

THE LESS-TOLD  
MIGRATION  
STORY AND ITS  
HUMANITARIAN  
CONSEQUENCES



MEDECINS SANS FRONTIERES  
DOCTORS WITHOUT BORDERS





*Somali refugees wait outside MSF's health post 8 in the outskirts of Dagahaley camp in Dadaab. © Lynsey Addario/VII*





## A B S T R A C T

**By: Sonal Marwah, Stephen Cornish, Carol Devine**

Doctors Without Borders/Médecins Sans Frontières (MSF)'s work with refugees and displaced people has shown that humane and dignified treatment, as well as access to medical care, contributes to the wellbeing of migrants and their wider communities. Too often, however, we instead witness the negative health and psychological impact that border-control measures can have on this highly vulnerable group. People fleeing war and hardship often experience deleterious health conditions throughout irregular migratory journeys. Many leave their home countries in order to escape immediate harm, only to find themselves stuck inside conflict zones, trapped precariously in transit, sent to detention centres or housed indefinitely in underserved refugee camps. In this paper, MSF shines a light on the difficult experiences of people in flight who are prevented from reaching their desired destination country because of hardened policies including physical barriers, detention and interdiction measures. It surveys problematic or incoherent policies and practices in Europe, Canada and other countries — and also considers some positive examples of refugee reception. We call for a coherent and humane response to the current global displacement crisis.

# I N T R O D U C T I O N

Over 65 million people have been forcibly displaced worldwide, the greatest number since World War II. The act of migration itself is increasingly restricted, resulting in greater suffering, insecurity and vulnerability for those in flight. With diminishing legal channels for asylum seekers and our collective welcome mat rolled up and tucked out of sight, there is a growing number of undocumented migrants, refugees and asylum seekers<sup>i</sup> who remain underground and unprotected due to hardening national legislation, regional deterrence policies and the erection of new physical barriers.

Today, the policies of a growing number of countries aim to deter irregular migration by using out-of-sight — and at times nefarious — detention and interdiction<sup>ii</sup> practices that prevent people from legally escaping situations of violence and hardship in their home countries, and thereby hinder both their human right to flight and their right to access healthcare. States are increasingly criminalizing the act of migration, sending many migrants to detention centres in Europe, Canada, the US, Malaysia, Papua New Guinea, Indonesia and South Africa.

Doctors Without Borders/Médecins Sans Frontières (MSF) assists people suffering in some of the most violent conflicts and regions in the Middle East, Sub-Saharan Africa and Central America. Recently, MSF increased its operations in Europe to help respond to the crisis occurring on the continent's borders, caused by the failure of the European

Union (EU) Parliament and some member countries to address refugees' and migrants' humanitarian needs. Through its proximity to and work with people in flight, MSF witnesses the overwhelming forces that cause people to leave their homes, and the unacceptable prices they must often pay to reach safety and a chance for a better life.

This illuminates the experiences of migrants who are prevented from reaching their desired destination country as a result of interdiction measures, and of those who are placed in detention centres largely hidden from public view. MSF also aims to contribute to a better public understanding of

the humanitarian and medical consequences caused by the increasing use of restrictive and punitive measures.

We review people's fundamental right to flee,

and to seek asylum and protection under international law. We discuss the pervasive use of migration management practices and policies, including detention and interdiction measures across the globe. MSF is concerned that many countries, including Canada, lack adequate safe and legal mechanisms by which people in need can access their territories to seek asylum. We call on governments and policy makers to respect fundamental rights and to create a coherent and humane response to the global displacement crisis, including addressing its root causes. They are beholden to address the incoherent and ineffective policies causing suffering and to create a more equitable and humane response within the multilateral system.

**“Opinions never saved a drowning child...[but] safe ways for people to apply for asylum just might.”**

Canadian MSF physician Dr. Simon Bryant.





Canadian MSF physician Dr Simon Bryant, seen above assisting in the transfer of patients during a rescue at sea, served on a search-and-rescue ship run by Doctors Without Borders / Médecins Sans Frontières (MSF) and Migrant Offshore Aid Station (MOAS) in the Mediterranean Sea in 2015.





A refugee is numbered by the Italian authorities as people disembark the Bourbon Argos in Vibo Valentia, Calabria, Italy and queue to be registered. © Francesco Zizola/NOOR

# WHAT HAPPENED TO THE RIGHTS OF PEOPLE TO MOVE?

Recurring images of the current displacement crisis show masses of people huddled at barb-wired fences, bright orange lifejackets strewn across beaches and lifeless bodies of children, women and men on Mediterranean shores. These pictures document needlessly perilous journeys that often end in detention, return or the unnecessary loss of life.

Such photographs are the lens through which we view the human toll of violence, suffering and insecurity wrought by today's conflicts and crises. The Syrian civil war has killed over a quarter million people, uprooted and internally displaced half of the population, and forced more than 4.8 million people to flee the country. While Syrians represent the [largest](#) refugee population in the world today, millions of people are also fleeing Afghanistan, Somalia, South Sudan and other countries, seeking protection and better living conditions for their families.

Many of the patients we treat have fled or lost their homes, and are in extremely vulnerable states; some suffer from poor health and psychological conditions as a direct result of the dangers caused by their migration journeys and by the policies that exacerbate those hardships — including some pursued by Canada and other countries. The rationales used for the implementation of these policies fall under the umbrella of “securitization,” whereby border control is

prioritized over the plight of people seeking protection. Such policies and practices also evade international law and widely-held customary norms.

For example, [Article 14](#) (1) of the 1948 Universal Declaration of Human Rights states that anyone suffering persecution “has the right to seek and to enjoy in other countries asylum from persecution.” State signatories of the Declaration are obliged to assist asylum seekers, refugees and stateless persons, and to allow them to exercise their fundamental rights, including freedom of movement. After World War II,

the international community undertook Herculean efforts to help civilian populations who fled wars and sought sanctuary where they could rebuild their lives. The United Nations High Commissioner for Refugees (UNHCR) was created and mandated to protect and

find durable solutions for refugees.

