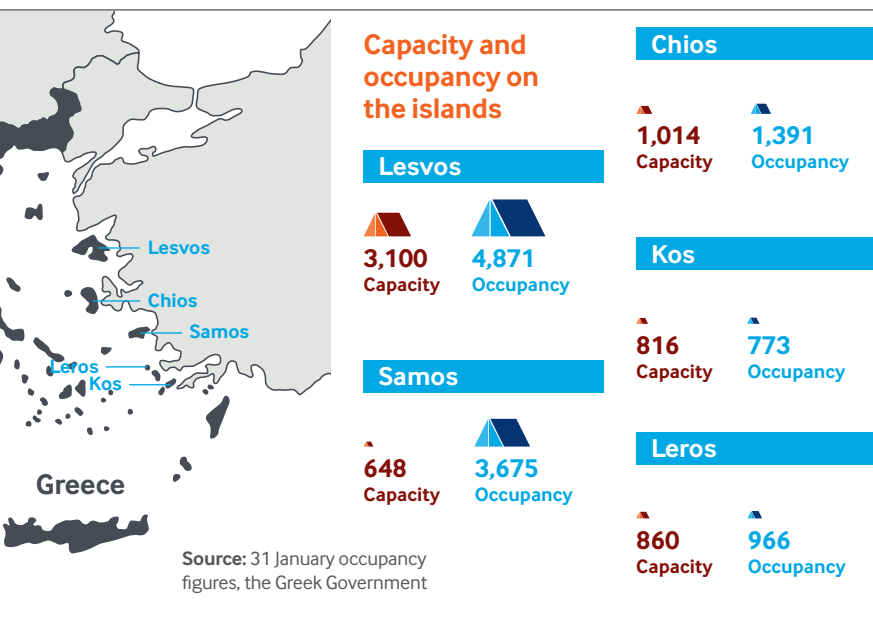
Prefabs and high fences

MSF closed its clinic inside the camp when the deal was signed and no longer takes funding from the EU or its member states.

'We want to provide care to those who need it most; not be influenced by political actors,' Ms Willemen says. The vast majority of its income comes from private donors.

The paediatric clinic is now in a medical compound, across the street from the high walls and barbed wire fences of Moria. Through a gate in the compound's chain-link fence, you arrive at shipping containers, prefab buildings and tents, families standing around, children clambering over wooden benches, whiling away time. It's 10am and Leonidas Alexakis, a junior doctor who grew up in Belgium and trained in Thessaloniki, sits at a plastic picnic table in a prefab hut, questioning parents, scribbling notes.

First in today is a two-year-old asthmatic, recovering from a chest infection. Next, a young man arrives in flip-flops with a sore toe. It's examined, cleaned, dressed and antibiotics are dispensed from the on-site pharmacy. Dr Alexakis consults a colleague, Dr Buscemi, about an opening in the neck of a young girl, which weeps – an infection risk. She agrees it's a thyroglossal cyst. In the UK there would be a straightforward surgical solution, but in the camp, there is the perennial problem of limited access to washing facilities for patients to keep wounds clean after surgery. Women and girls fear walking to the washroom at night.



CARE IN CRISIS:
Italian consultant
paediatrician
Carola Buscemi
with a mother
and child in Moria

'A newborn and a mother who just gave birth shouldn't be living in a tent'

You can't enter the official camp, a former military base, without a permit but you can peer in from a hillside. There are staircases of terraced pre-fab accommodation, toilet blocks, families walking together, children dashing down a steep concrete slick, a main street of sorts.

Conditions inside are tough, parents at the paediatric clinic tell us. 'We live in an Isobox [a prefab block], sharing it with other people. It makes it really difficult to support her,' one mother attending the clinic with her two-year-old daughter tells us. 'Almost all the time, she is sick. It doesn't feel safe.'

It can take hours to queue for meals, piling further stress on families with sick children. Many come to the clinic with scabies and lice.

Self-harm

If conditions are bad in the old military base, they're much worse in the Olive Grove, an unofficial overspill, where refugees live and sleep in tents, amid the mud and gnarly trees. The official camp's capacity is 3,100 but almost 5,000 were living here and in the Olive Grove in March.

