DEATH, DESPAIR AND DESTITUTION:

THE HUMAN COSTS OF THE EU'S MIGRATION POLICIES

MEDECINS SANS FRONTIERES

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February 2024

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Introduction

In the last years, a policy-made crisis has been unfolding across Europe, at its borders, and beyond, which has resulted in a surge in deaths, despair and destitution among people attempting to seek safety and protection within the European Union (EU). **Across Europe and beyond, Médecins Sans Frontières (MSF) medical and humanitarian teams have been treating the devastating consequences of restrictive migration policies and practices and they have seen first-hand their human cost.** They have responded in places such as Libya, the Balkans, the Central Mediterranean, Poland, Greece and Italy, which have become laboratories and testing grounds for increasingly harmful policies and practices.[1]

In the wake of the so-called 2015 migration crisis, MSF denounced the failures of the EU and its member states, referring to 2015 as the year in which 'Europe catastrophically failed in its responsibility to respond to the urgent assistance and protection needs of hundreds of thousands of vulnerable people'.[2] Then, the EU-Türkiye deal, presented the following year as a necessary solution, pushed MSF to the point of rejecting funding by states whose policy agendas actively harmed MSF patients.[3] MSF regarded that moment as a historic point at which the EU had gone too far with its cruel deterrence policies. And yet, we see now, that was only the beginning. A normalisation of violence against refugees and migrants, particularly those coming from non-European countries, has since taken root.

As a result, people seeking protection predominately from countries in Africa, the Middle East and Asia are violently trapped in non-EU countries without access to healthcare and protection due to EU externalisation deals. People crossing the borders of the EU are dying of dehydration, hypothermia and injuries in deserts, forests and mountains while attempting to reach safety or escaping from violent pushbacks. Others are drowning in the Mediterranean and Aegean Seas due to a lack of assistance and search and rescue (SAR), and dangerous coastguard practices. Meanwhile, those who make it to the shores of Europe are met with exclusionary deterrence policies that deprive them of any possibility to heal, settle and live in dignity.

Over recent years, NGOs and civil society organisations, including MSF, have repeatedly alerted decision-makers to the harm they have set in motion. Not only have these calls been ignored but civil society efforts to provide support to migrants and shed light on the patterns of violence deployed against them have been met with crackdowns in the form of criminalisation, harassment, smear campaigns and disproportionate administrative barriers, ultimately shrinking humanitarian space and assistance for people in distress.

Just as violence, in its different and interlinking forms, has cut across contexts where MSF has worked and responded to its consequences, so too does it continue to cut across proposals put forward at national and regional levels in the EU.

The current reforms presented in the EU Pact on Migration and Asylum only further embed a web of violence that aims to deter and exclude those seeking safety:



Deals trapping people in non-EU countries

By enshrining direct financial contributions to non-EU states as a form of EU member state 'solidarity',[4] the EU provides an incentive for continued violent externalisation along the lines of what we have seen in Libya, Tunisia, Niger and Serbia.

Violence and non-assistance blocking people at borders

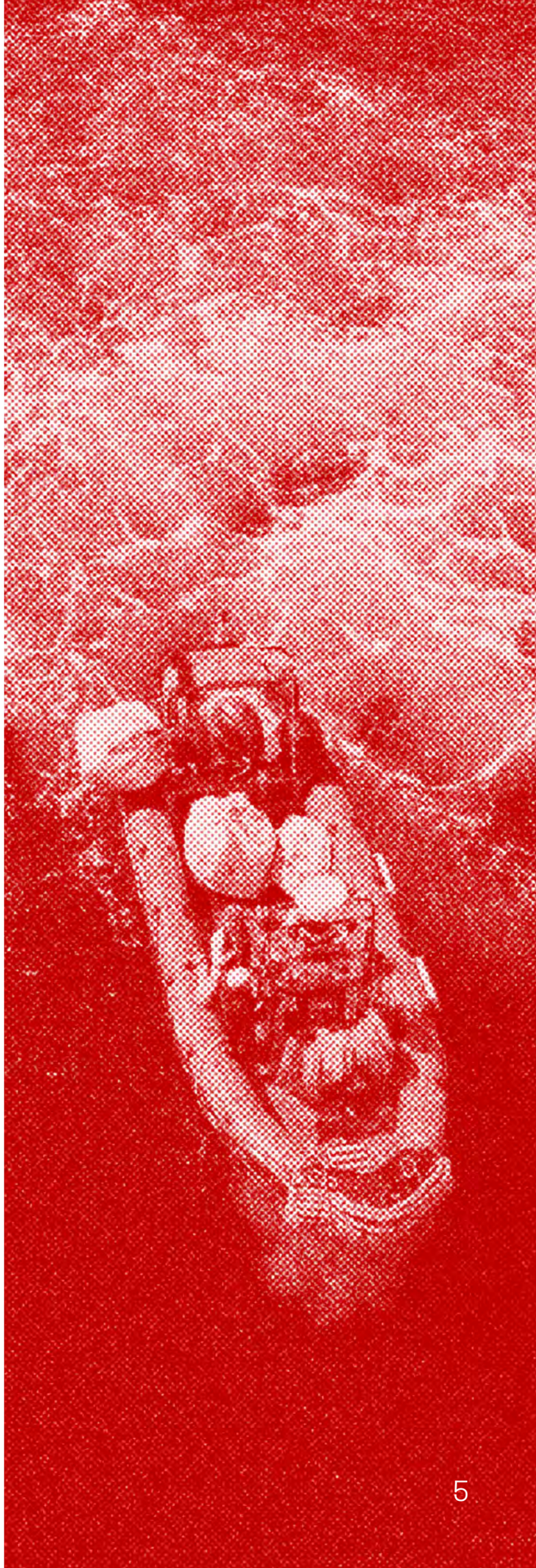
By introducing a new regime allowing member states to derogate from rights, the EU is providing a veil of legitimacy to practices of pushbacks, physical violence and denial of assistance towards people arriving at EU borders, the effects of which MSF has already responded to in Poland and Lithuania.[5]

Detention and denial of care for newly arrived people

By institutionalising the hotspot approach at EU external borders,[6] the EU is entrenching a system based on detention and is dismantling protection mechanisms which has caused widespread harm in countries such as Greece and Italy.

Destitution as deterrence

By predicating reforms on the imperative to halt 'secondary movements' and maintain people at the external borders, the EU is institutionalising dynamics that have incentivised the deployment of neglect and exclusion as modes of deterrence, the effects of which we continue to respond to in countries such as France and Belgium.

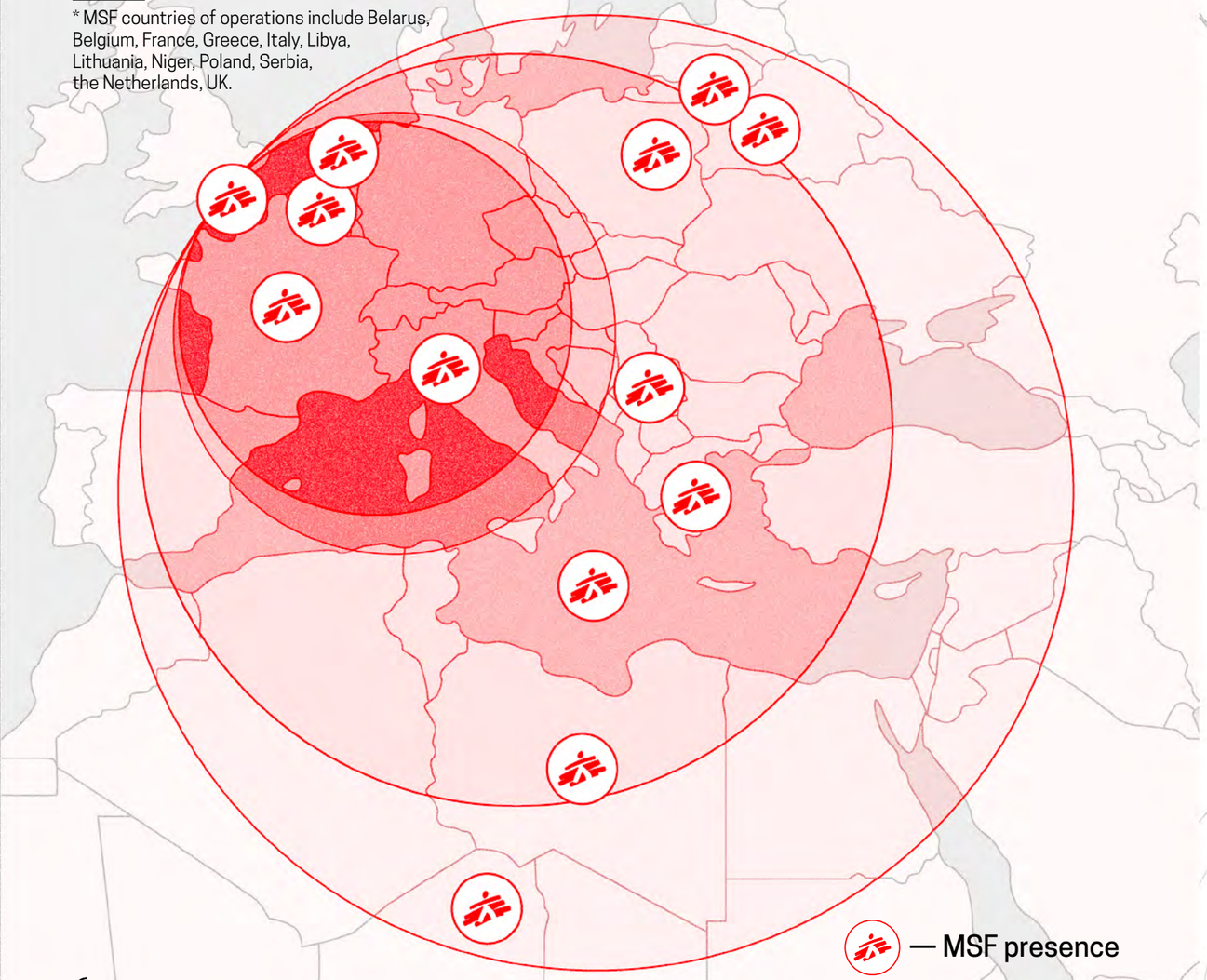


Key findings: a web of violent deterrence

This report details findings from Médecins Sans Frontières medical humanitarian projects in 12 countries* in Europe and Africa, as well as well as in the Central Mediterranean Sea. It takes stock of MSF operational experiences between August 2021 and September 2023, drawing upon routine medical and operational data from MSF projects, as well as accounts from MSF patients and medical teams during that period.

The report highlights how, at every step of people's migration journey towards and within the EU, their health, wellbeing and dignity have systematically been undermined by the interlinking violent policies and practices embedded in EU and EU member state policies.

* MSF countries of operations include Belarus, Belgium, France, Greece, Italy, Libya, Lithuania, Niger, Poland, Serbia, the Netherlands, UK.



I. Trapped

Cooperation with non-EU countries has blocked people seeking safety in places where they face violence, ill-treatment and neglect.

II. Blocked

EU states have erected walls and fences on land borders, obstructed assistance at sea and normalised pushback practices.

III. Detained

People who manage to cross into the EU have faced measures that undermine their health and wellbeing on arrival.

IV. Denied safety

Within the EU, people have been met with unrelenting neglect and exclusion — deterrence policies aiming at preventing them from settling — long after arrival.

The report shows how people moving in search of safety and protection, among them thousands of MSF patients, have faced successive and compounding forms of harm, hallmarks of the EU's intent to trap, block, detain and deny safety to migrants and refugees:

I. Trapped

Cooperation with non-EU countries has blocked people seeking safety in places where they face violence, ill-treatment and neglect:

- Individuals blocked in Libya, Niger, Tunisia and Serbia are subjected to alarming levels of violence and coercion, including rounds-up, evictions and raids by security forces.

- Across Serbia, Niger and Libya people are pushed into precarious conditions, excluded or unable to access healthcare. The main issues treated by MSF in these contexts are preventable health conditions, including skin diseases, respiratory infections, and gastrointestinal disorders.

- In Libya, people intercepted at sea and returned to detention centres are exposed to grossly dangerous conditions, violence and abuse. People suffer from anxiety, depression, self-harm and suicide attempts. In Libya and Niger, MSF also responded to people previously intercepted by the Tunisian Coast Guard and subsequently expelled to Libya and Algeria.

II. Blocked

EU states have erected walls and fences on land borders, obstructed assistance at sea and normalised pushback practices:

- MSF responded to over 28,000 people at EU borders who were injured or harmed due to border walls, pushbacks, lack of search and rescue compounding dangerous journeys. This included over 20,000 people provided with medical assistance, mental health support, or emergency assistance at EU borders and over 8,000 rescued at sea.

- At the Polish border, almost 40% of patients showed injuries caused by the infrastructure of the border wall.

- At the borders of Greece, Bulgaria, Hungary, and Poland MSF treated injuries and harm caused by the violence with which pushback practices were accompanied.

- MSF responded to the survivors of 12 shipwrecks off the coast of Italy and Greece, which, together, resulted in up to 875 individuals dead or missing.

- Survivors on the *Geo Barents* reported having attempted the sea crossing from Libya up to seven times.

III. Detained

People who manage to cross into the EU have faced measures that undermined their health and wellbeing on arrival:

- Prison-like structures, such as the EU-funded Closed Control Access Centres (CCAC) in Greece, undermine the health of people residing in them. Depressive disorders, post-traumatic stress disorders (PTSD) and anxiety disorders are prevalent among patients, including children, while preventable contagious skin conditions caused by substandard hygiene and living conditions have been on the rise.

- In the hotspots, border procedures generate uncertainty and distress, while the dismantlement of safeguards and assistance result in people being stripped of vital care, protection and assistance.





IV. Denied safety

Within the EU, people have been met with unrelenting neglect and exclusion – deterrence policies aiming at preventing them from settling – long after arrival:

- People denied access to asylum and reception-related rights are left to live on the streets or in squats. In Belgium and the Netherlands, MSF has responded to a deterioration in people's health among those people excluded from reception-related services.

- MSF psychologists have also reported a clear deterioration in the mental health of those living on the streets, with psychotic disorder, PTSD, and depression as the main diagnoses.

- Children are targeted by state neglect and exclusion. In France, MSF assisted hundreds of unaccompanied minors excluded from state services, care and protection.

I. Trapped: deals with non-EU countries

The EU and its member states continue to rely on arrangements with non-EU countries to prevent people predominantly from Africa, the Middle East and Asia from crossing into the EU. Longstanding agreements with Libya, as well as increasingly conditional development funding and aid,* continue to provide the blueprint for the proliferation of such arrangements.

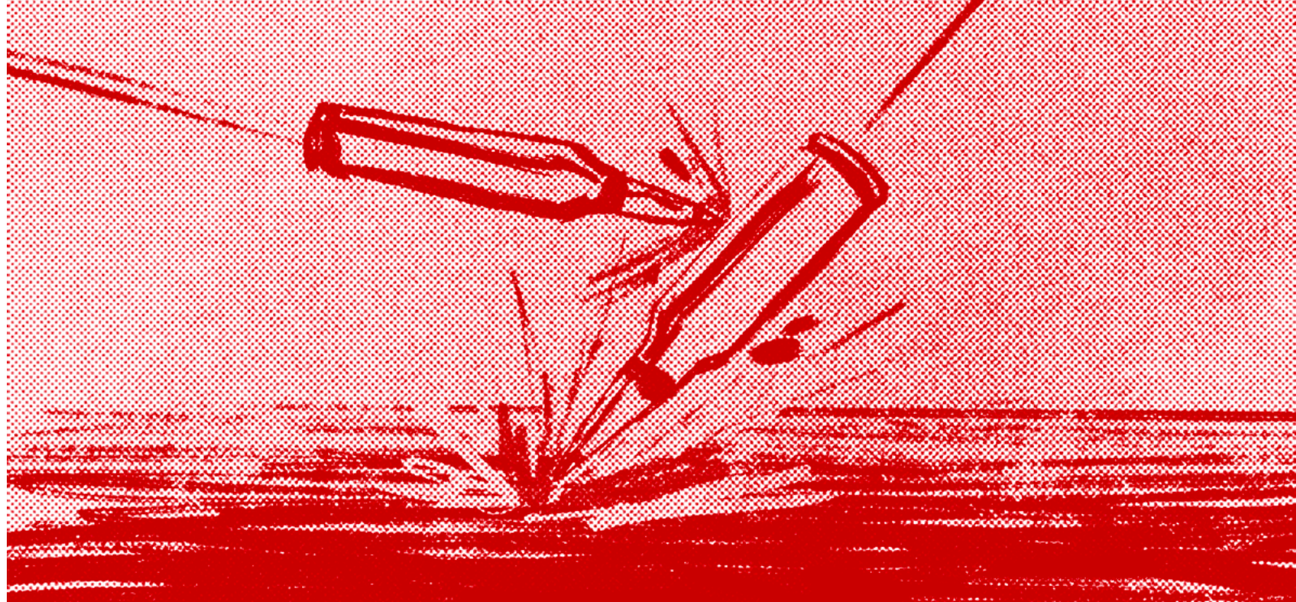
These deals, which are further incentivised by the EU Pact on Migration and Asylum, have resulted in people seeking to move to the EU being violently intercepted and returned to places where they are at further risk of harm.

With their journeys obstructed, they have become trapped for prolonged periods at the peripheries of the EU.

MSF has assisted people seeking safety and protection who have been exposed to violence, harassment, precarity and cycles of abuse in places such as Libya, Tunisia, Niger and Serbia.

Across all these contexts of externalised control, MSF has witnessed the negative impacts of violence, precarious living conditions and a lack of access to care and protection on people's health and wellbeing.

* Development and aid funding have been increasingly tied to the EU's objective of stopping migratory movements towards Europe. Many observers highlighted the opacity in decision making and the lack of transparency, which make it difficult to understand the EU's fund disbursements and commitments. A resolution approved by the European Parliament in 2021 expressed concerns about the lack of oversight over EU's external migration policies.



"The first time I tried to cross the sea was 2017. There is a man called Oussama, in Zawiya. He's the man who used to abduct people from the sea and take ransoms. You can confirm with anybody in Libya. […]

I was pushed from Sabratha. First week of June. […] We saw a […] boat with a Libyan flag. They abducted us. We were two boats that they pushed. My boat was around 150 people. The other boat was like 60 or 70. They took that engine and left the boat. When the escort came back, the other people passed them the information. Saying that they were arresting us. The […] boat had guns. They have their own guns. Theirs is bigger than the one of our escort. They started exchanging bullets in the sea. This happened first week of June 2017. They killed a person from the boat, a passenger. They were exchanging bullets, one bullet hit a person who died. A person who was on my boat. By accident. Flying bullet.

Then they took us to prison, asking for ransom. They took us to Oussama prison in Zawiya. The second time I tried to leave the weather was not good. So we returned. The third one, it was from Zawiya. That one, I went to prison. The Libyans caught me on the water. It was the Asma boys. They catch you, they take you to dry land. They find a house. Drop you there. With guns.

They have instruments. For torture. Most times they hit you skin with iron. They did not do that to me. They have killed people in my presence. But guns, bullets, have not touched me. So I'm lucky for that. But I have seen things I had never seen in my life. I saw that in Libya.

I was confused, if I should go back to my country or stay. But I had no option. I had to go to Europe. Because even my country is not safe. Most of us here believe that it's better to die in these waters than to die in our countries. Most of people here prefer to die in Libya than to die in our countries. People have courage. They don't like what Libya is doing. But there is no hope.

