

## “LIKE A PRISON”

### ASYLUM-SEEKERS CONFINED TO THE GREEK ISLANDS

By Izza Leghtas



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## SUMMARY

This report examines aspects of an agreement between the European Union (EU) and the Government of Turkey, laid out in an EU-Turkey statement of March 18, 2016, that was designed to reduce the number of asylum-seekers and migrants arriving in Europe by sea. In 2015, that number had reached more than one million people, of whom 80 percent travelled by sea from Turkey to Greece's Aegean islands. Under the arrangement, Turkey agreed to accept the return from Greece of migrants and asylum-seekers who arrived on the Greek islands from Turkey after March 2016. In general, the substantive claims to asylum by asylum-seekers who fall under this procedure are not to be examined by Greek authorities; rather the asylum-seekers go through an admissibility procedure that assesses whether Turkey can be considered a "safe country" to which they can be returned. This raises at least two concerns. First, Turkey maintains a geographic restriction to the 1951 Refugee Convention and its 1967 Protocol, documents that provide critical protections for asylum-seekers, and is only prepared to recognize as refugees people fleeing persecution in Europe. Second, Turkey is already overwhelmed by over three million refugees, many of whom already face significant obstacles in accessing employment, housing, and education.

Though the EU-Turkey statement does not explicitly require it, Greece has put in place a containment policy on its Aegean islands. As a general matter, asylum-seekers and migrants arriving on these islands are not allowed to leave for the Greek mainland, and thousands of people are thus confined on these small islands. In July 2017, Refugees International witnessed appalling living conditions for many asylum-seekers in overcrowded and unsafe accommodations, and many are deprived of care and support that is only available on the mainland. And though EU leaders claim their goal is to break the business model of smugglers, the containment policy is actually pushing some people to travel off the islands by paying smugglers.

The containment policy has had some exemptions, including asylum-seekers with certain vulnerabilities (such as pregnant women or people with disabilities). Those individuals have been allowed to leave the islands for the mainland and have their asylum claims considered in substance. Exemptions from the containment policy have also been granted to those who might be eligible for unification with family members who are seeking or have been granted asylum in another EU country where the asylum claims of all family members would be processed. But the EU and Greek authorities have agreed on a joint action plan, issued in December 2016, that envisions limiting those exemptions. If this occurs, it will result in a worsening of the situation on the islands and will put more people at risk of being returned to Turkey.

## Recommendations

### To the Greek authorities:

- Refrain from returning asylum-seekers to Turkey until Turkey can ensure that they will be accorded standards of treatment commensurate with the 1951 Convention related to the Status of Refugees and its 1967 Protocol;
- End the containment policy on the Greek islands in light of the unacceptable conditions faced by asylum-seekers;
- Ensure that medical teams conducting medical and vulnerability screenings and providing care for asylum-seekers and migrants on the islands are adequately trained and staffed, including with female doctors, and are adequately resourced with interpreters;
- Invest in comprehensive training of Greek Asylum Service officers conducting asylum interviews on the islands to improve the identification of applicants' vulnerabilities;
- Pending an end to the containment policy on the islands, allow people identified as vulnerable to travel to the mainland without delay, whatever their nationality;
- Pending an end to the policy of forcibly returning asylum-seekers to Turkey under the admissibility procedure

*Front cover photo: Majid, a Syrian asylum-seeker in his hotel room in Lesbos.*

designed to determine whether Turkey is a safe country to which the asylum applicant may be returned, refrain from enacting legislation or carrying out policies that would apply the admissibility procedure to people belonging to vulnerable groups as defined under Greek law or to people eligible for family reunification in other EU countries;

- Immediately provide separate accommodation in government-run camps for women, who, in some cases, are forced to share accommodation with unrelated men;
- Ensure that, even if they are accommodated in apartments or hotels, asylum-seekers can access medical assistance, legal assistance and assistance from social workers;
- Together with the European Union's Asylum Support Office (EASO), improve communication to asylum-seekers and migrants about their status and their cases.
- Ensure that law enforcement officers are present inside sites hosting asylum-seekers and migrants and that they protect asylum-seekers and migrants by intervening against acts of violence or crimes that may occur on these sites.

**To the EU and its member states:**

- Suspend the requirement for Greece to return asylum-seekers to Turkey on the basis of the EU-Turkey statement of March 2016 until asylum-seekers subject to return have rights commensurate with those in the 1951 Convention related to the Status of Refugees and its 1967 Protocol;
- Monitor the handover to the Greek government of funding for services to asylum-seekers on the Greek islands and to unaccompanied minors throughout Greece and require that the provision of services for asylum-seekers with EU funding is adequate following this change;
- Consistent with Refugees International's recommendation that Greece refrain from returning asylum-seekers to Turkey under current circumstances, other EU member states should recommit to supporting the Greek authorities' management of asylum claims by accepting asylum-seekers through responsibility sharing arrangements that envision transfer of asylum-seekers from Greece (given its high level of migration) to other European countries where the asylum claims could be considered.