Refugees’ rights to life, liberty and security were further codified in the 1951 Refugee Convention, as were the rights to seek asylum and not be forced to return home (known as “non-refoulement”) if there is a credible threat of violence or abuse. For those unable to flee or trapped in conflict, the UN’s Guiding Principles of Displacement complement their rights under International Humanitarian Law (IHL) and the [Fourth Geneva Convention](#) (1949). States party to conflicts are obliged to care for and protect populations within their

**“The refugee policy framework drafted 70 years ago is blatantly being ignored and we're seeing tangible results of this.”**

Dr. Tim Jagatic, MSF Sea Rescue; Greece, March, 2016.



borders and/or to facilitate humanitarian agencies to do so. Neighbouring states are entreated to host populations fleeing violence, and the UNHCR and UN member states must assist in the provision of care and in ensuring that refugees have the right to seek asylum.

**“I talked to displaced Syrian women in Lebanon preparing to return to Syria to deliver their babies. I learned it was an established yet dangerous pattern. There was an underground railroad-like network helping them. They did it despite risks. It's unacceptable that women are forced to do this to access or afford maternity care.”**

Stephen Cornish, Executive Director, MSF Canada.

And yet we observe countless cases when these rights are flouted. Increasingly restrictive migration policies and the tightening of borders in the EU, the United States, Australia, Saudi Arabia, the Gulf States, Thailand, Malaysia and other countries, have limited the mobility of those seeking refuge and have curtailed their rights. Rather than offering vulnerable people protection and care as they are morally and legally obliged to do, increasingly hardened policies often make those in need even more vulnerable.

[Few states](#) in South East Asia are party to the Refugee Convention, and the region lacks a legal framework to protect refugees, asylum seekers and stateless people. Meanwhile, states that are party to the Refugee Convention routinely flout it, and a growing number of nations renege on their legal obligations to share the costs of resettlement or care for refugees languishing in camps. Several wealthier nations [shift responsibilities onto developing and fragile countries](#), using development aid and political incentives to encourage them to manage the arrival of refugees.

While the European Union is dedicating millions of euros to Turkey and Syria, UN humanitarian agencies who attempt to respond to crises in Iraq, Ukraine, Yemen and South Sudan, and to provide assistance in fragile states including Somalia, Libya and Democratic Republic of Congo, experience serious funding shortfalls. Such government responses also demonstrate the need for responsibility-sharing for the costs of hosting refugee populations. Claiming humanitarian



MSF clinic in Lebanon. © Jose Michelena/MSF

motivation, the EU and Australia actively fund the “[externalization](#)”<sup>iii</sup> of their borders by paying other countries to manage them. Such action is political, not humanitarian.

In the 20th century many governments and populations responded with open arms and welcome when facing mass displacements (i.e. WWII, Vietnamese boat people and the Balkan wars). Today, in sharp contrast, governments increasingly favour containment measures and closed





borders, matched by public sentiment willing to flout international laws and norms and to shut borders to people fleeing desperate circumstances.

The majority of the world's refugees are currently hosted by five developing countries (UNHCR, 2015). Increasingly, we are seeing protracted conflicts leading to long-term displacement, such as in the Syrian crisis. Syria's neighbours Lebanon and Jordan face enormous challenges: Hundreds of

thousands of Syrians in those countries are forced to live in poorly-heated makeshift shelters; they struggle to find livelihoods and often have their food rations interrupted. MSF has witnessed the health impact of inadequate support of refugees. Pregnant Syrian refugees in Lebanon, for example, struggle to access affordable medical care. Many refugees are barred from working thus struggle to afford such essentials. Some women have taken the risky decision to return to Syria because they couldn't get obstetric care in Lebanon<sup>iv</sup>.





*Refugees gathering at a camp in the Democratic Republic of Congo. © Livio Senigalliesi*



# REFUGEE CAMPS: A “TEMPORARY” SOLUTION

Originally established as a short-term response in times of crisis, refugee camps were intended to provide shelter, safety and food until refugees could either return to their homelands, be integrated into host countries or receive the benefits of third-party resettlement. The reality is starkly different. Approximately 14 million refugees, some in exile for generations (protracted refugees), languish in these “temporary” shelters.

For example, Dadaab Camp, opened in 1992 near the border of Somalia in Kenya, is home to [347,000](#) refugees,<sup>v</sup> including some 10,000 third-generation refugees born to refugee parents who were also born in the camp. The camp is insecure due to the threatening presence of armed militias and the Islamist group Al-Shabaab.

Less than one percent of all refugees are resettled, resulting in camp stays that average 18 years. Rather than refugee camps serving to protect and care for refugees until durable solutions can be found, in MSF’s experience they have become a political means for indefinitely ring-fencing or containing migrant populations themselves.

On May 6, 2016, the Government of Kenya announced it would close Dadaab camp. Kenya cited the EU-Turkey deal as inspiration for the decision. The refugees themselves, along with MSF, UNHCR and many others, are concerned about the camp population’s fate if this proceeds<sup>vi</sup>.

MSF witnesses the challenges facing — and provides health and mental-health care for — refugees trapped in camp settings. Furthermore, under-assistance coupled with overcrowding places refugees at risk of disease outbreaks and nutritional crises<sup>vii</sup>. In camp settings, societal bonds and norms often break down, physical abuse and sexual violence are constants, and post-traumatic stress and depression are commonplace. In closed camps refugees’ movement is restricted and they are seldom able to work and have little chance at resettlement.

**“Many people have said to me, ‘At home we had war, but at least we had our dignity.’ ”**

Marina Spyridaki, MSF psychologist working with refugees on the Greek island of Kos; September 18, 2015.

In Northern Iraq’s Domiz refugee camp, MSF counsellors and psychologists treat patients with acute symptoms of mental health disorders.<sup>viii</sup> Today, in four Iraqi governorates, MSF supports displaced people with

mental-health, reproductive and primary-health care needs. The long list of above-mentioned challenges often inhibits refugees from rebuilding fulfilling lives.