Please, European Union, stop Libya from killing people. They are killing people. They are not saving human lives. Please. Please and please. Just try…"

MSF patient, *Geo Barents* SAR vessel, 2022

Interrupted journeys: forced returns to Libya, Tunisia and Niger

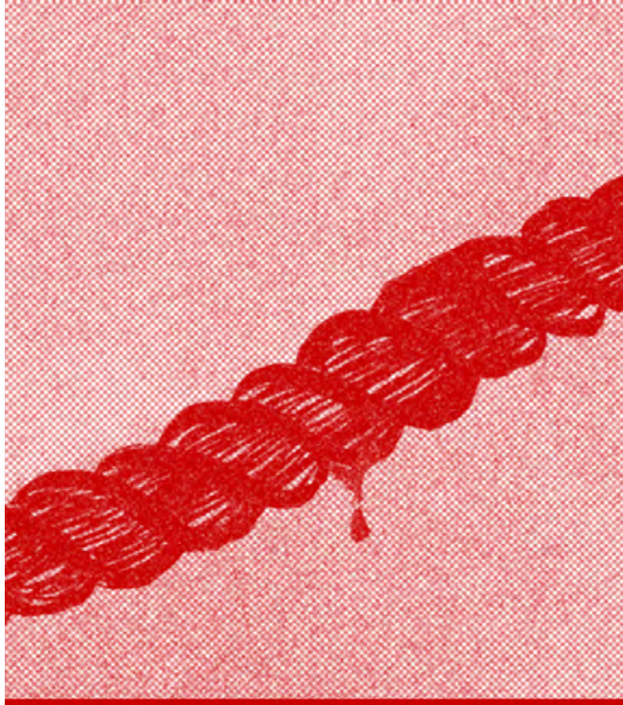
From 2016 to 2021, the proportion of people attempting to leave Libya by boat and forcibly returned to the country rose from zero to over half of the total departures; in the first eight months of 2023, more than 11,000 people were intercepted and returned to Libya. This surge in numbers followed the progressive disengagement of the EU and its member states from SAR operations and the declaration of a Libyan Search and Rescue Region (SRR) in 2017.[7] The Libyan authorities were only able to move ahead with declaring a SRR of their own through the operational and financial support provided by the EU and Italy. By 2022, the EU had invested over €70 million in Libya's border management capacity,[8] including capacity building and technical support for the coastguard.

Many MSF patients rescued by the *Geo Barents* reported having attempted to flee Libya by sea repeatedly, some up to seven times, and on each occasion being forced to risk their lives. Those intercepted at sea by the Libyan coastguard are often then subjected to periods of arbitrary detention upon return in formal or informal detention centres,* where they are at risk of widely documented abuses, including exploitation, extensive use of violence and torture, human trafficking, forced labour, substandard living conditions and no access to basic services or healthcare. Thus, people are returned to a place that is categorically not safe for them, where their lives are at constant risk and no access to meaningful protection, assistance and healthcare is ensured.

Serious concerns remain around the conduct of the Libyan coastguard during interceptions at sea, which, in some instances, has endangered the lives of people in distress. Violence during interceptions was regularly reported to MSF by patients in Libya and on the Geo Barents. People related that upon refusal to stop their boat's engine, the coastguard shot at the boat or at them, hit the boat with metal sticks and circled around it in dangerous manoeuvres. MSF also received reports of violent incidents on board coastguard vessels, including people being beaten by the coastguards with ropes or wooden sticks. Survivors said that they saw people drown during the interceptions, including as a result of those dangerous manoeuvres, and that the coastguard did nothing to assist them. Libyan ports have been the site of repeated security incidents that have demonstrated the dangers that those intercepted and forcibly returned meet immediately upon arrival. Multiple people recounted to MSF being beaten on their heads with wooden sticks by coastguards during disembarkation. In June 2022, MSF witnessed a survivor who tried to escape from the dock receiving a particularly long and violent beating.

The number of people intercepted by the Tunisian coastguard has also increased in recent years. In the first 11 months of 2023, over 69,963 people were forcibly returned to Tunisia, compared to 31,297 in the same period the previous year.[9] In December 2022, more than 50 associations denounced the notorious violence of the Tunisian coastguard, "beating people with sticks, firing shots in the air or in the direction of the engine, knife attacks, dangerous manoeuvres to attempt to sink boats, demanding money in exchange for rescue".[10] In addition to being intercepted at sea and forcibly returned to Tunisia, people have, also been intercepted and further expelled to neighbouring Libya and Algeria. In 2023, MSF treated people on the Libyan side of the border following their collective expulsion from Tunisia into the 'no man's land' in the desert between the two countries.

Further south in Niger, MSF also responded to individuals and groups forcibly expelled from Algeria to the desert border city of Assamaka. Some patients reported having first been collectively expelled from Tunisia towards the Algerian border by the Tunisian National Guard, and then from Algeria to Niger. EU support for externalisation has not only blocked people's journeys, but also pushed them further south.



"The third attempt was in August 2020. I took to sea with 83 people, on a white inflatable boat. One woman was pregnant. At 7:30 in the evening, we saw the Libyans behind us. They came next to us, and they said, 'Stop, or we will shoot.' We said no, we cannot stop. They circled around us as we tried to escape. The captain refused to stop. They shot at the boat to deflate it. Water came inside. Then we did not have a choice. They threw a rope and stayed above us, shouting and insulting us. We helped the women onto the Libyan boat. We had to climb quickly. The water was coming into the boat, and it was going lower under the water. Two brothers, a Malian and a Guinean, drowned like this. The Libyans didn't go into the water, and left their bodies there. They took us again to the prison."

MSF patient on *Geo Barents* SAR vessel, 2022

* Formal detention centres under the control of the Directorate for the Control of Illegal Migration (DCIM) or informal detention facilities controlled by other non-state actors.

The health consequences of detention: exposure to disease, violence and torture in Libya

Upon return to Libya, people are often directly transferred to detention facilities. Migrants and refugees in Libya are detained arbitrarily and held in unregulated detention centres, where there is no guaranteed access to healthcare. Between January 2022 and July 2023, MSF provided 23,769 primary healthcare consultations in eight detention centres managed by the DCIM in western Libya.

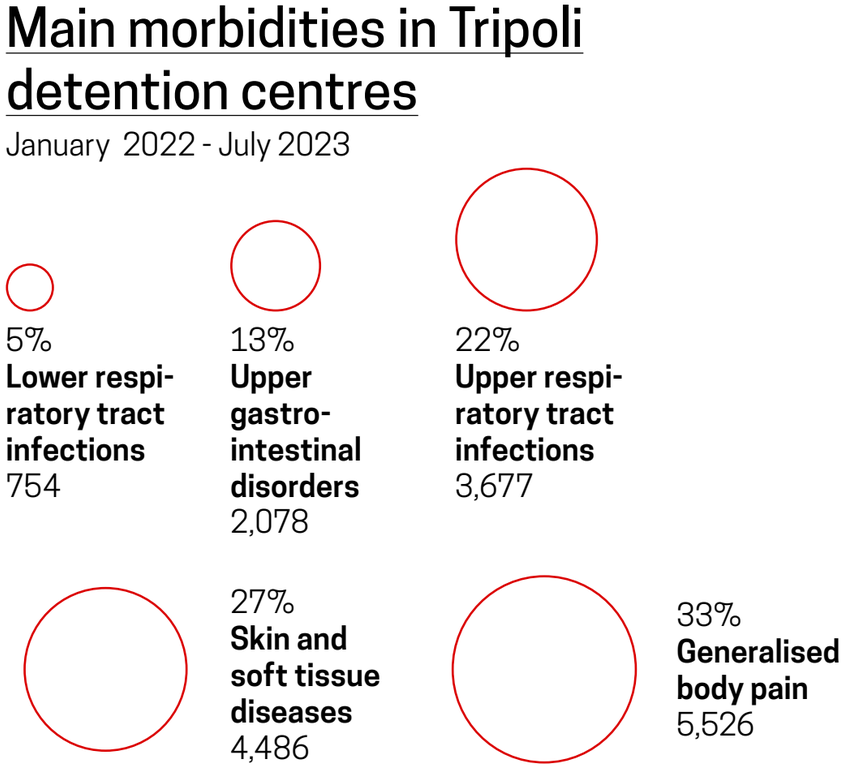
MSF observed the presence of extremely vulnerable individuals, including unaccompanied children, pregnant and lactating women, persons with physical disabilities or chronic illnesses, and survivors of human trafficking and torture. The main morbidities treated were directly attributable to grossly inadequate living conditions, including overcrowding, poor sanitation and lack of basic hygiene, insufficient quantity and quality of food, and inconsistent access to clean water. In one detention centre in Tripoli, MSF found that many children had lost weight and showed signs of dehydration, most likely due to insufficient food and restricted access to latrines. MSF distributed therapeutic food to children and adults suffering from malnutrition in selected cases.

The living conditions allowed no possibility for preventive care measures, despite the presence of communicable diseases. MSF treated patients for skin diseases repeatedly, yet their symptoms persisted due to the ineffectiveness of the treatment in an overcrowded place and in the absence of any preventive measures. In 2023, in response to outbreaks of scabies, conjunctivitis, chicken pox and diarrhoeal diseases, MSF provided treatment and referrals to secondary healthcare. Between January 2022 and July 2023, medical teams in detention centres diagnosed and treated 58 tuberculosis (TB) cases. In one instance, MSF advocated for the release of a severely malnourished TB patient who weighed less than 40kg and could not receive appropriate care while in detention. In most detention centres, cleaning and hygiene materials are barely available, and the number of showers and latrines is insufficient.

Between January 2022 and July 2023, MSF registered a total of 266 physical abuse incidents, which in most cases involved more than one person. Excessive use of force and indiscriminate violence are often used as forms of punishment for disobeying orders, requesting additional food portions and medical assistance, as a means of crowd control or as retaliation following escape attempts. Several violent incidents included beatings (punches, kicks, slaps) and the use of wooden batons, metal sticks, electricity cables and pipes. Extremely vulnerable people, including pregnant women and children, are not spared from the indiscriminate use of violence.

Main morbidities in Tripoli detention centres

January 2022 - July 2023





"In this prison, the men come during the night to sexually abuse the women and some of them accept having sex, hoping that it will facilitate their release. They didn't come to take me at night because I was really sick when I was there. They don't allow us to have phones so that we don't film what they do to us there. They beat us with sticks. When I arrived there, I learned that two women had died because of their very poor health condition. And one had committed suicide by cutting her wrists."

MSF patient, Tripoli detention centre, 2023

MSF provided care to 25 survivors of sexual and gender-based violence (SGBV) during consultations in detention centres. A woman shared with MSF that after being held in a detention centre for two months, she paid 3,000 Libyan dinars to escape, but just prior to being released she and other women were raped. She became pregnant as a result. In the same detention centre, MSF received several reports of 'coerced sexual exploitation' in exchange for slightly improved conditions, such as additional food or release.[11]

MSF teams conducted 2,909 psychosocial support sessions, 673 individual therapeutic sessions and 251 psychological first aid sessions in detention centres between January 2022 and July 2023. Our data shows a high number of people detained had mental health problems, including anxiety, depression, sleep difficulties, brief psychotic episodes, psychological distress related to a general medical condition, trauma related-symptoms, stress related to different psychosocial issues, grief symptoms, poor appetite, agitation and anger. Many had self-harmed, thought about or attempted suicide.

Reports of the forms of violence to which people are exposed in Libya, in particular during detention, were substantiated by MSF's experience responding to victims of torture in Palermo, Italy. Among the 57 patients assisted between January and August 2023, 61% reported having been tortured in Libya, while 58% reported having been subjected to torture within a detention facility.[12] Many had also reported experiencing violence or torture in their country of origin or in other transit countries. The collected data highlights the frequent use of a combination of torture techniques, including punches, kicks, blows with blunt objects, assaults with batons and cables, falaka and burnings; 80% of MSF patients reported being subjected to such methods, while 20% reported instances of sexual violence.

In Palermo, MSF responds to the medium- and long-term consequences of this violence. Among the patients undergoing mental health follow-up during the above-cited period, 57% presented symptoms of PTSD, while a smaller percentage exhibited anxiety and/or depressive symptoms. Patients with PTSD often recounted nightmares, intrusive thoughts and flashbacks of traumatic episodes, such as torture, ill-treatment or sexual violence, experienced in their countries of origin or during transit (such as in Libyan detention centres). Additionally, many patients reported symptoms of hyper-arousal, a heightened state of alertness resulting from one or more traumatic events, which provokes a constant sense of danger and prevents people from maintaining social relationships and functioning in society. Seven patients disclosed suicidal thoughts.



Key violence-related incidents in Tripoli detention centres

February 2022 - June 2023

February 2022

MSF treated a patient who had bite marks, after guards had sent dogs inside an overcrowded cell to address tensions.

June 2022

MSF treated injured patients who had tried to escape and were returned by force to detention. The centre commander asserted that the violence took place outside of the centre.

October 2022

During a medical visit, the MSF team could hear detainees being hit by guards.

February 2023

Women told MSF that they were touched in their private areas during a body search by ununiformed man who had entered their cell.

December 2022

A child had a cast fitted after having been kicked by several guards on the ankles he had just injured as he fell during an escape attempt.

December 2022

MSF treated patients with violence-related injuries following the repression of an attempted escape.

March 2023

A man was referred to Al Rayan clinic, unconscious and with severe head trauma after allegedly falling from the detention centre roof during an attempted escape. He later passed away due to the injuries sustained.

April 2023

A man was allegedly shot dead during an escape attempt from the yard. In the same month another man passed away. Other detained persons reportedly called for medical assistance but their calls for help went unanswered.

June 2023

A man passed away after reportedly asking a 'detainee guard' for medical assistance. He was denied access to see a doctor.

May 2023

MSF received accounts of a group of pregnant women being beaten with plastic pipes during transfer to anotherdetention centre. A mother with her 1-month-old baby was also hit, and the baby was hit on the head.

May 2023

MSF provided medical care to a woman who was severely beaten by male guards after requesting additional food.

Living in everyday fear: pervasive insecurity and violence in Libya, Tunisia, Niger and Serbia

In Libya, Tunisia, Niger and Serbia, MSF has observed the precarity and violence to which people seeking safety are exposed, as well as the impacts of cycles of disproportionate security crackdowns, raids, evictions and arrests carried out against refugees and migrants at the periphery of the EU. Not only are they prevented from moving onwards for protracted periods of time, but also precluded from accessing safety, protection and care where they are.

Libya

In Libya, arbitrary detention is only one part of the cycle of violence in which thousands of vulnerable people are trapped. Most migrants in Libya are forced to live in precarious conditions and are at risk of trafficking, exploitation and intentional violence. MSF patients regularly report living in poorly maintained and overcrowded conditions. There is extremely limited capacity for shelter with humanitarian organisations, and virtually no access to the national healthcare system; many MSF patients reported that it was impossible to be admitted to public hospitals without documentation.

In recent years, security forces targeted migrant communities in Libya with raids and arrests, reportedly using indiscriminate force and violence. In January 2022, for instance, around 600 people were violently arrested outside the UNHCR office in Tripoli while demonstrating for their right to protection and safety, and transferred to detention.[13] MSF treated violence-related injuries, including a stab wound and five cases of trauma related to beatings with sticks during arrest. Three patients incurred injuries while attempting to escape during the raid, including one person who had fractures in both feet. MSF also came across two mothers who had been separated from their children.

In May 2023, the Libyan authorities launched mass arrest campaigns in several areas, including in Zuwara, in the west of the country, and Tripoli. In Zuwara, MSF treated and referred for further medical care four individuals injured while escaping from arrests at the Hosh Al-Bangla camps, where more than 700 people were sheltering. The residents of the camps were subsequently evicted. Four other individuals reported that they had been subjected to violence during the arrests, including being kicked, slapped, hit with Kalashnikovs or having their hands and feet tied together. During medical activities, MSF teams encountered women whose husbands had been arrested and who were distraught about their inability to care for themselves and their children in this extremely unsafe environment.



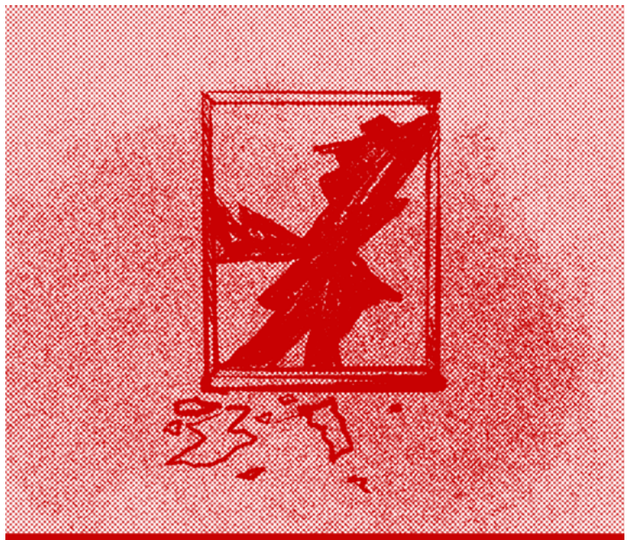
"We were standing in the street looking for work. Someone came to us saying, 'I have work for you'. When we went with him to his place, they beat us, left us naked, asked us to call our people to send money. If your people don't send money, it's the end of your life."

MSF patient, Tripoli, 2022

Tunisia

In the summer of 2023, MSF teams on board the SAR vessel Geo Barents rescued adults and children who had fled a spike in violence against Black African migrants in Tunisia. Survivors recalled the general climate of fear they lived in, reporting everyday harassment, discrimination and violence, forced evictions, arbitrary arrests and expulsions to the borders, in addition to increasing difficulties in accessing goods and services. The accounts of survivors, as well as the nature of the injuries treated by the MSF medical team on the ship, show the scope of suffering and violence to which refugees and migrants are exposed in Tunisia. The accounts also clearly highlight a steep deterioration in the living conditions of Black Africans in Tunisia following the speech of the Tunisian president in February 2023,[14] the outbreak of violence in Sfax in July 2023[15] and ongoing mass deportations to borders with Libya and Algeria. Survivors assisted by MSF reported violence by both police forces and civilians.

One patient told us about being stabbed on the street for refusing to hand over their phone and presented with a large scar on their abdomen. All survivors reported harassment and humiliations, including racist slurs, being spat at, or seeing people holding their noses when they walked along the street. People who had escaped Tunisia described being subjected to forced domestic labour in private households and sexual exploitation and having resorted to transactional sex in order to survive or pay for their journey across the Mediterranean Sea. Non-Tunisians were particularly vulnerable to abuse, not only from their employers but also from civilians who abducted and detained them, as they were afraid to seek help from the police or the authorities. One young man rescued by the *Geo Barents* told how he had been kept inside a house and subjected to sexual slavery, while another was forced into transactional sex with a smuggler. In both cases, the men were desperate to flee the violence they faced in Tunisian cities.



"When [the president] spoke saying that the Blacks had to go back, then everything got worse. They started to break down houses. […] We all came here to Tunisia thinking we could have something better for our family. However, here we can neither work nor breathe. You are not welcomed here. They do not even hide it."

