

ONE YEAR ON FROM THE EU-TURKEY DEAL:
**CHALLENGING THE EU'S
ALTERNATIVE FACTS**



Médecins Sans Frontières (MSF) is an international medical relief organisation. MSF is an independent and neutral aid agency that serves all people regardless of race, political and religious affiliation.

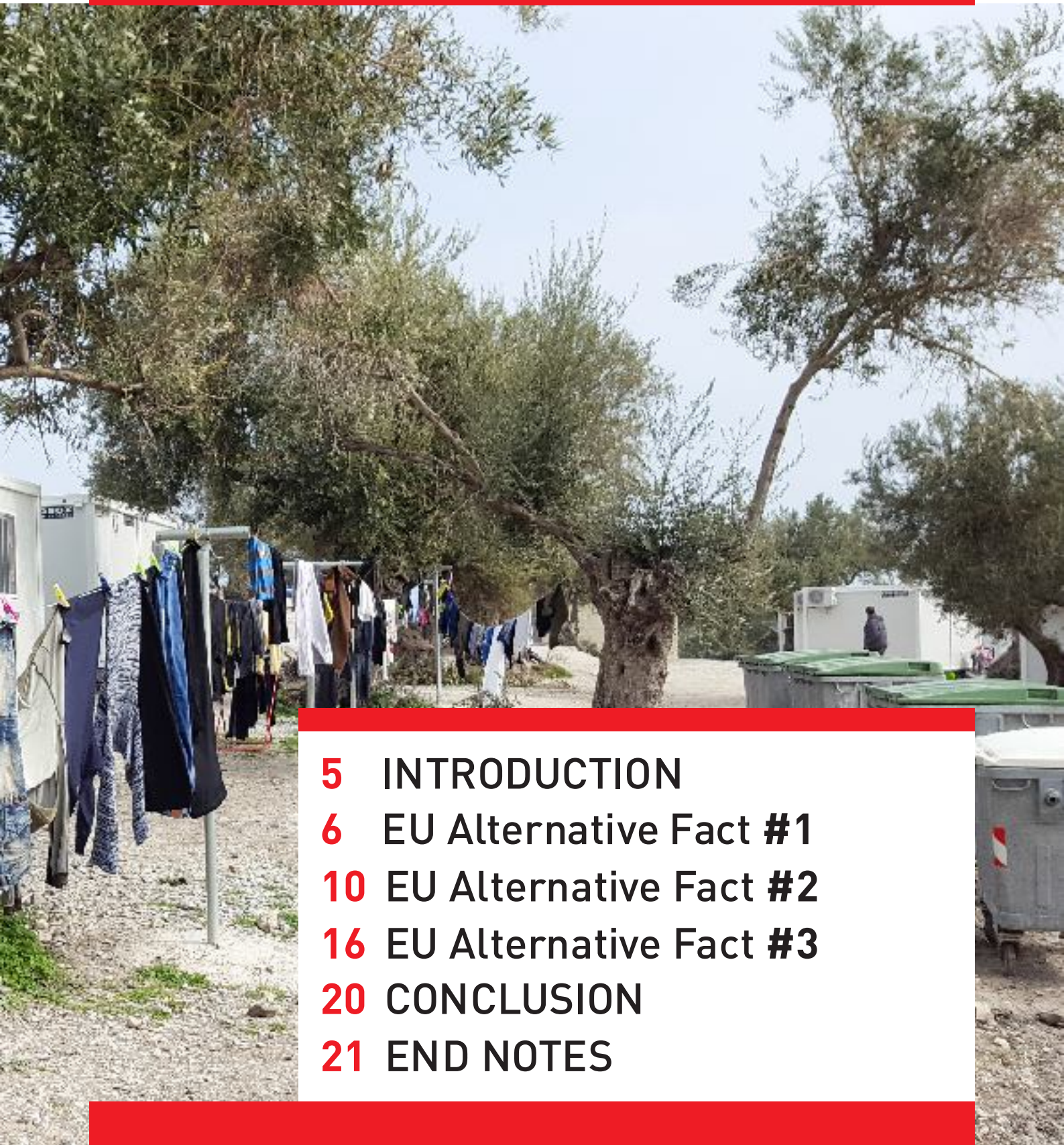
March 2017

COVER PHOTO ©Marko Drobnjakovic - A man washes himself with hot water outside a disused railway warehouse used by refugees and migrants as temporary shelter in Belgrade, Serbia, Thursday, Jan. 5, 2017.



© MSF

CONTENTS



- 5** INTRODUCTION
- 6** EU Alternative Fact #1
- 10** EU Alternative Fact #2
- 16** EU Alternative Fact #3
- 20** CONCLUSION
- 21** END NOTES



© Ihab Abassi / MSF

INTRODUCTION

One year ago, the 'Balkan route' – by which refugees, asylum seekers and migrants travelled from Greece to northern Europe – was closed. This route had constituted the only hope for thousands of people seeking protection in Europe. In the wake of this, on 18 March 2016 the European Union (EU) and Turkey issued the EU-Turkey statement, commonly referred to as the EU-Turkey deal. This deal aimed at stemming arrivals of asylum seekers and migrants from Turkey to Europe, and allegedly offered "*migrants an alternative to putting their lives at risk*".¹ Nine months later, the deal was reinforced with a joint action plan,² a two-page document setting out further action to be taken.

These two interlinked events – the closure of the Balkan route and the EU-Turkey deal – represented a new paradigm in the EU's approach to mixed migration flows. In reaction to the implementation of the EU-Turkey deal, MSF decided to no longer accept funds from the EU and its member states, in opposition to their damaging deterrence policies and their continued attempts to push people and their suffering away from European shores.

