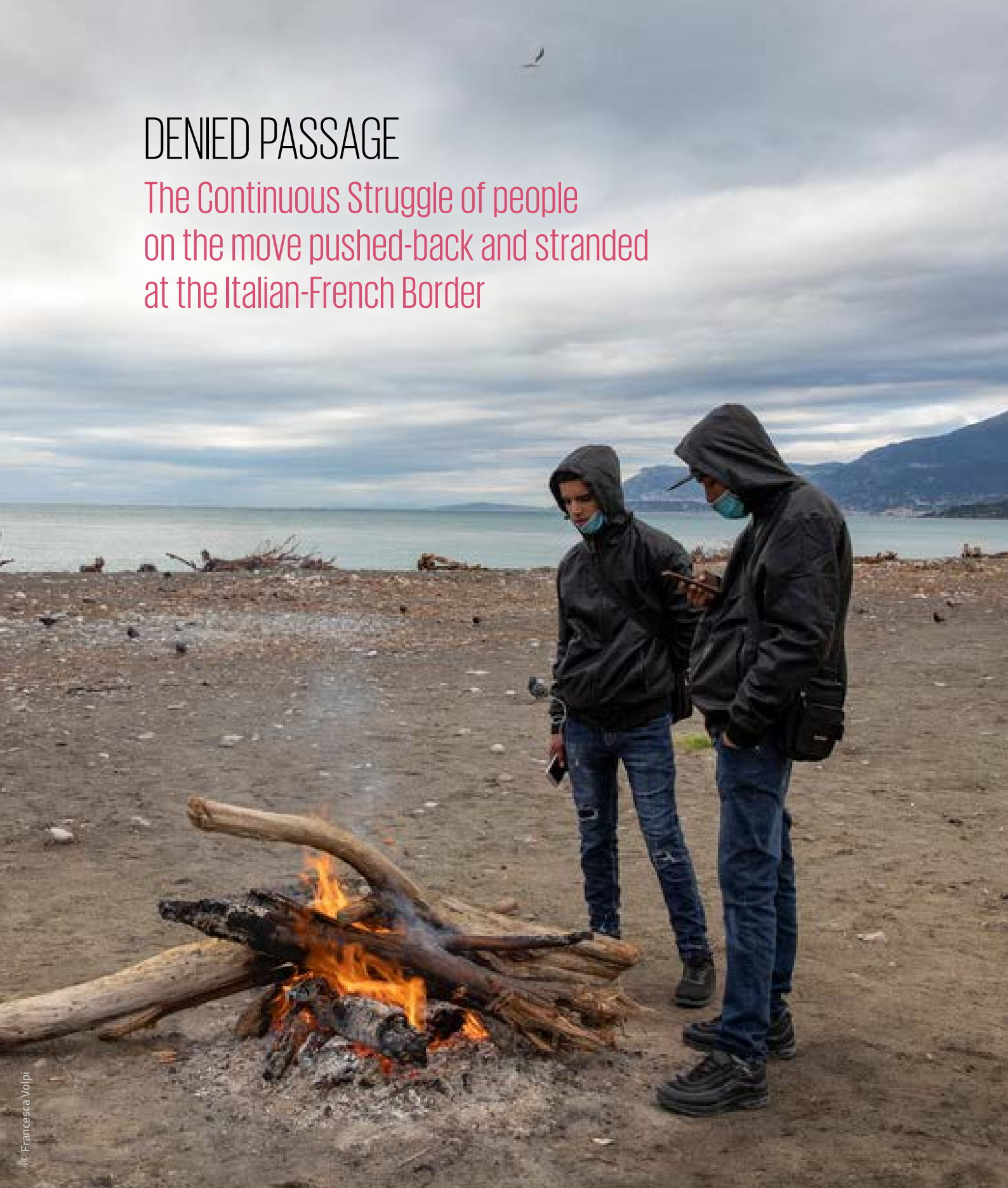


DENIED PASSAGE

The Continuous Struggle of people
on the move pushed-back and stranded
at the Italian-French Border



August 2023

“

I got pregnant in Algeria, and later I travelled to Tunisia. However, upon arrival, I was forcibly evicted from my accommodation and the police beat me, telling me that people like me [blacks] should leave the country. Hoping for a better life, I made my way to Italy, but once I arrived here unfortunately, I have been sleeping on the streets for four days. After being transferred from Lampedusa to a centre, I was left without any assistance. I have family in France, and since I speak French, I am now attempting to go there. My greatest wish is for my baby to be born in France, where I hope to find peace and a better future.

Woman from Guinea

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LIST OF ABBREVIATIONS

CSO	Civil Society Organisation
EU	European Union
MSF	Médecins Sans Frontières
NGO	Non-Governmental Organisation
PAD	Punto di Assistenza Diffusa - <i>Emergency Assistance Centre</i>
PAF	Police aux Frontières - Border Police
SAR	Search and Rescue
SGBV	Sexual and Gender-Based Violence
SRH	Sexual and Reproductive Health
STP	Straniero Temporaneamente Presente <i>Temporarily Present Foreigner</i>
UNHCR	United Nations High Commissioner for Refugees





EXECUTIVE SUMMARY

Findings from our operations in Ventimiglia between February and June 2023 indicate that people on the move crossing the French-Italian border are systematically and indiscriminately returned to Italy, without consideration of individual circumstances or vulnerabilities. Most of our patients in Ventimiglia have gone through extremely dangerous journeys to reach Europe. Many have survived highly traumatic experiences in their countries of origin or during their migration journey. Many disclosed vulnerabilities, such as chronic illnesses, intentional violence, ongoing pregnancies or old age. Nevertheless, we witness them being pushed back indiscriminately, in a systematic and at times collective manner, including unaccompanied minors, pregnant women and girls, and survivors of intentional violence such as ill-treatment and SGBV.

