EU Ombudsperson Strategic Inquiry OI/3/2022/MHZ

MSF contribution - January 2023

1. What impact, if any, has your organisation identified on the rights of migrants as a result of their stays in the MPRICS?

Securitised environment negatively impacts health

Based on MSF's experience, most people arriving on Samos and housed in the Zervou closed-controlled access centre (CCAC)[1] are vulnerable and bearing multiple levels of trauma. Many have fled conflict or persecution and have been exposed to appalling levels of violence in their home country or during their journeys. People tell MSF of having survived trafficking, sexual violence, torture and physical assault. Some have been separated from family members during previous pushbacks or seen their family members die during shipwrecks. Between January-December 2022, MSF supported 245 new mental health patients in Samos– of these, 82% told us that violence was the precipitating factor in their mental health distress.

People therefore need a safe, supportive and humane environment to register and process their asylum claim without risk of further re-traumatisation. However, MSF has found that the prison-like conditions, surveillance and rushed and unclear asylum procedures of the CCAC exacerbate previous traumatic experiences and people's mental health conditions. The isolated, securitised environment segregates people, depriving them of agency and any semblance of a 'normal' life. As described by the Ministry of Migration and Asylum, the CCACs on Samos, Leros and Kos are walled by double NATO-style military barbed wire fencing, in combination with closed entry-exit systems, such as one-way turnstiles, magnetic gates, X-rays and biometric screening.[2] This directly contravenes the recommendations of the European Fundamental Rights Agency (FRA), who advise that "*a facility intended for the first identification and registration of new arrivals should not resemble a prison, with barbed wire and prison-like fencing. This helps avoid the risk of re-traumatising people who have experienced violence and persecution*" [3].

Over the past year, our teams have seen high levels of generalised mental health suffering amongst people in Zervou centre and demand for MSF's mental health services has been consistently high. Between January-December 2022, MSF provided 1,347 individual and group mental health consultations to refugees and asylum seekers on Samos, and 43% (107) of MSF's new mental health patients on Samos had symptoms related to psychological trauma. People told us during consultations that the securitised environment made them feel that they were being punished for seeking safety. From MSF's experience, the structural violence within the centre adds additional stressors and strips people further of their dignity and ability to heal.

Inadequate health provision

Since Samos CCAC's inauguration in September 2021, MSF has found the healthcare provision within the centre consistently inadequate, with insufficient medical staff and medical supplies for people's needs. Since February 2022, MSF staff have seen medical doctors only visit the CCAC on occasional days for a few hours. MSF is also regularly asked to donate basic medical and administrative supplies. To cover these gaps and ensure that people's health needs are addressed, MSF has stepped in to provide mobile primary healthcare three times per week since April 2022. MSF's activities illustrate the scale of the health needs on Samos: since the start of MSF's intervention in April 2022 until the end of the year in December 2022, MSF conducted 4,023 primary health consultations including care for sexual reproductive health issues, and provided specialised care to 90 sexual violence survivors.

MSF has supported people with a range of serious and life-threatening conditions, including non-communicable diseases such as diabetes and epilepsy as well as suspected cancer and stroke. We referred 141 patients to Samos hospital for emergency treatment and referred 442 to specialists for further investigation and treatment. MSF covers the costs of appointments with private specialists and medication. However, much specialist medical care is unavailable

[1] Multi-purpose reception and identification centres (MPRICs) and closed controlled access centres (CCACs) (Κλειστές Ελεγχόμενες Δομές) are both names for the same high-security structures on Samos, Kos, Leros and Malakasa.

[2] https://migration.gov.gr/ked-samoy-kleisti-elegchomeni-domi-samoy/

[3] https://fra.europa.eu/sites/default/files/fra_uploads/fra-2021-initial-reception-facilities-external-borders_en.pdf

on Samos, and people in need have faced administrative delays of up to several months for transfers to hospitals on the Greek mainland. This has included individuals in urgent need of hospitalisation, review by specialists or lifesaving drugs such as antiretrovirals (ARVs) for HIV.

Challenging living conditions

In Samos CCAC people are housed in containers and there is less overcrowding than in the former camp. However, living conditions in the centre are challenging as a result of infrastructure problems, including stoppages in the water supply. People treated by MSF have told us of frequent breakdowns of air conditioning and heating. Rooms in the containers where people are housed do not have keys, and there is still no dedicated safe space in the CCAC for single women or women with children. There are no alternative safe shelters for survivors of sexual violence on Samos island.

