

MIGRANTS IN DETENTION

Lives on hold

GREECE
JUNE 2010

**MEDECINS SANS FRONTIERES**
ΓΙΑΤΡΟΙ ΧΩΡΙΣ ΣΥΝΟΡΑ

BULGARY

FYROM

ALBANIA

Filakio (Evros)

Venna (Rodopi)

Lesvos

TURKEY

ATHENS

Mediterranean
Sea



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EXECUTIVE SUMMARY

Every year tens of thousands of asylum seekers and migrants arrive in Greece, the southeastern border of the European Union.¹ In 2009, 36,472 irregular migrants were arrested at the Greek-Turkish land and sea borders.² Many have left unstable or war-torn countries or are escaping persecution, human rights violations or extreme poverty. Afghans are the most numerous among the new arrivals, followed by Iraqis, Somalis, Palestinians, and Pakistanis. Unaccompanied minors and families are increasingly among those making the journey. Lacking legal ways to travel to Europe migrants and asylum seekers alike are forced to use the services of smugglers and thus often fall victims of exploitation or violence by criminal networks.

Once they arrive in Greece irregular migrants and asylum seekers are systematically detained. They are kept in detention centers located along the eastern Greek borders or in other detention facilities, such as police stations. According to the law they can be detained for a period of up to 6 months. Most are released within a few weeks and are given a written order to leave the country within thirty days.

From August 2009 to May 2010, MSF provided psychosocial support to detained migrants and asylum seekers in three detention centers: Pagani in Lesbos, Filakio in Evros and Venna in Rodopi. At the same time, MSF raised concerns with the authorities, urging them to improve living conditions and services provided in the detention centers.

With this report MSF aims to raise awareness and express concerns about the impact of the current detention system on the mental health and wellbeing of migrants and asylum seekers arriving in Greece. The report documents the unacceptable living conditions in the three detention centers where MSF intervened and presents data from psychological counseling sessions as well as individual testimonies. It shows that detention can exacerbate existing symptoms and contribute to new traumas and psychological distress. The report often cites what newly arriving migrants told MSF teams about their experiences in detention.

Asylum seekers and migrants arriving in Greece have often experienced traumatic events. Almost one third of MSF patients spoke about attacks by armed groups, bombings, beatings or other forms of violence that they suffered directly or witnessed in their countries of origin. MSF psychologists observed symptoms of post-traumatic stress disorder (PTSD) in 9,5% of the patients. Furthermore 15% of the patients expressed their anxiety and worry about family members they had left behind.

However being detained was the single most important reason of frustration for the majority of the irregular migrants and asylum seekers. For most, detention was a painful and inhumane experience. Of the 305 migrants seen in first consultations, 39% presented symptoms of anxiety such as constant worry, fear, panic, restlessness, while 31% presented symptoms of depression, such as sadness, loss of interest, hopelessness, and thoughts of death. Three percent (3%) of MSF patients attempted suicide or self-harm because they felt detention was unbearable or because they wanted to protest about the length of detention.

Living conditions in detention facilities for migrants do not meet national and international standards. Inappropriate facilities are often used for the detention of migrants, such as in the case of Pagani or Venna detention centers. Overcrowding was a persistent problem in some detention facilities. Sanitary conditions are usually very poor. Overcrowding and poor hygienic conditions can contribute to the spreading of several medical conditions, for example dermatological infections, such as scabies, and viral infections, such as measles.

Not being allowed out of the cells into the fresh air was also a significant concern for migrants. In the detention centers where MSF worked, families were separated and were given little opportunity for communication, which increased feelings of anxiety and insecurity. Patients also complained to MSF teams about degrading and abusive behaviour of police and other detention center staff.

No provisions are in place to meet the needs of vulnerable groups, including unaccompanied minors, infants, pregnant women, and people with disabilities. Detention centers lack support staff and interpreters. Migrants and asylum seekers receive no or little information about their legal status and the detention system. Moreover due to the lack of appropriate information and the absence of legal counseling and interpretation services, many people in need of international protection are not identified and thus do not receive any support.

Migrants systematically complained to MSF teams that they received inadequate medical care and had difficulties in communicating with the doctors. Reasons for inadequate health care in detention centers were the insufficient number of medical personnel, the absence of interpreter services, and the lack of a standard protocol for the medical screening and follow up of new arrivals. In addition detained migrants did not receive any psychosocial support, apart from that offered by MSF.

MSF urges the Greek authorities to carefully measure the impact of detention on the well being of migrants and asylum seekers and to seek alternatives to the detention of new arrivals. Thus, the plans by the Greek government to establish reception/screening centers for new arrivals should be implemented without delay. Conditions and services provided in the reception/screening centers should be in accordance with international standards.

In any case the Greek Government needs to immediately ensure that detained migrants and asylum seekers are treated in a humane and dignified manner and that those who wish to do so are given the possibility to seek asylum.

INTRODUCTION

Every year tens of thousands of asylum seekers and migrants arrive in Greece, one of the main entry points to Europe. Many of them have left unstable or war-torn countries such as Afghanistan and Iraq or are escaping persecution, human rights violations or extreme poverty. Most have survived long and perilous journeys, hiding in crammed trucks or traveling in small, crowded boats. Lacking legal ways to enter Europe, many had to use the services of smuggling networks.

Once they arrive in Greece, irregular migrants and asylum seekers are systematically detained, often in overcrowded facilities. Sanitary conditions are usually very poor and health care is inadequate. Psychosocial support is lacking. Vulnerable groups, including unaccompanied minors and pregnant women, are also detained in degrading conditions. Detention centers lack support staff and interpreters. Migrants and asylum seekers receive no or little information about their legal status or the detention system.

This report documents the unacceptable living conditions in the three detention centers where MSF provided psychosocial support during 2009 and 2010.³ It presents statistical data and individual testimonies as well as data from psychological counseling sessions. The report covers the period of August 1st 2009, when the project started, to April 30th, 2010.

This report aims to raise awareness and express concerns about the impact of the current detention system on the mental health and wellbeing of migrants and asylum seekers arriving in Greece. It shows that detention can exacerbate existing symptoms and contribute to new traumas and psychological distress. The report often cites what newly arriving migrants told MSF teams about their experience in the detention. This is to give them a voice and to give the reader a sense of the severity of what they are going through.





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The Greek context



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Immigration to Greece became a significant issue in the mid-1990s. Most migrants come from the Balkan region, predominantly Albania, and the former Soviet Union countries. The official number of foreigners living in Greece, according to the 2001 census, is 800,000 but this number does not include an estimated 200,000 or more irregular migrants.⁴

Greece, at the southeastern border of the European Union, with a very long coastline and thousands of islands and islets, faces a particular challenge in managing migration flows towards Europe. The number of irregular migrants and asylum seekers arriving from unstable and violent contexts, such as Afghanistan, Iraq, Iran, Somalia, and Palestine, has grown over the past few years. Unaccompanied minors and families are increasingly among those making the journey. New arrivals are systematically apprehended by the coast guard or the border police for entering Greece without valid travel

documents and are detained in centers for irregular migrants or border police stations. In 2009, according to official data, 27,685 irregular migrants were arrested at the sea border with Turkey, while arrests by police along the Greek-Turkish land border amounted to 8,787.⁵ Afghans make up the largest proportion of new arrivals followed by Iraqis, Somalis, Palestinians, and Pakistanis.⁶ The majority of the new arrivals wish to continue their journey to another European country but many get blocked in Greece as stricter border controls make it increasingly difficult for them to leave. Most of the irregular migrants wish to continue their journey to other European countries to join their relatives or friends or because they are aware that their asylum request will stand a better chance to be accepted elsewhere in Europe. In Greece the asylum approval rate remains extremely low, at 0,04% at first instance.⁷

Surviving the perilous journey to Greece

Many migrants and asylum seekers flee conflict, violations of human rights or deprivation and reach Greece after long and perilous journeys. During their trip, they are often subjected to different forms of violence and abuse, having fallen victim to smugglers and traffickers or having been imprisoned en route. Not all of them survive the journey. Since the beginning of 2010, 50 migrants have been reported missing in the Aegean Sea. Since 1998 it is estimated that at least 14,921 people have died at Europe's borders, among them 10,925 at sea.⁸

According to MSF psychologists who worked in the detention centers, most of the patients describe the trip as very difficult but say that they were also facing many difficulties back home. Most of the migrants do not wish to talk about their journey in detail because they want to stay resilient in order to make it through the period of detention and the challenges that lie ahead until they reach their final destination. With regards to the reasons which made them leave their home countries almost one third of the 305 MSF patients mentioned conflict, instability, violence or persecution. Eight percent (8%) of them reported that they had directly experienced violence in their country of origin, 18% said they witnessed acts of violence including the death of loved ones, and 7% said that their life was threatened.⁹

Some of the migrants who wanted to share their stories describe cumulative traumatic experiences in their home countries and during the journey.¹⁰

In my village [close to Herat] many people have been getting kidnapped. They kidnap people and ask their families for money. Sometimes a few days later you may find the dead body of your relative at the street. People who own taxis or buses get attacked. They burn the bus or the taxi. My husband was driving a bus to Kandahar...the bus was put on fire... he managed to run away. We did not know where he was. One day, about two months ago, he called and said we should get our things and leave Afghanistan. We left with my children to come to Europe. The trip was very difficult. There was not enough food and water for my children. I fell ill during the trip but was not able to get medication. My life is finished. I just want my children to have a better life, to study and work.
Afghan woman, in her early fifties

I came with six others from Somalia, from Mogadishu. The situation in Mogadishu was getting worse and worse and more and more people were leaving because of the fighting. To come to Europe we had to cross the desert and that was very hard. We spent some time in Libya working in different jobs to raise money for the rest of the travel. From Libya we came to Greece by boat. It took us three days to reach Lesbos. The boat was very small and we were 40 on the boat. Fortunately the sea was not rough. In Libya the conditions were terrible. The authorities in Libya treated us badly. If they treated us well in Libya we would not have come to Greece. But now we are in Europe and conditions are bad here as well.
Somali man, in his mid-twenties

