



Photo: Giorgos Moutafis

OXFAM MEDIA BRIEFING

9 January 2019

Vulnerable and abandoned

How the Greek reception system is failing to protect the most vulnerable people seeking asylum

Greece and its EU partners are failing pregnant women, unaccompanied children, victims of torture or sexual violence and other vulnerable people who seek protection in Europe. These people are being put at risk by flawed processes and chronic understaffing in EU 'hotspot' camps on the Greek islands. They do not receive adequate support from the authorities that are legally responsible for protecting them and are being abandoned in overcrowded camps in squalid conditions. Many people live in unheated tents and do not have sufficient access to washing facilities and toilets, and winter is only making their situation worse.

www.oxfam.org



1. Introduction

When people arrive in Greece and seek asylum, they are supposed to undergo a vulnerability assessment, that includes an assessment by a medical specialist and, if needed, by a psychologist. This is critical to ensure that vulnerable people – for instance pregnant women, unaccompanied children, people with disabilities and victims of torture or sexual violence – are identified and can access the protection and care they need.

Vulnerable people should be hosted in suitable accommodation and they should receive the medical and psycho-social attention they need, as well as have access to other basic services. They should enter the normal asylum procedure in Greece instead of the fast-track procedure that aims to send most people back to Turkey under the EU-Turkey deal. In addition, they should be exempt from being put in detention.

However, Oxfam and its partners on the island of Lesbos have witnessed convoluted and ever-changing rules and procedures, and a shortage of qualified staff, resulting in a process that has often failed to identify and assist the most vulnerable people. For example, as the last government-appointed camp doctor on the Greek island of Lesbos quit in November 2018, vulnerability assessments have not taken place at all for at least a month.

Because of the flawed system, vulnerable people including survivors of torture and sexual violence are being housed in unsafe areas of Lesbos' EU-sponsored migrant camp 'Moria'. Pregnant women and mothers with newborns are left sleeping in tents, and unaccompanied children, wrongly registered as adults, have been placed in detention.

The daily living conditions for migrants on the Greek islands compound the challenges for vulnerable people: Moria camp is severely overcrowded at double its capacity, and has often been at more than three times its capacity in 2018. Every year, conditions in and around the camp deteriorate further with the onset of winter because it is not equipped for cold temperatures, heavy rain and snowfall.

While the Greek government is directly responsible for many of the procedural failures and the abysmal conditions in which people seeking asylum on the Greek islands live, European Union member states, too, are responsible for this crisis due to their refusal to share responsibility for hosting people seeking asylum.

Oxfam is calling on the EU and member states to support the Greek government in deploying additional medical and psycho-social staff and experts to the Greek islands to help identify and protect vulnerable people seeking asylum. It is also calling on the Greek government to end the policy restricting the movement of asylum seekers to the islands, which is impeding access to adequate facilities and services on the mainland. Instead, all people should be transferred to safe and dignified facilities on the mainland immediately after first reception and identification. EU member states should reach an agreement on responsibility sharing as part of the reform of the European asylum system.

2. Identifying vulnerable people

What it means to be vulnerable

People who arrive on the Greek islands have often suffered traumatic experiences. Many have fled conflict and persecution in their home countries, experienced abuse, violence and exploitation at the hands of human traffickers, state officials and others on their journey, and survived a dangerous sea crossing from Turkey to Greece. Most people come from countries ravaged by war and violence such as Syria, Iraq and Afghanistan¹, and have been forced to leave their family, homes, jobs, or studies behind only to find themselves at risk of abuse, violence and exploitation during their journey.

Many would use the term ‘vulnerable’ to generally describe people seeking asylum in Greece. However, under Greek law, it is a legal definition referring to someone who falls into at least one of eight categories²: 1. unaccompanied children; 2. people with a disability or suffering from an incurable or serious illness; 3. pregnant women or mothers who have recently given birth; 4. single parents with underaged children; 5. the elderly; 6. victims of torture, rape or other serious forms of psychological, physical or sexual violence or exploitation; 7. people with post-traumatic stress disorder (PTSD), particularly survivors and relatives of victims of ship-wrecks; or 8. victims of human trafficking.

