

# MdM position on migrants in transit

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In recent years, there has been a significant rise in the number of internal armed conflicts and other forms of violent situations leading to mass displacement within or across borders, e.g. in Afghanistan, the Central African Republic, Eritrea, Iraq, Libya, Pakistan, South Sudan and Syria, etc. At the end of 2014, 59.5 million people worldwide had been forcibly displaced, as a result of persecution, conflict and human rights violations<sup>1</sup>. Although developing countries have been hosting 86% of the millions of displaced persons, an increasing number of people have also tried to find safety in Europe. According to the UNHCR, there have been 1,015,078 arrivals by sea in 2015<sup>2</sup> – 23% of them children. In reality, **these arrivals to Europe only amount to about 1.7% of the total number of displaced persons worldwide in 2014.**

## 1. The need for safe and legal migration channels that are free from violence, adequate reception conditions and protection

According to the UNHCR, the majority of the migrants crossing the Mediterranean qualify as refugees or are entitled to some other form of international protection. But due to increasingly tight immigration controls and walls being erected on land migration routes, many have tried to reach Europe through the Mediterranean Sea. As a result, over 20,000 people have lost their lives trying to cross Europe's borders over the past 20 years, with 3,771 of them perishing in the Mediterranean since the start of 2015.

The reception conditions for those who make it to the shores are not worthy of the standards that Europe claims to uphold. Many migrants have suffered physical torture. They still have to walk very long distances on the western Balkans route, from which many suffer severe wounds. Many migrant families are completely exhausted, nevertheless hardly any shelter or adequate hygiene facilities are provided, and at many border crossings or registration points people have to queue for hours without any access to basic services. There is hardly any access to healthcare throughout the journey. In the summer, many people get severely dehydrated. In the winter, many suffer serious respiratory infections, hypothermia and frost bite.

In the past few months, police violence has been frequently reported on migration routes. As borders close – completely or selectively, based on people's nationalities – people are exposed to criminal and dangerous smuggling schemes. Rapes are frequent on the routes. The journey is particularly dangerous for children, pregnant women, the elderly or people with chronic health conditions or disabilities. Many women are at the initial or advanced stages of their pregnancy, or have recently given birth. A significant number of women and girls are travelling alone, and are exposed to increased risks of gender-based violence or exploitation.

**MdM urges governments to ensure safe migration channels to Europe, free from violence, for all migrants regardless of their nationality.**

The recent plans to provide 50,000 reception places in Greece and 50,000 reception places along the Western Balkans route by the end of this year<sup>3</sup> will not be sufficient. Migrants need protection instead of criminalisation and detention. **MdM urges governments to ensure adequate reception conditions**

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<sup>1</sup> [UNHCR Global Trends 2014, World at War.](#)

<sup>2</sup> <http://data.unhcr.org/mediterranean/regional.php>, last consulted on 19/1/2016.

<sup>3</sup> EC press release (05/11/2015) "Progress following Western Balkans Route Leaders' Meeting".

(shelter, hygiene facilities, healthcare, access to information, etc.) in accordance with **Minimum Standards in Humanitarian Response**<sup>4</sup>. Furthermore, MdM demands the activation of the system laid out in [Council Directive 2001/55/EC](#) on minimum standards for giving temporary protection in the event of a mass influx of displaced persons.

**MdM also asks for specific measures in order to ensure protection for girls and women travelling alone or as single parents. Women and girls travelling alone should be hosted in safe shelters.**

**All minors, including unaccompanied minors, also need specific and high level protection.**

**EU Member States should refuse and stop migration related cooperation with countries of origin and transit countries when these actions involve human rights violations. MdM cannot accept the use of public money to set up migrants' camps outside of Europe, without a guarantee that human rights will be upheld.**

On May 27<sup>th</sup> 2015, the European Council finally decided to step up its search-and-rescue efforts to close the gap after Italy stopped its Mare Nostrum Operation<sup>5</sup>. Although there was an initial drop in the number of deaths in the Mediterranean Sea in May and June<sup>6</sup>, many people continue to perish. **MdM urges EU Member States to further step up its search and rescue efforts throughout the Mediterranean Sea.**

Migrants face specific issues in the countries of transit as they mostly cannot afford to stop and take care of their health in order to follow the flow.