One year into the deal's implementation, European leaders have been heralding its "*positive results*",³ its "*continued trend of progress*"⁴ and its "*steady delivery of results*",⁵ whilst acknowledging some "challenges" along the way. Most

recently, EU member states such as Germany and Malta have called for the EU-Turkey deal to be replicated elsewhere.⁶

What EU officials fail to mention is the devastating human consequences of this strategy on the lives and health of the thousands of refugees, asylum seekers and migrants trapped on the Greek islands and in the Balkans, particularly in Greece and Serbia, where they are living in limbo. What they fail to acknowledge is that, whether fully implemented or not, the EU-Turkey deal follows the logic of treating people as if they were commodities, with disastrous consequences for the people affected. And what is clear is that, despite evidence of the deadly consequences of their containment policy, European leaders have decided to put the survival of the EU-Turkey deal ahead of asylum seekers' safety and protection.

As a medical humanitarian organisation providing care to these people, our staff have treated the physical and mental wounds that these measures have inflicted on people who came to Europe in search of protection from violence, conflict and extreme hardship.

This report challenges Europe's "alternative facts" on the EU-Turkey deal and seeks to ensure that the EU acknowledges its true impact on people's lives and health in Greece and beyond, and does not go on to replicate such a deal elsewhere.

KEY POINTS ON THE EU-TURKEY STATEMENT

The EU-Turkey statement was signed on 18 March 2016 and came into effect two days later. It essentially seeks to put an end to refugees, asylum seekers and migrants crossing from Turkey to Greece by returning the majority to Turkey. It is based on the premise that Turkey is a safe country for asylum seekers, despite Turkey maintaining a "geographical limitation" to the 1951 Refugee Convention and denying refugee status to "non-Europeans". Turkey already hosts more than three million refugees.

The main points of the deal:

- 'Irregular migrants' and asylum seekers crossing from Turkey to Greece whose application has been declared inadmissible will be returned to Turkey. Pending their registration and an assessment of the possibility of sending them back to Turkey, they must remain on the Greek islands.

- For every Syrian returned to Turkey, another Syrian will be resettled directly from Turkey to Europe, with a cap of 72,000. The resettlement of Syrians in Europe is conditional on effective returns to Turkey and an end to new arrivals in Greece.

- The EU will disburse three billion euros in aid promised under the Facility for Refugees in Turkey; Turkey will obtain visa liberalisation for Turkish citizens; and negotiations for Turkey to join the EU will move forward.

In December 2016, the EU and Greece released the **joint action plan on the implementation of the EU-Turkey statement**,⁷ aimed at identifying further measures needed by all sides to eliminate the backlog of asylum cases on the Greek islands by April 2017 and to ensure the full implementation of the deal.

EU ALTERNATIVE FACT #1:

The EU-Turkey Deal offers migrants an alternative to putting their lives at risk



©Marko Drobnya kovic
©Foto: AFP

The reduction in attempts to cross the Aegean and in deaths at sea has confirmed [the EU-Turkey Agreement's] core rationale"

Franz Timmermans, 28 September 2016

Most EU communications on the EU-Turkey deal boast about having achieved the main objective and the only concrete result intended by the deal, namely a “substantial fall in the number of crossings since the activation of the Statement”.⁸ Politicians have also highlighted a “substantial fall in the loss of life”.⁹ However, such statements about the deal’s alleged success fail to address what happens to those people who continue to have reason to flee for their lives.

Unable to flee and seek protection and assistance

Europe’s closing of its doors to asylum seekers does nothing to address the conflict, violence and persecution from which people are fleeing. Nor does it give those who flee a real alternative to enlisting the services of people smugglers, who remain one of their few options for reaching safety. Border closures now stretch from the EU all the way to Syria. For the past two years, the Syrian-Turkish border has been closed, and an immense wall is being constructed to separate the two countries. For the past three years, the Syrian border with Jordan has been severely restricted to asylum seekers, while for the past six months, very few people needing urgent medical evacuation have been able to exit the country. This has trapped many thousands of people in a warzone now entering its seventh brutal year. Beyond Syria, people continue to flee from Iraq, Afghanistan, Nigeria, Yemen, Eritrea, Somalia and many other countries besides.

Those who have been able to leave these warzones and crises mostly live in countries hosting millions of refugees, including Kenya and Lebanon. Of Lebanon’s population of six million, more than one million are refugees. Refugees in Lebanon face detention, arrest and restricted movement, due to a large number of checkpoints. Turkey itself hosts the largest number of refugees in the world; it currently shelters 2.9 million Syrians and 350,000 non-Syrian refugees, while many more are reported to live unofficially in Turkey’s large cities and sprawling camps.

Faced with barbed-wire fences erected at many of southern Europe’s borders, asylum seekers and migrants are literally being stopped in their tracks. With no safe alternative, they are pushed into the hands of people smugglers, and onto even more dangerous land and sea routes to northern Europe.

Without safe and legal options

For years, organisations including MSF have advocated for safe and legal routes for people wishing to seek asylum and migrate. Everyone has the right to seek asylum, whether they have entered a country by regular or irregular means.

With the closure of Europe’s borders, the lack of safe and legal pathways to enter the EU is forcing people to resort to using smugglers and undertaking increasingly dangerous journeys.

While the EU and its member states further militarise their response to refugees, asylum seekers and migrants and attempt to prevent people entering Europe irregularly, they have not matched this by increasing the safe and legal ways for people to move, such as resettlement, relocation, humanitarian visas, family reunification and visas for work and study.

Several European countries have tightened their requirements for family reunification¹⁰ in the past two years. Additionally, EU states’ contribution towards relocating and resettling refugees from Greece and Turkey are lagging far behind targets and schedule. As of 24 February 2017, just 3,565 refugees had been resettled from Turkey to the EU since April 2016, out of nearly three million refugees hosted by Turkey¹¹. As of 28 February 2017, just 9,610 asylum seekers had been relocated from Greece to other EU countries, out of a target of 63,302 claimants in Greece.¹² As well as being slow and administratively cumbersome, the relocation process is discriminatory in that it offers a legal alternative to being blocked in Greece to a restricted number of nationalities, irrespective of people’s individual need for protection.