The specific needs of vulnerable people are recognized under EU and Greek laws. It requires authorities to provide asylum seekers with an “adequate standard of living” that “protects their physical and mental health” and to “provide necessary medical assistance to applicants with special reception needs”.³ For instance, vulnerable people often need emergency medical care or other special attention, including mental health care. It is also particularly important that they live in safe and adequate accommodation. What is more, their vulnerability must also be considered in the asylum procedure.

How people are identified as vulnerable

People seeking asylum should normally undergo a vulnerability assessment soon after arrival on the Greek islands. These medical and psycho-social screenings are performed by the Ministry of Health’s Centre for Disease Control and Prevention, known by its Greek acronym KEELPNO. In Lesvos, the procedure of screening and classifying people according to their specific vulnerability has changed three times in the past year alone, creating uncertainty, confusion and further increasing the huge delay for people to be officially recognised as vulnerable.

Adding to these problems, there is a severe shortage of staff qualified to carry out the vulnerability assessments. For many months, there was just one doctor employed by KEELPNO to assess the health conditions of, at times, as many as 11,000 people seeking asylum in Lesvos, and as many as 2,000 new arrivals in one month.⁴ For more than a month in late 2018, there was no doctor at all.

What is more, KEELPNO does not have any specialized staff able to identify people as victims of torture and survivors of sexual violence. Oxfam’s partners also report that people seeking asylum often have had no access to interpreters during their vulnerability assessments.

“The medical and mental health screening is a big issue in the camp. People have to wait for months before they can see a doctor or a psychologist who will determine if you are considered vulnerable or not, and this is affecting their asylum procedure.”

Sonia Andreu, manager at the ‘Bashira Centre’ for migrant women in Lesvos

Greek law states that it should be possible to identify vulnerability at any point during the asylum process. However, the shortage of medical and psycho-social care can make it extremely complicated and sometimes impossible for people seeking asylum to be re-assessed during that process.

There are no figures currently available on how many people in Lesvos have been identified as vulnerable. Social workers with the Greek Council for Refugees (GCR) reported that roughly a quarter of the people they assist should have been classified as vulnerable but were not⁵.

As a result of the flawed procedures and lack of staff, many people with vulnerabilities are not identified and do not receive the care or protection they need.

The importance of being identified as vulnerable

Living in overcrowded and unhygienic spaces can be particularly damaging to people who already suffer from mental health problems like post-traumatic stress disorder. According to health

professionals, these people should be accommodated outside of the 'hotspot' camps in apartments or specialized shelters. They should also be in regular contact with social workers to ensure they have access to the services they need.⁶

“The conditions have got worse, because the procedure seems to be slower every time I come back. [...] This exacerbates the physical and mental conditions that applicants already have. That is the biggest change I have seen in the past few years.”

Martin, an asylum lawyer who regularly volunteers to work with asylum seekers in Lesvos (* name changed)*

“Most people have mental issues because of what they have been through in their own country, but also because of the conditions in the camp. If they didn't have any problems before, they develop mental and physical issues in Moria. We see a significant change in their condition when they spend a few months in the camp. They are more anxious, their mental and physical health deteriorates.”

Nikoleta, a social worker for Oxfam's partner, the Greek Council for Refugees (GCR)

Following the EU-Turkey deal, Greece does not allow the majority of people seeking asylum to leave the islands. Therefore, they are stuck in appalling camp conditions on the islands, sometimes for years, while they wait for their asylum claim to be processed. Due to a lack of staff, many people who arrive now in Lesvos have their first asylum interview scheduled for 2020.

Vulnerable people are theoretically allowed to leave the islands. However, the accommodation for people seeking asylum on the mainland is also insufficient, and according to the UNHCR, more than 4,000 people eligible for transfer were stuck on the islands of Lesvos and Samos in November.^{7,8}

“I am almost blind in my left eye, I have problems with my kidney and my knee. That's why the doctor gave me a paper saying that the authorities must allow me to go to Athens for medical treatment. But that was five months ago, and my transfer has still not been arranged.”