I first managed to reach Turkey through Iran with my brother but a month later we were arrested and were returned to Afghanistan, by plane. A few weeks later I went back to Iran. There I had to work for a smuggler for four months to pay for my trip. I was kept in a house in Iran for ten days with only water and bread before the smuggler took me to work. In that place it was very bad. The smuggler would whip anyone who protested. After four months I was transferred to Turkey. I was in Istanbul locked up in a basement for 40 days. I did not see the sun for 40 days. The smugglers were asking for more money. They threatened that they would keep me there forever, if I did not pay the extra money. The smugglers would make you very scared. They threatened us all the time saying that they would kill us. Once they hit me on the head and my arm with a thick wood. I couldn't move my arm for two weeks. A cousin of mine paid the money so after 40 days I was released from the room I was kept.
Afghan man, in his mid-twenties

The trip started with good weather. Later came some big waves. The smuggler could not find the right spot to take the boat closer to the shore. Then the boat hit a rock and sank. Everyone fell in the water. As the boat sank I held on to something with my foot. I was holding my wife with the one hand and my baby high over the water with the other hand. My baby dropped three times in the water but I still managed to catch her. Then I saw a boat with a fisherman 100 meters away. I shouted and lifted higher my arm, which held my baby. The fisherman dived in the water once he saw the baby. He got us on board. Our baby could not breathe. In the hospital they gave her oxygen. We want to go somewhere in Europe to have a future for our daughter.
Afghan man, in his mid-thirties

Systematic detention of migrants and asylum seekers entering Greece

Currently newly arriving migrants and asylum seekers are systematically detained upon arrival. The detention of irregular migrants is legally justified on the grounds of authorities needing to organize their deportation.¹¹ National migration law stipulates that irregular entrance in or exit from the country can result in the deportation¹² of a third country national.¹³ A third country national who enters Greece in an irregular manner can be placed in administrative detention for a period of up to six months, with a possible extension of up to twelve months, until his/her deportation is organized.¹⁴ It should be noted that, according to the law, administrative detention is justified only if there is a risk that the person would abscond, or if s/he poses a danger to public order.¹⁵ In practice, however, instead of being used as a last resort, the detention of new arrivals is applied systematically as a first response.

According to Article 31 of the 1951 Geneva Convention Relating to the Status of Refugees no penalties shall be imposed "on account of their illegal entry or presence, on refugees who, coming directly from a territory where their life or freedom was threatened ..., enter or are present in their territory without authorization..." Furthermore no restrictions shall be imposed "to the movements of such refugees... other than those which are necessary." ¹⁶

In accordance with Greek legislation new arrivals who apply for asylum while in detention are to remain detained until their asylum case is examined, which should be done "with priority."¹⁷ However, MSF has encountered asylum seekers who remained in detention for a long period of time and, as a result of their lengthy detention, decided to withdraw their asylum application.

Detention centers for migrants, formally referred to as "Special holding facilities for illegal immigrants", can be established "pursuant to a common decision of four Ministers which shall also determine the specifications for their operation."¹⁸ However, until the time of writing this report, May 2010, detention centers operated without a clear legal framework.

New arrivals are also detained in other facilities, such as border police stations where living conditions for detained migrants are substandard as well.¹⁹ Apart from new arrivals, migrants who are arrested trying to leave the country without valid documentation, Dublin II returnees²⁰ or irregular migrants who are arrested during police "sweeps" are also detained in police stations all around the country. Irregular migrants can therefore be subjected to multiple detentions.²¹



In detention centers police are responsible for registering and guarding migrants, while local prefectures are to assume all tasks relating to the provision of medical care and living conditions (shelter, food, personal hygiene items and clothing). However, the involvement of local prefectures varies from one region to another and police are often left to carry out tasks related to the daily running of the detention centers, for example distributing hygiene items or clothing.

Access in the detention centers is extremely restricted for other actors, such as NGOs. No mechanisms for the routine inspection and monitoring of the detention centers are in place, with the exception of visits organized by international bodies. Delegations of the Council of Europe's Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, the European Parliament's Committee on Civil Liberties, Justice and Home Affairs, the United Nations High Commissioner for Refugees as well as the Council of Europe's Commissioner for Human Rights have visited detention facilities for migrants in Greece on a number of occasions and have raised concerns about the conditions of detention.²²

The failure of the current system to guarantee minimum humanitarian standards for detained migrants is in large part due to the lack of a specific legal framework for the operation

of the detention centers, the lack of coordination between the authorities involved, and the absence of monitoring.

On April 14 2010, the current government announced its intention to set up a reception system for new arrivals. The reception system will be based on the operation of screening centers for new arrivals where the case of each individual will be examined separately.²³

Between 2009 and 2010, five detention centers have been used for the detention of new arrivals along the Eastern Greek sea and land borders. They were located in Evros and Rodopi region and on the islands of Lesbos, Samos and Chios. Several border police stations around Greece as well as detention facilities in the area of Athens were also used for the detention of irregular migrants. During 2009 and 2010, MSF intervened in three detention centers: in Pagani on Lesbos Island, in Filakio in Evros and Venna in Rodopi.²⁴



Unacceptable living conditions in Greek Detention Centers

International standards, such as the International Covenant on Civil and Political Rights and the UN Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment inter alia require that detainees shall be treated with humanity and respect for their dignity.²⁵ According to the Standard Minimum Rules for the Treatment of Prisoners the accommodation provided “shall meet all requirements of health” including the provision of adequate sanitary installations, hygiene articles, clothing, food, and exercise in the open air.²⁶

However, living conditions in all three detention centers where MSF worked fall below these international standards. MSF patients in the detention centers of Pagani, Venna and Filakio often raised concerns about living conditions during individual counseling sessions. Thirty six percent (36%) of MSF patients complained about the poor hygiene conditions, 35% complained about overcrowding in the cells, 17% about the insufficient quantity of food, and 18% about not being allowed in the yard.



Lack of appropriate shelter and overcrowding

Inappropriate facilities are often used as detention centers for migrants. Both Venna and Pagani detention centers are old warehouses, which are not fitted for human habitation. Both buildings are old and run down and do not have sufficient insulation. During the summer and winter months it can get extremely hot or cold. The heating system often breaks down and no cooling system is available. During February 2010 in Venna detention centre, with outside temperatures reaching several degrees below zero, the heating system did not function for a number of days.

The cells do not receive enough natural light or fresh air. Even in Filakio detention center, which is the newest facility, most cells face an internal corridor and have neither enough natural light nor ventilation.²⁷

According to Rule 10 of the UN Standard Minimum Rules for the Treatment of Prisoners, “All accommodation provided for the use of prisoners and in particular all sleeping accommodation shall meet all requirements of health, due regard being paid to climatic conditions and particularly to cubic content of air, minimum floor space, lighting, heating and ventilation.”

According to the Greek legislation the minimum living space per detainee should be at least six square meters and cells should be equipped with adequate furniture: beds, tables, chairs. Mothers with infants should be detained in especially adapted facilities.²⁸

However, at times of overcrowding detained migrants had less than one and a half square meters living space. The number of beds was insufficient and people had to sleep on dirty mattresses on the floor. Moreover no other furniture was available in the cells. Overcrowding was a persistent problem in Pagani detention center. Between August and October 2009, the number of migrants detained in Pagani detention center exceeded the capacity of the center fourfold surpassing 1,200 people.²⁹ Almost half of the detained migrants were women and children, among them many unaccompanied minors. Overcrowding was also a concern in Filakio detention center during March and April 2010.³⁰

In addition to cells being frequently overcrowded, the structure of the facilities deprived detained migrants of private space, which contributed to tensions and anxiety. MSF patients reported cases of bullying and physical violence among detained migrants. At times patients asked MSF staff to mediate for them to be transferred to a different cell. Police staff was usually responsive to these requests.

Inadequate hygiene and sanitation

According to the Greek Correctional Code, hygienic infrastructure in each cell (one latrine and one sink) should cover the needs of up to three detainees.³¹ Detainees should have access to cold and hot water.³²

However, in Pagani detention center the ratio of functioning latrines and showers per person fell below national standards as well as World Health Organization (WHO) minimum emergency requirements of one latrine per 20 persons and one shower per 50 persons. When the detention center was overcrowded there was one functioning latrine and one functioning shower for 150 people. Moreover showers and latrines frequently broke down due to overuse. Overflowing toilets and showers often flooded part of the rooms, getting mattresses, which were on the floor, wet. As an Iranian man in his mid-twenties described,

“I am sleeping on the floor on a mattress. It is so dirty and the mattress gets wet from the toilets that overflow. We are not allowed to go out. We are over each other and people get into fights.”

In all three detention centers drinking water was only accessible from the taps in the latrine area. Migrants often complained about that fact and about the quality of the water. Problems with the provision of hot water were also recorded. No separate facility for the washing of laundry was available. Migrants were provided with clothes detergent and washed their clothing in the shower, sink or in a basin, if available.

In all three detention centers, hygienic conditions were substandard. Cleaning service staff, where available, did not enter the cells. Instead detainees were provided with cleaning material. However the distribution of cleaning supplies was often delayed, which resulted in the cells remaining dirty. This was further exacerbated during

periods of overcrowding.

Inappropriate facilities and unsanitary conditions resulted in the presence of pests. Venna detention center, for example, had been infested with rodents since the end of February 2010, despite efforts by the pest control service called by the prefecture.

Overcrowding and poor hygienic conditions can contribute to the spreading of several medical conditions, for example dermatological infections, such as scabies, and viral infections, such as measles. In Pagani detention center at times of overcrowding, infants and children who shared an extremely overcrowded room were frequently ill with symptoms of upper respiratory tract infections, fever, and dermatological and skin complaints. This was a constant source of concern for their mothers who complained about the sanitary conditions, overcrowding and the lack of medical care for their children.



