

# **Globalization, the Refugee Crisis, and the Pandemic: Yoga as a Health Intervention in the Context of Greece**

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## **Abstract**

This paper examines the impact of globalization on governance, focusing on the refugee crisis in Greece. Amid the aftermath of the 2008 global financial crisis and subsequent refugee influx, Greece faced economic challenges and strained public services. NGOs played a vital role in addressing the crisis. The paper highlights mental health challenges exacerbated by the COVID-19 pandemic for refugees, NGO workers, and volunteers. It proposes yoga and meditation as policy-based solutions due to their efficacy in addressing stress and anxiety. Emphasizing the role of policy entrepreneurs, the paper suggests a policy window for implementing mental health interventions, drawing on frameworks like the Advocacy Coalition Framework. Finally, the paper underscores the demand for mental health services in the refugee population and the potential for yoga-based interventions in the policy landscape, recognizing the conducive environment for complementary and alternative medicine in addressing the crisis.

**Keywords:** Refugee crisis, Greece, Globalization, NGO governance, Trauma, Caregiver burnout, Yoga therapy

## **Background**

The global financial crisis began in 2008. At this time, Greece experienced slowing economic growth. During this period, Europe and many parts of the world started and continue to experience a migrant or refugee crisis - millions of people were displaced from political unrest, violence, and general instability in Syria and elsewhere in the Middle East region. The Greek economy experienced a complex structural and multi-faceted crisis, mainly a large fiscal deficit and massive public debt (Economou et al., 2014). This crisis significantly impacted access to healthcare services, not just for the residents of Greece but also for the refugees in Greece.

The influx of immigrants and refugees across Europe in the last few years is estimated to be the largest since the Second World War. In Greece, the refugees have landed mainly on the islands of Lesbos, Chios, Samos, Leros, Kos, Simi, and Tilos (Christodoulou & Abou-Saleh, 2016). As a result, the economic crisis has had many direct and indirect effects, leading to increased disparities in unequal access to resources. The Greek nation has experienced a rise in poverty and unemployment. Also, a strain on public health services given an increased demand for and high costs of private healthcare, which is all then exacerbated by the refugee crisis (Kalousova & Burgard, 2014; Christodoulou, 2017). The groups of affected people in Greece include the unemployed, uninsured, underinsured, elderly, children, refugees, and those suffering from chronic diseases as well as mental health disorders and other severe medical conditions.

The Greek people have historically been accustomed to migration and refugee experiences, such as during the Greco-Turkish War, which displaced many people, and more recently, the 1923 population exchange between Greece and Turkey. The 1923 exchange resulted from the Turkish War of Independence, and over one million refugees from Turkey arrived in Greece, where the Refugee Commission set up mass refugee resettlements. Greece then had a population of 5,000,000 and had to accommodate and absorb 1,221,489 new citizens from Turkey (Kritikos, 2000).

In the decades after 1989, immigrants in Greece arrived from northern European countries such as Albania, Russia, Ukraine, and Bulgaria. Since the global crisis in 2008, migrants have continued to arrive from northern Africa and Asia, including Iraq, Afghanistan, Pakistan, and Bangladesh, with more continuing to arrive from Libya and Tunisia (Eurostat, 2016; Anagnostopoulos et al., 2017). Presently, most of the refugees arrive from the East, mainly from Syria and Afghanistan via Turkey. According to the UN Refugee Agency, 57% of refugees worldwide come from the following three countries: Afghanistan (2.6 million), South Sudan (2.4 million), and Syria (6.3 million) (UNHCR, 2018a).

### **European Union governance and response**

Unfortunately, the refugee crisis in the Mediterranean coincides with the deteriorating financial situation in many parts of Europe, especially Greece. Out of all the nations that are part of the European Union (EU), Greece is experiencing high levels of unemployment, and the low morale of the local population is resulting in severe mental health consequences (Christodoulou & Christodoulou, 2013). Greek society is no stranger to immigration or refugee influxes. However, resources, infrastructure, and a sustainable system to absorb and process refugees who land in Greece must catch up and add to their existing financial burden. However, NGOs have stepped in where the EU response has lagged, placing Greek governance and sovereignty in an interesting situation. Local Greeks, volunteers from across Europe, community organizations, medical organizations, and non-governmental organizations (NGOs) have stepped in to create a bottom-up, parallel form of governance in response to the refugee crisis.

The war in Syria displaced over six million people, and by the spring of 2015, the number of asylum-seekers arriving in Italy and Greece increased in unprecedented numbers. Each of these nations has a relatively weak asylum system. As a result of being overwhelmed, “waved asylum-seekers through,” resulting in mass movements of refugees toward Northern Europe (Niemann & Zaun, 2018). Somewhat unprepared for an unprecedented influx of refugees, the EU outlined measures and priority actions, including creating hotspots focused on implementing measures of sharing responsibility (Zaun, 2018) within the EU.

Following this shared responsibility policy, the EU decided to help those Member States that faced the highest numbers of refugees at their external borders by setting up agencies to assist those States with registration, identification, fingerprinting, and debriefing of asylum seekers, including asylum application processes (Niemann & Zaun, 2018). There are considerable criticisms of the hotspot scheme, mainly over implementation, though the rates of registration and fingerprinting seem to have improved (Neville et al., 2016). One of the other internal EU responses was directed toward relocation and resettlement, which must be addressed, as only a tiny percentage of refugees have been relocated (European Commission, 2018).

