

Health Care for Refugees and Asylum Seekers in the Setting of Refugee Camps at Europe's Entry Points

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Abstract:

St. Elizabeth University, Bratislava, and its Tropic team has had an active participation in refugee and migrant humanitarian aid since 2015. In the beginning, it was mainly providing health care in the border areas of Hungary, Serbia, and Slovenia, which represented transit points on the route to Western European final destinations. The uncontrolled influx of fleeing people (mainly Syrians at that time) was stopped in March 2016. The diplomatic EU-Turkey deal and subsequent closure of Balkan borders resulted in an extensive humanitarian catastrophe when

thousands ended up stranded in Greece. Since then, the members of St. Elizabeth's Tropic team operate in affected Greek areas. At first, the University had its presence in the northern part of mainland Greece, which later moved to Lesbos Island. Cooperating closely with the Greek Ministry of Health as well as with multiple non-governmental non-profit organizations registered in Greece. The Tropic team focuses on refugee health care inside as well as outside the Greek refugee camps.

Dear editor,

The medical team (established by Professor Vladimir Krcmery, founder of the University of Health Care and Social Work in Bratislava -St. Elizabeth's University) also has been moving along with the unprecedented influx of refugees since 2015. After Hungary, Serbia, and Slovenia, St. Elizabeth's University - in cooperation with the Greek Ministry of Health - opened field clinics in two refugee clinics in northern Greece. This was a reaction to a humanitarian catastrophe in Idomeni, a village on the Greek-Macedonian border, more than 14,000 people became stranded when the Balkan borders closed.[3]. The permission to operate field clinics was granted by the Greek Ministry of Health in May 2016. After two years on the Greek mainland, the medical team moved to the refugee-overwhelmed island of Lesbos. The infamous refugee camp "Moria" was initially established as a registration and identification center (RIC). In cooperation with other medical-oriented NGOs, St. Elizabeth's team has been providing health care, wound care as well as social work and logistics since. Members of the medical Tropic team and volunteers with different medical backgrounds in subspecialties such as General, Tropical Medicine, Infectious Disease, Emergency Medicine, Gynecology, Ophthalmology, Pediatrics, Dermatology, and Dentistry have all taken turns in their participation in refugee camps. Paramedics with emergency medicine and wound care training were also an invaluable part of the team. Apart from medical members, there were also University workers and students from Mission and charity section, as well as medical students. St. Elizabeth's team was present in Moria even during a catastrophic fire in September 2020. This fire utterly terminated the existence of the Moria camp on Lesbos Island. The consequence was another humanitarian disaster that not only left 12,000 roofless but also

made them face a lack of food, potable clean water, all under the setting of a raging Covid-19 pandemic.

Immediately after the destructive fire, St. Elizabeth's team alongside partners from local NGOs and the Greek Ministry of Health began providing medical and nursing care to unaccompanied minors (UAMs) - a group of vulnerable refugees, all under the age of 18. Subsequently, all UAMs were evacuated from Lesbos Island to the Greek mainland. In that critical time, the team also focused on providing food and water for people stranded on the streets hopelessly waiting for the resolution to this horrendous situation.

The establishment of a new, temporary refugee camp "RIC Kara Tepe/Mavrovouni" located nearby the capital of Mytilene meant not only a new, more challenging environment but also stricter daily rules for all inhabitants of the camp and outside the camp [1].

St. Elizabeth's team has been participating in a program supported by the Greek Ministry of Health EODY support. Currently, St. Elizabeth's team cooperates with the NGO Eudaimonia Medical Services (EMS), which is one of the few NGOs who possess ISO certificates for quality management of the below-listed health services. Some of them are provided with the direct support of St. Elizabeth's University. EMS provides:

- Interpreter services via translators in languages: Greek, English, Farsi, Dari, Pashtu, Arabic, French, Lingala, Portuguese, Italian, Somali, Urdu, and other dialects as needed to ease the transcultural communication not only in the RIC Mavrovouni field clinics but also for the Social Medical Center and the only governmental hospital in Mytilene.
- Case management project covers not only medical care but also transportation, arrangement of accommodation, and improvement of living conditions for vulnerable camp inhabitants (patients with chronic pain, and those with poor

prognosis - advanced cancer stages, severe burns, war injuries, etc.) .

- costs for diagnostics and complex workups that are being ordered based on physician recommendations. Some examples are MRI, CT, X-rays, ultrasounds, blood tests, and subspecialty medical appointments, etc. These are not always covered by the Greek public health care system.
- Costs of medication and medical equipment for vulnerable refugee population based on Greek doctors' recommendations. These patients for various reasons do not have access to health insurance for foreigners or so-called PAAYPA which would normally cover these expenses.
- Most of the above-listed services are currently connected with transportation to and from the hospital and if requested also with proof of negative COVID-19 test.
- Crucial items based on requests from the hospital, remaining flexible and adaptive to unexpected situations.

Discussion

By the end of 2020, there were 82.4 million forcibly displaced people globally. This repre-

sents 1% of the world's population, which is quite a sad milestone. Discussions about rising numbers of forcibly displaced people have become a crisis topic even in 2016, when statistics showed approximately 65.6 million people displaced.[2]. While various analyses talk about numbers only, it goes without saying that each one of these numbers carries a heart-breaking story of an individual: real human beings who abandoned literally everything they had to give themselves and their families a chance for a better life and safety, and yet, somewhere in this journey lost their dignity.

International conflicts, climate change, civil wars, ethnic fighting, and insufficient protection of vulnerable individuals lead millions towards the dangerous journey from Turkey to EU borders [2]. Entry points to the EU were created at multiple borders representing multiple migration routes. The busiest route led from South-eastern Europe and the Mediterranean Sea. In 2019 the crossing through the Aegean Sea became the most used entry point for refugees and asylum seekers in Europe. The dynamics, extent, and intensity of the vast movement of people seeking international protection were constantly changing, increasingly affecting Europe and its politics [2].