Inadequate distribution of food, personal hygiene items and clothing

The quantity and quality of the food provided to migrants greatly varied between detention centers. In Pagani detention center migrants received breakfast and two main meals per day, which included fresh vegetables and fruit. In Venna detention center the second main meal consisted of a sandwich, while in Filakio detention center food was distributed only twice a day. Migrants in Filakio detention center often complained about the limited quantity of food they received, saying that they kept the boiled eggs distributed during lunchtime for dinner.

In the three detention centers religious dietary constraints were taken into consideration and no pork meat was served. However, individual health related dietary constraints, for example of patients with diabetes, were not adequately met. Special food for babies and infants was provided in Pagani detention center, following MSF intervention. In Filakio detention center, supplies of baby milk often ran out while other infant food was not provided at all.

Food is distributed in the cells, even when a dining area is available, such as in Filakio. In Venna and Filakio no cutlery was provided, which forced people to eat with their hands. As a 16-year old Afghan adolescent told MSF,

“In here it is so bad. It is very cold. In the cell where we are, the heating is broken for 3 days now. They do not give us forks and knives to eat the food. This is not Europe.”

According to the Greek Correctional Code, detainees should receive the necessary personal hygiene items and bed linen and be provided with adequate clothing depending on the season.³³

In the detention centers where MSF worked, especially in Filakio and Venna, the distribution of personal hygiene items, blankets, linen and clothing was irregular and often inadequate. Distributions often only took place following persistent complaints of migrants.

Both in Venna and Filakio detention centers distributions are left to police officers, since no employees have been appointed by the prefecture. While soaps were being distributed more often, other sanitary items, including infant diapers and toilet paper were lacking. Distribution of specific items, such as razors and detergents with chlorine, depended on how individual police officers measured security risks. As a result, razors were distributed in small numbers and detainees mentioned that more people would end up using the same razor. In Pagani detention center prefecture employees distributed personal hygiene items to detainees upon arrival. Supplies were replenished every other week. When the center was very crowded, supplies were distributed more frequently.

In none of the detention centers where MSF worked, there

were organized distributions of clothing and shoes. The system was that of a first come first serve basis, which resulted in some people not receiving any clothing or shoes. In Venna detention center, the lack of clothing was an acute problem during the fall of 2009.

Inadequate time outdoors

In accordance with the Greek Correctional Code detainees have the right to outdoor physical exercise for at least one hour a day.³⁴

However, in most detention centers access to the outdoors remained insufficient. The problem was most acute in Filakio and Pagani detention centers where migrants, with the exception of women and children, were not allowed to go outside in the yard for several weeks at a time or were only allowed outdoors for five to ten minutes daily.³⁵ Police staff in the two detention centers said that the reasons for not allowing migrants to spend time outdoors were related to security risks. In Venna detention center migrants were allowed to go outside into the yard regularly, albeit not daily. After their number decreased significantly from March 2010 they were allowed outdoors for two hours each day.

The limited opportunity for time outside in the fresh air was a serious concern for migrants who had to spend all the day in cramped cells without sufficient ventilation. During September 2009 in Pagani detention center, women who had not been allowed to spend time in the yard for over a week broke down the door of their cell in an attempt to get their children and themselves out into the fresh air.





Family Separation

In the detention centers where MSF worked, families were separated. In Pagani and Filakio male and female family members were detained in separate cells, with very limited possibility of communication, as usually men and women were not allowed to be in the yard together. Young children stayed with their mother or the parent they were traveling with in the women's or men's cell. In Pagani detention center adolescents who were travelling with their families were usually separated from their parents and put in a separate room with unaccompanied minors. Women and minors, whose husbands or fathers were detained in Venna detention center, were detained at a different facility, Iasmos police station, about an hour away from Venna.

MSF teams tried to facilitate family contacts in Pagani detention center, as fathers asked MSF staff to help them get access to their children. After obtaining permission from the police, our team accompanied the children to the lower level of the building to see their fathers. Fathers would often ask our help to get the small children, who fitted through the iron bars, inside the cell so that they would be able to embrace them. In Filakio detention center, police would at times allow members of a family some time together, usually upon MSF request.

Family members felt very anxious for not being able to stay together and having very restricted, if any, opportunity for communication.

Next month I will have been married for 3 years with my wife. This is the first time we are separated. It is very difficult for me. When they arrested us I did not want to let her go, but the policemen pushed us apart. She is now in another detention center and I cannot see her. I do not know when we will be released. I hope we are released together. I have only talked to her a couple of times on the phone. She suffers from a heart condition and I am very worried about her.

Iranian man, in his late twenties

I am very worried that my child will be born and his father will not be there. I cannot be in here on my own. I want to be with my husband.

Palestinian woman in her early twenties, in her 9th month of pregnancy

Pagani crisis leads to the official closure of the detention center

The situation in Pagani detention center was very tense in the months of September and October 2009 when the center was extremely overcrowded. There were more than 1,200 people detained in total, including over 150 women, over 70 children under the age of 12, and more than 200 unaccompanied minors and adolescents. Many migrants, including families, had already been detained for weeks without knowing when they would be released. By the beginning of September 2009 some of the unaccompanied minors had been in detention for more than two months. Women, especially those with children, could not understand why they and their children were detained and were very concerned about the bad living conditions. They were in great distress.

From the second week of September until the end of October 2009 the situation was very tense, with migrants on hunger strike and protests and riots on an almost daily basis. During riots migrants burned mattresses and clothing and often took down the doors of their cells to get out into the yard. However, they stayed in the yard and never attempted to leave the premises of the detention center. During riots special police forces were called upon. Heavy police presence on a daily basis made MSF's access to patients increasingly difficult.

On October the 22nd 2009, the Vice-Minister for Citizen's Protection visited the detention center and announced its closure within a few weeks. The center officially closed at the end of October 2009. Since then migrants arriving on the island have been transported to a detention center on Chios Island or straight to Athens. Before being transferred, they might still spend a few nights in Pagani detention center, still in substandard living conditions.

The situation in Pagani detention center during the fall months of 2009 is illustrative of the inhumane conditions and treatment that many migrants face in detention. Migrants and asylum seekers detained in all three detention centers often said they were extremely frustrated at being treated "like animals". They felt that not being allowed out of the cells, being deprived of the possibility to take care of themselves, such as being able to shower, shave and wear clean clothes, deprived them of their dignity. *"How can I live here? This place is for animals. I am looking at everyone's faces and I see only death"*, a Pakistani man, in his late thirties told us.

During its intervention in the three detention centers, MSF closely monitored the humanitarian condition of the detained migrants. It is evident that the current system suffers from a lack of planning, organization and chronic deficiencies in human and material resources. MSF regularly raised concerns with local and national authorities, urging them to improve living conditions in the detention centers. MSF teams undertook ad hoc distributions of personal hygiene items and drinking water to address emergency needs of the migrants. MSF also raised public awareness about the deplorable conditions in the detention centers, especially about the critical conditions in Pagani.³⁶





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Degrading and abusive behaviour

No person under any form of detention or imprisonment shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. No circumstance whatever may be invoked as a justification for torture or other cruel, inhuman or degrading treatment or punishment.

Principle 6, UN Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment

Patients complained to MSF teams about degrading and abusive behaviour of police and other detention center staff, saying that they verbally abused them and were indifferent to their needs. MSF team members also witnessed at times police staff being verbally abusive towards the migrants. Another example of degrading behaviour towards the migrants was the fact that detention centers' staff often threw supplies to migrants during distributions instead of

handing them out.

Patients also complained about physical violence by the coast guard or the police during or following their arrest in different parts of the country, including cases of ill treatment within the detention centers. These allegations are consistent with findings mentioned in the reports of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment.³⁷

Lack of information, interpreters, and legal counseling

Any person shall, at the moment of arrest and at the commencement of detention or imprisonment, or promptly thereafter, be provided by the authority responsible for his arrest, detention or imprisonment, respectively with information on and an explanation of his rights and how to avail himself of such rights... A person who does not adequately understand or speak the language used by the authorities responsible for his arrest, detention or imprisonment is entitled to receive promptly [the information] in a language which he understands.

Principles 13 and 14, UN Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment

In the detention centers, new arrivals receive no or inadequate information about their legal status and their rights, including the possibility to apply for asylum or to appeal against their detention in a court of law. Migrants are also not informed about the detention system and the length of detention. There are no interpreters in the detention centers.

“We were told we were coming to a camp. This is not a camp, this is a prison. Why are we here? We are not criminals. What law have we broken?”

Afghan man, in his early twenties

No free legal counseling is offered by the state. In addition there are no NGOs or international organizations that offer legal services to asylum seekers in regions such as Evros, where many of the migrants and asylum seekers first arrive. Written information about asylum procedures was available in several languages; however this was not systematically distributed and furthermore was not up to date with the current legislation.

Police in the detention centers were often not able or trained to give accurate information to the migrants about their legal status and length of detention. Migrants told us that, in response to questions about their release date, police answered that they would be released in the following days when in fact this turned out to be wrong. The lack of information and the resulting uncertainty created a lot of anxiety and feelings of despair.

I am here for 4 months and 20 days. The other men that arrived with me have been released and I am still here. The police keep saying that I will be released. I have been through a lot and I do not trust them anymore. I do not believe that they will release me ever. Maybe they will take me from here and put me in another prison. I do not know what to do anymore.

Iraqi man, in his early twenties

In the three detention centers where MSF worked there were no interpreters. The lack of interpretation services made it extremely difficult for migrants to communicate with the staff of the detention centers. Communication obstacles were extremely frustrating both for the migrants and the staff. MSF teams observed that communication and cultural barriers were often quite significant and played an important role in creating tensions between detained migrants and detention center staff. Moreover the lack of interpreters put serious constraints on the daily work of the staff in the centers. For example the absence of interpretation services makes screening to assess the vulnerability of individuals extremely difficult.

Due to the lack of appropriate information and the absence of legal counseling and interpretation services, many people in need of international protection do not receive any support. Very few people manage to apply for asylum while in the detention centers.³⁸ MSF observed also that of those few who do apply many stopped the procedure once they realized that they were likely to be detained for longer, while their application was being examined.