Many refugees arrive in Greece from Turkey, and the European Union and Turkey have tried to set up an agreement regarding migrants and refugees seeking their way to Europe through this popular route. An essential and visible potential response has been the EU-Turkey Agreement

(Agreement), set up in hopes of returning irregular migrants entering Greece through Turkey to be returned to Turkey by any necessary means and to provide visa freedom for Turkish citizens (Slominski & Trauner, 2017). Turkey would receive 3 billion Euros on projects to help Syrian refugees in Turkey (Niemann & Zaun, 2018; Slominski & Trauner, 2017).

The EU-Turkey Agreement went into effect on March 18, 2016, outlining the EU's "new" approach to migration policy. The Agreement, taken at face value, is a measure to control the flow of asylum seekers into Europe; Turkey has received funding to implement the measures, while Greece became the country where asylum seekers are stuck, often indefinitely, in limbo. The actual effectiveness of the EU-Turkey Agreement has always been under scrutiny. Many Greeks and international aid workers perceive this Agreement to be an attempt to curb asylum seekers and contain them to the westernmost shores of Europe, serving to isolate the refugee problem in the southwest and to keep it from spreading to other parts of Europe. It should also be noted that the Agreement does not address refugees who arrived in Greece before it went into effect.

There are other additional issues regarding this EU-Turkey Agreement. It is not legally binding as it was not adopted as part of the EU framework. EU institutions cannot be held accountable for the political deal issued by heads of state and government of the EU Member States and Turkey, nor can people directly affected by the Agreement contest it in EU courts (Carrera et al., 2017; Koenig & Walter-Franke, 2017; Niemann & Zaun, 2018). This non-legally binding aspect of the refugee response puts a larger share of the accountability burden on the Greeks as no overarching body takes responsibility or overall accountability for implementing the Agreement. Several years after the Agreement was enacted, it has not been realistically enforced or implemented. While some European leaders may see aspects of this Agreement as a success, many others see it as a failed initiative. Regardless of the implementation hurdles of the Agreement and inadequate response by the EU, the relevant member states and Turkey have fostered different responses to handle aspects of the refugee crisis. NGOs have been stepping in to fill gaps that often seem like band-aid solutions, and the lack of border policing has allowed smuggling networks to flourish outside of the legal system, turning the migration crisis into a risky yet very lucrative business. One is left to wonder if anyone truly wants the crisis resolved, as the burden has unfairly fallen and persisted on the Greek state.

Social solidarity has emerged in Greece as an organic response, evidenced by the number of local NGOs and citizen-based response groups that have developed into formal organizations and officially registered voluntary associations. Informal networks and self-help groups consisting of like-minded individuals and loose networks, though not legally recognized (Sotiropoulos & Bourikos, 2014), are active in contributing to aspects of refugee care.

The EU-Turkey Agreement places significant commitments on Greece and Turkey (Adam, 2016). The repercussions for Greece include a further burdened system, which, before the crisis, was not fully able to take care of its citizens. For many, the EU-Turkey Agreement and the closure of the Western Balkan route have turned Greece overnight from a transit route to the final destination; asylum seekers are left with no other option but to apply for protection in Greece (Dimitriadi, 2016).

Local and international caregivers and volunteer organizations have stepped up to help, often staying longer in the role than intended, and many aid workers seem to suffer from secondary trauma and caregiver burnout (Kotsiou, 2018; Mavratza, 2021). What seemed like a temporary issue has now become permanent, not just for those who think they will transit on to other European nations, but the crisis has also become a permanent challenge for the Greeks. One should take into consideration not just the refugees but also the citizens of Greece, who are also facing the challenges of unemployment and the inability to access desired services, including and especially healthcare.

The EU-driven initiatives and risk-averse agenda have led to transregional governance efforts in the region (Wolff, 2015). Transregional governance refers to “sets of formal and informal institutions that cut across and connect different geographical regions” (Betts, 2011). The refugee crisis has revealed many incoherencies of the Mediterranean transregional governance, much of which is underdeveloped and maladjusted to provide for the protection and needs of refugees and migrants (Wolff, 2015). Formal and informal networks in Greece have been an alternate source for fostering the exchange and distribution of goods and services, including healthcare, education, food, and shelter, in a haphazard way (Sotiropoulos & Bourikos, 2014). After 2010, the unemployed and self-employed Greeks who had lost access to public healthcare or had stopped paying health insurance to the employment-based social insurance funds resorted to the Greek branches of international healthcare NGOs such as Doctors without Borders and Doctors of the World (Sotiropoulos & Bourikos, 2014). In addition, doctors, nurses, and social workers

created informal and voluntary healthcare networks to help mitigate the refugee crisis. Make-shift clinics such as Social Medical Centers were created in various Greek cities; pharmacists created Social Pharmacies (Sotiropoulos & Bourikos, 2014). Such NGOs and voluntary healthcare organizations have now become alternate forms of service provision to fill the widening gaps, often intensified by Greece's fiscal austerity measures.

There are differing opinions about governance provided by NGOs, given that NGOs might be funded by actors who might or might not be aligned with the state they operate in. The Greek austerity crisis has created opportunities for the Greek civil society sector, which historically has seen less participation in voluntarism (Sotiropoulos, 2004) and other entities willing to help from outside the nation. Also, the dependency of NGOs on EU funding poses issues and has affected NGO independence and autonomy. An increasing reliance on large, private foundations has led to competition amongst NGOs and decreased dependency on political connections and clientelistic networks (Tzifakis et al., 2017). Tzifakis et al. (2017) quote Fatos Lubonja (2002) in comparing NGOs in the Balkans to Greek NGOs – NGOs in Greece continue to resemble trees turned upside down, with roots found in the places of branches, taking nourishment from the extensive private foundations instead of citizens.