Quentin, 31, from Ivory Coast, is living in Moria camp (* name changed)*

Identifying a person as vulnerable should also impact the asylum procedure. Asylum seekers who have not been identified as vulnerable enter a fast-track 'border procedure' with the aim of returning most of them to Turkey, under the EU-Turkey deal. Vulnerable people instead have their asylum claim examined under the normal Greek procedure, which looks into the reasons for which they left their country.⁹

It is also important to note that, in some cases, vulnerabilities are linked to the reasons why a person fled their country of origin. In the case of a survivor of torture for instance, it can be important for the credibility of their claim to be officially identified as vulnerable.

3. The reality for vulnerable people in Lesvos

Oxfam has been working in Lesvos since 2015. It is currently running a program that aims to ensure that people seeking asylum receive the protection they need. Oxfam trains women and men in Moria as focal points for their communities so everyone receives essential information on the procedures in place and on people's rights. In addition, Oxfam contributes to information sessions, trainings and workshops at a day center for women, where they can spend time in a safe environment outside the camp. Finally, Oxfam provides legal aid and social support for people seeking asylum through partners.

This section, and the quotes throughout the report, are based on testimonies of asylum seekers in Lesvos and of people who work with them¹⁰, and on the information coming out of our program.

Over-crowding and insufficient access to essential services

Most vulnerable people on the Greek islands are hosted in the official EU 'hotspot' camps, which are severely overcrowded. At the end of December, the Moria camp in Lesbos was at around double its official capacity of 3,100 places, with just under 5,000 migrants living inside the camp and another 2,000 in an informal camp next to Moria, known as the Olive Grove.¹¹

"The situation in Moria is beyond the limits of the imagination. I have been visiting the camp since 2017. Every time you think it cannot get any worse, it does."

Maria, a social worker for Oxfam's partner, the Greek Council for Refugees (GCR)

"I see Moria as hell. I know women who gave birth, they had a C-section delivery and after four days they were returned to Moria with their newborn babies. They have to recover under dirty, unhealthy conditions."

Sonia Andreu, manager at the 'Bashira Centre' for migrant women in Lesbos

Overcrowding in Moria and the Olive Grove has resulted in unsafe and unsanitary conditions. Most people in Moria have access to some form of washing facilities and toilets, but these are often inadequate. In the Olive Grove, people have only limited access to running water, toilets and electricity. The ground in the informal camp is strewn with rubbish that attracts rats and stray dogs.

"70 people have to share one toilet, so hygiene is very bad. There are many small children and babies in the camp. Sometimes people do not even have a tent and winter is coming. In the Olive Grove, there are snakes, scorpions and rats."

John, who works with an NGO in Lesbos (* name changed)*

"We sleep with 25 women in one tent and we all share one toilet. That's a problem in itself, and because of the lack of regulation anyone can use our toilet. The toilets are really dirty, and women wash themselves there, too. This means they get vaginal diseases and there is no medicine available."

Clara, 36, from Cameroon who lives in Moria camp (* name changed)*

Medics have reported recurrent cases of diarrhoea and skin infections because of the unsanitary conditions in and around Moria.¹² This is particularly harmful for the hundreds of children and babies that are currently living there, as well as for pregnant women.

"A lot of people are ill because of the poor conditions we live in, but there are no doctors who take our problems seriously. [...] They just tell you to drink water and sleep."

Zahra, 24, a woman from Afghanistan who lives in Moria camp (* name changed)*

"It's really difficult to see a doctor. There is just one doctor for the whole camp. You have to be on your death bed before they take your problems seriously."

Shala, 45, from Afghanistan, who lives in Moria camp (* name changed)*

Conditions in Lesbos deteriorate in the winter because of a lack of heated accommodation and insulation, such as blankets and ground mats (see section 4).