Moreover, migrants do not receive information about their legal status after leaving the detention centers. Migrants who are released and have not applied for asylum are given an order to leave the country within 30 days.³⁹ However, most migrants do not understand the content of that paper, because it is written in Greek and the information is not translated to them.

Access to telephones is restricted. In Venna and Pagani detention centers migrants could use the card pay phones located in the yard whenever they were allowed to go outside. In Filakio detention center there is a telephone booth that can be accessed by migrants only when the police allow them to do so.

Gaps in the provision of health care to migrants in detention

Ineffective screening at arrival

According to the UN Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment, “[A] proper medical examination shall be offered to a detained or imprisoned person as promptly as possible after his admission to the place of detention or imprisonment, and thereafter medical care and treatment shall be provided whenever necessary.”⁴⁰ Moreover, Greek legislation provides that “Every detainee is examined by the prison doctor at the time of his arrival.”⁴¹

However no standard protocol regarding medical screening of asylum seekers and migrants upon arrival is in effect in Greece.⁴² As a result, practices vary according to different geographic areas. In the island of Lesbos new arrivals were sent to the hospital for a chest X-ray after they were arrested. With the exception of infants and pregnant women, they did not receive a general medical examination. Emergency cases, such as migrants suffering from hypothermia or serious injuries, were immediately transferred to the hospital. When migrants were arrested in the northern border area, they were not taken to the hospital for screening but instead transferred straight to the detention centers.

In the detention centers medical screening for new arrivals was not always routinely performed as the availability of medical personnel was limited, the mobility of the population was often high and no interpretation services were available.

Limited access to health care while in detention

Migrants and asylum seekers systematically complained to MSF teams about inadequate medical care and difficulties in communicating with the doctors. In Pagani and Venna detention centers migrants complained that the medical staff was uncaring and did not take their medical complaints seriously. In total, 23% of our patients complained about the lack of medical care during individual psychological counseling sessions.

The inadequate number of medical personnel, the lack of psychologists, the absence of interpreter services, and the lack of a specific procedure for medical emergencies and referrals are factors that limit the delivery of health care in the detention centers.



Lack of personnel

Primary health care in the detention centers is provided by medical personnel appointed either by the local prefecture or by the regional health authority. Our teams observed long delays in allocating a sufficient number of medical personnel. For example, in Pagani detention center, until the end of August 2009, there was not enough medical staff to adequately respond to the needs of the population. In Venna detention center, between the months of September 2009 to April 2010 a medical doctor visited the detention center two days per week at most.

The situation has improved recently. Since April 2010 a doctor, a nurse and a psychologist were hired and are regularly present in Venna detention center during weekdays. Moreover between February and April 2010 a medical team from the Greek Centre for Disease Control, responsible for vaccinations, regularly visited the detention centers of Filakio and Venna.

In Filakio detention center, a medical doctor is present on a regular basis. However, there was no nurse for several months and a psychologist has not yet been appointed. Additional medical staff is required so that new arrivals could be systematically screened.

Medical personnel did not routinely visit the cells. Migrants therefore gathered at the doors of the cells and called out for medical assistance. This may result in the weakest or sickest not being noticed. The absence of interpreters compromises the quality of the delivered health care, as well as patient confidentiality, especially in cases where other detained migrants are used as interpreters.

MSF teams who routinely visited the cells would refer migrants with medical complaints to the doctor. Sometimes serious cases would be brought to our attention, such as insulin dependent diabetic patients, asthmatic patients or patients who said they were on psychotropic medication and whose medication had finished some days before.

Another concern in all detention centers is the lack of health care during weekends and evenings. For example the distribution of medication is left with police staff that understandably has a hard time carrying out this task.

In all detention centers medical doctors had a sufficient stock of medicines at their disposal as well as a medical examination room. Infirmaries and isolation facilities for patients with infectious diseases were not available in all detention centers. In Filakio detention center there is one infirmary. In Pagani detention center there was no infirmary and patients with contagious diseases were isolated in two containers. In Venna there is no infirmary or isolation room for patients.

Inadequate response to medical emergencies

In the case of medical emergencies when medical personnel is not present in the detention center, a common practice is that police staff contacts the medical doctor who is on call and based on his advice refer the patient to the hospital. However this system offers no guarantees for timely health care delivery in emergency situations.

An illustration of the gap in the system of managing medical emergencies is the case of a two year-old child suffering from a concussion in Pagani detention center who was only transferred to a hospital hours after the accident occurred. The transport of patients to the hospital was, at times, an obstacle to timely health care delivery. In Venna and Filakio detention centers security measures are very strict and police accompaniment is necessary to transfer a person to the hospital. Especially during night shifts, when fewer police officers are on duty, the transfer of patients to the hospital might be postponed for the next day. An example was a patient who suffered from kidney colic during the night and was only transferred to the hospital in the afternoon of the following day.

Another cause for concern is the lack of a specific procedure to address suicide attempts. It seems that if the attempt does not result in a medical emergency requiring hospitalization, the migrant is not automatically referred to the hospital and/or the psychiatric service.

Lack of psychological care

Many of the detained migrants and asylum seekers have experienced traumatic events in their countries of origin or during the trip. They have left their familiar surroundings and are now faced with insecurity, anxiety and fear in a detention environment. Psychological counseling should therefore be considered as an integral part of the health care provided to them. This need was also raised by the European Parliament's Committee on Civil Liberties, Justice and Home Affairs.⁴³

In Greece psychosocial support has only occasionally⁴⁴ been included in the services provided to migrants and asylum seekers in detention centers.

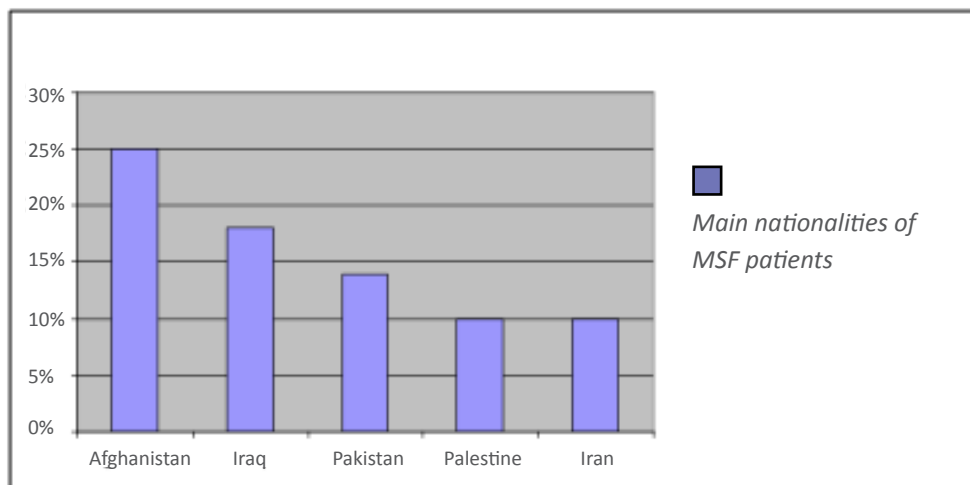
In response to this gap, MSF decided to implement a psychosocial support intervention in three detention centers: Pagani in Lesbos, Filakio in Evros and Venna in Rodopi.⁴⁵ The main aim of MSF's support was to address the psychosocial needs of asylum seekers and migrants, and to urge authorities to include psychosocial support in the health care services provided in the detention centers.

MSF psychosocial support activities in Greek detention centers included: trust building and screening sessions, individual and group counseling sessions, referrals of patients to psychiatric services and play therapy sessions.⁴⁶ MSF also distributed information material,⁴⁷ and conducted sensitization sessions with detention centers' staff to raise awareness regarding migrants' psychosocial needs and the nature of MSF's intervention.



Impact of detention on the mental health and well being of irregular migrants and asylum seekers arriving in Greece

Between August 2009 and April 2010, MSF psychologists in Filakio, Venna, and Pagani detention centers saw 305 patients in 381 first and follow-up individual consultations.⁴⁸ Eighty nine percent (89%) of MSF patients were male and 11% female. 46% were younger than 26 years old and 12% were minors. The majority of the patients came from Asia. Smaller numbers came from Northern Africa, sub-Saharan countries, Bangladesh and Georgia.



At the moment of the first consultation with the MSF psychologist, 25% of the patients had already been in detention for a period of up to one week, 45% for a period from one to four weeks, and 30% for a period over four weeks.

Patients have often experienced traumatic events. They left their countries because of violence, insecurity, conflict, or extreme poverty. For many the journey was fraught with risks including being exploited by smugglers or traffickers. On arrival in Europe, their expectations for security and a better life were shattered as they were faced with detention and disillusionment. Detention contributed to the deterioration of their mental health. Emotional responses to this multitude of events are complex and vary from person to person. Our findings indicate that patients seen by MSF psychologists suffer from symptoms of anxiety, depression, and post-traumatic stress disorder.

Traumatic events

Having experienced a traumatic event was the presenting problem for 17.3% of our patients during first consultation. Patients mentioned attacks by armed groups, bombings, beatings or other forms of violence which they themselves suffered or witnessed in their countries of origin or during their journey. Those acts of violence often resulted in their personal injury or the death of significant others.

According to the MSF Mental Health Guidelines,

A traumatic event involves a confrontation with helplessness and death, and a complete loss of control. Definitions of what constitutes a trauma are often subjective and culture-bound but generally include a direct encounter with or witnessing of life-threatening events and violent personal assaults. By nature a traumatic event is sudden, unexpected, and overwhelming. The very essence of an acute traumatic stress reaction is that it hampers the critical processes of survival and adaptation.⁴⁹

Traumatic events do not affect everyone in the same way. What may be traumatic for one person may not be experienced as such by another individual. In some cases, a traumatic experience may cause post-traumatic stress disorder (PTSD), which occurs when people are not able to integrate the traumatic experience in their present life. MSF psychologists observed symptoms of PTSD in 9,5 % of the patients.



