

OBSTACLE COURSE TO EUROPE

**A POLICY-MADE HUMANITARIAN
CRISIS AT EU BORDERS**

December 2015



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CONTENTS

GLOSSARY

Asylum seeker :

A person who seeks safety from persecution or serious harm in a country other than his or her own and awaits a decision on the application for refugee status under relevant international and national instruments.

Migrant :

a person who is outside the territory of the State of which they are nationals or citizens and who has resided in a foreign country for more than one year irrespective of the causes, voluntary or involuntary, and the means, regular or irregular, used to migrate.

Refugee :

either a person who, owing to a well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership of a particular social group, is outside the country of nationality and is unable or, owing to such fear, is unwilling to avail themselves of the protection of that country, or a stateless person, who, being outside of the country of former habitual residence for the same reasons as mentioned before, is unable or, owing to such fear, unwilling to return to it.

NB: As a medical humanitarian organisation, Médecins Sans Frontières (MSF) does not operate any distinction between people on the basis of their legal status. Our assistance is based on medical and humanitarian needs alone. Generic legal terminologies will never sufficiently reflect the complexity of our patients' migratory movements, the trauma they have suffered along the way and their needs for protection and assistance. The terms used in this report are without prejudice to these realities.

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EXECUTIVE SUMMARY

The world currently faces its largest global displacement crisis since World War II, with approximately 60 million people currently displaced due to conflict, persecution and untenable conditions in their home country. Whilst foreseeable, Europe is still reeling in shock from the sheer numbers of refugees and migrants – approximately one million – who have crossed its borders in 2015.

It will be remembered as the year in which Europe catastrophically failed in its responsibility to respond to the urgent needs of assistance and protection of hundreds of thousands of vulnerable people. Not only did the European countries and its member states collectively fail to address the urgent humanitarian and medical needs of refugees and migrants arriving at external or internal EU borders, but the European Union's deterrence and anti-immigration policies – developed over the last 15 years and further strengthened in 2015 – have increased the demand for migrant smuggling networks and pushed people towards ever more dangerous routes which jeopardise their health and lives. These policies have largely contributed to the patterns of the reception crisis we are witnessing today: with those desperate to come to Europe forced to cross the sea and southern EU countries failing to respond to their needs.

Facing razor wire fences, closed borders and intimidating soldiers and police forces from Turkey through most of the Balkans; highly dangerous sea crossings to Italy or Greece; squalid and inhumane reception conditions; and complicated and ever changing registration procedures, thousands of men, women and children fleeing conflict and desperate conditions have had to face another obstacle course, this time through Europe. Countless meetings, conferences and plans have been organised by the European Union and its member states throughout 2015. Despite this, most states have been

unwilling or unable to provide assistance to the refugees and migrants who make it into the European Union. As of 3 November 2015, 14 member states had collectively made 2,284 places available out of the 160,000 European relocation pledge and only 86 people had effectively been relocated from Italy.

The traditional state and UN-sponsored aid system has also struggled to adequately respond to people's needs. Instead, civil society and volunteer groups, better able to work around administrative, institutional and political blockages, have emerged as key to providing refugees and migrants with essential services throughout their journey. At the core of these non-state activities has been an overwhelming upsurge of solidarity from citizens across the world volunteering their time, donations and money to assist the tens of thousands of refugees and migrants in need.

As an emergency medical humanitarian organization, Médecins Sans Frontières (MSF) scaled up its operations in Europe throughout 2015 and focused on setting up mobile responses to attend to the needs of these unprecedented numbers of people on the move.

Never before has MSF had so many projects in Europe, never before has MSF decided to mobilize three search and rescue ships at sea to save lives, and never before has it been more urgent for European governments to step up to their international obligations and assist these people whose lives are at risk.

Indeed, the situation at Europe's borders in 2015 has cast a spotlight on a number of highly inconvenient facts that European governments have been trying to ignore for years:

- Closing borders does not stop people moving, it simply shifts their routes;
- Deterrence policies have direct detrimental humanitarian and medical impact; and

- Increasing humanitarian aid to camps in Lebanon, Turkey or Jordan, even if urgently needed does not absolve EU member states of their responsibilities to receive, assist and protect refugees within EU territory; and it will not stop people seeking safety in Europe for complex reasons

In denying vulnerable people dignified reception conditions, and blocking and pushing back people based on their nationality rather than vulnerability and risk of persecution, European states have eroded the very foundations of international refugee and human rights law.

With a new year ahead and a few months before another potential peak in arrivals, Europe and its member states have the opportunity to right the wrongs of 2015. Europe must dismantle its obstacle course and provide assistance and safe, legal passage to refugees and migrants fleeing desperate conditions.

This report tells the stories of men, women, children, the elderly, the sick and the disabled, travelling alone or with their family, fleeing war, persecution or extreme poverty and seeking refuge and a better life in Europe; people who were left with no other choice than to run the obstacle course to Europe. It highlights how the EU's response so far has not only failed to respond to the urgent humanitarian and medical needs of these vulnerable populations, but has also contributed to the worsening of their situation, with a sometimes tragic impact on their health and lives.

The report spells out that Europe cannot continue to count on the deadly sea crossing, fences and poor reception conditions to act as a 'filter of deterrence'. The current narrative and policies cannot hold. As instability continues to rage across Syria, Libya, Iraq and Afghanistan, the EU and European governments must shift their current policies and provide a humane and humanitarian

response to refugees and migrants desperately seeking its protection and assistance.

The EU and European states are strongly urged to:

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

KEY FACTS AND FIGURES

QUANTIFYING AND QUALIFYING THE MOVEMENT OF PEOPLE :

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

HEALTH IMPACTS OF EUROPE'S MIGRATION POLICIES :

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

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

MSF'S MOBILISATION ON MIGRATION IN EUROPE :

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

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

INTRODUCTION :

A POLICY-MADE HUMANITARIAN CRISIS

"We fled to Europe for the security of the children. To make sure they are safe and have access to good education. Because there is nothing left in Syria. My entire town is destroyed. But if I had known that it's so hard to reach Europe, I would never have sent them. I'd rather have died in Syria than to go through this. I thought people in Europe would treat us well. Because of all the difficulties on the road, some of us gave up and went back to Syria. They are dead now. In total, I was arrested 33 times. I was thrown in prison in Greece, in Macedonia, in Serbia, in Hungary. Why? I don't understand. I did nothing wrong. I did not steal nor kill. I flee death, but I only find death. My future is the future of my children. If only I knew where they are..."

Syrian man living alone in a forest after he lost track of his wife and four children, winter 2014, Serbia.



© Alex Yallop / MSF

In 2015, just over a million people risked their life to reach Europe from Africa, Asia and the Middle East; 84% of them came from the world's top 10 refugee-producing countries. While the official discourse in Europe has tended to present the continent as overwhelmed by an ever-growing wave of migrants and refugees, their number accounts for less than 0.02% of Europe's total population. Indeed, the vast majority of people fleeing conflict zones are internally displaced or live in neighbouring countries. In 2014, Turkey, Pakistan and Lebanon alone hosted one third of the world's refugees¹. In Lebanon, a country with a population of 5.8 million, refugees represent almost 30% of the population.

As we reflect back on 2015, the year will undoubtedly be remembered in Europe as dominated by a 'refugee crisis' driven by external forces. Yet the humanitarian crisis that has unfolded on the borders of the EU is the result of no natural or unforeseen disaster. It is in large part a policy-driven crisis sustained by the failure of the European Union to put in place adequate and humane policies and responses to deal with this unprecedented but in many ways foreseeable movement of people. For years, the EU and European governments have chosen to invest years ago in measures aimed at systematically sealing off borders and deterring refugees and migrants from seeking safety in Europe. These policies include the building of fences at external but also internal EU borders, stricter border controls aiming at 'fighting' irregular migration, the containment of migrants and refugees in countries of first arrival or in transit countries outside of the EU, the increased use of immigration detention, and chronic substandard and insufficient reception conditions in countries of first asylum, primarily in Italy and Greece.

As a result, refugees and migrants, many fleeing war and persecution and in search of assistance

and protection, have faced further violence, arbitrary detention, ill-treatment, extortion, sexual violence, human trafficking, push-backs at borders, and inhuman reception conditions in countries of first asylum. With land borders into Europe (namely the Spain-Morocco, Turkey-Bulgaria and the Turkey-Greece borders) mostly sealed off, the only possible entry to Europe for most is across the sea. Whilst the majority of people reached Europe through the Central Mediterranean route (mainly Libya to Italy) in the first half of 2015, the movement of people shifted to the Eastern Mediterranean route (mainly Turkey to Greece) from July 2015, with an average of 5,000 people arriving every day on Greek shores in September 2015. As of 31 December, at least 3771 people had died whilst attempting the sea crossing to Europe in 2015. Today more than ever, the EU and European governments' restrictive policies are jeopardising the right to seek asylum and putting refugees and migrants' health and lives at risk.

For the last fifteen years, MSF has been working in European Union (EU) countries, providing medical care and humanitarian assistance to refugees, asylum seekers and undocumented migrants. In the last year and especially since the summer of 2015, the organisation has had to dramatically scale up its operations in Europe. The need for MSF, as an international medical humanitarian organisation, to conduct search and rescue operations at sea and to provide assistance at Europe's entry points is a telling indictment of the lack of adequate state assistance currently available for these vulnerable populations. Never before has MSF had so many projects in Europe, and never before has it decided to mobilise search and rescue vessels at sea to save lives. Never has it been more urgent for European governments to step up to their international obligations and assist these people whose lives are at grave risk.

While some new and positive measures have been put forward by the EU and its member states, such as proposals for the relocation and resettlement of asylum seekers and refugees, and whilst countries such as Germany actively welcomed over a million refugees and migrants in 2015, Europe's response has been too slow and insufficient. As for the relocation and resettlement schemes, these have not been mandatory and states have mostly refused to participate. As of 3 November 2015, 14 member states had made 2284 places available out of the 160 000 European relocation pledge and only 86 people had effectively been relocated from Italy. As winter sets in, the health and lives of thousands of women, children and men are more than ever at risk, and the EU's policies and actions are all the more inadequate.

This report tells the stories of men, women, children, the elderly, the sick and the disabled, travelling alone or with their family, fleeing war, persecution or extreme poverty and seeking refuge and a better life in Europe; people who were left with no other choice than to run the obstacle course to Europe. This report highlights how the EU's response so far has not only failed to respond to the urgent humanitarian and medical needs of these vulnerable populations, but has actively contributed to the worsening of their situation, with a sometimes tragic impact on their health and their lives. This report shows Europe cannot continue to count on the deadly sea crossing, fences and poor reception conditions to act as a 'filter of deterrence'. The current narrative and policies cannot hold. As instability continues to rage across Syria, Libya, Iraq and Afghanistan, the EU must once and for all acknowledge the human cost of its policies and shift its response to provide assistance, protection and adequate reception to refugees and migrants desperately seeking its protection and assistance.



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THE EUROPEAN UNION'S ASYLUM FRAMEWORK AND POLICIES

Throughout 2015, the EU's response to the increased flow of refugees and migrants arriving at its shores has been framed by the existing general framework of the Common European Asylum System, and by additional agreements and plans developed mainly from May 2015. As detailed below, these have predominantly focused on blocking the flow of arrivals rather than addressing the humanitarian and protection needs of refugees and migrants arriving in Europe.

A GENERAL FRAMEWORK FOR ASYLUM IN EUROPE: THE COMMON EUROPEAN ASYLUM SYSTEM

The **Common European Asylum System (CEAS)**² was initiated in 1999 by the European Council with the aim of setting up common rules to ensure that asylum seekers are treated equally in an open and fair system – wherever they apply. Since then, several legislative measures harmonising common minimum standards for asylum have been adopted.

The CEAS is made up of five key instruments: the Qualification Directive, the Asylum Procedure Directive, the Reception Conditions Directive, the Dublin III Regulation and the EURODAC Regulation.

The Dublin Regulation is of particular importance when looking at the movement of asylum seekers, as it establishes criteria identifying which member state is responsible for the examination of an asylum claim, usually the country of first entry. This regulation is therefore often used to send asylum seekers travelling through a number of countries back to the country of first arrival for their asylum request to be examined and settled.

DEVELOPMENTS IN 2015: THE EUROPEAN AGENDA ON MIGRATION AND ITS IMPLEMENTATION

Faced in 2015 with a growing number of people seeking safety and protection in Europe, EU institutions adopted a number of plans and policies. In May 2015, the European Commission presented its new European Agenda on Migration, putting forward immediate responses and longer-term policy changes for the so-called 'emergency situation' at its borders³.



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THE EUROPEAN AGENDA ON MIGRATION AS DEFINED BY THE EUROPEAN COMMISSION AND ADOPTED IN MAY 2015

EMERGENCY MEASURES

- The budget for **Frontex** Poseidon (Greece) and Triton (Italy) **joint operations** was provided an additional €26,8 million for 2015-2016 and the area of operation of Triton was extended to 138 nautical miles southward of Sicily's coasts.
- The new concept of **'hotspots'** was created to swiftly identify, register and fingerprint migrants and refugees arriving in frontline member states and coordinate relocations or returns. It involves the cooperation of the European Asylum Support Office (EASO), the EU Border Agency (Frontex), the EU Police Cooperation Agency (Europol) and EU Judicial Cooperation Agency (Eurojust) with the authorities of the frontline member state.
- On 22 June, Common Security and Defence Policy (CSDP) operation **"EUNAVFORMED-Sophia"** was launched in the Mediterranean Sea. The aim of this military operation is to *"undertake systematic efforts to identify, capture and dispose of vessels as well as enabling assets used or suspected of being used by migrant smugglers or traffickers"*.
- A commitment to **relocation (160.000 asylum-seekers) and resettlement (20.000 refugees)** of people in need of international protection.

