

# A DRAMATIC DETERIORATION FOR ASYLUM SEEKERS ON LESBOS

**July 2017**

# EXECUTIVE



© Daniel Barney

*The MSF clinic in Mytilini, Lesbos.*

# SUMMARY

## EXECUTIVE SUMMARY

Our medical teams treating asylum seeking men, women and children in Lesbos wish **to ring the alarm bell as to the further deterioration of the care and protection afforded to vulnerable people.**

In Lesbos, as in much of Greece, **vulnerable people's health and well-being are being put at risk** by a grossly deficient vulnerability screening system and policies aimed at returning as many people as possible to Turkey.

**EU and Greek policies continue to limit much-needed protection and care for vulnerable people in Greece:**

- In May 2017, a change in procedures stated that vulnerable people would stay on the islands until their first asylum interview – rather than immediately be transferred to the mainland, as had previously been the case.
- In June 2017, the EU stated that it was working with the Ministry of Health to define more precisely medical vulnerabilities, so as to identify those that could undergo the admissibility process and be returned to Turkey.

**Yet our medical data unequivocally shows the real vulnerability of the asylum seeking population of Lesbos. Out of our consultations carried out between January and mid-June 2017:**

- 80% of the mental health assessments we carried out met our criteria of severity to be taken into our care.
- Two thirds of our mental health patients reported have been victims of violence before arriving in Greece, and a fifth reported having been tortured.
- Approximately half of the women who came to our clinic for a gynecological consultation had been victims of sexual violence.

**Far from being over-identified, vulnerable people are falling through the cracks and are not being adequately identified and cared for:**

- 70% of people referred to our social worker were very vulnerable patients (victims of torture, sexual violence etc) who had not been identified as such.
- Less than 15% of our mental health patients, who have severe conditions, have been identified as vulnerable.
- Less than 30% of our patients that are victims of torture had been identified as vulnerable.

**As the number of people arriving on the islands nearly quadrupled between April and June 2017, and as the capacity of actors responsible for providing medical care and identifying vulnerable people halved, the situation for vulnerable people on Lesbos went from bad to worse:**

- People arriving on the island mid-June were kept for days under a shaded open air space and in tents, with no segregation between men, women and children.
- The system for screening and identifying vulnerable people broke down and people were unable to access healthcare for days or longer, despite severe health conditions.

**As a result, it is critical that:**

- The capacity of humanitarian and protection actors be adapted to the urgent needs of the people and retain some level of flexibility to adapt to likely future fluctuations.
- The identification of vulnerable people be reinforced through further training and additional experienced resources.
- Policies be developed to strengthen rather than weaken and undermine crucial protections for vulnerable people in Greece.
- Capacity for treating and caring for vulnerable people be scaled up on the mainland.

**Thousands of vulnerable men, women and children's health and well-being are at stake.**

# A VULNERABLE



© Giuseppe Larosa

*Iraqi living in Moria camp for over eight months.*

# POPULATION

## A VULNERABLE POPULATION

Since 2015, our experienced teams providing medical care on the island of Lesbos have witnessed first-hand the extreme vulnerability of men, women and children arriving on its shores.

### High levels of mental health trauma

Due to the extremely high needs for mental health support on the island, our psychologists can only provide mental health care to patients with severe symptoms. Yet despite being this selective, we usually constantly have a waiting list of about 100 patients. Yet we know that the need is far greater still than this number.