In some cases, asylum seekers develop mental health problems after arriving in Moria because of the squalid living conditions, overcrowding, and the long wait for their asylum claim to be processed.¹³

According to an International Rescue Committee (IRC) report from September 2018¹⁴, 30 percent of the clients at its mental health and psycho-social support centre in Lesvos have attempted suicide, and 60 percent have considered attempting suicide. Doctors without Borders reported in the same month¹⁵ an “unprecedented health and mental health emergency” in Moria and said child refugees in particular “are increasingly attempting suicide, self-harming or having suicidal thoughts”.

General lack of safety in Moria

Many people have told Oxfam and its partners that they do not feel safe in Moria camp or the Olive Grove. The experience of our partner organisations in Lesvos shows that these people, many of whom have already suffered sexual abuse or other traumatic experiences, risk a serious deterioration in their mental health if they are forced to live in constant fear.

These accounts have been confirmed in a recent survey by Refugee Rights Europe¹⁶ which found that two in three migrants – 65.7 percent – interviewed in Lesvos in June 2018 said they ‘never feel safe’ inside Moria, and only eight percent feel ‘perfectly safe’ or ‘quite safe’. The situation is even worse for women – of which 70 percent said they ‘never feel safe’ –, and children, of which 78 percent said the same, while not one child in the survey said they feel ‘perfectly safe’.

Fights between different groups of asylum seekers are common and have resulted in violent attacks on people in the camp. Many women have told us that they fear going outdoors after dark because of the risk of violence. In a few extreme cases, women say they have resorted to wearing diapers at night to avoid having to go to the toilet after dark.

“Moria is a dangerous place for women. Fights can start at any moment. At any moment you can expect a stone to your head, even if you’re just walking to the toilet or to your tent. [...] I live in the closed section for women who are alone, but after 11pm the door is open, and anyone can come in because there is no security guard at night. Safety is a big issue for us.”

Clara, 36, from Cameroon who lives in Moria camp (* name changed)*

Vulnerable people in detention

Single men who come from any one of a list of 28 countries can be placed in a closed ‘pre-removal center’ as soon as they arrive in Lesvos. Their cases are then examined in a questionable, accelerated procedure. If there is a doctor, the men receive a medical screening – but it is often cursory and frequently fails to identify vulnerabilities. This is especially the case for psychological vulnerabilities as detainees generally do not see a psychologist. Locking up vulnerable people such as victims of torture can cause their mental and physical health to further deteriorate.¹⁷

Oxfam’s partner, the Greek Council for Refugees, reports that there is very limited health monitoring of detainees. KEELPNO staff, for instance, do not have access to the detention area of Moria. A state-owned company, AEMY, provides only one caseworker and one psychologist to attend to the needs of up to more than a hundred detainees, and provides no interpreters or doctors¹⁸.

Oxfam’s legal partners in Lesvos secured the release of several detainees, by supporting them to receive a proper vulnerability assessment that ultimately identified them as vulnerable, including as minors. In some cases, children had been incorrectly identified as adults, or authorities had missed signs that the asylum seeker may be vulnerable. In other cases, detainees had been identified as vulnerable at their medical screening but were still detained.

Case study: In detention with mental health issues

Joysin, a 28-years old man from Cameroon, was detained upon arrival in Lesvos despite having serious mental health issues. He was released after three months, and soon after, the Greek authorities identified him as vulnerable. He is now living in a tent in Moria, waiting for more suitable accommodation that suits his needs.

Joysin reached Lesvos on a boat from Turkey. “They only asked me if I had had any operations recently and I said no. That was the only medical ‘check’ they did before putting me in Moria’s prison*. There are too many people dealing with mental problems and for all of them there is just one psychologist available. He does not have enough time to treat you.”

In detention, Joysin’s mental state deteriorated: “I couldn’t sleep. I was sick, anxious and had bad thoughts. When I slept, I had nightmares. I needed help, but it took one month before I could see a psychologist.”

The situation was similar for the other inmates, he says. “You are sitting in a small space with 15 other men who all have their own problems. And if they were healthy before, they got sick and developed mental issues during their time in prison*.”