LONG-TERM STRATEGY

- Reducing the incentives for irregular migration
- Saving lives and securing the external borders
- Developing a strong asylum policy (including through the full implementation of the Common European Asylum System – CEAS)
- Defining a new policy on legal migration



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Two implementations packages, on 27 May and 9 September 2015⁴, as well as several exceptional summits and ministerial meetings have been organised since, aimed at adopting some of the agenda items on migration and other key measures. A meeting of EU Heads of State on 25 October 2015 on the Western Balkan Migration Route also agreed on a 17 point plan of action, focusing on better coordination between countries, the strengthening of border management to **"slow down the flow"**, improved shelter and tackling smuggling and trafficking⁵.

With regards to **relocation and resettlement**, more concrete proposals were made in July 2015, when the Justice and Home Affairs Council agreed to resettle 22,504 displaced persons in clear need of international protection from outside the EU⁶. On 14 and 22 September 2015, the Extraordinary Justice and Home Affairs Council and the Extraordinary Home Affairs Council agreed on the relocation of 160,000 asylum seekers from Italy and Greece to other EU member states⁷.

Another area that has been prioritised in recent months has been **returns**. On 9 September 2015, the EU Action Plan on Return was put forward in order to increase the capacity of the member states to return 'irregular migrants'. Further proposals have included the creation of a dedicated return office within Frontex before the end of the year that would *"have the right to organise joint return operations on its own initiatives, to promote acceptance by third countries of an improved return laissez-passer for return purposes, to further increase incentives for third countries and to commit to returning 400,000 failed asylum seekers"*⁸. In December, this idea was reinforced in the European Commission's proposal to create a new European Border and Coast Guard agency replacing FRONTEX by a more autonomous and efficient body⁹.

In terms of **funding**, the EU and its member states have focused on providing resources to three funds, the Syria Trust Fund¹⁰, the Emergency Trust Fund¹¹ and the Refugee Facility for Turkey¹² as well as resourcing the WFP, UNHCR and a number of other programmes. ECHO's humanitarian aid budget of €324 million in 2015 also includes support for Syria and refugees in Lebanon, Jordan, Turkey, Iraq

and some Western Balkan countries since July 2015. It cannot however fund the humanitarian response in key European affected countries, most notably Greece.

Finally, **two diplomatic initiatives** involving EU member states are important to highlight. First, is the Valletta Conference on Migration of 11-12 November 2015, attended by EU and African States concerned by migration and aimed primarily at addressing the root causes of migration in departure countries, tackling the smuggling and trafficking of migrants and increasing cooperation on return and re-admission¹³. Second, is the EU-Turkey Joint Action Plan. In exchange for a European commitment to a €3 billion Fund to address the humanitarian situation in Turkey and the possibility of faster accession to EU membership status, Turkey committed to increased efforts to stem the flow of migrants across its territory to Europe and cooperate on the re-admission of irregular migrants¹⁴.

While some new and positive measures have been put forward by the EU and its member states, such as proposals for relocation from Italy and Greece and resettlement of asylum seekers and refugees, much of their response to date has been largely insufficient and driven by a border-control agenda and the willingness to stem the flow of arrivals in Europe, rather than addressing the urgent needs for assistance and protection of people fleeing to Europe. Indeed, the objectives of Frontex' operations Triton and Poseidon and of operation EUNAVFOR's are to strengthen border controls and disrupt smuggling networks, rather than saving lives at sea or offering safe and legal passage for people to seek safety and protection in Europe¹⁵. Other priorities, including voluntary and forced return and funding the humanitarian response in areas of departure, fail to address the complex reasons for people's flight; fail to respond to people's urgent need for assistance and protection in Europe; and fail to offer people safe and legal ways to seek the assistance and protection they so desperately need.

was put in jail for no reason. I was there for months, and did not know how long I would be in prison, so I escaped my country in a lot of fear. I have a big family and my mother is sick so I have to find a way to take care of them. The military came to my family when I had escaped and threatened that they all would be put in prison if they did not respond, or give them money. As a human being you are supposed to have rights. In Eritrea you have none."

25 year old Eritrean man, on board the MY Phoenix search and rescue vessel, May 2015

A second important point is that people's reasons for wanting to reach Europe are complex and their need for protection cannot be assumed based exclusively on their countries of origin. People's individual stories, their vulnerabilities and possible persecution cannot be understood without a proper assessment of their unique situation. In addition, some people who did not have specific protection claims on leaving their country have since become in need of protection because of the exploitation and violence they suffered during their journey. It is therefore crucial that all people seeking asylum have the right and the opportunity to do so without discrimination.

This is most certainly the case in Libya where many asylum seekers and migrants spend long periods of time, either earning money or waiting for a break in the weather before braving the seas to Europe. Aboard MSF's three search and rescue vessels our teams have treated patients with physical signs of mistreatment during their transit in Libya and heard hundreds of stories of exploitation, torture and rape. Of 125 interviews conducted by MSF teams in October 2015, 92% of people reported having been the direct victims of violence in Libya, with nearly 100% reporting having witnessed intentional violence perpetrated against other asylum seekers and migrants. Specific accounts include witnessing beatings, murders, and sexual violence. Close to half of the people interviewed reported having been taken against their will and held in short or long-term detention in formal or informal centres in Libya, some of them multiple times.

As result of the bad living conditions approximately one-third of the people assisted by Bourbon Argos were suffering from scabies, a skin disease related to overcrowding and unsanitary living conditions.

"We come from Nigeria but we lived in Libya for four years where we had a normal life, working and living all together. One day we (the family) were inside the house and some guys came in with a gun, they threatened us and they took my husband, they tried to kill me. In the end, they left me and my children, but we couldn't find peace there. We had to hide. We were hiding all the time and we couldn't come out. The guys came back and we were scared. We had to move away. We went to the shore because we needed to get to the boats. I have my children and I had to save them. I knew if I could leave, I would have peace. That's why I took my children and we ran away, joining the boats."

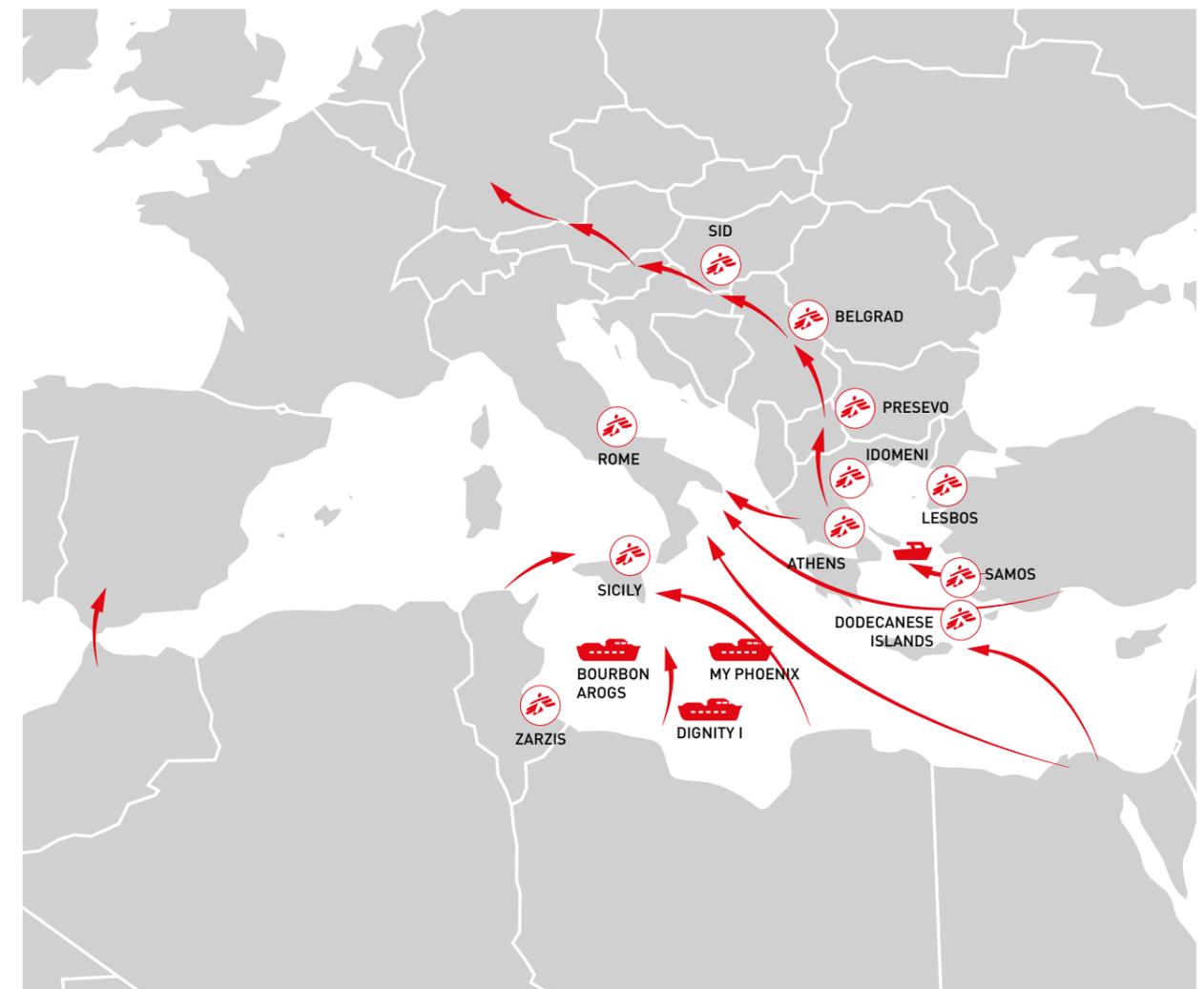
Nigerian woman with her four children, on board the Bourbon Argos search and rescue vessel, August 2015

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

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

Far from straightforward, people's reasons for fleeing are very complex and cannot be determined by their nationality alone. The legal pathways enabling them to find safety, protection, and respect for their fundamental rights are being cut off, leaving with them little choice but to take dangerous routes, putting themselves at risk of further danger and abuse.

STEP 2: CROSSING THE SEA



-  MSF PROJECT LOCATION
-  RESCUE OPERATION
-  SEARCH AND RESCUE BOAT
-  MIGRATION ROUTE

"European countries [...] have expressed sympathy and willingness to receive [Syrians] as refugees of war, but what kind of reception and on what conditions? They are willing to take us in, yet we are not allowed to go on planes to reach them, we are not allowed to reach them by sea, or even land, in a legal way, so what then? The message is crystal clear; we basically have to go through hell and face death in order to get there... [...] The question is whether we'll get there or end up being buried at sea – it all depends on luck."

Syrian woman and mother of four children, in a letter addressed to MSF in Greece, February 2014.

A. THE PERILOUS SEA JOURNEY

Taking advantage of the fact that migrants and refugees cannot use safe and legal routes to enter Europe¹⁷, ruthless and elaborate smuggling networks have developed in countries including Libya and Turkey. Since refugees and migrants most often cannot return home because their lives would be at risk or because they do not have travel documents, their only option left is to put their lives at risk on an overcrowded boat in the Mediterranean Sea, hoping they will make it to the other side.

Of the more than 1 million refugees and migrants arriving in Europe by sea in 2015¹⁸, the majority travelled through the **eastern Mediterranean** route from Turkey to Greece. Between 1 January and 31 December 2015, 851,319 people arrived in Greece by sea. In August and September 2015, an average of 4,000 people were arriving on the Greek islands every day¹⁹. This increased further in October 2015, with the average number of daily arrivals reaching 6,000²⁰, of which 20% were children and 14% women²¹. The month of October 2015 accounted for 33% of the total arrivals in 2015.²²

The **central Mediterranean** route, from North Africa (most often Libya) to Italy, was the second most common migratory route for reaching Europe by sea in 2015. Taken mainly by people from Eritrea, Syria, Somalia and other sub-Saharan African countries, it is considered the most dangerous²³ route. As of 31 December 2015, the UNHCR estimated that 153,600 people had arrived in Italy by sea in 2015²⁴.



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"We came down to the water. We were wearing heavy winter clothes. I'm rather a good swimmer but my wife isn't. And my son is only a year and a half old. We grabbed a lifebuoy and kept swimming. Our woollen and leather clothes were getting heavier and we got tired. I started to scream. After a long while, some young boys came back to help us out. It wasn't far to the shore – some 150 metres – but we could have easily drowned with the weight. We were in the water for an hour. That's one hour I will remember the rest of my life. Imagine how difficult it is to have your son in your arms and not be able to carry him anymore. I was on the edge of letting both of us go deep down. Those were terrible moments that I can't describe. I still cry when I remember what happened."