For migrants with no prospect of resettlement and no ability to return home or receive adequate assistance, safe and legal routes of escape from the harsh realities of refugee-camp life are all but non-existent. Thus many use irregular migration channels, and turn to exploitative smugglers and traffickers whose routine use of violence and intimidation causes more suffering and increases vulnerability.

# FORTRESS EUROPE: ENFORCING DANGEROUS ROUTES AND SUFFERING

The European Union blocks regular and legal asylum pathways, condemning people in flight from Syria, Eritrea, Iraq, Pakistan, Afghanistan and other countries to take dangerous sea journeys to Greek and Italian shores. Migrants taking boats across the Mediterranean is not a new phenomenon, but the numbers started to multiply in 2014, particularly as the war in Syria intensified.

As overland routes are blocked, migrants assert their right to seek asylum by taking to the sea. International maritime law requires countries to provide humanitarian assistance to those in [distress at sea](#); states are required to do search and rescue, to protect the right to life and to provide safe disembarkation of persons rescued. Similarly, the Second 1949 Geneva Conventions state that the wounded, sick and shipwrecked are to be collected and cared for.

It is a double-jeopardy scenario: Despite knowing the risks of drowning in the Mediterranean, few migrants are prepared for, or are aware of, the levels of depravity shown by smugglers in transit. After paying exorbitant prices, people fleeing often must endure violent physical abuse and [sexual violence](#), particularly women and girls. They also face horrific conditions and severe overcrowding on the boats, resulting in people suffocating to death below deck or drowning after boats capsize.<sup>ix</sup>

**“I was beaten with bare hands, with sticks and with guns. I knew the journey would be dangerous and difficult especially for my daughter. But what was the alternative?”**

Agnes, 30, Eritrea; Nov 10, 2015. Rescued from the Mediterranean Sea by MSF.

In 2014, European governments cut funding for search-and-rescue operations at sea to dissuade arrivals. In 2015, EU states couldn't agree to a coherent response and reception strategy to address the hundreds of thousands of refugees arriving on their shores.<sup>x</sup> Undeterred, people took perilous sea routes. In the face of the effects of this lethal bystanding and inadequate response, MSF implemented [search-and-rescue operations at sea in 2015](#), and provided medical services and mental-health consultations. A vast majority (88%) of individuals travelling by sea to Europe from Turkey are from refugee-producing countries, and half are women and children. By December 31, 2015, MSF had rescued 20,129 migrants. More than 3,771 women, children and men drowned or were lost at sea along Mediterranean migration routes in 2015.

In March 2016, [MSF resumed search-and-rescue](#) on the Mediterranean Sea, as

Europe continued to deny adequate help for people undertaking the highly dangerous maritime crossing. Sadly, between January 1 and June 30, 2016, another [2,951 migrants](#) had already died as they attempted to cross the sea.

The reception conditions in Greece for asylum seekers have been inconsistent, inadequate and chronically insufficient. People lack adequate food, shelter and healthcare upon arrival and in ensuing days. In winter months, they suffer from hypothermia. MSF provides assistance to refugees with the





*Deputy MSF Field co-ordinator Sebastian Stein (far right) aids rescue operations of 95 people, mostly from West Africa from a rubber dinghy which was leaking dangerously in the Mediterranean Sea. © Francesco Zizola/NOOR*



basics of life, hygiene care and medical screening. Many local and international volunteers, as well as community and other non-governmental organizations, also provide vital assistance to migrants. But while this response is inspiring, and essential to saving lives and reducing suffering, it is not a comprehensive solution.

MSF has repeatedly called on [Greek authorities to meet their obligations](#) by providing and managing spaces on all Greek islands, where people can be received with decent conditions — and for Europe to equitably share this responsibility with Greece.

**“Every day we see people in our hospitals who have fled violence, hunger and disease, and are in desperate need of emergency medical care. Yet Australia and Europe focus the debate on people smugglers, prioritizing border controls over the plight of people seeking our protection. This does nothing to solve the problems that cause people to flee. Australia must stop promoting a policy that simply pushes suffering offshore. Declaring war on people smugglers does nothing to end the wars that fuel their trade nor ensure humanitarian outcomes for those who flee them.”**

Paul McPhun, Executive Director of MSF Australia.

Once ashore, migrants looking to reach northern European countries avoid being fingerprinted for registration in Greece and Italy, and become part of the undocumented category of displaced persons. Under Europe’s [Dublin Regulation](#), asylum seekers must register and remain in the first European country they are known to have entered, and that member state is responsible for handling their asylum applications. With southern EU member states such as Greece receiving a disproportionate number of refugees and unable to guarantee safety or provide basic life necessities, the Dublin rules were temporarily and partially suspended in 2015, in order to allow people to travel onward and claim refugee status in other EU countries (Germany in particular).



*Khadija, 42, is a mother of four from Syria who is now detained on Samos Island, Greece, along with her children. She spoke to MSF from behind two metal fences. “What is going to happen next? Will they kill us here in Europe? My husband was*

Contrary to government claims and despite this strategy, fences and walls at EU’s external borders do not deter people from trying to seek protection in Europe. In September 2015, Hungary [built a 175-kilometre razor-wire fence](#) on its border with Serbia, as did four other European countries. In effect, the control of migrants’ movements with restrictive policies, walls and fences, and little adequate response to their health needs, has created a highly precarious journey for most refugees, as MSF has witnessed.

An already unacceptable situation for migrants fleeing to Europe’s borders was exacerbated with the March 2016 deal between Turkey and the EU.<sup>xi</sup> The deal enforcing migration cooperation between EU member states and Turkey to effectively deport almost all asylum seekers arriving by sea causes suffering and violates moral and legal responsibilities to assist those seeking protection. MSF condemns the deal as a [false solution](#) and an affront to humanitarian obligations.





*killed and our house was destroyed by a barrel bomb in 2013. Since then we have been moving from village to village looking for safety, until I lost hope and I brought my children to Turkey. I worked many jobs but it was so hard for me to manage with four children so I decided to come here to be safe. Yet here we are behind barbed wire like criminals, this is extremely unjust.” © Mohammad Ghannam/MSF*

While protecting borders and access to territory falls within states’ rights and responsibilities, the interdiction approach removes refugees’ rights to seek asylum and their abilities to seek international protection. The “[externalization of borders](#)” is essentially an act of outsourcing: wealthy countries that do not want refugees but are required by international obligations and treaties to provide care and asylum, seek to bypass these responsibilities by paying other governments to do it for them.