Drawing by migrant

Symptoms included unwanted images and thoughts of the incident, flashbacks, nightmares of the event, startled responses etc. As an Afghan man in his early thirties recalled: *"I have pictures of dead people in my mind. I want to relax. I want to stop thinking."* An Iraqi man in his early twenties also explained: *"During the night, I see blood everywhere. My stomach is in pain and I can hardly sleep."*

A key element for the recovery of those suffering early psychological reactions to trauma is a safe, supportive and predictable environment. PTSD can be exacerbated under stress, especially when people are exposed to triggers which remind them of the traumatic incident. The detention context, such as the cells, the physical restrictions, the uniformed police personnel, etc. can reactivate memories of previous traumatic experiences.⁵⁰

I need to be outside of the cell because inside the cell I think of the bad things that happened to my family.
Palestinian adolescent, 14 years old

Uprooting

Uprooting refers to the experience of being forced to leave one's familiar surroundings and having to settle in a new and unfamiliar environment for an unknown period of time. Uprooting, among other factors, includes multiple losses, separation from family members and being unable to help them, uncertainty about the future, being forced to adapt to a new environment and stress factors (e.g. detention, joblessness). Most of the migrants seen by MSF teams have experienced uprooting.

As an Afghan woman in her early thirties said:
"I left my country for a better future but I have not found that. I do not want to be in prison. My family and I have done nothing wrong."

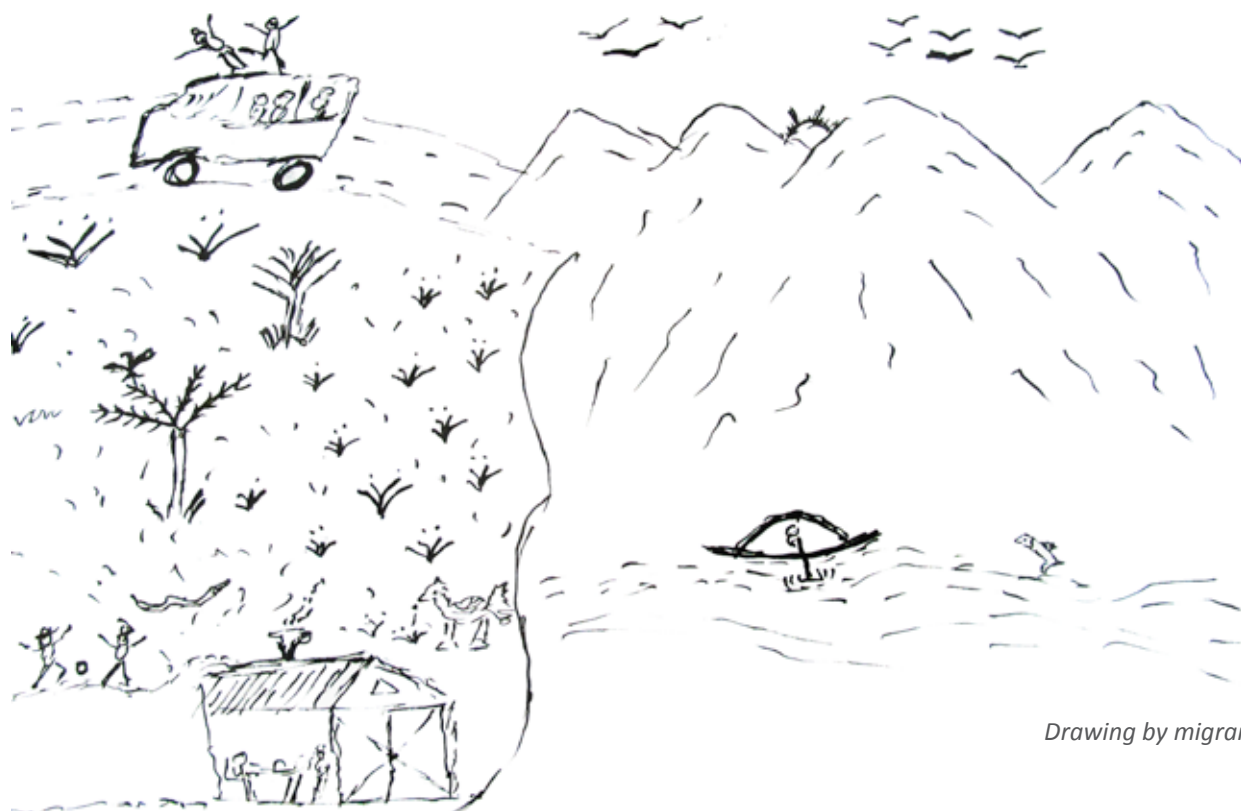
During individual sessions 15% of the patients expressed their anxiety and worry about family members they have left behind. Many patients expressed that they feel worried and guilty for being detained and not being able to work and send money to their families. Many said that they felt ashamed to contact their family.

As an Iraqi man in his early twenties told us: *"I am feeling stressed because I am inside here and I cannot provide help for my family in Iraq. I am worried about my children. I have to lie to my family to hide that I am in prison. I have to tell them that I am outside working. I feel weak and hopeless."*

Some migrants were worried about family members who were detained in the same detention center and which they had not seen for days. Some also expressed feeling guilty that their families were in detention.

I hate myself for bringing my family here. They are also in this prison now. I regret bringing them on this trip. I am thinking of hurting myself if my family is not released soon.
Afghan man, in his early thirties

Seven percent (7%) of MSF patients sought psychological support because they were worried and uncertain about the future. They were concerned about applying for asylum, finding a job, how to continue their journey to another European country and being able to unite with family members.



Drawing by migrant

The impact of detention

People will get crazy in here. We have not killed anybody. We have not robbed anybody. Why are we kept in prison? I have been here for 10 days and I find life going backwards. I want my life to go forward. Here the only thing I can do is think and sleep. I do not want to think of my life. It upsets me and I might hurt myself or others. If I have to stay in here much longer I will do something bad to myself.

Afghan adolescent, 16 years old

Being detained was the single most important cause of stress and frustration for the majority of the migrants. Detention came as a shock to most them, as they had totally different expectations about their arrival in Europe and found it very difficult to cope with their time in detention. Being restricted in often overcrowded cells, with no or very limited time outside and no private space at all contributed to their psychological distress.

Research has demonstrated that “the experience of detention is traumatic, regardless of the conditions.”⁵¹ Detention can induce fear, isolation, and hopelessness. Different stressors associated with detention (environmental, procedural, legal) may contribute to undermine the mental health of detainees, particularly those who have already suffered past trauma.⁵²

Detention was the main problem for over one third (37%) of MSF patients. The unacceptable conditions of detention, the unknown length of detention and being treated like criminals, were some of the issues migrants raised during first consultations.

Our patients used one or more of the following terms to describe their feelings while in detention: they felt “insecure,” “in constant worry,” “afraid of police,” “anxious about the future,” “stressed,” “sad,” “lonely,” “depressed,” “desperate,” “angry towards authorities for being treated like animals,” “worthless for failing their families,” “guilty for being incarcerated.”

The following accounts illustrate the feelings of MSF patients:

I have never been in detention before. I feel very insecure and frightened. I am very upset. I would like to talk to a lawyer.

Palestinian man, in his early twenties

I am afraid of the police. They talk badly to us. I don't know what to do. I don't have shoes. My clothes are damaged because my journey was terrible. And I am afraid to ask anything from the police.

Georgian woman, in her forties

I cannot stand to stay for three months inside here. I am broken and afraid.

Afghan man, in his early twenties

The unpredictable nature of detention and especially the fear of deportation was the main concern for 7% of the migrants who sought the assistance of MSF psychologists. As many

of them come from unstable and war torn countries like Afghanistan, Iraq, the possible threat of deportation to their country of origin can be life-threatening.

I cannot be deported. I face a death sentence in my country. I have been in prison for many months. I was tortured. I cannot stop worrying about being deported. I do not have a problem being in here. I have been through much worse. I am only afraid to be deported.

Iranian man, in his early twenties

The context of detention poses special challenges for migrants with a chronic medical condition, disability or mental health problem. Patients who were on treatment for a medical condition in their country of origin were concerned about not having their medication and/or adequate medical care. Migrants with physical disabilities had difficulties in their daily functioning in the detention setting. Such issues were discussed by 14% of patients in individual counselling sessions.



Anxiety and Depression

Of the 305 migrants seen in first consultations, 39% presented symptoms of anxiety such as constant worry, fear, panic, restlessness, while 31% presented symptoms of depression, such as sadness, loss of interest, hopelessness, and thoughts of death. It is often difficult to distinguish symptoms of depression from symptoms of anxiety. For example, a person may be primarily depressed, but s/he may also behave aggressively and report feelings of tension and stress.

I am constantly crying. I am very worried about how long I will have to stay here. Being in the detention center makes me feel desperate.

Iraqi woman, in her forties

I feel stressed and I am exhausted inside the detention center. I have been here for more than a month. I am afraid for my two children I left behind. I feel that I have been in here forever.

Pakistani man, in his early twenties

For many patients, distress and sadness were reflected in different somatic complaints such as general body pain, headaches or stomachaches.

As an Afghan man in his early twenties told us:

"I was very healthy before I came here. Since I am here I suffer from headaches and I feel very weak. I am in constant worry."

Sleeping disturbances (falling/staying asleep) are common for both anxiety and depression and were reported as a main complaint by 5% of MSF patients. Overcrowding and constant noise in the cells contributed to the lack of sleep.

I cannot sleep even for an hour. I have not slept for more than a month, since I arrived here. I feel sad and I cannot stop thinking. I always think about my past.

Afghan man, in his early twenties

Suicide attempts or suicidal ideas are common risk factors in depression. Three point two percent (3.2%) of MSF's patients attempted suicide or self-harm because they felt detention was unbearable or because they wanted to protest about the length of detention.