Syrian man with his wife and their young son aboard the Bourbon Argos search and rescue vessel, August 2015

As more people have taken to the sea the number of deaths continues to increase. **In 2015, 3,771 people were registered as having died at sea**, which surpasses the previous record 3,400 lives lost at sea in the year 2014.

In late 2014, the EU and Italy decided to discontinue Mare Nostrum, a large rescue-at-sea operation led by the Italian navy in the Mediterranean that rescued over 170,000 lives. EU efforts were instead diverted towards reinforcing the Frontex operations Triton and Poseidon, which are mainly aimed at strengthened border management (see footnotes 9 and 10).

Boat crossings began rising from March 2015, and 1,308 people died or went missing at sea in the single month of April 2015²⁵. Faced with this growing number of people attempting the dangerous sea crossing, and with a clear lack of search and rescue (SAR) resources at sea, MSF decided that preventing thousands of people from drowning had become a humanitarian imperative. Within six weeks, it was operating three search and rescue vessels in the Mediterranean Sea.

MSF SEARCH AND RESCUE OPERATIONS IN THE MEDITERRANEAN SEA

1. **The MY Phoenix**: run jointly with the Migrant Offshore Aid Station (MOAS), the MY Phoenix was in operation from 2 May until 22 September 2015. On board were six MSF staff working in collaboration with MOAS' specialist and experienced SAR crew. The three person MSF medical team had the capacity to provide lifesaving emergency medical care as well as primary health care and could refer cases in need of hospitalisation to mainland Italy by helicopter.
2. **The Bourbon Argos**: Operational between 9 May and 31 December 2015, the Bourbon Argos could carry 500 people and had crew of 26 SAR specialists and medical staff. Several containers house activities on deck, including emergency, consultation, an observation rooms, sanitary facilities, a stock room and a morgue.
3. **The Dignity I**: Operational between 13 June and 13 November 2015, the Dignity 1 had a capacity of 350 people and a crew of 18 medical staff and SAR experts. The hospital on board included eight hospital beds, a small clinic equipped with essential medicines and a waiting area. Medical services provided included antenatal care to pregnant women and sexual and reproductive health services.

Between 2 May and 31 December 2015, MSF teams aboard the three vessels rescued 20,129 people in the Mediterranean Sea, about a quarter of whom were women and children. Of the 123 boats in distress that MSF teams assisted, 95 were inflatable and 28 were wooden. On 31 December 2015, the last MSF SAR vessel still at sea, the Bourbon Argos, stopped its activities in order to redirect MSF resources to where they are most needed in departure countries, in transit locations and along other well-worn routes into Europe, including the Eastern Mediterranean route, through the Aegean Sea...

MSF AND GREENPEACE SEA-ASSISTANCE OPERATIONS IN THE AEGEAN SEA

On 29 November 2015, MSF in collaboration with Greenpeace, launched assistance activities to boats in distress in the Aegean Sea, in the waters between Turkey and Greece, off the Greek island of Lesbos. Despite deteriorating weather conditions, up to 150,000 people crossed the sea from the Turkish coast to the Greek Islands in November 2015 alone, with 65% of those landing in Lesbos. Between September and November, more than 320 people, mainly children, have lost their lives in the Aegean Sea whilst attempting to reach a safe haven in Europe .

Between 7 and 28 December 2015, 6,055 people were assisted as part of 143 interventions –people 455 were directly rescued and 5600 people were guided or towed to safety. MSF medical teams at landing point treated 96 people in the first 5 weeks of activities, of which 30 were referred to hospital for further assistance, mainly for trauma.

MSF TRAINING ACTIVITIES IN TUNISIA

MSF has also been working in **Tunisia** to help strengthen the capacity of Libyan and Tunisian authorities and NGOs to cope with emergency situations at sea. In the coastal town of Zarzis in Tunisia, our teams have been organising training in dead-body management for fishermen from Zarzis, Ben Gardane and Ras Ajdir as well as for NGOs (including the Libyan Red Crescent)²⁶. Civil Protection authorities and Libyan and Tunisian coastguards have also been trained and MSF has provided fishermen and local authorities with rescue equipment including first aid kits, protective material, clothing, life vests and body bags.

People who embark on the journey to Europe face many dangers. These include the risk of drowning following boat capsizes or during rescues, which are always very delicate operations²⁷. The crossing from Libya to Italy takes an average of 30 to 74 hours and the crossing from Turkey to Greece takes 45 minutes to a few hours. Shipwrecks are common, especially if weather conditions are rough. Vessels are mainly small inflatable Zodiacs or old, wooden fishing boats and are often unseaworthy and overcrowded. Migrants and refugees are frequently left alone onboard with no experience of the sea, no navigation equipment and meagre fuel. It is little wonder the vessels often get in to trouble soon after their departure.

“No one knew how to drive the boat, we were all saying ‘we will die, we will die!’ A lot of water entered the boat. We all moved on one side and the boat almost turned over! We were all in shock and we were all crying. I was thinking ‘it does not matter if I die’, but I was worried about the two little girls” (one four year old and one seven year old)

17 year old girl from Somalia, aboard the MSF search and rescue vessel Dignity I.

On 5 August 2015, after a wooden boat carrying between 600 and 700 people capsized close to the Libyan shore, the MSF search and rescue vessel Dignity I was called to assist. Only 300 people are believed to have survived the shipwreck. Survivors explained with horror how the boat was mainly filled with families and that most of the people missing were women and children who did not know how to swim.

“It was a horrific sight, people desperately clinging to lifebelts, boats and anything they could to fight for their lives, amidst people drowning, and those who had already died.”

MSF project coordinator on board the Dignity I, August 2015



A boat containing approximately 650 people is rescued in the Mediterranean Sea by the Bourbon Argos.

© Francesco Zizola

On 28 October 2015, 43 people, including 20 children were reported dead after a boat capsized near the Greek Island of Lesbos. That same day, 19 people went missing after a boat sank off the island of Kalymnos in the Dodecanese. Four people went missing off the island of Samos and three people in an incident off the island of Agathonisi.

On 16 December 2015, a wooden boat carrying around 85 people capsized off the northern shores of Lesbos. When the MSF-Greenpeace assistance boats arrived at the scene, the team quickly began rescuing as many people as possible, handing out floating devices to help those still in the cold water. Survivors were transferred to vessels operated by other volunteers. In all, 83 people were rescued and transferred to the nearby towns of Molyvos and Petra. Many were in need of resuscitation or were treated for hypothermia by MSF teams at the arrival points, and three patients were referred by MSF to a local hospital for hypothermia, among them a child. At least two people – an 80 year old man and a nine month old child – drowned.

Medical teams on board search and rescue vessels have time and again witnessed the terrible, precarious and often life-threatening conditions experienced by people in transit countries such as Libya and on board the flimsy vessels in which they make their sea journeys. With scant food, water and blankets on board, passengers, especially the most vulnerable, face dying of dehydration, hypothermia or exhaustion²⁸. Of the 4,443 patients treated by the Bourbon Argos medical team in 2015, around half were suffering from minor ailments and a considerable number suffered from more serious ailments, including violent trauma (39 patients, or 1%), scabies (1236 patients, 28%), chemical burns (69 patients, 2%), trauma (72 patients, 4%), dehydration (10 patients) and more recently hypothermia (two patients in Bourbon Argos and six patients in the Aegean SAR).

The impact of people’s experiences and trauma at home and during the journey on their mental health is difficult to measure, but also requires close attention. MSF conducts individual and group sessions with people arriving in the islands, and also provides psychological first

aid to survivors of shipwrecks. Of the 1,559 patients MSF mental health teams supported individually or through group sessions between June and December 2015 in Italy and Greece, 28% presented symptoms of anxiety, 20% had symptoms of depression and 7% had symptoms of post-traumatic stress disorder.

On 29 October, MSF provided support to a woman and her three daughters after their boat capsized near the island of Farmakonisi. The MSF Field coordinator in the Dodecanese islands explains: *“They were desperate; we helped them change their wet clothes and gave them blankets. The woman was brought to the Hospital of Leros and we provided psychological support to the daughters. The husband arrived with a second trip of the boat bringing people from Farmakonisi to Leros and they were reunited.”* The following day, after a shipwreck off the island of Kalymnos, our psychologist conducted sessions with 10 survivors, including a 27 year old Iraqi man who had lost his disabled brother, a 32 year old Syrian man who had lost his three children and a 35 year old Syrian man who had lost his wife, son and daughter.

In a number of rescue operations, MSF arrived too late to save some of the people in distress. On 27 July, the Dignity I attended a wooden boat in distress with 312 people on board. Teams found the bodies of 14 people locked in the engine room who had died of asphyxia. One disabled man on the upper deck died just before the rescue team arrived. On 23 August, a 12 year old Somali boy rescued on a boat coming from Libya was admitted to the on-board clinic on the MSF vessel Dignity I. He was suffering from a chronic disease and had been beaten in Libya. He sadly passed away from a sudden cardiac attack before the vessel could dock in Italy.



© Alessandro Penso

MSF and Greenpeace conduct joint sea operations to provide assistance to boats in distress off the coast of Lesbos.



© Will Rose / Greenpeace

B. AGGRAVATED FACTORS FOR DISTRESS AT SEA - TARGETED VIOLENCE AT SEA AND ON SHORE

Left to fend for themselves on unseaworthy boats, refugees and migrants don't only face the dangers of the sea, but at times also face attacks during the crossing.

In July 2015, our teams in Lesbos and Kos began to be approached by refugees who wanted to share their troubling stories of violence at sea involving unidentified masked groups either robbing them or throwing their personal belongings overboard. Some people recounted bigger boats approaching dinghies and trying to pierce and sink them with long perches. Others described boats seemingly belonging to the Greek Coast Guard sailing by without coming to their rescue. Our teams continue to receive such reports from those arriving on the Greek islands.

'We were attacked in between Turkey and the island (Farmakonisi), by 3 men in uniforms on board of a large metallic grey boat. I saw 3 male adults on board, wearing dark blue naval uniforms with a greek flag on the shoulder. We got closer to them, showed them our children to get some support from them. I cannot forget what happened. Once we got close to them they used the harpoon to brutally punch our boat in front. They did 2 holes and it was completely the panic on our board. They wanted to kill us. I don't want it to happen again to other refugees. Before the attack [...], the sea was quiet and we were not in danger. Our lives and lives of my own nephew would not have been in danger if the men would not have attacked us.'

Syrian man, Kos, Greece

Similar stories were reported in the media and organisations working on the ground throughout the summer and early autumn. They described attacks in which armed assailants deliberately disabled boats transporting refugees by damaging or removing the engines or the fuel, or puncturing

the hulls of inflatable boats. In some accounts, the boats were towed back to Turkish waters²⁹.

In November 2015, our medical teams in Leros treated patients who had just survived an attack at sea :

"We left the Turkish coast with 45 people on board (...) After a while a big motorised grey boat approached us (...) It was armed with a heavy weapon and had a Greek flag on it (...) I saw three men (...) wearing dark blue uniforms with the Greek flag. We showed them that we had children on board and that we needed support (...) Once close (...) they took a long metallic stick with a hook and (...) hit the (...) [anterior buoy]. The first two punches came fast and perforated the front of our boat . The water quickly started to enter our boat. Children and women were shouting. We started frantically to use our hands to bail out the water from the boat. There was total panic on board. After a while (...)we saw another big metallic boat. This one was orange, (...) [with] five men inside, wearing the same dark blue uniforms with clear blue flags. We shouted and asked for their help... we saw the men on board laughing loudly.(...) We watched this boat returning to the island, Farmakonisi. The people in my group say they are sure that it was the same boat that later brought us from the island Farmakonisi to here, Leros. The panic on board is indescribable (...) We all saw death coming. We had children on board, how can somebody do that to children? We fled our country because our lives were in danger there. The first thing happening to us entering into Europe is men in uniform trying to kill us."

35 year old Afghan man, Leros, Greece, November 2015



Refugees prior to embarkation on board the Bourbon Argos.

© Christophe Stramba-Badiali / Haytham Pictures

MSF teams treated two children that survived the attack described above. One eight year old boy came to the MSF clinic with his father. He told our doctors "Since we have been in the water I feel very sad. I don't know why but I feel very sad". Fighting back his tears, his father explained that his son had difficulty sleeping since the attack, waking up with nightmares, as well as suffering from bronchitis.

Another child, six years old, came to our clinic with his mother. Having fled from the war in Afghanistan, she explained :

"My son was completely in the water, there was water all in the boat after the attack. But I managed so that his head didn't enter the water until we reached the island Farmakonisi. He was in my arms and I was holding him so tight. I was afraid. His whole body was black. His lips were completely blue. It was a miracle nobody died."

MSF teams carrying out mental health activities on shore report that patients who face incidents of violence at sea have already been through distressing experiences related to war, violence and persecution on land. Facing ill-treatment or violence during this journey by boat serves to aggravate the psychosocial risk they are subject to, and often leads to intense distress, and symptoms of acute anxiety, hopelessness, fear and insecurity.

The involvement of the Greek Coast Guards in these attacks has been denied publicly by the Greek authorities, but no thorough investigations are known to have taken place. Given Frontex's support to the Greek Coast Guards, it has a key role in following up on these claims with the Greek authorities so as not to render the European Union complicit of such potential crimes.