Desperately seeking alternative routes

Despite the closure of the Balkan route and the EU-Turkey deal, people continue to travel irregularly through the Balkans towards northern Europe. The movement of people has never stopped, but their routes have fragmented and their journeys have become increasingly dangerous. Since the implementation of the EU-Turkey deal on 20 March 2016, at least 140 people have lost their lives along the Balkan route, either by drowning in the Aegean Sea, freezing to death at the land borders of Serbia and Bulgaria, or as a result of health issues linked to camp conditions in Greece.

Whilst some people continue to risk their lives to reach the Greek islands by sea, others are using alternative but



©Marko Drobnjakovic

equally dangerous routes. In Serbia, our teams treat people who have just arrived in the country after being smuggled across the land border between Turkey and Greece or Turkey and Bulgaria. Whereas refugees, asylum seekers and migrants previously arrived in Serbia on trains and were provided with humanitarian assistance at the border, they now arrive on foot with horrific tales of abuse by smugglers and border guards.

A darker reality: people at increased risk

The sharp decrease in people reaching European shores since the implementation of the EU-Turkey deal hides a much darker reality. Those who wish to seek safety and protection have no choice but to stay where they are, exposed to danger, or to risk their lives trying to reach Europe. It is hypocritical and opportunist of Europe to take the credit for reducing the number of deaths in the Aegean Sea, when it has done nothing to provide safe alternatives for those who are fleeing for their lives.

THE “CLOSURE” OF THE BALKAN ROAD: A PACKAGE OF ABUSE AT EU BORDERS”

“Suddenly the police came – there were about 15 men and three women, and they also had two dogs. We three were forced onto the ground on our stomachs and with our arms behind us, Then they started kicking us like we were animals. I was kicked several times in the side, and one of the dogs attacked me too – you can see the mark on my arm. While I lay on my stomach, one of the officers stood in front of my head and kicked me hard in the face.”

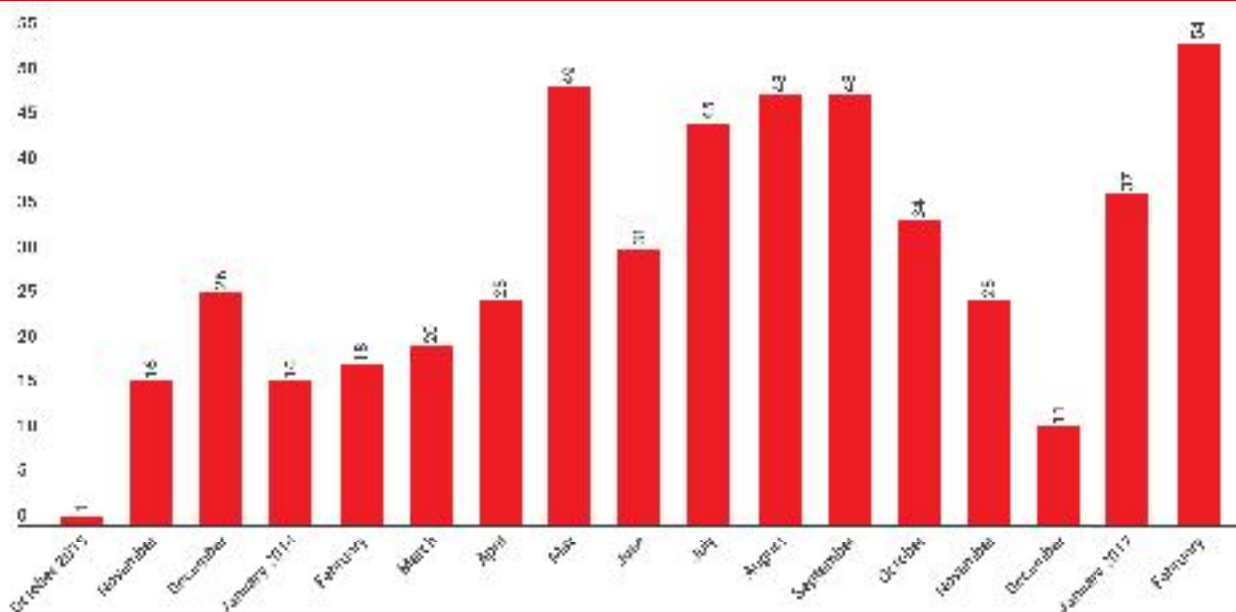
“They kicked and struck with fists, and then they also beat with their black sticks. They went especially for the legs and thighs, but one of them also hit me on the chest with the rifle stock three times, and I passed out for several minutes. When I came to, one of them continued to beat me on my legs. There were also some minors with us, maybe 14 or 15 years old, and they were also beaten by policemen – one of them also passed out.”

The closure of the Balkan route in early March 2016, combined with the implementation of the EU-Turkey deal later that month, led to a significant decline in the number of people arriving on the Greek islands. This was accompanied by a staggering increase in violence, as people trying to reach northern Europe

were propelled into the hands of smugglers and pushed back from borders by security forces.

For those who continue to make the journey northwards through the Balkans, the most difficult crossing remains the border between Serbia and Hungary. After erecting the longest fence in Europe, Hungary legalised push-backs and denied more than 19,000 people¹² their right to seek asylum in the second half of 2016 alone. From mid-December 2016, MSF’s clinic in Belgrade witnessed an increase in the number of injuries inflicted intentionally, especially amongst people who had returned from the Hungarian border after an unsuccessful attempt to cross it. In February this year, the situation became so acute that MSF medical teams were forced to refer some patients to hospitals due to the severity of their wounds. From March 2016 to February 2017, MSF treated 106 people with injuries allegedly perpetrated by Hungarian border patrols. These include 54 beating injuries, 24 dog bites, 15 cases of irritation following the use of tear gas and pepper spray, and 35 other violent injuries. Of the 106 patients, 22 were unaccompanied minors. All treated cases follow similar patterns of ill-treatment including humiliation, severe beatings, and dog attacks.