MSF patient on *Geo Barents* SAR vessel, 2023

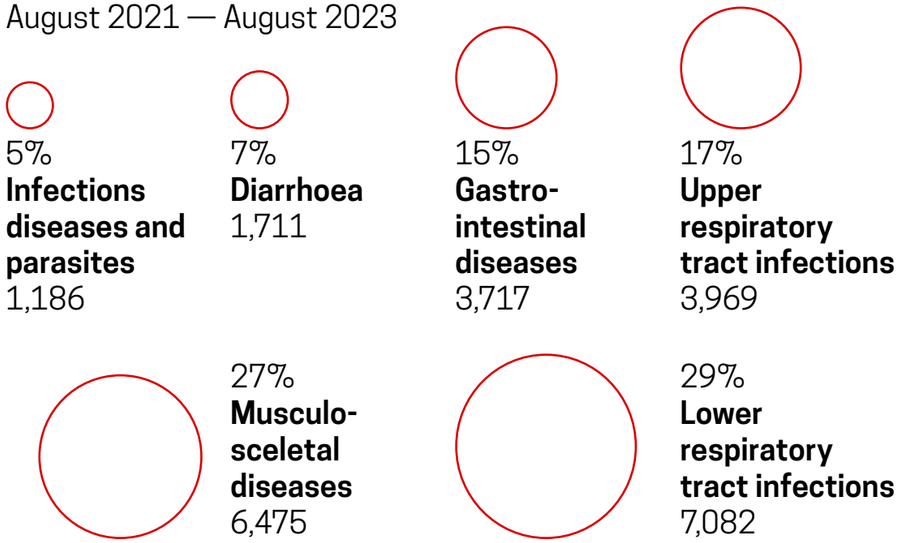
Niger

Since 2015, EU and member states' financial support for police and other security forces in Niger, including for 'capacity building' to tackle trafficking and smuggling, has resulted in the normalisation of interceptions along migratory routes.[16] MSF has responded to patterns of protracted and involuntary immobilisation at border sites, such as Assamaka, in Agadez region, where migrants are stranded for months. Migrants in Assamaka remain in urgent need of food, water, hygiene and sanitation, protection, medical and psychosocial support, shelter and non-food items. MSF teams working there have noted a prevalence of communicable diseases, including diarrhoeal, respiratory and parasitic infections. Between August 2021 and August 2023, 32% of the interviewed migrants reported not having had access to healthcare during their journey. Once stranded in Assamaka, many people live in extremely confined conditions, exposed to harsh weather conditions, sometimes above 45°C, in shared accommodations, with little access to the overstretched services available. These conditions pose a risk of outbreaks of diseases such as cholera and measles.

Due to the ambiguity surrounding migrants' legal status and the consequent gaps in protection and assistance, most of the migrants in Agadez region remain at risk of trafficking, exploitation, forced labour, intentional violence and discrimination. Between August 2021 and August 2023, MSF recorded a total of 699 security-related incidents in Agadez region that adversely affected migrants as well as our team's ability to effectively deliver assistance to them. Of these incidents, 46% were instances of violence between civilians (community members or criminals/bandits) and another 14% involved armed groups or state authorities. Incidents of interpersonal intentional violence (e.g. armed robbery, physical assault, carjacking) were the most common at 41% of the total number of recorded incidents.

Main morbidities in Assamaka

August 2021 — August 2023



Serbia

In 2022, following a rise in migration across the Balkans to the EU, the EU renewed its interest in the region with its Action Plan on the Western Balkans,[17] which confirmed externalised border management and the bolstering of non-EU reception and asylum systems as top priorities. Frontex has since expanded its operational presence in Serbia, matched by increased EU funding to strengthen institutional capacity for migration management in the country. However, since 2022, refugees and migrants in Serbia have also been caught up in cycles of violence, evictions and forced relocations to government-run camps.

According to general MSF monitoring data, at least 50 evictions took place in informal settlements along the Serbo-Hungarian border region, where people often attempt to cross into the EU, between December 2022 and June 2023. During this period, thousands of people were rounded up by security forces and relocated to one of 19 EU-funded governmental-run reception facilities. MSF patients in northern Serbia reported that evictions took place randomly, and often involved the demolition of makeshift camps, the destruction of personal property and the use of violence, harassment and verbal humiliation. Patients seen after evictions described having been beaten with batons and kicked, and having witnessed children being beaten – practices that have also been reported by other civil society actors on the ground.[18] On one occasion, MSF mobile teams witnessed a mass eviction carried out by security forces that resulted in one child spraining their arm and several others being beaten by law enforcement personnel.

People are often relocated to facilities in the south of the country, sometimes as far away as the border area with North Macedonia, increasing the cost and difficulty of subsequent onward movement. It has become increasingly difficult for MSF to reach individuals with medical needs or vulnerabilities as fear of apprehension has forced them to stay hidden in more remote and less visible locations in northern Serbia before continuing their journey onwards. Furthermore, MSF teams working in informal settlements regularly meet individuals who have been driven into a constant state of alertness, out of fear of being exposed to further violence and/or confiscation of personal belongings.

Medical conditions treated by MSF teams in Serbia, such as skin diseases like scabies and respiratory infections, reflect the general poor living conditions. MSF patients report unhygienic and overcrowded conditions in some of the EU-funded government-run camps. Meanwhile, people live in informal settlements, squats and abandoned factories, or in tents in fields close to the border, where they have no access to electricity, drinking water, heating, healthcare or protection. To be seen at a public hospital, they are required to have registration and ID from one of the government-run centres and a referral letter from the centre doctor unless their condition is critical. In 2023, some of the patients MSF referred to the hospital – all with the 'necessary' documents – were denied access to healthcare, even though MSF evaluated them as being in urgent need.



"[…] The special force came to the camp. […] They were wearing black uniforms and they had sticks and weapons. […] They took us out of the room, they messed up the room, dropped the clothes on the floor and beat anybody who moved. They took the money, phones and cigarettes. […] Those who have been here for longer said that it happened before. We don't know the reason […]"

MSF patient in Pirot, Serbia 2023



In focus

Outsourcing asylum: a harmful low in migration policies

In addition to attempts at preventing arrivals to the EU through externalisation arrangements, EU and member states have accelerated asylum outsourcing efforts, as with the 2022 UK-Rwanda memorandum of understanding, drawing directly on the Australian 'offshore processing' model to enable the permanent and mass expulsion of asylum seekers. MSF has seen first-hand the devastating health and humanitarian consequences of this policy in Nauru. Between 2017 and 2018, MSF teams provided mental healthcare to 208 people held on the island, in a mental health epidemic catalysed by the offshoring and indefinite detention policy. During this period, MSF saw an alarmingly high rate of suicide-related behaviour, with 65% of patients having self-harmed, thought about killing themselves or attempted to do so. Among MSF patients, children as young as 9 were found to have had suicidal ideation, self-harmed or attempted suicide. In just 11 months, MSF medically evacuated 55 patients from Nauru, the majority for psychiatric reasons after years of distress on the island.

Such cruel policy proposals are today resurfacing in Europe. Despite the known mental and physical damage caused by this approach and multiple successful legal challenges in the UK's domestic courts, this policy has continued to attract interest from other EU member states, with Denmark, Austria and Germany having explored adopting 'Rwanda-style' deals of their own. The recent deal between Italy and Albania, whereby people rescued at sea by Italian authorities would be taken to Albania and placed in centres while their asylum claims are assessed by Italian authorities, is a clear indication that individual member states are also exploring other ways to outsource their duties to people seeking safety, leading to more suffering and harm.

II. Blocked: non-assistance and violence at EU borders

Despite efforts to immobilise and contain people in non-EU countries, individuals in need continue to make sea and land crossings into the EU in search of safety and protection. At EU sea and land borders, however, they are met with razor-wire fences and brutal forms of physical violence rather than rescue and assistance. Practices of violence and non-assistance at EU borders – deployed in the logic of blocking crossings into the EU – have only resulted in shipwrecks and drownings, injuries and long-term harm for people in need. Current EU proposals introducing a framework of derogations from rights represent the culmination of a securitised approach which has served to justify practices of pushbacks and physical violence towards people arriving at EU borders.*

* For example, with the Crisis and Force Majeure Regulation. Meanwhile, monitoring mechanisms being introduced do nothing to enable monitoring and accountability for violent practices at external borders.

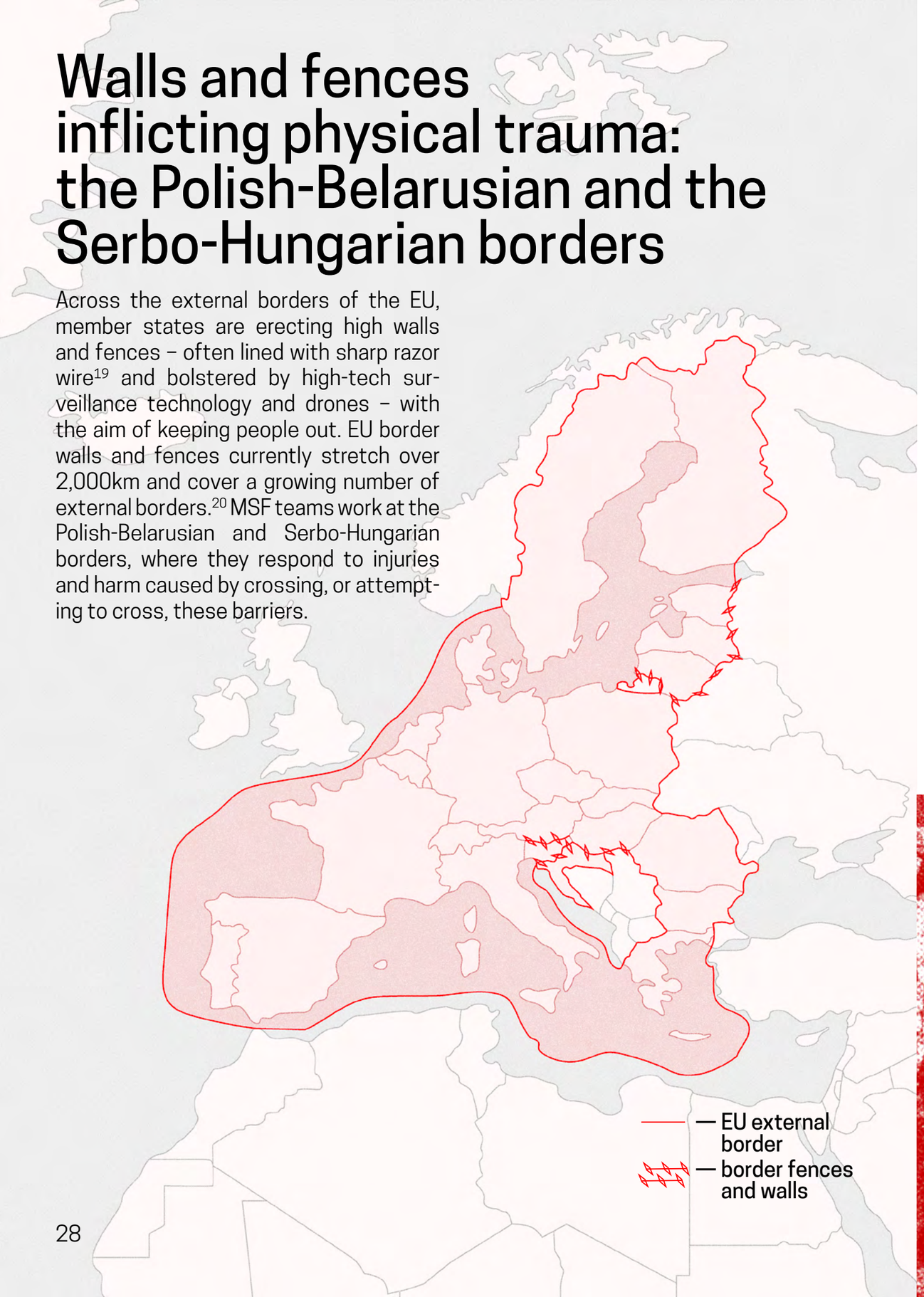


"I had not drunk water for two days, but my throat was humid, I had cried so much I did not feel the thirst […] My nephew would console me. A boat approached us […] maybe it was a commercial boat. They came close to us and threw a rope and started throwing fruit juices and water bottles to us. People around me started fighting over the juices and the little water that we were given. As people fought, the boat started oscillating, it was very difficult. The boat that helped us was huge, ours in comparison was much tinier […] They were giving us water, but we were asking for rescue, to take us to safety […] They told us that they called for someone to come to rescue us. After a while a boat arrived […] they roped us to them, they roped their boat to our boat […] and they started pulling. In the first pulling attempt the boat tilted left, at the second it tilted more, the third was the crucial one and it capsized. I think at that moment the rope was cut as the boat that was towing us started moving away from us. As the boat capsized, I clung onto a metal fence for my life. I could see people being thrown around, crashing on boat parts and being slammed into the sea […] my nephew was not there with me, I could not see him. The boat was upside down but not yet full of water, people were throwing themselves in the sea. I could hear people screaming and the sound of throats swallowing sea water, followed by the noise of the bubbling mouths of those suffocating as they drowned. I heard his voice and I managed to pull him up from a handhold and we hugged each other. I saw a child drowning and shouting, 'Uncle! Uncle!' I saw him and I shouted that I would help him, so I went down and took the child up, another child was imploring for help […] together we took the second child up as well […] I told my nephew to jump in the water and swim together one after the other, towards a light in the sea, which was the boat that roped us. I took a big piece of wood and I gave it to the children so that they could save themselves […] Meanwhile, there was more light in the sky, from the big boat that was near us before. I saw several small boats departing and coming towards us, they arrived and lifted us up on their boats […] I was on the boat, and I breathed in deeply. We were shaking […] but we hugged each other […] Those who rescued us were talking to us, were telling us things in a language we could not really understand, but we realised that they had brought us to the mainland. Many of us kept asking them to stay, begging them to try and save the rest of the people, but their body language made it clear that, indeed, there was no one else to be saved […] The voice of people crying for my help stays with me every time I try to fall asleep – this is the most intense memory I have of this tragedy […] I sit here telling this story, while their bodies are feeding the fish".

MSF patient, survivor of the *Adriana* shipwreck, 2023

Walls and fences inflicting physical trauma: the Polish-Belarusian and the Serbo-Hungarian borders

Across the external borders of the EU, member states are erecting high walls and fences – often lined with sharp razor wire[19] and bolstered by high-tech surveillance technology and drones – with the aim of keeping people out. EU border walls and fences currently stretch over 2,000km and cover a growing number of external borders.[20] MSF teams work at the Polish-Belarusian and Serbo-Hungarian borders, where they respond to injuries and harm caused by crossing, or attempting to cross, these barriers.



In **Poland,** the 5.5m-high, razor-wired, electronically surveilled wall at the Belarusian border, completed in 2022, has increased the risk of serious, and potentially deadly, injuries for those seeking protection in the EU. Between January and September 2023, almost 40% of the 187 patients treated by MSF had injuries that they had sustained while attempting to climb the wall or falling off it. Physical trauma included blunt injuries, sprains, deep cuts and suspected fractures. During this period, MSF responded to 14 cases of confirmed or suspected fractures, and almost half (46%) of the referrals to hospital were related to wounds and orthopaedic injuries, requiring urgent inpatient care and/or orthopaedic intervention.

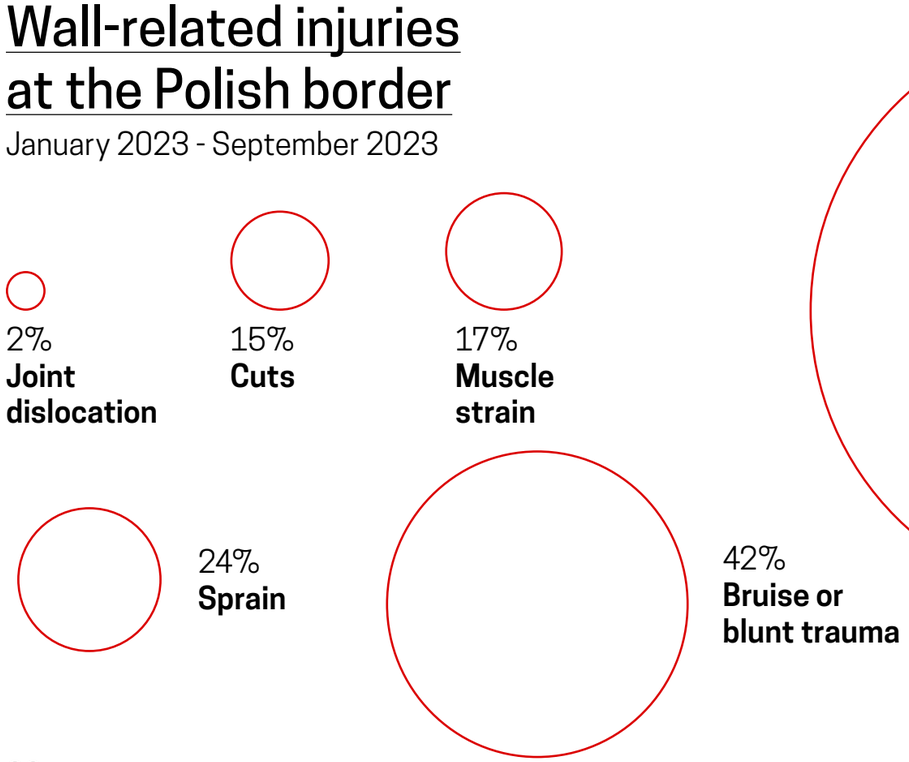
In addition to the risk of injury posed by the wall, MSF witnessed how people became trapped in the area between the two borders – referred to as the 'death zone' by patients – for protracted periods, exposed to harsh elements and violence, which exacerbated existing physical and mental health problems. This area remained inaccessible to civil society and medical organisations, seriously restricting the delivery of care and assistance. For example, on 28 May 2023, MSF was alerted to the presence of a group of people trapped in it. From the Polish side of the fence, MSF paramedics identified the presence of 30 individuals – including 17 children and a pregnant woman – in distress. The group was reportedly hungry, thirsty and in fear of being forcibly returned to Belarus. Four people, including one young child, were identified as being in a critical condition and requiring immediate attention, while others showed infected wounds and bruises, and several complained of stomach pains. Calls for the medical evacuation of those in the most critical condition to a place of safety went unanswered and MSF personnel were forced to leave the militarised border zone without delivering the necessary medical follow-up.





Wall-related injuries at the Polish border

January 2023 - September 2023



In northern Serbia, MSF regularly treats people for injuries resulting from falling off or being shaken off the 4m-high system of fences and razor wire built by Hungary along the border in 2016. Of the 160 patients seen by MSF in northern Serbia between 1 August 2021 and 31 August 2023 following pushback from Hungary, 45% reported that they had been injured as a result of the fence. Injuries were reportedly caused by falling off it, being shaken off it by border and security forces and getting stuck in the razor wire.

