THE LAST BORDER

SUMMARY

Report July 2022 - March 2023

Western Alpine Border

MEDU MEDICI PER I DIRITTI UMANI

INTRODUCTION

At the beginning of 2022, Medici per i Diritti Umani (MEDU) initiated the 'Frontiera Solidale' project in the town of Oulx, at the border with France (Upper Susa Valley).

The team - consisting of a project coordinator, a medical coordinator, a cultural mediator and several volunteers - operates three days a week in an outpatient clinic set up and made available by Rainbow for Africa association, at the “Fraternità Massi” shelter. MEDU provides medical assistance to the thousands of people who cross the north-western Alpine border into France every year.

Oulx represents one of the last stages of a long journey, which can last two to six years, linking Afghanistan, Syria, Iran, and many African countries with the countries of northern and central Europe. For those who arrive in Oulx - a town of 3,000 inhabitants in the Susa Valley, 80 kilometers from Turin and 20 from France - the aim is to continue the journey to northern European countries by crossing the Alpine passes of Colle del Monginevro or Colle della Scala at 1860 meters at 1762 meters above sea level respectively or the Frejus tunnel.

The 'Fraternità Massi' shelter is managed by a pool of professionals and volunteers, each with specific tasks assigned according to their experience, skills, and the organization's mission.

The main organizations operating at the shelter are Talita Kum, Rainbow 4 Africa, MEDU, Diaconia Valdese, and NutriAid. ln addition, the Italian Red Cross (CRI) Committee of Susa has made available the logistics center in Bussoleno, where people who need medical care or those who have decided to apply for international protection in Italy can find shelter, information and assistance. In the second case, these are mostly vulnerable people who are unable to access the CAS and SAI centres because of the difficulty of applying for asylum at the Turin Police Headquarters, due to the complexity of the procedure and the extremely long waiting times.

With regard to reception facilities, in addition to the “Fraternità Massi” shelter, mention should be made of the self-managed Yallah refuge, occupied in June 2022 and located in Cesana, between Oulx and Claviere.

SOME NUMBERS

In 2022, the Western Balkan route was crossed by about 145,600 people who then entered Italy. Syrians, Afghans, and Tunisians together accounted for 47 percent of this flow[1].

In the nine months covered by the report (July 2022 - March 2023), 8,928 people transited the “Fraternità Massi” shelter of whom 633 were women, representing 7% of the transiting population, and 1,017 were minors, representing 12% of the population[2].

As it emerges by many testimonies collected by the team, systematic violations of basic human rights such as denial of the right to care, child protection, and the right to life itself are perpetrated

[1] https://missingmigrants.iom.int/region/mediterranean
[2] Data collection by Rainbow4Africa, Oulx, 2023

along migration routes. Most of those interviewed reported having experienced physical, psychological, and sexual violence. In particular, many women from Sub-Saharan Africa suffered abuse and violence in transit countries such as Libya and Tunisia. Also, men from the same route reported systematic torture and inhuman and degrading treatment. Along the Balkan route, most of the reported violence and brutal treatment occurred at the Bosnia-Croatia border.

CHANGES IN FLOWS

Over the past few months, there has been a significant increase in the number of migrants arriving through the Central-Southern Mediterranean route with embarkation from Tunisia, which is increasingly becoming a country of both emigration and transit. This new route is in fact crossed both by people wishing to avoid crossing from Libya and by people who were born in Tunisia or who have been living there for many years before deciding to leave the country due to deteriorating economic and security conditions. In Tunisia, as in Libya, according to many testimonies, severe violence and abuse against migrants are perpetrated on a dramatically recurring basis.

As for the composition of the population, early 2023 saw a drastic drop in the number of people from Afghanistan and Iran, which in 2022 represented the first and second countries of origin of migrants transiting through Oulx. At the same time, the number of people arriving from Central and West Africa via the Central Mediterranean route is constantly increasing, while the number of migrants from Morocco remains constant. The latter includes both people who have recently arrived in Italy via the Balkan route and people who have been in Europe for several years. These are *sans papier* who, after having had their applications for international protection rejected, remained in the limbo of irregularity, forced to travel from one country to another in search of illegal work and a way to survive.

