



Refugee crisis in Greece: not a one-country job

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During the past years, tens of thousands of refugees have arrived at the rocky coasts of the island of Lesbos, Greece; occasionally in hundreds in one day, while thousands of their compatriots have not made it alive (Lancet 2015; Abbasi et al. 2015). Starting mainly from Syria, they have arrived in Greece first by walking through rough areas to the western coasts of Turkey, and then via a long, costly and highly risky trip in inflatable, overcrowded boats (Abbasi et al. 2015). Lesbos is situated on one of the most direct passages to the European continent and is refugees' hopeful safe haven. It has come to represent asylums seekers' gateway to a potential escape from a troubled past. However, upon arrival to Greece, the desperate travelers have encountered a new set of challenges.

Greece has not received consistent support from other European countries. Notable exceptions include buses offered by the United National High Commissioner for Refugees (UNHCR) to transport people to Moria in Lesbos, where Frontex (agency of the European Union) staff have been screening and identifying refugees. Moria hosts

a hotspot, an EU-run reception centre to identify and fingerprint migrants and refugees. Following the EU and Turkey agreement on refugee movement, Moria has been largely operating as a detention camp. It is there that refugees have queued for their registration by the Greek police authorities, received necessary documentation to continue their trip to other European countries (Germany, Hungary, UK among others) (Abbasi et al. 2015), or been deported. Often a few have disappeared in the island's countryside during the night, remaining anonymous, unaccounted for and eventually undocumented. Lesbos saw a new influx of asylum seekers in early summer as well as riots in June. It is in this context, that the lack of a long-term sustainable solution to address the violation of the basic rights of thousands of refugees going through Greece remains important. International public health authorities would have a role to play in assessing the unsafe and unsanitary conditions of the hotspots. Further, as a significant number of refugees are being detained in camps for months, they incur eventually far higher costs to receiving societies than becoming integrated (Razum and Bozorgmehr 2015).

This new health crisis in Greece is reflecting the extent of the problem on the other receiving end: Syria. During the recent conflicts, wide destruction of health care facilities, lack of secure routes, shortage in medicines, re-emergence of polio and widespread famine and malnutrition have been recorded (Ben Taleb et al. 2015). Syria faces a human tragedy and remains a sad reminder of the impact that neglected determinants, like conflict and politics, have on public health. This leaves Greece to experience the consequences of the Eastern Mediterranean refugee crisis to the utmost degree (Lancet 2015). The country faces a significant economic and social crisis and its approach to healthcare delivery has known problems,

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namely: lack of coordinated public health programs, unequal access to healthcare, insufficient rural and remote primary care provision (Kousoulis et al. 2013). If it aimed at realistically supporting this international public health agenda, Greece would indeed be required to, no less, revolutionize its national healthcare system. Rather, the country is experiencing the burden of this crisis without all the necessary provisions in place to share the obvious collective responsibility.

It takes creative thinking beyond borders to address some of the health needs of refugees. Many important predictors of long-term mortality and morbidity in immigrant populations are well documented: age at immigration, burden of existent long term physical conditions, and emerging conflict- and trauma-related mental health problems (Ben Taleb et al. 2015; Holmes et al. 2015). However, whilst universal health is recognised as a fundamental human right, it has frequently been subjected to heterogeneous regulations and interpretations, often impacting most negatively on migrants (WHO 2014). The existing evidence base which addresses the needs of populations in transit should grow further to challenge policies and practices impacting on migration and provision of care (Smith 2016). Thinking beyond borders in the current context requires EU coordination and best use of available support. However, European funding is far from sufficient and countries with much more organized care structures and available funds (like Germany or the UK) are increasingly taking inward-looking approaches (Abbasi et al. 2015).

It is unlikely that the movement of refugees across Europe will slow down any time soon. Thus, decisive steps should be taken to deal effectively with the mass suffering. In addition to what has been suggested (Lancet 2015;

Abbasi et al. 2015), further actions are needed: local authorities and large international Non Governmental Organizations need to establish channels of interaction; European countries should work more closely with the Greek state; international support should be provided for volunteers wishing to be deployed to areas like Lesbos. Public health needs to be safeguarded by using a serious project plan, including, at least, screening for infectious diseases, trauma assessment, mental illness stigma prevention and mass vaccination. Greece cannot -and should not- face this alone.

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