Self-reported violent events experienced during migration/100 MSF Mental health consultations in Serbia



EU ALTERNATIVE FACT #2:

Conditions on the islands are acceptable enough for asylum seekers to stay there pending a decision on their claim



© Ihab Abassi / MSF

Greek authorities [must] continue to actively enforce the geographical restriction imposed on migrants present on the islands.¹⁴

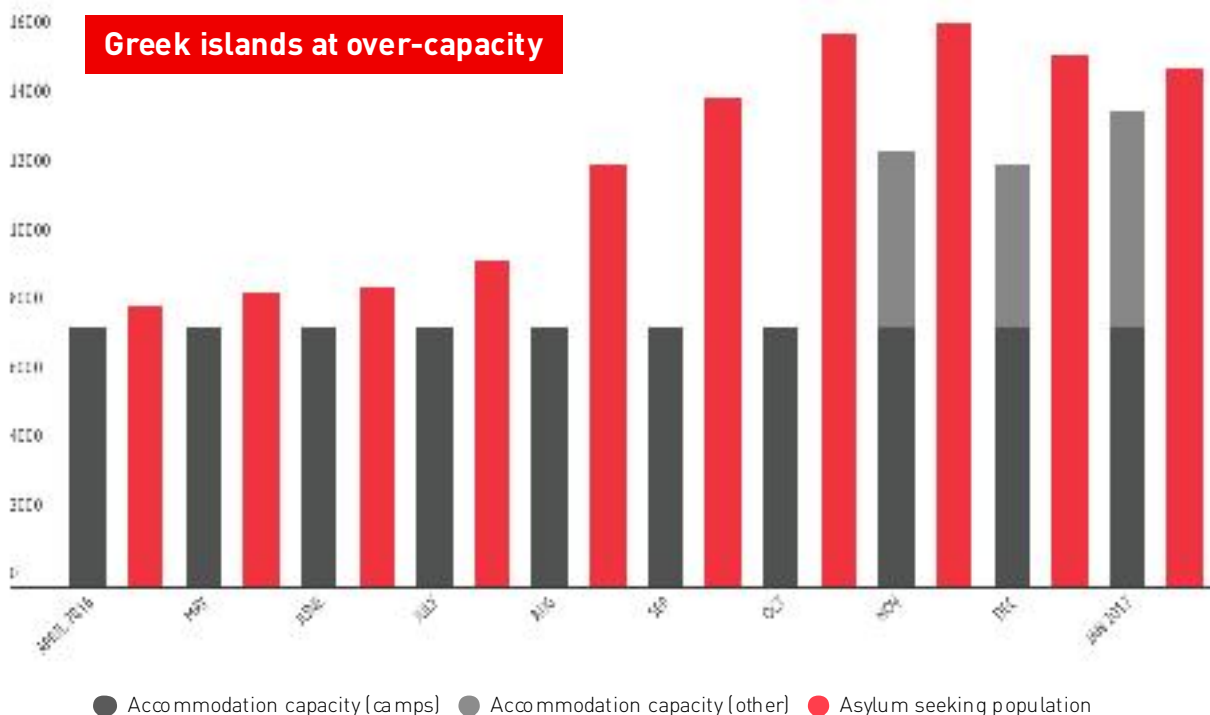
EU-Turkey Joint Action Plan, December 2016

A cornerstone of the EU-Turkey deal is that asylum seekers arriving on the Greek islands must remain there for the time it takes to be registered and go through the 'admissibility procedure'. People must wait in the 'hotspots' – the registration centres and camps set up to accommodate them – until a decision has been taken on their transfer to mainland Greece (if eligible for family reunification, relocation, asylum in Greece, or if they are perceived as vulnerable), or on their return to Turkey (if deemed inadmissible or ineligible for asylum). Yet this policy is proving untenable, as people are being forced to live in unacceptable conditions for up to a year, putting their health and lives at risk.

Living in inadequate and dangerous conditions on the islands

Due to delays in registering and processing asylum claims, and due to few returns to Turkey being implemented, the Greek islands have gone from being transit locations, to accommodating double their capacity of people in ill-equipped camps for months on end. Men, women and children seeking protection in Europe have spent up to a year in poorly adapted and unwinterised temporary shelters, with inadequate access to basic services including heating and hot water.

"Life here at the camp is like being in prison, like a kind of suicide. I'm afraid all the time. During the nights with bad weather, I'm afraid that my tent will fly away with the strong wind. I haven't slept at all in the past three days. [To use washing facilities] you have to walk to the furthest part of the camp and wait for up to an hour. There's always a long queue of people waiting – not to mention the lack of hygiene. It's impossible to wait for an hour in the cold and the mud; I haven't had a shower for the past five days. To keep warm throughout the cold days, I swapped my sleeping bag with another refugee. Nobody distributed blankets or warm clothes; nobody told us that the weather was going to change; I was totally unprepared. I don't feel safe here. I'm worried and tired and I'm losing hope."
 Syrian man, Samos, January 2017





On 25 November 2016, in Moria “hotspot” camp on Lesbos, a woman and child were killed in a fire after a gas canister attached to a hot plate exploded inside their small nylon tent. They were using the hot plate to try and keep warm. As a result of the accident, two people died and many more were injured.

In early January 2017, the Greek islands were hit by heavy snowfall and freezing rain. As photos of flimsy summer tents covered in snow spread on social media, the world woke up to the severe inadequacies of living conditions for thousands of asylum seekers in the camps on Lesbos and Samos.

Later that month, three young men died in Moria camp and a fourth was taken to hospital in a critical condition. Survivors and friends reported that the deceased had no pre-existing medical conditions. To keep warm, the men had been burning cardboard, plastic and scraps of wood in the tents they shared.

The results of their autopsies have yet to be released. The friend of the third victim was released

from hospital with suspected carbon monoxide poisoning.

On Samos, some improvements to living conditions in the camp are underway but, as of mid-February, 600 people were still living in unheated accommodation, with limited access to clean water and decent sanitation facilities.

