

## **Violence, Vulnerability & Migration: Trapped at the Gates of Europe A report on sub-Saharan Migrants in an Irregular Situation in Morocco**

This Médecins Sans Frontières (MSF) report presents three years of medical data and analysis, numerous testimonies and the results of a survey of 190 sub-Saharan migrants in Oriental Region in order to demonstrate that the precarious conditions that the majority of sub-Saharan migrants are forced to live in and the wide-spread institutional and criminal violence that they are exposed to in Morocco continue to be the main factors influencing their medical and psychological needs. It reveals that since December 2011 MSF teams have witnessed a sharp increase in abuse, degrading treatment and violence against sub-Saharan migrants by Moroccan and Spanish security forces. It highlights the widespread violence carried out by criminal gangs, including bandits and human smuggling and human trafficking networks and provides a glimpse into the shocking levels of sexual violence that migrants are exposed to throughout the migration process.

### **Factors Impacting on Sub-Saharan migrants' physical and mental health**

#### **1. Cumulative Vulnerability: A Cross-Cutting Factor**

Over the last ten years, as the European Union (EU) has tightened its border controls and increasingly externalised its migration policies, Morocco has changed from being just a transit country for migrants en route to Europe to being both a transit and destination country by default. MSF's experience demonstrates that the longer many sub-Saharan migrants stay in Morocco the more vulnerable they become. Their pre-existing **vulnerability**, related to factors such as age and gender as well as traumas experienced during the migration process, **accumulates as they are blocked in Morocco and subjected to policies and practices that neglect, exclude and discriminate against them.**

#### **2. Living Conditions**

Sub-Saharan migrants are unable to legally work, rent accommodation or access basic services, such as education, whilst they are in Morocco. This increases their vulnerability and puts them at risk of abuse and exploitation. Those sub-Saharan migrants who do manage to find work, usually in big cities such as Rabat and Casablanca, are badly paid and have no legal guarantees or social protection. Many resort to begging or, in some cases, prostituting themselves in order to survive. In many parts of Morocco, particularly Oriental Region, most sub-Saharan migrants live in precarious conditions in forests and abandoned houses. Those that are able to rent accommodation are often forced to live in crowded, unsanitary and unsafe conditions.

These living conditions have a negative impact on their mental and physical well-being. **From 2010 to 2012, MSF teams carried out 10,500 medical consultations. Almost half of the medical problems diagnosed were diseases closely related to poor living conditions**, including respiratory tract infections (13%), musculoskeletal problems (12%), skin diseases (11%) and gastro-intestinal problems (9%). The most common psychological symptoms demonstrated by MSF's patients during individual mental health consultations in 2011 and 2012 were anxiety (39%), depression (34%) and psychosomatic problems (14%).

### 3. Violence

MSF has repeatedly highlighted and denounced the wide-spread institutional and criminal violence that sub-Saharan migrants are subjected to whilst they are in Morocco, yet violence remains a daily reality for the most of MSF's patients. **The perpetrators of violence are able to act with impunity knowing that vast majority of sub-Saharan migrants who are beaten, abused, raped and attacked will not seek medical help, protection or justice due to fear of arrest or other repercussions.**

#### 3.1 By Moroccan and Spanish Security Forces

Since December 2011 renewed efforts by the Spanish and Moroccan governments to combat cross-border crime, illegal immigration and the trafficking of drugs and weapons have resulted in the abuse of sub-Saharan migrants' fundamental human rights, violence, degrading treatment and significant medical and psychological harm.

**In the last year MSF has witnessed a dramatic rise in wide-scale, indiscriminate raids on sub-Saharan migrant communities in Morocco.** Those who are arrested are expelled into the no-man's land separating Morocco (Oujda) and Algeria (Maghnia), where they are at risk of abuse, exploitation and physical and sexual violence. The climate of fear, instability and repression generated by these raids and expulsions also causes significant psychological harm. **In Oriental Region MSF recorded a worrying increase in the expulsion of vulnerable groups throughout 2012.** In 2011 MSF teams recorded 63 incidents of expulsion. More than 1,300 people were expelled including 38 women, six of whom were pregnant, six unaccompanied minors and 24 children. In 2012, 191 incidents were recorded and more than 6,000 people were expelled. According to MSF's data at least 93 women, 18 of whom were pregnant, 45 minors, 35 children and more than 500 people requiring medical care for violence related injuries were expelled throughout the year. The majority of these expulsions took place from July onwards.