The number of women in transit from sub-Saharan Africa, especially the Ivory Coast, is also on the rise. An increase that, upon initial observation of trafficking indicators, raises fears of the existence of a widespread and structured exploitation network. Early identification during disembarkation and at Hotspots, as indicated in the Standard Operating Procedures and Protocols in force in many regions, is a necessary condition to combat the phenomenon and ensure respect for the human rights of the persons involved. Such identification, combined with the transfer of the persons concerned to safe places, would allow a decrease in the number of people exposed to this crime but this does not seem to happen. Many of those who arrive in Italy already as part of a criminal network are not recognised as such, with the consequence that they are deprived of their rights. They are often registered as members of family units together with women and men they barely know. With this purpose, in collaboration with IRES[3], within the project "Anello Forte," a monitoring of the north-western border has been initiated in order to try identifying indicators of trafficking among women in transit.

In addition, the shelter saw the arrival of many pregnant women - 1 in 5 during the winter period - most of whom had already had children, either remaining in their country of origin or during the journey, with no screening along the way. About a third reported having had abortions in the past

[3] Istituto di Ricerche Economico Sociali del Piemonte

and many women were accompanied by infants and children whose only memory of life was the journey.

For all, the migratory journey is a harbinger of risks related to both nature and the conduct of the militia, paramilitary, and police corps assigned to border control in various Balkan states that are often responsible for serious human rights violations.

If crossing the borders of Bosnia, Croatia, Serbia, and Slovenia often means encountering abuses and violence of different kinds, risks do not end once entered EU territory. This is especially true for certain categories of vulnerable people such as women and children. Every day, in fact, particularly in recent months, at the “Fraternity Massi” shelter, minors who have been pushed back by the French border police are present.

The militarization of the Alpine border represents an additional risk factor for the safety of people, just one step away from their final destination. The security policy implemented by the French police forces migrants to seek out less police-controlled but more inaccessible and dangerous paths, often at night, in order to escape the “manhunt”. During the winter months, doctors working at the shelter have detected freezing injuries and states of hypothermia that have required hospitalisation. Many are also the people who have lost their lives at the French-Italian border: 46 people since 2015.

The difficulties are even greater for certain categories of vulnerable people, including people with health problems, those with disabilities, and minors. The latter are often pushed back by the French border police, despite claiming to have declared their minor age. Forced to retry or change course, very few decide to remain in Italy due to difficulties in applying for asylum and accessing the reception system.

MEDU’S ACTION

The number of people who accessed medical triage at the shelter is 4,193 and 1,214 are those who have been examined more thoroughly. The main health problems treated in the border clinic are diseases developed during the journey: skin infections such as scabies, mycoses, insect bites, and infected wounds that in some cases required hospitalizations as a result of over-infection; bronchitis, flu and cold syndromes related to the border crossing during the winter months, with long periods of exposure to sub-zero alpine temperatures; frostbite burns caused by prolonged body contact with snow; fuel burns occurred during the sea crossing; physical trauma, caused by accidental falls while attempting to climb walls and fences or by violence occurred at the border - particularly at the Bosnian-Croatian border, in Serbia, Bulgaria, Tunisia and Libya -by government agencies using batons, police dogs, iron rods or rifle barrels; injuries caused by passing through barbed-wire fences or wooded areas full of brambles; foot injuries caused by the hundreds of miles travelled, often wearing unsuitable footwear and muddy ground or by forced walks along rivers.

Particularly alarming then is the continued denial of access to care in transit countries, especially those of the Balkan route and Libya. The scars and signs of torture found on the bodies and in the

psyches of the persons assisted are a direct testimony of the deprivations they suffered, resulting in physical and psychological harm that undermine the survival of so many men and women. Health problems that can be easily solved as they arise in some cases become chronic, due to difficult access to care in transit countries, leading to the emergence of real vulnerabilities that slow down the journey and sometimes make it impossible. Simple wounds or skin infections, if left untreated for several months, risk worsening and becoming chronic, leading in some cases to real disabilities requiring hospitalization.