MSF's experience of treating individuals at borders demonstrates that fence infrastructure disproportionately harms the most vulnerable, preventing individuals, including children and those with medical conditions or disabilities, from seeking protection and medical care within the EU, and cutting off access for humanitarian assistance. Despite this evident harm, razor-wire-lined border walls and fences continue to proliferate across the EU today, with Latvia announcing plans in April 2023 to construct a 64km fence along its border with Belarus, Poland currently adding another layer of razor-wire fencing within its territory,[21] EU funds being allocated to bolstering 'border protection capabilities and infrastructure', including aerial surveillance and equipment, and the possibility for EU member states to provide support to further border securitisation under the guise of 'solidarity'.[22] In addition, despite no longer being an EU member state, the UK supported EU external border enforcement by providing technical and human resource assistance to the governments of Lithuania and Poland in 2021 and 2022.[23]





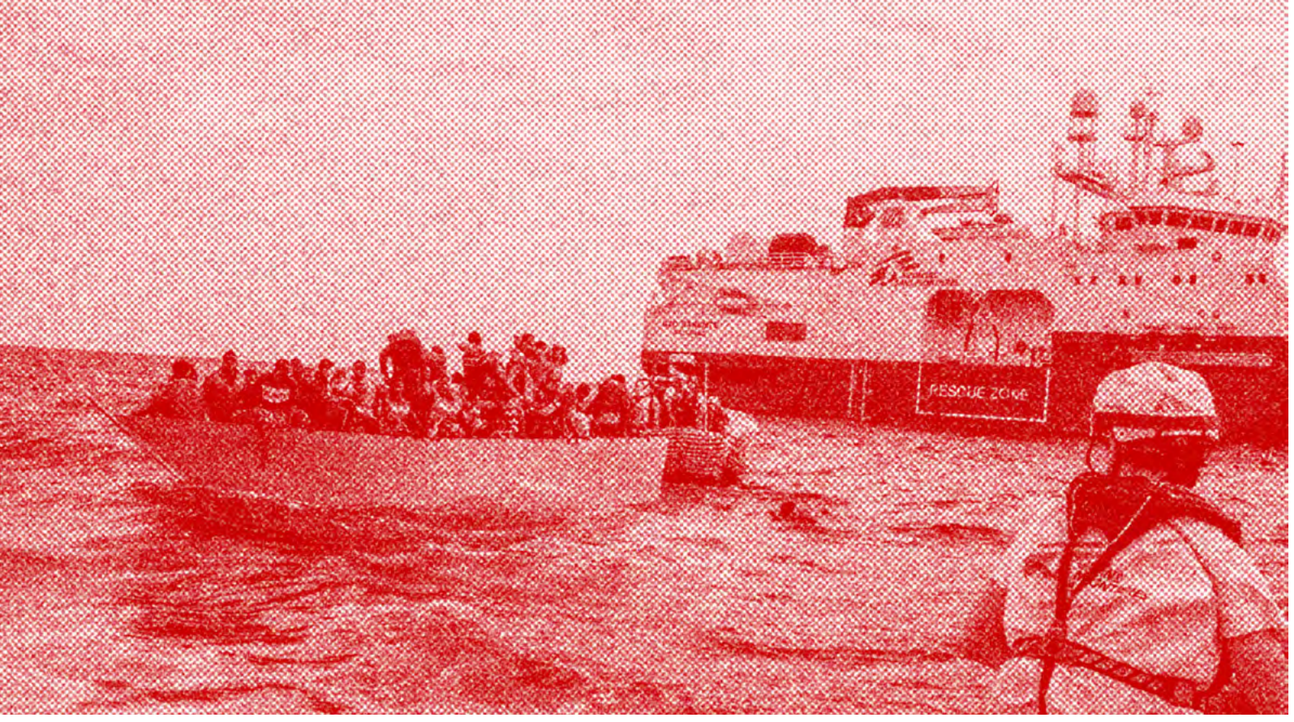
Deliberate policies and practices of non-assistance: endangering life at sea

Central Mediterranean Sea

While erecting walls and attempting to block entry to the EU by land, EU member states have simultaneously withdrawn from their obligation to render assistance to people in danger at sea, thereby also effectively preventing them from entering by sea. The outsourcing of rescue responsibilities to non-EU countries as seen in the first section, and the withdrawal of European SAR capacity in the Mediterranean, have made shipwrecks and avoidable deaths near daily tragedies in the Central Mediterranean.[24] The number of dead and missing in the Central Mediterranean Sea surpassed 2,000 between January and November 2023, making it the deadliest year since 2017 in the region.

Such tragedies are not accidental: the EU and EU coastal states have depleted the state-led capacity for rescue in the Mediterranean, disregarded situations of distress and failed to coordinate effective SAR,[25] while aerial assets operated by Frontex take an active part in interceptions carried out by the Libyan forces.[26] The Rescue Coordination Centre of Malta, in addition to failing to coordinate rescues, has ignored situations of distress in its area of responsibility despite being aware of them, deliberately putting lives at risk. In some cases, Maltese assets have even been on scene and actively denied assistance. In June 2023, MSF rescued 13 survivors from a boat in distress that the Maltese authorities had actively neglected over the course of more than 38 hours. During that time, one person fell overboard and went missing.[27]

Urgent medical needs may be exacerbated by a lack of assistance and delays in rescuing boats in distress. Between January and August 2023, the medical team carried out 3,532 general consultations on the *Geo Barents*. Many of the conditions identified were directly related to long, dangerous journeys at sea, including fuel burns, intoxication by fuel, wounds from injuries sustained on the boats, hypothermia, hyperthermia due to prolonged exposure to the sun and dehydration. The lack of coordination and disregard for situations of distress further puts the lives of people with critical medical conditions at risk and delays survivors' access to assistance and protection on land. During this period, MSF also treated patients for conditions directly related to violence inflicted on them in their countries of origin or on their journeys through Libya and Tunisia.



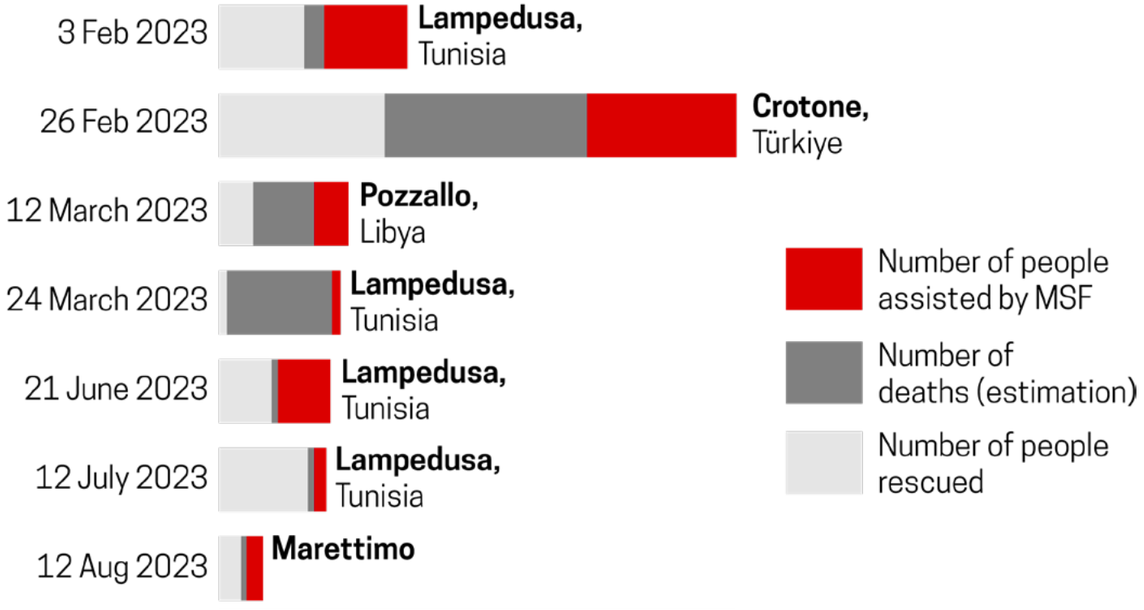
In response to the tragedy playing out, and in the absence of coordinated rescues and effective assistance, NGOs, including MSF, continue to engage in SAR in the Central Mediterranean. However, they have to contend with laws and practices that criminalise and obstruct their life-saving activities, resulting in criminal proceedings, administrative detention of their ships, fines and strategies to keep them from operating at sea, such as delays in the assignment of places of safety of sometimes more than a week. In 2023, new practices and legislation were introduced in Italy, which, in addition to eroding the level of care and reception offered to people on arrival,* have also separately targeted SAR NGOs, further shrinking the humanitarian space. Decree-Law 1/2023, converted into Law 15/2023 in March 2023, a set of rules applicable only to civilian SAR vessels, imposed a series of bureaucratic, financial and other burdens on SAR operations, failure to comply with which could result in fines and the detention of vessels.[28] By December 2023, NGO vessels had been detained in 13 instances, amounting to a total of 260 days during which they were not able to respond to boats in distress.

In several cases in 2022 and 2023, the Italian Maritime Rescue Coordination Centre instructed MSF not to render assistance to boats in distress, while lives were at immediate risk, thereby causing dangerous and unnecessary delays.[29] In parallel, Italian maritime authorities often do not share essential information with NGO ships regarding the status of distress alerts, i.e. whether a specific distress case is still open or if it has been closed and whether the people at risk of drowning have been rescued. The lack of transparency regarding the management of distress cases not only leaves civil rescuers completely in the dark but also means that rescue capacities are not coordinated in the most efficient way.

* See section III for more on the erosion of reception and protection responses in Italy.

MSF intervention following shipwrecks in Italy

February 2023 - Audust 2023



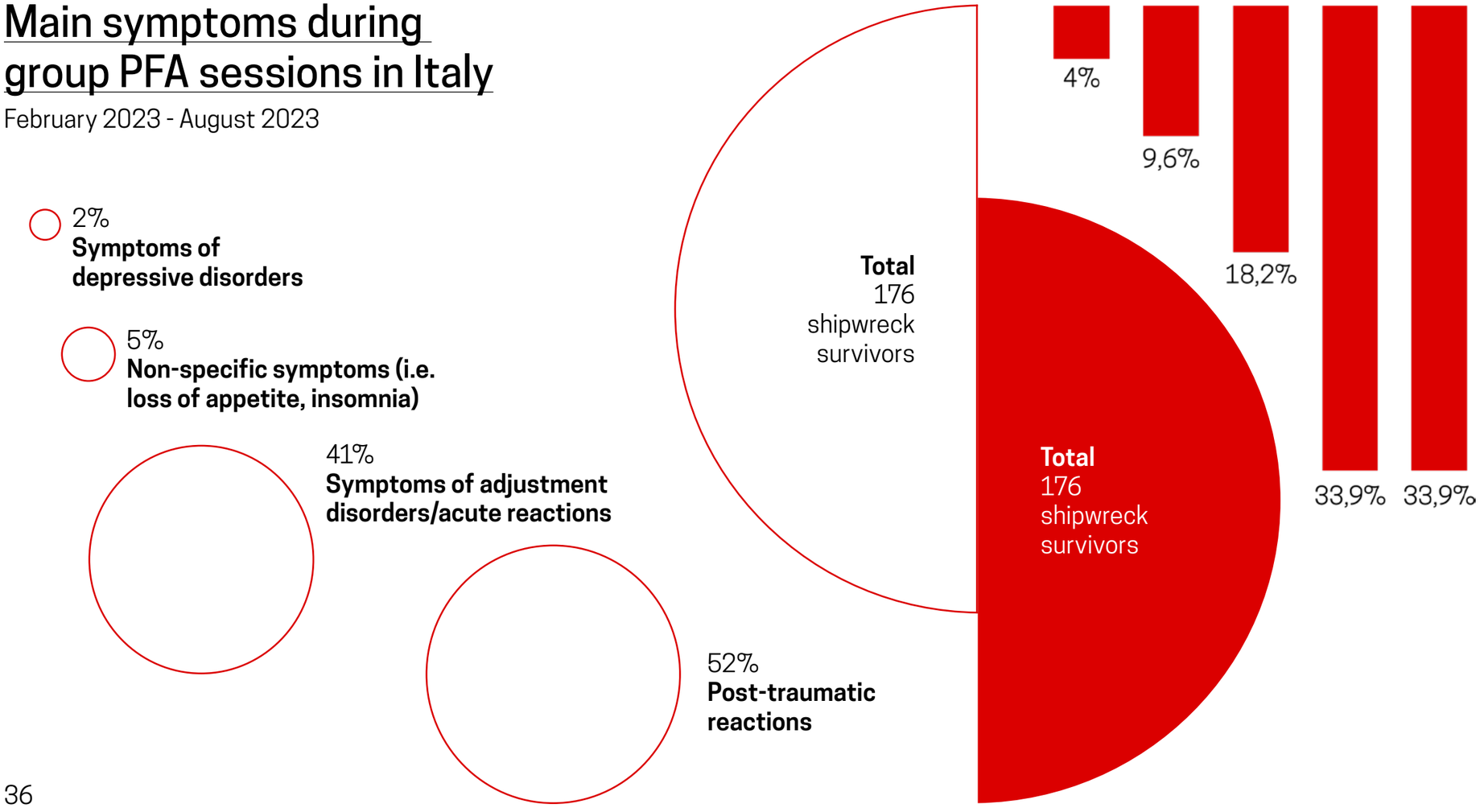


On the Italian coast, MSF medical teams have provided first medical assistance and psychological care to people disembarking after long and dangerous journeys, having departed from Türkiye, eastern Libya, Lebanon and Tunisia. Between February and August 2023, MSF provided psychological first aid (PFA) to survivors of seven shipwrecks, including the one in Crotone in February 2023, in which 100 people lost their lives including many children.[30] Data from these sessions confirms the distress experienced by the survivors, brought on by the shipwreck itself, the experience of a life-threatening event and the loss of a family member, among other triggers.



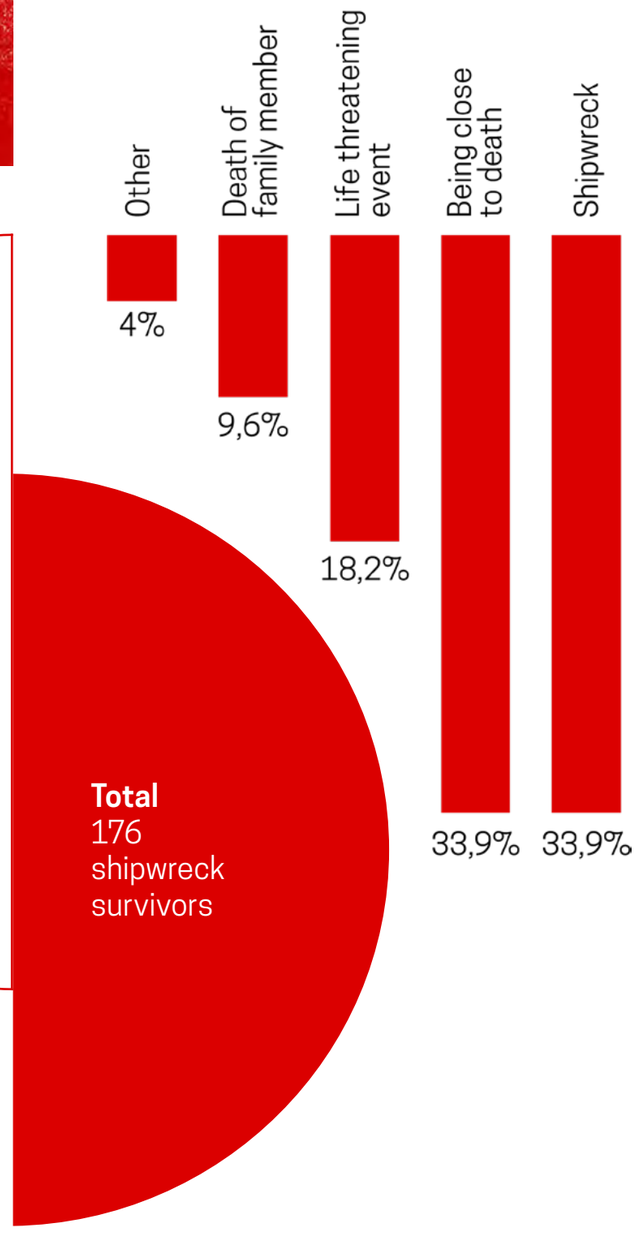
Main symptoms during group PFA sessions in Italy

February 2023 - August 2023



Types of traumatic events reported during PFA in Italy

February 2023 - August 2023



Greece

People crossing the Aegean from Türkiye have regularly been met by violence in Greek territorial waters. With maritime zones strictly off-limits to non-military and non-coastguard oversight,[31] and restrictions on civilian SAR imposed in 2021, a vacuum of scrutiny has been created, which has enabled non-assistance, pushbacks and violence to proliferate, despite the presence of Frontex land, sea and aerial assets in the Aegean. The most immediate consequence has been the loss of life and injuries linked to shipwrecks, as well as the proliferation of violence at sea. MSF teams responded to the needs of 109 survivors of shipwrecks off the coasts of Samos and Lesbos following four tragic events that took place between September 2022 and March 2023. A total of 23 people, including children, lost their lives.

MSF also provided care to the survivors of the *Adriana* (Pylos) shipwreck, in which up to 650 men, women and children presumedly drowned on 14 June 2023. As well as offering PFA, MSF treated patients for burns and injuries from exposure to seawater and sun, and hypoglycaemic shock from lack of food. In many cases, including that of the *Adriana*, shipwrecks are reported not to have been caused solely by hazards at sea, unseaworthy vessels or a lack of rescue and assistance, but by endangerment tactics linked to the Greek coastguard's practices. MSF patients described how attempts to push people back to Turkish waters endangered their crossing to Greece, and in some cases led to avoidable deaths at sea.

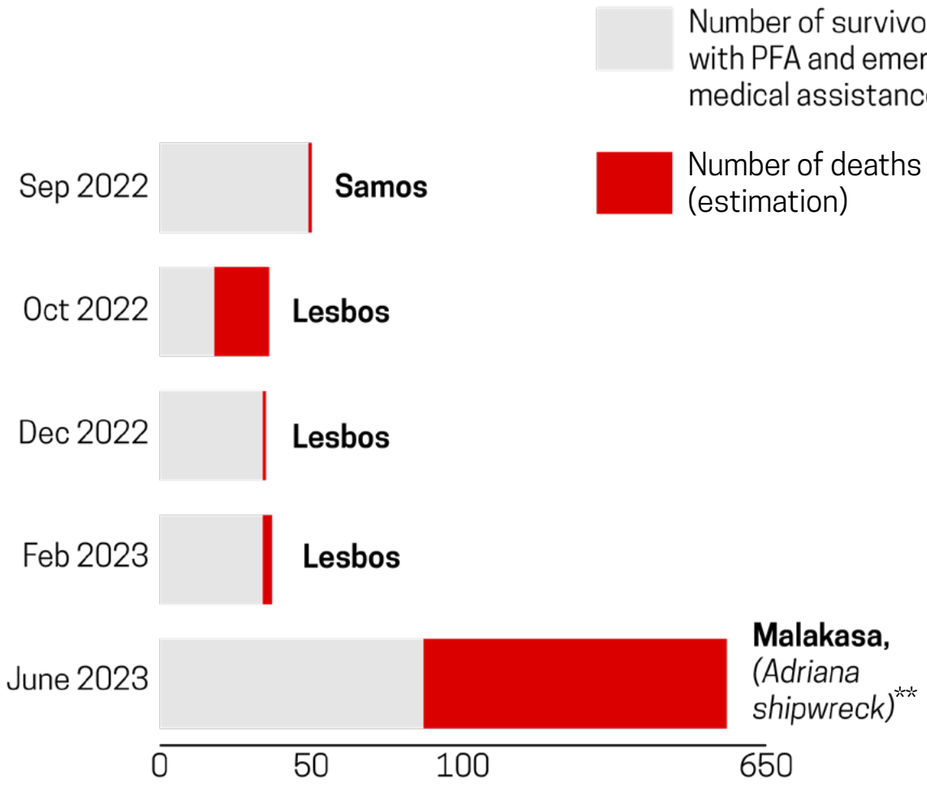
On Samos and Lesbos, MSF teams provided medical care to two survivors of the same pushback at sea that reportedly led to the death of two adults, one of whom was a pregnant woman.[32]

Accounts of MSF patients treated following the June 2023 *Adriana* shipwreck point to the same pattern.*

* See patient testimony on p.27.

MSF intervention following shipwrecks in Greece

September 2022 - June 2023



** MSF teams provided medical and psychological care to 87 of the survivors of the shipwreck in Malakasa registration centre in Greece following their transfer.