**To the United Nations High Commissioner for Refugees (UNCHR):**

- Better ensure that people allowed by the Greek authorities to leave the islands can travel promptly to the mainland (in light of UNHCR responsibilities to coordinate the transfer of asylum-seekers to sites on the mainland in cooperation with the Greek authorities and to provide accommodation in apartments on the mainland for people belonging to vulnerable groups); UNHCR must more effectively coordinate this process, and ensure that people allowed by the Greek authorities to leave the islands can travel promptly to the mainland;
- Closely monitor the accommodation arrangements in government-run camps and seek to ensure women are not forced to share living spaces with men to whom they are not related, as was reported to RI;
- Improve communication to asylum-seekers and migrants living in camps, hotels, or apartments about their cases and, when relevant, their transfer to a different type of accommodation or their transfer to the mainland.

## BACKGROUND

### The EU-Turkey Statement and its Implementation

At the height of arrivals of asylum-seekers and migrants from the Middle East and Africa to Europe in 2015 and early 2016, the Greek islands were places of transit. Asylum-seekers and migrants would spend only a few days on the islands as they made their way toward northern Europe, where they planned on lodging an asylum claim. Seeking to curb these flows, the European Union (EU) concluded an agreement with Turkey that has left thousands trapped on the Greek islands. Many are suffering from harsh living conditions, are deprived of services and medical care, and are experiencing deteriorating mental health due to their inability to leave small islands that are not equipped to provide the care and services they need.

The starting point for consideration of these issues is the EU-Turkey statement of March 18, 2016.<sup>1</sup> As mentioned, it aims to limit the arrivals of asylum-seekers and migrants from Turkey to the Greek islands. The statement provides that Turkey will accept the return from Greece of migrants and asylum-seekers who arrived irregularly on the Greek islands as of March 20, 2016.<sup>2</sup> In exchange, the EU promised to resume talks on Turkey's accession to the EU, provide visa-free travel for Turkish citizens to the EU, and provide billions of euros in funding for projects supporting refugees in Turkey.

The statement also provides for a “one-for-one” resettlement scheme through which, for each Syrian who is returned to Turkey, another Syrian will be resettled from Turkey to an EU country. The statement specified that “priority will be given to migrants who have not previously entered or tried to enter the EU irregularly.” The scheme does not apply to non-Syrian refugees.

But before anyone is returned from Greece to Turkey, there is an admissibility procedure in Greece to determine whether return to Turkey for the individual asylum-seeker would be safe – that is, whether Turkey is a safe third country. If it is determined that return would be safe, the asylum claim is deemed inadmissible, and the person may be returned. If, however, it is determined that return

for the individual to Turkey would not be safe, the asylum claim is deemed admissible in Greece and is considered on its merits in Greece.

RI is concerned that there are issues that call into question the safe return to Turkey for all asylum-seekers impacted by the EU-Turkey arrangement. In particular, for the concept of “safe third country” to be applied, that country must “...accord the person standards of treatment commensurate with the 1951 Convention and international human rights standards.”<sup>3</sup> This is the phrase used in a March 2016 legal analysis by UNHCR discussing the protection requirements around the EU-Turkey agreement. The document considers international protection standards as well as a European Asylum Procedures Directive. The paper is detailed in its discussion, but RI believes its simple statement on “treatment commensurate with the 1951 Convention” is the clearest articulation of the appropriate standard to be used.

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Beginning on March 20, 2016, and through June 13, 2017, 1,210 individuals were returned from Greece to Turkey under the EU-Turkey statement.<sup>4</sup> Those returned had either not applied for international protection, received a negative asylum decision, or withdrew their asylum application. At the time this report was written, the number of sea arrivals from Turkey to the Greek islands since the beginning of 2017 was 12,191.

While EU leaders regularly hail the EU-Turkey statement as a success, pointing to the dramatic reduction in the number of arrivals to the Greek islands once it entered into force, the leaders have also expressed disappointment at the number of returns to Turkey.<sup>5</sup> At the time this report was written, no asylum-seekers had been returned on the grounds that their application for asylum in Greece was inadmissible and that Turkey was a safe country for them.

## Migration Movements in Greece



Currently pending before the Greek Council of State, Greece's highest court, is the case of two Syrian asylum-seekers who are challenging the decision that their asylum applications were inadmissible on the grounds that Turkey is a safe country for them. This case was heard on March 10, 2017, but at the time this report was written, a decision had yet to be issued. A ruling that the Syrians' application is inadmissible could be followed by the return of dozens of Syrian asylum-seekers to Turkey.

