

## The dilemma of medical NGOs

This January, my partner and I started working for a medical NGO in Thessaloniki, Greece (a detailed description of the project can be found [here](#)). A month after our arrival, we were asked to take on the medical coordination. This has meant additional responsibilities such as overseeing medical staff, answering emergency calls and communicating with various actors within the Greek healthcare institutions. An interesting part of the role has also been the collaboration with other NGOs. We cooperate with several partners offering services from the distribution of food and non-food-items to legal support and safe spaces for women. Beyond these, we also maintain close relations with other medical organisations in the area.

A few weeks ago, I was contacted by a group of representatives from one of the globe's most influential medical NGOs. They had been sent out on a three-month mission to explore the situation for refugees in the entire territory of northern Greece, with the goal of establishing the necessity of a large-scale intervention. Their work led them to numerous camps and several cities, including Thessaloniki, meeting with camp managers, NGO representatives and local politicians. In several informal meetings and a tour of our clinic, we were able to shed light on the unregistered part of the refugee population. It was, however, also a useful experience for us, with their access to various players in refugee care (and persecution) revealing a 'bigger picture' that is not obtained from the perspective of a single operation on the ground. I was therefore eager to hear their opinion of our work.

After all, our organisation is a small set-up that has been operating for just six years, both of which come with certain disadvantages. Communication with the NGO's board can be messy, with funds mostly directed straight to the projects and thus not available to pay for sufficient staff 'back home'. In order to attract enough volunteers, the minimum requirement stay is just two weeks, which means that team members often depart before they've really had time to acclimatise. Meanwhile, we tend not to attract Greek natives, leading to complications understanding medical documentation and frustrated local doctors. Beyond these issues, I also worry that patients who have health insurance rely too heavily on our easily accessible clinic with its cultural mediators rather than learning to navigate the local healthcare system. And most importantly, I sometimes wonder: would Greek and European Union (EU) officials not be forced to intervene if NGOs such as ours retreated from the scene, exposing the dramatic reality of refugees' circumstances?

One night, over a beer with one of the group's doctors, Sotiris\*, I asked a question that has been worrying me since before our arrival: "Do you think we [our NGO] should even be here?". His response was surprisingly kind and can be summed up as an emphatic yes. Large humanitarian organisations such as his current employer, he explained, have many advantages. Their size, funding and experience means that they're well equipped to quickly and efficiently respond to crises such as war or natural disasters. To have "a multi-billion-

dollar budget, the size of a small country's", however, also comes with its disadvantages. If they were to operate in northern Greece, he explained, they would for instance quickly attract police to the current escape routes. In contrast, Sotiris told me, "[your organisation] has the real NGO-spirit" and can operate "close to vulnerable people on the ground".

According to this argument, what our organisation lacks in funding and professionalism it makes up for in pragmatism and agility. Our clinic in Thessaloniki indeed exemplifies this, attracting as it does both official asylum seekers with health insurance as well as undocumented refugees. Those with social security struggle to be taken seriously in outpatient and emergency clinics or to organise translators and also often have limited financial resources. The UNHCR formerly provided people living in camps with credit cards and a budget of €150 per month. This was intermittently discontinued and then replaced with a service providing just €75 plus catering of questionable quality.<sup>1</sup> On such a tight budget, and with many being physically, mentally or – usually – legally unable to work, the majority cannot afford to pay for basics like diabetes and blood pressure medications, let alone 'luxuries' such as dentist appointments, all of which we provide. For undocumented people on the move, meanwhile, there is often no alternative to our clinic. Though they cannot legally be turned away by hospitals in the case of emergencies, we've witnessed countless examples of patients who would rather continue their journey with pneumonia, an STI or a sprained ankle than risk exposure to the authorities.<sup>2</sup>

Yet persuasive as such anecdotal evidence may be, it does little to address the most important argument against the existence of humanitarian NGOs, as introduced earlier: are we not merely stabilising a bad situation? Would governments step in and take responsibility if we were to pack up and disappear? Even before arriving in Thessaloniki, I asked a German lawyer with experience working with refugees on the Greek island of Lesbos whether she shared this concern. Her response, however, was far from flattering to the current government. On the contrary, she told me, Greece has no interest in improving standards for refugees. It provides sufficient care to ensure that EU money keeps flowing, but services deliberately remain so poor that the living conditions do not lose their deterrent effect.