After being identified as vulnerable, Joysin only received medicine to make him calmer. “I was messed up when I came out. I don’t even remember where I slept for the first nights out of detention. And I needed more help [...], but outside the prison there was nobody to talk to.”

** When Joysin says ‘prison’, he refers to the pre-removal detention center inside Moria, as do many other people in the camp.*

4. Winter conditions

Winter makes life in Moria and the Olive Grove even harder than it already is for asylum seekers, and especially for the most vulnerable.

The average temperature drops to around 8°C between December and February, and frequently slips below zero. In December, the island receives three times the average rainfall that London receives in the same month¹⁹. In January 2017, a cold snap saw the temperature plunge to -5°C in Lesvos and the entire camp was covered in thick snow.

“Now, winter is coming, and weather conditions are worsening. It is raining a lot. Everything gets wet – clothes, blankets, the few things people have. That is how they sleep at night: under wet blankets and in a tent that could collapse at any moment.”

Sonia Andreu, manager at the ‘Bashira Centre’ for migrant women in Lesvos

“Things are getting worse now that winter is coming. It’s getting colder every day, and I don’t have a heater in my container. Of course, it’s better than people who are sleeping in a tent, but still it will be freezing.”

Quentin, 31, from Ivory Coast, is living in Moria camp (* name changed)*

People in Moria and the Olive Grove are housed in a combination of small camping tents and larger family tents, which are not fit to house people over long periods of time, as well as in more permanent

structures such as containers and large tent-like structures that can house more than 100 people each. Others have to live in makeshift shelters.

There is no hot water in Moria camp to wash with, and parents must wash even their new-borns outside in the cold.

“In the winter there is no warm water. We take showers over the toilet.”

Zahra, 24, a woman from Afghanistan who lives in Moria camp (* name changed)*

The situation is particularly unbearable for the people who live in the Olive Grove. The tents, which are often simply bought from local stores, are pitched on a sandy hill, and muddy streams of water run through the camp whenever it rains, frequently flooding the floors of tents and the few belongings people have.

It is the third year in a row that many people are living in tents during the winter. Only a few tents are equipped with heating, and electricity is sometimes lacking. For many people, the only insulation from the cold and protection from the water and mud are wooden pallets under their tents. When no ground mats are available, they sleep on blankets.

For some people in Moria, open fires are the only way to keep warm in the winter, and the burning of plastic bags and bottles creates a dangerous, smoky, acrid atmosphere. In some cases, people take makeshift heating devices – often smouldering embers in a metal tin – into their tents to keep warm.

Asylum seekers living in Moria also have to queue in the cold for long periods of time to collect food rations, which is a particular burden for pregnant women, unaccompanied children, the elderly and the disabled, and even more so in winter.

“The line for food is a big problem. [...] You have to go and wait in line for food and water at night. At the moment, most people wait in the line after they have had dinner. If you are late, let's say at 3 'o clock in the morning, you won't get anything to eat or drink for breakfast.”

Zahra, 24, a woman from Afghanistan who lives in Moria camp (* name changed)*

5. Recommendations

The repeated overcrowding in the islands' camps and the increasingly deteriorating living conditions are putting people's safety, personal health and integrity at serious risk. Oxfam and other humanitarian organisations have been calling for more people seeking asylum – and particularly vulnerable people – to be transferred on a regular basis to the Greek mainland where their needs can be better catered to.²⁰

We acknowledge that Greece has repeatedly moved people to the mainland, but these efforts have not kept pace with new arrivals on the islands. Moreover, a steep rise in new arrivals across its land border with Turkey has contributed to a lack of accommodation and service provision on the mainland.

The mental and physical health of asylum seekers, their safety and integrity are in danger because of the flawed reception system and the deplorable conditions they live in. It is therefore essential that other EU governments show solidarity with Greece, and with people in need, by sharing responsibility for the reception of asylum seekers.

“Now that I have told my story, I have one request: please help us. Show the world what's going on in Moria. We are human beings. We deserve to be treated that way.”