Many European countries have built or are building barbed wire fences, some equipped with razor blades. **Fences intended to inflict injuries need to come down.**

## 2. The need for freedom of where to apply for asylum

Those who are able to reach Europe and wish to lodge an asylum application, can – under the Dublin III regulation – only do so in the EU country where they first arrived. Migrants' lack of choice of where to live often separates them from family or friends, who could welcome them and be an important source of information and support. This unwanted separation leads to significant consequences for the migrant's well-being and mental health. Another consequence of the Dublin III regulation is that countries with reachable Mediterranean coasts, or countries accepting their responsibility such as Germany, end up hosting the majority of the migrants. The resulting lack of appropriate reception and care facilities leads to a worsening of asylum seekers' health. **MdM urges EU Member States to allow asylum seekers to submit their application in their EU country of choice. In the meantime, we urge all Member States to ensure the family reunification entitlement afforded to asylum seekers under the Regulation is enforced in an active and timely manner.**

Although the strain on Italy, Greece or Germany is enormous, there is a clear lack of solidarity between EU Member States. The current relocation and resettlement<sup>7</sup> plans of the European Council are far

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<sup>4</sup> The [Humanitarian Charter and Minimum Standards in Humanitarian Response](#), developed by the Sphere project, are applied by agencies as the de facto standards in humanitarian response in the 21<sup>st</sup> century. It is one of the most widely known and internationally recognized sets of common principles and universal minimum standards in life-saving areas of humanitarian response.

<sup>5</sup> First measures under the European Agenda on Migration: Questions and Answers. [European Commission Factsheet of 27/05/2015](#). The Operation Plan extends the geographical area of Triton southwards to the borders of the Maltese search and rescue zone to cover the area of the former Italian Mare Nostrum operation. The total numbers of available resources has been updated to: 10 maritime, 33 land and 8 air assets, and 121 human resources. "The deployment of assets and human resources will be adjusted in a flexible manner to allow for changes according to the operational needs". Also see [http://europa.eu/rapid/press-release\\_IP-15-5039\\_en.htm](http://europa.eu/rapid/press-release_IP-15-5039_en.htm).

<sup>6</sup> <http://www.unhcr.org/5592bd059.pdf>, UNHCR publication of July 1<sup>st</sup> 2015.

<sup>7</sup> Relocation is the transfer of persons who are in need of or already benefit from a form of international protection in one EU Member State to another EU Member State where they would be granted similar protection.

from sufficient to ensure adequate reception conditions. MdM urges the EU Member States to significantly increase their relocation and resettlement quotas and accept a higher number of relocated refugees.

Furthermore, the creation of a “**hotspots approach**” meant to directly select “economic migrants” to expel them, might be a breach of international laws on protection if there is no complete evaluation of asylum requests on an individual basis.

### 3. Medical examinations for migration control purposes should stop

The special needs and particular vulnerability of unaccompanied children – in line with the Convention on the Rights of the Child – have been repeatedly reaffirmed by various European and UN bodies. Yet Governments often fail to fulfil their responsibilities to protect unaccompanied minors. UNHCR and UNICEF, but also MdM, report many gaps in the infrastructure and services as well as obstacles in the effective access to adequate support including accommodation, education, healthcare and legal assistance. In 2013, a Commission evaluation found that at least 17 EU Member States reportedly detain unaccompanied children and 19 Member States detained families with children<sup>8</sup>.

Instead of granting children the benefit of the doubt, a majority of EU Member States impose wrist or collar bone X-rays, dental examinations and / or sexual maturity examinations without consent, in order to verify unaccompanied minors’ claims about their age. These examinations have been widely acknowledged as unreliable<sup>9</sup> and disproportionately intrusive, and do not take into account the best interest of the child.

**As health professionals, we denounce the use of medical examinations which have no therapeutic benefit and are made only for migration control purposes. Children need to be protected!**

### 4. The need for effective universal access to healthcare

Once in Europe, detention and living in fear of expulsion is what awaits a significant number of people seeking safety and refuge in Europe. Among the migrants without permission to reside seen in MdM healthcare programs throughout Europe in 2014, 52% restricted their movement or activity for fear of arrest. Criminalisation of migrants creates additional barriers to accessing healthcare, in addition to the legal and administrative barriers that migrants already face.