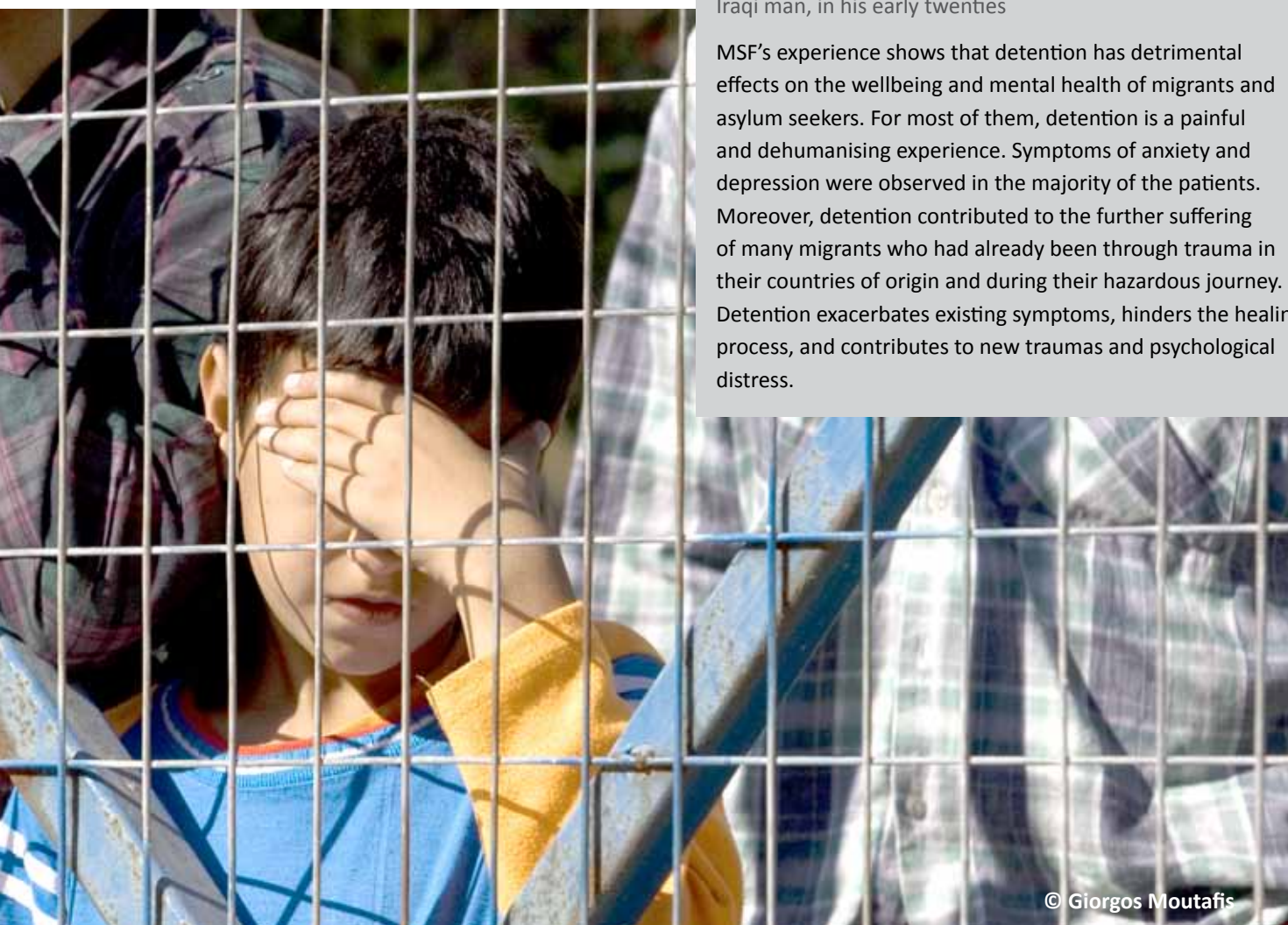
I have been detained for four months already and nobody explained to me why I am being detained or for how long I will be detained. If I am not released I will try to kill myself again.

Afghan man, in his late twenties

I see nightmares that I am deported and I am in prison. I am very scared about the future. I just want to live like a human being. If the situation does not change I will kill myself.

Iraqi man, in his early twenties

MSF's experience shows that detention has detrimental effects on the wellbeing and mental health of migrants and asylum seekers. For most of them, detention is a painful and dehumanising experience. Symptoms of anxiety and depression were observed in the majority of the patients. Moreover, detention contributed to the further suffering of many migrants who had already been through trauma in their countries of origin and during their hazardous journey. Detention exacerbates existing symptoms, hinders the healing process, and contributes to new traumas and psychological distress.



Unmet needs of vulnerable groups and individuals

In accordance with national legislation, responsible authorities should avoid detaining asylum seekers who are minors, especially unaccompanied minors, women in advanced pregnancy and nursing mothers. Furthermore, the responsible authorities are obliged by law to refer victims of torture, rape and serious violence to specialised services for support and treatment.⁵⁴

In Greece, vulnerable groups and persons are systematically detained. There is no screening mechanism or relevant expertise available in detention centers and thus vulnerable individuals such as torture or trafficking victims are not likely to be identified. In the absence of systematic medical screening, persons with medical concerns such as chronic patients or persons with disabilities might go unnoticed unless they actively seek medical help. Moreover provisions to meet the needs of vulnerable groups in terms of accommodation are not in place.



Pregnant women, nursing mothers, and children

According to the UNHCR guidelines on applicable Criteria and Standards relating to the Detention of Asylum Seekers, "As a general rule the detention of pregnant women in their final months and nursing mothers, both of whom have special needs, should be avoided."⁵⁵

However in the detention centers where MSF worked, and especially in Pagani, several pregnant women in their last weeks of pregnancy were detained in inhumane living conditions in overcrowded cells. In addition to suffering from the emotional and psychological impact of detention these women were not routinely checked by a doctor. Not knowing where they would give birth and what would then happen to them and their newborns further increased their anxiety.

At the end of August a woman who was detained in Pagani detention center with her two older children was extremely upset because she was past her due days. She had no way to communicate with the police personnel or the doctor and was refusing to go back into the cell after being out in the yard.

A Somali man in his mid forties, whose wife gave birth in the last days of August 2009 was extremely upset, saying,

"If my wife comes here with our newborn baby I want to die. Where is she going to sleep, on those dirty mattresses? They will get sick. We will all die in here."

Families with children are given priority by the police to be released. In practice, however, families often had to stay in detention for several days – sometimes even weeks – before their release papers would be processed. As a result infants and children were detained in unacceptable conditions, in the same cells as adults. In general children under the age of 12 are detained with their mother in the cells for female migrants. Sometimes if the children are travelling only with their father they are detained with him in the same cell as adult males. In Pagani detention center, especially during the months of August and September 2009, hundreds of young children - the majority of them under the age of five - were detained for periods of up to six weeks. During that time the only preferential treatment compared to adults was that the children were more frequently allowed outside in the yard. Otherwise they faced the same inhumane conditions and lack of medical care as described in previous sections of the report. Furthermore, they did not have access to toys or recreational activities. Thus MSF teams placed emphasis on organizing recreational activities for children.

Persons with disabilities and chronic medical conditions

In Greek detention centers no special provisions are in place for the accommodation of migrants with disabilities. Migrants who were missing limbs - often victims of bomb or mine explosions - were detained in the same cells as others, in facilities completely inappropriate for them. While in absolute numbers these cases were few they experienced great difficulties in their daily functioning in the detention setting. Police would also often not recognize the special needs of these patients. A male migrant in his early twenties who faced a serious mobility problem told MSF:

"I haven't eaten in two days because I do not manage to run to the door in time when the food is distributed and they steal my ratio."

The needs of patients with chronic conditions such as, cardiovascular conditions, diabetes, problems of neurological nature or mental health problems are not adequately addressed. For example, diabetic patients did not receive an appropriate diet.

MSF notes that the humanitarian needs of vulnerable persons, irrespective of whether they are asylum seekers or irregular migrants, should be adequately addressed. Since the beginning of its intervention in the detention centers, MSF teams focused on vulnerable groups, identifying vulnerable persons through their regular screening activities. MSF provided psychosocial support to vulnerable individuals and communicated with the medical doctor, the police and other officials with regards to other needs of the individuals that MSF could not cover. The absence of social support services in the detention centers and the serious shortage of social support infrastructure and services for migrants and asylum seekers in Greece gravely restrict the potential for effective referrals.

On certain occasions MSF teams raised concerns and requested that the detention period be shortened for individuals whose health and wellbeing was at great risk because of the conditions of detention or detention itself. In most cases the police responded positively to these requests.

Unaccompanied minors⁵⁶

In accordance with Article 3 of the UN Convention on the Rights of Child, "In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration."⁵⁷

In Greece however the protection system for unaccompanied minors fails to safeguard the needs of this vulnerable group. Procedures for assessing the age and vulnerability of minors are inadequate. There is an acute shortage of appropriate accommodation facilities for unaccompanied minors and the system of legal guardianship fails to respond to the increased needs. Greek legislation does not exempt unaccompanied children from detention and deportation. As a result minors are systematically detained in inhumane and degrading conditions, often in the same cells as adults. Moreover, the lack of interpreters and legal aid results in the inadequate identification of vulnerable cases of minors, such as victims of trafficking.⁵⁸

The total number of unaccompanied minors in Greece remains unknown. The poor registration and follow up of unaccompanied minors does not allow for the exact calculation of their number. Human Rights Watch (HRW) estimates the number of unaccompanied minors who entered Greece in an irregular manner during 2008 at approximately 1,000.⁵⁹ Very few of those apply for asylum.

An official procedure for age determination is not in place and the registration of unaccompanied minors by the police during arrest can be problematic. MSF teams often identified minors who were registered as adults in the detention centers of Filakio and Venna. Some of the minors told us that they gave their correct age to the police; some admitted that they told the police that they were over 18. Some of the minors also told MSF that, although they noticed they were being registered as adults, they were too afraid to ask the police to rectify their recorded age. It should be noted that the police register migrants' personal data without any interpreters and thus mistakes are likely to occur. However, even when MSF teams raised obvious mistakes with the police, such as the recording of 12 year-old boys as adults, these were usually not corrected.