Movement restrictions

Based on MSF's experience, people with an asylum ID card can enter or leave the CCAC but the registration process for an ID card can take 25 days or longer. All new arrivals are therefore effectively detained, without the freedom to come and go. So far, the centre's management has allowed people without ID cards out for medical or legal appointments, but this could change at any moment. The centre's remote location also makes it difficult for people to easily travel into Samos main town and interact with normal society, as the private bus fare is unaffordable for many.

The planned CCAC on Lesvos is even more isolated, at 33 kilometres and up to 1 hour from Mytilene town, adding a significant barrier for services and underlining again the logic of segregation and de-facto detention that underpins these centres. Similar to Samos, there will likely be a reduction of actors able to provide services in the site, including many of the experienced NGOs currently providing services in Mavrovouni camp and Mytilene. The logistics and cost of daily transportation of staff to this remote location is potentially prohibitive and may result in barriers for NGOs providing support, as well as limiting the capacity of asylum seekers to access services outside the CCAC. With only three ambulances on Lesvos island, the distances will likely make emergency referrals from the planned CCAC to Mytilene hospital challenging.

2. Could you please comment on what access to legal assistance is available to migrants staying in the MPRICs?

Rushed asylum process and inadequate vulnerability screenings

MSF is concerned about the lack of safeguards in the screening and border procedures implemented in the Greek hotspots and CCACs. MSF provides a holistic package of medical-humanitarian assistance to asylum seekers and refugees housed in Samos CCAC, which includes complementary social and legal advice to patients if needed. Through this care, MSF staff have seen that asylum procedures in the CCAC have sped up to such a degree that people are at times asked for their first interview soon after being admitted to the CCAC, often with no time to seek legal or medical assistance or prepare for the interview.

- Medical vulnerability screenings are not consistently conducted or are rushed through superficially. Testimonies and case examples from people treated by MSF indicate that serious vulnerabilities have been missed, including torture and sexual violence. For example, an MSF patient, a survivor of torture, was not identified as a vulnerable person and did not receive referrals to medical or psychological services. The person went to their asylum interview without legal assistance and their asylum claim was rejected. After receiving support from MSF, the person has now been granted subsidiary protection.
- People tell MSF they are not given the opportunity to speak about past experiences of violence. One MSF patient, a survivor of trafficking and sexual violence, told us she had to conduct her asylum interview shortly after giving birth and *'During my asylum interview the person from the asylum service did not allow me to speak about these experiences'*.[4] Another person came to MSF upset after receiving a rejection and described having to conduct the interview with a newborn in her arms and with no opportunity to speak about surviving sexual violence and trafficking.
- MSF has also been told of inadequate provision for translation. One patient told us '*English is my second language. Although I speak it well, I find it hard to speak in English about difficult experiences. But they said that they don't have any interpreter available in my language and I had to do it in English. Even when my interview started, I expressed again that I was uncomfortable in English. ... I received a rejection… I really believe that I couldn't tell my story fully, I couldn't express myself and explain the things that have happened to me.'*[5]

[4] MSF testimony 2022, Nasra (pseudonym).
[5] MSF testimony 2022, Serge (pseudonym).

3. Has your organisation come into contact with the activities of the Commission's Task Force on migration management? If yes in which context?

MSF has met with the European Commission Directorate-General for Migration and Home Affairs (DG HOME) representative on Samos on multiple occasions and discussed issues pertaining to the CCAC and new arrivals on the island. Similarly, MSF has met with the European Commission Representative on Lesvos and discussed issues pertaining to the planned CCAC in Vastria. We have had no meetings specifically related to the Task Force on migration management.

In Brussels, MSF has been exchanging with the DG Home Task Force on Migration Management throughout the years. We have continuously shared with them internal briefings and reports from our operations in Greece. In addition to holding meetings to address the situation, we have also invited the head of the Task Force as a panelist in a roundtable discussion jointly organised by the Lancet Migration European Hub and MSF on "Health of Migrants in Containment Settings at Europe's borders". The discussion drew on the findings of MSF's report: Constructing crisis at Europe borders and offered an opportunity to discuss the health impact of containment policies on migrants in Greece, and the need to develop policies to address it and strengthen fundamental rights.

4. Please set out any other matter you consider relevant for the Ombudsman's inquiry.

Since the beginning of January 2023 entry into the island CCACs (including Samos CCAC) as well as all other camps on the mainland, has been restricted to NGO personnel who are registered in the Ministry of Migration and Asylum NGO Registry. Consequently, a significant number of NGO personnel have been unable to enter and offer vital services inside the CCACs and the camps. In general, such restrictions on access to humanitarian services are of concern and require monitoring.