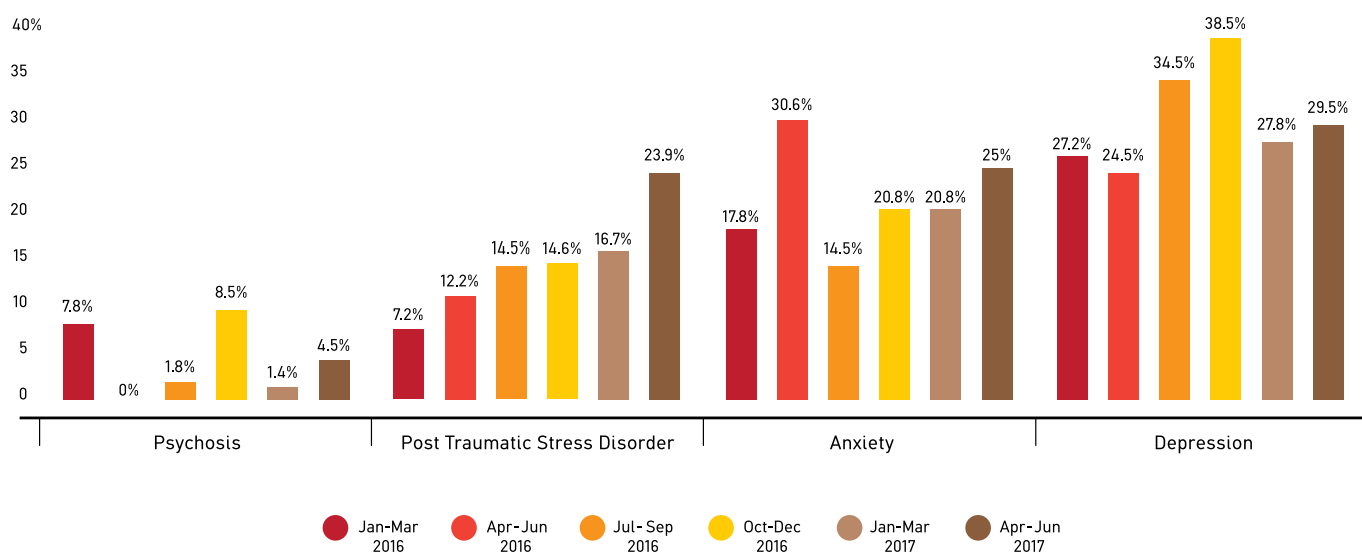
As well as the very high demand for such services, a number of medical indicators point to the populations'

extreme vulnerability from a mental health perspective.

Of the 154 first assessments that we carried out between January and mid-June 2017, **79% met our criteria of severity to be taken into our care.**

Amongst these patients, just over a third had symptoms of Post-Traumatic Stress Disorder, a third had symptoms of depression, another third suffered from anxiety and 4% from psychotic disorders. On average close to a third of these patients had to be referred to a psychiatrist.

### The increase in proportion of mental health symptoms in Lesbos



*"Self-harm and suicidality are quite prevalent with this current refugee population. It is common to see scars from cutting or cigarette burns on patients' arms and legs, and many share thoughts of wishing to drown themselves or fall from a tall building or cliff. Based on their disclosures in therapy sessions, these thoughts and behaviours appear to demonstrate the pervasive hopelessness people feel regarding their futures, losses they feel from their pasts and a reflection of the current sense of lacking a voice or sense of humanity."* **MSF Mental Health Activity Manager, Lesbos, June 2017**

# A VULNERABLE

© Alessandro Penso



*Two young Syrian girls in Kara Tepe camp, Lesbos.*

# POPULATION

## A VULNERABLE POPULATION

### High levels of violence

Of the 154 patients assessed in our mental health program between 1 January and mid-June 2017, at least **two thirds reported having experienced violence before coming to Greece** - many having experienced multiple forms of violence in their home country, along the journey and in Greece. Significantly, **close to a fifth (17.8%) of these mental health patients reported having been tortured**. A number of them required referral for rehabilitation to the MSF Victim of Torture project in Athens. (Table 1)

In our clinic in Lesbos, we also provide consultations for sexual and reproductive health. As part of these services, we try to provide care and a safe space for women who have been victims of sexual violence.