MSF notes that this is a shift to macro-state mass expulsion tactics, rather than an attempt to better handle individual asylum claims, and condemns this action as it continues to create barriers to safe asylum and it violates the law.

European countries have so far accepted a small share of the recently displaced people, despite Europe’s history of both producing and receiving large numbers of refugees.

Germany, one of the few migrant-welcoming countries in Europe, is experiencing anti-immigration backlash that particularly targets Muslims. Other European countries have politicians, groups and citizens who stereotype and demonize migrants. This is not a European phenomenon. Such anti-migrant sentiment exists to varying degrees in South Africa, Australia, Mexico, the US and Canada. These expressions can influence government decisions on the number of refugees they will resettle, and can affect policy and public attitudes toward, and treatment of, migrants.

From Central Africa to North America to Australia, migrants have been labelled as “illegal,” “bogus,” “queue jumpers” and worse, and are increasingly negatively portrayed to the public. Some states increasingly link immigration and terrorism, disregarding the impact the on the health and wellbeing of innocent people targeted by immigration policies, attitudes or rhetoric.

# B E Y O N D   E U R O P E

There are many parallels to the public sentiment and political policy seen in Europe elsewhere around the globe. The health concerns and patterns of abuse MSF sees among those arriving in Europe is consistent with patterns witnessed in other locations where MSF cares for migrants, such as in [Mexico](#) and Central America. There, MSF also treats people for wounds and mental and physical trauma suffered on long and dangerous journeys. Women and men report rape by smugglers, criminal groups and security forces along migration routes and in detention centres.<sup>xii</sup>

In Mexico, MSF witnesses xenophobia and violence towards refugees along the treacherous migrant routes. Those fleeing violence in El Salvador, Honduras and Guatemala too often face the very conditions they are seeking to escape while attempting to reach the US via Mexico by foot, boat and train. Routes are underserved by medical services; migrants can't afford or are unable to access care due to their lack of legal status. Access to available health care and services may also be blocked by smugglers. In Mexico, MSF field teams documented regularized mass extortion, kidnapping and sexual violence, along with individual accounts of torture of migrants.

Despite the risks and uncertain odds of success, many families borrow against their future earnings in order to send their children (via handlers or smugglers known as coyotes) northward to the US, rather than have them fall prey to violence and death associated with forced gang recruitment at home. [MSF provides humanitarian assistance](#), including mental health support, to migrants at a clinic in Ixtepec in Mexico's Oaxaca state, and at several spots along the customary route north.

These attempts to escape violence at home, coupled with the hardships and abuse commonplace on their journeys, harm migrants physically and mentally. In 2014, four out of 10 patients seeking care in the Ixtepec MSF clinic in Mexico reported significant mental-health issues. Eighty per cent witnessed violence, and [10 per cent suffered violence first hand](#). Mexico does not uphold the rights of those fleeing violence in Central America, while the US in turn does not uphold the rights of those fleeing at Mexico's border. The US also has large-scale and harsh detention policies within its borders.

This de facto criminalization of migration is the result of specific policies and practices pursued by many destination countries — from European airport screenings to the United States' hard-fisted attempts to block migrants from physically accessing its southern border with Mexico. In the process of making it more difficult for people to cross borders by legal means, such measures can increase health and humanitarian needs by giving rise to a robust and mercenary criminal networks that seeks to profit from violent control of irregular migration routes.

MSF and other agencies have struggled to access mobile, undocumented and little-seen migrant populations who fear seeking medical care given their uncertain legal status. Many remain without basic healthcare and preventive services for lengthy periods of time, and surface only during an emergency.





*Families, women and unaccompanied children sometimes travel on trains to make it to the United States. They are the most vulnerable among the migrants.*  
© Anna Surinyach/MSF





Refugees and migrants on board a sinking inflatable boat are rescued by Médecins Sans Frontières (MSF) in the Mediterranean Sea. © Alessandro Penso



# FROM WAR AND PERILOUS JOURNEYS TO INTERDICTION AND DETENTION

In response to displacement, many states have increased their efforts and resources to control migration flows, with particular focus on irregular migrants. They use restrictive immigration policies and practices, including: limiting access to social services such as healthcare; creating obstacles to accessing the asylum system; and increased and prolonged detention.

MSF has stopped working at some migrant reception centres because of the inadequate, harmful or undignified care and reception that migrants receive. For example, it ceased work at the [Moiria “hotspot” for migrants in Lesbos, Greece, in March 2016](#) citing “unfair and inhumane” treatment of migrants.

Several governments continue to engage in extra-territorial interdiction measures (i.e. “externalizing” their borders), openly admitting in some cases that they are working with governments that have weak human-rights records. Australia, Denmark, Germany, the Netherlands, the UK and the United States all employ special advisors (migration integrity officers) to advise airlines at foreign airports and other governments on fraudulent travel documents in an attempt to keep away “unwanted” migrants. In Canada, then-prime minister Stephen Harper appointed Ward Elcock as [Special Advisor on](#)

[Human Smuggling and Illegal Migration](#) in 2010 as a measure against “unwanted” migration.<sup>xiii</sup>

Interdiction measures increase migrants’ vulnerability to arrest, detention, persecution and harm by returning them to their countries of origin — places they had fled in order to seek protection. For instance, Australia implemented a “Pacific Solution” program in which migrants who arrive by sea are transported to detention centres in Papua New Guinea, Manus Island or Nauru, where their claims are processed. Human rights bodies, medical professionals and independent detention monitors report serious concerns about migrants’ health, mental health and safety in these detention centres and in local communities.<sup>xiv</sup> In May 2016, a refugee set herself on fire in Nauru and there are numerous reports of

suicides, suicide attempts, self-harm, inconsistent medical care and mental health crises amongst detainees, especially children. The UNHCR regional spokesperson reports “no doubt that the current policy of offshore processing and prolonged detention is immensely harmful.”<sup>xv</sup>

While some asylum seekers’ claims are rejected, others are stuck in prolonged detention because of security considerations in their countries of origin, which precludes

**“We will not allow our assistance to be instrumentalized for a mass expulsion operation, and we refuse to be part of a system that has no regard for the humanitarian or protection needs of asylum seekers and migrants.”**

Marie Elisabeth Ingres, MSF head of mission in Greece.