Migrants in transit often experience harsh living conditions in Ventimiglia. The lack of adequate shelter, sanitation facilities and very limited access to healthcare contribute to a diverse array of illnesses, or aggravate pre-existing ones, exposing the population to a situation of extreme vulnerability and to severe protection risks.

From February to June 2023, the MSF mobile clinic in Ventimiglia provided medical treatment or orientation to services to a total of 320 patients. Furthermore, health promotion activities and socio-medical group sessions were conducted with 684 individuals. The median age of the population served was 23 years [IQR: 18-28], with the largest age group being between 16 and 20 years old. During the study period, 215 individuals (67.2%) reported experiencing acute conditions, which included skin diseases, respiratory infections, gastrointestinal disorders, musculoskeletal problems, or injuries. Chronic conditions were reported by 14 individuals (4.4%), encompassing long-term infectious diseases, endocrine and metabolic disorders along with severe non-communicable illnesses including diabetes and cardiovascular diseases.

This report documents the significant dangers migrants face throughout their journeys to and within Europe. It also provides valuable insight into people's living conditions and access to healthcare once they reach Europe.

Furthermore, it emphasises the European countries' failure to safeguard individuals' well-being effectively. The 'bottleneck' created in Ventimiglia is causing unnecessary suffering among migrants attempting to continue their journeys. Ensuring comprehensive protection and services that address the specific needs of individuals in transit, irrespective of their legal status, is of the utmost importance.





METHODOLOGY

This report is based on the medical data routinely collected by Médecins Sans Frontières (MSF) between February and June 2023. Additionally, 14 semi-structured interviews were carried out with randomly selected patients and service-users along with staff members during the same period, to provide further background and complement the main trends observed. The data was gathered in Ventimiglia, where MSF provides medical care, socio-medical orientation, and health promotion services to people on the move who are transiting between Italy and France and who are often stuck at the border with very limited access to healthcare and other essential services. The quantitative data was cleaned and analysed with IBM SPSS Statistics while the qualitative data was recorded, transcribed and analysed to identify recurring themes. Informed oral consent was obtained before each interview, following an explanation on the purpose and objectives of the data collection. Participants were duly informed of their right to withdraw from the interviews at any given time. The interviews were conducted in a secure and confidential setting ensuring privacy and confidentiality. The anonymity of participants was guaranteed throughout the entire process.



1. INTRODUCTION

During 2022, arrivals to Italy via the Mediterranean Sea and by land, have seen a significant increase compared to the same period in 2021 and the trend has continued through the first semester of 2023. Data published by the United Nations High Commissioner for Refugees (UNHCR) show that 76,325 migrants and asylum seekers arrived by sea in Italy between January and July 2023¹, which is more than twice the figure for the same period last year. Many of the people who arrived in Italy continued their journey with the aim of reaching another European country, because they had family or friends living there or because of language and cultural affinity. Most of them attempted to cross the border between Italy and France, an area known to have a high volume of crossings by people who arrived in Italy through the Mediterranean or the Balkan route². However, crossing this border has become extremely challenging following France's 2015 unilateral decision to de facto suspend the Schengen area and restore border controls along with bilateral agreements signed between the French and Italian governments to facilitate pushbacks at the border³.



¹ United Nations High Commissioner for Refugees (UNHCR), *Operational Data Portal, Mediterranean Situation*, accessed July 2023. <https://data.unhcr.org>

² Alongside newly arrived individuals, there are two other significant groups of individuals present in Ventimiglia: those who have been residing in Italy for some time but, unable to obtain a residence permit or exhausted by lengthy asylum application processes, choose to continue their journey to other European countries, and the so-called "Dublin cases" which refer to individuals who had already reached their desired destination but were returned because they were initially identified in Italy and obliged by the Dublin Regulation to apply for asylum in the first safe transit country.

³ European Commission, Migration and Home Affairs, *Full list of MS notifications of the temporary reintroduction of border control at internal borders*, pages 1-21, accessed July 2023. <https://home-affairs.ec.europa.eu>
Bilateral agreement between the French Government and Italian Government on cross-border police cooperation signed at Chambéry on 3 October 1997 <https://legislature.camera.it>



With the increase in securitisation policies at the French-Italian border, and the systematisation of pushbacks⁴ to Italy, Ventimiglia has become the bottleneck of third country nationals' intra-European (EU) movements. Many individuals transiting through Ventimiglia, or being returned from France, find themselves in extremely vulnerable situations. Among them are children, women and men who fled their countries of origin after experiencing severe hardship such as violence, fundamental rights violation, hunger and poverty. Most of them embarked on perilous journeys to reach safety in Europe. However, they are once again exposed to violence, humiliation, threats and inhumane conditions on arrival.

In February 2023, in response to the increasing number of migrants stranded without the possibility of continuing their journey within Europe countries, MSF resumed its medical activities in Ventimiglia⁵ and is actively addressing the needs of the most vulnerable in the area. Our mobile services include primary healthcare, sexual and reproductive health (SRH), socio-medical orientation and health promotion.