Abuses have also been reported on the **Greek military island of Farmakonisi** by patients we treated in Leros and other Dodecanese Islands. Out of 343 patients supported for traumatic events by our medical and mental health teams in Greece in 2015, 81 (24%) reported that incidents had taken place on Farmakonisi.

"On the military island they made us kneel, waiting in the sun for many hours. You can see that we are burnt from the sun. They had tied our hands and were slapping us without any reason. Also, when we were sleeping they came inside the room and beat us with iron sticks. They took my mobile battery and then they asked me for 20 euros to get it back."

31 year-old Syrian man, Leros, Greece

"We were on the military island. A soldier was shouting in English 'I don't care about the laws – For me the laws do not exist – Here there is only one law – The army law."

40 year-old Iraqi man, Leros, Greece

"We were asked to switch off our mobiles and put them in a bag with our money. I put my wallet inside. I had 1200 euros to continue my trip. When they returned our stuff, my money was missing. They had left only the Turkish Liras inside my wallet. I don't have money. I had left some money with my wife and children to manage until the time I arrive to my destination. A soldier asked me to stand up and start running. I explained that I couldn't do that as I have a problem with my leg. He kicked me on the same spot that I had been injured. You can see that my leg is swollen."

27 year-old Iraqi man, Leros, Greece

MSF medical teams treating patients that arrived on the island of Farmakonisi have been shocked by the particularly poor health condition and signs of violence. Indeed, many of these patients show signs of beatings and present with symptoms of physical exhaustion. In October and November 2015, our medical teams in Leros treated 107 diabetic patients arriving from Farmakonisi with high blood sugar levels and who did not receive medical attention on the island. Our psychologists have also noted the high level of trauma exhibited by these patients.

Our patients tell us they are aware of the risks involved in the dangerous sea crossing, but that they are ready to die. Those who have life jackets sometimes write names of relatives to be contacted in case they drown: "When I ask people why they risk their lives in this way, I get the same answer every time: 'there is no alternative.' These people know the dangers but they take the gamble anyway. They tell us that they would rather drown seeking safety and freedom than stay in their homelands or in Libya where their lives are not worth living."

MSF Emergency Coordinator on board of the MY Phoenix

Although proactive and large scale SAR operations are necessary to save lives in danger at sea, they are not the solution to forced migration by boat. They will never fully prevent refugees and migrants from dying at sea, and they will not prevent attacks at sea. It is the lack of safe and legal alternatives to apply for asylum or migrate to Europe that forces people to resort to smugglers and risk their lives on such dangerous and uncertain journeys. Safe alternatives to the dangerous sea crossings exist, including land crossings between Turkey and Greece, as well between Turkey and Bulgaria. But today, these safe and legal alternatives continue to be dangerously overlooked by member states of the European Union who have instead invested their resources and efforts in blocking the flow of asylum seekers and migrants and launching military operations against the smuggling industry in Libya, while turning a blind eye to the violence plaguing its own borders.

© Will Rose



MSF and Greenpeace conduct joint sea operations to provide assistance to boats in distress off the coast of Lesbos.

STEP 3: ARRIVING IN GREECE AND ITALY - INADEQUATE RECEPTION CONDITIONS FOR ASYLUM SEEKERS IN GREECE AND ITALY

For those who have survived the sea journey to Europe's shores, new challenges lie ahead including finding a safe place to disembark, understanding the registration process and being able to find adequate shelter and essential services. MSF teams have seen many of the people rescued smile, raise their hands and kiss the ground when they finally set foot on European soil. Unfortunately, for the majority, the obstacle course to safety is far from over and many new dangers await them in Europe.

GREECE

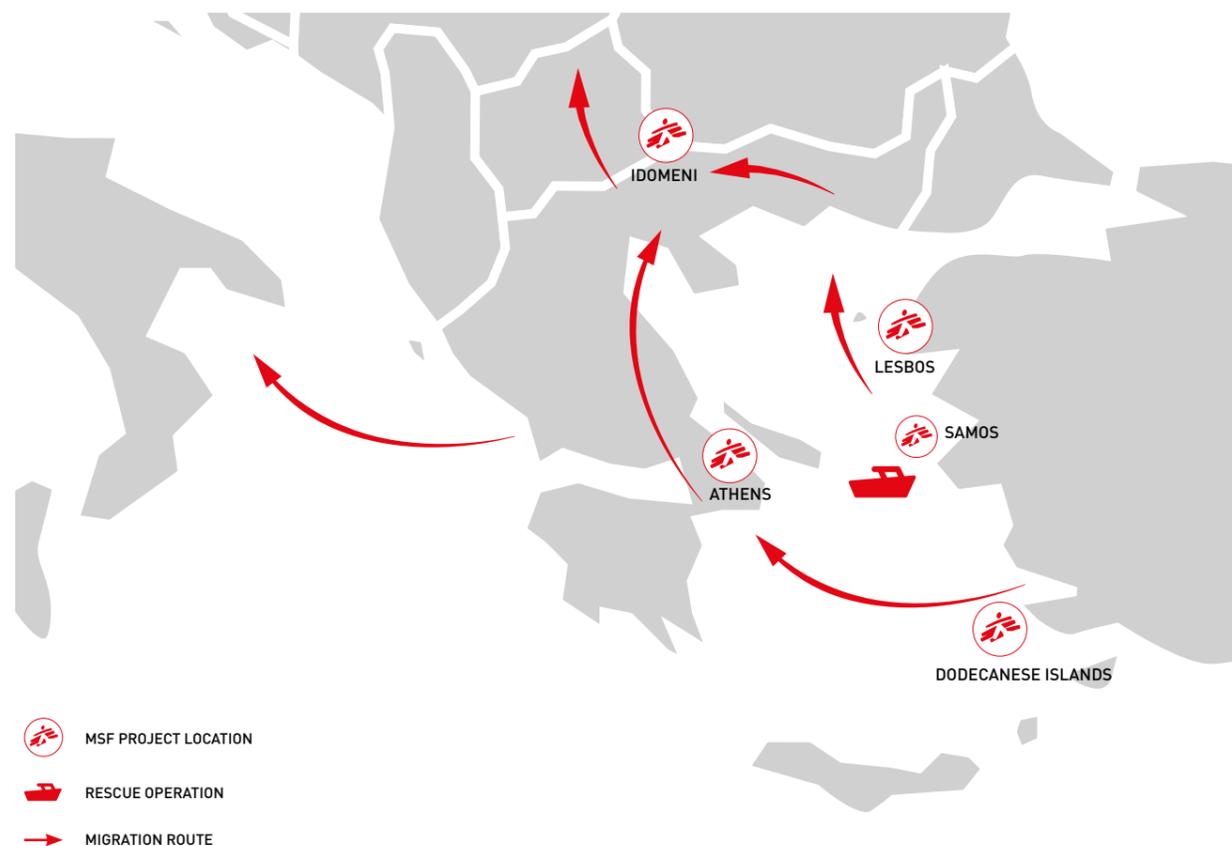
In 2015, **Greece** became the first entry point for migrants and refugees attempting to reach Europe. As of **31 December 2015, 851,319** people had crossed the Mediterranean and arrived in

Greece, mainly in the ports of Lesbos, Samos, Chios, Kos and Leros. More than **91%** come from countries affected by war or generalised violence (mainly Syria³⁰, but also Afghanistan, Iraq, and Somalia) and over a third are women and children.

Despite deteriorating weather condition and most likely due to the perception that European borders are closing, October 2015 saw the largest number of people arriving in Greece, with an average of 8,700 people arriving every day in the Greek islands in the week 15-21 October³¹.

"I avoid drinking water...in that way I will not to have to go to the toilet."

Syrian Woman in Kos, Greece



A dramatic reception crisis

For years, Greece has been unable to offer decent reception conditions to asylum seekers. Only two islands, Lesbos and Samos, have reception facilities in place, although even these remain insufficient. Faced, since May 2015, with an increased flow of refugees and migrants arriving on its shores and waiting to be registered, existing local capacity was immediately overwhelmed. Organising the reception of a population, registering the many vulnerable groups arriving unannounced and only transiting for a few days is a real challenge. But the lack of adequate and speedy response from the authorities has allowed the situation to spiral out of control, and has led to unacceptable living conditions for these already vulnerable people. A year into this crisis, despite numerous visits by EU representatives including the European Commissioner for Migration³², both the reception infrastructure and the asylum system in Greece continue to fail to adapt to the needs of the refugees and migrants.

The island of Lesbos, where close to 60% of all migrants and refugees arriving in Greece land, only had a daily reception capacity of 1,480 people in October 2015³⁴. This was nowhere near enough to provide shelter for the estimated 5,000 people who arrived each day and spent up to several subsequent days on the island. As of October 2015, Syrian families had to register in Kara Tepe camp, where they usually spent the night in very basic tents or Ikea pre-fabricated houses, before leaving the next day for the port of Mitilini to reach Athens by ferry. Single Syrian men and people from other nationalities had to register at Moria camp, the first Greek 'hotspot', where non-Syrians have to wait about three days for their registration, with little or no accommodation or assistance provided. As a result, whole families and groups were sleeping rough in the vicinity of the registration camps, with very little protection from the sun, cold and rain, under trees, or in small tents if they were able to buy one. For months, humanitarian organisations have been calling on the Greek authorities to improve the reception conditions in Moria site and increase the shelter capacity on the island.

A comparison of the capacity and needs for reception in the Greek islands as of October 2015

	Average # daily arrivals in Oct ³³	# Number of reception places
Lesvos:	4,400	700 official and 780 by humanitarian actors
Chios	900	110
Kos	800	0 official, 200 by MSF
Leros	400	0 official, 421 by humanitarian actors
Samos	800	250

"We are staying in a dirty tent. There are no mattresses to sleep on, just cardboard boxes. There are no blankets, nothing, just dirt. We don't even want to go near the toilets. The water is not clean, we cannot wash. For breakfast, we have one piece of bread shared between three people. One woman arrived today with her two small babies. Their clothes are all wet, but they don't have any more clothes. She has been asking where she can find some milk for her baby, but nobody gives her milk, so she will have to buy it from somewhere. I can't believe that I am living in such conditions with my family. I used to be a teacher and my husband was an accountant. Look at us now. This is inhumane."

28 year-old woman from Syria with her husband and their four year old daughter, Kara Tepe camp, Lesbos, Greece³⁵

On the island **Kos**, where 200 to 500 people were arriving every day in October 2015, there is no reception facility, as the local authorities continue to oppose the creation of any organised reception or transit facility on the island. In the informal camp of Captain Elias, 500 to 700 people used to sleep on the floor of a dilapidated old building that MSF rehabilitated with a capacity of maximum 200 people. Under pressure from the local authorities, this informal camp was closed and people were evicted on 10 September 2015. In September, MSF created shelter for 200 people behind the police station.

“We have been here for five days. Life here is very expensive. Hotels as well. We cannot afford them. That’s why we have to stay in the streets. But every day in the streets costs us money. Every day we have to chase the shadow. From the shops and cafes they push us. (...) We do not want to stay here, we want to leave. But here every day the situation is getting worse (...) We drink water from the water points that are made for the private yachts. When there is one running we try to take the opportunity... There is also one toilet that they open for one hour per day.”

Syrian man with his wife and five children, Kos, Greece

On other islands where there are **no official reception centres**, thousands of new arrivals have had no other choice than to settle in public parks, where they have little or no access to water, shelter, toilets or medical care. With very little assistance provided, these vulnerable people have had no access to vulnerability and medical assessments or referrals for those most at risk. In addition to these living conditions, the Greek authorities gradually withdrew all food provision in the Greek islands during the summer.

“People arrive on the Greek islands after having gone through a lot of hardship. We have seen children and adults still wet, who are forced to sleep outdoors. There are patients with diabetes and there is no provision of medical screening or special nutritional requirements. All these conditions are especially harmful for the refugees’ health, besides the fact that it is insulting for their dignity as human beings.”

MSF Medical Doctor, Dodecanese Islands, Greece

Whilst understandably overwhelmed by the scale of the arrival of refugees and migrants in the first weeks of May 2015, national and local authorities subsequently completely failed to provide for the needs of these vulnerable populations. What is even more concerning is that authorities have not only failed to comply with their obligation to provide adequate reception, but have also **prevented non-state organisations from stepping in to provide that assistance**. Some of the numerous administrative obstacles experienced by MSF teams over the past year include the refusal by the Kos municipality to allow MSF to put up tents for emergency shelter in a car park in town, and local authorities not allowing MSF teams to put up tents in a park behind the harbour in Lesvos’ port of Mitilini.



© Alex Yallop / MSF

A failure to provide swift access to registration and information

The failings of the Greek authorities are not limited to the lack of reception, but also include the **failure to provide swift and effective access to registration procedures and information** regarding asylum procedures and basic services.

Indeed, the administrative registration process in Greece, which is carried out by the police, is mandatory, extremely heavy, constantly changing and involves, in some islands, 15 different steps. Throughout the summer, each Greek island followed a different registration system.

The lack of swift access to registration; the complete absence of information provided by the police and Frontex; as well as the lack of adequate crowd control, have repeatedly led to **chaotic situations** with tear gas and violence used by the authorities. Humanitarian organisations have been forced to take on the state’s responsibility of providing crucial information to the refugees and migrants and in some instances even forced to handle crowd control.