Quentin, 31, from Ivory Coast, is living in Moria camp (* name changed)*

“I hope for change. Refugees need to have a safe environment, they shouldn’t wait so long for their asylum procedure. They need enough food and water and a proper place to sleep. I really hope that European leaders think about the current situation for refugees and improve the conditions here. No one should have to live like the refugees in Moria.”

Ahmad from Syria. He is an asylum seeker and works for an NGO in Lesbos (* name changed)*

Oxfam is calling on the Greek government, with the support of the European Commission and other EU member states to:

- urgently deploy additional expert staff in the reception and identification centres (RICs) on the islands, including doctors, psychologists, child psychologists and cultural mediators, in order to ensure that:
 - all asylum seekers receive, upon arrival in Europe, a qualitative medical and psycho-social screening, and
 - all vulnerable people are identified immediately by competent staff and referred to the right services on the mainland.
- transfer asylum seekers, once they have passed through initial reception and identification processes on the islands, without delay to longer-term safe and dignified housing on the mainland, where they can be housed for the duration of the asylum procedure.

To that end, Oxfam is also calling on the Greek government to:

- suspend the restriction of movement of asylum seekers to the islands;
- urgently and significantly increase long-term reception and accommodation capacity on the mainland. Reception facilities must be safe and dignified, allow asylum seekers to access services, and take into account their reception needs. This includes specialised shelters for minors, special accommodation for single women, access to medical services for pregnant and lactating women, and psycho-social and psychiatric support for people with mental health conditions.

Oxfam is calling on EU member states to:

- fairly share responsibility with Greece for receiving and welcoming asylum seekers to Europe, including by relocating asylum seekers and hosting them in adequate conditions while their asylum applications are being considered;
- reach a common agreement on the reform of the ‘Dublin Regulation’, in line with the position of the European Parliament,²¹ which considers the legitimate needs, choices and expectations of asylum seekers and host countries.

Endnotes

¹ UNHCR: Mediterranean Situation, <https://data2.unhcr.org/en/situations/mediterranean/location/5179>.

² Greek law L 4375/2016 on reception and identification procedures, article 14(8)

³ Greece is obliged under the EU Reception Conditions Directive to “provide an adequate standard of living for applicants, which guarantees their subsistence and protects their physical and mental health” (Article 17), to provide emergency care and essential treatment of illnesses and of serious mental disorders, and to provide necessary medical assistance to applicants with special reception needs including mental health care (Article 19). This is reflected in the corollary implementing provisions under Greek Law 4375/2016 (Articles 14(5) and 27(2)(b)(cc)) and Greek Law 4540/2018 (Articles 10, 17, 20 and 23).

⁴ See daily figures given by the Hellenic Ministry of Interior for August and September, <http://mindigital.gr/index.php/%CF%80%CF%81%CE%BF%CF%83%CF%86%CF%85%CE%B3%CE%B9%CE%BA%CF%8C-%CE%B6%CE%AE%CF%84%CE%B7%CE%BC%CE%B1-refugee-crisis>, and UNHCR, Greece situation, <https://data2.unhcr.org/en/situations/mediterranean/location/5179>.

⁵ GCR reported that of the 513 people they helped between October 2017 and August 2018, 132 should have been classified as vulnerable.

⁶ See e.g. Doctors without Borders at <https://www.msf.org/moria-state-emergency> or <https://www.doctorswithoutborders.org/what-we-do/news-stories/story/refugees-further-traumatized-conditions-greeces-moria-camp>, as well as the International Rescue Committee at <https://www.rescue.org/sites/default/files/document/3153/unprotectedunsupporteduncertain.pdf>.

⁷ UNHCR urges Greece to accelerate emergency measures to address conditions on Samos and Lesbos. <https://www.unhcr.org/news/briefing/2018/11/5be15c454/unhcr-urges-greece-accelerate-emergency-measures-address-conditions-samos.html>

⁸ Statement by Oxfam and 19 other organisations: Greece, EU: Move Asylum Seekers to Safety, <https://oxf.am/2RD9Mb3>.

