



Migrant and Refugee Women - Claim our Right to Health Submitted to PPT Berlin - by MELISSA Athens Greece

Athens, 16th October 2020

Introduction

Melissa is a network of migrant and refugee women living in Greece. We aim to promote empowerment and active citizenship, and to build a bridge of communication with the host society. Founded in 2014 with the direct involvement of migrant and refugee women leaders, we have members from more than 50 countries. MELISSA is inspired by the Greek word for honey and we see ourselves as a beehive. We operate on the basis of a common platform, a hub where networks and individuals can meet, share their concerns and ideas, and support each other in the pursuit of common goals and their human rights.

The three main strands of action are networking, capacity-building and advocacy. We aim to bring migrant and refugee women together and to make their voices heard in the society.

All our activities are planned in order to open channels of communication and to promote connectivity and integration. Our empowerment will not only enhance our own circumstances and improve the conditions of our children and our wider ethnic communities, but will contribute to the overall social cohesion.

We have prepared this Report to share with other migrant and refugee women our experiences in addressing the daily challenges to claim our Right to Health but also to demonstrate that migrant and refugee women are developing strong solidarity among themselves and connecting and achieving international solidarity with the women here in Greece where we are based. We also prepare the Report to urge the Permanent Peoples Tribunal (PPT) to raise our demands to the Greek government, to the other member governments of the EU and to the European Commission - whom we hold responsible for the widespread and systematic denial of human rights to migrant and refugee peoples - throughout the continent of Europe.

1. What do we understand by Human Right to Health?

More than ever in human history, the health issue has occupied center stage globally with millions of people infected by and hundreds of thousand deaths from the COVID-19 pandemic. Health is a human right. One can only wonder how much efforts the scientists from all over the world are exerting to stop this pandemic.

More urgently, health is a major concern issue for migrant and refugee peoples who have left their countries devastated by war and climate turbulence and have experienced trauma in their displacement from their communities and trauma in their migratory and refugee journey. Moreover, in their country of destination, conditions in the camps or on work sites frequently pose threats to health and well-being. For those who are undocumented, the sustained anxiety over their migrant and refugee status is a main contributor to psychological and mental ill-health. And the effort to achieve access to basic health care is a constant challenge. .

Why is it important to participate and contribute to the PPT Berlin?

1. It is important to bring the case of migrants and refugees to the PPT Berlin. Women in extreme vulnerability as survivors of gender based violence (SGBV) and their children who are living in inhuman conditions in over-crowded refugee camps, without basic necessities of running water, sanitation and insufficient electricity.
2. It is important to bring the case of the refugees and migrants to the PPT Berlin to expose the real impact of EU policies on migrants and refugees, policies that do not correspond to the situation that migrants are enduring every single day. UNHCR leadership must be held equally responsible.
3. The PPT Berlin event is a rare opportunity to spotlight the responsibility of the Greek state and its government for the continuing violations of basic human rights of migrants and refugees for food, shelter. Migrants and refugees in the camps in islands of Lesbos complain of food being given only once a day! Living in tents that get flooded with even a slight rainfall. They are asking - where the vast amounts of money from the EU have been spent - where did the money go?
4. A matter of extreme urgency and injustice is the issue of residence status of tens of thousands of migrants, men and women, who have spent decades, the best years of their life in Greece, and who after more than 30 years still continue to struggle to maintain their legal residence in Greece.
5. For Filipino migrants, some of the women who are working at MELISSA, their demand is for a bilateral social security agreement between Greece and the Philippines. Without a bilateral social security agreement between the two governments - they are at risk of losing their pensions and facing an extreme impoverishment as they grow older with the also the consequent exclusion from adequate health care.

2. Context Migrant and Refugee Peoples in Greece

How is the current immigration policy of the rightist government impacting the daily life? What about the activities of the fascist party Dawn and other repressive forces?

On paper the current migration policy in Greece appears to be good. In practice, however, it is another reality. There is a strong sense that it lacks a genuine human concern for migrants as human beings. This prevalent view has resulted to inefficient and unprofessional bureaucracy of which is experienced by the majority of migrants and refugees as very chaotic.

This approach and viewpoint is not only reflected in the attitude of the rightist government currently in power. The former government Syriza that ruled Greece from 2015 to 2019 is equally responsible for this policy and its disastrous ill treatment of people in the refugee camps.



This chaotic implementation of policy in Greece with the harshest conditions is aimed to generate the strongest possible deterrent to prevent that other refugees and migrants might see the country as a route into the EU.