“We were given a piece of paper by the port police, but since then we have been waiting here and have heard nothing. Nobody tells us anything. There is no one responsible for giving us any information, and we don’t know what to do. No authority, no police, no information, nothing.”

26 year-old Syrian man with his wife and baby, Lesvos, Greece

In Kos, registration descended into chaos on 10-12 August 2015.

“On Monday 10 August, the local authorities on Kos Island began sweeping operations to push the people away from the town centre. Syrian families were told to gather at an open air stadium and await registration there, instead of the police station. Over the course of the day, the numbers in this open-air stadium started to swell. As

none of the people we talked to had received any information on what was going on, most waited around on the gravel field, too scared to leave to go and get water or food outside. The two available toilets quickly filled up and became unusable.”

“Since only three police officers were in charge of registration on Tuesday, the process was extremely slow and some people in the crowd, forced to queue under the sun all day long, started getting upset. The police, unable to keep control of the situation they had created, used tear gas to disperse them that afternoon and at least one stun grenade in the evening. The situation inside the stadium quickly degenerated: roughly 2500 people were locked in all Wednesday. People were fainting at an alarming rate and urgent referrals to the local hospital needed to be organised. All the people I talked to were completely lost as to what was going on and why they were being treated this way. Their main concern was to try and find a way to find food and water without losing their spot in the registration queue, while not drinking too much since there were no toilets. It was a very shocking couple of days.”

MSF Humanitarian Affairs Officer, Athens, Greece

During the event, our teams treated seven people crushed by the crowd and 33 for heat exhaustion and loss of consciousness. We referred four patients to the local hospital and received at least three reports of police violence.

The health impact of the government's failure to provide access to reception facilities and other essential services

In Greece, the lack of swift registration and adequate reception conditions has put the health and safety of refugees and migrants at risk. For months, our medical teams throughout Greece have treated the health consequences of the extremely precarious conditions refugees and migrants are forced to endure for days³⁶ before their identification and registration is completed.

Between June and November 2015, two thirds of the patients seeking care in MSF clinics in Greece suffered from respiratory tract infections, skin diseases and trauma – all linked to the dangerous and unhygienic conditions they were living in. Among women of reproductive age that attended MSF clinics, 838 (13%) were pregnant while 4,360 (14%) were children under five years old and 2,233 (7%) of our patients had a chronic disease, including diabetes, cardiovascular disease, lung disease, cancer and chronic renal failure requiring dialysis. With no screening of people's medical vulnerabilities on arrival, the system, or rather lack thereof, further endangers the lives of refugees and migrants.

"We have witnessed a lot of pregnant women and children queuing for several days in the mud, soaking wet in the pouring rain without any protection, some of them only wearing a t-shirt. People can't stand up anymore because their feet are swollen after being wet for several days. Without the intervention of our medical teams or volunteers, police don't allow refugees to leave the queue to have access to health care. Our staff have to look for the sick and injured in the queues to be able to redirect them to the clinic. In addition, the registration process keeps on being changed, with no information shared with the people and humanitarian organisations. This is completely inhumane."

MSF Project coordinator in Lesbos, Greece

The situation – already worrying over the summer – has only got worse with the rains setting in and winter approaching. MSF medical teams in Greece saw a 160% increase of respiratory tract infections between July and October 2015. Patients described how they had fallen sick sleeping outside on the bare ground, with no protection from the rain and cold. Between October and December 2015, our medical teams in Greece and Serbia treated 19 cases of hypothermia, 12 of which were in Idomeni, at the Greek-FYROM border.

The lack of access to information and basic services such as shelter, food and sanitation impacts not only people's physical health, but also on their general well-being and mental health. An MSF psychologist working with asylum seekers and migrants in Greece explains:

"Although arrival in Europe would normally mean having finally escaped war and violence, people's situations are still difficult due to the lack of a proper reception system. This leaves them exposed to additional fear, insecurity and risks such as the non-fulfillment of

their basic needs and limited access to basic medical care or legal information. People with previously identified mental health difficulties are facing the risk of a deterioration of their health due to the lack of a timely identification of needs and the proper referral to medical or other care."

Failing to comply with EU standards of reception, the Greek authorities have focused exclusively on police and registration procedures, neglecting to put in place an asylum reception system and failing to respond to the urgent and essential needs of the refugees and migrants – be it for shelter, food or water and sanitation. These shortcomings, which are of particular concern given the vulnerable condition of these people, are not only morally and ethically unacceptable, but also violate basic human rights and EU and Greek legislation³⁷. The treatment of asylum seekers in Greece was qualified as inhumane and degrading treatment by the European Court of Human Rights in 2011, and at the beginning of 2015, UNHCR called on EU member states to suspend Dublin transfers of asylum seekers to Greece.



A 7 months pregnant asylum seeker in Serbia

© Julie Remy / MSF



© Georgios Makkas

MSF MEDICAL ACTIVITIES IN GREECE

Between 17 March and 27 December 2015, MSF teams provided just over 43 000 medical consultations to refugees and migrants in Greece.

KOS

In December 2014, after a four month long emergency intervention on the island of Kos, MSF decided to withdraw, as we came to the difficult conclusion that given the circumstances in which people were left stranded on the island, our medical impact was limited³⁸. MSF returned to the island in March 2015 and has been providing primary health care as well as mental health support and information to people arriving; distributing Non-Food Items (NFIs) and working on sanitation facilities and shelter. At the time of writing, there is still no state-organised reception on the island.

Between 17 March and 12 December 2015, MSF undertook 8,700 consultations, of which 37% were women and children; 158 individual mental health sessions and 509 group sessions with 4,242 participants.

LESVOS

MSF began its activities in Lesvos in July 2015, providing medical and mental health care in the Moria and Kara Tepe registration camps, as well as at the port of Mitilini. Teams also provide temporary shelter and transport to and from the Mantamados transit point. In November 2015, MSF stepped up its presence and activities on the northern shore of the island where most of the boats arrive. Medical teams aboard two ambulances stand ready to provide urgent medical care and refer patients as they arrive on shore.

Between 28 July and 13 December 2015, MSF carried out 12338 consultations, of which 70% were women and children; 199 individual mental health sessions and 381 group sessions with 2598 participants.

LEROS AND SMALL DODECANESE ISLANDS

In June 2015, MSF started visiting the islands of Leros, Simi, Tilos and Kalymnos and established a permanent presence on Leros in September, with teams working on shelter, water and sanitation, distributing NFIs and providing mental health support and primary health care services.

Between 15 June and 12 December 2015, MSF carried out 4676 consultations, of which 68% were women and children; 69 individual mental health sessions and 268 group sessions with 1552 participants.

SAMOS

In October 2015, MSF put in place an 'emergency call' service, enabling MSF teams to be called when boats arrived. Medical teams provide first aid to refugees and migrants disembarking and transport them to the closest town on the island, Vathy.

Between 5 October and 1 November 2015 MSF carried out 645 consultations, of which a third were for children under the age of five.



© Achilleas Zavallis

ATHENS

MSF is also present in Athens, where MSF teams started mobile clinics in December 2015. As a result of, new restrictions on movement imposed at borders, an increasing number of refugees and asylum seekers are staying in the capital.

In collaboration with the Greek organisations Babel and the Greek Council for Refugees, MSF teams in Athens are also providing medical and psychological services as well as legal support to refugees, asylum seekers and undocumented migrants who have been victims of torture. In September 2015, the team had 136 patients in the program. The most commonly referred types of torture are blunt and head trauma, threats, and bad detention conditions. Most patients suffer from one or several mental issues including anxiety, depression, psychosomatic symptoms or symptoms of psychosis. Forty percent of patients present symptoms of post-traumatic stress disorder (PTSD).

GREEK-FYROM BORDER

At the Greek-FYROM border MSF has been present in Idomeni, running mobile clinics, building shelters, putting in place water and sanitation facilities, and distributing relief items to people who wish to continue their journey to northern Europe through the Western Balkans.

For the period 1 April 2015 – 13 December 2015 MSF undertook 11,833 consultations, of which one quarter were women and a further quarter were children. From July to December 2015, 230 individual mental health assessments and 735 group sessions were provided in which 13,357 individuals participated.

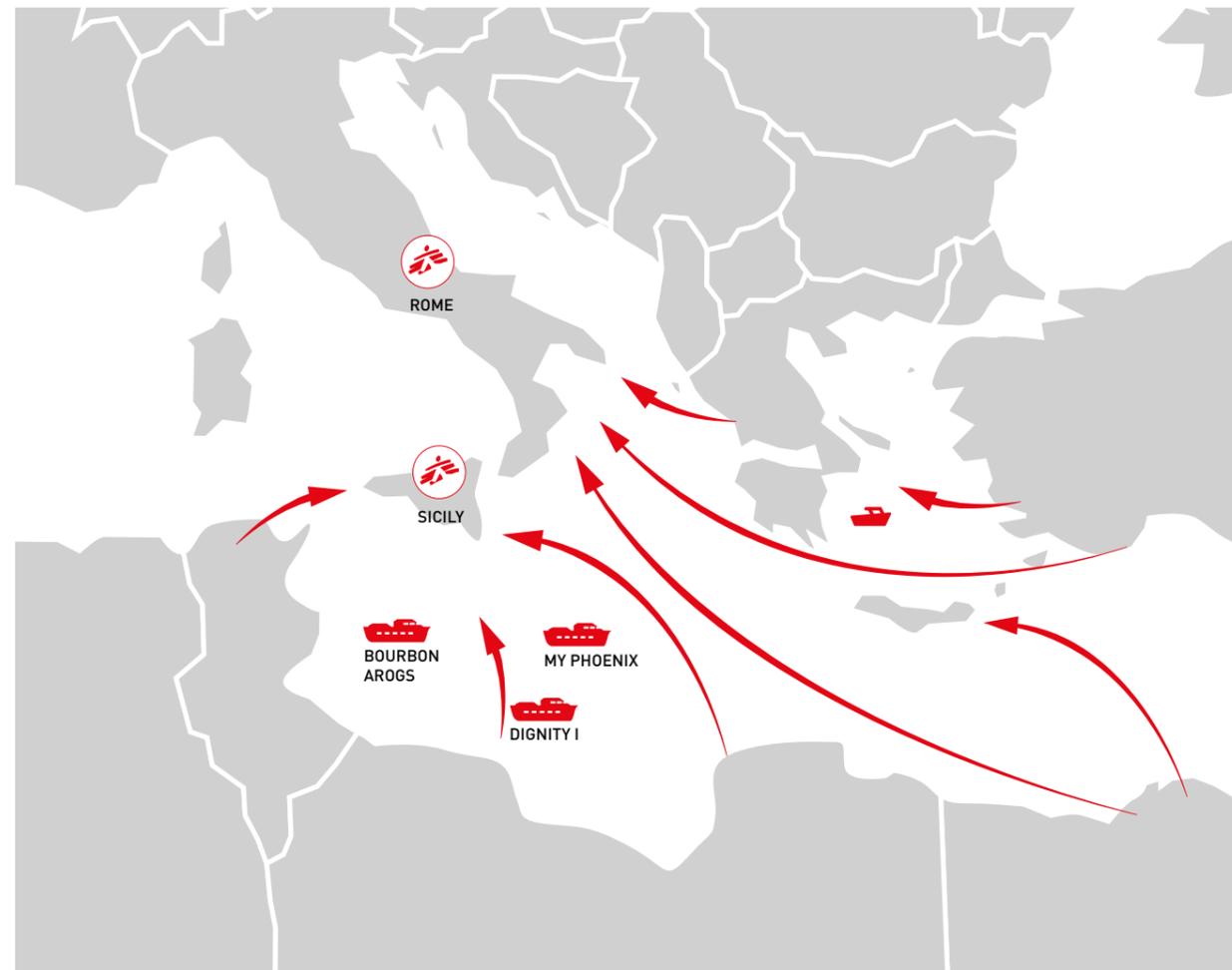
For months, MSF and other organisations have been calling for Greek authorities to improve reception conditions and assistance to transiting refugees and migrants on its territory. These calls have fallen on deaf ears, to the detriment of refugees and migrants health, dignity and protection. Greece's failure to assist and protect the people reaching its shores is not only due to chronic failures in its reception system or to a lack of financial resources. It is also due to the lack of a coherent plan and the national government's inability to convince local authorities on the islands to improve conditions. Finally, the situation in Greece is also the result of the failure of the European Common Asylum system and of the EU member states to collectively provide a responsible, functioning and coherent reception system for asylum seekers.

ITALY

In Italy, where sea arrivals are nothing new, the reception system for migrants and asylum seekers has been put under great strain. In 2014 the number of asylum applications in the country reached a record 63,456³⁹. This has grown even more in 2015. The year 2015 has seen 153,600 people arriving by sea⁴⁰, predominately made up of Eritreans, Nigerians, Somalis, Sudanese and Syrians. The main ports of landing have been Augusta, Pozzallo, Palermo, Reggio Calabria and Lampedusa.



