

**Written Input:**

**OHCHR report on Sustainable Development Goals and Health - GA resolution 35/23**

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**Executive Summary**

This submission outlines the results of the Refugee Rights Data Project's (RRDP) independent research on the situation for refugees and displaced people in various research locations in Europe throughout 2016-2017. The submission provides evidence on the right to health for refugees and displaced people in Europe in contribution to the effective implementation of the health-related Sustainable Development Goals. We will cover the following topics:

1. About RRDP
2. Objectives
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6. Experience of violence and mistreatment
7. Access to information
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**1. About RRDP**

- 1.1. The Refugee Rights Data Project is a non-profit project set up in late 2015 in response to the humanitarian crisis in Europe. The project is run by professionals from a range of different sectors, and includes academics and researchers, human rights specialists, media and communications experts, asylum workers, NGO managers, refugees, policy analysts and students.
- 1.2. The organisation is independent of any political ideology, economic interest or religion. We believe in the indivisibility of human rights and we are united by our aim to defend the rights of some of the world's most vulnerable individuals.

**2. Objectives**

- 2.1. The objective of the following written in put is to provide information relating to the lived experiences of refugees and displaced people in Europe, with specific focus on their access to health-related rights. It is our aim that our data will help policy-makers better understand the situation facing refugees and displaced people in Europe in order to uphold the right to

health of those in displacement. The current submission includes specific sections on the specific health concerns of women and children in displacement.

### **3. Background information**

- 3.1. The submission is based on our findings from research carried out in Greece (Chios and the mainland) and France (Calais and Paris) in 2016 and 2017. The original and full-length research reports are published and openly accessible via Refugee Rights Data Project's website: [www.RefugeeRights.org.uk/Reports](http://www.RefugeeRights.org.uk/Reports)
- 3.2. Research in Chios, Greece was carried out between 11-18 May 2017. The study is based on responses from 300 individuals, which is an estimated 10% of the refugees on the Island at the time of the study.
- 3.3. Research in Calais, France and the surrounding area was carried out from 5-9 April 2017, with a specific focus on the situation facing children and unaccompanied minors after the demolition of the Calais Camp. Our team interviewed 213 individuals, of which 86 were children under the age of 18. RRDP's research surveyed 43% of the estimated total number of people in displacement in the area, at the time of the study.
- 3.4. Research in Paris, France was carried out between 18-22 January 2017, conducting 342 surveys in the city's La Chapelle district.
- 3.5. Research in mainland Greece was carried out between 7-12 November 2016. RRDP visited 9 different settlements, as well as a number of squats and community centres, and surveyed 278 camp residents, in addition to 38 in-depth private interviews with women camp residents and 58 semi-structured interviews with service-providers such as INGOs, NGOs and local charities.
- 3.6. Most interviews were conducted in the respondent's native language, through a semi-structured survey, by trained and independent researchers using a standard methodology of random selection and stratification of research locations. Full methodology and limitations sections are available in the published reports via the RRDP website.

### **4. Living Conditions**

- 4.1. In Chios, Greece, large numbers of people, including many families, were residing in small and fragile tents. Camps were so overcrowded that large numbers are forced to sleep in the streets or in the beach. In general, the living environment is unsanitary and dirty, with the Souda camp attracting rats and insects, due to its proximity to a drainage pipe extracting dirty water from the nearby city. Meanwhile, hot water is rare and often only available for a few hours a day, if at all. In one camp we visited, there was no water available in the toilets.
- 4.2. In Calais, large numbers of displaced people, including unaccompanied minors were sleeping rough without the security of a communal camp or reception centre following the demolition of the Calais Camp.

- 4.3. In Paris, most respondents were destitute and sleeping rough in temperatures as low as -7C. Many respondents with access to temporary accommodation had concerns about hygiene standards.
- 4.4. In mainland Greece, only a quarter of respondents reported acceptable living conditions. Over a third reported that their shelters leaked when it rained and only 18% had access to a heater. 28.6% considered that they had inadequate water for washing and showering and only 41.5% could shower with hot water during the cold months.

## **5. Health and Safety**

- 5.1. In Chios, 71.3% said they had experienced health problems since arriving in Chios, while only 28.5% of respondents had been able to access medical help. Around 40.8% believed their problems had been triggered by the unhealthy camp environment. Alarming, 31% described mental rather than physical concerns; one of the most commonly cited reasons for mental health issues was the uncertainty surround the asylum application and fears of deportation. A whole 39% of respondents reported having witnessed someone die on the island – 87% cited suicide as the reason for the death. A startling 85.3% of respondents didn't feel safe.
- 5.2. In Calais, 55.5% of respondents had experienced a health issue. Of those, only 50% had received medical help. 49.1% believed their health-issue had started because of violence or tear gas. Meanwhile, 16.4% described their health condition as a mental health concern such as depression and anxiety, rather than a physical ailment. 84.5% of respondents said they 'don't feel safe' or 'don't feel safe at all' in France.
- 5.3. In Paris, respondents commonly felt unsafe. 11.7% knew at least one person who had died. The majority of deaths amongst refugees are believed to have resulted from untreated health issues. Of the respondents who acknowledged they had heard of a refugee dying in Paris, 45% believed the death had occurred due to the cold experienced when sleeping on the streets.
- 5.4. In mainland Greece, 73% had experience health problems in the camp. The majority of those who has sought medical help described it as 'bad' or 'very bad'. 46% of respondents reported that they 'didn't feel safe' or 'never felt safe'.