Conditions worsen with rising numbers, of course. It's low season now, after months of reduced crossings through winter. However, last summer, the population rose to 8,000, and doctors in the paediatric clinic spent time stitching together the self-inflicted cuts of young men and women. MSF provides individual and

group therapy to help children to cope with the stress, and classes for parents to help spot the signs.

Heavy rain turned the Olive Grove into a muddy bog last winter. Newborns were found by the charity Oxfam to be sleeping in tents. Today, the mud's turned to dust, spraying as the ground is flattened to prepare for more arrivals. It's littered with rocks, bottle caps, the rusting hulks of wood burners. We find a family, recently arrived from Afghanistan, with a small baby. 'No electricity. Not good for the children,' one of their party says.

MSF employs three social workers who can seek alternative accommodation for families which come to their attention, when women bring babies to clinics or see midwives for antenatal appointments. 'You could question why it is necessary for us to intervene,' says Ms Willemen. 'Why is it not obvious to every single person that a newborn and a mother who just gave birth shouldn't be living in a tent?'

They struggle more to find alternative accommodation for less obvious cases, Ms Willemen adds, such as men who are physically strong but victims of torture, from war zones, who are suicidal. 'It's important not to forget that group,' she says.

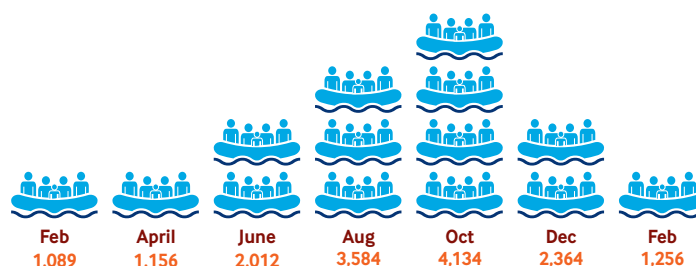
MSF struggles to convince accommodation providers to take such people in.

'We argue that putting them in a better place will vastly reduce the risk of suicide,' she says. 'They will argue – and to an extent I understand – that they don't have the staff to support them.'

To help this group, the charity set up in late 2017 a mental health clinic in a suburb of Mytilene, the capital of Lesvos. It's run by medical activity manager Elizabeth Clark – a Luton GP. Referrals come in via email from other medical NGOs (non-governmental



Arrivals across 'sea border' between Turkey and the Greek islands in 2017-18



Source: UNHCR

organisations) on the island, such as the Boat Refugee Foundation, a Dutch one and the UK-based Kitrinos Healthcare.

It only sees victims of torture, violence or sexual violence, but there are not many in Moria who haven't had such experiences, Dr Clark says.

'The referrals we get are people screaming through the night. Not able to wash or dress. Not eating. Putting stones in their mouths. Walking into the woods with a rope.' They often arrive with a carer. 'They can cower under the sink, they're so fearful. They're dissociating. They think they're back where they've been tortured.'

Their trauma often comes in layers, including the one added by the conditions of the camp. 'There's trauma in their country of origin, their journeys, then there's the environment,' Dr Clark adds. 'There's the fences, the barbed wire, the police going around in Moria, sometimes in riot gear. The noise. The queues for food.'

Worst-case scenario

The most complex cases are seen by Alessandro Barberio, a Rome-trained psychiatrist, born in Bari, Puglia, at the top of Italy's heel. His patients' symptoms are not unlike those of schizophrenia, he says, but their conditions are not chronic but 'reactive'.

'Here, there's a concentration of the worst determinants for mental health diseases,' he says.

'The environment, the lack of hope, the lack of a possibility to improve, the impossibility of empowerment.

Then, there's past history and trauma.'

He uses the word 'horror' a lot to describe the experiences he hears. 'All of our patients are in a different state of mind. Confused, disoriented, terrorised, scared, anguished, hallucinating. During a session, someone might be looking around, asking, you don't see it? What, are you not afraid? You don't see my brother, decapitated. They can smell, also, the blood. It's always a horror, the violence, the torture. Every time, I feel touched and surprised. Maybe the moment I don't feel anything, I will leave.'