What has been implemented is a policy of making life miserable for migrants and refugees, this includes pushback by the Greek coastguards under the watchful eye of the Frontex, and sending them back to Turkey as reported by the Aegean Boat Report, a Norwegian NGO.

For context, Greece is the Eastern Mediterranean route being used by refugees embarking on life-threatening journeys from Turkey. Refugees escaping violence from Syria, Afghanistan arrived in high numbers to the EU via this route in 2015.

Playing a central role in the Greek migration policy, is the Ministry of Migration and Asylum, which was established in 2016. This Ministry includes the Asylum Service, Service of First Reception, which is responsible for Identifying and registering foreign nationals entering the country.

At a decentralised central level, there are 11 regional services of first receptions and identification. At the same time, regional asylum services are also in operation – these are state services located at local and regional levels. The decentralised administration authorities are responsible for: the issuance of residence permits of third country nationals, legally residing in Greece for work or other reasons (legal migrants). This authority is a decentralised state administration operating at the regional and local level.

The neo-fascist group Golden Dawn has recently suffered a major defeat following the Appeals Court decision declaring it a criminal organization. Last October 7, a more than 20,000 anti-racist mobilization staged a picket in front of the Supreme Court which was hearing the case. Following the decision, Michaloliakos the leader of Golden Dawn was given a 13 years prison sentence – and 7 former Members of Parliament were also sentenced - including one former Member of the European Parliament.

2.1. How are the developments on the islands impacting on the migrants and refugees in the city – for example in Athens?

Prior to the 8th September 2020 fire that gutted almost completely the MORIA (Lesvos) camp, 4 migrants had died out of the more than 13,000 sheltered in the camp that was only originally planned for 3.000 refugees.

As a result of the fire most of the refugees were left homeless on the street.

Most of them were brought to a new camp in Kara Tepe, Lesvos. But *Doctors Without Borders* has described the place, set up on a former shooting range, as worse than MORIA:

"In the sun it looks like a nice place where kids can go for a swim". But it is extremely exposed to [inclement] weather and once the weather turns and it starts raining and the wind starts blowing people will have their feet in the water," said Caroline Willemen, field coordinator for Doctors Without Borders' COVID-19 Response team in Lesvos.

A few days ago as predicted, the camp was hit with heavy rain that flooded many areas of the camp. Mud water mixed with sewage entered the tents, some even without flooring. Imagine what it will be like when winter really sets in! No flooring, no insulation and no possibility for heating.



There is no running water, no showers, insufficient electricity, no drainage, no sewage system, insufficient housing, insufficient food supply, insufficient medical care, the list just goes on.

The UNHCR has the money to provide proper housing for the thousands who live in the camps. What is evident in the new camp on Lesvos is a perfect example of what happens when the head of UNHCR in Greece, Philippe Leclerc is just following the policy of Greek government under the right wing party New Democracy. This is a deliberate policy to make life in camps in Greece so inhuman as to be unsustainable. With the tremendous amount of money that has been poured in to Greece, it's obvious that the money doesn't end up where it should, someone is "eating the pie", leaving only the crumbs to vulnerable people in the Greek camps.

2.2. What is the policy in relation to access to health? Especially for the undocumented?

The official government policy in relation to access to health discriminates undocumented who are mostly in a situation of extreme vulnerability. An asylum seeker will not be able to get access to health services without getting a card issued by the Asylum Service after passing through an interview.

Compounding the situation is the decision to evict refugees who have been officially approved for asylum from government-sponsored apartments. This homelessness is combined with the ending of the cash support program!!! The government reasoning is that with the "approved political asylum" they could find employment. However, this leads to a situation where we see women refugees begging in the streets and subjected to sexual exploitation.

3. What are the main health problems experienced by migrant and refugee women?

Many women refugees suffer from mental health issues. The women also face domestic violence. In overcrowded accommodation they also endure inadequate sanitation and hygiene. Amidst the COVID pandemic, MELISSA's mental health team makes sure that women in high-risk cases can be supported with one-on-one sessions with a psychologist and/or psychiatrist, to ensure the best possible psychological support for the women in extreme distress.

Many participants at MELISSA Center are currently without any immigration or official documents. MELISSA takes on the challenge to assist them in the asylum process.

3.1. What are the experiences on the ground for migrant and refugee access to health care?

MELISSA's Network psycho-social approach is oriented towards the positive and empowering aspects of the participants' self-experience. Playing an important role is the psychologist. Into each session she introduces creative stimuli to strengthen the participants' aspirations and highlight their strengths, providing a balance between the processing of their trauma and their ability to contain it within a framework of strength, creativity, hope and solidarity.