Lesbos, camp RIC Moria after the catastrophic fire in September 2020. In the camp with a capacity of 3 100 people, more than 20 000 refugees were living and 12 000 shortly before the fire.

Source: M. Jackulikova, September 2020

After the EU-Turkey Deal was signed and came into effect in March 2016, the number of refugees on the islands of the Aegean Sea rapidly dropped and trended downward until 2017. In 2017 there were 62,000 refugees/asylum seekers in the whole of Greece, with one-third (20,000) in the Aegean area. Another peak in the refugee influx in Greece was experienced in 2018. By 2019, there were 59,726 recorded new arrivals and in 2020 15,696 migrants/refugees entered Greece which represented a 78.9% drop compared to 2019.[1].

Below-listed arrival data in 2020 was strongly affected by the COVID-19 pandemic as well as numerous reported practices of “push-backs” on the Greek-Turkish border in the Aegean Sea. Another notable milestone was the Greek emergency legislative decree formed in March 2020 that suspended the Greek asylum process as a reaction to the Turkish government’s announcement that Turkey will no longer hinder refugees from entering Greece and the European Union [1].

All of these changes had a vast impact on life, living conditions, and health care accessibility and other crucial services in the RIC refugee camps on the islands in the Eastern Aegean and elsewhere. In December 2020 there were 28,356 people with refugee status in the Greek mainland; 17,005 in Eastern Aegean. The overcrowded camps, with a lack of access to basic services including health care, limited availability of sanitary facilities, violence, and insufficient security measures during 2020 further represent noticeable safety risks. Asylum seekers’ mental health has suffered even more as a result of COVID-19 restrictions in RIC camps. The homelessness and misery that hit refugee applicants have been reported regularly throughout 2020. A new Greek law that entered into force in March 2020 generated high risks of homelessness for asylum seekers as they were forced to leave initially assigned accommodation within 30 days from the date when the international protection/refugee status was granted [1].



Lesvos, camp RIC Mavrovouni / Kara Tepe 2, temporarily built after a devastating fire in Moria.

Source: M. Jackulikova, September 2020

The healthcare accessibility for refugees and asylum seekers in Greece persistently faces enormous challenges [5]. One particularly hard-hit group is vulnerable persons. Interestingly, in 2020, the time between arrival to the island and application processing shortened which along with the poor quality of medical and psychosocial screening upon arrival raised serious questions about whether the refugees underwent important vulnerability screening at all [5].

Another issue is the lack of interpreters and cultural mediators in the majority of health care institutions (hospitals, social clinics, etc.). Only a few are capable of providing translation services [5]. Free access to public health care and medication is granted by Greek law L 4368/2016. This law applies also to individuals without social insurance, vulnerable socioeconomic groups, as well as asylum seekers, and their family members. Despite theoretically favorable Greek legislation, access to medical care, in reality, has become a struggle due to an evident lack of resources for both foreigners and locals.

The Greek public health care sector has been under tremendous pressure and does not possess the capacity to cover all health care needs. This is further supported by the impact of the 10-year financial crisis and saving economical measures on Greek health care [4]. To access Greek public health care one needs a so-called “A.M.K.A”: a social security number that became impossible to obtain for all asylum seekers due to a general refusal of particular public personnel to provide AMKA to asylum seekers. In 2019 the Greek law regulating international protection (Article 55) incorporated changes that made access to health care, diagnostic measures and medication more difficult for asylum seekers [5]. AMKA was substituted by a temporary health insurance system for foreigners, the so-called PAAYPA system. This is a temporary social security number, that is automatically submitted with an asylum application form and provides access to medical care. Asylum application rejection automatically also means the deactivation of PAAYPA.

On the other hand, in case of its approval, it would be supposedly stepped up to AMKA [3]. The complicating factor is that the access PAAYPA program depends on complete registration and on-

going relevant procedural delays, the extent and the time needed for unregistered asylum applicants with a police record. The situation becomes serious when the applicant loses the right to stay in Greece by getting a second rejection of their asylum case as PAAYPA becomes invalid too. The rejection also implies a vulnerable population, who often-times undergo the asylum process without being legally recognized as vulnerable as mentioned before [5]. Concretely speaking, vulnerable people are those patients with chronic and palliative diseases, war injuries, and oncological diagnoses who are left without any support from the Greek health care system given the economic constraints of their chronic health care conditions.

Conclusion

This report briefly summarizes St. Elizabeth's activities and humanitarian work focused on refugee/asylum seekers' health care amid the ongoing European migration crisis. Special attention is dedicated to Greece which has been visibly hit by the migration crisis and where the health care access is complicated for foreigners as well as for locals. Health care delivery therefore still requires support from third parties and international donors. For illustration, the results of the 2020 asylum process have been listed. Out of the total number of second-degree decisions, the majority (63%) experienced rejection [1]. In other words, 63% of asylum applicants lost their right to temporary health insurance (PAAYPA). Eudaimonia Medical Services as well as St. Elizabeth University help refugees in such a situation and flexibly react to the refugee needs and guarantee their basic right to health care.

The COVID-19 pandemic still represents an ongoing challenge, a so-called “prolonged crisis situation” for refugees and asylum seekers. The crisis and refugee environment being complicated by the COVID-19 pandemic and vice versa, just as before the catastrophic fire in September 2020, which resulted in another humanitarian disaster.

Most of the European countries refuse to accept refugees and consider the migration crisis as non-existent; however, the opposite is true. The St. Elizabeth's Tropic team and worldwide humanitarian actions focused on help for those in need have never been more necessary than in the present moment.

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