© Francesco Zizola



-  MSF PROJECT LOCATION
-  RESCUE OPERATION
-  SEARCH AND RESCUE BOAT
-  MIGRATION ROUTE

Inadequate reception conditions and access to essential services

Even though Italy is better prepared for receiving migrants, asylum seekers and refugees than Greece, with a formal reception system of 99,096⁴¹ places, **assistance at the external borders and reception conditions are still largely insufficient and ill-adapted** to the needs of those arriving. Disembarkation conditions at different landing spots in Italy are not homogenous, despite the release in 2014 of the Contingency Plan for Health in the context of Migration⁴², issued by the Sicily Region. This is due to variations in the levels of resources made available, and in the presence and coordination of the different organisations involved. In some harbours MSF has witnessed security protocol and procedures that are to the detriment of an appropriate humanitarian approach to disembarking refugees.

Capacity at first reception level (Centre of First Aid and Assistance or CPSA) is problematic due to the lack of adequate strategic planning nationally, coupled with poor management of resources. This has resulted in centres facing overcrowding and offering limited access to legal advice and healthcare.

One example of the failure of Italian authorities to meet the reception needs of refugees and migrants is the reception centre of **Pozzallo CPSA** in Sicily. Designated by the EU as one of the 'hotspots', which aims to improve registration and processing capacity in Italy, it officially offers 300 places⁴³. The real capacity of the centre, however, is 180 places.

In November 2015, MSF submitted a report to the Italian Parliamentary Investigative Commission on the Reception System, the Identification and the Treatment of Migrants, highlighting the inadequate conditions of the centre and the lack of efforts made by local authorities to address the issues. As detailed in the report, the centre is often overcrowded. Structural problems have led to poor hygienic conditions and difficulties in providing treatment for certain ailments such as scabies. The lack of space also means that it is not possible to separate unaccompanied minors from adults and women from men, and that there is no designated space to identify vulnerable individuals such as victims of torture, or trafficking and survivors of other forms of violence. Depending on available places in first reception centres, people might spend a few days inside the centre, including vulnerable individuals such as pregnant women, families, unaccompanied children and people with psychological issues.

“Today, 18 corpses arrived in Pozzallo. More corpses. Is there anybody still thinking that people take the decision lightly to cross half of the world risking their lives to reach the wonderful Europe? (...) On Friday, in Augusta, we received a child with a central venous line for chemotherapy. Last week a paraplegic Eritrean girl landed in Pozzallo, after having crossed the desert in a wheelchair. Some weeks ago a teacher from Ivory Coast told me he worked in Libya for two years and was suddenly forced to escape because of ‘black-people hunting’.”

MSF Project Coordinator in Pozzallo, Sicily, Italy.

An additional problem with regards to Pozzallo CPSA relates to the identification and registration procedures. These procedures should normally take place only after legal information is provided to asylum seekers arriving in the centres. As highlighted in the report to the Parliamentary Commission, MSF is concerned that identification procedures are carried out very quickly, while medical and humanitarian responses are still taking place, curtailing the necessary space and time for the individuals to take some rest and receive all the necessary legal information. In September and October, MSF’s teams in Pozzallo witnessed about 100 cases in which rapid identification procedures were immediately followed by expulsion notices and requests to leave the CPSA. Such cases included several women, one of them pregnant, two minors and several people in need of or undergoing medical treatment. After this was raised with relevant authorities, these rapid procedures and expulsions, which risked compromising the adequate assessment of people’s asylum claims, were stopped.

In December 2015, MSF announced the end of its activities in the Pozzallo CPSA, as conditions were no longer suitable for the organization to work there.

The inadequacy of the first level reception capacity is linked to the **emergency context** in which the general reception system structure was scaled up in 2014, as numbers of asylum seekers soared. Indeed, 70,918 asylum seekers are currently hosted in the temporary CAS centres, whereas only 21,814 are hosted in secondary level SPRAR (Protection System for Refugees and Asylum Seekers) structures.) dedicated to the reception and integration of refugees. The widespread development of CAS⁴⁴ centres does not reflect a planned and structured response and remains, unfortunately, emergency focused.

The **absence of a consolidated reception strategy** has led to the current lack of adequate reception structures (many are located in remote areas and lack basic facilities), as well as qualified and experienced personnel able to respond to the multiple needs of the asylum seekers. Essential services that should be provided in CAS structures (including primary and secondary health care, mental health care, and legal and administrative support) are under-resourced, under-staffed and lack qualified cultural mediators and interpreters. Additionally, administrative support for the completion of legal and administrative formalities is provided by local and national institutions whose human resource capacity remains limited, reducing their capacity to respond to the assistance needs of a growing asylum seeker population.

The reluctance of refugees to remain in Italy in the current reception system leads many of them, in particular those of Eritrean origin⁴⁵, to continue their journey toward northern European countries. They often arrive from landing ports in Italy (or after staying a short time in CPSA structures) and remain in the territory for a limited period while they regroup⁴⁶ in order to reach their final destination. MSF has approached this population in transit in two informal spots in Rome, at Tiburtina train station and at the Baobab centre, providing them with practical assistance such as general orientation, information about health care rights, legal information and transportation, provision of intercultural mediation, emotional support, psychological first aid and family linking services⁴⁷.

A worrying lack of access to healthcare for vulnerable populations

“I was conducting an information session at the Baobab centre when I noticed a very young boy who attended the session but stayed to one side for the entire time. I was struck by his young age and by the fact that he seemed to be alone. As I approached, he (...) began to speak about his journey. In Egypt he had already faced detention. When he was about to embark on a boat to cross the Mediterranean he saw an Ethiopian man who did not know how to swim drown in front of everybody with no possibility of helping him. The day after, on the boat he woke to the screaming of a Syrian woman trying to wake up one of her two little girls, calling her name and trying to move her. The other little girl was screaming desperately. He understood that the little girl was dead. The father and other Syrian men moved the body to a corner of the boat where he could see it (...). He recalled the desperation of the mother crying while other Syrian women were trying to comfort her. The boy watched as the little body was wrapped in a sheet and then thrown in the sea. He told me that, after that and for many days, he would think about the fishes eating the body of the little girl. This thought came often to his mind and he dreamt about it. At the time we talked, his mind was haunted by two thoughts : the body of the little girl and the concern over the risk of being fingerprinted.”

MSF intercultural mediator and coordinator in the psychological first aid team, Rome, Italy



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Our patients in Italy, who mainly come from Eritrea, Gambia, Nigeria and Senegal, tell us they fell sick during the migration journey and more than half of them have skin problems, most notably scabies because of the poor hygiene and sanitation conditions. More than half report that they experienced extreme violence; 70% experienced a traumatic event before migration and almost all experienced a traumatic event during migration.

Vulnerable, unable to access basic services and lacking information, asylum seekers and migrants are also likely to suffer from mental health disorders. Yet the screening and provision of services for mental health issues are all but absent from temporary state reception structures where these populations are hosted while awaiting a decision on their claim. Psychological support to refugee and migrant populations has therefore become a medical priority for MSF in Italy.

"In some cases, people have been victims of kidnapping or witnessed deaths. The majority of individuals have risked their lives and been detained, tortured and raped before and during their journeys to Europe. Many have experienced traumatic events such as armed conflict or violence. (...) When it comes to mental health services for asylum seekers it is crucial for the psychologist not to focus solely on the traumatic past. It is also fundamental to understand the different forms of psychological distress related to current experience and the challenges faced in the present. While in the reception system, asylum seekers have to live with the uncertainty of their future, the outcome of their asylum requests and fear of being sent back home. On top of this, the loneliness that many experience in the reception centres affects them. In many cases, these elements represent the most significant obstacle to the re-establishment of the balance in their mental well-being."

MSF Psychologist in the psychological first aid team, Rome, Italy



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MSF MEDICAL ACTIVITIES IN ITALY

Between 1 January and 31 December 2015, MSF teams provided 4,391 medical consultations to refugees and migrants in Italy.

POZZALLO CPSA)

In the Pozzallo reception centre, MSF has been working since January 2015 with the Italian Ministry of Health to provide medical services to refugees and asylum seekers from the time they disembark to the end of their stay in the centre. Services include first aid care and medical consultations for all new arrivals upon landing. Our patients mainly come from Eritrea, Gambia, Nigeria and Senegal and 10% are unaccompanied minors.

Between 30 January and 31 December 2015, MSF teams carried out 3,339 consultations of which 392 were for children.

Main morbidities included 49% skin infections (scabies represents 39% out of the 49%), 15% respiratory diseases and 6% gastrointestinal diseases.

CAS RAGUSA PROVINCE

In the 16 secondary reception centres where MSF operates in the Ragusa province of Sicily, an MSF mental health team is on hand to provide direct psychological support to the refugees and migrants. Most of the patients we treat come from Nigeria, Gambia, Senegal, Mali and Bangladesh. 41% of them present symptoms of post-traumatic stress disorder, while others suffer from psychological distress and depression.

Between 30 January and 31 December 2015, MSF teams carried out 1052 individual mental health consultations and organised 69 group sessions for 549 people.



© Ikram N'gadi

PFA SICILY

Since May 2015, a mobile team of cultural mediators and a psychologist has been providing psychological first aid at different landing points in Italy. The team is on standby to be deployed within 72 hours of receiving an alert and can give support to people who have suffered particularly traumatic experiences at sea and need urgent psychological care upon arrival.

Between late May and late September 2015, the team intervened in 14 traumatic events in 8 different harbors in southern Italy, taking care of nearly 2500 people.

PFA ROMA

In July MSF set up a psychological first aid project providing services mainly to asylum seekers in transit in the two settlements of Baobab Centre and in the temporary tent camps in the area of Tiburtina Station in Rome. Main activities include the provision of information (legal, health related etc.), vulnerability screening and psychological support.

Between 16 July and 1 November 2015, MSF teams provided information to 6,540 people, provided emotional support to 903 people through individual or group sessions and carried out 79 individual psychological consultations.

STEP 4: TRANSITING FROM SOUTH TO NORTH - INHUMANE TRANSIT THROUGH WESTERN BALKAN ROUTES

"I feel like this is a journey from hell to the unknown."

Syrian woman, 22 years old, travelling with husband and two small children, Sid, October 2015

In light of the lack of assistance and protection in Greece, most refugees and migrants leave quickly and continue their journey through the Western Balkan route in order to reach European countries such as Austria, Germany and Sweden where they can seek protection.

The Western Balkan route is fraught with difficulties and danger. It is subject to frequent and confusing changes as state borders open and close with little warning. In November 2015 the route was mainly from Greece to the Former Yugoslav Republic of Macedonia (FYROM), then through Serbia, Croatia, and Slovenia towards Austria, Germany, Sweden and other European countries.

Throughout 2015, this route registered a huge increase in the numbers of refugees and migrants in transit.

- **FYROM**, the main corridor for people travelling from Greece to Serbia registered 214,343 people passing through the country between 19 June and 5 November 2015⁴⁸, averaging an estimated 6,922 a day in early November⁴⁹.
- As of 11 November, 404,022 migrants and refugees had entered Serbia in 2015, which represented about 6,343 people arriving per day in early November⁵⁰.
- As Hungary closed its borders in the summer, the flow of refugees and migrants went exclusively through Croatia. Between 16 September and 10 November 354,446 migrants and refugees were registered as passing through the country⁵¹, averaging 6,853 people a day in early November⁵².
- According to the Slovenian government, close to 200,000 refugees and migrants entered Slovenia between 16 October and 13 November⁵³, with an average rate of 6,685 people per day in early November⁵⁴.

With people continuing to flee their countries of origin, the numbers transiting through the Balkans are unlikely to drop dramatically during the winter. Between November 2015 and February 2016, UNHCR anticipates an average of 5,000 arrivals per day from Turkey, resulting in up to 600,000 arrivals into Croatia, Greece, Serbia, Slovenia and the FYROM⁵⁵.



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An unpredictable journey through the Balkans, fraught with difficulties

"We went to Macedonia, we crossed the border and we ran and ran and ran. A guy I had met one day before and who was with us started to breathe faster and faster. I tried to help him, I tried to give him some breaths, but his soul just got out of his body, his eyes went strange, his lips went blue. My friends and I did not know what to do. We were on a mountain, so we could not bury him there. So we left him near the border. We felt guilty, we felt very guilty about it. This is the way we have to behave in this situation."

23 year old man from Syria, Serbia

In the first half of 2015, patients we treated throughout the Balkans told us stories of being **beaten and robbed** by criminals, harassed and pushed back by border police on the way, and forced to sleep in the cold. When they arrived at our clinics in Serbia, they were exhausted and, in their own words, felt "humiliated" by the conditions that they faced, including sleeping outside and drinking dirty water from puddles.

"I'm from Syria. I have four young children. I travelled from Greece to Macedonia but was arrested and deported back to Greece four times. I was molested by the Macedonian police. They took all my money. On the road to Serbia the mafia stopped me, took all my belongings and left me in an isolated area. When I went to ask the Serbian police for help, they put me in prison for 10 days and then deported me to Macedonia. I returned to Serbia and continued to Hungary. There, I was arrested, handcuffed and thrown in a cell without water or food. I was thirsty and sick, but when I asked for water, the police officer replied: "I'll piss in a cup and you'll drink that!"

Syrian man, Bogovadja forest, Serbia

In the second half of the year, there was a slight shift which enabled a **swifter and safer** movement of people through the Balkans. Between late July and the first two weeks of November 2015, new asylum policies and improved transport arrangements enabled thousands of people to cross borders legally without having to resort to smugglers, and reduced people's journey by days or weeks.

