

## First impressions from Thessaloniki

In the wake of increased migration to Europe over the past decade, and due in no small part to substandard healthcare for refugees, a number of non-governmental organisations (NGOs) have started providing emergency medical care. As fourth-year residents in internal medicine, my partner and I had begun to feel confident that we could make a useful contribution. Several colleagues had already volunteered with a German NGO currently operating in Bosnia, Serbia and Greece and recommended them as an experienced set-up with good connections on the ground. After months of planning, we thus arrived in Thessaloniki at the beginning of 2022 in order to work for the local project. I plan to share my experiences through a series of essays on this platform.

Our NGO runs its own clinic in Lachanokipi, a 15-minute bus ride away from the city's bustling Egnatia street. Wedged between the industrial outskirts of the port and Thessaloniki's train cemetery, the neighborhood consists mostly of shack-like brothels, essentially forming a rather desolate red-light district. Based on the second floor of an unassuming building, our treatment area has a far more welcoming feel. Consultations and wound care are carried out in a roughly 25 m<sup>2</sup> room divided by curtains into various sections, while a separate space is available for physiotherapy. Thanks to generous donations, we're surprisingly well equipped, with a wide variety of medications, wound dressings and essential instruments for measuring vitals. Beyond such fundamentals, there's also an old but functioning ECG machine and a tablet ultrasound system for clinicians with the required training.

Our team consists of a rapid turnover of medical volunteers from all over Europe who typically stay for between 2 weeks and 6 months, including nurses, paramedics, doctors, medical students, physiotherapists and a selection of cultural mediators. Split between a refugee camp on the outskirts of Thessaloniki and the clinic in Lachanokipi, where I've been working, we manage to treat around 1600 patients per month, who either have no insurance or struggle to navigate the complicated Greek healthcare system. Though offering care for rather short three and a half-hour time-windows from Monday to Saturday, our days are nevertheless packed with work. Beyond the treatment of patients, we ensure that medication stores and equipment are maintained, organise appointments at local hospitals or with other NGOs, accompany patients to see specialists and meet at least twice per week to discuss general matters and clinical cases.

The ongoing pandemic complicates matters. All unvaccinated and symptomatic patients have to be tested before entering the clinic and services for asylum seekers are far from running at 'normal' capacity. Patients' complaints cover a wide spectrum, often requiring pragmatic solutions. Since many escape routes to Europe are too dangerous to venture in winter, we've seen an unusually low numbers of wounds and a greater focus on chronic

diseases. In the few weeks since our arrival, I've come across illnesses ranging from urinary tract infections, cellulitis and diabetes to more unusual issues such as hepatic echinococcus cysts, large inguinal hernias and enterobiasis. However, a significant proportion of patients also present with diffuse forms of back pain and abdominal complaints, which are often connected to tough psychosocial circumstances and living conditions. We also see a fair share of young men driven into substance abuse, with a focus on heroin and pregabalin. As the year now progresses into spring, we expect rising temperatures to lead to more migration and thus a new set of challenges in consultations.

It's painful to realise, while working with individuals who have been through so much, that this is all happening on our doorstep, in Europe, on this proud continent with its supposed commitment to human rights. The European Union's welcoming stance towards Ukrainian refugees has been a wonderful display of solidarity, yet it also adds insult to injury to people on the move here in Greece, the vast majority of whom have legitimate claims to asylum. The causes of this disaster – the reason these NGOs even exist – are doubtless complicated. It's surely unreasonable to place blame solely on the governments of geographically exposed countries such as Greece or Italy, while the rest of Europe continues to leave its southern neighbors to fend for themselves. After just a few weeks, however, I have little doubt that the people I've been treating – often having fled extreme poverty, political persecution or war, and many having suffered violence, rape or torture on their way to Europe – are not supposed to feel welcome here.

Two young children, for instance, came in with their father with a bad case of impetigo, a type of skin infection, on their hands and faces. After a week's course of antibiotics, the three of them came in for a check-up. Only through a passing comment made to the translator did I realise that they were homeless, and that the mother was waiting in a nearby shack with their other three children, the entire family having been denied asylum. They nevertheless preferred living in the rubbish-lined shrubs near the train cemetery, where temperatures fall below zero in the winter, to the dangers they would otherwise face in their country of origin.

A group of young men, meanwhile, told me that they currently cannot apply for asylum in Thessaloniki. There are simply no official locations, and the unreliable but comparatively safe skype application service was abolished. In a perfidious act bordering on the malicious, Prime Minister Mitsotakis' government has moved almost all application offices to the country's borders, conveniently located next to detention centers. I've heard reports from reliable sources of people walking back to the border for weeks in the hope of officially seeking asylum, only to be quickly and efficiently deported or even (illegally) pushed back.

There's rarely been a day of work here without hearing such anecdotes. Compared to our colleagues providing legal support or monitoring pushbacks, who often gain deep insights

into such horrific experiences and are fighting against a cruel asylum system stacked against them, I have at least had the gratification of occasional medical successes. I firmly believe that these tasks shouldn't be left to the goodwill of volunteers and NGOs. But in the meantime, our work at least provides people on the move with basic healthcare and shows that this continent is not just a fortress with violent border guards and barbed wires.

*Editor's note: the author is currently working as a volunteer doctor for a medical NGO in Greece. Their media policy requests that the name of the organisation not be mentioned in politically biased posts online, in order to protect their neutrality.*