The Public Health Crisis in Greece | Lacing the walkways in the Athens airport are banners with images of white-washed villages and aqua blue waters. Scrawled across an image of the 2,500-year-old Parthenon are the words “Live your myth in Greece”. This is the Greece that tourists see. Despite the raging economic crisis the façade continues to be upheld, but beneath those beautiful layers of sun and sea you find a nation that has been pushed to the brink in more ways than one.

Six years into the economic crisis, this small country of 11 million people is reeling with the consequences of austerity measures. International attention on Greece tends to focus on economic conditions resulting from the 323 billion euros Greece owes to the banks,¹ the 25% unemployment,² or the thousands of refugees washing up on its picturesque beaches. Staggering as these numbers are, they fail to capture the extent to which the crisis has affected the everyday lives of Greeks, especially with respect to the impacts on their health. To meet austerity measures imposed by the European Union, Greece has made budget cuts of nearly 50% to health care,³ which include social welfare programs and publically funded pharmaceutical spending.³ This harsh economic policy, in conjunction with a nearly 40% reduction⁴ in household income, has lead to a prolonged humanitarian crisis with reductions in access to healthcare and medications, resurgence in diseases of poverty, food insecurity, and dramatic increases in mental health issues.
Shifting financial burden from the government to the people

While far from perfect, the pre-crisis health care system was founded on a socialized medicine model. No health insurance? No problem. After the economic crisis began, several changes to the healthcare model were implemented to reduce government spending including reducing public insurance coverage and spending on pharmaceuticals. This has shifted the financial burden of health from the government to the people, resulting in increased patient fees for doctor’s visits and increased cost of medications. Under normal economic conditions, people might have been able to absorb the increased costs. However, a 25% contraction of the economy has resulted in the widespread inability of the population to access healthcare and afford medications.

In a northern Peloponnesian city surrounded by olive groves and a deep blue sea, Dimitris Tsiotos, a young pharmacist, has watched the effects of the crises unfold over the last few years. Pharmacies are small family-run enterprises, something not often seen in the United States since the birth of mega corporations like Walgreens. The Greek government controls drug prices and has significantly reduced these prices in an effort to cut costs. While this may seem to be a win for the consumer, the drug companies have started to pull out of the Greek market. The consequence, Mr. Tsiotos says, has been widespread drug shortages as drug companies seek higher paying markets and medications are resold out of the country. Pharmacists are relying on an informal bartering system to find medications for their patients. Pharmacists are also dealing with the new requirements adopted by drug companies that demand upfront payment for medications. Coupling prepayment requirements for drugs with delays in insurance reimbursements has created an unsustainable model for both pharmacists and patients. With salaries and pensions severely reduced, 7 in 10 Greeks say they don’t have the money to pay upfront for medications. Greece has always been community oriented. People often live in the same town their entire lives, and therefore an honor system has always existed. The honor system has been exacerbated by the crisis. “If an elderly woman comes in to see you for her monthly anti-hypertensive medication, but she doesn’t have the money to pay, what would you do? Do you send her away? Of course not. You know this woman, likely for years. In the end you give it to her and hope one day she will pay you back” Mr. Tsiotos says. This vicious cycle puts financial pressure on pharmacists and their clients, ultimately degrading the quality of care and access to needed medications.

“Greece has always been community oriented.”
A decline in the health of the population

Beyond the increased cost of medications, the economic crisis has directly impacted individual health through increased levels of stress and the resurgence of poverty-related illnesses. Likewise, indirect impacts manifest as severe reductions in public health spending and new restrictions on social services. While previously there were long-term unemployment benefits, current changes mean unemployed individuals receive free health benefits from the state for only one year. Chronically high unemployment, 50% for ages of 25-39, has led the number of uninsured individuals to climb from half a million in 2008 to almost 2.5 million by 2014.

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Reduction in insurance coverage has resulted in patients no longer seeking routine preventive care. “Patients who should be seen by a doctor when symptoms first appear are waiting to until the last minute and heading to the emergency room, where they can be seen for free” pediatrician Dr. Dimitris Papalambrou explains. “There is an overburdening of the emergency room and patients are not getting the individualized care that they need.” Dr. Papalambrou has seen a substantial reduction in the number of his patients over the course of the last 6 years. Despite this decline in his business, he doesn’t turn away desperate clients who cannot afford the healthcare they need for the same reasons as Mr. Tsiotos: these are people who have been part of his community for decades. In Greece, pharmacists can prescribe all medications aside from narcotics (e.g. opioids) without a doctor’s prescription. As the crisis rages on, Dr. Papalambrou knows patients are getting medications such as antidepressants or antibiotics directly from pharmacists, and worries about the consequences of over-prescription and lack of follow-up on serious conditions when patients are not being properly evaluated by a doctor.
The reduction in healthcare professional wages resulting from cutbacks has lead to unexpected shortages in the healthcare workforce. Due to a lack of stable work, small private practice physicians are disappearing, particularly in more rural areas. Half a million people have emigrated from Greece since the start of the crisis. Among those seeking security elsewhere are an estimated 20,000-25,000 Greek doctors who have left for countries such as Germany, the UK, and Sweden. The exodus of doctors has left hospitals understaffed and rural areas without new doctors to replace those who are retiring. The unexpected paradox is an increase in need for low-cost services with fewer doctors available to provide those services.