In focus

Obstruction and criminalisation of assistance

Efforts to restrict humanitarian space and civil society support to migrants range from harassment, excessive bureaucratisation and administrative barriers, new rules and 'codes of conduct' governing NGO activities in migration and smear campaigns. All these tactics are designed to hinder, undermine, discredit and ultimately prevent NGO activities, with significant consequences for people seeking safety. MSF teams across Europe (and organisations we collaborate with) have experienced and witnessed all forms of obstruction and criminalisation, on land and sea. For instance, NGOs operating in SAR activities in recent years have been the target of a criminalisation campaign aiming at obstructing civilian efforts to rescue people in distress. The detention of MSF's vessel the *Geo Barents* in February 2023 is an example of the Italian government deploying its administrative powers to punish organisations involved in SAR activities, with the aim of preventing their life-saving activities at sea. Furthermore, the regular practice of assigning distant ports to NGO vessels – the *Geo Barents* was forced to travel an extra 28,000km in 2023, around 70 days of navigation – deliberately keeps them away from people in distress at sea. In Greece, organisations, including MSF, have to complete lengthy and confusing registration procedures, and the delivery of urgent medical assistance has previously been obstructed by lengthy checks and roadblocks. In France, our team in Calais sees the impact of the government's efforts to obstruct and restrict organisations seeking to provide humanitarian assistance, including water. According to the Platform for International Cooperation on Undocumented Migrants, in 2022 alone, at least 102 people faced criminal or administrative proceedings in the EU for acts of solidarity with migrants.

In focus

Instrumentalisation: creating a breeding ground for violence

In May 2021, thousands of people, primarily from the Middle East and Africa, undertook journeys to Belarus in the hope of reaching the EU. Those attempting to cross into the EU were portrayed as threats, as weapons deployed against the EU by Belarus and Russia in a 'hybrid war', in a bid to destabilise it by encouraging irregular migration. Purportedly to defend their borders, Poland, Lithuania and Latvia rapidly built razor-wire fences, deployed thousands of military personnel along them, increased border patrols, declared a state of emergency and modified national legislation to create a legal framework to legitimise the practice of pushbacks. A policy-induced and preventable humanitarian crisis unfolded along the Belarusian-EU borders. People continue to be trapped along this stretch of border, pushed back and forth between Belarusian and EU border guards, subjected to violence and degrading treatment on all sides. At the Polish border, where guards used violent methods such as tear gas and water cannons, at least 22 people, including three children, are reported to have died in 2021 according to IOM Missing Migrant Project data. At the time of writing, the legislative amendments introduced by the government still provide grounds for guards to expel people to Belarus.



Lithuania adopted new legislation prescribing the automatic detention of people crossing its border. From January to May 2022, MSF provided primary healthcare and mental health support to people detained in two Foreigner Registration Centres (FRCs) managed by the State Border Guard Service (SBGS). MSF carried out 2,636 consultations; the majority for anxiety-, mood-related and psychosomatic complaints. Over 140 people showed suicide-related behaviour, with 21 having self-harmed, 90 having expressed suicidal thoughts and 30 having attempted suicide. For most, detention had been an important factor exacerbating existing mental health issues. In that period, MSF teams identified over 50 survivors of SGBV and/or torture. The majority had experienced violence in their country of origin and been subjected to pushbacks at the Lithuanian-Belarusian border, and some, to violence by guards managing detention centres, all of which had a significant impact on their mental health.

To date, MSF continues to treat the health consequences of the heavily militarised response deployed against peopleseeking protection at the EU-Belarusian border. According to patient accounts shared with MSF, those who manage to reach the EU are forced back onto Belarusian territory by border authorities, frequently with violence. People are also further compelled, by Belarusian border guards, to undertake crossing attempts, and harshly beaten and even confined in camps. Trapped at the border for days, they are exposed to the elements and rapidly exhaust their supplies, or have their belongings, water and food confiscated by border guards.

In response to this crisis, at the end of 2021, the European Commission proposed a new regulation to address the 'instrumentalisation' of migrants. The proposal introduced a mechanism through which EU member states would be allowed to deviate from their responsibilities under the EU asylum acquis, meaning that the detention of migrants, return of people without examination of their application for international protection and accelerated procedures would be largely condoned, and access for humanitarian and civil society actors restricted. Now embedded within the broader 'Crisis and Force Majeure Regulation', the proposal enshrines broad mechanisms allowing member states to deviate from their obligations towards people in need in situations of crisis, force majeure, and instrumentalisation. In addition to the outlined risks to the health and wellbeing of people seeking safety, the proposal does not unconditionally exclude NGOs from the framing of instrumentalising entry into the EU, which risks providing legitimacy to member state efforts to criminalise civil society activities.



Pushbacks and denial of access to territory

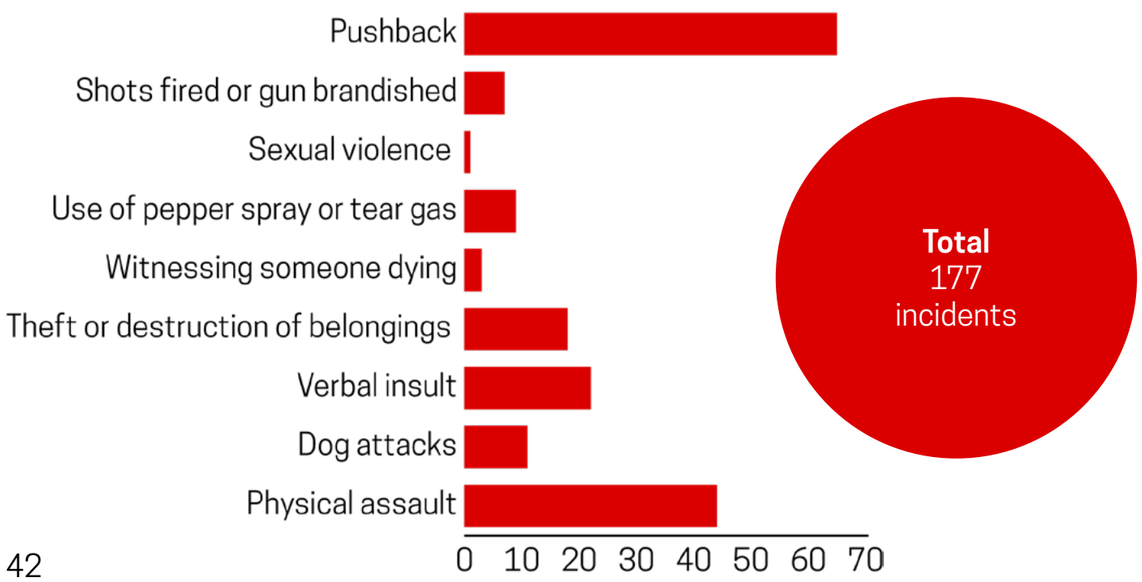
MSF patients across operations in Europe report having been subjected to repeated pushbacks along their journey. These incidents are usually accompanied by physical assault, such as racial slurs and derogatory language, and other degrading forms of treatment, reportedly carried out by state actors for the most part. The practice of repeated pushbacks in countries such as Poland, Greece, Bulgaria and Hungary has exposed individuals in need to unacceptable levels of risk to their health and wellbeing. MSF mental health teams observe that pushback experiences are dehumanising and humiliating, weaken self-esteem and cause some patients to develop PTSD.

Poland-Belarus crossing

Between the months of January and September 2023, 66 (35.3%) patients seen by MSF in Poland, including children, families and individuals with serious medical conditions, proactively reported having suffered from push-backs at the Polish-Belarusian border, some multiple times. A total of 117 (62.5%) patients experienced trauma related to violence, most of which had reportedly taken place in the border area. Polish border and security forces reportedly beat, intimidated and humiliated people, attacked them with dogs and pepper spray, confiscated and destroyed their belongings, and then forced them back into Belarus. MSF patients described having asked, and even pleaded, to be allowed to stay in the EU.

Types of violence reported at the Polish-Belarusian border

January 2023 - August 2023



Upon return to Belarus, MSF patients disclosed having been threatened and intimidated by Belarusian border guards, confined in camps, abused and beaten, separated from their family members and travel companions, and then forced to make further crossing attempts into EU countries. Those who failed in their successive crossing attempts often ultimately returned to Minsk or other towns and cities in Belarus to attempt to recover. In Minsk, patients reported living insecure and isolated lives, often in fear of encountering the police. Violence, sexual trauma and abuse, deprivation and displacement were cited by patients as the cause of their mental ill health. Those who asked MSF for psychological support recounted feeling vulnerable to harm and as though they were facing grave danger. Fear, anxiety, nervousness, flashbacks, intense psychological distress, difficulties sleeping and suicidal ideations were all commonly experienced by refugees and migrants seen by MSF in Belarus.

As a result of the acute risk of pushback to Belarus, and to avoid being detected by border guards, many are forced into hiding in the dense and remote forest upon crossing into Poland. Others become lost or separated from their group while trying to find their way in the forest. Between January and September 2023, 95 out of 187 (50.80%) patients treated by MSF in the forest in Poland reported having been stuck there for at least 48 hours and 14 (7.48%) patients reported having been stranded in the forest for over one week, with limited or no access at all to food or water.

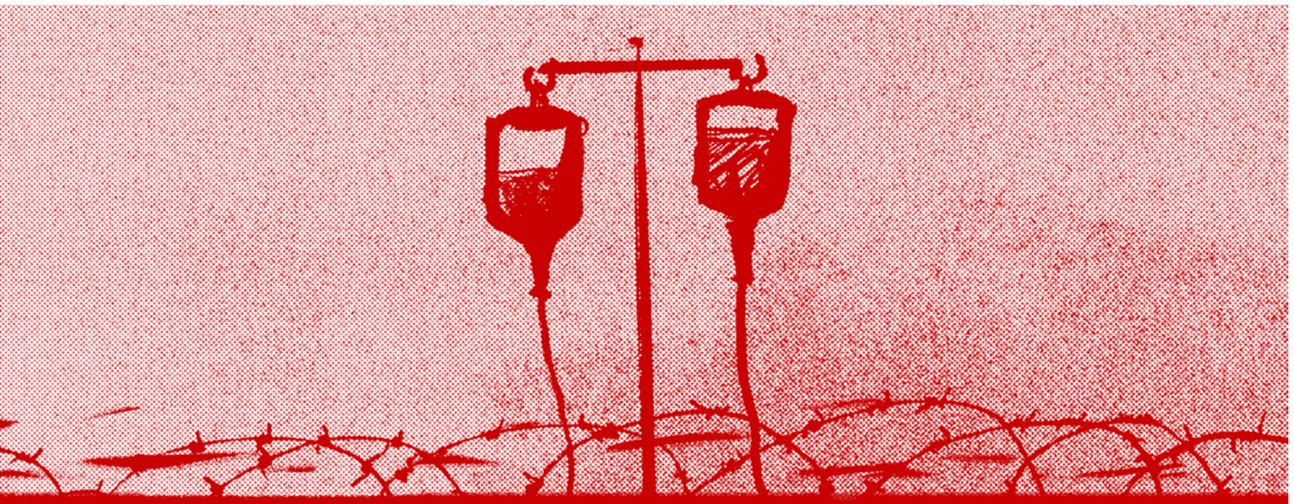
As a result, MSF routinely treated people for generalised pain and exhaustion – the consequence of walking long distances and being stuck in the forest for days. During the winter months, individuals stranded in the forest are at acute risk of frostbite, while the risk of hypothermia is pervasive year-round due to the low nightly temperatures and high humidity levels in the marshlands and forest. Between January and September 2023, MSF made 10 urgent referrals for patients suffering from hypothermia, general exhaustion and/or dehydration, representing almost 40% of the cases requiring urgent hospitalisation during that period. People stuck in the forest are often also in acute psychological distress by the time they are seen by the medical team. Between January and September 2023, MSF responded to 12 patients with mental health trauma, three of whom were referred to hospital due to their critical condition.



"Then, the Belarus police took us to a camp with them, all the group […] and they hit people, very much. Afterwards, they asked me: why don't you cross? They told me: you can't come back, you should cross […] they hit the men, they hit a man until he was dying. I saw one man die […] and we found a lot of people dead in the forest."

MSF patient, Belarus, 2023

Despite the severe physical and psychological state in which individuals are found during interventions, many are often unwilling to be referred to hospital out of fear of being detected and pushed back by the border guards, including directly from the hospital to which they are sent for urgent treatment. On several occasions, on calling the emergency services for an ambulance at the border, MSF staff were asked about the skin colour of their patient, and whether they were foreign. If the answer was affirmative, the emergency services sent the border guards directly to the site. It is against this backdrop of securitisation, dehumanisation and fear that the death toll at the Belarusian-Polish border, unsurprisingly, continues to rise. As of November 2023, 55 bodies had been identified along the migration route at the Polish-Belarusian border since the beginning of the 2021 humanitarian crisis.



In Belarus, MSF treated two patients who described having been pushed back directly from the hospital in Poland:

"I tried to cross the first time in December, January, in the winter. I crossed, but the Polish police guards caught us. I was sick, they took me to a hospital, they gave me treatment for 10 days. All the time there were security checks. But they treated me very well. They give me food, clothes, and then sent me back to Belarus […] Yes, they opened the gates – through the gates, in the fence."

MSF patient, Belarus, 2023

"Because I was sick, I was in hospital for three days. I really asked for protection but, at the end, they gave me back to Belarus, without anything, just alone, and I didn't know how to find my way but I met people on the road […] I told the doctor, I want to stay here, I am seeking asylum, but he said to me, 'Honestly, I don't know what is going to happen to you', and the border guards came to the hospital, and they put me in prison for three hours, and after that, I went back to the border."

MSF patient, Belarus, 2023

Türkiye-Greece crossing

Accounts from MSF patients on Lesbos and Samos repeatedly described pushbacks at sea and from land.[34] Patients on both islands described having previously attempted to reach Greek shores and being intercepted by boats manned by masked individuals, who subjected them to physical assault and confiscated or destroyed their possessions. Pushbacks from land reportedly involved people being chased and apprehended by groups of unidentified masked individuals or uniformed officers, subjected to physical and verbal assault, informally detained and taken against their will to a vessel at sea.

In addition to physical violence and verbal assault, MSF patients also described having been subjected to alarming and degrading forms of non-consensual strip-searching and intrusive body searches during pushbacks. Out of 56 patient accounts received by MSF, 11 reported that Greek uniformed officers or unidentified masked individuals put fingers inside their genitals to search for money or possessions. The frequency of the accounts and the similarity in descriptions suggest that these are not isolated practices.[35] Reports that authorities failed to change gloves between searches is a further act of violence, with the risk of health consequences such as cross-infection.

Between August 2021 and July 2023, the 7,904 new arrivals assisted by MSF included men, women, accompanied and unaccompanied children, infants, newborn babies and elderly people. On arrival on the islands of Lesbos and Samos, people reported being forced into hiding in the mountains, often having to scale slippery and steep cliffs, to avoid being detected and apprehended by unidentified masked individuals and/or uniformed officers. This led to injuries, family separation and a deterioration in existing health conditions and vulnerabilities. During these emergency responses, MSF teams found people in emotional distress, exhausted, thirsty, hungry, wearing clothes that were wet or smelling of fuel, exposed to harsh weather conditions and often covered in burns, cuts, scratches and bruises. They provided medical assistance to 135 pregnant women, several of whom were in the late stages of pregnancy and experiencing uterine contractions; people with medical complaints related to pre-existing health conditions such as diabetes, epilepsy, asthma, cardiovascular diseases and recent surgery; and people with physical disabilities. They also carried out 557 wound dressings, many linked to injuries sustained by hitting rocks or climbing over dangerous terrain during arrival. A total of 155 people were transferred to hospital by ambulance for further medical care after receiving first aid from MSF emergency teams.



In focus

Absence of safe and legal routes

Most of the world's refugees live outside of Europe, often in the immediate vicinity of their country of origin. Longstanding externalisation practices, including visa restrictions and carrier sanctions, and more recent 'cooperation agreements', including funding to non-EU border and coastguards, combined with violent EU border practices such as pushbacks, have aimed to block onward movement. The situation for refugees, meanwhile, has grown increasingly desperate in countries such as Lebanon and Türkiye, where the deterioration in the economy, the rise in xenophobia and the risk of forced and arbitrary returns have caused widespread insecurity and pushed many to seek safety elsewhere. The Pact and other developments do nothing to improve access to existing routes or create safe pathways to Europe, which, in combination with continued externalisation and violent border practices, will only drive more people to take risky and more circuitous journeys in search of refuge, as exemplified by the cases below.

At the Polish-Belarusian border, MSF teams met people from Syria, Afghanistan, Somalia and Ethiopia, among many other countries. In the absence of any other way for them to reach the EU, they had resorted to taking this dangerous route, which had, at times, led to devastating – sometimes fatal – outcomes. For example, in October 2023, the MSF team on the Belarusian side of the border found the body a Syrian man who had undertaken the dangerous journey from Lebanon to Minsk and onwards to the border area where he finally met his death. MSF teams in Lebanon have since provided support to his family, left behind and exposed to increasingly precarious conditions. With the worsening situation in Lebanon and few options for resettlement or legal travel, people will only continue to take these perilous routes.

Meanwhile, in the absence of safe and accessible pathways, and with widespread pushback practices between Türkiye and Greece, others have been compelled to undertake increasingly long and remote journeys to avoid violent border management practices in Greek territorial waters. Since 2022, MSF has responded to individuals disembarking in Roccella Ionica, on the southeastern coast of Italy, after long sea voyages from Türkiye. The journey at sea lasts at least five days, during which people are exposed to the elements and harsh sea conditions, with sometimes disastrous consequences, such as with the 28 February 2023 Crotone shipwreck. Between August 2022 and August 2023, MSF responded to 74 boat arrivals from Türkiye in Italy. The most common medical conditions among the 1,021 patients treated were often directly linked to poor living conditions, while data from 196 mental health sessions, representing 189 patients, highlights the prevalence of post-traumatic reactions (38%), among other non-specific symptoms (26%), symptoms of anxiety disorders (12%) and depressive disorders (9%).



Patients rescued from the *Geo Barents* recounted having resorted to taking the Türkiye-Italy sea route after previous failed attempts to cross to Greece by land, often having experienced multiple pushbacks at Greek borders:

"We tried to cross the river between Türkiye and Greece […] Then we saw these cops coming, with a motorboat. The boat collided with us, and made our boat capsize. Five of us knew how to swim […] but they captured three of my friends, and especially one of them, who does not know how to swim. It was dark, I did not see what happened, but the cops tried to put our heads under the water. One of my friends died like this […] When my friend died, I gave up from this kind of trial to go to Greece. So I tried the other way, to Italy. We got in the boat […] We were 110 people, in a very small boat. It was really horrible. We did not have oxygen, the water was finished, the boat was about to sink. The captains did not allow us to go out. When water came inside the boat […] we broke the door and went outside. We asked for help, even though there was no one."