## **6. Experience of violence and mistreatment**

- 6.1. In Chios, Greece, 24% of respondents had experienced police violence. In general, the respondents described police treatment as 'very bad'. Meanwhile, 18.4% had been arrested or detained since arriving in Chios. Random detention by police appeared to be common place, with many relating stories about refugees who were detained and beaten for no apparent reason. 21.7% of respondents had experienced violence by citizens.
- 6.2. In Calais 89.2% of all respondents said they had experienced police violence. Of these 84% had experienced tear gas, 52.7% other forms of physical violence, and 27.7% verbal abuse. 58.7% had experienced violence by citizens, 66.4% described the violence as verbal abuse, while 56.3% of the same respondents had experienced physical violence.

- 6.3. In Paris, 42.4% of respondents had experienced tear gas. In addition, 59.6% of individuals had been requested by the police to move from their sleeping location, 53.9% described this incident as 'violent'.
- 6.4. In mainland Greece, 17.1% of respondents reported experience of police violence, of which 66% was verbal abuse, 53.3% was physical abuse and 6.4% was as a result of tear gas. Some 20.5% of respondents said they had seen other refugees being hurt by police either in their camp or nearby.

## **7. Women's health in displacement**

- 7.1. In Chios, Greece, a whole 94.3% of women reported that had experienced health issues in Chios, while less than a third (30.3%) of these women had been able to access medical care. The conditions are particularly unsuitable for women going through different stages of motherhood; one woman we interviewed was in the eighth month of her pregnancy but had been waiting for more than two months to be moved to a flat near Athens where she could access the hospital.
- 7.2. In Calais, in April 2017, women also faced police violence, with one woman reporting she had been beaten by the police when she was trying to board a bus.
- 7.3. Research in Paris confirmed that women were also subject to similar living conditions and having belongings taken from them. Many people we spoke to claimed that police threw away their tents or blankets, after telling them to move from where they were sleeping. A group of RRDP researchers witnessed police approach a group from Eritrea that included women and children, and demand they move elsewhere, throwing away their blankets.
- 7.4. In mainland Greece, 69% of women reported not having a secure lock on their shelter, leaving them vulnerable to gender-based violence. When interviewed privately, 65.5% of women said they knew of other women who had suffered or continued to suffer from gender-based violence. Our research highlighted that young women and girls were especially vulnerable. One respondent told us 'young women do not feel safe in the camps', while another told us 'it's not as bad for us as for younger women and girls'. There were also reported incidences of prostitution and so called 'survival-sex' due to poverty and pressure from smugglers. In addition, it was reported in some camps that contraception was only available to men. When interviewed privately, only 12% of women knew where to access contraceptives. Some women also reported that their requests to health service providers for contraceptive pills or intrauterine devices (IUDs) had been declined. Information and education related to contraception was also lacking in the camps.

## **9. Children' health in displacement**

- 9.1. In Chios, 50% of the minors we interviewed were unaccompanied. 73.3% of minors said they "*never feel safe*" or "*don't feel very safe*" in Chios. 13.3% of children had experienced police violence on the island, and a similar figure (13.8%) had been detained in Chios. Moreover, 28.6% had witnessed someone die in Chios - an experience that could be particularly traumatising for children. 36.7% of children had experienced health problems in Chios, but only 18.2% of those had been able to access medical care. Only 16.7% of children

had access to information about their rights and opportunities, while just 20% had access to information about European immigration rules and asylum law.

- 9.2. In Calais, 98.8% of the children we spoke to were unaccompanied. 96.5% of minors had experienced police violence in the area, 79% had experienced tear gas, 56.8% other forms of physical violence, and 21% verbal abuse by police. Moreover, 63.1% had experienced health problems in France, and only 52.8% of those had received medical assistance. More than half (50.9%) thought the health issue had emerged due to violence or tear gas, while 18.9% said they were experiencing mental health issues rather than physical ailments. In Calais, only 16.9% said they access to information about their rights and possibilities to change their situation.
- 9.3. In Paris, 96.2% were unaccompanied. Of the children surveyed in Paris, 30.8% of children had experienced tear gas one to four times in Paris and 9.6% said they had been exposed more than 10 times. Children also faced other forms of violence by police including verbal abuse (25%) and physical violence (21.5%). 42.2% of the children we surveyed in Paris reported that they were experiencing health problems – largely due to the cold weather conditions in Paris. A number of these children were provided with shelters. However, some respondents were concerned about their hygiene standards.
- 9.4. Research conducted in mainland Greece documented a significant number of unaccompanied minors across camps. In addition, many women we interviewed expressed deep concerns about the health of their children, and felt that the authorities were not adequately addressing the situation. Women also reported difficulties accessing emergency healthcare for their children, as well as basic supplies such as infant formula.