Dr Barberio recalls the first time he visited Moria, last year. 'It was overwhelming. There were these contradictions. A lot of people in makeshift tents, this very particular smell. But also a lot of vitality. Children playing in the dust, the dirt. There is still something so vital about these people. They try to survive. Meanwhile, there is this representation of a ghost. Of no freedom, of no basic life conditions.'

The clinic aims to stabilise patients, so they can survive in the camps. For the first weeks, they attend several times a week, are treated by a multidisciplinary team, including doctors and psychologists, and given small amounts of drugs.

They hook patients up with social activities, such as language classes and sports, run by other NGOs or local organisations, such as Shower Power, which provides showers so women can wash in safety. It's part of its 'bio-social' approach and has had surprising success.

'There can be a very dramatic improvement in their symptoms,' Dr Clark says. 'We try to build trust that here is a safe place. That here, nobody can hurt them. It's fabulous to see them improve but we're only dealing with the few at the top of this iceberg in Moria.'

Ms Willemsen knocks on the table when asked if Moria really is the worst refugee camp on earth, as the BBC once described it.

'Somehow this feels different,' she says. 'I've worked in Nepal, after the earthquake. I've seen some bad things.



GROWING PAINS:
Dr Alexakis sees Afghan refugee
Sahar Yaqubi, aged 2

SOCRATES BALTAGIANNIS

'There's trauma in their country of origin, their journeys, then there's the environment'

But that was force of nature. Here, it's purely politics. It's the EU wanting to somehow push migrants towards their border. Somehow you feel personally complicit. It's my part of the world.'

Dr Clark talks of her defence mechanism. 'I just repeat to myself: there are lots of people, doing lots of small good things. People are good.' She's glad she doesn't have to visit the Moria camp much. She doesn't want to. 'I just feel this thing, coming up inside of me,' she says, raising her arms to her stomach. 'We moan at Donald Trump and his Mexican borders. But it's the same.'

It seems personally affecting to care for people, children and tortured adults, in an overcrowded camp where many live in tents and the mud in a corner of Europe to which they feel connected. With winter at an end, they brace for spring and summer, when arrivals rise, trapped on the island by the EU-Turkey deal – and conditions in this already overcrowded camp inevitably worsen once more. ■

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Humanity let down by its leaders

Asylum seekers have been let down by Europe's failure to agree on an equitable way to handle forced migration, says BMA senior policy adviser (ethics and human rights) Charlotte Wilson

The humanitarian crisis on Lesbos is not a natural disaster – it is the inexorable outcome of a political stalemate.

When refugee and asylum seeker arrivals to Europe peaked in 2015, EU immigration policies saw member states on Europe's borders – including Greece – become legally responsible for processing and absorbing a disproportionate number of asylum claims. Repeated calls for reform to enable the fair distribution of asylum seekers across the EU have come to nothing. The refusal to contribute by some states has led to a refusal to contribute by other states and as negotiations have dragged on border countries have become overwhelmed.

Unable to reach agreement, Europe has focused on implementing policies which stem migration. One is the EU-Turkey deal, others include the construction of razor wire fences through the Balkans, and an agreement between the Italian and Libyan Governments which has seen tens of thousands of refugees and asylum seekers forcibly returned to Libyan detention facilities where they are vulnerable to human rights abusers.

With the focus on preventing refugees and asylum seekers from reaching Europe, the migration narrative has changed course. It has become easy to paint refugees and asylum seekers as a threat or 'problem'. The language of human rights and human experience is often lost in this context.

The immigration debate is highly politicised and awash with misinformation – in this case about the effects of immigration (which the evidence shows, are largely positive) and the financial and administrative capacity of EU members states. As a result, public opinion has swung against immigration, undermining the success of evidence-based policies in the future. This is a chilling prospect, as forced migration is set to increase, and will be a defining issue of the 21st century.



GROUNDING:
A young boy
drags a makeshift
kite after him

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