These services are provided in different areas of the city, its outskirts and at the border with France. The triage and first medical assistance provided to individuals during their transit in Ventimiglia is done with the aim of offering immediate care to people with acute health vulnerabilities whenever feasible, referring those needing hospital admission or secondary care services to local health facilities. Additionally, medical certificates are provided to

transiting individuals to facilitate access to care wherever they choose to seek treatment, and the teams liaise with civil society organisations (CSOs) and MSF projects in destination countries when needed. Furthermore, MSF ensures that people with health vulnerabilities who wish to remain in Italy are integrated into the dedicated reception system or healthcare services. MSF provides support to those individuals by offering information tailored to their specific needs.

Together with the many local associations, dedicated volunteers and civil society who have been consistently operating in the Ventimiglia area and at the border with France, witnessing firsthand the challenges faced by migrants during their journey and offering various forms of assistance including food, essential supplies and socio-legal support to the most vulnerable, MSF is part of a support network for those who, instead of being welcomed and protected, are neglected and excluded by authorities and institutions.

The findings and trends presented in this report in this report are consistent with what is being reported in the area by other Non-Governmental Organisations (NGOs), independent researchers, and local associations⁶.

⁴ Office of the High Commissioner for Human Rights (OHCHR), *Questionnaire of the Special Rapporteur on the human rights of migrants: pushback practices and their impact on the human rights of migrants*. www.ohchr.org. The Special Rapporteur on the human rights of migrants describes 'pushbacks' as 'various measures taken by States which result in migrants, including asylum seekers, being summarily forced back to the country from where they attempted to cross or have crossed an international border without access to international protection or asylum procedures or denied of any individual assessment on their protection needs which may lead to a violation of the principle of non-refoulement'.

⁵ MSF initially intervened in the area in 2016. For more information MSF, *Harmful Borders. An analysis of the daily struggle of migrants as they attempt to leave Ventimiglia for northern Europe*, 2018. www.msf.org

⁶ Save the Children, *Hidden in Plain Sight Migrant children travelling to and through Europe*, 2022, www.savethechildren.es; Oxfam, *Nowhere but out. The failure of France and Italy to help refugees and other migrants stranded at the border in Ventimiglia*, 2018, www.oxfam.de; ASGI, *the Readmission of Foreign Citizen in Ventimiglia*, 2015, www.statewatch.org Amnesty International, *Europe: Pushback practices and the impact on the human Rights of migrants and Refugees*, *Amnesty International Submission to the United Nations (UN) Special Rapporteur on the Human Rights of Migrants*, 2021, www.amnesty.org; Oberti Charlotte, *If a migrant is in Ventimiglia area it's because he wants to leave*, Infomigrants, 2020. www.infomigrants.net/en





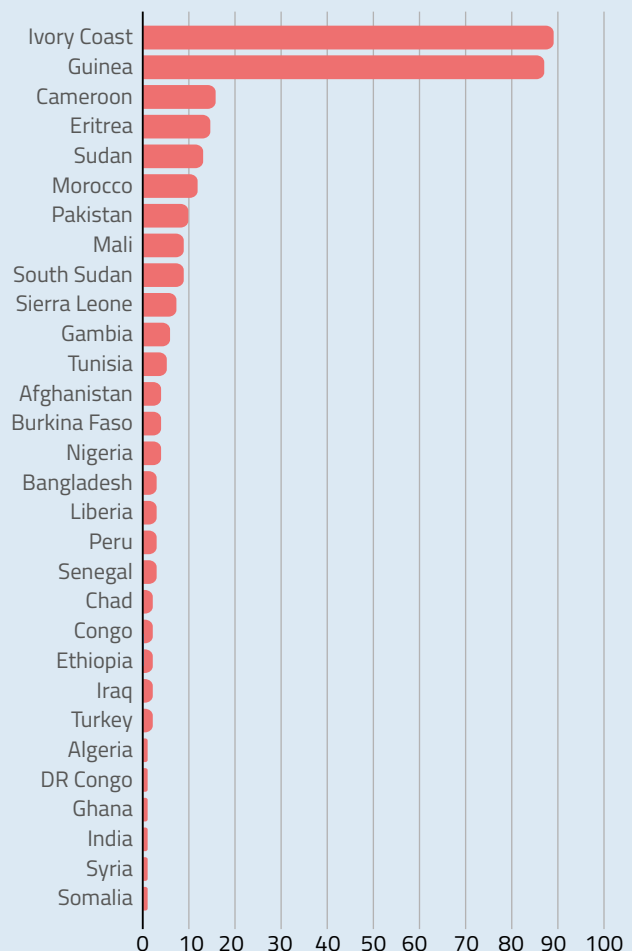
2. TARGET POPULATION AN OVERVIEW

SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE ASSISTED POPULATION

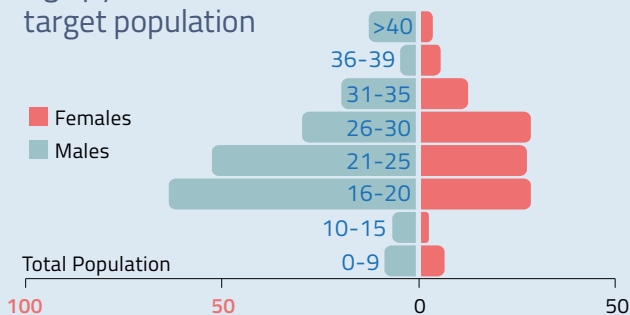
Between February and June 2023, the MSF mobile clinic in Ventimiglia provided medical treatment or orientation to a total of 320 patients. Additionally, health promotion and socio-medical group sessions were conducted, involving 684 individuals. The median age of the population was 23 years [IQR: 18-28] with the largest age group between 16 and 20 years old. Among our patients, 67 (20.9%) were minors, of which 48 (71.6%) were unaccompanied and 15 (22.4%) were under the age of 5; 23 (7.2%) were pregnant or lactating women. Overall, 28.1% (n. 90) of patients were from the Ivory Coast, which represented the largest group, followed by Guineans (27.5%; n. 88), Cameroonians (4.9%; n.16), Eritreans (4.6%; n. 15) and Sudanese (4.1%; n.13).