Asylum-seekers in Greece have the right to appeal the first decision on their admissibility. RI met several Syrian asylum-seekers whose claims had been rejected as inadmissible, either at first instance or on appeal. The asylum claims of non-Syrians are also examined under the admissibility procedure. But at the time this report was written, non-Syrian applicants had all been deemed admissible and their claims then proceeded to be examined on the merits. According to our research, these admissibility rules were based on information and concerns that Turkey's asylum system does not provide them with adequate protections.

To implement the EU-Turkey statement, Greece has adopted a containment policy on its Aegean islands: asylum-seekers who arrive irregularly from Turkey are prohibited from traveling to the mainland unless they are granted asylum on the islands or otherwise provided exemptions. Exemptions can be obtained for people belonging to vulnerable groups (as described in detail in the section below) and for people eligible for family reunification in another EU country. Such a prohibition on movement to the mainland is not required by terms of the EU-Turkey statement, or the EU Asylum Procedures Directive to which it refers and which lays out the concept of safe third country.<sup>6</sup> But a Greek law of April 2016, enacted shortly after the EU-Turkey statement, provides that upon completing their registration, asylum-seekers are issued an international protection card which can restrict their movements to a part of the Greek territory, upon a decision by the director of the Greek Asylum Service.<sup>7</sup> This provision appears to have been adopted to implement the EU-Turkey statement: by requiring individuals to remain on the islands, their movements are more easily monitored pending the review of their case and possible return to Turkey.<sup>8</sup>

This containment policy is problematic primarily because the islands are not equipped to provide for these people. It appears to have been implemented by the Greek government to control the movement of asylum-seekers arriving on the islands. RI has received reports that the Turkish government refuses to accept people to be returned under the EU-Turkey statement if they have been transferred to the Greek mainland. Regardless of the position of the Turkish government, this containment policy is not acceptable in light of the limitations asylum-seekers face on the islands in accessing services they need.

As a result of this containment policy, thousands of people have been stuck on the Aegean islands for months and even for more than a year.

Although arrivals from Turkey to the Greek islands have dramatically decreased since the EU-Turkey statement, more than 72,000 people have arrived along this route so far in 2017.<sup>9</sup> In July 2017, 2,249 asylum-seekers arrived, and in June, the number totaled 2,012. As of August 1, 2017, according to government figures, there were 35,114 asylum-seekers and migrants on the Greek mainland, and 14,354 on the islands, living in official sites and other state-run facilities.<sup>10</sup>

As a practical matter, the EU-Turkey statement effectively alters the application of a 2015 EU member state agreement, in which EU members agreed to relocate asylum-seekers of certain nationalities from Greece and Italy, to ease the pressure on those frontline states.<sup>11</sup> The EU-Turkey agreement effectively restricts the scope of this relocation scheme to asylum-seekers who arrived in Greece before March 20, 2016. Those who arrived after that date must, if their claim is deemed admissible, apply for asylum in Greece. If the claim is inadmissible, they are to be returned to Turkey.

## Application of Procedures and the Geographic Restriction on the Greek Islands

As mentioned, Greece has adopted a containment policy on the islands to implement the EU-Turkey statement. As a general matter, it subjects asylum-seekers who arrived

as of March 20, 2016, to a fast-track border procedure and prohibits them from traveling to the mainland.

For asylum-seekers arriving on the islands, the claims of those from countries with an asylum recognition rate that is lower than 25 percent (such as nationals of Algeria or Pakistan) are examined on the substance. But Syrians and asylum-seekers from countries with a recognition rate that is higher than 25 percent undergo an admissibility procedure where officers of the Greek Asylum Service or the European Asylum Support Office (EASO) - whom other EU countries have deployed to Greece to support the Greek Asylum Service - assess whether they can be returned to Turkey. If they are found inadmissible, the EU-Turkey agreement envisions their return to Turkey. If they are found to be admissible, or if they are exempt from this procedure as described below, their claim is examined on the merits by the Greek Asylum Service.

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Asylum-seekers are exempt if they are eligible to join a family member who is in another EU country (under the family reunification procedure) or if they are identified as vulnerable under one of the seven categories listed in Greek law.<sup>12</sup> According to a European official in Athens, and as mentioned above, Turkey does not accept the return of people under the EU-Turkey statement if they have been on the Greek mainland. But the decision to prohibit onward travel from the islands to the mainland is not stated in the EU-Turkey statement.

In July 2017, on the islands of Lesbos, Chios, and Samos, RI met with asylum-seekers who were forced to stay on the islands and who described feelings of being trapped, feeling as though they were imprisoned, and feeling anxiety because of lack of access to medical or other services they or their children need. The challenges interviewees faced were many and varied. In some cases, people had not undergone a medical screening where

their vulnerability may have been identified. In others, they had been screened, but there was no note of their vulnerability. Some had been recognized as vulnerable and their geographic restriction had been lifted, but they were awaiting transfer to the mainland.

RI spoke with several asylum-seekers whose children needed medical treatment that was not available on the island and others who were anxiously waiting to find out if their geographic restriction had been lifted.