Seeking funding from organizations and private donors generates undesired competition among NGOs. However, NGOs, including non-Greek NGOs, provide tangible mitigation responses where the Nation State mechanisms must catch up. The Greek government is dealing with an unprecedented situation with many international players with agendas associated with the refugee crisis. Overall, the waning welfare state has allowed civic engagement and parallel governance to arise, in addition to a mobilized and aware citizenry. However, as critical and inefficient as this setup may be, a cohesive response from the government is necessary to maintain an eye on the NGOs.

A downside of this upside-down tree setup is that when NGOs, given the competition and declining funds, have to close operations and withdraw services, the direct impact is on all residents, including the refugee population, and things fare worse for everyone. How can civil society and bottom-up groups function in an environment of slowing economic growth and a lack of resources further constrained due to the global pandemic? With all the inefficiencies, lack of proper legal and structural framework, and limited funding and capacity (Skleparis & Armakolas, 2015, 2017) that NGO governance brings, is there an ad hoc solution to the

governance provided by NGOs? These are tough questions with no apparent or immediate solutions.

### **Why Study Greece?**

Greece - and the Island of Lesbos in particular - is currently bearing the burden of Europe and the EU, especially with the number of refugees constantly coming from Turkey. The shortest distance from Turkey to Greece is located on the northern part of the Island of Lesbos, spanning 4-5km. While the Greek healthcare system faces its challenges given their economic issues, the influx of new residents on the Island has placed an additional burden on the system, especially when most of the asylum seekers and their caregivers are struggling with stress and burnout (among other serious issues), and many are not even aware of it. Many voluntary activities ceased to exist due to the COVID-19 pandemic, further declining access and care to the refugee population.

Globalization factors such as the economic crisis, austerity measures, as well as migrant and refugee movements, as well as the pandemic have all contributed to burdens on Greece's healthcare system. Greece's healthcare system consists of national and private health insurance. In Greece, access to healthcare largely depends on employment, and citizens and their families without jobs are left without comprehensive health coverage. Cost-cutting and austerity measures often end up affecting low-income households—this disproportionate experience of fear of job loss and loss of income results in further health inequalities. Also, higher general mortality is linked to deteriorating mental and physical health and high exposure to determinants of ill health (Martikainen et al., 2001; Ferrie et al., 2002; Montgomery et al., 2013; Kalousova et al., 2014; Karanikolos & Kentikelenis, 2016).

The cost of healthcare in Greece is among the lowest of EU Member States. However, the mixed system of employment-based social insurance funds combined with the National Health System has experienced significant strains due to the economic crisis. The austerity measures since 2011 have forced citizens to contribute a more significant amount out-of-pocket towards the costs of treatment and care. Several actions have been introduced to lessen the impact of the crisis and austerity on healthcare and access to healthcare. However, issues still exist, such as access to primary and inpatient care and pharmaceuticals for the uninsured (Karanikolos & Kentikelenis, 2016). Some argue that the reforms introduced by the Greek government are too late, and the



refugee crisis, drawing attention away from the healthcare challenges, has led to a growing health inequality gap(s).

Literature shows the unfortunate correlation between unemployment and poor mental health (Vonokur & Ryn, 1993; Mathers & Schofield, 1998; Murali & Oyebode, 2004; Artazcoz et al., 2004; Butterworth et al., 2012). Unemployment in Greece is more detrimental to physical and mental health during periods of lack of proper employment. This pattern suggests that the unemployment crisis has been devastating, according to a longitudinal study from 2008-2013 by Drydakis (2015). Not only are the Greeks mentally stressed, but the continuous influx of a highly stressed refugee population does little to help matters overall. A study focusing on undocumented migrants shows that 62% of the migrants had unmet health needs, while 53% had significant difficulties in accessing health services, with critical barriers being costs and long wait lists (Kentikelenis et al., 2015; Hebebrand et al., 2016), often leading to susceptibility and higher incidence of infectious diseases (Arapoglou & Gounis, 2015). Austerity measures are not only related to employment; access and mental health are not just personal challenges. However, they are affected by more significant economic issues and unprecedented emergencies such as the pandemic. Globalization and the economic crisis, the refugee crisis, and now the pandemic - the unfortunate triad problem make Greece a unique case worth examining.

### **A Case Study: Lesbos, Greece**

Lesbos is a beautiful island surrounded by the blue Aegean Sea with a population of close to 90,000 residents. About a third of the people reside in the capital city of Mytilene, which serves as the capital of the North Aegean. Lesbos is one of the five governing islands among this regional North Aegean unit. Lesbos has been a paradise – for historians, archeologists, birders, scholars of religious studies, and food enthusiasts. It is famous for landmarks such as castles, temples, and monasteries, as well as other tourist attractions such as natural hot springs, historical and poetic traditions, and natural beauty.

In September 2015, the number of asylum seekers in Lesbos officially exceeded the Island's resident population (Natural Hazards Center, 2016). Riots broke out due to large numbers of asylum seekers being stranded in the port under the hot sun without access to food, water, and sanitary facilities; police were sent by Greece's caretaker government (Skleparis & Armakolas, 2015). Those seeking temporary asylum in Greece suffer from various traumatic mental health