Adults and minors	N	%	Gender	N	Median age
Adult (≥18years)	243	75.9	Female	119	24
Minor (<18 years)	67	20.9	Male	201	23
Unavailable	10	3.1	Total	320	23
Total	320	100			

Nationalities



Age pyramid target population

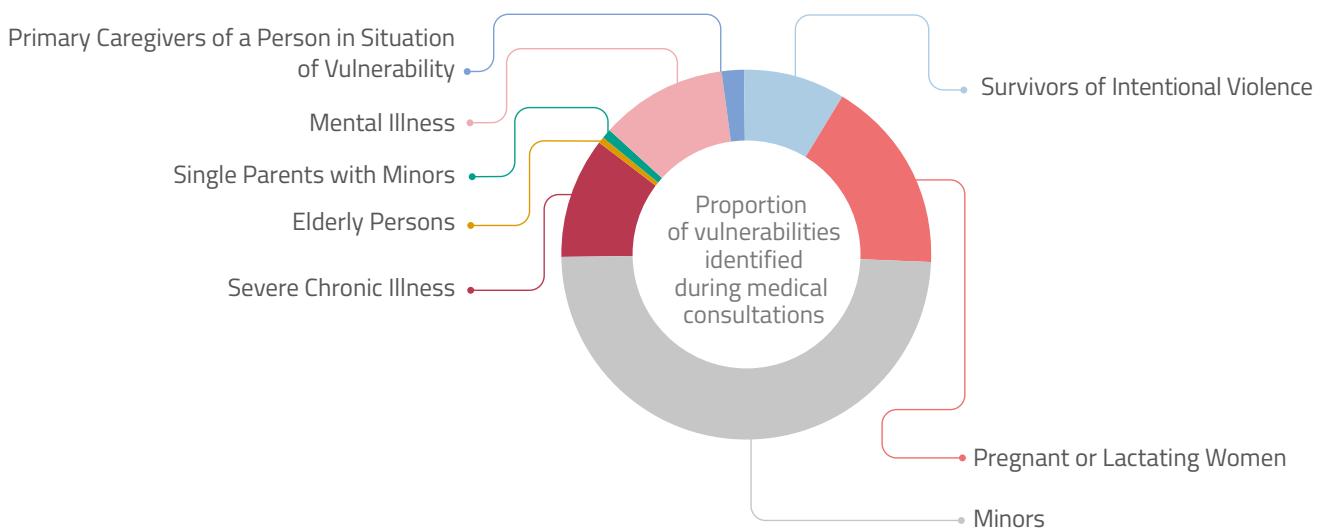
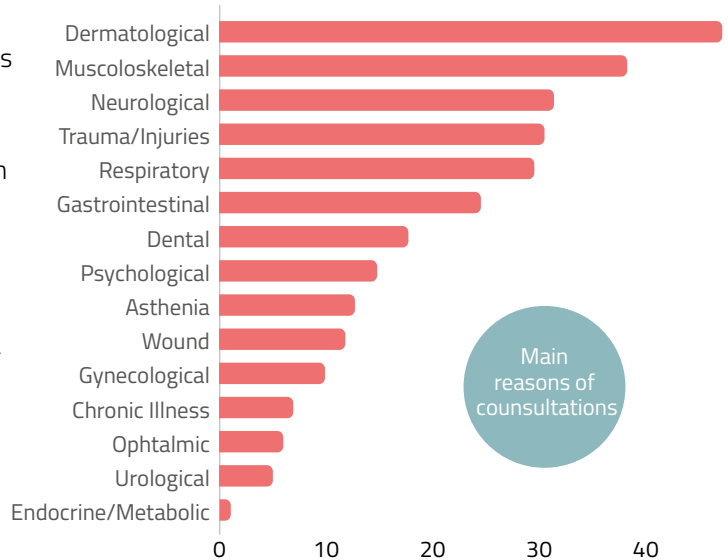




IDENTIFICATION OF MEDICAL CONDITIONS

MSF medical teams conducted 304 medical consultations for a total of 320 individuals⁷ while 684 people in transit participated in health promotion and socio-medical orientation group sessions. During the study period, 215 (67.2%) individuals reported an acute condition including skin diseases, respiratory issues, gastrointestinal disorders, musculoskeletal issues or injuries. In total, 31 acute accidental injuries were reported, 90.3% (28) of them in men and 3 (9.7%) among minors. Also, 32 individuals (10%) presented with neurological symptoms, most with headaches or migraines (25, 78.1%). A chronic condition was reported by 14 (4.4%) individuals, including long-term infectious diseases. This included long-term infectious diseases, endocrine disorders along with severe non-communicable illnesses such as diabetes and cardiovascular diseases. In total 12 (3.8%) individuals were identified as survivors of intentional violence, including sexual and gender-based violence (SGBV). However, this is likely an underestimated representation of the actual prevalence, as there are several barriers that hinder disclosure, such as the short stay in the area and the challenges of establishing trust-based relationships with transient patients focused on continuing their journey, seeking safety or meeting their basic needs.