Once an asylum-seeker's geographic restriction is lifted, he or she must wait for his/her transportation and accommodation on the mainland to be arranged by UNHCR. During its visit in July, RI interviewed asylum-seekers whose restriction had been lifted up to one month earlier and who were still waiting for their transfer. RI has, however, been informed that these delays have been reduced in recent weeks.

## Stories from Asylum-Seekers on the Aegean Islands

Khaled,<sup>13</sup> a Palestinian asylum-seeker from Syria, told RI his son was in need of treatment for a cyst in his brain, but he had a geographic restriction. He said he had waited a month and a half to see a doctor at the local hospital on the island of Chios. Khaled said the doctor told him the treatment for his son's cyst is only available "in the big children's hospital in Athens."

Manal from Syria told RI that she had been in Chios for almost a month and a half with her husband and six-month-old son who needed heart surgery. Although their geographic restriction was lifted three weeks earlier, when RI met Manal and her family, they were sharing a tent in the Souda camp with a woman and another family. "Since we have been here, my son has been hospitalized twice for five days," she said. She told RI that doctors informed her that the heart surgery her son needed had to be performed in Athens, because there was no equipment to operate on children in Chios.

She and the other people in the tent also complained about the heat (which RI experienced), insecurity, and rats in the camp. Manal told RI she was so afraid rats would harm her baby that she could not sleep. They were waiting for their transportation and accommodation in Athens to be arranged by UNHCR.

Mariam, one of the other women sharing the tent with Manal and her family, was seven months pregnant and said she had a liver infection that could contaminate her unborn child. It was more than a month since she

and her family were authorized to leave the island. "The doctor in the hospital said you need to leave immediately to get treatment in Athens," her husband told RI.

Majid, a 31-year-old man from Syria, arrived in Lesbos in July 2016. He told RI he was imprisoned for eight and a half years before the war and was tortured. He said that within a month of arriving in Lesbos, he was interviewed, but his claim was rejected as inadmissible. Majid submitted an appeal, and, at the time RI interviewed him in July, he said he had no news about his status (in this particular case, he had been identified as vulnerable, but his international applicant card featured a geographic restriction).

Majid said that during the four months he spent in Turkey, he tried unsuccessfully to register with the authorities at least twice. He said he was hospitalized two or three times due to fainting spells, but since he did not have an identity card ("kimlik" in Turkish), he had to pay for his treatment.

When RI met Majid, he was living in a hotel room provided by a non-governmental organization (NGO). He previously spent seven months in the Moria camp.

An independent mental health assessment viewed by RI found that Majid is at risk of suicide, suffers from post-traumatic stress (PTS), panic attacks, and major depression.

Majid had been admitted to a program for the rehabilitation of torture victims run by Doctors Without Borders in Athens, but because of his geographic restriction, he had not been able to leave the island to join the program.

“There are medicines, but no mental rest,” said Majid. He said he struggles with financial support he receives (via UNHCR’s cash assistance program, which is funded by the European Commission) to cover basic costs, particularly food. “I’m not allowed to leave the island. It’s a prison,” Majid said. “It’s been a year. It’s not normal with a medical problem to wait this long.”

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Adel, a 26-year-old man from Syria, told RI he arrived in Lesbos in July 2016. He lived in a tent in the Moria camp for six or seven months, sharing a tent with four or five people. His asylum claim was rejected as inadmissible, and when RI interviewed him in July 2017, he was waiting for the decision on his appeal. He said he had had five different lawyers and that he sees his current lawyer for 30 minutes every six weeks.

“I have a psychosocial condition: a nervous breakdown, fear,” Adel told RI. “I had it in Syria, and here it is much

worse.” Adel said that when he was 17, he had attempted suicide. Adel told RI that he escaped from Syria to avoid fighting for the regime. As he traveled towards Turkey, he was detained by ISIS.

“I have been here for one year. I’m psychologically destroyed,” he said. “In this one year, I could have studied, done sports. For one year, my routine has been food, water, and sleep.” Adel told RI that if he received a rejection of his claim in Greece, he would lose what little strength he had left. He said that during his months in the Moria camp, he had lived through rain, snow, and fires.

Adel told RI that his sister had been in Athens with her five children for six months (she arrived on another island), but that he was not allowed to travel to the mainland to be with her. He said he had asked his lawyer if he could go see her in Athens. Adel recounted the discussion with his lawyer: “I said take me in a police car so I can see her, and she can see me. Even with handcuffs for an hour and bring me back or take me back to (Syria). The lawyer said it’s impossible.”

A recurring complaint made by asylum-seekers interviewed by RI was the lack of information about their status and their fate. RI spoke with several asylum-seekers who had been deemed inadmissible at first or second instance, and who described fear and anxiety at the possibility of being returned to Turkey and concerns about the lack of information about their cases. Others waited anxiously to find out whether their geographic restriction had been lifted, and, if it had, when they would be able to leave for the mainland.