I admit that I didn't take this warning seriously, my faith in Europe and the Union's commitment to human rights still somewhat intact. Over the last four months, however, my experiences have repeatedly confirmed the bleak analysis. A long list of day-to-day examples have collectively formed my impression that refugees aren't supposed to feel comfortable here. In the camp I worked at, for example, small extensions and vegetable patches that made the hundreds of containers slightly larger and less desolate were removed without reasonable explanations. Even since my arrival, camps have further tightened admission rules, employing security guards who demand identification even from long-term inhabitants, while suspending access for humanitarian NGOs such as ours. I've

also been appalled by the inefficiency of the asylum process itself. Applications usually take years to be processed and are frequently rejected for inexplicable reasons. Those that are eventually approved often include the waiting period in the total time granted, meaning that ‘new’ documents can expire just months after being issued.

There are also frequent reports of authorities actively breaking the law by means of pushbacks on EU borders. According to the European Centre for Constitutional and Human Rights, this process entails a “set of state measures by which refugees and migrants are forced back over a border – generally immediately after they crossed it – without consideration of their individual circumstances and without any possibility to apply for asylum”. Pushbacks are therefore illegal, violating “the prohibition of collective expulsions stipulated in the European Convention on Human Rights.”<sup>3</sup> Yet tragically, they have become the rule. In 2020, the Border Violence Monitoring Network, a collection of NGOs based mainly in the Balkan regions and Greece,<sup>4</sup> published and subsequently presented to the EU Commissioner for Asylum their *Black Book of Pushbacks*; a 1500-page, two-volume book detailing the appalling treatment of over 12,000 people by authorities on Europe’s borders. Unfortunately, even such a damning publication appears to have had little impact on the EU’s course. On the contrary, continued human rights abuses recently culminated in Fabrice Leggeri, the former head of the European Border and Coast Guard Agency – better known as Frontex –, being forced to resign on the 29<sup>th</sup> of April 2022 following revelations about his involvement in pushbacks.<sup>5</sup>

Combined with my personal experiences in Thessaloniki, countless media reports such as these have deepened my conviction that there is a deliberate element in the plight of our beneficiaries. The goal, it seems, is to avoid the image of a welcoming culture and to thus maintain a deterrent effect for prospective refugees. It is an approach that I find not just deeply cynical but which also seems to pose more dangers than benefits for the EU. The frequent reports of mistreatment have, for instance, left us vulnerable to accusations of hypocrisy when European leaders call out human rights abuses elsewhere. Aside from such questions of morality, the duration of the asylum process is also a waste of the refugee population’s talents in times of labor shortages. Many of the patients I’ve been treating are young, intelligent people who under different circumstances could contribute to Greek society and prosperity.

Meanwhile, the measures of repulsion also appear misguided in terms of their efficacy. It’s important to realise that only a small proportion of migrants with purely economic motives will be deterred by reports of the harsh reality of the European asylum process. Those fleeing political persecution, famine or war, meanwhile, will continue to arrive and seek asylum regardless of the treatment they expect to receive.<sup>6,7</sup> Under the current political climate and given the evidence, it appears doubtful that Brussels and Athens are in any way interested in improving conditions for refugees. I therefore believe that they would also fail

to fulfil their duties if humanitarian NGOs withdrew from the scene, meaning that such organisations don't just have every right to exist but are essential to providing a bare minimum of care.

*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.*

\* Name changed for privacy

Photo by Neha

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## FOOTNOTES

<sup>1</sup> <https://help.unhcr.org/greece/living-in-greece/access-to-cash-assistance/>

<sup>2</sup> I have encountered countless capable and kind Greek doctors in local hospitals. Yet the experience of our beneficiaries is often that they are not welcome in Greece, which leads to understandable distrust in all institutions connected to the state, including hospitals. In the case of emergency calls, ambulances are also often accompanied by the police.

<sup>3</sup> <https://www.ecchr.eu/en/glossary/push-back/>

<sup>4</sup> <https://www.borderviolence.eu/about/>

<sup>5</sup> <https://www.theguardian.com/world/2022/apr/29/head-of-eu-border-agency-frontex-resigns-amid-criticisms-fabrice-leggeri>

<sup>6</sup> See for example <https://freemovement.org.uk/does-the-policy-of-deterring-asylum-seekers-actually-work/>

<sup>7</sup> Beyond this issue, studies also indicate that the argument of NGOs acting as pull factors of migration is untrue. See for example Cusumano, E., Villa, M. From "Angels" to "Vice Smugglers": the Criminalization of Sea Rescue NGOs in Italy. *Eur J Crim Policy Res* 27, 23–40 (2021). <https://doi.org/10.1007/s10610-020-09464-1>