In the summer of 2012, for the first time since 2005, large groups of migrants attempted to cross the fences separating Nador and the Spanish territory of Melilla at the same time. According to MSF's field experience and testimonies taken from MSF's patients, these **attempts have been met by extreme violence by the Moroccan and, to a lesser extent, Spanish security forces. MSF teams in Oriental Region assisted more than 1,100 people for violence related injuries in 2012.** During medical consultations, MSF's patients state that they have been beaten, abused and subjected to degrading treatment such as being tied with ropes and urinated on by Moroccan security forces. In late 2012 MSF teams treated patients who stated that the Guardia Civil beat them, used rubber bullets to apprehend them and handed them over to the Moroccan security forces, despite the fact that they were injured.

#### 3.2 By Criminal Gangs

Security measures aimed at combating cross-border crime have done little to limit the activities of the human smuggling and human trafficking networks that are known to have operated throughout the migration routes in the Sahel and Northern Africa for years. Using extortion, threats, intimidation, physical and sexual violence and torture to ensure maximum financial profit and the smooth running of their operations, **these human smuggling and human trafficking networks are able to act with impunity knowing that their victims are viewed as "illegal" or "criminals" by the Moroccan state and will receive no protection.** Women and girls are particularly at risk of sexual violence during the journey and at the border area. In addition human trafficking networks selling women into sexual slavery in Europe operate along the migration routes and in Morocco itself.

### 4. Sexual Violence

The exact proportions of sexual violence experienced by sub-Saharan migrant men, women, boys and girls during the migration process are impossible to measure, yet MSF's medical data reveals that it is a problem of alarming proportions. **From 2010 to 2012 MSF treated 697 survivors of sexual violence in Morocco, including 122 in Oujda and 575 in Rabat.**

Amongst those survivors that were willing to provide this information, **almost three quarters had experienced more than one incident of sexual violence and half said they had experienced multiple incidents involving different attackers.** 66% of all incidents involved more than one perpetrator, with 39% of survivors saying they had been attacked by between two and four people, 19% saying they were attacked by more than five people and 9% saying they did not know how many people attacked them

According to MSF's analysis, approximately **35% of the survivors of sexual violence assisted by MSF between 2010 and 2012 were victims of human trafficking networks.** Primarily women and girls, these patients are particularly vulnerable as they have little or no control over their sexual and reproductive health, have limited freedom of movement and are often kept captive and subjected to continuous exploitation and sexual, physical and psychological violence.

Although most survivors enter Morocco through Oujda, MSF's experience shows the majority do not seek medical or psychological assistance until they are in Rabat. The medical and psychological impact of any delay in seeking and receiving care is evident in MSF's data. Only 3% of the 697 survivors MSF treated over the course of three years came within the 72 hour period after the attack when medical treatment to prevent HIV and unwanted pregnancy is most effective. Amongst those survivors who wanted to do a HIV test, 6% tested positive. Between 2010 and 2012, 45 women needed emergency care as a result of incomplete abortions. In Rabat, 42% of survivors showed symptoms of depression, 26% demonstrated symptoms of anxiety and 19% showed signs of post traumatic disorders.

### **Conclusions – Achievements & Ongoing Challenges**

These unacceptable levels of violence should not overshadow the **achievements that have been made in recognition and respect for sub-Saharan migrants' right to health over the last ten years.** The collaborative approach of the Ministry of Health combined with the efforts of MSF and other organisations has resulted in improved access to healthcare for sub-Saharan migrants in Morocco. In 2011 the Moroccan government passed Law 34-09 relating to the "Health System and Offer of Care" which affirms Morocco's commitment to the right to health as a fundamental human right. **Yet considerable challenges remain** in ensuring that the medical and psychological needs of sub-Saharan migrants are met.

**RAMED** - It is not clear what impact Morocco's new health insurance scheme, the Régime d'Assistance Médicale (RAMED) will have on sub-Saharan migrants' access to healthcare. It seems possible that primary healthcare services and emergency care will remain free and that sub-Saharan migrants could be included under the criteria of "no fixed abode". If this is the case their claims would need to be supported by the NGOs or other associations which assist them, however it is not clear how this would work and who would pay for the cost of the treatment needed.