In total, 15 individuals (4.7%) presented with symptoms associated with mental health conditions. The most commonly reported symptoms were a general feeling of detachment and dizziness (8 cases, 2.5%), followed by anxiety disorders (4 cases, 1.3%), and intrusive thoughts accompanied by lack of sleep (3 cases, 0.9%). Accurately assessing mental health problems among individuals in transit can be complex and hindered by various factors, similar to the challenges faced in capturing incidents of intentional violence. These factors collectively contribute to a limited understanding of the true prevalence and hamper the effective identification and support for individuals experiencing mental health issues.



⁷ 16 patients did not require specific medical assistance and were referred to other actors providing services more suitable to their needs.





3. DANGEROUS HOMES, DANGEROUS JOURNEYS

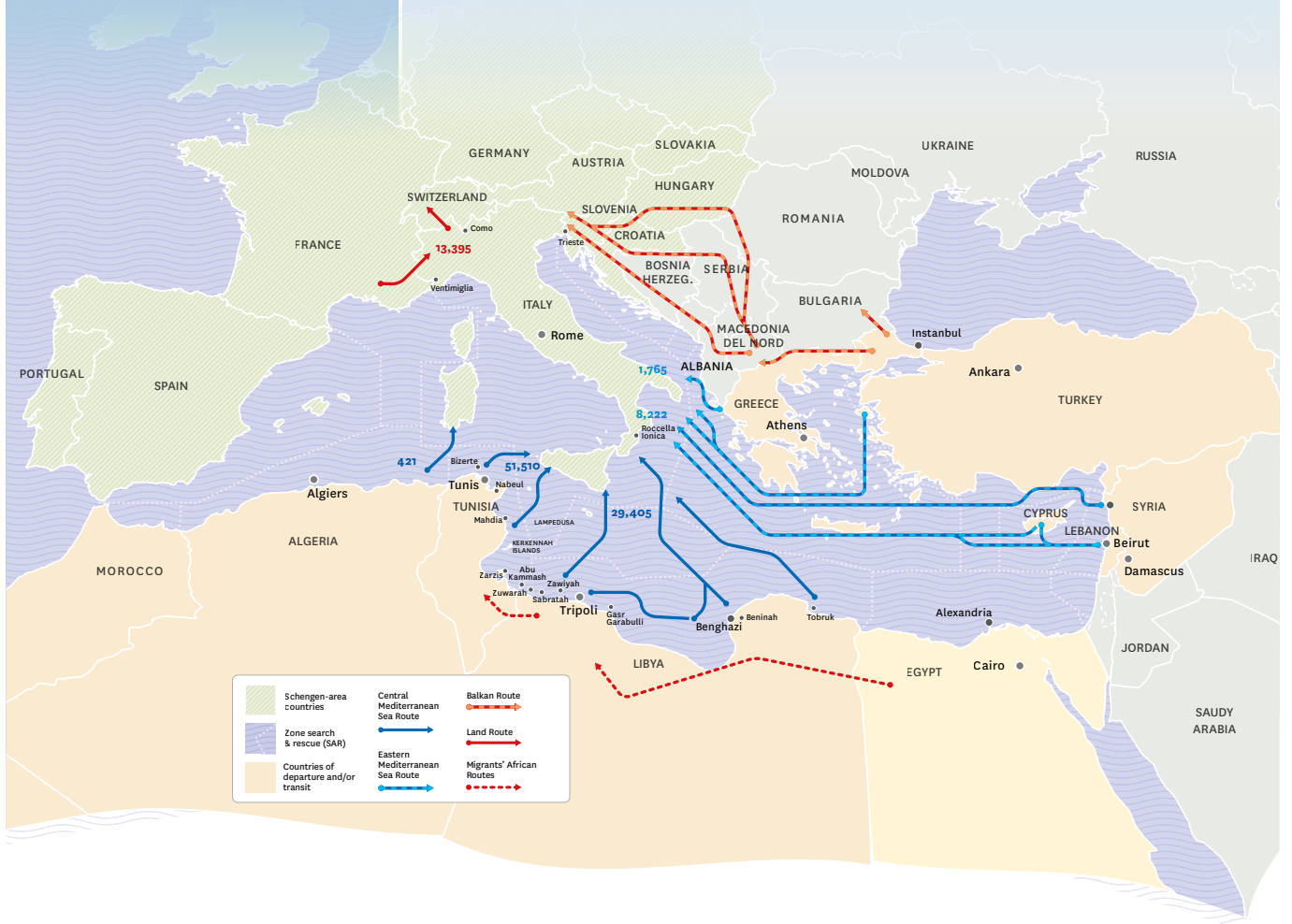
Most patients at the MSF mobile clinic in Ventimiglia between February and June 2023 came from countries affected by humanitarian crisis such as war, widespread poverty, natural disasters or drought. In addition to these problems, many of our patients (n. 157; 49,4%) are also in situations of extreme vulnerability due to personal circumstances, including their gender, ethnicity, sexual orientation, political or religious beliefs and the rights violations they have experienced in their countries of origin.



Both my parents died. I was left with my aunt who told me it was time to get married. I was 15 years old. I did not know the man I was going to marry; she was the one who found him. I did not choose to get married. The man who became my husband started beating me, every day. He was always violent with me. I ended up in the hospital many times. I had no one to protect me from that man. Four years have passed, and I still have the scars on my body [...] I decided to leave to get away from that life.

Woman from Guinea.

If the situations our patients leave behind are often dire, the journey they embark on is also a dangerous and long one. Almost half of the patients (n. 124; 38.8%) treated by MSF in Ventimiglia took more than one year to reach Italy. For some, the journey lasted even more than five years while two of our young patients were born during the journey.