The Greek Asylum Service, the European Asylum Support Office, and UNHCR should make a concerted effort to improve the dissemination of information to asylum-seekers and migrants regarding their cases, and, if they are granted permission to leave the islands, when that would occur. This would go a long way to improve people’s anxiety and feelings of powerlessness over their fate and that of their family.

“I’m thinking of my future,” said Hisham, an LGBTI asylum-seeker with a geographic restriction. He told RI he was kidnapped and tortured by relatives in Iraq when they found out he was gay. “I can’t sleep. After two or three hours I get up. Here we’re in a prison.” He said that being a refugee and LGBTI, he faced hostility from the local population on the island. “It’s not just that I can’t leave the island. I can’t leave the apartment.” He said a few days earlier, he and his partner went to a restaurant and ordered food, but the waitress told them they were closed, even though it was not yet closing time.

Another LGBTI asylum-seeker told RI that he feels uncomfortable going out because he does not feel accepted by other asylum-seekers and migrants on the island. “They say hurtful things to us. In Greek stores, they don’t accept us,” he said, adding that

following these experiences, he mostly stays in his apartment.

“(The island) is very small,” a transgender asylum-seeker with a geographic restriction told RI. “There’s the port and the park. So you meet refugees from Iraq and Syria - even women - they say, ‘Is this a boy or a girl?’”

## Inadequate Medical and Vulnerability Assessments

Medical assessments that take place upon arrival on the islands are key for asylum-seekers and migrants, since medical or other conditions (which may require immediate attention, special accommodation, or identify individuals as vulnerable) could exempt them from Greece’s admissibility procedure. But RI found that the lack of sufficient medical staff, the lack of medical expertise among the staff, and the format of the assessments, which interviewees described as taking only a few minutes, result in many people’s conditions not being identified. This is particularly the case for vulnerabilities that are less apparent – mental health conditions, experiences of torture or of sexual or gender-based violence – where a brief meeting, without a relationship of trust having been established, can result in people not disclosing such conditions.

Asylum-seekers and migrants undergo a screening by a doctor in the Reception and Identification Centre (RIC) – run by the Greek government’s Reception and Identification Service under the Ministry of Immigration - on the island in which they arrive. During this screening, the doctor is supposed to identify whether the person falls within one of the vulnerability categories, which would result in the asylum-seeker being declared exempt from the border procedure and allowed to leave for the mainland. The European Asylum Support Office (EASO), an EU agency tasked with supporting member states on matters of asylum, has deployed staff on the islands to assist the Greek asylum authorities and conduct admissibility interviews as well as interviews on the substance. EASO has “vulnerability experts” who can

identify vulnerabilities when they see asylum applicants. RI was informed that the EASO vulnerability experts communicate their opinions to the Greek Asylum Service, but RI was unable to meet with EASO representatives and gained little information about the process.

Under Greek law, seven categories of people are considered vulnerable: a) unaccompanied minors; b) persons who have a disability or suffering from an incurable or serious illness; c) the elderly; d) pregnant women or women who have recently given birth; e) single parents with minor children; f) victims of torture, rape, or other serious forms of psychological, physical, or sexual violence or exploitation, persons with a post-traumatic disorder, in particular survivors and relatives of victims of ship-wrecks; and g) victims of trafficking in human beings.<sup>14</sup> These categories are based on pre-existing Greek legislation implementing an EU directive on the minimum standards for the reception of asylum-seekers, requiring member states to take their specific situations into account.

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— UN official

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But humanitarian workers expressed serious concerns that on the islands of Lesbos and Chios, a reduction in medical staff in the spring of 2017, combined with a rise in arrivals, has led to a reduction in the capacity of these teams to properly identify people with vulnerabilities. As of May 2017, non-Syrian asylum-seekers identified as vulnerable were not allowed to leave the islands until they had conducted an asylum interview. Though their claims are still examined under the regular asylum procedure, this forces them to stay on the islands for a longer period. While the Greek authorities justify this change based on an increase in the Greek Asylum Service’s capacity on the islands, this results in a delay in the asylum-seekers’ departures and, therefore, of their ability to access services that are not available on the islands.

In Lesvos, the NGO Doctors of the World conducted vulnerability assessments as an implementing partner of the government and with EU funding. It had a team of 65 – including four male and female medical doctors and three psychologists per shift - who covered 16 hours per day, seven days per week. After its contract ended, it was replaced in June 2017 by the Hellenic Red Cross with a team of six that included one male full-time doctor (at the time this report was written, a part-time doctor had resigned), and one psychologist. They cover eight hours per day, five days per week. “There are serious concerns that the Hellenic Red Cross doesn’t have the capacity to provide the same quality and quantity of services. They get quickly overwhelmed,” a UN official told RI.

