

# OBSTACLE COURSE TO EUROPE

2015: EUROPE'S CATASTROPHIC FAILURE TO RESPOND  
TO THE NEEDS OF REFUGEES AND MIGRANTS



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When I ask people why they risk their lives in this way, I get the same answer every time: *'there is no alternative.'* These people know the dangers but they take the gamble anyway. They tell us that they would rather drown seeking safety and freedom than stay in their homelands or in Libya where their lives are not worth living."

MSF Emergency Coordinator on the MY Phoenix

2015 will be remembered as the year in which Europe catastrophically failed in its responsibility to respond to the urgent need for assistance and protection of over a million men, women and children. Not only did the European Union and European governments collectively fail to address the urgent humanitarian and medical needs of refugees and migrants arriving at external and internal EU borders, but their policies and actions actively contributed to the worsening of the so-called "refugee crisis" and the health and wellbeing of those who fled.

The lack of safe and legal options for people to flee, the razor wire fences, capriciously closed borders, squalid, inhumane reception condi-

tions and the complicated, ever changing registration procedures aggravated the already miserable conditions imposed on thousands fleeing war, poverty and oppression, serving only to make fleeing more dangerous and increasing the suffering of those on the move.

Throughout the year, European leaders, with some notable exceptions, built their walls, physical and metaphorical, higher and higher. But, as arrival numbers show, as long as war, insecurity, poverty and oppression continue across the globe, people will look for ways to flee, no matter the risks or challenges of the obstacle course standing in their way.

## KEY FACTS AND FIGURES

### Quantifying and qualifying the movement of people :

- Between 1 January and 31 December, an estimated 1,008,616 people fled to Europe
- 84% came from refugee-producing countries, with 49% from Syria, 21% from Afghanistan and 9% from Iraq
- 17% were women and 25% were children under the age of 18

### Health impacts of Europe's migration policies:

Between 1 January and 15 December 2015, MSF teams provided just under 100,000 medical consultations to refugees and migrants on search and rescue vessels in the Mediterranean Sea, in Italy, Greece and throughout the Balkans. Between May and December 2015, MSF rescued and assisted 23,747 refugees and migrants at sea. MSF teams bore witness to and treated the physical and mental health consequences of the terrible journeys and the lack of basic assistance, as well as injuries and mental health trauma sustained by violence. Most of the pathologies treated by MSF could have been easily prevented if a safe pas-

sage and reception up to humanitarian standards had been put in place by EU states.

MSF medical teams in Greece and Serbia treated 12,214 patients for trauma related conditions, which represents 18% of all medical consultations in these two countries. Among the 408 most severe trauma cases, 70% of these patients reported physical violence, robbery or verbal abuse and intimidation during their journey.

### MSF's mobilisation on migration in Europe :

In 2015, MSF spent an estimated **31.5 million euros** and mobilised **535 staff** to respond to the needs of refugees and migrants in Europe:

- 45 MSF staff and 11.5 million euros were mobilised to carry out search and rescue operations on three vessels in the Mediterranean Sea
- A further 489 staff and 20 million euros were mobilised to respond to the humanitarian needs of refugees and migrants in Italy and Greece, the Balkans and in their countries of destination.



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*"I stayed three months in Tripoli. I have no words to describe my life there. It's the worst place in the world. They treated us like animals. They separated women from men and every day they took one of us to quench their lust. Who wants to stay in Libya under these conditions? I don't want to be abused again! So we had no choice. It's true, we knew that we could die at sea, but it was our choice."*

Woman from Eritrea, on board the Bourbon Argos search and rescue vessel, July 2015

## 1. THE SEA CROSSING: DEATH, VIOLENCE AND SUFFERING AT SEA

2015 was the deadliest year on record in the Mediterranean with at least 3,771 people dying on Europe's shores. With no political will to provide safe and legal alternatives to the deadly sea crossing, the European Union and European governments effectively pushed over 1 million people into the hands of smugglers, and onto overcrowded boats bound for Europe.

In May, following the end of Mare Nostrum<sup>1</sup>, MSF took the unprecedented decision to launch search and rescue operations in the central Mediterranean and by June had three vessels on the water. During their nearly eight months of operation, the Bourbon Argos, Dignity I and MY Phoenix (the latter run in cooperation with MOAS) directly rescued 20,129 people from the central Mediterranean and assisted thousands more transferred from other rescue boats. Whilst MSF, in partnership with Greenpeace, only started sea rescue activities in the Aegean in late November, more than 6,000 people were assisted in the first month of the operation.