Our patients tell us of the great difficulties they had to overcome during their journey to Europe: deprivation, hunger and violence were for most a daily reality.



I left when I was 16 years old, alone. [The traffickers] kept me in a semi-abandoned building in the desert between Mali and Algeria for two weeks. They wanted me to pay more money, but I had no one to call to ask for money. They threatened me, they beat me, they didn't feed me.

Man from Ivory Coast

The vast majority (n. 267; 83.4%) of MSF patients in Ventimiglia reached Italy through the Mediterranean Sea, among the most dangerous migration routes in the world.

Location of first arrival in Italy	N	%
Lampedusa	263	82.2
Trieste	17	5.3
Calabria	2	0.6
NGO SAR boats	2	0.6
Other	8	3.5
Unavailable	27	8.4
Total	320	100

Indeed, in the first seven months of 2023, an estimated 1,872 individuals lost their lives while attempting to reach European shores via the Mediterranean Sea. Out of these, at least 600 people have drowned in just two shipwrecks, one occurred along the coast of Cutro (Calabria, Italy) and the other off the coast of Greece.⁸



We saw the lifeboat. Everyone got up, but a wave came, and many people fell into the water. There were so many of us on the boat, there was no room to move. People were already exhausted from the trip and when they fell into the water, they had no strength left. I saw my wife and daughter in the water, I was shocked. I jumped in to save them. I picked up my daughter first and handed her to the rescuers and then went back to find my wife. There was a man in the water screaming, he couldn't swim. I went towards him to help him, and I pulled him towards the boat. The waves were very high, and it was hard for me to stay afloat, until the rescuers reached me and pulled me aboard.

Man from Ivory Coast

Notwithstanding the fact that most of our patients and of the individuals who received support through MSF's socio-medical orientation and health promotion activities are in situations of extreme vulnerability and have often gone through very traumatic journeys, we witness them being pushed back indiscriminately, without individual assessment or due process, in a systematic and at times collective manner.

⁸ United Nations High Commissioner for Refugees (UNHCR), Operational Data Portal, Mediterranean Situation, accessed July 2023. <https://data.unhcr.org/en/situations/mediterranean>







4. THE SYSTEMATIC NATURE OF PUSHBACKS AT THE FRENCH-ITALIAN BORDER

After arriving in Italy, the situation for people wishing to reach France or other European countries has long been difficult. A tighter grip on border controls on third-country nationals came into effect in November 2015, when the French government de facto suspended the Schengen area by re-establishing police controls at the border with Italy⁹ to block the passage of people aiming to reach other European countries after arriving in Italy. However, since the beginning of 2023 alone, more than 13,395 people have faced pushbacks or detention at the French-Italian border with a 30% increase compared to the previous year¹⁰. This is an average of 80 people per day. MSF teams providing medical care and orientation services to people on the move in Ventimiglia meet the victims of pushbacks daily.

“

Our patients and the people we meet during socio-medical orientation and health promotion activities tell us that they have relatives or friends in other European countries. Many of them speak English or French and they feel they could better provide for themselves and their families in countries where they don't have language barriers. All our patients have embarked on long journeys to reach Europe. All of them come from countries where there is war, poverty or where they faced hardship.

MSF staff, Ventimiglia project



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⁹ European Commission, Migration and Home Affairs, Member States Notifications of the temporary reintroduction of border control at internal borders, accessed July 2023. <https://home-affairs.ec.europa.eu> Article 25 and 28 et seq. of the Schengen Borders Code.

¹⁰ BMF TV, Alpes Maritimes: les interpellations de migrants en situation irrégulière en forte hausse, June 20, 2023. www.bfmtv.com



Between February and June 2023 alone, the MSF mobile clinic in Ventimiglia offered services to a total of 320 people while 684 individuals participated in health promotion and socio-medical orientation group sessions. Among these, a staggering 79.8% (n. 801) had previously tried to cross into France before being pushed back, 25% of them more than once, facing severe dangers.

“

My brother and I came on foot from Afghanistan, and we tried to cross the border between Italy and France to join our family in Germany. On the mountain path at night the police started chasing us and while trying to escape we fell into a ravine. The MSF team medicated us, but we lost everything we had in the ravine. We had to cross Turkey, Greece, and the Balkans to get to a place where we felt safe. We didn't think we would have to keep running even when we arrived in Europe.

Man from Afghanistan





This is also true for pregnant or lactating women, elderly or severely ill persons and unaccompanied minors. In fact, among 48 unaccompanied minors who received medical care from MSF in Ventimiglia between February and June 2023, more than a third of them (n. 18; 37.5%) had been pushed back at the French border, including two survivors of violence and shipwreck and a 16-year-old nursing mother with her baby.

A.'S STORY

A. is 17 years old but he was registered as an adult in Lampedusa. He comes from a Sub-Saharan country, and suffered highly traumatic experiences in a Libyan detention centre. There, he endured beatings and extreme violence that left scars still visible on his back and chronic pain in his knee. With a friend, he managed to escape the detention centre and embarked on a long journey through Algeria to reach Tunisia. In Tunisia, A. and his friend faced further challenges, particularly following a Presidential speech that sparked a new wave of violence against migrants from Sub-Saharan Africa. Compelled to leave once again, he and his friend decided to take a boat to reach Europe. With other people they were at sea for a full day and just 35km short of Lampedusa, they were approached by another boat which demanded to have their engine. In their aggressive pursuit they created powerful waves that caused the small boat to take on water and eventually sink. Despite pleas for rescue, the other boat abandoned the passengers of A.'s boat to their fate. Clinging onto a tire that floated in the water, A. managed to save himself, but tragically, his friend drowned before his eyes, together with 46 other people. A. was among the 22 passengers rescued, four hours after the shipwreck. From Lampedusa A. arrived in Ventimiglia. He wants to reach France because he speaks French and feels he could have more chances there. However, French authorities pushed him back twice even though he is an unaccompanied minor. After all he has witnessed and suffered, A. is starting to feel hopeless and abandoned.