On Lesbos, the deaths, and the media attention that they generated, prompted Greek and European authorities to take action to improve living conditions. There has been a clear improvement to conditions for people in Moria camp, and hundreds of people have been moved to flats and hotels.

Whilst these measures are long awaited and welcome, they are still insufficient to respond to the needs of vulnerable people and will not decrease the psychological suffering of people forced to live in limbo.

Struggling for their lives

As well as being inhospitable, camps on the islands are unsafe. Since April 2016, one month after the EU-Turkey deal was signed, nearly 100 significant security incidents were documented by the media in camps in Greece, including on the islands.

During mental health consultations, our patients talk of feeling unsafe on the Greek islands. On Lesbos, patients have told us of widespread alcohol and drug abuse in Moria camp, as well as sexual harassment, violence and people fighting on a daily basis. These are not safe places for anyone, especially the most vulnerable.

Crushed by inhumane policies

As a medical organisation providing medical and mental health consultations on the islands of Samos and Lesbos, our teams have witnessed at firsthand people's mental and physical health needs and how these have changed over time. In recent months, our psychologists on both islands have seen a worsening of people's mental health state, with most patients citing poor living conditions and the risk of being returned to Turkey as either the cause or an exacerbating factor of their psychological problems.

On Lesbos, our psychologists carried out 767 mental health consultations and observed a marked deterioration in people's mental health status immediately after the implementation of the EU-Turkey deal. Indeed, MSF psychologists saw a 2.5 fold increase in the percentage of patients with symptoms of anxiety and depression, and a threefold increase in the percentage of patients with post traumatic stress disorder over the year. Symptoms of

psychosis also increased, all of which coincides with our teams seeing more patients with severe trauma, and more cases of self-harm and more suicide attempts.

On Samos, our teams conducted 456 mental health consultations in the 11 months after the EU-Turkey deal. Our social worker and psychologist have seen a similar deterioration in people's mental health status in recent months. In January 2017 alone there were twelve reported attempted suicides and six reported cases of self-harming. This was also highlighted in UNHCR's Samos update of mid-February, which noted that it "continued to regularly receive reports of incidents of self-harm, suicide attempts, and panic attacks on Samos."

A darker reality: A containment policy with deadly consequences

The health and lives of asylum seekers and migrants living on the Greek islands remain at risk. They are trapped on the islands for months on end with little hope of getting the protection they are seeking, with inadequate access to services, and at risk of fires, fights and violence. Despite evidence of the damaging human and health consequences of this policy of containment, the EU has decided to put the survival of the EU-Turkey deal ahead of the safety and protection of asylum seekers, stating that they "cannot evacuate the islands, as Turkey has made clear that they will not accept people who have been moved to mainland sites".¹²





TESTIMONIES

"Mentally, people are crushed. They feel this deal [EU-Turkey Deal] has bargained their lives away."

MSF mental health staff, Lesbos, January 2017

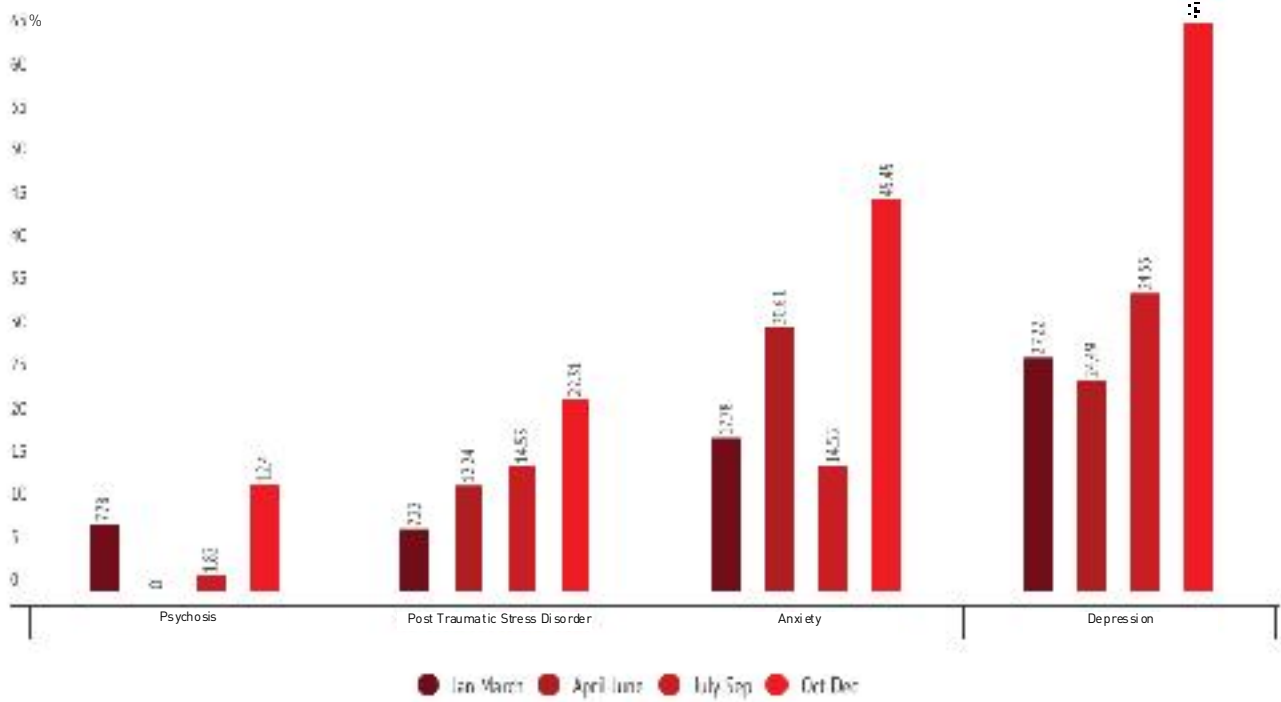
"I left Syria because my house was bombed, my daughter died and my son got burned with serious injuries. We left with my son alone to Turkey. My son could not continue and he died. I had nothing else to lose in my life, I lost everything. I told myself I have to continue and manage to find a way to go to Greece through the sea. We managed to cross the sea and arrived to Greece from the first try. The border was closed so we had to stay in Moria camp. We had no other option. The situation in the camp got worse and worse day after day. I finished with my two interviews on the 16th of May 2016 and since then I'm in Moria with no clear information and with no answers from the asylum service. Everything is delayed, they don't feel the pain that we live and we face every day."

