



## **Migrants, refugees and asylum seekers: vulnerable people at the doorstep of Europe**

**MSF providing health care & calling for minimum reception standards  
And denouncing the systematic detention of vulnerable people**



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## INTRODUCTION

Restrictive entry policies have not stopped people - asylum seekers, refugees and other migrants from knocking at European doors in search for refuge, protection or better living conditions. However, these policies have forced people to take more risks to reach the European territory with negative consequences for their physical and mental health.

As an international humanitarian medical organisation, the need for MSF to even be present at the entry points to Europe is a telling indication of the lack of adequate medical assistance currently available for these vulnerable populations. Since 2000, MSF has provided emergency medical aid, medical screenings and mental health care to migrants who reach European shores by boat. For the past years, the MSF medical teams noted that more and more people needed medical assistance. Many arrive in a desperate state, suffering from shock, hypothermia, and skin burns as a result of the hard conditions during long journeys at sea. Others might not even survive the journey.

MSF teams in Southern Europe daily meet people who have fled conflict, widespread violations of human rights or harsh socio-economical condition. They travel, live and work in precarious conditions, with limited or no access to health care. They are often marginalized and face huge uncertainty about their future when they finally arrive in Europe.

To respond to the health needs of asylum seekers and migrants , MSF runs emergency medical programs on the border shores of a number of countries, including Malta, Italy and Greece. At the same time MSF calls for minimum standards in the reception of migrants and asylum seekers, as set out in European legislation and international law, and denounces the systematic detention of asylum seekers and other vulnerable groups such as pregnant women children and severely sick. People coming from countries at war or with widespread human rights violations should be considered as potential asylum seekers and access to asylum procedures must be provided upon their arrival.

Asylum seekers and migrants are running away from war, violence, hunger, and extreme hardship. They often faced extreme difficulties on their way to Europe and in Europe they are likely to be excluded further. As a medical humanitarian organisation MSF is helping them at Europe's doorstep and advocating for a human treatment.

## **An overview: MSF PROJECTS IN THE MEDITERRANEAN**

### **MALTA**

Despite increased policies to contain arrivals and stricter border controls at the European Union's southern frontier, the number of migrants landing in Malta increased in 2008, with more than 2,700 new arrivals. In the first two months of 2009, 758 migrants landed on the island.

Undocumented migrants and asylum seekers set off to Malta on boats leaving the coast of Libya, on journeys that can take up to seven days. Nearly 60% originate from countries affected by conflict or widespread violations of human rights – almost half of all newly arrived come from Somalia. Although most of them will eventually be granted refugee status or humanitarian protection by Maltese authorities, they are sent to detention centres for up to 18 months. In the centres, they face overcrowding, inadequate sanitation and poor general living conditions, an environment that has damaging effects on their physical and mental health.

In August 2008, MSF started providing health care and psychological support to undocumented migrants and asylum seekers in Malta. Its activities included medical assessment of new arrivals soon after their transfer to the detention centres and follow up medical consultations; psychological support; medical triage and health and hygiene promotion. MSF also identifies and refers vulnerable groups such as pregnant women, children and sick people to the Maltese authorities, in order to obtain their release from detention.

Between August 2008 and February 2009, MSF provided 3,192 consultations in to migrants and asylum seekers in Malta. Among the newly arrived, complaints were often a result of the harsh conditions of the journey, as most had spent days on a boat, with limited food and water, unable to move, exposed to sun and rain. Musculoskeletal, dermatological, urinary and gastrointestinal health problems were common.

MSF also provided healthcare in detention centres in Malta, but it soon became clear that the impact of this healthcare was limited by the living conditions in the centres. 17% of the health conditions diagnosed by MSF medical staff were respiratory problems linked to exposure to cold and lack of treatment for infections. Skin infections reflected overcrowding and poor hygiene in the centres. After repeatedly drawing attention of the Maltese authorities to the appalling living conditions of detained migrants, MSF decided to suspend its activities inside detention centres and publicly denounced the living conditions and associated risks to which migrants and asylum seekers were exposed. In its report 'Not Criminals', MSF uncovers the unacceptable conditions of detention and its impact on the physical and mental health of the migrants and asylum seekers in Malta.

MSF continues working in open centres for migrants. Once asylum seekers have their application successfully processed and are granted refugee status, they are transferred to open centres, where they have freedom of movement. There, MSF facilitates migrants' access to public health services, provides mental healthcare and carry out health promotion activities.

## ITALY

Since 2002, Italy has experienced a growing influx of undocumented migrants and asylum seekers. Excluded and exploited, they bear the brunt of increasingly strict measures to deter migration. MSF provides healthcare migrant population, including to seasonal migrant workers, and lobby for better access services and living conditions for this excluded population.

Napoli (Naples), the capital of Campania region and the third largest city in Italy, is marked by high levels of criminality and poverty. It attracts large number of migrants, with an estimated 25,000 living in an irregular situation. In order to improve their access to healthcare, MSF has set up clinics integrated into the country's national health services with view to handing them over to authorities in the future. The assistance is provided in a way to ensure their identities remain anonymous. In 2008, MSF did nearly 5000 consultations in the clinics.

Every year, the agricultural lands of southern Italy attract thousands of migrants, a cheap and invisible labour force subjected to exploitation and intolerable living conditions. Since 2005, MSF has worked in Sicily, Puglia, Calabria and Campania to provide assistance to this population. In 2008, MSF did 719 consultations and distributed 3750 hygiene kits, 1500 sleeping bags and 800 blankets.