Emergency room in Aden hospital, Yemen. The war in Yemen has created significant displacement. © Guillaume Binet/MYOP



them from being returned. International aid agencies are regularly denied access to detention centres, which blocks transparency and independent assistance or assessment. Furthermore, the use of offshore detention centres raises the question of where responsibility for the wellbeing of migrants begins and ends and who is responsible for them at which stage in the migration journey. As a method of deterrence – and with bipartisan support – Australia makes it explicit that no asylum seeker who arrives by boat will settle in the country. Detention is a form of deterrence and collective punishment which breeds health problems and hopelessness among detainees in quasi permanent limbo.

Policy and rhetoric in Australia and Europe has notably shifted from demonizing migrants to claiming "humanitarian" motivation for saving lives at sea by moving refugees elsewhere and detaining many or sending them back. In fact, it is perverse to send people to known harm (indefinite detention, among other risks) instead of choosing safe alternatives.

MSF has found that many countries are increasingly using systematic or quasi-systematic detention as a [core migration management](#) tool aiming to restrict the influx of migrants, and are pressuring detained migrants to join government-sponsored voluntary repatriation programs. Yet these actions contravene the Universal Declaration of Human Rights, which entitles all people to have the right to freedom from arbitrary arrest and detention. Detaining people who are already traumatized, who have fled war and other humanitarian crises, causes further harm to people's health and as such must be avoided, not prolonged or systematized.

The [Canadian Council for Refugees](#) (CCR) defines interdiction as those measures implemented by governments of refugee-receiving countries to prevent refugees from reaching their borders. While the use of interdiction of asylum seekers and migrants trying to reach Canada is not new, interdiction is an increasingly widespread phenomenon used by states to keep out so-called undesirables, and is implemented through measures such as: the imposition of a visa requirement, especially for citizens from refugee-producing countries; systematic detention; sanctions and fines of airline carriers for transporting people without proper documentation; training of police officers and immigration officials in refugee-producing countries on how to detect false documents and to identify "suspicious" foreigners; and posting migration integrity officers in international airports to help identify

improperly documented persons or assist airlines in doing this.

Such measures are [enforced at](#) airports and at sea. Persons travelling without the required documentation can be intercepted in the country of departure or a transit country, on territorial waters or the high seas, or just prior to arrival in the country of destination. These measures are implemented through bilateral and multilateral migration arrangements with countries of origin, transit and destination. Through such extra-territorial measures, states block vulnerable persons from reaching their countries' borders and accessing their refugee determination system. Because interdiction measures are operated remotely, it is difficult to estimate how many persons get blocked.

In 2012 the Canadian government introduced a Designated Country of Origin (DCO) category, or "safe" country list, for

refugees that includes countries that do not normally produce refugees, but respect human rights and offer state protection.<sup>xvi</sup> This controversial list included Mexico, which has been plagued by militarized drug wars and kidnappings and has the third highest number of deaths related to armed violence in the world, after Syria and Iraq. In

November 2015 the Canadian government committed to removing visa requirements for Mexican citizens entering Canada put in place by the prior government in 2009. If this change is implemented, it could remove the visa obstacles for those seeking asylum from Mexico and could help prevent them from seeking refuge via irregular migratory routes.<sup>xvii</sup>

States claim that interdiction is a means to curb the evils of human smuggling and prevent crimes. [But interdiction practices often tend not to differentiate between those who need protection and those who do not](#). The CCR says that interdiction measures are implemented in obscurity, and that those interdicted are extremely vulnerable, so there is no opportunity to raise the alarm. States risk violating the principle of [non-refoulement](#) (non-return) by rendering victims of persecution to their persecutors.

MSF is concerned that states are not equally investing serious resources and means into saving lives and respecting asylum rights as they are committing to the war on human smuggling. Unless adequate protection measures to assure the dignity, safety and protection of people on the move are in place, the abuse of migrants and refugees will likely worsen with increased externalization of border control measures.

**“What I see today is what I saw in 1991: desperate people who fled their war-torn country ... only to end up in a camp where living conditions are below what is humanly dignified.”**

Abubakar Mohamed Mahamud, MSF Deputy Field Coordinator, Dadaab, 2012. Before working for MSF, Abubakar had assisted Somali refugees in Kenya since Somalia's war began more than 20 years ago.

# CANADA'S ROLE

In the past, the rare “boat arrivals” on Canadian shores have spurred political action aimed at deterring irregular arrivals to the country.<sup>xviii</sup> In 2009, the MV Ocean Lady, and in 2010, the MV Sun Sea, arrived off the coast of British Columbia with [575 Tamil](#) migrants in total from Sri Lanka, a country reeling from a 26-year civil war. Canada's then-public safety minister was quick to describe the migrants on-board the MV Sun Sea as “[criminals](#)” and “terrorists”

abusing Canada's refugee system, and all passengers were detained on arrival. Those on the MV Ocean Lady were called “terrorists, thugs, snakeheads and violent foreign criminals who pay human smugglers to help them enter Canada” by the then-spokesperson of the Minister of Citizenship and Immigration. Such public labelling and messaging criminalized the migrants

and also their migration process, without acknowledging that the individuals fleeing persecution may have had to resort to such means of transportation to seek safety.<sup>xix</sup>

The arrival of these two migrant boats prompted the Canadian government to introduce legal changes, finally implemented in 2012, to impose harsher anti-smuggling measures and create a category of “irregular arrivals” subjected to mandatory detention.<sup>xx</sup>

**“Building an early relationship is important for health settlement; it helps newcomers feel safe within our health system and educated to come back. Many survived trauma and torture and years of inadequate shelter and insecurity.”**

Dr. Kevin Pottie , a Canadian physician who worked with MSF in the Democratic Republic of Congo.