Syrian man admitted to our clinic after having self-mutilated, Lesbos, December 2016

"The majority of patients we've recently seen are men between the ages of 18 and 40. They talk of having experienced bombardments, detention, torture. Many of them are in a highly vulnerable state made worse by the shock of the living conditions in the hotspot. They tend to show high levels of anxiety at the prospect of having to remain there for a prolonged period of time. Depression is clearly evident in those who have been in the hotspot longest. Some have been here for more than nine months and have turned to alcohol as a way to cope, even though it is against their religious practice to drink. As there is no psychiatric facility on the island, people who self-harm or attempt suicide are usually taken to the detention facility."

MSF Psychologist in Samos, February 2017

The increase in proportion of mental health symptoms in Lesbos



EU ALTERNATIVE FACT #3:

The EU-Turkey deal respects fundamental principles of human rights



© Daniel Barney / MS

All migrants will be protected in accordance with the relevant international standards and in respect of the principle of non-refoulement.¹⁶

EU-Turkey Joint Action Plan, December 2016

The EU has strongly defended the EU-Turkey deal's respect for people's fundamental rights, including the principle of non-refoulement.¹⁷ Legal and human rights organisations working with migrants and asylum seekers in Greece have strongly challenged this, noting "the systematic human rights violations the implementation of the EU-Turkey statement leads to on a daily basis",¹⁸ and warning that new measures proposed under the joint action plan of December 2016 would result in refugees, asylum seekers and migrants arriving on the islands being deprived of essential procedural safeguards protecting their fundamental rights and the rule of law.¹⁹

In the past year, MSF has tried to facilitate our patients' access to legal assistance and, in some cases, even funded such assistance to make sure that they are protected from refoulement and are able to file an appeal against a decision to return them forcibly to Turkey. This has given us an insight into the very concerning erosion of essential procedural safeguards and fundamental human rights of our patients.

Increasing people's vulnerability

Under Greek law,²⁰ vulnerable people must be afforded special protection. Given the inadequate conditions on the Greek islands and the lack of access to certain services, the Greek authorities have exempted vulnerable people from the admissibility procedure and have allowed their transfer to the mainland whilst waiting for the outcome of their asylum claim.

The lack of adequate training of staff carrying out vulnerability screening, and the little time and resources invested in effectively identifying and referring vulnerable people to protection organisations for their transfer to the mainland, mean that hundreds of vulnerable people remain on the islands, at risk of further harm and with inadequate care and assistance. More recently, the lack of accommodation capacity in Athens for people with special needs has also been a barrier to vulnerable people moving to the Greek mainland.

Patients cared for in MSF's clinics on Lesbos and Samos often fit the category of vulnerable people, yet many have not been identified as such or have not succeeded in getting transferred to the Greek mainland. As of 3 March 2017, MSF's clinic for the treatment and rehabilitation of victims of torture in Athens was still awaiting the arrival of 13 victims of torture who had been referred to the clinic, but who were still on the islands – some for as long as a year – because of a geographical restriction imposed on them.

Other patients treated at our clinic for victims of torture in Athens left the islands on their own initiative, without having their geographical restriction lifted, as they were so desperate to seek care that was unavailable on the islands. They are now being told by the authorities that they have

no choice but to return to the islands in order to regularise their asylum status. Other vulnerable patients of ours were allowed to leave for the mainland, but found themselves and their baby forced to sleep rough, so made their way back to Lesbos a few days later.

The alarming situation for vulnerable people could be about to get much worse. The EU recommended in the joint action plan of December 2016 that vulnerable people should no longer be exempt from the admissibility procedure, potentially allowing them to be returned to Turkey. Given that certain medical conditions require tests and treatment that are not available on the Greek islands, this shift in policy would be very concerning and could have disastrous consequences for people's health.

Fast-tracking shouldn't mean compromising

Following the EU-Turkey deal, attempts to return Syrians to Turkey were largely thwarted, as appeals committees ruled that it was unsafe for Syrians to be returned to Turkey. In June 2016, apparently under pressure from the European Council and Commission, the Greek government changed the composition of these appeals committees, removing the independent human rights expert and thereby sidelining members who objected on legal grounds to the return of Syrians to Turkey.²¹

In December 2016, faced with an ever-growing population of asylum seekers on the islands, the EU recommended in its joint action plan that "Greek authorities [...] explore the possibility to limit the number of appeal steps in the context of the asylum process".²² The joint action plan further recommended that the Greek authorities fast-track the whole asylum process and "issue return decisions at the same time as the notification of a negative first instance asylum decision".²³

The length of the asylum procedure is yet another unnecessary and traumatising factor for people seeking refuge; it is obvious that these waiting times could and should be shortened. At the same time, as a medical



© Alexandros Avramidis

humanitarian organisation treating people's complex physical and mental health needs, MSF is acutely aware of the trauma that many of our patients have experienced, and of the time and expertise needed for their experiences of abuse, torture or persecution to come to light. Reducing the length of asylum procedures, therefore, should not be done at the expense of the quality of the process. It must go hand in hand with an improved capacity to detect people's vulnerabilities while maintaining their rights to appeal.

Discriminating against certain nationalities

The EU-Turkey deal clearly states that "migrants arriving in the Greek islands will be duly registered and any application for asylum will be processed individually by the Greek authorities in accordance with the Asylum Procedures Directive, in cooperation with UNHCR"³⁴. Yet the nationality-based approach that has been adopted has led to very different treatment and complex procedures being put in place depending on people's country of origin.