To help improve the living conditions of this population, MSF addressed its concerns to authorities asking for a humanitarian intervention for all migrant workers, regardless of their juridical status. As a result, regional authorities in Puglia, Calabria and Campania undertook emergency measures under MSF supervision to ensure basic living conditions - toilets, showers, water tanks - and adequate medical services for the 4000 migrants working in the area. These measures followed recommendations in MSF report "A Season in Hell", which exposes the deplorable health, work and living conditions of migrant workers in southern Italy.

MSF also provides medical care for migrants arriving by boat in Lampedusa, south of Sicily. MSF started providing emergency medical care to undocumented migrants and asylum seekers landing in Lampedusa in 2002. Since 2005, MSF has treated 4,450 people, including 1,420 treated between January and October 2008. Each year, thousands of migrants arrive in Lampedusa after harsh boat journeys across the Mediterranean Sea to Europe. In 2008 alone, almost 30,000 people are estimated to have landed on the island. Those who survive the journey arrive exhausted and dehydrated, suffering from respiratory infections and skin complaints caused by overexposure to salt and water as well as burns from fuel accidents. An MSF team assessed their medical needs, stabilises the patients upon landing as needed and accompany the most serious cases to the health clinics or the reception centers.

Throughout Italy, the work with migrants is carried out with the support of cultural mediators, who help bridge communications and cultural gaps between the team and the patients. MSF also strives to ensure that patients are aware of their rights to healthcare.

MSF has worked with migrant populations in Italy since 1996. Throughout the years, the work has been marked by strong lobbying efforts to guarantee better access to healthcare and reception conditions for undocumented migrants and asylum seekers.

## **GREECE**

Greece is located at the external border of the European Union, at the crossroads between Asia, Africa and Europe. The 2001 Census recorded nearly 800,000 foreign nationals in the country. This figure, however, does not include the number of migrants, refugees and asylum seekers that have been arriving in Greece in the recent years. This population influx remains mostly absent from official statistics and involves a number of people that well exceeds 200,000 out of the total estimated 1,2 million migrants in the country. The majority of people arriving without legal documents originate from Afghanistan, Iraq, Palestine and Somalia. In 2008 alone, more than 146.000 people were arrested for entering Greece. For these people Greece is usually a transit location for Western and Northern Europe. However, Greece holds a fairly poor record in regards to granting refugee status: in a total of 29,000 applications submitted in 2008, only 0,05% of the asylum seekers received refugee status. Following an overall review of the situation of the undocumented migrants, MSF decided to conduct an exploratory mission in February 2008. The results revealed the urgent unmet needs of these populations.

### **Lesvos**

Responding to the unmet needs of the migrants, refugees and asylum seekers in Greece, MSF launched an emergency intervention in June 2008. The organization started working in the Detention Center in Lesvos Island and at the landing point at the port, providing medical, psychological and humanitarian assistance to the migrants. However, MSF decided to end the intervention in September 2008 due to limited access to the patients for the MSF teams. MSF was able to carry out more than 1.700 consultations at the Detention Centre in Lesvos.

### **Makeshift migrant camp in the city of Patras**

The main port of exit to Italy is located in the city of Patras. While in the last decade there has been a constant influx of migrants, refugees and asylum seekers, in the last 2 years the number of these populations has increased considerably. The makeshift camp in Patras is in fact a shantytown of constructions, without heating or electricity, which hosts mainly migrants from Afghanistan. In May 2008, MSF opened a clinic inside the camp for the provision

of primary health care services and psychosocial support. In addition, the teams carried out regular information and sensitization activities for the population of the camp on hygiene, sanitation and disease prevention. Moreover, MSF did mobile clinics runs to support the populations that were living in lamentable conditions at the beach near the port. The main medical problems of the population consisted of skin diseases, respiratory infections and gastrointestinal disorders. Bruises and injuries were common, as a result of the frequent attempts to board ships leaving from the port or to avoid being arrested. Up to the end of April 2009, the MSF teams had carried out more than 8,000 consultations. Within the same period, the MSF psychologist had carried out 394 individual consultations and 60 group counseling sessions. MSF was also involved in improving the living conditions of the population inside the camp. Since April 2009, MSF has distributed more than 880 sleeping bags and approximately 460 hygiene kits to the people living in and outside the camp.

### **Intervention in Detention Centers**

MSF is planning to start an intervention in 3 Detention Centers (in the island of Lesvos, and in Evros and Rodopi in Northern Greece) providing mental health and psychosocial support to the undocumented migrants, refugees and asylum seekers, while also looking into the needs for these populations in the country's capital. As the conditions for these populations are in constant flux, the organization is monitoring the overall situation in order to provide continued assistance to these vulnerable groups.

## MAROCCO

Morocco is a place of transit and forced stay for the Sub Saharan migrants. The presence of migrants in rural areas of Oujda, in the border with Algeria, has given place to regular raids. In the cities, like Rabat and Casablanca, home to some 5,000 migrants, the controls are also ongoing. Although in 2008 we've seen less direct violence by the Moroccan Security Forces, migrants were still exposed to all kind of abuses and violence by other actors such as the human- trafficking networks.

This mission has two components: on the one hand, the teams in Rabat, Casablanca and Oujda run curative and preventive activities through direct medical attention and by facilitating the access to the health structures to guarantee the quality of the health assistance and to alleviate the lack of services in the health structures. MSF has done 4035 consultations in 2008 and attended 753 cases of violence in 2008 (18% of the consultations).

On the other hand, this is complemented by a lobby and advocacy action to make the authorities and other actors in the civil society assume their responsibility regarding the migrants health. In 2008, a report on violence and migration was given to authorities both in Spain and Morocco.

Because of the blockage of the migrants in Morocco, new risky behaviours started to appear linked to activities which generate economic income like sexual exploitation, prostitution or forced work which relate to human-trafficking networks. As a consequence, there are new health problems linked to sexual and reproductive health: MSF could see in 2008 a big increase of women and children under five among the migrant population.