Such detained persons in Canada are usually held at immigration holding centres (IHC) operated by the Canada Border Services Agency (CBSA) or at provincial [prisons](#). According to the Canadian Red Cross (CRC), 10,088 migrants were detained in 138 facilities across Canada in 2013-14.<sup>xxi</sup>

In contravention of international norms to separate criminal and non-criminal populations in detention centres, Canada also uses criminal facilities when IHCs are overcrowded and when there is no dedicated immigration facility in the region, instead of only using them when detainees are deemed high-risk. Close to 30 per cent of immigration detainees are in criminal

facilities despite being a low-risk, non-criminal population. Detention and refugee experts have expressed concern for the well-being and safety of people who may never have experienced a “prison-like environment” before.”<sup>xxii</sup>

Because [CBSA-administered facilities are not equipped to address their needs](#), immigration detainees with mental-health problems are also frequently transferred to provincial prisons, which can exacerbate the detainees’ already precarious mental health.<sup>xxiii</sup>





*An MSF surgeon visits a Syrian girl who lost a leg due to artillery injury in Ramtha hospital in Jordan © Ton Koene*

In Canada, the CRC and the UNHCR have access to immigration detainees to do detention monitoring. The [CRC's](#) mandate is to monitor persons detained pursuant to the Immigration and Refugee Protection Act, while UNHCR's mandate relates to refugees and asylum claimants. Immigration detainees in Canada face vulnerabilities that CRC aims to address, such as deprivation of their liberty and close monitoring of their movements by state officials.<sup>xxiv</sup> Those who experienced traumatic events in their countries of origin may be more [vulnerable in a prison environment](#). As newcomers, immigration detainees may lack social support and face language barriers. To build trust and confidentiality, the CRC raises concerns directly with detaining authorities. The CRC does not publicly disclose its findings.<sup>xxv</sup>

To provide support services to immigration detainees, medical services, social workers and some NGO representatives also regularly visit immigration detainees held in IHCs to provide support and medical services.. While MSF does not work with migrants in Canada, it is concerned that Canada remains one of the few Western countries with no time limit on detentions. The

UN Human Rights Committee is alarmed by accounts of indefinite detention for migrants and mandatory detention of those who enter Canada through “irregular” channels.

It reminds Canada that detention should be used as a measure of last resort, a reasonable time limit for detention should be set, and that non-custodial measures and alternatives to detention should be made available to persons in [immigration](#) detention. In addition, access to treatment for detainees with mental-health issues is required.

Experts who have visited Canada's IHCs report that the harm caused from detention is not limited to those incarcerated: there is a ripple effect from the IHCs to the wider public community, breeding negative impressions of detainees as criminals and deviants. This can feed into moral panics surrounding boat arrivals. In reaction, these become justifications for mandatory detention for such arrivals.

A September 2010 poll found that 50 per cent of Canadians thought that the passengers and crew of the MV Sun Sea should be deported even if they had legitimate refugee claims and were not linked to terrorist activities. Practices such as mandatory detention can perpetuate the perceived criminalization of migration, and contributes to the diminishment of public empathy for migrants. It is notable that by mid-2015, the majority of the refugee claimants who had arrived on the MV Sun Sea and the MV Ocean Lady had eventually had their claims in Canada accepted.<sup>xxvi</sup>

MSF urges Canada, Europe and especially other destination countries to resettle refugees and asylum seekers in a dignified and humane way. In MSF's experience, the integration of refugees into health systems and communities means better health outcomes for both newcomers and host communities. In a rare positive turn of events, the [Canadian government recently reinstated the Interim Federal Health Program](#) that had been cut in 2012. As of April 2017, the new health program provisions will cover refugees' pre-departure health exams and vaccinations before they arrive in Canada.<sup>xxvii</sup> Canada's recent leadership in welcoming Syrian refugees and reinstating supplemental healthcare for all refugees and asylum seekers is commendable, and can encourage other countries to receive and resettle refugees in a dignified and humane way. Yet the current Canadian government continues to employ interdiction practices in other parts of the world, which compromise both its legal and its moral obligations to vulnerable people. Canada's practice of over-reliance on detention and interdiction of migrants and asylum seekers, as well as its policies, still lack coherence and respect for human rights, refugees and asylum law.

## “What I have seen has made me feel bad, really bad.”

Raquel Julieth Hernandez, 19 years old, from Honduras; after arriving in Mexico she was assaulted and robbed by a group of men, but as a migrant was too frightened to seek medical help.

Unlike Europe, Canada doesn't have boats frequently landing or attempting to land on its shores. But it does have the same responsibilities and obligations to refugees and

asylum seekers as do other states, and can contribute to solutions.

Like many countries, Canada still lacks adequate safe and legal mechanisms by which people fleeing persecution can safely and legally access its territory to seek asylum. It also has a mixed history with refugees. While the country has on some occasions shamefully turned away people in dire need, it has also been a leading host. Now is the time to ensure consistent adherence to human rights and humanitarian policies and laws for refugees and asylum seekers.

Like elsewhere, xenophobic attitudes<sup>xxviii</sup> in Canada, if not dispelled, can drive false and negative perceptions of refugees and thus practices, responses and policy. Such attitudes must be challenged with facts, respect for human rights and empathy about the grave situations that people are forced to flee, including the dangerous journeys migrants undertake as a direct result of current migration policies. While the recent arrival of many Syrian refugees in Canada has been received relatively well, polls indicate that nearly half of Canadians opposed Canada's program to resettle nearly 25,000 Syrians by the end of February 2016.<sup>xxix</sup> Political statements and actions matter to counter intolerance and reiterate the importance of a welcoming, multicultural society.