Proposals put forward by the joint action plan of December 2016 indicate a further strengthening of the nationality-based approach through European Asylum Service Office's

"I left Congo two and a half years ago. I had to leave. I had no other choice. I was put into prison three times for nothing. A few weeks after, my family's home was attacked by a militia. These men had machetes. Our entire village fled. Some of the people who were caught were killed and many other women were raped. Still today the militias are also trying to recruit young men, the youth of the villages. It's a never-ending cycle. How could I stay there? It took me two and a half years to get to Lesbos. Since I left Congo, I've lost contact with my mother and three sisters. I haven't been able to find them. I'm alone here. When I left, I had hoped to escape to a place where I could keep learning. I am young. I could still have a life. And I still have hope. I want to study law – after this experience I want to study human rights. I would like to learn how to defend people's human rights because, here, ours are not being respected. For now, I'm blocked here in Moria. It's inhumane. And because I'm from Congo, I know I'm the last person the authorities will pay attention to."

21-year-old man from the Democratic Republic of Congo, Lesbos, 9 February 2017

“segmentation by case categories”. Legal and human rights organisations²⁵ have spoken out about the discriminatory nature of such a system and the fact that people’s claims should be assessed based on their fear of persecution rather than on their nationality.

MSF is concerned that the divisions that have been created between nationalities hinder, rather than facilitate, a proper examination of people’s claims for asylum and the subsequent assistance available to them. In a context where people’s vulnerabilities are under-detected, we are concerned that people from the nationalities deemed less ‘deserving’ are at even greater risk of not having their vulnerabilities identified. Our doctors see first-hand in medical and mental health consultations that severe trauma, torture and persecution are not linked to people’s nationality. Indeed, just over one fifth of the patients in our clinic for victims of torture in Athens are from Democratic Republic of Congo.

A move towards increased detention

In recent months, there has been pressure from the European Commission for Greece to move back to a greater use of detention.

This was confirmed in the Commission’s fourth report on progress made on implementation of the EU-Turkey deal: “The Greek authorities are also working, in cooperation with local authorities, on creating additional detention capacity or extending current sites on the islands to increase closed pre-removal capacities.”²⁶ This was reiterated in the joint action

plan of December 2016: “The authorities [must] ensure that the whereabouts of asylum applicants are known as long as their application is pending (including through possible use of closed centres)”²⁷

Having worked in detention centres in Lesbos and close to the land border with Turkey between 2008 and 2014, MSF is very concerned about this apparent return to increased detention of asylum seekers. Given the overwhelming and disproportionate risks to individuals’ health and dignity, it is a practice that should be avoided.²⁸

A darker reality: a bad situation about to get worse?

Whilst the EU has insisted on the EU-Turkey deal’s respect for people’s fundamental rights, our experience of treating people on the islands of Samos and Lesbos indicate otherwise. Contained on the islands, asylum seekers and migrants are being denied the protection they are seeking. And despite legal provisions aimed at protecting vulnerable people, many are not afforded the care and protection that they need.

What is most concerning is that the few procedural safeguards that currently exist, such as exemptions for vulnerable people and possibilities to appeal asylum decisions, are likely to be scrapped altogether. A bad situation could be about to become much worse, with disastrous consequences on people’s health.



CONCLUSION

*"If the EU-Turkey agreement is implemented in full, it will demonstrate that it is possible to control borders and at the same time respect the UN Refugee Convention, combining compassion and empathy with control and security concerns."*³⁰
Gerald Knaus, Europe Stability Initiative, January 2017

The above statement by the architect of the EU-Turkey deal, Gerald Knaus, has been proved wrong. If the only indicator of the deal's success is a drop in the number of arrivals to Europe, then the EU-Turkey deal is indeed a success. But any agreement or policy aimed at stemming the arrivals of asylum seekers, whatever the consequences, constitutes a violation of the right to seek asylum and risks refoulement. Every day, MSF teams working with asylum seekers and migrants in Greece witness the health, human and protection consequences of the deal, and see that they are horrific and inhumane.

In January 2017, Gerald Knaus stated that *"the EU has a sound plan for the Aegean despite all implementation problems"*³¹. The fact that, for more than a year, Greek courts have judged Turkey to be unsafe for returns is not an 'implementation problem'. The fact that thousands of people have been mentally crushed and physically harmed from waiting for up to a year on overcrowded islands for their claim for asylum to be processed is not an 'implementation problem'. The fact that people have had to live in flimsy tents in the snow, and have died because of these conditions, is not simply an 'implementation problem'. These are the consequences of a policy of deterrence.

MSF's experience over the past year of providing assistance to people caught in the middle of this deal points to one conclusion: human beings, with their human rights, personal stories and individual vulnerabilities, are being treated like commodities, and are being warehoused and traded, with severe human consequences.

In light of the above, it is unacceptable that the EU has relocated so few people from Greece – and is even preparing to resume Dublin transfers³¹ back to Greece from March 2017. This move is both premature and unrealistic, as conditions in Greece could not possibly be expected to have improved sufficiently to meet the necessary criteria. Asylum seekers in Greece continue to suffer from a largely sub-standard reception system, while recognised refugees are provided with even less support.

Through the EU-Turkey deal, European member states have denied people the protection they need, resulting in people having to take greater risks and in the deterioration of their health. The deal simply cannot be seen as a model for further 'externalisation agreements'³² with other countries.

The deal has been not a success story, but a horror story, with terrible consequences for people's lives and health.

MEDECINS SANS FRONTIERES IN GREECE AND SERBIA

MSF has been providing medical and humanitarian assistance to asylum seekers and migrants in Greece since 1996. In 2015, we launched an emergency response when thousands of people began to arrive each day on the Greek islands from Turkey with the aim of crossing the Balkans to reach northern Europe.

MSF teams currently work in more than 20 locations across Greece, focusing mainly on mental health care, sexual and reproductive health care and treatment for patients with chronic diseases.