MSF patient, *Geo Barents* SAR vessel, 2022

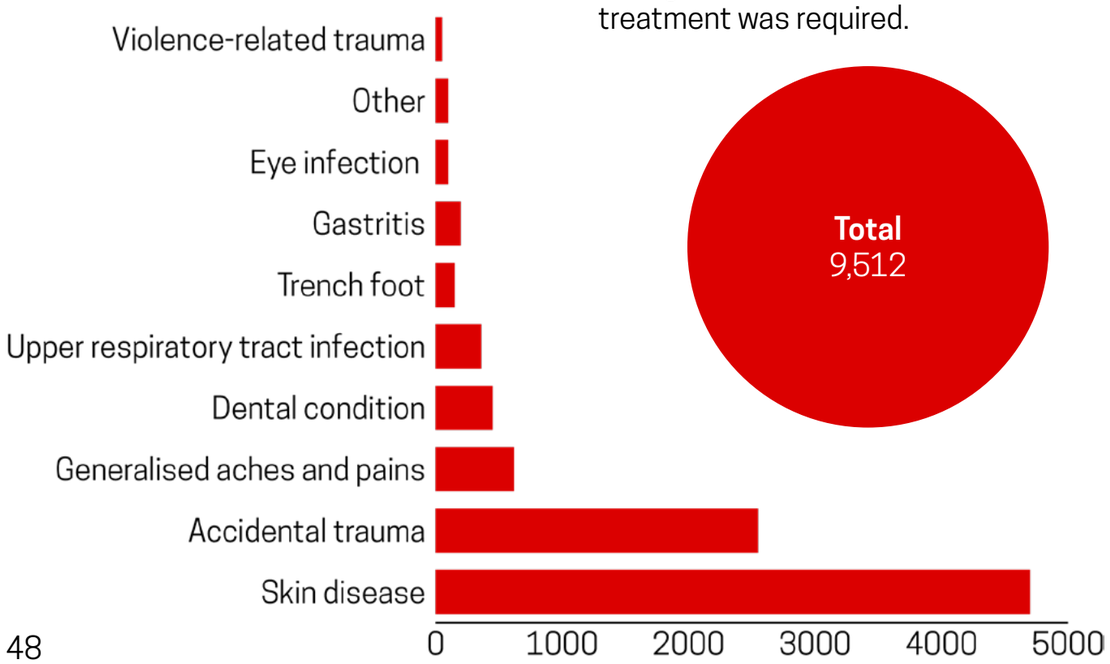
Türkiye-Bulgaria crossing

MSF patients in southern Serbia reported having survived harrowing journeys from Türkiye into Bulgaria, where they were subjected to physical violence, humiliation and harassment by the Bulgarian authorities as they tried to cross the Turkish-Bulgarian border. They described having walked through the forest for 3-4 days along mountainous forest trails before reaching Serbia, having had to remain 'invisible' out of fear of ill-treatment and pushbacks to Türkiye. People often had no food, water or shelter along the route and many undertook the journey without adequate clothing, in temperatures that dropped below zero. Between January and August 2023, MSF responded in southern Serbia, conducting a total of 10,277 consultations, in which the main conditions identified were infectious and non-infectious skin diseases (47%), accidental trauma (25%), generalised aches and pains (6%), dental conditions (4%), upper respiratory tract infections (3%) and trench foot (3%), reflecting the dire consequences of an exhausting journey through Bulgaria. The teams treated wounds and/or conducted wound dressing 2,212 times during this period.

MSF patients in southern Serbia reported having experienced beatings with different objects, being kicked, bitten by dogs, having their hands tied and being forced to stand naked in the freezing cold during their crossing into Bulgaria. Between January and August 2023, MSF carried out 36 medical consultations related to violent trauma injuries, such as dog bites and bruises, reportedly sustained on crossing into Bulgaria or during the journey through Bulgaria. Violence is considered largely underreported, however, and was often not mentioned during medical consultations unless treatment was required.

Main morbidities in southern Serbia

January 2023 - September 2023



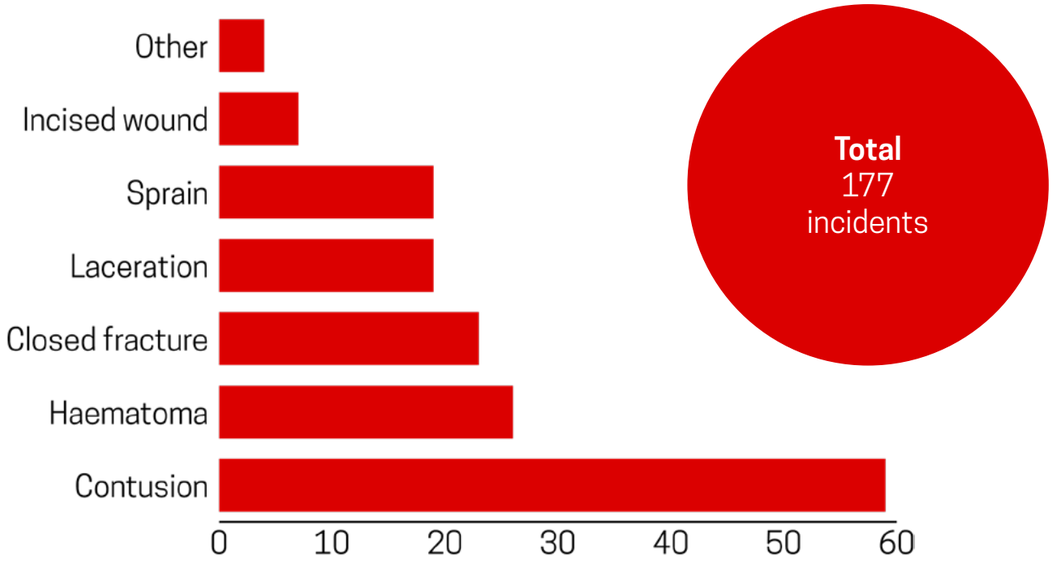


Serbia-Hungary crossing

Meanwhile, in northern Serbia, MSF responded to the medical consequences of violent pushbacks from Hungary. Since 2016, Hungary has built a 4m-high fence, externalised its asylum procedures and 'legalised' pushbacks.[36] Individuals making the journey from Serbia to Hungary are routinely, and often violently, apprehended and pushed back to Serbia. Between August 2021 and August 2023, MSF provided medical assistance and medical-legal certification to 169 patients as a result of reported violence at the Hungarian-Serbian border, with over 95% of the violence reportedly linked to pushback practices from Hungary. The main forms of violence reported by our patients during pushbacks were related to physical assault; 98% of these cases of violence were reportedly committed by the authorities.

Main morbidities in Hungary

August 2021 - August 2023



Italy-France crossing

Since France's unilateral decision in 2015 to restore controls at the internal borders of the EU, crossing the Italian-French border has become increasingly perilous, with more people indiscriminately returned to and blocked in the Italian border town of Ventimiglia, regardless of individual circumstances. MSF works in the town, responding to the medical needs of people, including those who have been pushed back from France.[37] Among the 955 patients consulted by the MSF team in Ventimiglia between February and September 2023, 187 (19.5%) individuals proactively reported having experienced pushbacks at the borders and 23 of those (12.2%) reported having experienced violence during these pushbacks. The types of violence recorded were 16 cases of physical assault (69.6%) and 7 cases of ill-treatment (30.4%). Patients also report having been insulted by authorities, arbitrarily detained in inhumane conditions, and having been denied the right to seek asylum. In addition to medical consultations, MSF teams carried out health promotion and socio-medical group sessions involving 1,055 people, all of whom reported having experienced pushbacks.

Pushback and arbitrary detention practices are also carried out against pregnant women, minors and other vulnerable individuals such as survivors of torture and elderly people. Among the 311 minors who received medical care from MSF in Ventimiglia between February and September 2023, for example, 35 (11.3%) had experienced pushbacks at the French border. Furthermore, among the 284 women supported by MSF, 19 (6.7%) who had experienced pushbacks were pregnant.



"My brother and I came on foot from Afghanistan, and we tried to cross the border between Italy and France to join our family in Germany. On the mountain path at night the police started chasing us and while trying to escape we fell into a ravine. The MSF team medicated us, but we lost everything we had in the ravine. We had to cross Türkiye, Greece and the Balkans to get to a place where we felt safe. We didn't think we would have to keep running even after we arrived in Europe."

MSF patient, Ventimiglia, Italy, 2023

III. Detained: containment and depleted care on arrival

People treated by MSF in Europe have often experienced one or more traumatic events in their country of origin or during their migration journey. Rather than being afforded the possibility to heal in safety and dignity upon arrival, their trauma is compounded by confinement in closed 'hotspots' and detention centres, daunting 'fast-track' border and asylum procedures and a depleted assistance and protection space, which expose them to further physical and mental suffering.



"Now everyone is suffering from a basic level of psychological distress, even young people. Always with the same symptomology: body pains, dissociation, depression, sleep disorders. People feel totally alone. They feel humiliated living under these conditions. One person came to me crying: 'I escaped war to end up here, in a prison."

MSF psychologist, Lesbos, Greece, 2021



Trading reception for detention: the impact on people's health

Greece – Samos and Lesbos

The 'hotspot' model which was established in Greece and Italy to contain and quickly identify people arriving at borders, implement rapid border procedures and facilitate returns has long been a cornerstone of EU migration management. Over the years, the hotspots have been characterised by an ongoing state of crisis and human suffering, with constant failings in terms of protection and access to essential services such as water, healthcare and safe reception – despite the full operational support of the EU and its agencies, including Frontex and the European Asylum Agency. Nevertheless, the EU and member states have doubled down on this approach – in 2022 the EU supported the construction of prison-like structures, called 'Closed Control Access Centres' (CCACs), in which newly arrived people would be confined, on five Greek islands, including on Samos and Lesbos, where MSF responds to medical needs.

Although the CCACs were touted by the EU and Greece as a dignified and replicable model to process newly arrived people, they continue to systematically deny people's basic dignity, agency and safety. More securitised than previous versions of the hotspot, these structures are fitted with extremely strict security measures, including continuous invasive video surveillance and two barbed-wire fences, which directly contravene the recommen dations of the European Fundamental Rights Agency to avoid re-traumatisation* and are leading to serious harm and suffering.[38] This is particularly concerning considering that many of those arriving at EU borders have already experienced violence and trauma and should be provided with a dignified and safe living environment on arrival.

Indeed, during medical consultations patients told MSF of having fled persecution and survived traumatic events such as trafficking, sexual violence, torture and physical assault. Between January and December 2022, for example, MSF supported 245 new mental health patients on Samos – of these, 82% reported that previous violence was the precipitating factor in their mental health distress. Between August 2021 and August 2023, MSF teams on Samos provided 2,900 mental health consultations, during which 34% of patients reported having experienced trauma symptoms, while 28% showed anxiety-related symptoms. On Lesbos, between August 2021 and July 2023, MSF's mental health team supported 614 patients (515 adults, 99 children) through 5,829 individual consultations. Depressive disorders, PTSD and anxiety disorders were prevalent in all population groups, even children. Among MSF patients, daily stressors such as poor living conditions, complicated administrative procedures, fear of deportation and exposure to insecurity were factors impacting their mental health. This is compounded by the prison-like

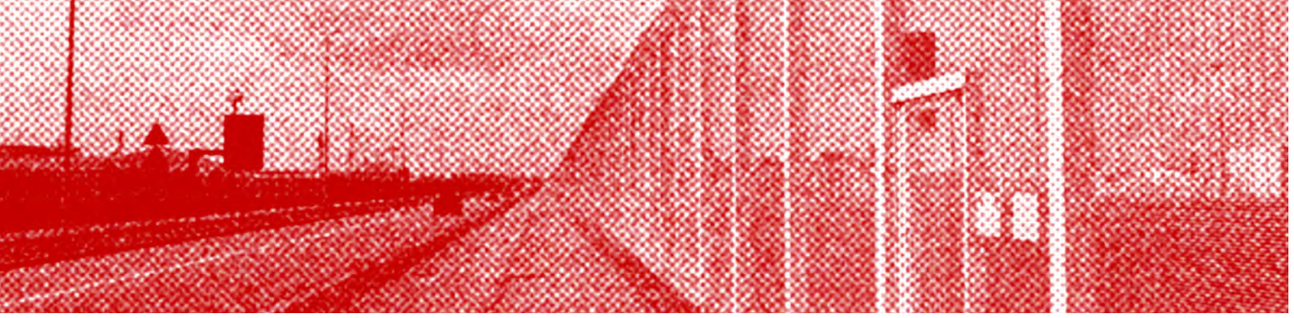
* The FRA states that facilities 'should not resemble a prison, with barbed wire and prison-like fencing. This helps avoid the risk of re-traumatising people who have experienced violence and persecution'.

environment of the CCACs, which are wholly unsuitable environments for people to heal from past trauma. Research on detention has systemically found that such conditions are inherently incompatible with people's health and wellbeing and have an overall deteriorating impact over time.[39]

Beyond the invasive and punitive infrastructure of the CCACs, people's health and wellbeing have further been undermined by the lack of services and healthcare in the facilities. MSF has found the healthcare provision within the CCACs to be consistently inadequate. In Samos CCAC, deteriorating hygiene conditions, caused by insufficient water supply, as well as regular water shortages, have been recurrent issues. Since summer 2023, MSF medical teams have seen an increase in contagious skin conditions, particularly scabies, that could be prevented by, or solved with, proper hygiene and access to running water. Since August 2023, they have become, by far, the main issue treated by MSF teams in the Samos CCAC. Similarly, on Lesbos, following an increase in arrivals in summer 2023 and systemic and chronic deficiencies in the provision of health services in the CCAC, MSF has observed a sharp rise in demand for primary healthcare and treatment for chronic diseases such as diabetes and cardiovascular conditions in its day centre located outside the CCAC. To respond to this increasing gap, MSF extended its services at the day centre and launched PHC-related services in 2023.

Newly arrived people who are not yet registered, however, are prevented from leaving the Lesbos CCAC, even to access medical care and mental health support from MSF's day centre, which is directly outside the facility. Considering the lack of adequate care in the centre, this raises serious concerns for the health of those detained. People with both non-communicable and communicable diseases are often unable to access medical treatment until they are formally registered as asylum seekers, which can take several weeks. Similarly, in the Samos CCAC, by the time people come to MSF, their medical condition has often reportedly deteriorated due to lack of access to healthcare and/or appropriate treatment while they wait to be registered.





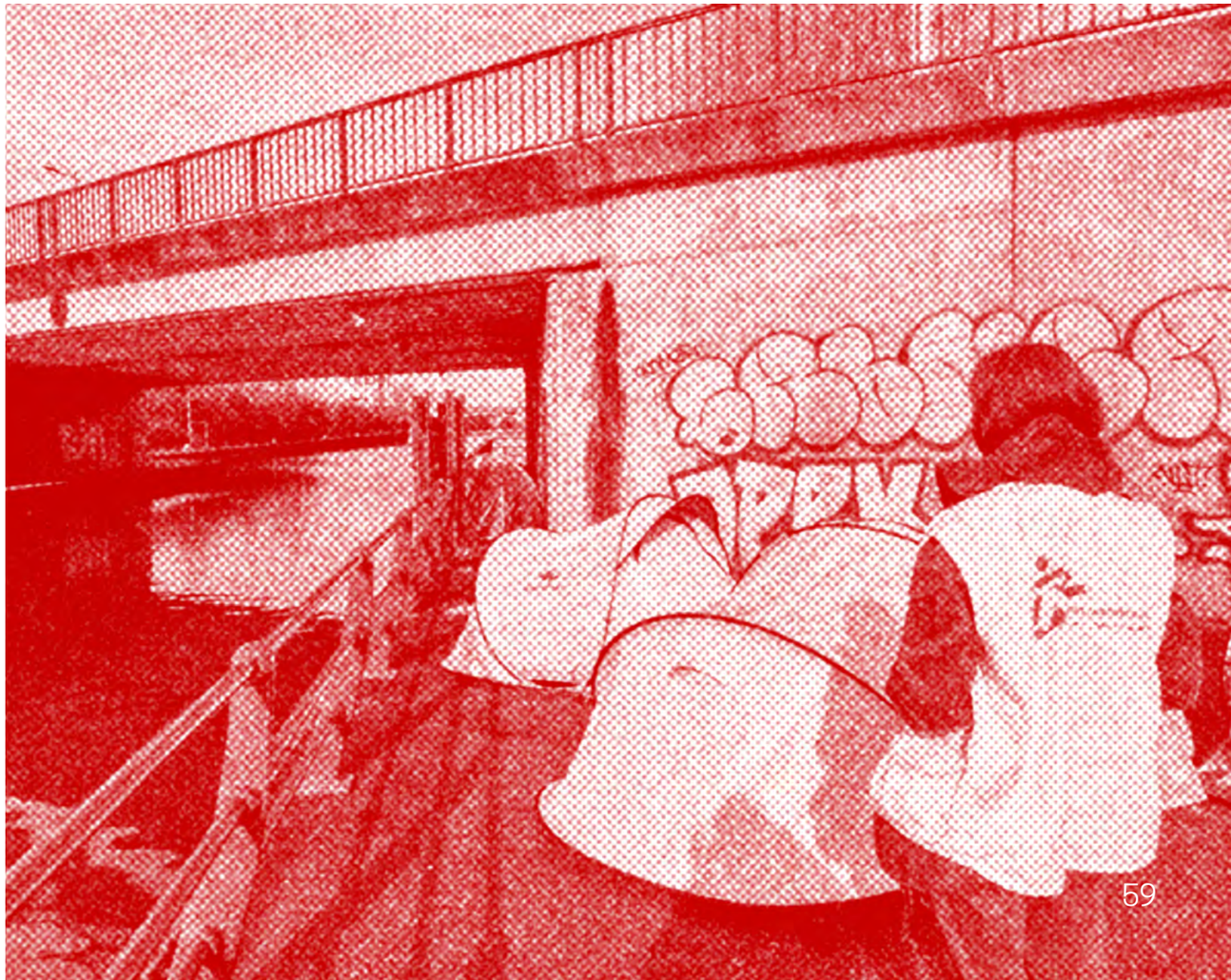
United Kingdom

In the United Kingdom (UK), the government has consistently cited the Greek hotspot model as one it wants to emulate[40] and since 2020 has used former military sites and a barge in isolated locations to contain asylum seekers. This practice has had significant health and humanitarian consequences, including disease outbreaks and deleterious impacts on mental health. The All-Party Parliamentary Group on Immigration Detention (comprising cross-party parliamentarians) has described this type of accommodation as "quasi detention" as it "shares many of the features found in detained settings – including visible security measures, surveillance, shared living quarters, reduced levels of privacy and access to healthcare, legal advice and means of communication, and isolation from the wider community". Yet, the UK government is currently scaling up its containment capacity with the aim of punishing those who arrive irregularly and deterring other people from making the journey to Britain.* Furthermore, recently passed legislation (the Illegal Migration Act, 2023) provides powers to indefinitely detain everyone arriving irregularly, including vulnerable groups, such as children, families and survivors of torture and trafficking,** while placing a legal duty on the Home Secretary to swiftly remove them from the UK.

MSF, in partnership with Médecins Du Monde UK, recently started a project providing primary healthcare and PFA to newly arrived asylum seekers accommodated in a disused air force base in Wethersfield, an isolated village in southeast England. The site has a capacity for 1,700 men and is surrounded by high chain-link fencing and barbed wire and monitored with 24/7 surveillance CCTV cameras and security. During an initial needs assessment conducted at the Wethersfield containment site by MSF in September 2023 and subsequent medical consultations, residents described unmet physical and mental healthcare needs, despite there being an onsite medical centre.

These included gastrointestinal, musculoskeletal and skin conditions, as well as significant levels of mental distress. The 'prison-like' nature of the site was also reported as a key cause of distress among residents. Medical consultations revealed common presenting symptoms of anxiety, depression, sleep disturbance, flashbacks and nightmares, thoughts of self-harm, difficulty breathing and symptoms indicative of PTSD. Of the 35 patients we treated at the end of 2023, 37% presented to us with suicidal ideation. Patients reported that the containment site had a negative impact on their mental health, because they felt isolated, fearful and unable to build or maintain relationships with friends and family. They also complained of the lack of privacy and the noise, which prevented them from sleeping.

Despite not being formally designated as detention centres, places such as the Greek CCACs and the UK's 'accommodation sites' are experienced punitively and coercively by those who have to live in them and act as a form of detention through de facto restrictions on liberty. Alarmingly, with the passing of the EU Pact on Migration and Asylum, the EU plans to replicate such models across its external borders by institutionalising widespread border procedures as the default approach, encouraging member states to set up "facilities with sufficient capacity at border crossings points, or sections of the external border where […] applications for international protection are made",[41] the implementation of which would require the imposition of detention, with foreseeable health and humanitarian consequences, such as those seen in Greece and the UK.



