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Refugee crisis in Greece: Healthcare and Integration as current challenges.

Running head: Refugee crisis in Greece

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Abstract

Europe is facing the largest refugee crisis since the end of World War II. As the south-easterly border of European Union, Greece has found itself standing at the gateway to this humanitarian crisis. The refugee crisis poses many challenges to Europe, namely healthcare provision and integration. Despite clear public health recommendations on communicable diseases national health authorities are concerned about outbreak of such diseases, while little care is taken to provide general care. With central Europe already integrating migrants, Southern European need to follow the lead and advocate for support to refugees while struggling with the burden of the current financial crisis. Greece is the primary example of this challenge and this perspective explores the current situation and potential solutions.

Introduction

Despite the 5-year immigration flow from Syria, Iraq and Afghanistan, when thousands of people were seeking asylum in the European countries, it is more than a year since the refugee crisis became a fixture on newspaper front pages, as the largest mass movement of populations across Europe since the end of World War II(1). Given all the geopolitical factors, there is large uncertainty surrounding forecasts of migration flows. Within Europe, Greece serves as the first landing point for refugees arriving by sea(2).

What is the situation in Greece?

As the south-easterly boarder of European Union(EU), Greece has found itself standing for the gateway to a humanitarian disaster. According to the United Nations High Commissioner for Refugees(UNHCR), 1.000.573 refugees and migrants arrived in Europe from the Middle East and North Africa during 2015. Of these, some 850.000 landed on the Greek islands(49% were Syrian, 21% Afghan and 8% Iraqi). Most of the recent Syrian migrants are educated middle-class people looking for a better future abroad due to the recent turmoil in their country(3,4). Since the start of 2016, more than 130k people travelled from Turkey to Europe, with the majority-122.637-entering the EU via Greece(4,5).

International Rescue Committee(IRC) has expressed concern over the safety and protection of vulnerable groups at the various camps in Greece, because of insufficient safe accommodation and limited monitoring of vulnerable cases(6). Existing wash facilities are stretched beyond capacity and there is a need for increased numbers of showers and toilets. Feminine supplies are in short. Heating too is limited with many of the refugees lighting their own fires to keep themselves

warm. There are no spaces for women and girls to go to seek counselling and psychological first-aid (fig. 1).

Greek authorities concerned about the spread of diseases in refugee camps have urged refugees to move to government-owned camps with better living conditions. Foreign aid organizations have hired local workers to clean the camps. Recent data from a migrant health project that became operational at the Greek-Turkish border demonstrated that common complaints and diagnoses of migrants reaching refugee camps included respiratory infections (23%) and myalgia (18%). The tuberculin screening test (TST) was positive in 7.8% out of 1,132 patients tested. Out of 632 migrants, 0.3%, 3.2% and 0.8% tested positive for HIV, hepatitis B and hepatitis C, respectively. Overall, 22.3% of adults were vaccinated against poliomyelitis (7).

The ECDC Communicable Disease Threats Report (CDTR) in its bulletin (April 2016), included updates on migrant health in Europe and in Greece per se. “Refugees are currently not a threat to Europe with respect to communicable diseases, but they are a priority group for communicable disease prevention and control efforts as they are more vulnerable” (8). The risk that refugees arriving in Europe will contract communicable diseases has increased because of the “current overcrowding at reception camps”. The most frequent health problems of newly arrived refugees and migrants include mental health problems related to trauma and displacement, accidental injuries, hypothermia, burns, gastrointestinal illnesses, pregnancy and delivery-related complications. According to WHO, the exposure of refugees and migrants to the risks associated with population movements—psychosocial disorders, reproductive health problems, higher newborn mortality, drug abuse, nutrition disorders, alcoholism and exposure to violence—increases their vulnerability to non-communicable diseases (NCDs) due to lack of access to health care systems and providers (9).