Greek legislation provides for the appointment of a provisional legal guardian for unaccompanied children living in Greece irrespective of their status.⁶⁰ The responsibility lies with juvenile and court prosecutors who are asked to act as temporary legal guardians both for children seeking asylum and irregular migrant children. As HRW points out, "Prosecutors [already under-resourced] fail to safeguard the child's interests or keep track of a child as he or she moves through different parts of the immigration system."⁶¹

According to the Convention on the Rights of Child, "The arrest, detention or imprisonment of a child shall be ... used only as a measure of last resort and for the shortest appropriate period of time. Every child deprived of liberty shall be treated with humanity ... and in a manner, which takes into account the needs of persons of his or her age. In particular, every child deprived of liberty shall be separated from adults."⁶²

Greek law does not exempt children who enter Greece without valid papers from being put in administrative detention. Unaccompanied minors are therefore often held for several weeks in detention centers where, as previously described, conditions are often appalling. MSF repeatedly witnessed unaccompanied minors being detained in the same cells with adults in Filakio and Venna detention centers, usually because they were not recorded as minors. On one occasion male minors complained to MSF staff about being sexually harassed by male adults, who were in the same cell. In that case police promptly transferred the minors to a different detention facility.

In December 2009, four unaccompanied minors used sharp objects to injure their upper torso and arms. This was to protest against their detention, which had exceeded three months. Unaccompanied minors have also gone on hunger strikes protesting against the conditions and duration of their detention.

Extended detention of unaccompanied minors is partly due to the lack of adequate shelter. Prosecutors need to wait until a vacancy is available in a shelter before the minor is released from the detention center. The Ministry of Health and Social Solidarity is responsible for the accommodation of unaccompanied children who have applied for asylum or are victims of trafficking. Only 340 beds are available in seven shelters for unaccompanied minors throughout Greece.⁶³ It should be noted that unaccompanied minors who are not asylum seekers are also accommodated in those shelters. Shelters are often located in remote areas with limited possibilities for the integration of minors. Most often the minors leave the shelter after a few days or weeks determined to continue their journey. Many have family in other European countries and some have contacts in Greece. Few might return to the shelter after their efforts to leave Greece or find a job have failed.

In Mitilini I stayed for a few days. Then we came to Athens. I am travelling with an older friend. I call him my brother. In Athens we found a place in a flat. The flat was very small with only two rooms. We were 13 people staying there and we had to pay 750 euros for that flat. In Athens it was very difficult. You cannot get a job. I tried already to leave Greece a couple of times. I know that the paper they gave us says that we can only stay in Greece for 30 days. The only thing I want is to work to be able to provide for my younger brother and sisters. They are all my life. If they would just give us a place to stay then we would manage. We could learn the language. Now we cannot stay here and they also do not allow us to go to another country in Europe. We are treated worse than animals. And we are humans too.

Afghan adolescent, 16 year old

MSF teams tried to identify minors in detention centers and urged authorities to address their specific needs. MSF psychologists and social workers offered support to individual children and informed them about the possibility of being accommodated in shelters. MSF was in contact with the Ministry of Health and Social Solidarity asking authorities to speed up the process of minors' placement in shelters. However, MSF's potential for effective referrals and follow up of unaccompanied children was significantly limited by the serious shortcomings in the protection system for unaccompanied minors.



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Conclusions and recommendations

This report has documented the inhumane and degrading conditions in detention centers for new arrivals in Greece and the negative impact of detention on the well being of migrants and asylum seekers.

Fleeing violence, conflict, and poverty, asylum seekers and migrants come from countries such as Afghanistan, Iraq, and Somalia to seek safety and a better future in Europe. For many, Greece is the first European country they reach after a long and dangerous journey. Upon arrival they are systematically arrested and detained in detention centers for migrants, border police stations or other detention facilities.

Living conditions in detention centers do not meet national and international legal standards. Problems in the detention centers where MSF worked included overcrowding, unacceptable hygiene conditions, irregular distribution of personal hygiene items and clothing, lack of provisions for the accommodation of vulnerable groups, family separation and inadequate time outdoors. Medical care in detention centers was inadequate. The number of medical staff was often insufficient and new arrivals were not systematically screened. Psychological support was lacking. The absence of interpreters was a serious constraint for communication between detained migrants and the staff working in the detention centers. Moreover, new arrivals did not receive information about their legal status, the detention system and the right to apply for asylum.

MSF offered psychosocial support to detained migrants and asylum seekers in Pagani, Filakio and Venna detention centers between August 2009 and May 2010. MSF's intervention aimed at addressing the psychosocial needs of new arrivals and advocating with the authorities to improve living conditions and introduce mental health services in the detention centers for migrants.

Through its daily work in the detention centers MSF witnessed the negative impact of detention on the wellbeing and mental health of migrants and asylum seekers. Symptoms of anxiety and depression were observed in the majority of our patients. Unacceptable detention conditions, fear of deportation, not knowing how long they would be detained and being treated like criminals made detention a painful and inhuman experience for the majority of the asylum seekers and migrants. Furthermore, detention added to their suffering, as many had already been through or witnessed traumatic events in their countries of origin and during their journey.

The increasing use of detention in many EU member states, including in Greece, has been criticised by a number of international organizations, who have stressed that, in accordance with international standards, detention of migrants must be a measure of last resort, proportionate and for the shortest period possible, and where possible alternatives to detention should be sought.

MSF urges the Greek authorities to carefully measure the impact of detention on the well being of migrants and asylum seekers and to consider alternatives to the detention of new arrivals. In that regard, the intention of the Greek government to establish reception/screening centers for new arrivals is a positive first step. MSF calls on the Greek government to implement these plans and to guarantee that conditions and services provided in these centers are in accordance with international standards. Particular attention should be paid to ensure the provision of appropriate medical and mental health care, including medical screening and adequate follow-up of new arrivals.

In any case, the Greek Government should ensure that detained migrants and asylum seekers are treated in a humane and dignified manner and that those who wish to do so are given the possibility to seek asylum.

Until the new reception system is put in place and for as long as new arrivals are kept in detention centers or other detention facilities, such as border police stations, **MSF recommends that the government of Greece:**

- **Ensure dignified living conditions in detention facilities for migrants and asylum seekers, including suitable accommodation, sufficient distribution of food, clothing and personal hygiene items, adequate time outdoors, access to information about the detention system as well as the right to apply for asylum;**
- **Guarantee appropriate hygiene standards in detention facilities for migrants and asylum seekers;**
- **Provide adequate medical care to detained migrants and asylum seekers including specific care for vulnerable groups, such as pregnant women, and systematic medical screening for new arrivals;**
- **Provide psychological counseling and mental health care services to detained migrants and asylum seekers, ensuring adequate interpretation services, as well as specialized support to vulnerable individuals, such as victims of torture;**
- **Ensure the presence of support staff to cover the daily needs of detained migrants and asylum seekers, instead of leaving this to the police;**
- **Establish a screening system for the identification of vulnerable groups and individuals, such as unaccompanied minors, trafficking victims;**
- **Avoid the detention of vulnerable groups: women in advanced pregnancy and nursing mothers, children, chronic patients, persons with disabilities and victims of torture or trafficking;**
- **Refrain from the systematic detention of unaccompanied minors and guarantee their protection during the period of their stay in Greece;**
- **Ensure that staff in detention centers is aware of and respect the rights of detained migrants and asylum seekers.**

Notes

1. For the purposes of this report we refer to the population of new arrivals using the terms migrants and irregular migrants interchangeably. We also refer to asylum seekers because among the new arrivals there are many who are fleeing conflict and persecution.
2. Calculation based on police statistics.
3. Between August 2009 and May 2010, MSF implemented psychosocial support projects in the detention centers of Pagani in Lesvos, Venna in Rodopi and Filakio in Evros, under a memorandum of understanding with the Ministries of Interior and Health. Psychosocial support provided, consisted of trust building and screening sessions, individual and group counseling sessions, play therapy sessions, and referrals of patients to psychiatric services.
4. Maroukis, T. (2008). *Undocumented Migration: Counting the Uncountable. Data and Trends across Europe*. Published by CLANDESTINO project, p. 51.
5. The numbers given are estimates of the influx of new arrivals as they include arrests of migrants both for irregular entry and stay. On the other hand, new arrivals might not always be apprehended and therefore recorded. (Police statistics, available at: <http://www.astynomia.gr/images/stories/2010/300110meta2.pdf>).
6. Police statistics on irregular migrants' arrests, by declared nationality. (Police statistics, available at: <http://www.astynomia.gr/images/stories/2010/300110meta30.pdf>).
7. In 2009, out of 29,501 applications examined at first instance 11 people received refugee status, 26 humanitarian and 91 subsidiary protection status. Out of 870 applications examined at second instance 25 people received refugee status and 11 subsidiary protection status. (Police statistics, available at: <http://www.astynomia.gr/images/stories/2010/300110meta14.pdf>).
8. Fortress Europe: L' Osservatorio sulle Vittime dell' Emigrazione, http://fortresseurope.blogspot.com/2006/02/immigrants-dead-at-frontiers-of-europe_16.html.
9. These percentages are indicative. Patients, 305 in total, were not routinely asked about the reasons which forced them to leave their countries.
10. In these and subsequent quotations from the migrants and asylum seekers we spoke to, the dates and places of the

- interviews have been withheld for reasons of confidentiality.
11. The deportation of many new arrivals is in practice not feasible. There are countries, such as Somalia which are not considered safe for returns. Moreover, Greece does not have bilateral return agreements with some countries of origin. Migrants who cannot be deported are then released and given a written order to leave the country within 30 days.
 12. Articles 76 and 83 Migration Law 3386/2005: *Entry, stay and social inclusion of third country nationals in Greek territory*.
 13. A third country national is any person not enjoying the Community right of free movement. The right of free movement is enjoyed by citizens of the 27 EU Members States together with those third countries which are Schengen Member States, or the EEC Member States (Norway, Iceland, and Liechtenstein) and Switzerland.
 14. Article 76 of Migration Law 3386/2005: *Entry, stay and social inclusion of third country nationals in Greek territory*, amended by article 48 of Law 3772/09 which extended the period of detention from up to 3 to up to 12 months.
 15. Ibid.
 16. Article 31 of the Geneva Convention Relating to the Status of Refugees, adopted on 28 July 1951.
 17. Article 13 of Presidential Decree 90/11.07.2008: *Adjusting Greek legislation to the provisions of Directive 2005/85/EC of the Council of 1st December 2005 on minimum standards on procedures in member states for granting and withdrawing refugee status*.
 18. Article 81 of Migration Law 3386/2005: *Entry, stay and social inclusion of third country nationals in Greek territory*.
 19. See for instance, *Report to the Government of Greece on the visit to Greece* carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 23 to 29 September 2008; as well as earlier CPT reports dated from 20 to 27 February 2007 and 27 August to 9 September 2005; *Report on the detention facilities for irregular migrants in Rodopi and Evros*, by Hellenic League for Human Rights, Thessaloniki, 11.12.2009.