- The Ministry of Health should ensure that sub-Saharan migrants' access to healthcare is not restricted as a result of RAMED and provide written clarification on the necessary procedures without further delay

**Mental Health Care** – Very few services for people with mental health problems are available within Morocco's public health system. The system relies heavily on family members to provide assistance and care for people with mental health problems, particularly for severe cases in need of hospitalisation. Sub-Saharan migrants are particularly vulnerable as a result of the various traumas experienced during the migration process and the fact that they have few financial resources and a limited support system whilst they are in Morocco.

- The Ministry of Health should honour its commitment to prioritise improvements to Morocco's mental health services, ensure that sufficient resources are made available to implement proposed reforms and consider the mental health needs and vulnerabilities of sub-Saharan migrants during this reform process

**Protection & Care for Survivors of Sexual Violence and Human Trafficking** – due to a lack of prioritisation and insufficient material, financial or human resources the services and standards of care provided to survivors of sexual violence within the Moroccan health system's *Unités de Prise en Charge de Femmes et Enfants Survivants à la Violence* (UPEC/FESV) vary greatly. Essential medical care and

the minimum staff necessary for the effective functioning of the UPEC / FESV are often not available. As a result many survivors of sexual violence, both Moroccans and sub-Saharanans, are not receiving the timely, comprehensive package of care that they need.

- Increased financial and human resources should be provided to ensure more effective and appropriate care for survivors of sexual violence and victims of human trafficking
- Attempts to evaluate and improve upon the medical and psychological care provided to survivors of sexual violence within the Moroccan health system should take into account the needs of sub-Saharan migrant survivors and the experience of organisations, such as MSF, who have worked with the UPEC / FESV

The higher numbers of survivors of sexual violence treated by MSF in Rabat reflects a number of factors, including the controls of the human trafficking networks and the fact that very few organisations are present in Oriental region. As a result, a strong identification, referral and assistance network does not exist. The few organisations that provide assistance in the region face a lack of specialised and sufficient human and financial resources, which means that their capacity to respond to the needs is limited.

To date the Moroccan government's efforts to address human trafficking have focused on arrests and expulsions, rather than protection and assistance to victims of human trafficking. In addition organisations with a protection mandate, such as the United Nations High Commissioner for Refugees and UNICEF, and those with a mandate to assist migrants, such as the International Organisation for Migration, have not been able to work in Oriental Region.

- The Moroccan Government should do more to proactively identify sub-Saharan trafficking victims and provide them with the protection and assistance that they are entitled to
- NGOs and UN agencies, particularly those with a focus on human rights and protection, should scale up their assistance to sub-Saharan migrants throughout Morocco, but particularly in Oriental Region, without further delay.

**Security & the Right to Health:** The actions of the security forces not only cause direct physical and psychological harm, they also act as a significant barrier to care. According to the results of MSF's survey, fear of arrest prevents many sub-Saharan migrants from seeking medical care, particularly in areas where non-governmental organisations are not present. 70% of people interviewed who had experienced a serious violent incident did not seek medical care for their injuries. Almost a quarter of responses gave fear of arrest as a reason for not seeking care. In Nador the figure was 32% compared with 9% in Oujda.

Although further investment and reform of the healthcare system is needed, the impact of the progress made to date and any future reforms will be limited unless concrete action is taken to address the discrepancy between European and Moroccan policies which view migration through a security prism and criminalise, marginalise and discriminate against sub-Saharan migrants in Morocco and those which protect and uphold their fundamental human rights.

- Immediate and decisive action should be taken by the Moroccan and Spanish authorities to ensure that their security forces do not abuse and hurt sub-Saharan migrants
- The expulsion of sub-Saharan migrants from Spain to Morocco and Morocco to the border with Algeria should respect both countries' national and international obligations and ensure that vulnerable groups such as refugees, asylum seekers, pregnant women, minors and sick and injured people are protected
- The Moroccan authorities should honour their international and national human rights commitments, develop and implement protection mechanisms and ensure that sub-Saharan migrants are treated in a humane and dignified manner, no matter what their legal status