Another UN official informed RI that when there was a rise in arrivals in June, some people were moved to living areas in the Moria camp on Lesvos or to another camp



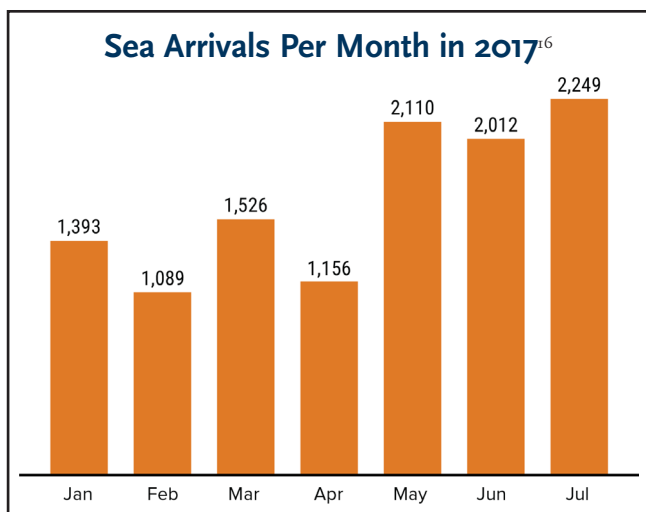
\*Majid shows the bullet wound scar from the attack he survived in his town in Syria.

without having gone through the medical screening, potentially putting other people at risk of communicable diseases. Humanitarian workers also expressed concerns about the competency of the existing medical staff to identify vulnerabilities and medical needs, including women who survived sexual or gender-based violence.

In a July report, Doctors Without Borders, which independently operates a clinic in Lesvos, found that 70 percent of people referred to its social worker on that island were very vulnerable (such as victims of torture or sexual violence) but had not been identified as such. In addition, less than 15 percent of their mental health patients had been identified as vulnerable even though they have severe conditions, and less than 30 percent of the NGO’s patients who are victims of torture had been identified as such. The NGO also reported that their psychologists have a waiting list of about 100 patients, even though they select only patients with severe symptoms.<sup>15</sup>

In Lesvos, RI interviewed three brothers from Afghanistan living in the Moria camp. They said they had arrived five days earlier, and, though they had already had their interview on the admissibility of their asylum claim, they had not received a medical screening. They were living in a tent with more than 20 people, also new arrivals, they said. Two of them had scars from self-harm on their arms. One of them also has the effects of a suicide bomb in Pakistan where he had been living. He lost hearing in one of his ears and said that he sometimes feels dizzy and loses consciousness. Had they undergone a medical screening, these men might have been identified as vulnerable and been declared exempt from the admissibility procedure.

In Chios, at the end of April 2017, the NGO Praxis was temporarily replaced by the Hellenic Red Cross (HRC) as the organization conducting medical and vulnerability screenings. At the time this report was written, the HRC had no doctor in place for medical screening since it had taken on the responsibility. Instead, one army doctor was conducting the screenings. A UN official informed RI that this change coincided with high numbers of arrivals (951 in May) and that the shortcomings in the provision of medical and vulnerability screening in the Reception and Identification Center was a source of concern.



Asylum-seekers interviewed by RI described a medical screening that lasted a few minutes, during which the doctor asked them whether they had any illnesses. Such a process is inadequate for the detection of vulnerabilities that are not visible – such as mental health conditions – or that require more time and trust, such as past experiences of torture or sexual or gender-based violence. “From a therapeutic point of view, the exact opposite of what you should do is ask someone upon arrival about their experience, and be asked by an untrained professional in a 20-minute interview,” said one humanitarian worker.

The vulnerability categories under Greek law do not include LGBTI asylum-seekers, despite the risks and threats they may face from other asylum-seekers, particularly in camp settings, as well as the risks they would face if returned to Turkey.

In September, the Hellenic Centre for Disease Control and Prevention, part of the Ministry of Health, is scheduled to assume the task of providing medical care, including conducting these medical screenings on the islands, but at the time this report was written, the recruitment process was ongoing. RI received information that the Centre is seeking to recruit more than 300 staff members to work in the Reception and Identification Centres, as well as in the hospitals on the islands.

## Living Conditions on the Islands

RI visited an informal camp near Moria and the Kara Tepe camp (which is run by the municipality on Lesbos), the

informal Souda camp on Chios, and the Reception and Identification Centre in Vathy, Samos. RI also interviewed asylum-seekers accommodated in apartments or hotel rooms. Our requests to visit the “hotspots” of Moria and VIAL (in Chios) were rejected by the Greek authorities. While we were given a short tour of the Kara Tepe camp, we were not permitted to speak with asylum-seekers inside the camp.