**Almost half of the 245 women who came to our clinic for gynecological consultations between early January and mid-June 2017 had been victims of sexual violence**, a third of which were violated in their country of origin and two thirds during their journey. (Table 2)

|                                                        | March 2017 | April 2017 | May 2017 | June 2017 (to June 16th) | TOTAL     |
|--------------------------------------------------------|------------|------------|----------|--------------------------|-----------|
| <b>VoTs identified and referred by medical doctors</b> | 10         | 14         | 11       | 5                        | <b>40</b> |
| <b>VoTs identified and referred by psychologists</b>   |            | 8          | 4        | 2                        | <b>14</b> |
| <b>TOTAL</b>                                           | 10         | 22         | 15       | 7                        | <b>54</b> |

Table 1: Victims of Torture referred by MSF Lesbos staff to the Athens Clinic for the rehabilitation of victims of torture.

Note: this does not represent all of the VoT patients we have come across on Lesbos, but those whose medical condition is severe and who require urgent treatment and rehabilitation in our clinic in Athens.

|                              | Jan 17 | Feb 17 | Mar 17 | Apr 17 | May 17 | Jun 17 (to June 16th) |
|------------------------------|--------|--------|--------|--------|--------|-----------------------|
| <b>Sexual Violence cases</b> | 2      | 24     | 38     | 18     | 15     | 16                    |
| Women                        | 2      | 23     | 35     | 17     | 15     | 16                    |
| Men                          | 0      | 1      | 3      | 1      | 0      | 0                     |

Table 2: New patients that reported having been victims of sexual violence.

Far from vulnerabilities being over-recognized, the reality is that far too many vulnerable people are not being identified and as a result are not provided with the care and protection that they need.

# CONDITIONS ON LESBOS WORSEN ONCE AGAIN



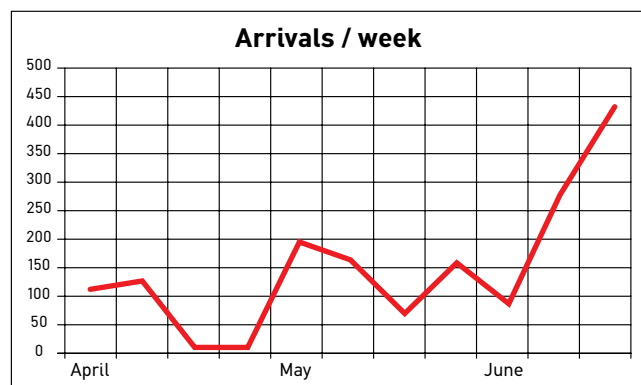
General view of Moria camp, Lesbos.

# CONDITIONS ON LESBOS WORSEN ONCE AGAIN

## An increase in arrivals

In recent weeks, an increase in arrivals on Lesbos and a reduction in the capacity of certain actors have led to the **dramatic deterioration of conditions for asylum seekers on the island**.

In the first three weeks of June 2017, 785 people arrived on Lesbos, as compared to 230 people in April and 530 in May. This corresponds to a **four-fold increase in the number of people arriving on Lesbos between April and the first half of June 2017**.



Graph 1: Number of people arriving per week in Lesbos.

## A lack of capacity to accommodate and support new arrivals

On 19 June, **people arriving on the island were kept in a shaded open space**, as the First Reception section of Moria was overwhelmed. There, about 200 men, women and children were kept together, many sleeping on the ground itself with limited access to health services.

*"We arrived 5 days ago on Lesbos Island and the authorities brought us to Moria camp. They put us under a big plastic shelter, which is nothing else except a hard surface. After three days, the authorities registered us without a medical screening. They didn't even ask us if we needed to see a doctor or not. We have people with serious medical issues in our family. I have rheumatism and cardiovascular problems and my sons have psychiatric issues. They take tranquilizers and I take medicine too – we have finished our medicines. After the registration, the authorities moved us to Section A in a big room, where more than 30 people from Afghanistan and Iran are staying, men, women and children together. Many of us have serious medical issues and the whole night nobody can sleep. Even during the day, nobody can rest. The lights are on the whole night and I cannot stay here with the lights on during the night in this camp. We don't know what they will do with us and what will happen to us".*

**48 year old man from Afghanistan, Moria camp, Lesbos, 20 June 2017**

## Lack of preparations as temperatures soar

This situation is all the more concerning in light of the increasing temperatures on Lesbos and **the lack of adaptation of people's accommodation (isoboxes, tents, etc) to this rise in temperatures**.