## 10. Conclusion

These research findings shine a light on the extent of the shortcomings witnessed across Europe in regard to the right to health framework:

- a. **Inadequate living conditions:** Across research locations our reports highlight inadequate living conditions for refugees and displaced people in Europe, which risks having detrimental impact on the health and well-being of those seeking sanctuary. Lack of access to clean drinking water and secure shelters are amongst the most commonly reported problems. There are widespread reports of health conditions arising, in part, due to the unsanitary living conditions in the camps.
- b. **Mental health problems:** Worryingly, a large number of respondents reported suffering from mental health issues, resulting from their precarious situation and previous trauma. Indeed, the high number of reported suicides in the camps is particularly alarming. Access to medical care appears to be under-resourced, and in some cases completely lacking.
- c. **Violence:** Reports of police and citizen violence in the form of beatings, tear gas and verbal abuse are particularly worrying and, alongside the negative impacts on physical health, are likely to have a detrimental effect on displaced people's mental health.
- d. **Lack of health-related information:** Access to education on rights and opportunities to change their situation appears to be wholly lacking for people in displacement in general, with an urgent need for right to health-related information specifically. This type of information ought to be provided in accessible formats and appropriate languages.

- e. **Women’s health:** Women in displacement face additional adversities in accessing their right to health. Our research points to wide-spread evidence on gender-based violence and a lack of appropriate sexual and reproductive healthcare across camps. Many women reported that they would not know where to go for sexual and reproductive healthcare advice or healthcare should they become pregnant.
- f. **Children’s health:** The research also highlights the specific situation faced by children and unaccompanied minors in displacement, with many reporting physical and mental health issues as a result of inadequate living conditions and police violence.
- g. **Respondents’ own accounts:** The following citations serve to illustrate research respondents’ own views of their current situation in displacement, across different research locations:
  - *“The national police ran after me and fought me, beat me by stick and sprayed me with tear gas on my face. I didn’t expect that to happen in a country like France.”* Boy, 14, Ethiopia. Calais, 2017.
  - *“I saw one person setting himself on fire, and maybe I’ll be the next one. I feel so bad and depressed.”* Middle-aged man from Syria. Chios, 2017.
  - *“I live in a [state sponsored accommodation] but it is very dirty. I share the room with three other people but we are all getting allergies and itchiness because of the dirt”* Sudanese Minor, Paris, 2017.
  - *“I developed all sorts of health problems from living here. They say I’m iron deficient and have a blood problem but this was never the case when I lived in Syria. I blame everything on the lack of nutrition in this camp. It is no wonder we are all sick.”* Anonymous, mainland Greece, 2016.
  - *“I created a high sleeping place inside the tent for my child in order to keep her away from rats”* Syrian respondent, Chios, 2017

## 11. Recommendations

Based on these research findings, it is evident that more needs to be done to ensure that the right to health is upheld for refugees and displaced people in Europe. Overall, any future response to the ongoing refugee situation in Europe needs to be guided by a commitment to the universality of human rights. Specifically:

- a. In all RRD research locations, there is an urgent need to secure access to appropriate health and support services, including services for mental health-related issues, taking into consideration the specific safeguarding needs of women and unaccompanied children.
- b. To prevent the exacerbation of physical and mental health concerns, more humane day-to-day living standards and protection systems need to be provided. This should include, but not be limited to, access to sufficient and adequate food, clean drinking water, as well as safe and dry shelters..
- c. The situation on the Greek island of Chios is a situation at breaking point, with children and adults reportedly suffering from highly inadequate living conditions and an absence of health and support services. Accelerated transfers of vulnerable children and adults in displacement from the islands to mainland Greece and a strengthened system for processing asylum applications are of utmost importance, reducing the length of time children and adults are trapped in unhealthy and harmful environments. In the interim, health care on the island ought to be strengthened urgently to address ongoing physical and mental health problems.

- d. In order to address the situation northern France and Paris, there is an urgent need to provide more humane living standards and protection systems. The severity of the situation means that medical staff, social workers and legal experts are urgently needed; rather than the current state response centred around violent actions by special police forces.
  - e. In mainland Greece, RRDP research suggests sufficient statutory funding ought to be made available to ensure that adequate information, medical and support and protection services are available for people across all camps. In particular, effective referral pathways need to be put in place, alongside increased access to sexual and reproductive healthcare advice, to address the specific healthcare needs of women in displacement.
  - f. Overall, effective and long-lasting policy action by national and European Union decision makers is urgently needed to secure the right to health for refugees and displaced people in Europe. The right to health as enshrined in international human rights law must be at the centre of any policy initiative to ensure that refugees and displaced people are given the protection and opportunity expected by international standards. Such high-level engagement will help to secure the right to health for people in displacement, who currently face sub-par living standards and daily violations of their rights.
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