The main complaints of interviewees were overcrowding, having to share tents or living containers with people to whom they are not related, inadequate and insufficient food, lack of protection from the heat, lack of hygiene, insecurity, and the presence of snakes, rats, and insects. The camps and centers on the islands are overcrowded. But despite the rise in arrivals in recent months and the possibility that such an increase may occur again, there appeared to be no contingency planning for potential increases. Asylum-seekers also told RI that the cash amounts they receive – EUR 90 per adult per month if meals are provided, EUR 150 if they are not – are not enough to cover their daily expenses.

Several asylum-seekers also told RI they faced discrimination in local cafes and restaurants.

“If I go to a café or restaurant in Mytilene Square, the waiter or owner comes and says, ‘This place isn’t for refugees,’” Adel, a Syrian asylum-seeker, told RI.

During the winter of 2016, the lack of a timely winterization program left thousands of asylum-seekers and migrants exposed to freezing weather conditions, despite tens of millions of euros in EU funding to the Greek government, NGOs, and UN agencies.<sup>17</sup> In January, three people living in tents in the Moria camp died within a week during particularly harsh winter conditions. Greek media reported that they inhaled toxic fumes from heaters as they tried to keep warm. Commenting on the lack of preparation for the hot summer months, a humanitarian worker in Lesbos told RI, “It is like experiencing the situation we experienced in winter, in a summer version.”

Insecurity is a major concern as well. People described their fear as fights often occur between people living in the camps, especially where alcohol and drugs are

### Capacity and Occupancy on the Greek Islands as of August 1st 2017<sup>18</sup>

| ISLAND | OCCUPANCY | CAPACITY |
|--------|-----------|----------|
| Lesvos | 4,843     | 4,036    |
| Chios  | 3,499     | 1,314    |
| Samos  | 2,562     | 992      |
| Leros  | 810       | 1,089    |
| Kos    | 2,902     | 1,186    |

consumed. Several said they did not feel protected by law enforcement officials who are present but do not intervene in these incidents.

In the Souda camp, a woman sharing a tent with her husband and children showed RI damage caused to the surface of her tent when a man living in the camp put a knife or other sharp object through the tent, inches from her sleeping son's head. She said she knew who the man was but had not reported him to the camp security for fear of reprisals.

People living in the Moria center also described feeling unsafe. "There are a lot of fights, and the police stand aside watching. They don't interfere until they finish," an Iraqi asylum-seeker told RI.

The insecurity and lack of privacy particularly impacts women, who said they did not leave their tents or containers at night alone (for instance, to use the bathroom) and felt uncomfortable sharing their living space with unrelated men.

Siham, an asylum-seeker, told RI she was living in the VIAL camp with her family. She said they were all staying in a living container together with another family. She said the man from the other family drinks alcohol, which scares her. "We go outside," she said. "But I don't sleep. I'm afraid for my children."

Sexual harassment and sexual abuse in camps was also reported to RI by humanitarian workers and women who had experienced it. One woman said she had been sexu-

ally abused when living in a tent. She said she was moved to living space with families after she reported the abuse, only to be sexually abused again by another man. Another woman, who was pregnant and traveling with her young son, said she was placed in a container with two men and a woman. She told RI that one night, one of those men tried to sexually abuse her.

In determining who is accommodated in apartments and hotels, UNHCR and NGOs seek to give priority to people with vulnerabilities. But RI met several asylum-seekers who were in such accommodation, and while the material conditions were better than in camps, they described a lack of access to support and information.

## Deteriorating Mental Health

Deteriorating mental health was reported to RI by asylum-seekers on the islands and by humanitarian workers. These circumstances include self-harm, suicide attempts, and increasing feelings of despair and frustration, all resulting from experiences of detention, torture or other ill-treatment in their country of origin, the dangerous journey to Europe, their living conditions on the islands, the lack of clarity and information as to their status and future, their inability to travel to the mainland to access care and services, and feelings of being imprisoned on the islands.

The three islands visited by RI lack psychiatric care. Lesvos and Samos each has only one psychiatrist working in the respective public hospitals on each island (for the local population as well as migrants and asylum-seekers). While there are psychiatrists working privately, asylum-seekers and refugees would have to pay themselves. In Chios and Samos, there are no psychiatric clinics.

"I never thought that one day I would cut myself, but now my whole body is full of scars," Mohammad, an Iraqi asylum-seeker living in the Moria camp, told RI. He had been in Lesvos for nearly nine months and had interviews about his experience in Turkey and his reasons for leaving Iraq in one day in April. "I came to Europe to live like a human being, but unfortunately, I feel like they don't give me more dignity than to an

animal. Because I feel like in the place that we live, it's like a prison." Mohammad said he did not see a doctor when he arrived in Lesvos. He said an interpreter provided information, but he spoke a different Kurdish dialect. "Maybe he asked me if I wanted to see a doctor. I didn't understand him."

"Suad," a Syrian woman on the island of Chios for nearly three months, said she was worried about her husband, who was increasingly nervous and angry. "He feels he can't do anything for his family," she said, adding that he needed to see an eye doctor but was told there was no such doctor at the local hospital. She said her son needed an operation. "We have problems, but no one listens to us. We go to EASO, and they say go to the UN. The UN says go to EASO."