issues such as stress, anxiety, depression, post-traumatic stress Disorder (PTSD), and effects from escaping war and persecution and making their journey to the shores of these Greek islands. Before the pandemic began, a group of university students and I went on an exploratory research study abroad trip to Greece to examine the governance in Lesbos, the role of NGOs, healthcare burdens, and challenges faced by the locals and volunteers serving the refugee populations on the Island as well as to document the mental healthcare issues facing the refugees and their caregivers. The students and I had opportunities to speak with representatives from various International Governmental Organizations (IGOs), NGOs, and residents. We interacted with refugees, children, and volunteers in three camps as geographically diverse as the refugees. Obvious challenges came up in conversation, such as lack of funding, coordination, resources, and language translation, coupled with uncertainty induced by controversial austerity-related policies, slumping financial markets, the European Union-Turkey Agreement, and continuous instability in many parts of the Middle East keeping everyone on alert mode, especially Greece. There are numerous challenges on the tiny Island of Lesbos; the camps struggle with handling the constant inflow of refugees, and hot summers and cold winters often prove difficult for everyone in the camps. Subsistence distribution is a challenge, though the local community on the Island of Lesbos has a big heart and continuously contributes fresh deliveries of fruits, vegetables, and milk, at least for the residents in smaller camps. Access to proper healthcare is another massive challenge given the limited capacity of the healthcare system in Greece, especially on the Island; there is a need for doctors, nurses, and mental health professionals in the camps. Access to proper legal assistance and available lawyers on the Island causes delays in asylum and appeals process services (Dimitriadi, 2016), and this is seen as one of the primary causes of frustration among refugees. Additionally, there are challenges regarding the placement of unaccompanied minors who are stuck in hotspots like Lesbos and of children who usually end up receiving ad hoc child-care and activities-oriented instruction rather than a proper educational framework set up to address bilingual teaching and learning. Below are some accounts from those on the ground about Lesbos and other areas in Greece dealing with the refugee influx and challenges to those administering mitigation.

### **NGOs Serving Refugees on Lesbos Island**

METAdrasi is a Greek NGO that functions as a front-line presence to provide services not covered by the government or other entities. This NGO works mainly at entry and exit border island points and focuses on interpretation services and protecting unaccompanied minors. We had the opportunity to meet with the METAdrasi team in Athens before our journey to Lesbos.

According to METAdrasi, about 300-500 language interpreters operate on the border islands, providing translation services in Arabic, Farsi, and Urdu. However, there could be more volunteers to help in various areas - legal aspects, imparting education, and elemental immersion and assimilation skills for the refugees. The METAdrasi team is actively engaged in issues affecting unaccompanied minors, like trafficking, and has helped over 5,000 unaccompanied children before the pandemic. According to pre-pandemic data, METAdrasi, there are over 2,300 unaccompanied minors in Greece, and the organization helps with placement and escorting missions, establishing guardianship networks, and other legal, medical, and safety needs for those eighteen and under. Among some of the health and medical issues seen in minors are skin conditions such as scabies, as well as mental health conditions such as stress and trauma, and the need for continuous psychological and mental health help. Long-term volunteers include interpreters and medical personnel at the NGO. All types of donations, especially in-kind donations, are some of the needs listed by METAdrasi.

HIGGS (Higher et al.) NGO members met with our group in Athens. This NGO, famously named after Peter Higgs and the physics principle of the Higgs boson, has been in operation since 2012 and is supported by the Stavros Niarchos Foundation. HIGGS serves as a capacity-building network node for small NGOs operating in Greece, giving them opportunities to introduce efficiency within their organization via a technocratic approach. HIGGS serves as a charity navigator and is supposed to “host” NGOs (provide equipment and tailor-made solutions to practical issues) as NGOs often struggle with grant writing and fundraising initiatives. HIGGS has two main pathways set up to help: their incubator (4 months) and accelerator (12 months) training programs. They offer their clients training in networking and best practices, liaising, and networking opportunities, connecting them to lawyers, accountants, marketing, and communication experts. HIGGS aims to be a point of reference for all NGOs in Greece; this leadership is free to NGOs, though NGOs are responsible for implementing the suggested strategies within their organizational structures.

The Mosaik Support Center for refugees and locals is a collaboration between Lesvos Solidarity and Borderline-Europe. Lesvos Solidarity is a local activist group that operates with partners such as Help Refugees and Odysseas, and it is a former partner of Médecins Sans Frontières (MSF, or Doctors without Borders). Mosaik is engaged in empowerment activities for the refugees, such as workshops, classes, legal help, and services, hoping to advance asylum claims and eventually allow refugees to leave the Island. The staff stated that they are focusing on

combating issues such as unemployment, prolonged boredom, confinement, feelings of unproductive or wasted life, deplorable mental trauma, and uselessness faced by refugees daily. The center's main objective is to integrate refugees into society better and allow them to “remain human.”

The Lesbos Solidarity group operates in PIPKA, an open refugee camp in Mytilene that has been functioning since 2012. Lesbos Solidarity focuses on providing humanitarian support to refugees and their families, including those with children, refugees with disabilities, and those suffering from severe medical conditions, as well as those who have lost family members from shipwrecks, drownings, and other tragedies at sea. Paid and volunteer staff help organize the community kitchen, construction and housing efforts, clothing drives, and offering language instruction and classes to children on art, painting, swimming, and, when possible, yoga. The health clinic serves refugees with chronic diseases such as diabetes and cardiovascular conditions and issues related to broken limbs, frostbite, eye disease, epilepsy, trauma, and PTSD. According to the conversations with volunteers, refugees suffer from depression and feelings of uselessness and have high expectations of “free” provisions in Greece. Many refugees do not want to do any work and also have inaccurate beliefs about being in transit – refugees often believe that Lesbos is just a stopping point in their journey towards other European nations, including Germany, who once “held out an open hand” to refugees. They often seem to not cope well with the actuality of European laws and are unable to handle the harsh reality of being stranded in Lesbos long-term. According to the nurse on staff, hospitals are understaffed, and primary healthcare is a new concept for many refugees, resulting in a heavy dependency on emergency-type triage practices. Red tape, bureaucracy, and legal policies make access to healthcare difficult for refugees. There is a need for psychologists and psychiatrists, and a child psychologist from Athens visits the camp once per month. Volunteers themselves are also in need of care as they suffer from stress and secondary burnout from being immersed with groups of people who are continuously suffering mentally. Volunteers try to take time off, go for swims to decompress, and live outside the PIPKA camp(s) to get a “break” from their daytime work.