⁹ Greek law provides safeguards for vulnerable persons, who, under Article 60 (4) (f) Greek law 4375/2016, are exempted from the admissibility interview with EASO and go straight to their eligibility interview to examine their asylum application.

¹⁰ Oxfam gathered ten interviews in two field trips between September and November 2018.

¹¹ Thousands of asylum-seekers moved off Greek islands.

<https://www.unhcr.org/news/latest/2018/12/5c24d1524/thousands-asylum-seekers-moved-greek-islands.html>

¹² Self-harm and attempted suicides increasing for child refugees in Lesbos. <https://www.msf.org/child-refugees-lesbos-are-increasingly-self-harming-and-attempting-suicide>.

¹³ Report of the Commissioner For Human Rights of the Council Of Europe, Dunja Mijatović, following her visit to Greece from 25 to 29 June 2018, <https://rm.coe.int/report-on-the-visit-to-greece-from-25-to-29-june-2018-by-dunja-mijatov/16808ea5bd>.

¹⁴ Unprotected, Unsupported, Uncertain. Recommendations to improve the mental health of asylum seekers on Lesbos. <https://www.rescue.org/sites/default/files/document/3153/unprotectedunsupporteduncertain.pdf>

¹⁵ Self-harm and attempted suicides increasing for child refugees in Lesbos. <https://www.msf.org/child-refugees-lesbos-are-increasingly-self-harming-and-attempting-suicide>

¹⁶ An Island in Despair. Documenting the situation for refugees and displaced people in Lesbos, Greece. http://refugeerights.org.uk/wp-content/uploads/2018/11/RRE_AnIslandInDespair.pdf

¹⁷ The Commissioner for Human Rights of the Council of Europe points out that detention “has very harmful effects on the mental health of migrants, especially children”. Report of the Commissioner For Human Rights of the Council Of Europe, Dunja Mijatović, following her visit to Greece from 25 to 29 June 2018, <https://rm.coe.int/report-on-the-visit-to-greece-from-25-to-29-june-2018-by-dunja-mijatov/16808ea5bd>.

¹⁸ This information was correct as of 30 October 2018 when it was reported to a meeting of the Legal Working Group, a group of lawyers and humanitarian organisations working in Lesbos

¹⁹ Average temperatures and rainfall taken from: <https://www.holiday-weather.com/>

²⁰ Statement by Oxfam and 19 other organisations: Greece, EU: Move Asylum Seekers to Safety, <https://oxf.am/2RD9Mb3>.

²¹ EU asylum reform: Parliament’s stance on Dublin regulation , <http://www.europarl.europa.eu/news/en/headlines/world/20180615STO05927/eu-asylum-reform-parliament-s-stance-on-dublin-regulation>.

Oxfam www.oxfam.org

Oxfam is an international confederation of 19 organizations working together in more than 90 countries: Oxfam America (www.oxfamamerica.org), Oxfam Australia (www.oxfam.org.au), Oxfam-in-Belgium (www.oxfamsol.be), Oxfam Brasil (www.oxfam.org.br) Oxfam Canada (www.oxfam.ca), Oxfam France (www.oxfamfrance.org), Oxfam Germany (www.oxfam.de), Oxfam GB (www.oxfam.org.uk), Oxfam Hong Kong (www.oxfam.org.hk), Oxfam IBIS – Denmark (www.oxfamibis.dk), Oxfam India (www.oxfamindia.org), Oxfam Intermón (www.oxfamintermon.org), Oxfam Ireland (www.oxfamireland.org), Oxfam Italy (www.oxfamitalia.org), Oxfam Mexico (www.oxfammexico.org) Oxfam New Zealand (www.oxfam.org.nz) Oxfam Novib (www.oxfamnovib.nl), Oxfam Quebec (www.oxfam.qc.ca) Oxfam South Africa (www.oxfam.org.za). Observer: KEDV (Oxfam Turkey).