## From Bad to Worse:

### Joint Action Plan on the Implementation of the EU-Turkey Statement of December 2016

In an effort to increase the numbers of people to be returned to Turkey, the EU and the Greek government have suggested extending the admissibility procedure to certain people who are currently exempted and are eligible to be considered for asylum in Greece.

The proposals are contained in an action plan agreed upon by the EU and the Greek government and published in December 2016. The action plan envisions that the Greek Asylum Service would examine, on a case-by-case basis, the application of the inadmissibility procedure to people identified as vulnerable, with a view to returning them to Turkey. Such a situation would also result in forcing those individuals to stay on one of the islands throughout the procedure.

A European official in Athens informed RI that "there is a goal to send even part of these vulnerable people to Turkey" and that "the idea (of the EU-Turkey statement) is that everyone goes back to Turkey."

Though Turkey has ratified the 1951 Refugee Convention and its 1967 Protocol, it only grants refugee status for people fleeing persecution in another European country. Syrians are granted "temporary protection," and non-Syrians can apply for "conditional refugee status." Neither system grants rights that are equivalent to the Refugee Convention, including regarding the right to work: beneficiaries of "temporary protection" and "conditional refugees" must obtain a work permit to engage in lawful employment. In a February 2017 report, RI documented the lack of durable solutions for non-Syrian refugees in Turkey and the obstacles they face with regard to freedom of movement, access to employment, and to adequate housing. RI also documented additional hardships faced by single women, LGBTI refugees, and people belonging to religious minorities, as well as the high levels of racism faced by refugees from African countries.<sup>19</sup> Given the lack of rights and protection of both Syrian and non-Syrian asylum-seekers and refugees in Turkey, the Greek authorities should refrain from returning asylum-seekers to Turkey until the country can ensure that those individuals will be accorded standards of treatment commensurate with the 1951 Convention and its 1967 Protocol.

The action plan also suggests that the Greek Asylum Service examine, on a case-by-case basis, whether to apply the inadmissibility procedure to people applying for family reunification with a view to their return to Turkey. The action plan states that information would be required as to the possibility of family reunification "from/in Turkey."

The language indicates that, in such cases, asylum-seekers would be required to return to Turkey and apply from there for family reunification in another EU country. The other possibility would be family reunification "in Turkey," which suggests that the family member already in another EU member state would have to relocate to Turkey to live together with the asylum-seeker (One European official suggested to RI that this latter interpretation is not accurate and simply reflects a drafting error, but RI could not confirm that information).

## CONCLUSION

Greece, like other countries, has the right to enforce mechanisms to control entry into its territory. Being on the frontlines, receiving a high number of arrivals in 2015 and early 2016 and with little solidarity from other EU states, Greece has faced real challenges in dealing with the influx of asylum-seekers and migrants. But the Greek authorities must ensure that they will not return asylum-seekers to Turkey if they will not be granted rights to which they should be entitled upon their return. Such rights are not currently in place in Turkey, and until they are, Greece should not return asylum-seekers to that country.

While Greek and EU laws allow for certain restrictions in the movement of asylum-seekers, these should not result in asylum-seekers being deprived of rights and services they need. The Aegean islands to which asylum-seekers are restricted under Greece's containment policy are lacking in essential medical and other services. Given these circumstances, Greece should end its containment policy.

As people continue to arrive on the Aegean islands and remain there for extended periods, the Greek authorities should undertake urgent measures to improve conditions for asylum-seekers and migrants. They should ensure that people are not forced to live in overcrowded accommodation, that law enforcement officers provide security to those living on sites, and that women are not forced to live in accommodations with unrelated men. The authorities should also take immediate steps to improve communication with asylum-seekers and migrants on the islands and disseminate full and clear information about people's cases, their situation, and their rights.

Given the lack of protections for asylum-seekers and refugees in Turkey and the conditions and lack of services on the islands, the EU and the Greece should refrain from any measures that would further extend the scope of the admissibility procedure and containment policy to people who are currently exempt.

*Izza Leghtas and Alyssa Eisenstein travelled to Greece in July 2017. RI extends special thanks to the asylum-seekers and migrants who shared their stories with us.*



\*Informal camp near the Reception and Identification Centre of Moria, Lesbos.

## Endnotes

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8. Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 laying down standards for the reception of applicants for international protection (recast) provides that EU member states may assign asylum seekers to a particular area (Art 7). The directive also provides that “the assigned area shall not affect the unalienable sphere of private life and shall allow sufficient scope for guaranteeing access to all benefits under this Directive,” which also requires EU member states to ensure that “material reception conditions provide an adequate standard of living which guarantees their subsistence and protects their physical and mental health (Art 17), <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013L0033&from=en>
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