During the summer of 2016, the extreme temperatures represented a health and a protection risk for the population stuck on the islands. MSF witnessed several breakdowns of water supply in the hotspots of Lesbos. On Lesbos our teams treated people suffering from heat stroke and dehydration.

Our teams on the ground in Lesbos assessed the situation in April and warned the Ministry of Migration that current living conditions and the temperature measured in people's living space already put the wellbeing of the resident population at risk of deteriorating their medical condition.

As temperatures continue to rise, and as the number of people arriving on the islands has once again exceeded the capacity of the RIC, it is **crucial that adaptations<sup>1</sup> are immediately made to people's accommodation on Lesbos** so as to reduce the health risks of an already vulnerable population.

<sup>1</sup> Details of the adaptations were provided to the authorities and relevant organisations in April in a detailed technical report drafted by our team – subsequent meetings

# A WORRYING RED HEALTHCARE PRO

## Reduced healthcare provision

Since April 2017, **the provision of healthcare in Moria has drastically reduced**. Until May 2017, Medecins du Monde (MdM) was the main health actor in Moria, doing the medical and vulnerability screenings and providing medical services in the camps. As MdM left Moria, the Hellenic Red Cross (HRC) took over these medical

activities, but with drastically reduced resources. As a result, the capacity to screen new arrivals, carry out the vulnerability screening and provide out-patient consultations to the approximately 3000 people of Moria has been reduced dramatically.

|                             | MdM present<br>(until end of March) | MdM during transition<br>(April - May) | HRC (as of 23 of June) |
|-----------------------------|-------------------------------------|----------------------------------------|------------------------|
| Locations in the camp       | 2                                   | 1                                      | 1                      |
| Working Hours / day         | 08:00 - 23:00                       | 08:00 - 23:00                          | 08:00 - 16:00          |
| Working days / week         | 7                                   | 7                                      | 5                      |
| Field Coordinator on site   | YES                                 | YES                                    | NO                     |
| Medical Coordinator on site | YES                                 | YES                                    | NO                     |
| MD per shift                | 4 (male & female)                   | 2 (male & female)                      | 1,5 (only male)        |
| Nurse per Shift             | 4                                   | 2                                      | 1                      |
| Psychologist per shift      | 3                                   | 2                                      | 1                      |
| Social Worker per shift     | 3                                   | 2                                      | 1                      |
| Cultural Mediators          | YES                                 | YES                                    | NO                     |

Table 3: Healthcare provision in Moria, Lesbos, according to field teams, June 2017.

## A dramatic lack of access to healthcare

As a result of this decrease in capacity and the increase in the number of arrivals on the islands, our teams witnessed in late June 2017 important and critical gaps in the provision of healthcare in Moria and Lesbos.

The first gap identified was that of the **medical screening**. Throughout June, our teams met people with important health needs that had recently arrived on the island and that had been waiting for days without a medical screening. These included sick children, teenagers with severe trauma and adults that were disabled or needed urgent treatment for a chronic disease. This resulted in people not being given the urgent medical care, medication or assistance they needed.

The second critical gap was in the **vulnerability identification** – a process that is crucial to ensure that vulnerable people are excluded from the border procedure, are prioritized in their asylum claim and can have access to care as they require it on the mainland.

A third gap was in the provision of **medical consultations** for people in Moria. Aside from the lack of medical and vulnerability screenings, the people in Moria also had a very limited access to medical consultations and medicine. In the space of an hour, our team saw three people self-harming in front of the clinic in Moria, desperately seeking psychiatric medication that wasn't available.