20. In accordance with the Dublin Regulation, EU Member States have to assess which Member State is responsible for examining an asylum application lodged on their territory. Usually the country that a person first arrived in is responsible for dealing with the application. However, this puts excessive pressure on countries at the external borders of the EU, such as Greece.

21. Human Rights Watch. *Stuck in a Revolving Door: Iraqis and Other Asylum Seekers and Migrants at the Greece/Turkey Entrance to the European Union*. November 2008, p. 85.

22. See for instance, *Report to the Government of Greece on the visit to Greece* carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 23 to 29 September 2008; and earlier CPT reports dated 20 to 27 February 2007 and 27 August to 9 September 2005; Report by Thomas Hammarberg, Commissioner for Human Rights of the Council of Europe, following his visit to Greece on 8-10 December 2008; Amnesty International, *Out of the spotlight: The rights of foreigners and minorities are still a grey area*, 5 October 2005.

23. The proposal for the operation of the screening centers was developed by a working group which included representatives of NGOs working with migrants and refugees, following an initiative of the Ministry of Citizens' Protection. MSF participated in the group and made recommendations regarding the medical services to be provided to new arrivals.

24. Prior to this intervention MSF undertook an exploratory mission in Greek detention centers in February 2008. MSF expressed concerns about the humanitarian conditions found in the detention centers. From June to September 2008, MSF worked in Pagani detention center providing medical care and psychosocial support to detained migrants. At the end of September 2008, MSF closed the project because of restricted access to the migrants.

25. Article 10 of the International Covenant on Civil and Political Rights, UN General Assembly resolution 2200A, adopted on 16 December 1966; Principle 1 of the Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment UN General Assembly resolution 43/173, adopted on 9 December 1988.

26. Rules 10, 12, 15, 19, 20 and 21 of the Standard Minimum Rules for the Treatment of Prisoners, adopted by the First United Nations Congress on the Prevention of Crime and the Treatment of Offenders, held at Geneva in 1955, and approved by the Economic and Social Council by its resolutions 663 C (XXIV) of 31 July 1957 and 2076 (LXII) of 13 May 1977.

27. Rule 10, *ibid*.

28. Article 21, paragraphs 2 and 4 of the Correctional Code 2776/1999.

29. The capacity of the center according to the authorities was about 300 people.

30. During March and April, the number of migrants and asylum seekers in Filakio reached 440, while the capacity of the center is approximately 370.

31. Article 21, paragraph 5 of the Correctional Code 2776/1999.

32. *ibid*

33. Articles 25 and 33 of the Correctional Code 2776/1999.

34. Article 36 of the Correctional Code 2776/1999.

35. In Filakio detention center, until December 2009, migrants were allowed daily to the yard but for a very limited time, not longer than five to ten minutes.

36. For more information visit MSF blog on migration at <http://xorissynora.msf.gr/> (available only in Greek)

37. See for instance, *Report to the Government of Greece on the visit to Greece* carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 23 to 29 September 2008; as well as earlier CPT reports dated 20 to 27 February 2007 and 27 August to 9 September 2005; Amnesty International, *Out of the spotlight: The rights of foreigners and minorities are still a grey area*, 5 October 2005.

38. Human Rights Watch. *Stuck in a Revolving Door: Iraqis and Other Asylum Seekers and Migrants at the Greece/Turkey Entrance to the European Union*. November 2008, p. 86.

Notes

39. This is commonly referred to as the “white paper.”
40. Principle 24 of the Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment : UN General Assembly resolution 43/173, adopted on 9 December 1988.
41. Article 18 and 19 of the Internal Regulation for the Operation of General Detention Facilities (Ministerial Decision 58819/2003).
42. Norredam, M., Mygind A., Krasnik A. (2005). *Access to healthcare for asylum seekers in the European Union – a comparative study of country policies*. The European Journal of Public Advance Access published October 17, 2005.
43. Committee on Civil Liberties, Justice and Home Affairs, *Report on the implementation in the European Union of Directive 2003/9/EC laying down minimum standards for the reception of asylum seekers and refugees: visits by the Committee on Civil Liberties 2005-2008*, 27.1.2009.
44. In Rodopi region a psychologist was only appointed at the end of April 2010, as part of the medical team that visits detention facilities for migrants in the region, including Venna detention center. A psychologist is also available in Samos detention center. However there are no interpreters to work with the psychologists.
45. An exploratory mission in the detention centers indicated that unmet needs were higher in these three settings.
46. Play therapy activities included outdoor games and sports activities as well as listening to music, singing, dancing, painting, craftwork and other recreational activities, most of which were team-based.
47. Leaflets were distributed in the main languages spoken by the migrants. The leaflets included information about free services (medical care, legal support, food and non food items distributions) that migrants and asylum seekers can access once out of detention.
48. In addition, 79 group sessions and 258 play therapy sessions were held.
49. MSF (2005). *Mental health guidelines: a handbook for implementing mental health programmes in areas of mass violence*. p.119.
50. Cutler S. and S. Ceneda (2004). *“They took me away”: women’s experiences of immigration detention in the UK*, Asylum Aid; Steel Z. and D. M. Silove (2001). *The mental health impact implications of detaining asylum seekers*, The Medical Journal of Australia, pp.596-599.
51. Pourgourides, C.K., 1996, cited in Cutler S. and S. Ceneda (2004). *“They took me away”: women’s experiences of immigration detention in the UK*. Asylum Aid, p. 69.
52. Steel Z. and D. M. Silove (2001). *The mental health impact implications of detaining asylum seekers*. The Medical Journal of Australia, pp. 596-599.
53. Article 13 of Presidential Decree 90/11.07.2008: *Adjusting Greek legislation to the provisions of Directive 2005/85/EC of the Council of 1st December 2005 on minimum standards on procedures in member states for granting and withdrawing refugee status*.
54. Article 20 of Presidential Decree 220/13.11.2007: *Adjusting Greek legislation to the provisions of Directive 2003/9/EC regarding the minimum standards for the reception of asylum seekers in Member States*.
55. Guideline 8 of UNHCR Guidelines on applicable Criteria and Standards relating to the Detention of Asylum Seekers, 1999.
56. According to Article 2 Presidential Decree 90/11.07.2008: *Adjusting Greek legislation to the provisions of Directive 2005/85/EC of the Council of 1st December 2005 on minimum standards on procedures in member states for granting and withdrawing refugee status: “Unaccompanied minor” is any person under 18 years of age, who arrives in Greece or is being abandoned in Greece without being escorted by an adult responsible for his/her care, by law or custom*.
57. Article 3 Convention on the Rights of Child: UN General Assembly resolution 44/25, adopted on 20 November 1989.
58. Human Rights Watch, *Greece: Left to Survive, Systematic Failure to Protect Unaccompanied Migrant Children in Greece*, December 2008, p.28 [hereafter quoted as HRW, Greece: Left to Survive].
59. HRW, Greece: Left to Survive, p. 10.
60. Article 19 of Presidential Decree 220/13.11.2007: *Adjusting Greek legislation to the provisions of Directive 2003/9/EC of the Council 27th January 2003 on minimum standards for the reception of asylum seekers in Member States*.

61. HRW, Greece: Left to Survive, p. 20.
62. Article 37, Convention on the Rights of Child: UN General Assembly resolution 44/25, adopted on 20 November 1989.
63. Hospitality Centers for Unaccompanied Minors funded by the Ministry of Health and Social Solidarity exist: in Makrinitza, Thessaloniki, Konitsa, Agria in Volos, Anogeia in Crete, Agiassos in Lesbos, Athens.
64. European Parliament's Committee on Civil Liberties, Justice and Home Affairs, *Report on the implementation in the European Union of Directive 2003/9/EC laying down minimum standards for the reception of asylum seekers and refugees: visits by the Committee on Civil Liberties 2005-2008*, 27.1.2009; European Council on Refugees and Exiles, *Research Paper on Alternatives to Detention: Practical Alternatives to the Administrative Detention of Asylum Seekers and Rejected Asylum Seekers*, September 1997; Amnesty International, *Migration-Related Detention: A research guide on human rights standards relevant to the detention of migrants, asylum-seekers and refugees*, November 2007.

Other MSF reports on migrants:

No choice: Somali and Ethiopian refugees, asylum seekers and migrants crossing the Gulf of Aden

http://www.msf.org/source/countries/middleeast/yemen/2008/MSF_report_no_choice.pdf

Over the wall: A tour of Italy's migrant centres

http://www.msf.org/source/countries/europe/italy/2010/wall_report.pdf

Morocco: Sexual Violence and Migration

http://www.msf.org/source/countries/africa/morocco/2010/Sexual_violence_morocco.pdf

Malta: Not Criminals

http://www.msf.org.uk/UploadedFiles/not_criminals_report_Malta_200904160055.pdf

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MIGRANTS IN DETENTION

Lives on hold



Médecins Sans Frontières (MSF) is a humanitarian medical aid organisation that brings emergency medical assistance to populations in distress in over 60 countries.