The Starfish Foundation is an informal, voluntary group of locals who came together due to the 2015 crisis and became an official non-profit organization. The Starfish Foundation has managed to negotiate and engage cooperation from local and international partners, such as the use of parking lots and a reception center at the local club OXY, large and small NGOs such as Islamic Relief, the Danish Red Cross, Women and Health Alliance International (WAHA), Samaritans

Pure, Euro Relief, Movement on the Ground, and the United Nations High Commissioner for Refugees (UNHCR). Like many other organizations, the Starfish Foundation originally received funds from various entities, but those funds have now been spent, according to staff interviews. The Starfish Foundation representatives indicated a need for long-term volunteering and training and continued efforts toward assisting unaccompanied minors. More than a thousand volunteers have passed through, and volunteers often suffer from trauma and are unaware of suffering from burnout syndrome. The representatives mentioned that state funding for big NGOs has fizzled out, and NGOs cannot sustain services, pulling out of camps such as Moria. The staff mentioned how electricity is a big problem for camps like Moria and Kara Tepe on Lesbos, and this becomes a huge challenge during the hot summer months as the tin walls and roofs heat up quickly, and it takes a lot to keep them cool. The make-shift shelters are often composed of metal sheaths, and they seem like they are “living in an oven” given the high temperatures experienced on Lesbos. Fundraising is a challenge, so the Starfish Foundation continues to provide transportation services and facilitate food delivery from local individuals, families, and organizations to camps to the best of their abilities.

Iliaktida is an NGO created to address the needs of the local community. It aims to combat social exclusion via employment, counseling, and protection of vulnerable populations, especially unaccompanied minors. Iliaktida is funded by the United Nations High Commissioner for Refugees UNHCR and the European Union Civil Protection and Humanitarian Aid agencies. It assists with housing refugees in apartments and buildings, providing psychosocial and health service support, and offering cash assistance through the UNHCR. The organization has separate shelters for girls and boys and works continuously to provide shelter for non-binary individuals who have fled their home countries to escape persecution. The representative of Iliaktida emphasized the need for volunteers and education on cultural understanding towards the refugees. For example, when the refugees arrived in Lesbos, the free-spirited Europeans sunbathing on the Aegean ran to hug and welcome them. According to Iliaktida, the Lesbos residents need context and cultural sensitivity awareness training so that one does not simply “hug people naked!” as sunbathing in the nude is not the norm in Islamic nations from where the asylum seekers originate.

The refugees go through trauma after trauma and, on average, have experienced about 5-7 traumatic events since the beginning of their displacement: escaping political unrest and wars, crossing rugged terrain, combating physical and mental health issues, arriving in a new place,

making the journey from Turkey to Lesbos by circumventing the legal routes, jumping in the water – which they may have never done before given many come from dry, desert lands – to be rescued and given refugee status, forming one-sided attachments with volunteers, including “falling in love,” which often results in heartbreaks. According to Iliaktida, context matters, and for example, the representatives emphasize that while donations in kind are welcome, winter jackets are not needed in Lesbos. Basic fundraising needs are mainly geared towards recruiting interpreters, raising funds for services, and, again, donations in kind. There is a need for cell phones, but according to one interviewee, UNHCR does not consider this an “immediate concern.”

The UN Refugee Agency of UNHCR is governed by the UN General Assembly and the Economic Social Council (ECOSOC). The UNHCR Statute defined its role in 1950, and in 2003, the General Assembly extended the organization’s mandate “until the refugee problem is solved” (UNHCR UNHCR, 2018b). Our group talked to a former UNHCR humanitarian officer who discussed the EU mentality towards refugees in depth. The former representative stressed that there are extremists on both sides of the debate associated with the EU-Turkey Agreement and that refugees are undoubtedly aware that they will not move around much after landing in Greece. According to this officer, “Greece is bankrupt, and the Greek youth are moving out of the country; how then will Greece absorb the refugees?” The former officer states that the locals have very little, and yet they engage in helping and giving. The officer then brought up inter-group conflicts and fights among refugees and how the demographics of those arriving in Lesbos have changed from just males to complete families. Some of the biggest challenges, according to this officer, are employment issues given the brain drain observed in the local communities, making the integration of refugees into Greek society a long, challenging, and near-impossible process. Language barriers are a huge issue; according to the UNHCR perspective, learning the Greek language overnight is not easy. Informal cultural exchanges are essential, and one positive aspect pointed out is that Greek culture is closer to the East, and the local population does have some historical and current knowledge of the incoming population’s culture. Regardless, essential integration is a slow process. According to the officer, this is not a new crisis; this part of the world has always seen large migrations, but future policy towards the influx needs to be grounded in reality.