# UCTION IN VISION IN MORIA

## A WORRYING REDUCTION IN HEALTHCARE PROVISION IN MORIA

**This level of provision of medical care in Moria is jeopardizing the health and well-being of already vulnerable people.** A scaling up of medical capacity is urgently needed and greater preparation is required so that such capacity is available as authorities fully take over the provision of health for migrants and refugees on the islands.

*"We left Afghanistan because our lives were in danger. We finally arrived on Lesbos Island 5 days ago. We had no medical screening and I have chronic cholesterol and asthma. I have run out of medication. I'm starting to have the same symptoms of my diseases. When I was in Turkey, I visited a doctor and he told me I might have TB and need further examination. I am so afraid. Since I arrived, I have been looking for a doctor to provide me with medication, but there is no one to even ask. I don't know until when I will tolerate these conditions because I'm sick. I'm coughing all night."*

**49 year old man from Afghanistan, Moria camp, Lesbos, 20 June 2017**



MSF mobile clinic at Moria camp, Lesbos.

# VULNERABLE P



© Tanya Habjouqa

*Traumatized boy with his immediate family at Kara Tepe camp, Lesbos.*

# PEOPLE AT RISK

## VULNERABLE PEOPLE AT RISK

Under Greek law, **vulnerable people must be exempted from the fast-track border procedure and granted access to the regular asylum procedure**<sup>2</sup>. A system for identifying vulnerable people has therefore been set up, with a first screening by the medical actor at the Reception and Identification Center, and a second vulnerability screening during the asylum interview. In Lesbos, the first screening is done by the HRC and the second by the Greek Asylum Service (GAS)/ European Asylum Support Office (EASO). If identified as vulnerable, people are then meant to be able to leave for the mainland, where

they can receive the care and access the protection that they need. Yet with the recent increase in arrivals and the reduced capacity of the medical actor assessing vulnerability upon arrival, we are concerned that **existing shortcomings in the vulnerability screening will be exacerbated**<sup>3</sup>. In addition, delays in vulnerability assessment carried out during the asylum procedure have increased. EASO has 7 vulnerability experts with a significant backlog of cases, thus when a case is eventually referred to their vulnerability expert, it will take approximately 3 months until an opinion is issued for approval to the Greek Asylum Service.

### Missed vulnerabilities

Over the last year, the lack of adequate training and staff carrying out vulnerability screening, and the little time and resources invested in effectively identifying and referring vulnerable people has meant that **many patients cared for in MSF's clinic on Lesbos often fit the category of vulnerable people, yet many have not been identified as such by the competent actors** or have not succeeded in getting transferred to the Greek mainland.

Indeed, many of the patients we treat at our clinic suffer from conditions not easily identifiable under the current vulnerability screening regime. These include primarily victims of torture and ill-treatment, victims of sexual violence, persons suffering from Post-Traumatic Stress Disorder, and other serious mental health disorders. **Almost 70% of our patients referred to our social worker involved persons suffering from the aforementioned conditions that had not been recognized as vulnerable by the relevant authorities.**

Of the 154 mental health patients our teams have assessed in 2017, 79% of whom met our criteria to be taken into our care based on their severity, **only 14% had been previously identified as vulnerable**. Similarly, **only 28% of the 54 victim of torture patients that our teams treated had been officially recognized as vulnerable** and out of the 22 we referred to Athens for rehabilitation, only 6 had arrived in Athens and were able to integrate our clinic for the treatment and rehabilitation of victims of torture.

Access to rehabilitation services is a right to all victims of torture according to the UN's Convention against Torture. The EU reception directive (art 25) also requires EU member states to ensure *"that persons who have been subjected to torture, rape or other serious acts of violence receive the necessary treatment for the damage caused by such acts, in particular access to appropriate medical and psychological treatment or care."*

<sup>2</sup> According to article 60 paragraph 4 of the law 4375/2016, vulnerable persons are exempted from the border procedures. Article 14 paragraph 8 of the same law defines vulnerable people as '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 particularly survivors and relatives of victims of shipwrecks; victims of trafficking in human beings'.