### VIOLENCE AT SEA

Reports of the deliberate acts of violence perpetrated in the Aegean Sea are particularly disturbing. MSF teams in Lesbos and Kos collected many similarly troubling stories involving unidentified masked groups either robbing them or throwing their personal belongings overboard. Some people reported that large boats had approached their dinghies and tried to pierce and sink them with long perches, others described boats seemingly belonging to the Greek Coast Guard sailing by without coming to their rescue. Our teams continue to receive such reports from those arriving on the Greek islands, and although Greek Coast Guards have denied these accusations, there has, until now, been no thorough investigation.

1. Mare Nostrum was Italy's large scale, proactive search and rescue operation which rescued over 140,000 people in the Central Mediterranean between October 2013 and October 2014.



## 2. WELCOME TO EUROPE

MSF teams witnessed thousands of emotional scenes at the arrival points in Italy and Greece. People kissed the ground and either jumped up and down or wept with a mixture of joy and relief after surviving the sea crossing. However, their ordeal was far from over - the poor reception conditions and chronic lack of information across Europe meant that many were denied even their most basic needs.



### RECEPTION IN GREECE: FROM NON-EXISTENT TO INHUMANE

In Greece, not only have authorities failed to put in place an adequate and humane reception system, they have actively prevented humanitarian organisations from stepping in to cover the gaps. In recent months, MSF teams in Kos, Lesbos and Leros, fought endlessly to be given the authorisation to provide humanitarian assistance in order to reduce the suffering of newly arrived people. On the island of Kos, for example, where 200 to 500 people were arriving every day in October 2015, there is still no reception facility and local authorities continue to oppose the creation of any organised reception or transit facility.

*"We are staying in a dirty tent. There are no mattresses to sleep on, just cardboard boxes. There are no blankets, nothing, just dirt. We don't even want to go near the toilets. The water is not clean, we cannot wash. I can't believe that I am living in such conditions with my family. I used to be a teacher and my husband was an accountant. Look at us now. This is inhumane."*

Une femme syrienne, Grèce.

## SLOW REGISTRATION WITH HARSH CONSEQUENCES ON THE GREEK ISLANDS

Greek authorities have also failed to provide timely access to registration procedures and information regarding asylum procedures and other basic services, leading to increased anxiety in good weather and absolute misery in the wind and rain.

*«We have witnessed a lot of pregnant women and children queuing for several days in the mud, soaking wet in the pouring rain without any protection, some of them only wearing a t-shirt. People can't stand up anymore because their feet are swollen after being wet for several days. Without the intervention of our medical teams or volunteers, police don't allow refugees to leave the queue to have access to health care. This is completely inhumane.»*

MSF Project Coordinator, Lesbos

Between June and November 2015, two thirds of patients seeking care in MSF clinics in Greece suffered from respiratory tract infections, skin diseases and trauma – all linked to the dangerous and unhygienic conditions they were living in. The situation – already worrying over the summer – only worsened with the cold and rain of winter. MSF medical teams in Greece saw a 160% increase of respiratory tract infections between July and October 2015 as the weather deteriorated.

2. CSPA stands for Centro di Soccorso e prima Accoglienza, the Italian reception systems primary care and initial reception centre. New arrivals are typically accommodated in these centres in the first days after their arrival.

3. A 'hotspot' is an EU-run reception centres in a frontline member state, like Italy and Greece able to rapidly identify and fingerprint migrants and refugees. Those identified to be refugees are supposedly relocated to other European member states whilst those declared to be irregular migrants would be returned to their country of origin.

## ITALY: THE NEVER-ENDING EMERGENCY

Having been a major gateway for asylum seekers and migrants over the past few years, Italy has a functioning reception system, but it is largely insufficient and fails to provide adequately for new arrivals. Generally, upon arrival in Italy people are warehoused in overcrowded centers with scarce access to essential services like primary and secondary health care, mental health care, legal and administrative support. There is a real lack of qualified cultural mediators and interpreters who could help new arrivals make sense of their surroundings and adapt to life in Europe.

At the end of 2015, MSF left **Pozzallo CPSA**<sup>2</sup> in Sicily, designated by the EU as one of the hotspots<sup>3</sup>. The organisation deemed that the undignified and inhumane conditions in the centre made collaboration between MSF and the authorities unsuitable. In Pozzallo, the priority for authorities has remained to identify new arrivals rather than to respond to their medical and humanitarian needs, making it extremely difficult for doctors, nurses and psychologists to do their jobs.

