Medical expert assessment on living conditions and healthcare structures in Moria Camp

Introduction

For years, Moria camp, originally designed to hold 2.700 inhabitants, has been overcrowded with 10.000 - 20.000 people. They inhabit the space in and around the camp while awaiting a decision on their asylum application. We worked as doctors with a medical NGO inside Moria camp delivering primary healthcare from March to July 2020. On September 8th, the original Moria camp burned down entirely. Based on reports that the newly built camp offers no structural improvements, we are confident to say that the oberservations stated in this report are still valid today. It is beyond the scope of this report to give a detailed account and evaluation of Greece's COVID19 response in Moria.

Living conditions

As many refugees, human rights advocacy groups and NGOs have previously pointed out, the living conditions in Moria not only fail to cater for basic human needs, they also pose a serious threat to the health of its inhabitants. Poor hygienic conditions such as lacking sewage and a shortage of sanitary facilities predispose the inhabitants to the spread of communicable diseases such as scabies, chicken pox, measles and meningitis. Dire housing conditions, overcrowding and malnutrition owed to scarce, poor quality food lead to a high susceptability towards viral respiratory infections, food-borne illness and the aggravation of preexisting conditions.

Due to traumatic experiences like sexual and physical violence, war, loss of family members before and or during the process of forced migration there is already a high prevalence of anxiety disorders, major depressive disorders and post traumatic stress disorders in this population. Adding to this, the living conditions of Moria take their toll on the mental health of the inhabitants. Factors such as uncertainty about the future with almost no possibility of self-efficacy, violent conflicts and crimes associated with the congestion inside the camp, create a tense atmosphere. This can both lead to the development and to the aggravation of aforementioned conditions. In a survey by the Refugee rights council among residents of the camp, two thirds said they never felt safe in Moria.

Structural barriers in healthcare

Primary healthcare in Camp Moria camp is mainly provided by NGOs. The NGOs are staffed by volunteers which goes along with structural issues such as a high turn-over of personnel, impaired continuity of care and lack of unified documentation. Medical volunteers come with a wide range of medical expertise and experience. There is no systematic on-the-job training. As most volunteers only stay for a short period of time, it is impossible for them to understand the complex and everchanging system of different medical actors inside and outside the camp. Translation is done by volunteer translators from within the community. It remains unclear, how much information is lost in translation due to shame, fear or limited vocabulary.

Every day, a significant number of people seeking medical advice are turned away with the advice to try again the following day. The majority of patients are merely quickly triaged by nurses who administer symptomatic treatment. Doctor’s consultations are mostly done in spaces as small as 1,5 m² separated only by plastic shower curtains which does not allow for either confidentiality or

adequate physical examination. Drugs are given out in very limited quantities, most often less then the smallest package size. The opening times of the NGO clinics depend on the amount of staff present. Outside of the opening times there is only rudimentary emergency care by different Greek actors. During the night, there is only one military doctor responsible for the entire camp. Partly, it is nonmedical actors such as the police who decide whether an emergency warrants calling an ambulance. This often leads to a considerable delay until the arrival of emergency services which during our time led to at least one preventable death due to hemorrhage.

Links between the NGO health and the Greek health care system are weak. In theory, health problems that exceed primary health care and need further diagnostics or treatment will be referred to the Greek health care system. Before March 2020, taking into account waiting times of up to six months for a neurologic or a psychiatric consultation, this was generally possible. After the implementation of lock down measures for the prevention of COVID19, we saw a greatly reduced availability of specialized care for residents of the camp.

The first step, presenting a patient needing further workup to the Greek health officials (EODY) within the camp already presented a major bottleneck. Many cases that were considered non-life threatening or subacute were rejected, often before they received simple diagnostic steps such as an X-ray or a blood test. This holds true even for conditions such as hernias or rheumatoid arthritis that would cause the patient relentless pain or severely impair daily functioning.

Owing to these restrictions, the NGOs would begin to limit the indications for medical tests and thus themselves become gatekeepers of the deficient healthcare system. Many aspects of healthcare were simply absent as long as they are not provided by NGOs. For instance, there was no dental care provided for the residents of Moria during our time there and many cases of severe tooth ache and dental abscesses went without adequate treatment for months.

As refugees, inhabitants of Moria are at a general high risk of certain non-communicable diseases. With the described restricted access to basic health services within the camp, especially lack of monitoring and treatment, there is a higher likelihood of preventable adverse outcomes of chronic diseases such as diabetes and hypertension. The lifestyle modifications at the base of treating these conditions such as changes in diet are nearly impossible to implement.

The detrimental impact of living conditions in the camp on the psychological wellbeing of its inhabitants described above leads to a high demand in psychological and psychiatric care. This cannot even remotely be met by either the employees of the Greek public health system or the services provided by the NGOs. The result is a frequent occurrence of acute mental health crises including suicidality, self-harming behavior, substance abuse and panic attacks. To adequately adress these in the setting of primary health care with limited temporal, spacial and material resources is often nearly impossible.

To our knowledge, important measures for maintenance of public health such as screening for tuberculosis in new arrivals or administering vaccinations were not systematically upheld during our stay. Patients that need treatment beyond the scope of Lesvos´ health care have to be transferred to the mainland. The lengthy administrative process leading up to this can in some cases have a very negative impact on a given patient´s health. For instance, during our time we saw a minor

with a rapidly growing tumor on his left chest that clearly showed signs of malignancy on ultrasound. Despite all efforts to point out the utter urgency of the case, he was not sent to the mainland until six weeks later where he was diagnosed with extensive metastatic disease. Likewise, a fourty year old mother of three had to spend three months with the diagnosis of breast cancer at a potentially curable stage before being transferred to Athens for treatment.

Conclusion
In summary, we can testify that living in Moria poses a severe threat to the health of every single one of its inhabitants by a) the unhealthy living conditions, b) restricted access to medical care and c) non-standardized medical care. We think that medical conditions for the people in Moria don't live up to either international or European standards and regard them as not compatible with the right to health care written down in the International Covenant on Economic, Social and Cultural Rights that was ratified by Greece in 1985.

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Sources and further reading:

Devi, S. (2020). Greece “deliberately depriving” care to child refugees. The Lancet, 395(10221), 323.

Fotaki, M. (2019). A crisis of humanitarianism: Refugees at the gates of Europe. International journal of health policy and management, 8(6), 321.

Kotsiou, O. S., Kotsios, P., Srivastava, D. S., Kotsios, V., Gourgoulianis, K. I., & Exadaktylos, A. K. (2018). Impact of the refugee crisis on the Greek healthcare system: A long road to Ithaca. International journal of environmental research and public health, 15(8), 1790.

Refugee Rights Council: An Island in Despair. Documenting the situation for Refugees and Displaced People in Lesvos, Greece, 2018, http://refugeerights.org.uk/wpcontent/uploads/2018/11/RRE_AnIslandInDespair.pdf

Rojek, A. M., Gkolfinopoulou, K., Veizis, A., Lambrou, A., Castle, L., Georgakopoulou, T., ... & Horby, P. W. (2018). Clinical assessment is a neglected component of outbreak preparedness: evidence from refugee camps in Greece. BMC medicine, 16(1), 43.

World Health Organization. (2018). Report on the health of refugees and migrants in the WHO European Region: No public health without refugees and migrant health.