<sup>3</sup> For more details, see MSF's report 'ONE YEAR ON FROM THE EU-TURKEY DEAL: CHALLENGING THE EU'S ALTERNATIVE FACTS', March 2017, [https://msf.gr/sites/default/files/msfpublications//report\\_euturkeydeal\\_en.pdf](https://msf.gr/sites/default/files/msfpublications//report_euturkeydeal_en.pdf)

# VULNERABLE P

© Tanya Habjouqa



*Afghan father and son, Kara Tepe camp, Lesbos.*

# PEOPLE AT RISK

## VULNERABLE PEOPLE AT RISK

Out of the 106 women who were victims of sexual violence recently and treated by our midwives this year, **most explained that they had not disclosed their experience of sexual violence.** This highlights the fact that current vulnerability screening methods are not adapted to identifying cases of sexual violence – the absence of a female medical doctor and trained cultural mediators play an important part in this. This also highlights the fact that services for the management of sexual violence are lacking as none of the cases that took place recently and that came to our clinic had sought medical care within 72 hours of the incident (which is needed to prevent the transmission of HIV). A failure to identify these cases means that their protection and health needs are unmet.

### Victims of torture at risk

According to national, EU and international law, **victims of torture should have access to adequate care and rehabilitation. However, our experience of working on Lesbos has shown us the grave deficiencies in the identification, care and protection of these extremely vulnerable people.**

Since early March 2017, **our team in Lesbos has referred 54 patients to our specialized clinic in Athens providing rehabilitation to victims of torture.** Despite very severe vulnerabilities, **only a fifth of these victims of torture had been identified as vulnerable.** These figures only represent the patients who came to our clinic. But the number of victims of violence and torture is likely much higher in the population, and most are very likely to have their invisible vulnerability unidentified. For as long as they remain on the island, some having been there for as long as a year, they are deprived of access to the specialized care and rehabilitation they are entitled to and need.

### A recent breakdown in vulnerability screening

In mid-June 2017, with the increase in arrivals and reduction in capacity of the health actor doing the vulnerable screening at the Reception and Identification Center (RIC), **the medical screening** (aimed at providing a first medical assistance and ensuring public health) **and the vulnerability screening** (ensuring that people are afforded the care and protection that they need) **completely fell apart.**

The delays in the vulnerability screening during the registration and identification process created a **serious bottleneck in the provision of adequate health care**, including for people with severe and visible vulnerabilities.

Our team met people with physical disabilities, people that were victims of torture, others that had serious medical illnesses and no medication, and **none of them had had a medical or vulnerability screening.** They had been given a card with a geographical restriction, and were sleeping in overcrowded ad hoc shelters with tens of other people, without the care and protection that they needed.

*"I left my country a couple of months ago, because I was held hostage and they tortured me. I arrived on Lesbos 4 days ago, with my wife and my two small children. They are 2 years old and 6 months old. Since arriving in this camp, I have been staying in this plastic shelter, on the cement floor without anything more. My children are crying; they are sick. My body is full of signs of wounds of knives. I need a doctor. My wife and I are still not registered. I still haven't seen a doctor. I don't really know how much longer I can tolerate this situation here."*

**Syrian man, 25 years old, Moria camp, Lesbos, 20 June 2017**

Whilst there already were serious flaws in the vulnerability identification process, the latest developments have led to its collapse and put vulnerable people's health and well-being at risk.

# POLITICAL PRESSURES IDENTIFICATION, CARE VULNERABLE PEOPLE



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*Iraqi family in limbo in Lesbos.*

# POLITICAL PRESSURES TO RESTRICT THE IDENTIFICATION, CARE AND PROTECTION OF VULNERABLE PEOPLE

## Restricting the identification, care and access to protection of vulnerable people

For months, there has been **pressure from the EU Commission**, warning that too many people were being identified as vulnerable and were falling outside of the scope of the EU-Turkey deal<sup>4</sup>.