The shortage of doctors in conjunction with cuts in social welfare programs has profoundly impacted public health. There has been a reemergence of malaria and tuberculosis cases and a spike in new HIV infections in intravenous drug users from only 15 per year in 2009 to 484 per year. Such an emergence of diseases of poverty is not common across developed nations, and it underscores how tightly the health of nations is tied to economic stability. If either is not kept in check, a “snowball effect” can occur where increasing disease burden requires increases in public spending but also reduces the ability of people to be happy, productive members of society. This then prevents the economic development necessary to devote public spending to fighting disease, and disease increases further. Perhaps even more striking than the resurgence in disease is the spike in mental health concerns. As described by author David Stuckler in The Body Economic: Why Austerity Kills, “recessions hurt [well-being], but austerity kills”. This sentiment is showing itself across Greece. Increased rates of depression and anxiety have been attributed to economic hardship. Greece had one of the lowest suicide rates in the word, but since the end of 2009 suicides have increased 45%. At the same time there have been substantial cuts to mental healthcare. From 2011 to 2012, there was a 20% reduction in spending, and then another 55% reduction one year later. The decreased spending caused a hiring freeze for mental health practitioners and closed clinics and psychiatric hospitals nationwide. For the hospitals that remain resources have dwindled, there are caps for inpatient stays, and staffing hours have been reduced. Once again, there is an increase in need for mental health services but a reduction in the public expenditure to ensure that those needs are met.

Poor nutrition and hunger is hard to imagine in a country known for its healthful Mediterranean diet. Greece boasts a sprawling landscape of fig and pomegranate trees surrounded by crystal clear waters teeming with fish. Yet, in 2013 UNICEF reported that in lower income households more than a quarter of children are malnourished. For the first time since World War II, there is increased infant mortality and low birth rates due to poor nutrition and lack of access to prenatal care. Even more telling of the impact of the economic crisis, the NGO Dianeosis found recently that 15% of the population lived in extreme poverty, up from 2.2% in 2009. These numbers come to life in the mid-size city of Patras. Mrs. Piyi Zapanti is a volunteer for the Hellenic Red Cross in Patras.
and has spent time working with both Greeks and refugees. She quietly tells me that prior to the crisis, the Red Cross served daily meals to some 40 local families. As the crisis drags on, that number has increased 5-fold to over 200 families. The dramatic increase in the number of families seeking nutritional support is only one component of the detrimental effect of the economic crisis on public health. The crisis has stretched its claws into all aspects of health by increasing the incidence of diseases of poverty and the need for mental health care yet exacerbating the population’s health needs by reducing access to care. The long-term effects of such a prolonged health crisis are unknown, but it is likely to haunt generations to come.

Access to care for refugees

Given all of the health and economic issues currently facing Greece, it begs the question of how the crisis has affected Greece’s ability to support refugees. As is often the case, the people most affected are those with the least means, and this includes the refugees currently waiting out their fate in Greece. Refugees have some unique health needs when first entering the country, but those who are now long-term residents face many of the same barriers to health care as Greeks. While there has been an outpouring of support from local residents, barriers reduce refugee access to healthcare beyond basic first aid and triage, including access to mental health services.

The UNHCR estimates some 850,000 people landed on the shores of Greece from Turkey in 2015, mostly on the idyllic sunburnt islands of Kos, Chios, and Lesvos. Of those arriving almost 28% were children, more than half were Syrian, with the rest being from Afghanistan, Iraq, and other neighboring countries. There was a severe lack of government infrastructure and resources to provide temporary housing and to meet refugees’ basic needs. After all, the refugees arrived on the shores of tiny tourist havens with only a few hundred residents—not the expansive metropolis of Athens. During this time, humanitarian aid was focused on emergency response: search and rescue,
clean water, ready-to-eat food, and emergency medical treatment upon arrival. Small NGOs and local residents provided what support they could; fisherman dragged half-sunk dinghies to shore while shopkeepers rushed to the beaches with towels and water. For this response, the Greek islanders were collectively nominated for the Nobel Peace Prize. When media attention brought the refugee crisis in Greece to the world stage, international outrage ensued and an outpouring of support led to establishment of larger NGOs and an influx of financial support to the critical islands in the Aegean. All the while in mid-2015 the European Banks were pressing Greece for loan repayments, capital controls had been put in place, and the government was in turmoil.

Given Greece’s financial trouble, many refugees were eager to move on through Europe’s open borders to countries where employment or education opportunities were more likely, and many did move on before long-term support such as housing, education, food, or healthcare was needed.