Doctors Without Borders, or Médecins Sans Frontières (MSF) representative(s), provided a candid view of the refugee situation from their standpoint. We met with them in their offices in

Mytilini, and they also discussed their work with refugees and volunteers on the islands. According to MSF, some NGOs have a basic framework in place to address the mental health needs of volunteers. The refugee crisis is slow-boiling, and Lesbos is on the frontline. The crisis erupted in the Spring of 2015. MSF arrived in Lesbos in June to provide search and rescue, psychological support, food, shelter, transit camps, transportation, sanitation, security, and administration. According to the MSF team, the Island was still transitory when they arrived, and Europeans welcomed those arriving significantly. After some time, Europe began closing borders, and the EU-Turkey Agreement was instituted, with Europe outsourcing crisis management to Turkey. According to MSF, most organizations were waiting for this Agreement to collapse, but the Agreement showed no signs of being overturned. A new crisis emerged in Greece when people who were usually transiting out seemed to be stuck in Lesbos in the camps overflowing with refugees, with no one leaving the Island. MSF's role was to provide emergency response, but long-term planning of activities in the region required time; MSF decided to withdraw from the Moria camp before they could establish a foothold as a stance against the illegal smuggling of refugees from Turkey to Lesbos. They also denounced funding from EU states and cited their objectives as

1. moving beyond the emergency mindset, understanding that refugees would be on the ground for a long time;
2. the belief that everyone should have access to medical care;
3. the belief that the emergency period is over.

However, the new reality includes the dire economic situation in Greece, which has burdened the health system for almost a decade, only to worsen with the current crisis. According to the MSF data, by the time refugees cross over to Greece, they have suffered a lot, which includes torture, rape, and trauma. The MSF expanded the idea of primary care in camps to deal with chronic diseases, sexual and reproductive health, and provision of mental health help but acknowledges that there is still a lot that needs to be accomplished.

When refugees arrive, their legal status determines access to services; they are moved to Athens if they need immediate medical care, as indicated on their mental and physical health assessment scorecard. The MSF is highly critical of the EU-Turkey Agreement and argues that it is difficult to assess a person's vulnerability criteria at first glance – disability, age, victims of torture, victims of trafficking, suffering related to disability or incurable illness, takes time to assess and document appropriately. Assessing vulnerability using checklists upon arrival is ineffective,

according to the MSF, as longer times and multiple interview assessments are necessary to ensure fairness in the process. Also, another concern expressed is that those performing the assessment are often inadequately trained and are often learning on the job, which results in inaccurate data and, therefore, a lack of needed care provision.

Some of the common symptoms observed in refugees by the MSF are - stress, uncertainty, and fear, lack of safety and security, PTSD. In addition, volunteers and aid workers working with refugees often suffer from depression and compassion fatigue. An additional trauma results when the uncertainty of an asylum seeker's status is removed, which leads to the person getting deported from Lesbos, further worsening the mental state. The MSF predicts that things will continue to get worse; violence will increase - towards one's self, authority, and locals. The MSF has seen cases of suicide, self-mutilation, and martyr mentality of those who dream of coming to a free Europe, only to find themselves stuck in Lesbos. The MSF employs holistic healing initiatives on this island and other affected areas and uses yoga practices such as pranayama and cooling breathing techniques to calm those on the verge of a breakdown quickly. The MSF is not a human rights organization but does have its own beliefs and ideology; the representatives stress that even in Lesbos, healthcare and access should be universal rights.

### **Yoga and Mental Health: Care for Refugees, Care for Caregivers**

Refugees face physical hardships, repeated emotional trauma, torture, and deprivation, and have witnessed disasters, wars, and separation of family and friends (Aroche & Coello, 2002) and, at times, deaths of family members and friends before fleeing their homes (Babacan & Gopalkrishnan, 2005; UNHCR 2005; VFST, 2007).

Survivors who have experienced torture or refugee trauma have a heightened need for mental and physical care (Longacre et al., 2012), and a few alternative modalities and interventions have been studied concerning the needs of this population. Those who experience unemployment and impoverishment are at a significantly greater risk of mental health problems such as depression and alcohol abuse, leading to suicide (Dooley et al., 1994; McKeey-Ryan et al., 2005). The marginalized and those who end up in poverty through loss of income or housing experience more significant social inequalities; vulnerable groups include children, young people, single-parent families, the unemployed, ethnic minorities, migrants, and older people (Wahlbeck & McDaid, 2012). Many of the common mental health issues are linked to trauma that refugees experience and include depression, anxiety, stress, memory and concentration issues, and many



PTSD symptoms (Bendfeldt-Zachrisson, 1985; Fischman & Ross, 1990; Silove, Tarn, et al. 1991; Oken et al., 2006).

Entities such as the MSF are already utilizing yoga techniques to mitigate severe and not-so-severe mental health conditions. Complex situations need not require complex solutions. In the Greek case, the triad of problems caused by a slumping economy, the refugee crisis, and the pandemic have resulted in a need for a cost-effective or almost accessible but efficacy-laden solution for all - the locals, the refugees as well as for the caregivers who whole-heartedly put their time and effort out in helping those in need. Thus, yoga, including meditation, is a low-cost, non-invasive, evidence-based intervention that is often the primary and not alternative preventive and holistic care method in many parts of the world.

The National Center for Complementary and Integrative Health under the National Institutes of Health defines ‘complementary health approaches’ as practices and products of non-mainstream origin and ‘integrative health’ as incorporating complementary approaches into mainstream healthcare (NCCIH, 2016). The most common complementary health approaches include – natural products, deep breathing, yoga, tai chi, qigong, meditation, chiropractic or osteopathic interventions, progressive relaxation, guided imagery, massage, and special diets (Clarke, 2015). One study systematically reviewed the medical literature on major Complementary and Alternative Medicine (CAM) modalities published in English. The study reviewed meditation, Ayurveda, Pranayama, or yogic breathing, massage/body-work, dance/movement, spirituality, yoga, music, traditional Chinese Medicine and acupuncture, qigong, t'ai chi, chiropractic, homeopathy, aromatherapy and Reiki (Longacre et al., 2012). Evidence-based research on mental health issues mentioned above has shown that complementary therapies such as yoga, including breath techniques and guided imagery in the form of Yoga Nidra, seem to help alleviate stress and enhance relaxation and coping mechanisms.