In December 2016, the Joint Action Plan on the implementation of the EU-Turkey Statement<sup>5</sup> recommended that **vulnerable people no longer be exempt from the admissibility procedure**<sup>6</sup>, potentially allowing them to be returned to Turkey.

A first change in this direction took place in early May 2017, when new procedures established that vulnerable individuals would no longer immediately be sent to the mainland upon identification, but that **they would have their first interview for asylum on the island**, before being able to move to the mainland for treatment. This was not to apply to vulnerable Syrians. Given that certain medical conditions require tests and treatment that are not available on the Greek island, this shift in policy is of great concern to us as it clearly limits vulnerable people's

timely access to much needed healthcare.

A second more recent development have been the pressure of the EU Commission to put in place a template that would be used during the vulnerability screening interview to **more strictly define who would be identified as vulnerable**. It would then be used to determine vulnerable people that could undergo the admissibility procedure on the island – **opening the door to the return of vulnerable people to Turkey**<sup>7</sup>.

As a medical organization providing treatment to vulnerable people on the Greek islands and mainland, we believe that it is crucial that medical vulnerability categories remain broad, so as to enable a **case by case examination of the person's vulnerability**. Indeed, someone's vulnerability isn't exclusively defined by the disease that they have, but is also influenced by the severity of their condition, by possible co-morbidities as well as by the conditions in which they are or will be living in.

## Vulnerable people in limbo

As a result of these shortcomings in the identification and referral of vulnerable people from the islands, **some extremely vulnerable and desperate people have made their own way to the mainland**. In our clinic for the Rehabilitation of victims of torture in Athens, we provide care to 8 patients who broke their geographical restriction

on the islands in order to receive the urgent medical treatment they needed in Athens. Yet, they are being told that there is no way for their asylum situation to be regularized without going back to the islands. For very vulnerable people such as victims of torture, it is inconceivable that in their extremely fragile state they be required to do this.

<sup>4</sup> <https://www.hrw.org/news/2017/06/01/eu/greece-pressure-minimize-numbers-migrants-identified-vulnerable>

<sup>5</sup> [https://www.neweurope.eu/wp-content/uploads/2017/02/december2016-action-plan-migration-crisis-management\\_en-4.pdf](https://www.neweurope.eu/wp-content/uploads/2017/02/december2016-action-plan-migration-crisis-management_en-4.pdf)

<sup>6</sup> There were two types of 'border procedures' put in place with the EU-Turkey deal: the 'admissibility procedure' does not look into the substance of the person's claim but only examines whether the person can be returned to Turkey; the 'eligibility procedure' looks into the substance of the claim and establishes whether the person should be granted refugee status.