*The Central American migrants travelling by train in Mexico endure long trips. They are often victims of violence. © Anna Surinyach/MSF*





*Three women carrying water in a camp for displaced people in Melut, South Sudan. © Anna Surinyach/MSF*



# CONCLUSION: SHARED RESPONSIBILITY VS SHARING THE BURDEN

The response to the global displacement crisis is a defining issue of our time. We as an international community are failing our fellow human beings and creating social, health, security and economic problems instead of solving them. History will judge us. The surge of displacement is sure to continue, so it behooves governments and citizens to figure out how to effectively address this political challenge — an undoubtedly enormous task that will take resources, collaboration and sustained commitment to tackle.

States must live up to their responsibilities and respect the spirit and letter of International Humanitarian Law and Refugee Law. They need to address the wars and deprivation that force people to flee, and to humanely and adequately support those refugees in need of help. Interdiction and the systematic blocking of people at borders or in camps erodes people's rights and makes them even more vulnerable. While countries also have a responsibility to prevent legitimate security concerns, this must be better balanced with humanitarian needs.

Global citizens also have a crucial role to play in addressing the empathy and policy gap with respect to inconsistent treatment of refugees, asylum seekers and migrants. We need to demand better of our political systems, and to become

part of a global solidarity movement demanding a more humane and coherent response that addresses, not increases, humanity's vulnerabilities and suffering.

MSF believes that the number of people fleeing their homes will continue to rise not only because of violence, poverty and climate-related disasters, but also due to protracted conflicts in Syria, Yemen, Somalia, Iraq and Libya.

**“Instead of arguing over solidarity among member states, it is time ... to take concrete action and to agree on policies that are effective, humane and based on compassion for people, rather than a hostile discourse of institutional rejection.”**

Aurelie Pontieu, MSF Humanitarian Advisor on Displacement.

MSF urges all countries to uphold their moral and legal obligations to treat all people in a fair, humane and dignified manner. MSF has a humanitarian role to play in assisting people who are in need, but the solution to the global displacement crisis must be political: it cannot be made by doctors pulling drowning people out of the sea. It's untenable that a medical organization, civil

society groups and concerned individuals are filling gaps left by states unwilling and unable to uphold their responsibilities or to respect laws they agreed to uphold.

A paradigm shift is urgently needed to recognize our shared humanity, and to approach the issue of people in flight as our shared global responsibility.

Acknowledgements: Linn Biorklund, Paul McPhun, Jon Edwards, Isabelle Jeanson, Michael Lawson, Jason Nickerson, Prof. Sandy Irvine of Wilfred Laurier University, Dr. Kevin Pottie, Vivienne Edward and Catherine Gribbin of the Canadian Red Cross and Janet Dench, Canadian Council for Refugees.

Designed by Arran Svadjian

- 
- i In this paper, we use the term “migrant” broadly to include asylum seekers and refugees as well as victims of human trafficking, who have specific rights. Also included are those who left their country voluntarily in search of a better life. As a humanitarian agency involved in search and rescue, MSF does not have a mandate or means to assess the immigration status of the people we assist. Medical care is provided to those in need without judgment.
  - ii Interdiction includes state practices which are extra-territorial in nature, meaning that they are implemented beyond the state borders. Such practices aim at deterring and preventing the migrants and asylum seekers from entering countries particularly in the global north. Examples of interdiction measures include imposing visas especially for refugee-producing countries, training pre-inspection staff at foreign airports on fraudulent documentation and identifying ‘suspicious’ foreign travellers, turning back boats and imposing financial sanctions on flight carriers that carry improperly documented passengers (Sonal Marwah).
  - iii Special Rapporteur on the human rights of migrants, Regional study: management of the external borders of the European Union and its impact on the human rights of migrants, 5, U.N. Doc. A/HRC/23/46 (Apr. 24, 2013) [http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session23/A.HRC.23.46\\_en.pdf](http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session23/A.HRC.23.46_en.pdf)
  - iv Syrian Refugees in Lebanon: “Pregnant Women Often Have No Idea Where to Go” <http://www.doctorswithoutborders.org/news-stories/field-news/syrian-refugees-lebanon-pregnant-women-often-have-no-idea-where-go>
  - v UNHCR Dadaab - Kenya Camp Population Statistics <http://data.unhcr.org/horn-of-africa/download.php?id=1901>
  - vi MSF urges Kenyan government to reconsider the closure of the Dadaab refugee camps <http://www.msf.ca/en/article/msf-urges-kenyan-government-to-reconsider-the-closure-of-the-dadaab-refugee-camps>
  - vii Kenya: Cholera Outbreak Spreads to Dadaab Refugee Camp <http://www.doctorswithoutborders.org/article/kenya-cholera-outbreak-spreads-dadaab-refugee-camp>
  - viii Médecins Sans Frontières IRAQ Crisis Update – October 2015 [https://www.msf.ca/sites/canada/files/iraq\\_crisis\\_update\\_october\\_2015\\_en.pdf](https://www.msf.ca/sites/canada/files/iraq_crisis_update_october_2015_en.pdf)
  - ix Central mediterranean: 21 women and 1 man die at sea, 209 others rescued <http://reliefweb.int/report/italy/central-mediterranean-21-women-and-1-man-die-sea-209-others-rescued>
  - x Greece: Thousands of Migrants and Asylum Seekers Stranded in Precarious Conditions <http://www.doctorswithoutborders.org/article/greece-thousands-migrants-and-asylum-seekers-stranded-precarious-conditions>
  - xi The EU-Turkey Deal: A False Solution, An Evasion of Responsibility <http://www.doctorswithoutborders.org/article/eu-turkey-deal-false-solution-evasion-responsibility>
  - xii Central America: Migrants Victimized at Home and During Journey <http://www.doctorswithoutborders.org/news-stories/press-release/central-america-migrants-victimized-home-and-during-journey> Mexico: Violence is ever present throughout their journey <http://msf-seasia.org/news/15560>
  - xiii Harper Government Introduces Preventing Human Smugglers from Abusing Canada’s Immigration System Act <http://news.gc.ca/web/article-en.do?nid=567929>
  - xiv Mental and Physical Health Crisis for Nauru and Manus Detainees <http://idcoalition.org/news/mental-and-physical-health-crisis-for-nauru-and-manus-detainees/> Second refugee at Australian detention centre in Nauru sets herself on fire and Papua New Guinea Events of 2015 <https://www.theguardian.com/world/2016/may/02/second-refugee-sets-themselves-alight-on-nauru> <https://www.hrw.org/world-report/2016/country-chapters/papua-new-guinea>
  - xv UNHCR Calls for Immediate Movement of Refugees <http://unhcr.org.au/news/unhcr-calls-immediate-movement-refugees-asylum-seekers-humane-conditions/>
  - xvi The DCO list makes it difficult for refugee claimants that do make it to Canada to pursue their claims as they are subjected to shorter timelines for Refugee Protection Division (RPD) hearings at the Immigration and Refugee Board (IRB). [http://www.legalaid.on.ca/en/info/downloads/refugeelawyers\\_practicemanual.pdf](http://www.legalaid.on.ca/en/info/downloads/refugeelawyers_practicemanual.pdf)