In 2016, MSF medical teams in Greece carried out 72,740 health consultations, including:
- 8,207 mental health consultations
- 3,195 sexual and reproductive health consultations

- 61,338 medical consultations, covering primary health care, physiotherapy, treatment for chronic diseases and more

MSF has worked in Serbia since late 2014, providing medical care and mental health care, and setting up shelters and water and sanitation facilities at the locations where people enter and leave the country, as well as in the capital, Belgrade. Since early 2016, our teams have been running a clinic and mobile clinic in Belgrade where they provide general health care and mental health care. Throughout 2016, MSF teams distributed essential relief items and lobbied for vulnerable people stranded in Serbia to have greater access to health care and adequate shelter and protection.

END NOTES

- 1 European Council Press Release, EU-Turkey Statement, 18 March 2016
- 2 Joint Action Plan on the implementation of the EU-Turkey Statement, December 2016
- 3 European Commission First VP Frans Timmermans, Press Release, Commission reports on progress made under the European Agenda on Migration, Brussels, 8 December 2016
- 4 European Commission, Fourth Report on the Progress made in the Implementation of the EU-Turkey Statement, 8 December 2016
- 5 European Commission Press Release, Commission reports on progress made under the European Agenda on Migration, Brussels, 8 December 2016
- 6 <http://www.politico.eu/article/angela-merkel-wants-refugee-migration-deals-with-northern-african-countries-migrants-migration-turkey/> and <http://news.trust.org/item/20170118162525-nyxxi>
- 7 European Commission - Fact Sheet - Implementing the EU-Turkey Statement – Questions and Answers, 8 December 2016
- 8 European Commission, Fourth Report on the Progress made in the Implementation of the EU-Turkey Statement, 8 December 2016
- 9 European Commission, Fourth Report on the Progress made in the Implementation of the EU-Turkey Statement, 8 December 2016
- 10 EU Immigration and Asylum Law and Policy, A right to family reunification for persons granted international protection? The Strasbourg case-law, state sovereignty and EU harmonization, 17 June 2016, <http://eumigrationlawblog.eu/a-right-to-family-reunification-for-persons-under-international-protection-the-strasbourg-case-law-state-sovereignty-and-eu-harmonisation-2/>
- 11 European Commission, Operational implementation of the EU-Turkey Statement, 3 March 2017, https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/european-agenda-migration/press-material/docs/state_of_play_-_eu-turkey_en.pdf
- 12 European Commission, Relocation and Resettlement - State of Play, 28 February 2017
- 13 ECRE, Poland, Bulgaria, Czech Republic, Hungary and Slovenia: Pushed back at the door, 27 January 2017, <http://www.ecre.org/poland-bulgaria-czech-republic-hungary-and-slovenia-pushed-back-at-the-door/>
- 14 Joint action plan on the implementation of the EU-Turkey statement, December 2016
- 15 Martin Verwey in Samos, 14 February 2017, <http://www.era-aegean.gr/?p=23434>
- 16 Joint action plan on the implementation of the EU-Turkey statement, December 2016
- 17 Non-refoulement: the practice of not forcing refugees or asylum seekers to return to a country in which they are liable to be subjected to persecution.
- 18 Greek Council for Refugees, Aitima, European Council on Refugees and Exiles, Solidarity Now, Re: Joint Action Plan on EU-Turkey Statement and resumption of Dublin transfers to Greece, 15 December 2016
- 19 Greek Council for Refugees, Aitima, European Council on Refugees and Exiles, Solidarity Now, Re: Joint action plan on EU-Turkey statement and resumption of Dublin transfers to Greece, 15 December 2016
- 20 Under Article 18 of Law 3907, the following people are considered as vulnerable: Unaccompanied minors; persons who have a disability or suffering from an incurable or serious illness; the elderly; women in pregnancy or having recently given birth; single parents with minor children; victims of torture, rape or other serious forms of psychological, physical or sexual violence or exploitation; persons with a post-traumatic disorder, in particular survivors and relatives of victims of shipwrecks; victims of trafficking in human beings.
- 21 ECRE, Greece amends its asylum law after multiple Appeals Board decisions overturn the presumption of Turkey as a 'safe third country', June 2016, <http://www.ecre.org/greece-amends-its-asylum-law-after-multiple-appeals-board-decisions-overturn-the-presumption-of-turkey-as-a-safe-third-country/>
- 22 Joint action plan on the implementation of the EU-Turkey statement, December 2016
- 23 Joint action plan on the implementation of the EU-Turkey statement, December 2016
- 24 European Council Press Release, EU-Turkey Statement, 18 March 2016
- 25 Greek Council for Refugees, Aitima, European Council on Refugees and Exiles, Solidarity Now, Re: Joint Action Plan on EU-Turkey Statement and resumption of Dublin transfers to Greece, 15 December 2016
- 26 European Commission, Fourth Report on the Progress made in the Implementation of the EU-Turkey Statement, 8 December 2016
- 27 Joint action plan on the implementation of the EU-Turkey statement, December 2016
- 28 Forced Migration Review, Health at risk in immigration detention facilities, Ioanna Kotsioni, Aurélie Ponthieu and Stella Egidi, September 2013, <http://www.fmreview.org/detention/kotsioni-et-al.html>
- 29 ESI, On Solid Ground? Twelve Facts about the EU-Turkey Agreement, 25 January 2016
- 30 ESI, On Solid Ground? Twelve Facts about the EU-Turkey Agreement, 25 January 2016
- 31 Dublin transfers refer to the return of asylum seekers to the country of first arrival in the EU, as per the Dublin Regulation, see: https://ec.europa.eu/home-affairs/what-we-do/policies/asylum/examination-of-applicants_en
- 32 'Externalisation agreements' on migration generally aim to establish as a priority cooperation with third countries to jointly address the causes of emigration. In practice, this cooperation has been limited to promoting the readmission of irregular migrants, border control and the reception of asylum seekers and refugees in third countries.



© Marko Drobnya kovic



Médecins Sans Frontières
15 Xenias st - 115 27 Athens, - Greece
www.msf.org