Then in a twist of events, the Northern Balkan countries closed their borders in early March 2016. Since this announcement there has been a massive drop in the number of new refugees entering Greece from 2,200 per day in February to 120 per day in April 2016.17 The government is now faced with shifting from emergency services to long-term services for those people effectively trapped in Greece until the asylum or resettlement process takes place.

The UNHCR estimates 57,000 refugees are currently in debt-strapped Greece needing long-term solutions for health and well-being. Greece has become an accidental host for the refugees and has been tasked with ensuring their safety and livelihood.

In a beautiful Mediterranean landscape such as Greece, it is easy to think that it isn’t the worst place to be trapped for a while. Unfortunately, the government lacks the resources and perhaps even the energy for ensuring long-term solutions for these refugees. Where to house so many refugees? How will they get access to healthcare in an already strained healthcare system? Major NGOs such as The Hellenic Red Cross and Médecins Sans Frontières are providing basic medical needs, prenatal care, and vaccinations at refugee camps. Long-term camps have been setup in old military compounds, tent cities, hotels, and even resort towns. Outside funding remains meager, and aid pledged at the beginning of the refugee crisis has dwindled.

Given the financial circumstances, a surprising amount of humanitarian aid has come from Greeks making small contributions. In northern Greece and on the islands near some camps, local residents cook lunches with beans and vegetables and march them to camps to supplement the army-rationed microwave meals. Volunteers in the port city of Patras, often people who have been unemployed for years, give what they can in the form of soap, diapers, or hand-made blankets. Residents give hand-made crochet blankets...
that have been in families for generations. When asked how they feel about giving up something sentimental, there is a resounding answer: “we know what it is like to be a refugee and they need these things more than we do.” The majority of Greeks have family members who were once refugees after the 1923 Treaty of Lausanne forced the absorption of some 1.2 million ethnic Greeks into Greece from Turkey. Whatever the reason, it is clear that Greeks have come out in droves to support the refugees in any way they can.

“[Local] residents give hand-made crochet blankets that have been in families for generations.”

While help from locals has eased some everyday needs of refugees, it cannot possibly be enough to meet the ever-increasing long-term needs of those stranded at government-run camps. There have been reports of unsanitary conditions, overcrowding, and a lack of access to clean water or nutritional food. The International Medical Corps (IMC) recently conducted an extensive survey of several of the organized camps across Greece, including Thermopilis, Katsika, Nea Kavala, and Varia. Some of the most common stressors reported by camp residents included poor food quality provided by the army, crowded conditions, the presence of mosquitos and lice, isolation of the camps from larger towns, and difficulties accessing secondary health care. Specifically, the difficulties in accessing healthcare were due to a lack of transportation to clinics or specialists, a lack of translators, and having to use savings to see private doctors. Some of these refugee-specific issues echo the reductions in coverage, lack of resources, and lack of doctors that face the Greeks, in a public health system stretched too thin.

An important but often overlooked need of refugees is access to mental health services. The World Health Organization and United Nations estimate that anxiety disorders and depression can double in the context of a humanitarian crisis. Findings from the IMC report support this idea, as both men and women expressed sincere concerns for their psychosocial well-being. Commonly mentioned issues included apathy, fear and uncertainty, depression, sleep disturbance and nightmares, suicidal thoughts, maternal depression, and the inability to care for and feed children. Parents expressed additional concerns regarding a lack of psychosocial support for children with developmental disabilities (e.g. autism, ADHD), behavioral difficulties, bedwetting, and other mental health issues such as PTSD. Given all of these mental health and psychosocial needs it is unfortunate that mental health support is on the back burner. Of the four camps surveyed, only one had a specialized psychiatrist and psychologist and none of the camps had community psychosocial support and outreach. One positive note was that all four camps had some form of “safe space” activities geared towards children. For what little mental health services there are, there is very little clinical follow-up or monitoring of medication use for a particularly vulnerable population. Fragmented care results in most cases going untreated, a common barrier to mental health care faced by Greeks and refugees alike.
The public health crisis in Greece serves as a warning that economic stability and public health are tightly intertwined. Even the most apparently stable social and health care systems could be only a few turns from devastating humanitarian crisis. In the case of Greece, government efforts to meet austerity measures through cuts in healthcare spending have had startling costs for the Greek people and for the refugees trapped there. Mass exodus of healthcare workers and rampant drug shortages have reduced access to health services. Meanwhile austerity has increased chronic stress, mental health needs, poverty, and poor nutrition. While refugees have unique issues and certainly increased need, their needs cannot be met by a health care system and an economy that cannot provide for the country’s own citizens. The international community must recognize that successful resettlement of refugees hinges on ongoing support of host countries. Behind the sunny blue-sky tourist billboards and disheartening economic statistics are citizens going about their everyday lives, each fighting their own private battles. Despite this, many of these people offer hope even in the most difficult of circumstances. Whether it is providing medications to people who cannot afford them, treating sick infants, or donating family heirlooms to refugees, there is no gesture too small.

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