* Immigration Minster Robert Jenrick said of containment sites in Parliament in March 2023: [They] "will be used for single adult males, and will act as a serious deterrent to those people coming to this country." UK Parliament, Illegal migration Update, 29 March 2023, https://hansard.parliament.uk/commons/2023-03-29/debates/5C905292-65BA-4B59-9AB9-D41F52605895/IllegalMigrationUpdate.

** The only exempted group from detention is unaccompanied children, but they are eligible to be detained as soon as they turn 18 years old.

Border procedures: generating insecurity and a lack of protection

In Greece, MSF mental health teams have long identified uncertainty, fear and confusion regarding the asylum procedures as one of the main causes of stress for patients. The fast-track procedures implemented in the CCACs aim to filter out 'undeserving' applicants, often based on people's country of origin and the fact that they have passed through Türkiye – considered as a safe third country for several nationalities – rather than their individual circumstances or need for protection.* This has made it increasingly difficult for people to meaningfully access asylum procedures. Indeed, asylum seekers often navigate complex and exclusionary procedures alone, sometimes days after arrival, without access to support, such as legal information/assistance or a medical examination. This has resulted in widespread rejections, and people in need being denied minimum protection and care.

People deemed inadmissible based on the safe third country concept, despite the lack of prospects of readmission to Türkiye since 2020, are then forced into limbo, precarity and insecurity. They have restricted access to healthcare, food, accommodation and other essential services. To give an example of Greece's lack of commitment to the provision of care for vulnerable groups: between July and September 2023, having identified a gap in vaccination for children of families who had been rejected from international protection by the authorities, MSF donated multiantigen vaccinations for 60 children in the Lesbos CCAC.

Despite guarantees for safeguards and special reception conditions for vulnerable people arriving in Greece provided by Greek law, vulnerability assessments are often deficient, and authorities frequently fail to properly identify the most vulnerable, especially when their vulnerabilities are less obvious, as is often the case with people with mental health conditions and survivors of sexual violence, torture and other forms of intentional violence. The rushed procedures and lack of identification have led to inadequate examination of asylum claims, and as a result people have been deprived of procedural safeguards, special reception conditions and adequate support tailored to their often complex medical and psychosocial needs. For example, MSF supported a survivor of torture whose condition was not identified by asylum authorities, which resulted in them not receiving information about their right to medical and psychosocial support, or a referral to medical or psychological services. They entered their asylum interview without legal counselling and subsequently received two successive asylum claim rejections.

* A 2021 Greek ministerial decision declared Türkiye a safe third country for asylum seekers from Syria, Afghanistan, Somalia, Pakistan and Bangladesh, which subsequently led to an increase in inadmissibility decisions at the first instance.

On the Greek islands of Samos and Lesbos, MSF has provided people with medical certificates which, in some cases, have supported vulnerability recognition, as well as subsequent refugee status determination.

However, the rushed and chaotic nature of the procedures on the islands has often meant that people are not able to obtain the necessary supporting documentation, leaving them with little time to seek legal or medical assistance, prepare for the interview or even understand what is happening. Worryingly, there is often no time for people to seek MSF's help in providing supportive evidence for those who have experienced violence or who have serious health issues, such as certification of female genital mutilation or sexual violence. This has resulted in some of the most vulnerable applicants being exposed to procedures with reduced safeguards and excluded from the necessary care and protection.

MSF also observed several impediments to the proper identification of vulnerabilities and medical needs during its intervention in the hotspot on Lampedusa, Italy, in summer 2021. These included extremely fast-tracked screenings on arrival, a lack of intercultural mediators and the presence of security actors, such as Frontex and the police, which did not enable a safe space for disclosure of medical information or information that might allow for the identification of other vulnerabilities. In this context too, MSF had to intervene to ensure that individuals with vulnerabilities were properly identified.

The reinforcement of border procedures, through the recast Asylum Procedures Regulation, continues to replicate the most harmful risks described. This ultimately shrinks the space for asylum in Europe and subjects people to uncertainty and insecurity and deprives them of the care and protection they need. People seeking protection at EU borders should first and foremost be welcomed upon arrival in dignified reception centres and provided with a safe, supportive and humane environment to register and process their asylum claim without risk of further re-traumatisation.



"We are in a bad mental state […] Right now, I don't know if we can get recognised as asylum, seekers or if we are going to get another rejection."

MSF patient, Lesbos, Greece, 2021

Depleted reception systems leave people without healthcare and assistance

In Greece and Italy, registered asylum seekers and recognised refugees are being forced to live in increasingly precarious conditions, with limited access to essential services or social support.[42] In Greece, the government has gradually reduced the assistance provided to registered asylum seekers and refugees across the country. In 2022, the ESTIA scheme, which provided accommodation and cash to refugees, closed, and due to legal reforms, all material support to refugees is currently revoked 30 days after they receive a positive asylum decision – meaning that they and their families are evicted from accommodation, and all cash and food assistance is stopped.

Unable to stay in government-run centres and excluded from the formal housing market due to prohibitively high costs, administrative barriers and discrimination, many people end up living on the street, staying in informal hostels or shared squats, or in exploitative arrangements such as sex for rooms. Among them are numerous MSF patients in Athens with chronic diseases or disabilities, severe physical or mental health conditions, including survivors of sexual violence, torture and ill-treatment, and elderly people.[43] MSF found that people in extremely vulnerable situations, such as survivors of sexual violence, were forced to live in inadequate and unsafe conditions, some as a result of such policies.

For example, out of a total of 330 survivors of sexual violence supported by MSF teams in Athens between August 2021 and August 2023, 20% reported that they were living in the open air and 33% were in the prison-like CCAC, which was exacerbating previous trauma and exposing them to increased risk of further abuse and exploitation.

Access to healthcare remains an issue for asylum seekers and refugees, despite their legal right to it, due to complicated bureaucratic procedures and lack of support. Asylum seekers often face significant challenges in converting their temporary insurance into a permanent social security number upon recognition of their refugee status, which can result in protracted periods without insurance, and therefore without access to medical care.

Italy, too, has been dismantling the reception afforded to people seeking safety. Italy's reception system continues to rely on sending newly arrived people to Extraordinary Reception Centres (Centri di Accoglienza Straordinaria), also known as CAS. These were originally conceived as a temporary solution to dealing with an increase in numbers but today have become the default reception structure for newly arrived people. During MSF's intervention in the CAS of Agrigento, Sicily, in 2022, living conditions in the CAS were difficult; residents had to contend with inadequate sanitation facilities, inadequate food supplies, and limited access to essential services and intercultural mediators, particularly for mental health consulta-tions. While conditions in the CAS have long been poor, assistance and services have been further depleted through recent decrees.[44] Under regulations approved in law 20/2023, the CAS no longer provide, among other recent changes, psychological support services, legal assistance or Italian literacy courses.[45] Survivors of torture supported by MSF in Palermo, of whom almost 40% reside in CAS structures, report issues related to overcrowding, limited intercultural mediators, difficulties accessing medical care, and a lack of services and activities, particularly in distant and rural CAS. The lack of services and limited possibilities for social integration have left people in a state of limbo that is hard to endure for an extended period of time, compelling many to leave the CAS in search of safe and dignified conditions elsewhere.

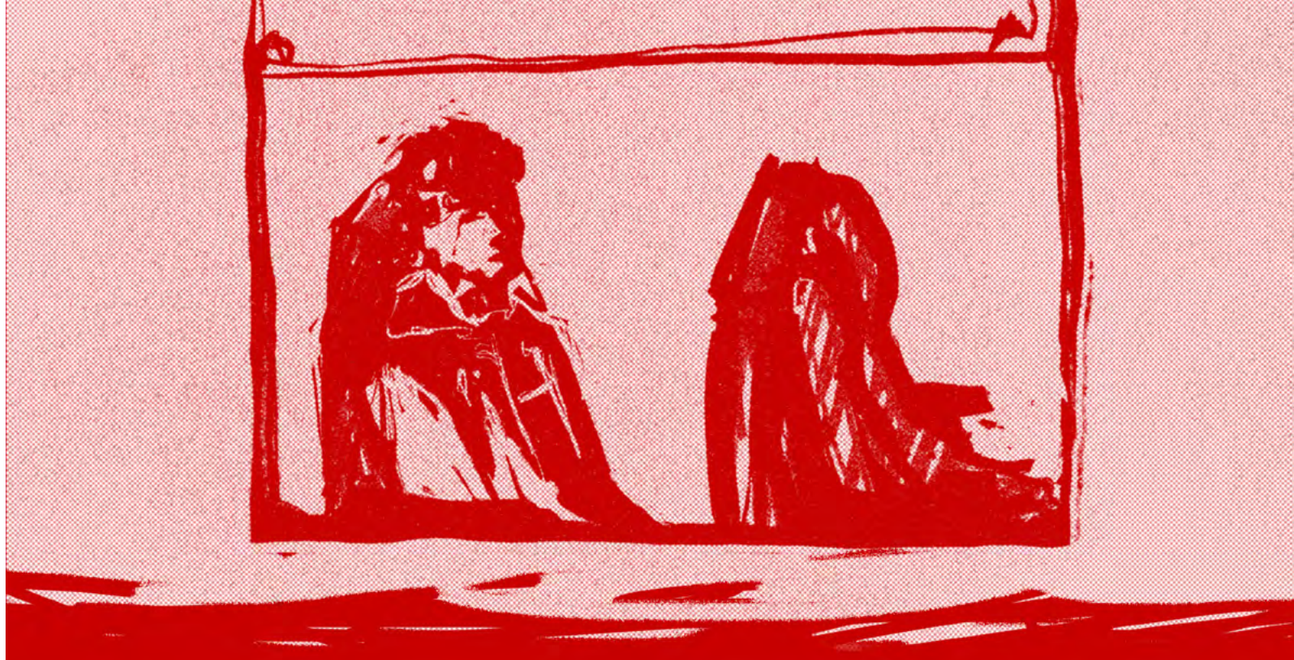
Many people who move out of the CAS end up stranded at the border town of Ventimiglia in northern Italy, where many live in abandoned houses, on the streets, in the train station or in other public spaces with no hygiene facilities and limited access to food and water, compromising their physical and mental health. Furthermore, they face serious protection risks as they are exposed to violence and trafficking. MSF staff providing medical care in Ventimiglia see the impact of lack of shelter and sanitation on a daily basis. Among the 955 medical consultations conducted between February and September 2023, patients reported conditions including skin diseases (27.7%), musculoskeletal complaints (16.7%), respiratory complaints (14.3%) and gastro-intestinal complaints (11.2%). For people with chronic medical conditions, such as diabetes and cardiovascular diseases, living in substandard conditions often leads to an aggravation of symptoms and the need for specialised care and hospitalisation.



"Moussa is 16 years old, and he is from Côte d'Ivoire. Upon arriving in Italy, he and his brother were placed in a reception centre in Abruzzo, together with adults, where there were recurrent episodes of violence and substance abuse. The brothers were scared and tried reporting the situation, but nothing changed. They decided to escape and try to find safety in France, but they've been pushed back. Left without options, they are considering returning to Abruzzo."

MSF staff member, Ventimiglia, Italy, 2023

IV. Denied safety: systemic neglect, exclusion and destitution as a deterrence



"I left Côte d'Ivoire with my uncle. We went through Burkina Faso, then Niger and crossed the desert to Libya. When I arrived in Libya, I was already extremely tired and exhausted, as I had fallen ill. We waited for weeks in a locked warehouse with hundreds of people. We only ate a piece of bread when the guards gave us some. One morning, one of the guards finally put us on a dinghy. I was terrified: every time a wave hit the dinghy, people fell into the water. Once you fall in the water, it's impossible to get back in the boat. All hopes drown in it. My uncle also drowned in the Mediterranean Sea, and I was suddenly alone. I was rescued by a rescue ship and brought to Italy, but despite my best efforts, I did not manage to learn Italian. Since French is my native language, I came to France to study.

When I arrived in Marseille, I spent the first night in the police station and then I was placed in a hotel for a fortnight. When you try to explain to the assessors everything you have been through, they think you are lying. They turned me down, saying I was lying about my age, and I was told I could appeal the judge's decision. An appeal? I had never heard of that; I didn't know what that word meant. I was so confused and sad that I took the first bus that passed and stayed on the bus until the end of the line. An elderly person noticed me and asked me if everything was okay. I cried and explained my situation. He referred me to a group of volunteers, who took me in, gave me shelter and explained the appeal procedure.

When you stay alone on the street for a long time, there are malicious people who approach you and if you don't talk to anyone for days, you can go crazy. I have been very lucky to meet volunteers, who take care of me, guide me and help me with everything. My dream is to become a scientist. I would like to study and take a degree. I am a very curious person, and I ask myself many questions: I would like to know more about how people live and organise themselves, to go further in the search for the meaning of life."

MSF patient aged 16, Marseille, France, 2022



Denying reception to deter migration

Across the EU, people – both adults and children – are increasingly excluded from reception and protection systems and forced live in precarious conditions which have detrimental effects on their health and wellbeing. States such as Belgium, France and the Netherlands have implemented increasingly hostile reception policies with the aim of deterring so-called secondary movements.

Belgium

In Belgium, MSF has been sounding the alarm about the humanitarian consequences of the chronic 'reception crisis', which has resulted in asylum seekers being systematically denied their rights under the EU Reception Conditions Directive. The Secretary of State for Asylum and Migration and Belgium's reception agency, Fedasil, have been condemned for failing to fulfil their responsibility to provide shelter over 8,000 times by national courts, and more than 2,000 times at the European Court of Human Rights.[46] As of December 2023, 2,800 asylum seekers were waiting to access the reception network and related services, such as medical care.* As a result, many have had to resort to seeking shelter in informal squats or on the streets of Brussels.

Between 1 January 2022 and 31 August 2023, MSF conducted 342 visits to squats, providing medical support to 1,196 patients. The main medical issues identified were directly related to the difficult and often unsanitary conditions in which people were living. To respond to these conditions, and the direct risk they presented to residents, MSF implemented 99 infection prevention and control interventions in squats in Brussels, covering issues such as hygiene (51%), skin/parasitic infections (38%), other infectious diseases (18%), COVID-19 (8%) and access to healthcare (3%). MSF psychologists also reported a clear deterioration in the mental health of those forced to live on the streets. Psychotic disorder, PTSD and depression were the main diagnoses made by our psychologists. These conditions were exacerbated by the insecurity and uncertainty experienced upon arrival in Belgium and, in some cases, led people to think about or attempt suicide.

To address the increasingly unmet medical needs of applicants for international protection, MSF opened a temporary medical clinic in front of the Immigration Office registration centre in October 2022. During this period, the proportion of asylum seekers within MSF services reached a peak: of the 2,480 patients supported, 88% (2,203 people) were people who, despite being entitled to healthcare, were excluded due to their lack of access to government reception. People living in precarious conditions are not only denied healthcare but also exposed to infectious diseases.

* With the exception of emergency medical care, with its long and cumbersome access barriers, NGOs have become the only health service providers alleviating the situation for many asylum seekers whose reception-related rights have been denied.



While running the temporary centre, the MSF team detected an epidemic of cutaneous diphtheria, prompting them to launch a major multiantigen vaccination drive. 91% of the persons reached through the MSF vaccination campaign against diphtheria and others communicable diseases were applicants for international protection with no access to reception-related services.*

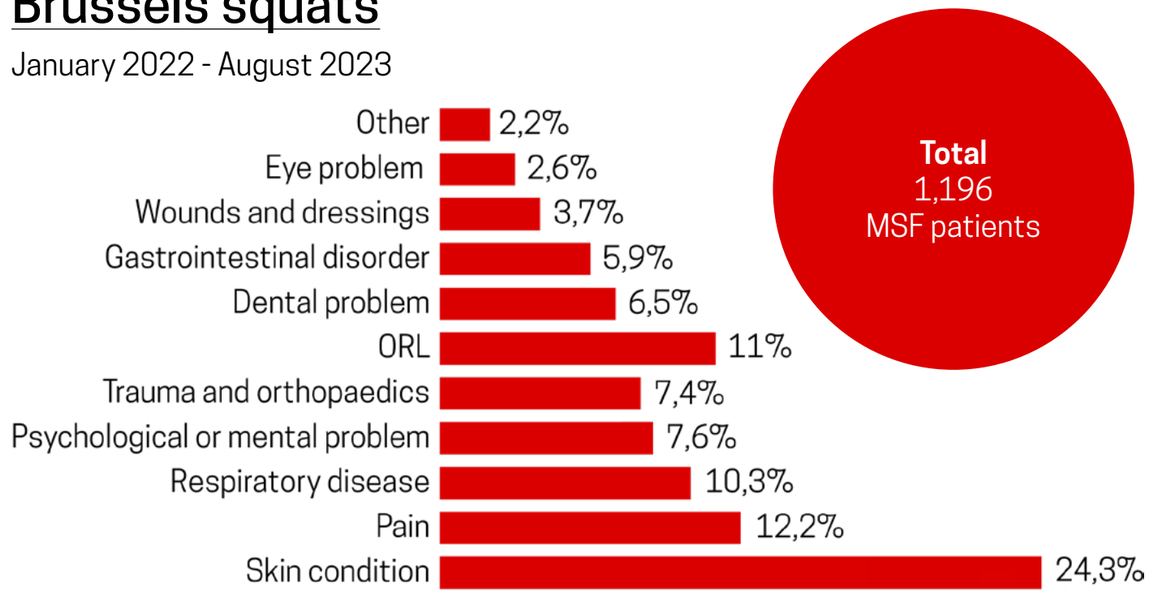
The Belgian authorities continue to disregard their obligations towards asylum seekers, meaning that NGOs are put under more pressure to respond to needs; between January 2022 and August 2023, 61% of MSF patients were asylum seekers who should have had access to healthcare. Rather than addressing the issue, in August 2023, the State Secretary for Asylum and Migration in Belgium publicly announced the decision to temporarily suspend the reception of single men, with the effect of barring asylum-seeking men from accessing shelter, medical care and other essential support. The public announcement sanctioned the exclusion that had already been occurring on the ground. The chronic lack of available spaces in the reception network has meant that single men, under the guise of 'non-vulnerability', have systematically been deprioritised and excluded. Despite a ruling by the Council of State to suspend the execution of this decision,[47] the Belgian authorities have persisted in denying reception services to single men.

Data from mental health consultations shows the vulnerable state of the men and boys seeking MSF support. Between 1 January 2022 and 31 August 2023, MSF conducted 3,501 mental health (both psychological and psychiatric) consultations and follow-ups with 1,192 individuals. Of them, 87% (1,037) identified as male. The main symptoms and diagnoses identified among them during this period were trauma and stress (32%), depression (24%), anxiety (12%) (and non-specific symptoms at 16%). Moreover, a significant number of male patients had experienced violence in their country of origin, along the migration journey, in other European countries or in Belgium. The systematic exclusion from reception based on gender and age risks further deterioration in people's health and exacerbates their pre-existing vulnerabilities.

* This was followed, several months later, by a second vaccination campaign in response to cases of measles, which demonstrates the authorities' lack of commitment and reactivity regarding preventive care.