The Lancet Commission on Global Surgery reported that 5 billion people lack access to safe, affordable surgical and anesthesia care(10,11).Surgical and anesthesia care should be an integral component of a national health system in countries at all levels of development.Surgical services are a prerequisite for the full attainment of local and global health goals in areas as diverse as cancer,injury,cardiovascular disease,infection and reproductive,maternal,neonatal and child health.Nearly 60% of refugees and migrants arriving in Greece are women and minors;40% male, 20% female and 40% children(1-3).This distribution of the population arriving in 2016 tips the scales against an increase in specific health needs in vulnerable populations(pregnant and breastfeeding women, unvaccinated children and victims of sexual violence).These are the reasons why Global Surgery could be beneficial in the case of Greece(11).Despite the fact that the Greek Social Security System is thought to be “flexible” in integrating unemployed or uninsured people and offering the same level of medical and surgical services with those who have an insurance,it is now extremely difficult to predict how the almost bankrupted social security services in Greece will cover any extra burden(11).If this happens,it means that the vast majority of immigrants,will seek for surgical help in public sector only in emergency settings and for advanced illness since the majority of them will be without insurance and maybe still unemployed.Additionally, for the time being,no legislative frame has been proposed by the Greek Government,dealing with this issue.

The challenge of integration

The short-term fiscal costs of caring for the asylum seekers could be sizable in certain countries.International Monetary Fund(IMF) staff estimates that(12),on a Gross Domestic Product(GDP)-weighted basis, average budgetary expenses for asylum seekers in EU countries could increase by 0.05 and 0.1% of GDP in 2015 and 2016,

respectively, compared to 2014. These estimates are highly tentative, reflecting uncertainty over the number of asylum seekers.

Austria (0.08 and 0.23% of GDP), Finland (0.04 and 0.28% of GDP), Sweden (0.2 and 0.7% of GDP) and Germany (0.12 and 0.27% of GDP) are expected to shoulder the largest spending increases in 2015 and 2016, respectively, compared to 2014. Germany has so far taken the largest number and their GDP has increased. Moreover, wage subsidy programs in Germany aimed at supporting immigrants (and native workers) during the initial phase of self-employment that contributed to these durable positive effects (12). On a per capita basis, Sweden has taken the most (2% of their total population) and may be near their limit. By 2020, the level of GDP could be about 0.25% higher for the EU as a whole and between 0.5 and 1.1% higher in the three main destination countries (Austria, Germany, Sweden). This assumes that labor integration proceeds successfully, with the initial employment gap between new labor market entrants and the natives gradually narrowing over time (12).

On the other hand, IMF estimates that immigrants in Europe (possibly including those in the current wave of asylum seekers) are more likely to be unemployed and rely on social assistance than native workers (12). Wage subsidies make hiring immigrants more attractive to employers where entry wages (for example, minimum wages or wage agreements) are high. Wage subsidies could also tilt the balance in favor of working as opposed to relying entirely on social assistance (12).

In Greece, all policies are deeply affected by the ongoing severe financial crisis that first hit the country in 2008 (13). Now the country has to work out practical measures on hosting approximately 40-60k refugees long-term (14,15). Despite the previous successful experience on integration of 1.2 million Greeks from Asia Minor in the

1920s,current Greek economy will mandate help in the form of financial capital and job creation to make ends meet.

Is there any hope or are we tilting at windmills?

The final challenge to tackle is political.Certain politicians have their reputations at stake over an issue of global importance.If EU leaders do not act urgently to live-up the expectations and improve conditions for stranded refugees and migrants, they will face the legacy of a humanitarian disaster.Instead of just focusing on bringing peace and stability to the affected regions,political will should aim at facing the multiple challenges of poor governance,climate change,sectarian violence,foreign intervention and religious extremism.Plato,in his Allegory of the Cave,described the way in which rulers who lack strong philosophical thinking manipulate populations.The current refugee crisis is without any doubt,the adverse outcome of human mistakes(fig.1).

Figure legends

Figure 1. An illustration of the Sanitation conditions at Idomeni (left) and the allegory of the Cave illustrating the difference between mistaken sensory knowledge for the truth and real truth (right).

Contributors

DM conceived the paper. DM and AK drafted and edited the manuscript. DM and AK approved the final version of the manuscript. DM is the guarantor of the paper.

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