Authorities are inclined to deny migrants access to healthcare, because this is believed to discourage them from immigrating in the first place, or to encourage them to leave more quickly. This is a false belief. The fact that only 3% of foreign nationals consulting MdM had migrated for health reasons, that they had been living on average 6.5 years in the country before consulting MdM, and that 90.5% of chronically ill migrants did not know about their condition before coming to Europe, clearly show that health tourism among destitute migrants is a myth. Migrants seen in our MdM programs throughout Europe migrated to Europe for economic (50.2%), political (28.2%) or family reasons (22.4%).

A majority of migrants (84.4%) who were questioned on the issue by MdM teams reported that they had suffered violence either in the country of origin, during the journey, or after having arrived in the countries surveyed (9.8%). The perceived health status of patients who reported at least one experience of violence was significantly worse in terms of mental and physical health. This confirms

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Resettlement is the transfer of non-EU national or stateless persons who have been identified as in need of international protection to an EU state where they are admitted either on humanitarian grounds or with the status of refugee.

<sup>8</sup> [Evaluation on the application of the Return Directive \(2008/115/EC\)](#), 22 October 2013

<sup>9</sup> The Royal College of Paediatrics and Child Health estimates the margin of error can sometimes be as much as 5 years either side. In [The Health of Refugee Children – Guidelines for Paediatricians](#). London: November 1999.

the large academic body of evidence showing that migrants' high exposure to violence has a direct impact on the mental and physical health of victims, in the short and long-term, and in some cases many years after the original episode. Severely traumatised migrants' mental health needs often remain undetected and untreated, especially in the light of accelerated asylum procedures. **MdM opposes all repressive and restrictive migration policy measures that expose migrants to violence. All migrants should have access to care and protection.**

Universal access to healthcare is a basic human right that has been repeatedly recognised by international, EU and Council of Europe institutions. Furthermore, a growing body of evidence shows that not providing access to treatment ends up being very costly in the long run and does not allow for a coherent implementation of public health policies<sup>10</sup> (including infectious diseases like Hep C/HIV...). Immunisation campaigns through the journey should follow the WHO standard<sup>11</sup>.

**MdM urges EU Member States to ensure universal public health systems built on solidarity, equality and equity, open to everyone living in Europe. EU and national policies on migration should never undermine public health objectives. To start with, all children residing or *arriving* in Europe must have full access to national immunization schemes and to paediatric care. All pregnant women must have access to termination of pregnancy, antenatal and postnatal care and safe delivery.**

## 5. Seriously ill migrants must be protected from expulsion

Finally, a small number of migrants are seriously ill in Europe (e.g. living with HIV, with serious mental health problems or suffering from renal failure, cancer, hepatitis, and other serious diseases). It's impossible for them to go back to their home country if they are not able to effectively access healthcare there. Expulsions with no assurance of adequate healthcare may be tantamount to a death penalty, which goes against the position of the EU and all EU Member States on "*strong and unequivocal opposition to the death penalty in all times and in all circumstances*"<sup>12</sup>. **Seriously ill migrants must be protected from expulsion when effective access to adequate healthcare cannot be ensured in the country to which they are expelled.**

*Text written by Frank Vanbiervliet & Nathalie Simonnot, finalised on 20th January 2016 taking into account:*

- *Remarks of different Network members at the July 2015 meeting in Paris,*
- *Input from the MdM France migrants steering committee, November 2015,*
- *Remarks from: MdM FR Board, MdM UK, Germany, Belgium & Sweden,*
- *OK received from MdM France, Spain, Belgium, Greece & Portugal in December 2015 & January 2016*

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<sup>10</sup> For instance, see the recent study (September 2015) commissioned by the EU Fundamental Rights Agency, "[Cost of exclusion from healthcare – The case of migrants in an irregular situation](#)".

<sup>11</sup> [http://www.who.int/immunization\\_standards/en/](http://www.who.int/immunization_standards/en/)

<sup>12</sup> [EU guidelines on the death penalty](#).