Main morbidities in Brussels squats

January 2022 - August 2023





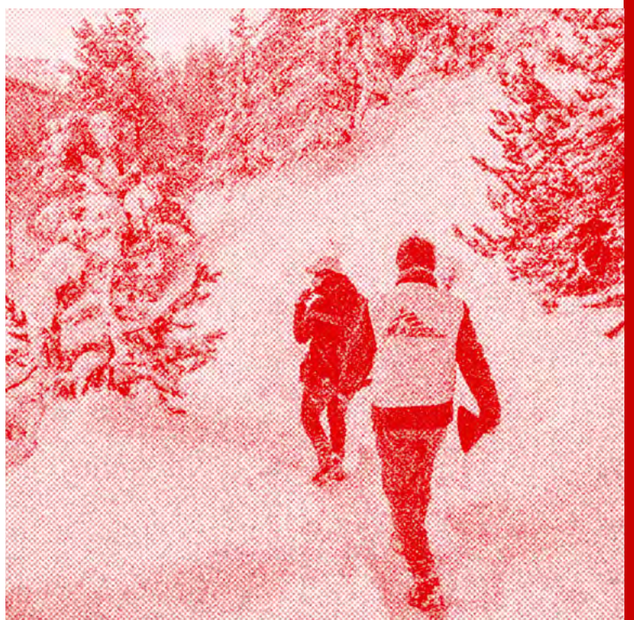


The Netherlands

In 2022, MSF established an emergency intervention outside the reception centre of Ter Apel – the entry point to the Dutch asylum procedure – which provided more than 449 primary healthcare consultations. Due to years of under-investment and a 'crisis' approach to reception, in August 2022, the Ter Apel reception centre quickly became overwhelmed and unable to meet the most basic needs of new arrivals. This led to hundreds of people being unable to claim asylum and forced to sleep on the grass outside the reception centre. Women, children and some vulnerable men were sheltered inside a gym, with little light and minimal air ventilation. The water and sanitation conditions were very poor, and people were unable to obtain appropriate healthcare. The main morbidities treated by MSF were chronic diseases, stress-related symptoms and skin infections, often resulting from the deplorable living conditions, combined with a lack of access to primary healthcare, including mental health support.

Disputing age to exclude and deter

Furthermore, European states, in particular France, Belgium and the UK, are increasingly using age assessments as an additional way to deny access to protective status to people seeking safety and other specific protections accorded to children travelling alone. In France, MSF assists unaccompanied minors not recognised as such during their age assessment. Despite the fact that claimants should presumptively be treated as minors until a final determination is made by a tribunal, minors rejected at first instance by the Child Welfare Services (Aide sociale à l'enfance – ASE) are simultaneously denied access to assistance while they are still waiting for the tribunal's decision. As found by the UN Committee on the Rights of the Child, the lack of protection and the precarity into which they are forced are contrary to the best interests of the child and to the right to live in a balanced and healthy environment.[48]





"In January 2022, I took a boat from Morocco: a trip I want to forget. However, this was the first question I was asked by the assessors from the child protection services […] The most difficult part of my journey was the passage through Morocco. I was locked up for weeks in a house with other children and men. We went through the desert and the trip was incredibly difficult: I was in a truck with tinted windows with dozens of people, I couldn't see anything, and I decided to sleep, sitting down, all the way to avoid thinking. When we arrived in Laayoune, on the coast, they asked us to board a dinghy. I was very scared because I had never seen the sea. On the boat, I had completely lost my sense of direction: I didn't know where we were or in which direction we were going. Some of the kids next to me were throwing up, the waves had soaked all our clothes, I was shaking with cold!

When I arrived in France, telling the assessors about my journey made me live through the trauma again: I wanted to start a new life, but I was asked to tell them everything I had experienced. I didn't do it, I was tired, I wanted to forget, and I didn't trust them […] Eventually I was refused on the grounds that my story was not coherent, not detailed enough and that my documents were not valid. I spent a few months in the squat on the Canebière [a street in Marseille]. When the police evacuated us, we had to find another place, because life on the street can't be an option. Life on the streets is full of dangers, there is trafficking and when you are left alone, you can be caught up in malicious networks. But apart from that, I couldn't fulfil my biggest dream: going to school. I want to find a job, study and start a new life, have friends and go out with them. At the moment, I spend my days lost in my thoughts. Often the memories of my journey come back. If I went to school, I would be busier thinking about my future rather than looking back at the past."

MSF patient aged 16, Marseille, France, 2023



Moreover, in many cases, after having received an initial refusal by the ASE, age-disputed children are ultimately recognised as minors by the tribunal. In 2021, 80% of the children assisted by MSF in Paris Ile-de-France and Marseille obtained protection after appealing the ASE's negative decision. Having gone through long, arduous and often violent, migration journeys, these children are extremely vulnerable: exposed to health risks and post-traumatic disorders. In Paris, 85% of children in MSF's mental health cohort reported having previously experienced violence, including detention, sexual violence and/or torture; of these, 58% reported that this violence had taken place during their journey to France.

Hostile policies add a significant stress factor, depriving minors of protection, administrative status and legal representation. When they arrive in France, many of them remain outside the protection system or have to wait many months before they can benefit from social services and protection. Without any access to accommodation, they face precarity, isolation and homelessness. These unsafe living conditions leave them vulnerable to the additional health risks of poor nutrition, cold weather, violence, sexual exploitation, trafficking and addictions. Around 15% of unaccompanied children receiving MSF mental health support in Paris who reported experiencing violence said that it had happened in France.

MSF is continuing to respond to the physical and psychological needs of unaccompanied children in Marseille, Paris and Calais that are exacerbated by this systemic exclusion. Among the issues raised by children seen by the MSF team in Marseille, between January and September 2023, were musculoskeletal problems; insomnia and other sleep disorders, mood swings and headaches, which were often linked to past experiences of violence; digestive and respiratory issues, frequently resulting from precarious living conditions; and dental and eye problems, mostly due to a longstanding lack of access to care. Among patients receiving mental health follow-up in Marseille, 60% displayed situational reaction disorder, 28% PTSD, 8% psychotic syndrome and 4% anxiety-depressive syndrome. Of the main symptoms identified, 18% had sleep issues, 18% anxiety and 16% mental ruminations. Similarly, in Paris, among minors receiving mental health follow-up from MSF in 2023, 53% were identified as having PTSD, 29% psychological distress and adjustment disorders, 15% complex trauma and 9% acute depressive disorders. The main symptoms identified, meanwhile, were insomnia (74%), night-mares (54%), anxiety (36%) and sadness (25%).

European states frequently challenge the age of unaccompanied children, often wrongly and unjustifiably, and require them to go through an age assessment process, which can be incredibly damaging to them, particularly when they are disbelieved. The UK government, for example, has recently introduced legislation enabling biological age assessment of age-disputed children, referring to other European countries who implement these practices as justification.[49] It is accepted that no method of age assessment can conclusively determine chronological age. Biological methods, such as bone and dental x-rays and pubertal assessments, have been widely criticised by medical and paediatric professional bodies internationally as being inaccurate, intrusive and potentially dangerous for assessing age.[50] The risks are therefore that age assessments may undermine dignity and risk misclassifying children as adults, not only wrongly denying them their rights but also exposing them to further harm. Ultimately, this approach may be acting against the best interests of the child.*[51] Despite this, the Pact risks enshrining forms of age assessments that may further exclude children in need.[52]

* Indeed, The European Parliament condemned this approach in a resolution in 2013.





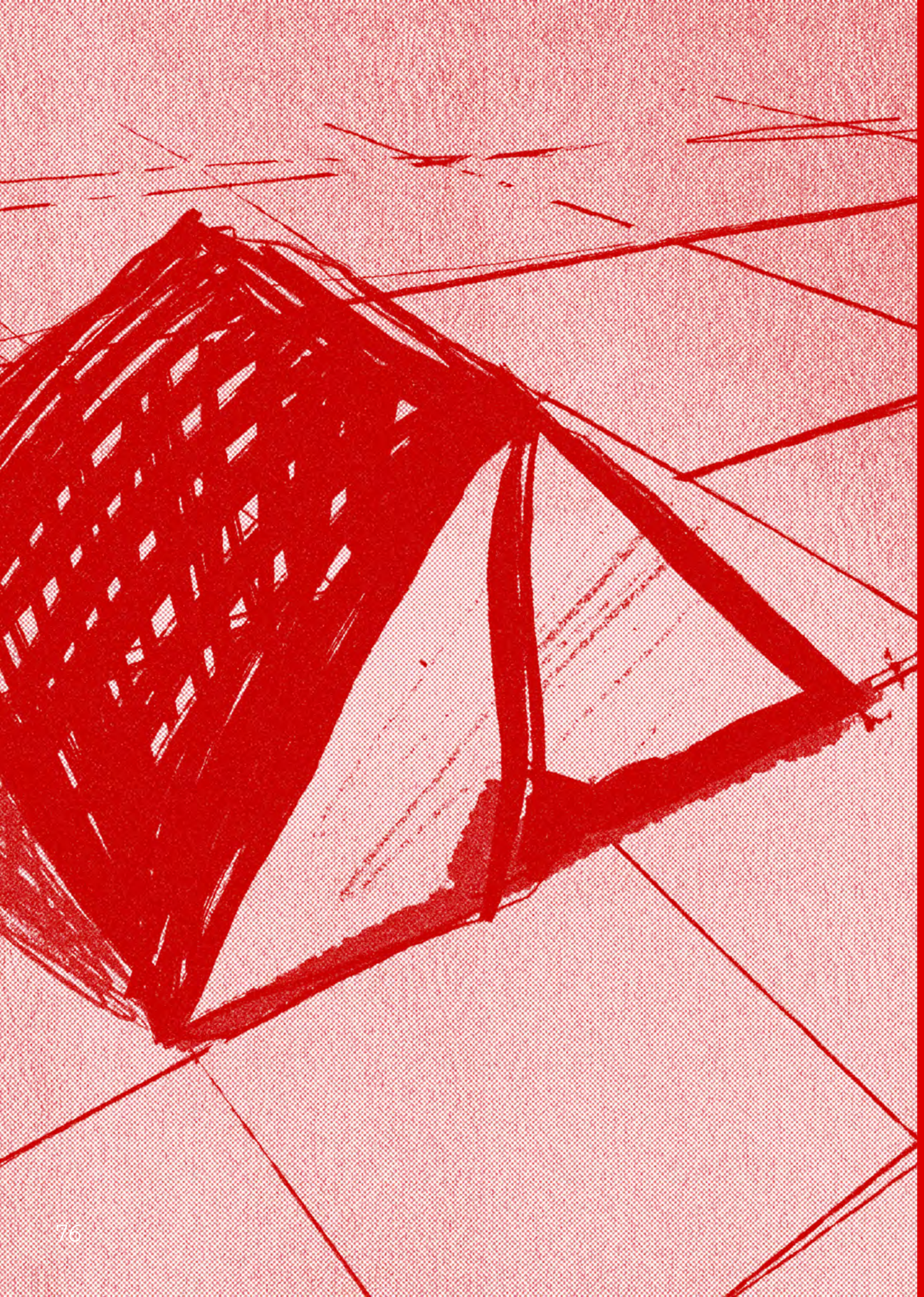
Police violence and harassment

Migrants experience systematic harassment and violence from police on the northern coast of France, particularly in Calais. Police regularly raid and evict people from informal settlements, confiscating or destroying their few belongings, including sleeping bags and tents. As a result, they are repeatedly displaced and forced to find somewhere else to live. In 2023, MSF teams supported people living in informal settlements in Calais, to help meet their health needs and support them to overcome obstacles to accessing healthcare. During the 212 consultations MSF teams carried out between May and September 2023, the most frequent medical conditions identified were respiratory problems (23%), linked to exposure to the cold and lack of treatment for infections, as well as pain from injuries received falling from lorries while attempting to cross the English Channel (10%).

In addition, 34% of people told our teams they had survived violence. MSF's mobile mental health team also provided 82 psychological consultations, in which 32% of patients were diagnosed with anxiety, 28% with situational reaction disorder, 17% with psychiatric disorders, 15% with depression and 8% with addiction problems. In Dunkirk and Calais, the conditions migrants and refugees were living in during the winter were 'catastrophic,'[53] with adults, families and unaccompanied children being forced to sleep outside on muddy ground in freezing weather.

Their appalling situation was compounded by the fact that the French government, like several other EU member states, criminalises and obstructs organisations which seek to provide humanitarian assistance.

This constant, institutional violence perpetrated by the French authorities is financed in large part by the UK government through multiple bilateral agreements.[54] Since 2003, more than €1.28 billion of French and British public funds have been spent on policies focused on deterrence, securitisation, militarisation and enforcement. In March 2023, the UK government pledged another €540 million to France over three years to be spent on further militarisation of the French-UK border, including the deployment of 500 more officers and surveillance equipment, as well as the construction of a new detention centre in northern France. Yet, as we have seen, these violent policies cause immense harm and compel people seeking safety to make ever more dangerous and desperate journeys.



“Every day, the police confiscate the blankets and tents provided for us by the volunteer organisations. I slept in the rain, in the cold. We tried to keep warm by lighting a fire, but the police came to put it out with fire extinguishers and threw water on us. With my disability, every little task is complicated, whether it’s washing myself, going to get food or even just sitting.

In Syria I suffered a lot, and bad memories still come back to my mind sometimes. Yarmouk camp was under siege for a long time by Syrian pro-government forces. I buried 18 people and every day I lost someone close to me because of hunger or disease. I lost my leg in an explosion which killed five of my friends. After that, I decided to leave Syria to join my family in Europe.”

MSF patient, Calais, France, 2023

Conclusion

This report has highlighted the human cost of the policies and practices that have been presented as solutions by the EU and its member states at European and national levels. The contents of this report, which draw from MSF's operational experience in Europe and beyond, where many of these policies already exist in their most abusive manifestation, have laid bare their human cost. They tell us where current EU reforms are going.

Indeed, the outcome of current policies is foreseeable, as these policies have already played out before the eyes of MSF teams for years, from Libya and the Mediterranean Sea to the borders of Poland, Hungary and Greece, with abhorrent and real-life consequences on the health, wellbeing and dignity of people, as this report has shown. We therefore ask EU leaders: at what cost? How many human lives, particularly those from non-European countries, are worth sacrificing for the sake of so-called reforms? What is the value of the lives of people tortured in Libyan detention centres, or drowned at sea; killed, maimed and ill-treated at and within EU borders; forced to continue living having lost their loved ones at the EU's doorstep; suffered immeasurable hardship and brutality along their journey only to be met with exclusion and violence and forced into situations where they can barely survive after their arrival?

The current reforms provide no remedy or solution to this violence. Instead, they will exacerbate the dynamics that have given rise to this violence, and which will allow it to proliferate, unchecked, along people's journey towards Europe. Violence at EU borders will force people to continue resorting to increasingly perilous routes, leading to more hardship and deaths. Dangerous agreements with unsafe countries will immobilise people in places where their lives, health and security are threatened. The institutionalisation of border procedures and detention at external borders will not only generate widespread anxiety and insecurity among people seeking safety, but also undermine the right to seek asylum. Meanwhile, the continued rhetoric of halting 'secondary movements' will lead to further exclusion, neglect and harm across the EU.

As this report has shown, it is people in real need, among them thousands of MSF patients from non-European countries, who will continue to bear the brunt of these violent policies. People migrating to the EU, many of whom have already experienced violence and persecution in their countries of origin, will be forced to endure successive and cumulative layers of violence and suffering on route to and after arrival in the EU. While factors such as war, persecution, violence, natural disasters, the climate emergency, extreme and rapidly growing wealth and inequality gaps, and the prospect of a better life will continue to push people to leave their homes, the EU's response will only perpetuate human suffering on its doorstep, confirming the disposability of lives of people from Africa, Asia and the Middle East attempting to seek protection in the EU. Meanwhile, as EU institutions and member states congratulate themselves on the passing of the EU Pact on Migration and Asylum,



it will continue to fall to civil society organisations, NGOs and community networks to respond to the human suffering they create.

For years, MSF has been ringing the alarm about the human cost of European migration policies, having issued countless reports, press releases and letters proposing recommendations to guarantee the protection, assistance and access to timely and quality care for people trying to reach Europe. Despite this, opportunities for meaningful change – represented by the recent negotiations on the EU Pact on Migration and Asylum – have been squandered, further embedding a web of violent practices at the heart of EU migration policy. Faced with this continued normalisation of violence, MSF has no further policy recommendations, quick fixes or simple solutions to propose. The EU must, instead, urgently confront the issues that lie at the root of this violence, including deep-seated dehumanisation, racism and securitisation of refugees and migrants from non-European countries. This requires an urgent and fundamental change of course, along with meaningful solutions that address the underlying causes, which have, for far too long, resulted in senseless deaths, injuries and long-term trauma among people seeking protection at EU borders.

ANNEX: MSF ACTIVITIES

BELARUS (closed in December 2023): facilitated access to primary healthcare for people en route to Europe.

BELGIUM, Brussels: first- and second-line mental health services for people on the move, support to marginalised migrant communities through outreach activities in squats, emergency shelters and on the street, in the city and beyond; including medical and mental health consultations, health promotion and infection prevention and control; access to second medical opinion upon request for migrants in administrative detention.

CENTRAL MEDITERRANEAN SEA: chartering of an independent SAR vessel with the objectives of performing rescues and providing medical and humanitarian care to survivors.

FRANCE, Paris: day care centre and an accommodation facility for unaccompanied children who are highly vulnerable for psychological, medical or social reasons; appealing to see their minor age recognised.

FRANCE, Marseille: accommodation facility for unaccompanied children who are highly vulnerable for psychological, medical or social reasons; appealing to see their minor age recognised.

FRANCE, Calais: day care centre for unaccompanied minors providing psychological, legal, medical and mental health support.

FRANCE, Paris and Calais: mobile clinic providing primary healthcare to asylum seekers, migrants and refugees.

GREECE, Athens: day care centre to facilitate access to healthcare to asylum seekers, migrants and refugees, with a focus on reaching those who are invisible and/or undocumented.

GREECE, Samos: primary healthcare, mental healthcare to asylum seekers, migrants and refugees and emergency medical assistance to people in distress who have arrived by boat from Türkiye.

GREECE, Lesbos: primary healthcare, mental healthcare to asylum seekers, migrants and refugees and emergency medical assistance to people in distress who have arrived by boat from Türkiye.

ITALY, Palermo: clinic providing medical, mental health and socio-legal support for survivors of torture in collaboration with local health authorities.

ITALY, Roccella Ionica: medical, mental health and psychological support for people upon disembarkation and to individuals transported to the centres within the community, ensuring continuity of care.

ITALY, Ventimiglia: medical support for people crossing the French-Italian border, including primary healthcare, sexual and reproductive health services and socio-medical orientation.

LIBYA, Tripoli (closed in August 2023): primary healthcare, mental health support and referrals for secondary care for migrants, asylum seekers and refugees in detention centres and in urban areas; emergency support and medical referral services to people at disembarkation, following interception and return by the Libyan coastguard.

LIBYA, Misrata: emergency support and medical referral services to people at disembarkation, following interception and return by the Libyan coastguard.

LIBYA, Zuwara: primary healthcare, including mental health support and sexual and reproductive health services.

LITHUANIA (closed in December 2022): primary healthcare and mental health support to migrants and asylum seekers in FRCs under the Ministry of Interior managed by the SBGS.

NIGER, Agadez: support to Ministry of Health primary healthcare centres, including psychosocial support, referrals for urgent treatment, with a focus on survivors of intentional violence.

NIGER, Assamaka: mobile clinics to ensure continuity of care on migration routes, as well as SAR operations to help those lost or abandoned in the desert.

POLAND: medical assistance to people at the border with Belarus.

SERBIA: mobile response units providing primary healthcare, including mental health support, as well as first response for victims of physical violence, especially border violence and pushbacks.

THE NETHERLANDS (closed): primary healthcare and mental health support to asylum seekers in front of the Ter Apel reception centre.

UK, Essex: mobile clinic providing primary healthcare, including PFA to asylum seekers, refugees and migrants held at a large-scale containment site, Wethersfield.

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