Indeed, after a series of fatal accidents involving people travelling through the country via dangerous routes to avoid arrest⁵⁶, FYROM changed its asylum law on 16 June 2015. According to this new law, people registering their intention to apply for asylum could remain in Macedonian territory legally for 3 days and de facto cross the country⁵⁷. In Serbia, a similar system was already in place, as registration papers valid for 72 hours enabled refugees and migrants to travel from its border with FYROM to its border with Croatia. In the first week of November 2015, authorities put in place a train service which transported refugees and migrants from Šid (Serbia) directly to the reception centre in Slavonski Brod (Croatia) and from there to Dobova (Slovenia)⁵⁸. From Dobova, people were transferred to centres near the Austrian border, and eventually made their way to their final destinations in Europe, be that in Austria, Germany, Sweden, or further afield.

In mid-November 2015 **these arrangements fell apart**, as Slovenia, Croatia, Serbia and the FYROM took the arbitrary decision to only allow people who had registered as being from Syria, Afghanistan and Iraq to transit through their territories.



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THE DOMINO EFFECT OF BORDER CLOSURES

"I feel so lost now. There are still two other countries in Europe [to travel through]. A trip to Mars to me is closer! I don't think I'm still able to go on such risky trips again. I really don't know what to do..."

Syrian man living in a forest in Serbia with his wife and their six year old son

Rash decisions to close borders and a lack of coordination between different European states have created incredible stress and dangerous conditions for thousands of people on the move. Each time a border closes, thousands are abruptly halted, stranded in no man's lands, with little to no humanitarian assistance, and ultimately, forced onto more dangerous routes or into the hands of smugglers. Far from stemming the flow of people on the move, these restrictions have merely made people's flight to safety more dangerous and more miserable.



Below are details of some of the main recent border closures:

- In 2012 **Greece** built a fence on its border with Turkey, which was a key crossing point for refugees and migrants. It also increased security along the Evros River, which forms the remainder of the border. This is the first of several barriers that have diverted the flow of migrants to more dangerous destinations such as Bulgaria or onto boats leaving Turkey for the Greek islands⁵⁹.
- In 2013 **Bulgaria** finished erecting its fence with Turkey, blocking the flow of refugees arriving mainly from Syria and forcing them to take the dangerous sea route from Turkey to Greece⁶⁰.
- On 20 August 2015 the **FYROM** (Former Yugoslav Republic of Macedonia) government decided to close its border with Greece and declared a state of emergency. This resulted in violent clashes between Macedonian security forces and the refugees⁶¹. During the ensuing three days of tensions, FYROM border police used tear gas, stun grenades and rubber bullets. The border was subsequently re-opened.
- On 16 September 2015 **Hungary** closed its border with Serbia and announced it would start arresting people who crossed the border irregularly. Around 5,000 refugees and migrants faced fences, police violence (including the use of tear gas) and were left in limbo in a no-man's land⁶². This caused the number of asylum seekers transiting through Croatia to dramatically increase.
- On 16 October 2015 **Hungary** closed its border with Croatia, forcing people to move on to Slovenia or stay in Croatia⁶³. Slovenia initially set a cap of 2,500 entries per day. But with between 3,500 and 6,500 people transiting daily from Serbia to Croatia, this caused a bottleneck on the border between the two countries. About 3,000 people were stranded every day for several days⁶⁴. Women, children and disabled people were forced to sleep in the cold, the rain, and the mud, with no shelter and no assistance⁶⁵. Further ahead, between Croatia and Slovenia, the refugees and migrants that had managed to cross the border to Croatia faced new difficulties as they were forced to cross river points due to border restrictions⁶⁶. They found themselves stuck in a no man's land, whilst humanitarian organisations couldn't reach them to provide them with much needed assistance.
- On 11 November 2015 **Slovenia** began preparations for a fence on its border with Croatia. According to the Slovenian Interior Ministry, temporary barriers extending over 4.5 km would be set up as a preventative and temporary measure to control and direct the flow of refugees to where reception centres are located. Destination countries are increasingly reluctant to continue accepting asylum seekers, and this reduction in capacity is putting pressure on countries further up the chain to block further arrivals.
- On 18 November 2015 **Slovenia, Croatia, Serbia and FYROM's** decision to only allow nationals from Syria, Afghanistan and Iraq to enter their borders created a dramatic humanitarian situation. In a noticeably concerted effort, the four countries all suddenly changed their border management practices, without prior notice, and with no contingency planning. FYROM was the first country to act, refusing entry to nationalities other than the three detailed above, and at times even shutting the border completely. The same day, around 440 people were blocked from entering Croatia at its border with Serbia, with border police from both countries working together to prevent people getting on trains at Sid. As a result of these restrictions, thousands of refugees and migrants in clear need of protection were stuck for days in the Greek-FYROM border town of Idomeni, with no shelter and little assistance. Indeed, on the night of 19 November, 6,000 people were left stranded at Idomeni, with shelter available for only 900 people. MSF teams dramatically increased the shelter capacity and medical teams worked hard to meet the increasing health needs of groups of people that were stranded.

Authorising transit across the Balkans had so far been the only realistic response to the failure of the European asylum system and Greece's inability to offer assistance and protection. This sudden policy change, implemented without any consideration of people's protection, medical or shelter needs, shows once again the incapacity of European and Western Balkans States to provide coherent and humane solutions to the needs of desperate people in search of protection.

"We don't know what is happening, but we can't pass Croatia and here I don't know what is happening. In Croatia the police were very bad. They pointed guns and sent us back and beat us. Look at my foot: The policeman threw me to the floor and just started kicking and kicking. I don't understand. We have the papers from Greece, Macedonia and Serbia but they didn't let us pass and sent us back, like animals",

22 year old Moroccan man, Sid, November 2015

- In late November 2015 the **FYROM** started building a fence on its border with Greece, with the alleged aim of controlling the flow of migrants through the Balkans.

Everyone has the right to seek asylum, and refugee status and protection needs cannot be judged based on nationality alone. Decisions by states to close their border or to only allow people from certain nationalities to cross, arbitrarily, and discriminatorily deny many thousands of people access to asylum procedures. Such decisions take effect with little or no warning or preparation and leave thousands of people stranded in dire conditions with no assistance. This means that humanitarian agencies constantly have to adapt to new crises and cannot offer appropriate assistance. Finally, such policies increase anxiety among the people in transit who lack information and experience extreme uncertainty about their future, resulting in higher levels of tension within the transiting population and amongst border police who must deal with increasingly tense populations trapped between borders.

© Achilleas Zavallis



Refugees were stranded in the border between Serbia and Croatia.

As well as difficulties created by border closures, the journey from southern to north-western Europe remains **extremely harsh and challenging**, mainly due to the lack of assistance and response from State agencies and regular violence. Indeed, if incidents at the hands of smugglers and criminals have slightly decreased, migrants and asylum seekers continue to experience violence, mainly from state security forces not able to keep the peace in the crowds of people trying to cross borders.

"Bulgaria is an EU country, I cannot believe it, I am so angry. I'm sorry for speaking like this. But the police were really bad. It can't be called police, it is mafia. They took our money, our phones. They beat us, even women. We are running from Daesh in Iraq but I didn't know there was a Daesh in Bulgaria."

Iraqi man travelling with his family, Dimitrovgrad, October 2015

Significant **challenges and gaps also remain in the assistance** that is provided to the refugees and migrants on the move. These include a lack of adequate winterized shelter while transiting, ill-adapted crowd management and transit procedures, a huge gap in information and a continuing lack of transport⁶⁷. Smugglers and some taxi drivers exploit this lack of information and free transportation, influencing refugees and migrants to bypass the registration process and charging them extremely high amounts of money to continue their journey.



© Anna Surinyach

"On the border with Macedonia (Presevo) we were waiting for almost four days to be registered. I had to stand the whole day in a very long queue, holding my child, and for the first three days I didn't make it. Whenever some tension happened the queue was messed up and we had to start all over again. Then here [Sid] as well we tried to cross the day we arrived but the weather was too bad to wait for our turn; my children got sick and we had to go to some hotel to stay for the night. The next day we took a taxi to the border again, then again it was so crowded and we stayed there for more than seven hours without being able to pass. And today here we are again, so exhausted, the children in a bad condition, I am praying to cross today, we can't take it any longer."

22 year-old Syrian woman, Sid, Serbia-Croatian border, 21 October 2015

A further toll on people's physical and mental health

"During all our time in Macedonia we only slept outside in forests. We were accompanied by a group of people, among them there were two older women. One was 55 years old and the other 65. They were rapidly exhausted. This mountain crossing was extremely difficult, like a special forces training. One almost drowned crossing a river, she could not see well in the dark and fell down in the water. The other one hurt her foot very badly. At some point, the women could not take it anymore and we decided to hand ourselves over to the police so that they could get medical care."

32 year-old Syrian Palestinian man, Bogovadja, Serbia, January 2015

Throughout the Balkans, MSF teams are treating patients suffering from the **health consequences** of the dangerous and difficult journey they face. As winter has descended, temperatures have dropped, the rain has set in and thousands of people are repeatedly stuck in inhospitable border areas. As a result of these difficult conditions and the lack of shelter and hygiene, MSF teams in Greece, Serbia and Slovenia have been increasingly treating medical conditions linked to the cold weather and lack of shelter. In Serbia, 80% of medical consultations provided by MSF have been for conditions related to the tough journey, including respiratory tract diseases (42%), trauma and musculoskeletal ailments (19%) and skin diseases (9%).

When FYROM closed its border with Greece in August 2015, MSF teams treated 406 patients, mostly injured people. In the second half of October 2015, MSF teams in Brezice, at Slovenia's border with Croatia, and MSF teams in Serbia were mainly treating patients with exhaustion, hypothermia, respiratory diseases, flu-like symptoms and gastrointestinal diseases, as most had had to spend the night outdoors in the cold and with no access to basic sanitation.

"Patients often ask us if they can take a shower and wash here. The feeling of not being able to take care of your personal hygiene is demeaning, and has psychological as well as physical effects. People have all reached the limit of what they can take – some have already gone beyond it. The situation is simply unbearable."

MSF Nurse working in Brezice, Slovenia, November 2015

In November 2015, as new regulations prevented many people crossing from Greece to the FYROM, thousands of people were left stranded on the border. Between 18 November and 13 December, MSF teams in Idomeni carried out 1,638 medical consultations. Linked to the cold, the rain, the lack of shelter and adequate assistance, medical teams treated 13 patients for hypothermia, one patient for frostbite and seven patients for dehydration. Sixteen patients also presented to our clinic for medical care or psychological support, reporting that they had been beaten by police from the FYROM.

As is often the case, the trauma of the journey and the added stress created by border closures have an **impact on people's mental health**. In late November 2015 in Idomeni, our psychologists noted a significant increase in the number of panic attacks and self-harm attempts they witnessed each day, a direct consequence of the dire conditions faced by people at the border and ongoing uncertainty about their future. In November 2015 in Serbia, out of 91 individual mental health sessions, our medical teams treated patients with anxiety (33%), acute emotional reaction (26%) and depression (10%). Between July and November 2015, 1,573 people participated in group mental health sessions organised by our teams in Serbia and 281 patients received individual mental health consultations. Of the latter group, a third were women, 13% were minors and a quarter reported having been victims of torture carried out in their country of origin.

MSF MEDICAL ACTIVITIES IN THE BALKANS

Between 1 January and 27 December 2015, MSF teams provided just over 40 000 medical consultations in the Balkans

SERBIA

MSF has been working in Serbia since December 2014, running mobile clinics in different border areas, providing mental health support and distributing essential relief items. Our operations have remained flexible and mobile in order to adapt to the constantly changing context at the borders with FYROM, Hungary, Bulgaria and Croatia and in and around Belgrade.

At the Serbia-FYROM border, MSF has been working in **Miratovac and Presevo**, providing medical care and transport to refugees and migrants. In Presevo, where a reception centre has been built, MSF has set up toilets and tents to keep refugees sheltered from the rain. For the period 16 June 2015 – 9 December 2015 we undertook 9,184 medical consultations of which 26% were women and 11% were children under five years old.

In **Subotica**, a small town on the Serbo-Hungarian border, MSF provided medical services and NFI distributions to refugees and migrants in the old brick factory where people stopped over before crossing to Hungary. For the period 5 December 2014 – 17 September 2015 (when the project closed), MSF provided 3,134 medical consultations of which 14% were women and 5% were children under five years old. In addition, 729 NFI kits were distributed.

In **Belgrade**, MSF teams provided medical care to refugees in two parks close to the train and bus stations. For the period 17 April 2015 – 15 September 2015 (the point of the project's handover) we undertook 3,950 medical consultations of which 21% were women and 9% were children under five years old

In **Sid**, at Serbia's border with Croatia, MSF operates a clinic that provides medical care, and is finalising the construction of a temporary winter

shelter with a capacity for 1,200 in the new transit points set up by authorities. Between 17 September 2015 and 5 December 2015 MSF undertook 15,244 medical consultations of which 21% were women and 8% were children under five years old

HUNGARY

In early September 2015, MSF set up a mobile clinic in **Roszke** on the Hungary-Serbian border, where an estimated 2,000 people a day were crossing into Hungary. MSF medical teams treated 690 people, including 400 people in just four days of whom 60% were children. Exhausted from the tough and dangerous journey, many were suffering from respiratory problems and infected wounds from the long walks.