In the countries they passed through - Turkey, Serbia, Bosnia for the Balkan route or Libya and Tunisia for the Mediterranean route – the migrants did not receive any medical assistance, due to the absence or shortage of staff in informal and some institutional refugee camps or the lack of access to public and private health facilities.

There is also a high percentage of people with post-traumatic stress symptoms such as insomnia, disturbing and intrusive thoughts, nightmares, panic attacks, lack of appetite, asthenia, headache, and difficulty concentrating, the outcome of the inhumane and degrading treatment they suffered, in most cases at the hands of the Taliban regime, Libyan gendarmes, and Tunisian authorities.

A particularly complex phenomenon is that of addictions, especially to drugs and medicines whose, based on the collection of testimonies and medical histories, would have mostly begun in prisons, quarantine ships, detention centers for repatriation (CPRs), or refugee camps. Over-prescription of these drugs has frequently been verified as likely to manage anxiety and agitation under conditions of uncertainty and overcrowding, situations in which the use of psychotropic drugs turns out to be a real containment strategy.

Less relevant numerically but worthy of particular note is the situation of people with health vulnerabilities and disabilities, often pre-existing in their country of origin. These are people who have set out with the hope of finding adequate assistance and care. They are housed by the Italian Red Cross at the Bussoleno Pole - a low-threshold reception facility – and assisted by MEDU for health-related issues, pending completion of the asylum procedure and possible transfer to reception centers.

Another particularly sensitive issue is that of unaccompanied minors, particularly of those who have been registered as adults when they landed on the coasts of southern Italy. Most of the minors assisted arrived in Italy through the Turkish-Calabrian maritime route traveling in groups of 5-10 people. According to the testimonies collected some of them declared to be of age out of fear of being stranded in hotspots because of the shortage of places in the reception centers for minors and the resulting long waiting times for the transfer. Others were registered as adults despite they declared to be underage. Due to the wrong registration, minors who show up at the border are rejected and "forced" to try the passage illegally, putting their lives at serious risk.

Despite the directives of the Ministry of the Interior stating that, in case of doubt about the declared age, this must be ascertained through personal records and with the collaboration of the

diplomatic authorities, there are major differences between legal requirements and their actual application.

Finally, it is necessary to address the subject of those who want to ask for international protection in Italy. Firstly, applying for asylum at the Questura (Police Headquarter) of Turin is an exhausting time-consuming procedure. For at least 2 months (but in some cases up to 6) people are forced to queue every day just to make an appointment. Afterward, it is necessary to wait an additional 4-5 months to formalize the application for asylum. In the meantime, not being formally recognized as asylum seekers, they are unable to have access to the national reception system.

REQUESTS AND RECOMMENDATIONS

In light of the findings of this report, MEDU calls on the Italian and French authorities for a radical change on the issue of migration flow management at the Alpine border between France and Italy. In particular, MEDU calls for the protection of fundamental rights - particularly the right to health and access to protection - of migrants and asylum seekers in transit countries and particularly in border areas to be guaranteed, regardless of their legal status.

Specifically, MEDU asks the Italian authorities:

- Ensure effective and timely access to the asylum procedure, respecting the timescales and procedures laid down in the legislation and provide adequate staff at the Immigration Offices of the Police Headquarters in terms of numbers and skills.

- To properly implement the SOPs (Standard Operating Procedures) applicable to hotspot management, especially those that concern people with specific needs:
    - Ensuring the presence of staff trained to recognize indicators of trafficking and vulnerability
    - Complying with ministerial directives and the Zampa Law regarding the proper identification of minors.

- To improve reception conditions and adequate information services at Hotspots and CAS;
- To increase the number of places in the reception system for minors in the Piedmont Region and on the national territory;
- Guarantee the protection of fundamental rights - first of all, the right to health - for migrants crossing national territory

To the French authorities:

- Put an end to the violation of the right to asylum by the PAF (Police aux frontières) and the unlawful use of the refus d'entrée.
- Put an end to the refoulement of minors.