*“She came down from the Bourbon Argos in a long dress, last among 700 migrants and she was alone. We immediately realized that she had endured through violence during her journey through the desert. She also passed through female genital mutilation” remembers, a doctor working inside Pozzallo. “We alarmed the authorities and asked to send Fatima to a specialized structure, but we received no answers. The long wait inside the overcrowded center of Pozzallo further destabilized her mental health and made necessary the transfer to a psychiatric center. It was for us a failure.”*

MSF Doctor in Sicily, Italy



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### 3. OBSTACLE COURSE: THE HEALTH CONSEQUENCES OF CAPRICIOUS BORDER POLICIES

Of the 851,319 men, women and children who arrived in Greece in 2015, the vast majority moved on to find asylum in the countries of northern and western Europe, at the end of the Balkans route. But this road, overland as it may be, is fraught with danger. Through the summer, autumn and winter of 2015, European governments along this route continuously played with the health, dignity and wellbeing of migrants, refugees and asylum seekers by opening and closing borders seemingly on a whim, without proper planning or communication.

In 2015, unilateral and irresponsible decisions to close borders and a lack of coordination between different European states created incredible stress and dangerous conditions for thousands of people. Each time a border closed, thousands were abruptly halted, stranded in

no man's land, with little to no humanitarian assistance, were forced onto more dangerous routes or into the hands of smugglers. **Far from stemming the flow of people on the move, these restrictions have merely made people's flight to safety more dangerous, more miserable and more expensive.**

All over Europe, the vast majority of the ailments treated by MSF medical teams could have been prevented with safe passage and proper reception conditions. In Serbia, 80% of medical consultations provided by MSF have been for conditions related to the tough journey, including respiratory tract diseases (42%), trauma and musculoskeletal ailments (19%) and skin diseases (9%). As well as difficulties created by border closures, the journey from southern to north-western Europe remains extremely harsh, mainly due to the lack

of assistance and response from State agencies and regular violence.

As is often the case, the trauma of the journey and the added stress created by border closures have a severe impact on people's mental health. In July when a safe passage was organised from the Former Yugoslav Republic of Macedonia FRYOM to Serbia, people travelled in decent conditions, were rarely exposed to violence or forced into the hands of smugglers and arrived at their destination relatively healthily. Conversely, in late November 2015 in Idomeni, MSF psychologists noted a significant increase in the number of panic attacks and self-harm attempts that they witnessed each day, a direct consequence of the dire conditions faced by people at the border and ongoing uncertainty about their future.



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## ITS 2016, WHAT NOW ?

As a medical humanitarian organisation, MSF cannot resolve the global displacement crisis. As doctors, nurses and psychologists we aim to alleviate the consequences of restrictive policies on our patients' health and lives. However, ultimately, Europe's prioritisation of border control, security and deterrence over the health and well-being of those who flee is extremely difficult to treat. It is Europe and its member states that can and must act to put the lives of those who flee first. In all MSF projects, all signs point to this crisis continuing throughout 2016. With more than 60 million people displaced worldwide, and violence and instability continuing to push millions from their homes, it is time for Europe to abolish its obstacle course approach and provide assistance and safe passage to asylum seekers, refugees and migrants fleeing desperate conditions.

For 2016, the EU and its member states are therefore strongly urged to provide **safe passage** by:

- Swiftly providing **safe and legal channels for people seeking asylum, in particular allowing people to apply for asylum** at land borders, including the Evros land border between Turkey and Greece. This also includes **making wider use of existing options** and procedures, such as (for example) **family reunification, humanitarian visas, resettlement and relocation**
- **Creating legal migration pathways** to decrease the demand for irregular and dangerous migration and smuggling networks
- Creating an **ambitious European search and rescue mechanism** to save lives at sea. This operation should **proactively** search for boats in distress **as close to departure points as possible**. It should be accompanied by pre-identified disembarkation points where **humane disembarkation procedures**, including medical care and vulnerability assessment, are in place
- Investing in reception according to EU standards instead of deterrence measures. Europe must **move away from a fortress approach** to a reception approach designed to address the needs and specific vulnerabilities of people arriving at its borders, in particular their medical and mental health needs
- In the absence of a functioning common European asylum system, **investing more ambitiously in intra-EU relocation schemes** and the creation of **safe passage** through the EU
- Putting an **end to acts of violence** and abuse from state authorities



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