WHEN VIOLATIONS BECOME THE NORM

The systematic pushback of individuals at the French-Italian border is often accompanied by acts of violence, degrading or inhumane treatment as well as arbitrary detention. Many of our patients and individuals who took part in health promotion sessions and socio-medical consultations organised by MSF in Ventimiglia reported recurrent procedural violations during the notification of the *refus d'entrée* by French authorities at the border with Italy¹¹. Many recounted instances of inaccurate transcriptions of personal data, being provided with insufficient information on the documents that were put in front of them to sign, absence of intercultural mediators who could have translated or ensured understanding for those being returned to Italy, instances where authorities signed documents on behalf of individuals denied entry into France and authorities preventing individuals from exercising their right to claim asylum. On the other hand, Italian authorities, often fail to report procedural irregularities and the lack of assistance from their French counterparts to the most vulnerable..

“

The people we meet after they have been returned from France are confused about what happened and numerous procedural irregularities seem to take place. We often see errors in the transcription of names and dates of birth. We also see instances of family separation or contestation of minor age in which the people concerned are not given a chance to appeal the decision of refusal of entry.

MSF staff, Ventimiglia project

Although legal provisions and French and European case law¹² clearly state that refusing entry with notification of *refus d'entrée* at internal EU borders is often without legal basis if someone is apprehended beyond a 10km distance from the border line, this practice persists. At least one family reported being intercepted in Nice and forcibly returned to Italy, well beyond the geographical limits specified by case law.

“

We were stopped yesterday in Nice by the police. My wife is pregnant. She was taken to the hospital because she fainted while they were handcuffing her. My two-year-old son and I were taken to the border police station in Menton. We spent the night in the cold and this morning we were we spent the night in the cold and this morning we were taken back to Italy and taken to Italy, but we have no news of my wife. My son is crying, he wants his mom, and I can't contact her because she doesn't have a phone.

Family from Côte d'Ivoire

¹¹ République Française, *Code de l'entrée et du séjour des étrangers et du droit d'asile*, version in force as of July 2023. www.legifrance.gouv.fr Art. L332-2 et seq. : Procedure of *refus d'entrée*.

¹² Conseil d'État, *Ruling N. 428178*, November 27, 2020. www.legifrance.gouv.fr On the basis of a ruling by the Court of Justice of the EU in March 2019, the Conseil d'État, in a decision dated 27 November 2020, annulled Art. L213-3-1 of the CESEDA, meaning the possibility of notifying *refus d'entrée* at internal land borders to people stopped within 10 km of such a border in a context of re-establishing internal border controls.

During the reporting period, MSF staff in Ventimiglia identified at least four cases of family separation during pushbacks, with some instances being particularly traumatic for the victims and involving children as well. Our patients also regularly recount being subjected to temporary arbitrary detention and ill-treatment, by authorities in France at times with clear racially discriminatory connotations.

“

I tried to reach France by train, but at the Menton station the police made me get off. On the platform a policewoman started insulting me, telling me I was pretending to be pregnant because that's what 'we migrants always do'. She started feeling my belly with her hands to see if I was really pregnant. It hurt me and I felt very ashamed to be treated like that in front of so many people.

Woman from Guinea

“

Yesterday they caught me on the train in Menton for the second time. I was with another guy, they made us get off the train, they kept telling us that we had no right to be in France and that they would have alerted our embassies for repatriation. They handcuffed me even if there was no reason for it, when I asked for an explanation, the police officer pushed me, and I injured my ankle. When I insisted on having an explanation on his behaviour, he hit me in the face. I spent the night in a container with other people, including women and children. We were not given any food or water until the next day at 1 pm when they released us. The policeman signed in my place the refus d'entrée.

Man from Mali





DEPRIVATION OF LIBERTY

Being arbitrarily detained in containers for hours on end is something many of our patients and the individuals we meet during socio-medical orientation and health promotion sessions recount of their attempted border crossings. Indeed, in 2017 French authorities set up a series of containers near the office of the *Police aux Frontières* – French Border Police (PAF) at the French-Italian border in the Pont Saint Louis area. Systematically, individuals intercepted by French authorities while attempting to cross the border in the afternoon are detained in containers until the following day, when rejection procedures are resumed.

Consequently, the duration of detention can extend up to 12-15 hours, during which the access doors to the containers are locked, and any form of assistance can only be provided with the intervention of a police officer. However, according to a ruling by the Administrative Court of Nice in 2017, following a joint complaint filed by a group of CSOs, deprivation of liberty in these instances should not exceed four hours. The testimonies from our patients highlight the discrepancy between what actually happens at the French-Italian border and the law¹³.

While authorities describe using these containers as a safety measure (*mis à l'abri*), providing shelter for people during the night, our patients' testimonies tell us a very different story. Many individuals encountered by MSF in Ventimiglia have shared extremely worrisome descriptions of the conditions in the containers: no assessment of individual vulnerabilities, no separation between men and women nor specific protection measures for children. Moreover, individuals report instances of denial of medical care and inadequate sanitary facilities. Many have also stated that food and water are not provided systematically and that there is no protection from the heat in summer or the cold during the winter. People are forced to sleep on hard metal floors in situations of overcrowding, without gender separation or specific adjustments to protect minors or families.