- xvii The Canadian federal government announced it will remove visa restrictions for Mexican citizens entering Canada as of December 1, 2016. However the government has added that once the visa-requirement is lifted, if asylum applicants from Mexico exceed 3,500 within a 12-month period, the visa requirement could be partially re-imposed. The decision to put a cap and limit potential Mexican asylum claims is discriminatory and arbitrary to providing refugee protection to those in need, while linking it to visa requirement policy. Ottawa's decision to limit Mexican refugee claims discriminatory: groups <http://www.theglobeandmail.com/news/politics/ottawas-decision-to-limit-mexican-refugee-claims-discriminatory-groups/article30599907/> Refugee lawyer practice manual Representing claimants before the Refugee Protection Division [http://www.legalaid.on.ca/en/info/downloads/refugeelawyers\\_practicemanual.pdf](http://www.legalaid.on.ca/en/info/downloads/refugeelawyers_practicemanual.pdf)
- xxviii Migrants arriving by boat from 1986-2010 have cumulatively conveyed 0.2 per cent of total refugee arrivals in Canada during the past 25 year. Alex Neve and Tiisetso Russell, "Hysteria and Discrimination: Canada's Harsh Response to Refugees and Migrants Who Arrive by Sea," University of New Brunswick Law Journal 62, no. 1 (2011): 37–46.
- xix Sun Sea anniversary highlights Canada's treatment of refugees <http://www.theglobeandmail.com/news/british-columbia/sun-sea-anniversary-highlights-canadas-treatment-of-refugees/article25900878/>
- xx Global Detention Project: Immigration Detention in Canada: A Global Detention Project Special Report <http://oppenheimer.mcgill.ca/Immigration-Detention-in-Canada-A,3280?lang=fr>
- xxi Ottawa to change migrant detention policy to reduce use of provincial jails <http://www.theglobeandmail.com/news/politics/ottawa-to-change-migrant-detention-policy-to-reduce-use-of-provincial-jails/article30482750/>
- xxii Canada Immigration Detention <https://www.globaldetentionproject.org/countries/americas/canada?order=title&sort=desc>
- xxiii UNHCR The Human and Financial cost of detention of asylum-seekers in Canada [http://www.unhcr.ca/wp-content/uploads/2014/10/RPT-2011-12-detention\\_assylum\\_seekers-e.pdf](http://www.unhcr.ca/wp-content/uploads/2014/10/RPT-2011-12-detention_assylum_seekers-e.pdf)
- xxiv ibid
- xxv ICRC Duty of Confidentiality <http://www.redcross.ca/how-we-help/migrant-and-refugee-services/promoting-the-rights-of-immigration-detainees/duty-of-confidentiality>
- xxvi Canadian Council for Refugees Sun Sea: Five years later August 2015 <http://ccrweb.ca/sites/ccrweb.ca/files/sun-sea-five-years-later.pdf>
- xxvii Restoring Fairness to the Interim Federal Health Program <http://news.gc.ca/web/article-en.do?nid=1034619>
- xxviii A few xenophobic attacks on Muslim women in Canada in late 2015 at the time of concerted Canadian government action to bring Syrian refugees to the country illustrates the importance of recognizing fears but also dispelling myths or stereotypes, humanizing migrants and refugees, and urging for compassion. 'Motivated by hate': Muslim girls told not to walk alone in Toronto at night <http://www.theglobeandmail.com/news/toronto/assault-of-toronto-woman-being-treated-as-a-hate-crime/article27291302/> Muslim woman traumatized after being called terrorist during vicious attack. <http://www.citynews.ca/2015/11/16/muslim-woman-attacked-outside-childrens-school-flemingdon-park/> Muslim women accosted on TTC, racist graffiti scrawled on GO train <http://www.cbc.ca/news/canada/toronto/muslim-women-subway-slurs-1.3326281> Defence minister reaches out to Syrian refugees pepper sprayed in Vancouver <http://www.ctvnews.ca/canada/defence-minister-reaches-out-to-syrian-refugees-pepper-sprayed-in-vancouver-1.2731310>
- xxix Exclusive CityNews poll: Canadians divided on Syrian refugee plan <http://www.macleans.ca/news/canada/exclusive-citynews-poll-canadians-divided-on-syrian-refugee-plan/>

Doctors Without Borders/Médecins Sans Frontières (MSF) is the world's leading independent international medical relief organization, implementing and managing medical projects in close to 70 countries worldwide and with national offices in 21 countries.

Our work focuses on emergency medical and humanitarian relief. We are guided by the principles of independence, neutrality and impartiality, as described in the MSF Charter. We implement our medical programs in areas where no health or sanitary systems exist, or where the current infrastructures have been overwhelmed by health needs. In some countries, after immediate medical emergencies have passed, we adapt our programs to meet the long-term medical needs of the population.

**MSF Canada**

720 Spadina Avenue, Suite 402  
Toronto, Ontario, Canada M5S 2T9  
Tel: +1 800 982 7903

<http://www.msf.ca/>



*Somali refugees in Dadaab refugee camp carry their sick and malnourished children to a new feeding centre run by MSF at the outskirts of the sprawling refugee camp. © Brendan Bannon*