The participants feel free to talk about their fatigue and anxiety around several aspects of their everyday lives, setting aside issues such as asylum and other matters to focus on their feelings and personal narratives. Using creative activities, the psychologist helps bring about a direct and effective impact on their ability of self-expression. In this way the participants connect with their emotional and psychological world, enabling them to explore and process their internal patterns. By talking, listening and sharing, they feel the sense of community, that they are not alone. This group process is significantly comforting for every participant, as it allows each one space and time for their



inner and deeper struggles to emerge and reconstructs their ability to trust others with their thoughts and feelings and in this way to face and overcome their trauma.

3.2. How is MELISSA addressing the Health needs of migrant and refugee women?

MELISSA has organized workshops for girls, young women, Older women and Un- accompanied children to discuss and gain access to reproductive rights, contraception, regular breast and cervical check. The women also receive support in pregnancy and child birth.

MELISSA gives priority in providing support to GBV survivors and children and to those at risk of GBV, refugee children, adolescents and families. This support has been made possible through the implementation of its holistic community-based approach

3.3. What problems in dealing with the government health system?

Greece is an inefficient bureaucracy. To offset this problem, MELISSA has put in place a network with NGOs and has established cooperative links with government hospitals and sympathetic health professionals and personnel. Without that - it is impossible to access adequate health care.

4. How is MELISSA dealing with the Health needs of themselves, their children?

We organize Health Workshops: Beginner and Intermediate/Continuing Group work focusing on such basic issues as gynecological issues, cysts, pain management, medicinal safety, healthy food, alerts on foods to avoid, practices for child nutrition/picky eaters, vitamins and minerals, balanced diets, HIV transmission, PrEP/PEP medication, anti-retroviral medication, safety, and other issues.

4.1. Specific case studies - some key examples

MELISSA deals with participants who are GBV survivors, who bear the trauma of tremendous violence experienced back in home countries. A case in point is the woman from Afghanistan. She urgently needed to get her legal status as a refugee. However to get approval for her application for political asylum, she needed to go through the asylum interview at the government's Asylum Service. A MELISSA volunteer explains:

“When the date for her interview came, she could not talk about what she had gone through. She ‘failed’ the first interview. But the MELISSA team stood by her, appealed for a second interview. The appeal was granted, an interview was scheduled. Then came the lockdown. The interview date was postponed. The woman was extremely depressed. MELISSA's psycho-social team had 15 sessions with her boosting her self-confidence and courage, most of all her humanity. Finally, on 28/7/2020 she successfully passed the asylum interview and consequently was granted international protection status. Her success was a result of her perseverance to attain her dream, overcoming a myriad of obstacles being GBV survivor”.

5. What is the role of the volunteer/solidarity support in health care?

The role of the volunteers is extremely important as they show to the highly paid staff of UNHCR and government employees an example of genuine solidarity and humanity. These volunteers are an example that regardless of race or religion what is important is that refugees and migrants are part of humanity and have the right to claim and struggle for their human rights.



6. Recommendations: to Greek government; European Commission and European Union

To the Greek government:

We refugee and migrant women are asking to be treated as human beings with human rights. We deserve to be treated with empathy and respect for our dignity as human beings.

- We call for an end to the Camps – these are sites for an ongoing humanitarian crisis – where migrant and refugee peoples are facing life and death situations. Some have become depressed and desperate in such conditions. What has happened in MORIA will happen again.
- Refuse the role of being ‘shields’ for Europe’s securitization and externalization of borders.
- Provide proper housing, shelter and access to Health care for refugees undergoing registration and process of application for asylum by utilizing the many hotels which are standing closed because of the years of recession and austerity.
- End the inhuman bureaucracy in the current system of dealing with asylum applications.

To the European Commission and European Union:

- We demand to end to the current Fortress policy – that denies basic human rights to migrant and refugee peoples.
- Abolish the policy of hotspots and Camps and end detention and criminalisation of migrants and refugees and all those who are active in solidarity.
- Demand accountability from all the agencies, including the UNHCR, for the use of public funds that is meant to provide services to migrants and refugees.
- Publish the role played by the corporations of the military industrial complex in driving the EU policy of expansion of militarized borders and establish a framework centered on fundamental human rights.

Submitted to the Permanent Peoples Tribunal (PPT)
Hearing in Berlin

MELISSA Board
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