Yoga, derived from the Sanskrit word 'Yuj,' means to join the mind with the body to bring awareness to oneself in a holistic manner. While biomedicine is effective in healing the body, yoga works to heal the individual holistically. Yoga, including meditation techniques, has been implemented in various nations, and yoga therapy has been utilized as an intervention with refugees in camps and resettled populations in Australia; the FORGE program runs yoga classes in the camps (FORGE, 2009). Yoga classes have been offered at the Mae Tao Clinic – a hospital for refugees from Burma in Mae Sot, as well as the Mae La camp in Thailand (Gopalkrishnan,

2010). Descilo et al. (2009) studied survivors of the 2004 tsunami in India and found that all yoga practitioners experienced a significant drop in their PTSD and depression scores after just four days. The study concluded that yoga-based interventions may help relieve psychological distress after mass disasters and that counseling provided no extra benefits over yoga practice (Descilo et al., 2009). Improvements in physiological and psychological symptoms of PTSD were shown in Hurricane Katrina survivors who practiced yogic breathing courses (Gerbarg & Brown, 2005). Survivors of floods in India also found that a week of yoga reduced feelings of sadness and possibly prevented increased anxiety in the survivors one month after the calamity (Telles et al., 2010).

Most of the therapy for mental health issues that refugees experience during their resettlement continues to be based on medication, psychotherapy, and counseling (Aroche & Coello, 2002; Shannahoff-Khalsa, 2003; Forbes et al., 2008). However, in Lesvos, camps such as PIPKA and the Mosaik center have been exposed to yoga, with on- and off-breath exercises utilized as go-to interventions by the MSF for removing stress and inducing calm.

In most cases around the world, not much emphasis is placed on the physical and body-based dimensions of trauma (Emerson et al., 2009). However, neuroimaging studies have shown that people experience and process trauma from the body to the mind and not from the mind to the body, deducing that traumatized individuals are prone to experience the present with physical sensations and emotions associated with the past, and this, in turn, informs how they react to events in the present (Kolk, 1994; 2005). Yoga practices address issues relating to the physical body, thoughts, and emotions, narrowing the gap between insight and change in talk therapy (Forbes et al., 2008). Most of the communication issues inherent in talk-based therapies become a non-issue in yoga since the demonstration of the practice is the primary tool of communication; by emulating a teacher, experiencing, exploring, and self-regulating the body, the process of yoga learning can happen slowly and naturally (Saraswati, 2010; Gopalkrishnan, 2010).

Research on refugee trauma and yoga interventions show positive, empirical results; the practice of yoga seems to positively affect cognition, mood swings, depression, anxiety, and general quality of life (Kirkwood et al., 2005; Pilkington et al., 2005; Butler et al., 2008; Descilo et al., 2009; Emerson et al., 2009; Roth, 2014). Long-term – based on three-year follow-ups of participants in a yoga study (Miller et al., 1995; 1998) suggest that benefits generated from mindfulness meditation come at a minimal cost, and therefore, yoga serves as a potential

cost-saving and effective intervention for mental health. Yoga therapy provides a unique way of meeting the physical and mental needs of a survivor of trauma, enabling them to connect in a gentle and friendly way with their own body and mind (Carter & Byrne, 2003; Emerson et al., 2009). Yoga calms the mind, and the body, and therefore, yoga practices such as meditation and relaxation reduce autonomic sympathetic activation, muscle tension, and blood pressure, improve neuroendocrine and hormonal activity, decrease physical symptoms and emotional distress, and increase the quality of life (Emerson et al., 2009). Thus, yoga is a promising treatment or therapy for addressing cognitive, emotional, and physiological symptoms associated with trauma and PTSD, specifically (Emerson et al., 2009).

Yoga interventions support refugees by enabling them to play a more active part in healing and develop independence in their search for health and healing (Young, 2001). Yoga helps overcome past histories of helplessness and the inability to take action. It provides refugees a vital opportunity to practice making choices and taking effective action to promote their mental and physical health (Emerson et al., 2009). The practice of yoga is also beneficial for volunteers and aid workers, who are actively involved in care for refugees, as they often suffer from secondary trauma and burnout. One of the first studies to explore factors influencing PTSD among different categories of rescuers in Lesbos, Greece (which includes international professionals, Greek and international volunteers, and Greek professionals) shows that those who play an active role in providing substantial aid to the refugees experience significant psychological distress; excess burden of probable PTSD among rescue workers and the identified risk factors indicate an urgent need for targeted interventions, especially among Greek professional rescuers (Sifaki-Pistolla et al., 2016). Empirical studies show that the psychological and emotional health of the therapist directly impacts the outcome of therapy (Addison, 2002), and therefore, while yoga is an effective instrument crucial for refugee health, it can also provide a model of self-care for professionals and volunteers working with refugees (Sisk, 2007). Yoga, therefore, can be utilized as a system of healing for caregivers to bolster their physical, mental, emotional, and spiritual well-being and help them provide the best possible outcomes in the therapeutic process (Garland, 2010).

In areas with limited resources in Greece, yoga can be administered to alleviate mental stress at little to no cost. The NGO workers and refugees our group interacted with were open to yoga as a stress-relieving intervention. Yoga is non-invasive and inexpensive to administer, and learning this ancient Indian health-oriented practice can be effective for mind-body healing for

non-refugee and refugee populations. Such evidence-based healing practices can be applied to various situations and utilized by anyone anywhere. Complementary and Alternative Medicine (CAM) practices such as Yoga postures, breathing, and meditation should seriously be considered within the larger context of the mental healthcare needs of residents, refugees, aid workers, and volunteers regularly in the Greek Isles.