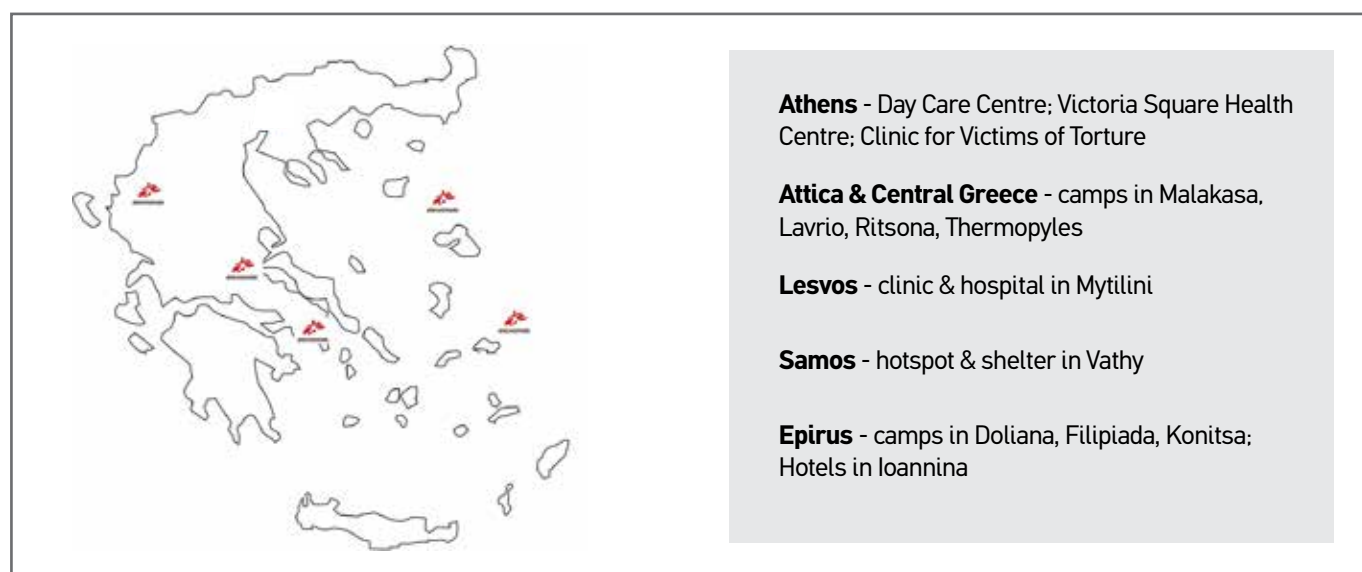
<sup>7</sup> [https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/european-agenda-migration/20170613\\_sixth\\_report\\_on\\_the\\_progress\\_made\\_in\\_the\\_implementation\\_of\\_the\\_eu-turkey\\_statement\\_en.pdf](https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/european-agenda-migration/20170613_sixth_report_on_the_progress_made_in_the_implementation_of_the_eu-turkey_statement_en.pdf)

# MSF IN LESBOS

## MSF IN LESBOS AND GREECE

MSF has been providing medical and humanitarian assistance to asylum seekers and migrants in Greece since 1996. In 2014, MSF expanded its activities in Greece due to the rising inflow of people in transit through the country towards Northern Europe. In 2015, MSF launched an emergency response when thousands of people began to arrive each day on the Greek islands from Turkey.

In 2016, MSF medical teams in Greece carried out more than 72,500 health consultations, covering primary health care, treatment for chronic diseases, sexual and reproductive health care, physiotherapy, as well as mental health care. MSF teams are currently active in several locations across Greece offering healthcare services in diverse settings.



In Lesbos, MSF runs a clinic in the town of Mytilini for all asylum seekers and migrants residing on the island. It provides primary healthcare, sexual and reproductive healthcare, and treatment to people suffering from chronic diseases and mental healthcare.

An outreach team visits the island's camps and shelters, to raise awareness of healthcare practices and the clinic's services, as well as identify vulnerable cases in need of treatment. MSF also offers cultural mediation services at the Mytilini hospital.

|                                                       | Oct 16 | Nov 16 | Dec 16 | Jan 17 | Feb 17 | Mar 17 | Apr 17 | May 17 |
|-------------------------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|
| <b>Epi weeks</b>                                      | 4      | 5      | 4      | 4      | 4      | 5      | 4      | 5      |
| <b>Working days</b>                                   | 18     | 22     | 19     | 18     | 19     | 23     | 18     | 19     |
| <b>Non-communicable diseases / Primary Healthcare</b> | 175    | 222    | 128    | 103    | 128    | 155    | 357    | 364    |
| <b>Sexual and Reproductive Health</b>                 | 138    | 200    | 113    | 112    | 218    | 160    | 131    | 112    |
| <b>Mental Health</b>                                  | 77     | 117    | 81     | 68     | 84     | 150    | 139    | 179    |
| <b>Total consultations</b>                            | 390    | 539    | 322    | 283    | 430    | 465    | 627    | 655    |

Table 4: Consultations in MSF Mytilini clinic, May 2017.

*MSF health promoters head back to their office after visiting refugees at a squat on Lesbos. Their primary concern is to find out who needs medical attention, and bring them to the MSF clinic in Mytilini.*

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