As borders closed, causing people to be stuck on the Serbian side, MSF reinforced its teams in Horgos and Subotica, and as the Roszke camp emptied and refugees moved to Croatia, MSF moved its operations to Croatia.

CROATIA

Between early September and early November 2015, MSF teams provided medical care on Croatia's border with Serbia in a transit camp in **Opatovac** near Tovarnik, where refugees spent about a day before being transferred to Hungary. MSF set up a clinic in the camp, which hosted around 5,000 people daily, and it also deployed mobile clinics to rapidly assist refugees at the different crossing points, including Bapsaka and Sid. Medical teams carried out 4,391 consultations, many of them for respiratory infections (due to the cold, the precarious living conditions and the long journey), gastrointestinal problems and skin diseases. The majority of the patients were children.

SLOVENIA

Between 20 October and early November 2015, MSF teams supported the Ministry of Health at the Brezice transit centre at Slovenia's border with Croatia. Twenty four hours a day medical staff provided medical assistance to people entering the Slovenian territory, mainly for exhaustion, hypothermia, respiratory infections and flu symptoms. In late October, trains were organised from Croatia to bring people directly to the Austrian-Slovenian border and as a result the Brezice transit centre was closed.

As winter sets in and the movement of refugees and migrants through the Balkans is slowed and at times blocked, thousands of men, women and children's ability to seek asylum and assistance in Europe is being jeopardised and their health and safety are being put at further risk.

The end of the journey, but a continuing obstacle course...

Spurred on by inadequate reception conditions in first countries of arrival, hundreds of thousands of refugees and migrants continue their perilous and arduous journey until they reach Western Europe.

Whilst MSF has concentrated its operations in entry and transit countries where state capacities have struggled the most to cope with the humanitarian needs of the refugees and migrants, it is closely monitoring the situation in destination countries and providing support if and when needed. Indeed, in recent months, more and more countries including Sweden and Germany have expressed difficulties in providing the required shelter, vulnerability screening and mental health support to the newly arrived refugees and asylum seekers⁶⁸. Below are some examples of MSF supporting activities in destination countries.

Austria : Both a transit and a destination country, Austria is expected to register over 80,000 asylum applications in 2015. Whilst authorities have mobilised resources to respond to the needs of this population, some gaps remain and MSF provided medical support for three weeks at the transit centre in Nickelsdorf on the Austrian-Hungarian border, and then moved on to supporting the Red Cross at the transit site in Spielfeld on the Austrian-Slovenian border. With numbers of people in the transit centre decreasing, this support ended in late December 2015. In an accommodation centre in Graz, MSF teams also started mental health activities with asylum seekers.

France : In early September 2015, MSF joined forces with Médecins du Monde, following a dramatic increase in the migrant and refugee population in Calais and other smaller towns in the region. In the so-called 'Calais Jungle' alone, the population had increased to more than 6,000, which has overwhelmed organisations and volunteers working hard to assist this vulnerable population. Faced with the horrendous living conditions in the camp, MSF started to support MDM medical activities and set up hygiene, water and sanitation activities. From November onwards, MSF also set up mobile clinics in other towns in the Pas de Calais area and in Dunkirk, where many migrants and asylum seekers are also living in very basic conditions. Between in November and mid-December 2015, MSF teams in that area provided 2,172 medical consultations, the majority of which were for respiratory infections and scabies, pathologies linked to the cold and unhygienic conditions.

Belgium : Whilst numbers of new asylum applications have remained relatively low in Belgium, authorities were taken by surprise by the increase in arrivals in the second half of the year. In September 2015, at the request of the federal agency in charge of assisting asylum seekers (FEDASIL), MSF supported the scaling up of reception capacity in the country by setting up an emergency reception centre in Sijsele and contributed to increasing reception capacity in four existing centres. MSF also supported mental health activities led by other agencies and encouraged association members to volunteer with existing initiatives. As the government failed to adapt to the needs of the continuing flow of asylum seekers, MSF intervened twice more in September 2015 and November 2015 in support of civil society initiatives striving to provide shelter to asylum seekers and migrants left on the streets.



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A DRAMATIC EUROPEAN FAILURE TO RESPOND TO THE NEEDS OF REFUGEES AND MIGRANTS IN EUROPE

Despite the countless meetings, conferences and plans that have been organised by the European Union and its member states throughout 2015, the European response to the refugee and migration situation in Europe can only be described as an overwhelming failure.

Very little of the EU response has focused on the humanitarian needs of refugees and migrants in Europe – and very little of what was finally agreed on was implemented.

In terms of funding, the EU response, especially for Greece, has suffered from the inadequacy of the bureaucratic EU funding mechanisms available to respond to emergency situations. Greece has also been slow in activating certain EU emergency assistance mechanisms such as the Civil protection mechanism, which it only requested the assistance of on 3 December. As a result, frontline countries like Greece have lacked funding for their humanitarian response and NGOs willing to address these gaps have not been able to access funding to do so.

As for the relocation and resettlement schemes, these have not been made mandatory and states have mostly refused to participate. As of 3 November 2015, 14 member states had made 2,284 places available out of the 160,000 European relocation pledge and only 86 people had effectively been relocated from Italy⁶⁹. Held back by lengthy administrative procedures, a long list of requirements for refugees to meet and a lack of clarity about the process, what could have been an important mechanism in ensuring

people's access to protection has signally failed to deliver. Additionally, it is unlikely that relocation in Greece will ever succeed without a functioning reception system.

"We are bringing our children through all these risks and making them face this cold because it's the only guarantee we will be together. The reunification turns out to be a big lie. We heard that they are even starting to push people back, especially males alone, so we can't trust reunification".

24 year old Syrian woman, travelling with her baby and relatives, Sid, November, 2015.

Clearly, as detailed throughout this report, most of the EU's efforts have to date concentrated on deterrence measures⁷⁰ aimed at stemming the flow of refugees and migrants arriving on its soil. And as is evident from the continuing



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arrival of hundreds of thousands of refugees and migrants in Europe, these deterrence measures are a false and ineffective solution – serving only to push people towards smugglers and more dangerous routes. Both these measures and the focus on providing aid to countries of departure, such as large refugee camps outside Syria, do nothing to reduce the flow or address these vulnerable peoples' urgent needs before or during their flight. As a UNHCR survey recently found, the majority of Syrians arriving in Europe come directly from Syria rather than from neighbouring camps. If increased humanitarian assistance is needed in these camps, it does not absolve EU member states from fulfilling their responsibilities, and humanitarian assistance

alone will not fulfill the long term needs of Syrian refugees.

Two other worrying developments are attempts by the EU and its member states to use humanitarian funds as a migration management tool and using financial and political incentives to persuade third party states to deter refugees and migrants from arriving in Europe. This is a concern for example with regards to the on-going negotiations with Turkey and African states.

The shortcomings of the traditional aid system and the emergence of new actors

One of the many characteristics of the response to the large influx of refugees and migrants in Europe has been the failure of the traditional aid system, including MSF, to respond adequately to the needs of the hundreds and thousands of refugees and migrants in Europe.

Indeed, there has been an overwhelming failure at coordinating assistance by the EU States themselves, by UN agencies mandated to do so, such as the UNHCR, and the wider traditional aid system. Through their lack of preparation, lack of resources or lack of willingness, some States have in large part failed to provide an adequate humanitarian response. UN agencies mandated to support states in this response, have struggled to step up operationally themselves to fill this void. The fact that in Europe UNHCR acts mainly as a technical support in asylum matters has led to a lack of reaction from the organization, which did not see its role as being the same in Europe as in other regions of the world. In Greece in particular, UNHCR protection and coordination activities have been far too limited, and as no authorities are willing to manage transit camps, the crucial activity of camp management has been taken in charge by volunteers or NGOs.

Similarly, international NGOs have been slow to step up to the needs of refugees and migrants travelling through Europe, be it because of their lack of operational presence in such countries; their unwillingness to be operational where states could theoretically step up to these needs; the difficulties in providing assistance to populations in movement; or obstacles put in their way by unwilling authorities.

MSF, which already had a presence in many of the countries affected, has been one of the main international NGOs providing assistance to refugees and migrants at sea and on Europe's roads. Yet its assistance has also at times fallen short of the refugees and migrants' needs, either because it

was paralysed by uncooperative states or authorities; struggling to adapt its models of care to very mobile populations; or unwilling at times to offer itself as a substitute for the state's responsibility. As such, MSF and other organisations have many lessons to learn from this latest crisis.

Local and international civil society organisations, activists and volunteers have found themselves at the forefront of the response to the refugee crisis throughout Europe; and have led the majority of advocacy and operational activities. At the core of their activities has been the upsurge of solidarity from citizens across the world, volunteering their time, donations and money to assist the tens of thousands of refugees and migrants.

Far from responding to the urgent need for protection and assistance of refugees and migrants arriving on its soil, the EU and European governments have failed to harmonise their policies and practices with regards to the treatment of asylum seekers. Europe's protection and humanitarian responses have largely failed to address people's very basic needs. In pushing the refugee flow onto others, namely Turkey, Africa and Syria's neighbouring countries, Europe has largely refused to take responsibility for these vulnerable populations. As a direct result, chaos has continued to ensue on and within Europe's borders, and refugees and migrants continue to have to put their lives at risk to seek protection, assistance and a dignified life.



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CONCLUSION: AN URGENT CALL FOR CHANGE

"After going through all this, I feel like I'm dying sixty times every day. I wonder what will my son say to me when he grows older: Why did you take me out with all these dangers around, to make me face death a million times in one hour? Did you want to sacrifice me for your own sake? Of course I didn't. I had either to let him be slaughtered or take him in a death trip."

Syrian man living in a forest in with his wife and his 6-years old son, Serbia, January 2015.

In 2015, Europe shamefully failed to respond to the needs of refugees and migrants on its shores and within its borders. Escaping persecution and violence, just over a million people desperate for protection and assistance were faced with a hazardous obstacle course where they least expected it – through Europe. Despite a declared willingness to abide by its responsibility to treat these people humanely and offer protection to those in need, Europe turned its back on them as its focus shifted from a humanitarian to a security-driven response. Part and parcel of that strategy has been the Dublin Regulation⁷², which has been key in criminalising refugees' onwards movement through Europe, thereby pushing them to use irregular routes and smugglers. The first country of entry rule, at the chore of the European asylum system has largely contributed to the crisis and allowed for no European country – at the temporary exception of Germany and Sweden – to assume responsibility for these people. Safe and legal means of seeking asylum and migration were compromised by increased border closures, more fences, further violence and greater neglect.

The misguided fear of creating 'pull factors' has long paralysed European states' response on the ground. The argument that rescuing people and improving reception conditions will encourage more people to migrate to Europe is not only erroneous; it is also, above all, dangerous. People fleeing war, human rights violations and extreme poverty will continue to attempt to reach Europe whether or not states try to stop them. Refraining from assisting them only results in more obstacles, more suffering and more deaths at sea and in transit.

Far from stemming the flow of refugees and migrants, Europe's lack of assistance and its restrictions on movement have simply forced desperate people to put their lives and health at risk by resorting to the services of smugglers and taking treacherous routes, including the extremely dangerous sea crossings in the Mediterranean and Aegean Seas. Preying on people's desperation, smugglers are the violent and abusive by-product of Europe's shameful and restrictive migratory policies.

Throughout 2015, MSF teams at sea, in Italy, Greece, throughout the Balkans and in Western Europe have treated refugees and migrants for conditions linked to these policy-made dangerous and traumatic journeys. Our teams continue to provide medical consultations at all hours of the day and night, to distribute essential items, to build emergency temporary shelter and create water and sanitation services. But as a medical humanitarian organisation, MSF does not hold the key to a solution and it can only alleviate the consequences of these restrictive policies on refugees and migrants' wellbeing and health.

It is Europe and its member states that can and must act. European member states have clear obligations towards people seeking asylum based on international and European legislations. As such, every human being, regardless of his or her legal status must be rescued at sea, given dignified treatment and have effective access to asylum procedures.

Yet to date, Europe's response to this crisis has been an affront to the refugees and migrants' basic rights to assistance and dignity, and it is an affront to core values of humanity and respect for human rights. In denying vulnerable people humanitarian assistance, and blocking and pushing people back based on their nationality rather than vulnerability and protection needs, Europe and its member states have eroded the very foundations of international refugee and human rights law.

As people are likely to continue seeking much needed assistance and protection in Europe in 2016, it is time for Europe to abolish its obstacle course and provide assistance and safe and legal passage to refugees and migrants fleeing desperate conditions.

"You know, the challenges we face as refugees are like a football championship, you have many stages to win before you can reach the final. Europe makes these stages so difficult that people feel desperate; they push them back over and over again. Some get hurt, some die on the way or abandon the journey. If you can play in the final you are very lucky. It should not be so hard to feel safe again..."

32 year-old Syrian Palestinian man, Serbia

An Afghan family at the pier on the island of Kos.



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The EU and European states are therefore strongly urged to :

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

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