### **CAM and Yoga-based Policy Entrepreneurship**

According to Kingdon and Thurber (1984), policy entrepreneurs are actors who use their knowledge of the process to further their policy ends. Policy entrepreneurs “lie in wait in and around government with their solutions at hand, waiting for problems to float by to which they can attach their solutions, waiting for a development in the political stream they can use to their advantage” (Kingdon, 1994). Mintrom and Vergari (1996) define policy entrepreneurs as people who sell ideas (similar to Kingdon’s definition) and are involved in solving a collective action problem (like rational choice theory). Coalitions develop when policy entrepreneurs reframe issues to encourage stakeholders with common beliefs to coalesce around an issue. In pursuit of policy transfer, entrepreneurs can be consultants, NGOs, or think tanks that promote best practices in the international sphere utilizing the Advocacy Coalition Framework (ACF).

The private, small business complementary medicine sector is growing as a significant healthcare provider in many Western societies. However, more research must be done on its wider socio-economic position and role (Andrews & Phillips, 2005). Yoga falls under the CAM umbrella, and numerous yoga-related non-profits exist around the globe. Given the alarming rates of depression, compassion fatigue, PTSD, and burnout coupled with the burden of the COVID-19 pandemic on the Island of Lesbos and other refugee hotspots, the policy window for yoga and CAM entrepreneurship is wide open. According to Kingdon and Thurber (1984) and the Multiple Streams Framework, when the three independent policy streams – Problem, Policy, and Politics – come together, a chance for facilitating a policy change exists in the policy system. For example, when a problem is recognized, a solution is available, and the political climate is conducive to a change, a window of opportunity opens to allow change to occur, permitting matter(s) to reach a governmental agenda.

Policy entrepreneurs are people with knowledge, power, tenacity, and luck who can exploit windows of opportunity and focus levels of attention on policy problems to promote their ‘pet solutions’ (Cairney, 2011). They can reframe issues (Jones, 1994) to get them on the policy agenda. Policy entrepreneurs are people who seek to initiate dynamic policy change (Kingdon & Thurber, 1984; Polsby, 1984; Baumgartner & Jones, 1991; 2010) and do this by attempting to

win support for ideas for policy innovation (Mintrom, 1997), which is the need of the hour in Greece. Policy entrepreneurs use several methods to promote their ideas, such as inducing the identification of problems, networking in policy circles, shaping issues in terms of policy debates, and building coalitions (1997).

The Advocacy Coalition Framework (ACF) is a framework developed by Sabatier and Jenkins-Smith (1993) and argues that to deal with “wicked” problems – those involving substantial goal conflicts, significant technical disputes, and multiple actors from several levels of government – local, state, and federal. Networks in Greece and Lesvos have already formed and operated around the “wicked” problem of the refugee crisis. “Wicked” is used because no one entity – i.e., the government – cannot solve the problem efficiently, and thus network(s) form to combat the agreed-upon common problem. Networks can, therefore, form to combat the wicked problem of the crisis made worse by the pandemic.

Since practices such as yoga, including postures, breathing exercises, meditation, guided imagery, are scientific, evidence-based practices that are easy to implement and, policy entrepreneurs have the opportunity here to leverage their expertise and help coalition-building around solving mental health issues that exist in refugee camps by implementing yoga programs for both refugees and NGO workers and volunteers? Challenges will exist, and the Lesvos case shows how a crisis can inflict severe damage on the non-profit sector (Tzifakis et al., 2017). However, aspects of response and governance provided by NGOs in the absence of state interventions have allowed the number of volunteers in Greece to reach record levels (Tzifakis et al., 2017), creating opportunities for various policy entrepreneurs.

Policy punctuations in the social sciences are tipping points that help generate political change; the creation of the International Day of Yoga and now the pandemic are such tipping points that will allow yoga to play a prominent role in the media and legislative agenda. Yoga-based policy entrepreneurs, including the government, individuals, and non-profits, could play a part in contributing solutions to the mental health crisis in Greece. Policy entrepreneurs such as yoga practitioners, teachers, and researchers are crucial in identifying policy problems and proposing appropriate solutions. Interestingly, some locals believe there are too many NGOs on the Island of Lesvos (Nianias, 2016). However, no systematic record or study of the total number of volunteers in Greece exists, and the available data are partial and incomplete (National Report, 2018); first-hand observation indicates a need for volunteers to alleviate health-related issues.

Policy entrepreneurs can be thought of as being to the policy-making process what economic entrepreneurs are to the marketplace (Mintrom, 1997). Also, given the cost-effectiveness of yoga interventions, the government can primarily ensure that yoga administrators are on each Island's local government payroll. This setup removes the uncertainty of providing classes and care via NGOs, which have other, more immediate priorities.

While the economy in Greece may take time to recover, observations made in Lesvos and information-gathering from the Lesvos NGO groups lead to a conclusion that locals and non-locals on the ground – whether it be the residents of Lesvos, refugees, volunteers, social workers, or children – are open to receiving mental health help. One can imagine this consensus to hold during and after the pandemic. Given the unfortunate situation of care seekers and caregivers being in a ‘controlled’ environment (i.e., camps, as all things held equal), the environment creates a natural control for researchers to propose CAM interventions such as yoga on this population. Given the openness of CAM interventions in this population, there may be self-selection. However, the rest of the factors create a conducive environment for administering studies and interventions that directly benefit the participants once social distancing aspects are taken care of as necessary. The demand for mental healthcare and services exists in the care seeker-caregiver population, and the conditions for building an advocacy coalition around CAM and yoga therapies for combating mental health issues are ripe in Greece.

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