¹³ Administrative Court of Nice, Ruling N° 1602242, June 8, 2017. www.gisti.org. Interpretation confirmed in the appeal proceedings before the Conseil d'État, Juge des référés N° 411575: Conseil d'État, Juge des référés, Appeal proceedings N.411575, July 5, 2017. juricaf.org





“

In the morning at the border we bring tea, not only to comfort people but also because often they tell us they have neither eaten nor had anything to drink [during detention]. From what they tell us, there is no systematic distribution of water and meals while detained, you only get a small bottle of water and some canned food or snacks if you ask for it.

MSF staff, Ventimiglia project

“

My children are three and one years old. We were taken to a container for the night and there were other people there, including men. One of them screamed for the whole night banging on the door to call the police, but they ignored him. I haven't slept at all with the screams of the young man.

The lights were always on, there were no mattresses, and it was cold. We are very tired, and we don't know what to do now.

Woman from Côte d'Ivoire

The failure to evaluate individual vulnerabilities, including those related to pre-existing health conditions, poses a significant risk to the health and well-being of the persons arbitrarily detained and unnecessarily increases the likelihood of fatalities among the most vulnerable.

¹⁴ Association nationale d'assistance aux frontières pour les étrangers (Anafé), Médecins du monde, Avocats pour la défense des droits des étrangers (ADDE) et al., #DetentionArbitraire, 2021: Litigation campaign launched by some French associations following a refusal by the administration to allow legal and medical associations access to detention facilities at the Menton/Pont Saint-Louis and Montgenèvre border police stations.

“

I am 70 years old. My husband and I made the journey to join our children in Europe. I am diabetic and I recently had heart surgery and I am still taking treatment for it. I could no longer stay in a country at war. After crossing Turkey and the Balkans on foot, I did not think I would end up locked in a container in France, forced to spend the night sitting on a chair without anyone answering my calls for assistance [even if I was] knocking on the door and shouting [for help].

Woman from Syria

These episodes are particularly challenging to overcome for those who have already experienced violence in their places of origin or during their journey to Europe and they can have a severe psychological impact on those who are already highly vulnerable.

“

The police stopped us in Menton on the train. We were forced to spend the night inside the container, but my sister was terrified. She is 10 years old and has a disability. She has suffered from violence in our country, that's why I decided to leave with her. I feel responsible for her and I cannot understand why they treat us in this way. I hoped that in Europe people with disabilities could receive more assistance.

Man from Guinea

Despite numerous associations advocating for access to the containers and calling for an end to arbitrary detention at the French-Italian border¹⁴, requests for visits to the containers have been largely denied.





5. WITHOUT SHELTER OR HEALTH

Access to essential services is extremely limited for those returned at the French border and those transiting through Ventimiglia. With the closure of Campo Roja¹⁵ in 2020, the only official emergency reception centre in the area and the forced evictions carried out in May 2023 by Italian authorities at the informal settlement on the shores of the Roja river, people on the move are now forced to sleep on the streets, in abandoned buildings or under Roja bridge thus exposed to danger, health and weather hazards and without access to sanitary facilities, clean water or adequate shelter.

“

The conditions in which people are forced to live under Roja bridge were very precarious. They shared their shelters with wild animals [wild boars] and rats and are exposed to adverse weather conditions and the dangers of living on the streets.

MSF staff, Ventimiglia project

While local associations and the civil society on the frontline of the migration crisis in Ventimiglia are providing invaluable and often life-saving support to the most vulnerable in the area – in the form of temporary accommodation for women, children and families, basic needs and legal support – unfortunately many urgent needs remain nevertheless unmet and two out of four Punti di Assistenza Diffusa (PAD), i.e. structures where extremely vulnerable migrants who have been pushed back from France can find refuge for a few nights, are still not functioning¹⁶.

¹⁵ The decision of closing Campo Roja was part of the measures related to the management of the Covid 19 pandemic: new entries were prohibited for several months to prevent contagion, and ultimately, the camp was closed due to the low number of presences.

¹⁶ In March 2023, the Prefecture of Imperia and the Municipality of Ventimiglia signed a memorandum of understanding that outlined the establishment of four PADs, with each PAD providing approximately 15-20 places.





The precarious health situation of many migrants passing through Ventimiglia are related to the conditions in which they are forced to live. Many of the people we meet are dehydrated and malnourished, have musculoskeletal problems and skin infections, all conditions that could easily be prevented with more suitable living conditions.

MSF staff, Ventimiglia project

The impact of unsuitable living conditions is significant. It creates severe protection risks for a vulnerable population by exposing them to violence, trafficking, injury, and illness. MSF staff providing medical care in Ventimiglia see the impact of lack of shelter and sanitation on a daily basis: skin diseases (n. 48, 15.8%), gastrointestinal (n. 25, 8.2%), urinary and upper respiratory tract infections (n. 35, 11.5%) are just some of the ailments that are often a direct consequence of the living conditions in which this population is forced to live in.

For those with chronic medical conditions, such as diabetes and cardiovascular diseases, living in unsuitable conditions often leads to an aggravation of symptoms and the need for specialised care and hospitalisation.

In such desperate situations, some people in transit who are pushed back at the French border decide to formalise their asylum application in Italy, their first country of arrival in the EU. However, this choice is not without its challenges. Securing an appointment to submit the documents necessary for the evaluation of the application can take up to six months (instead of a maximum of ten days as prescribed by law¹⁷).



I like Italy, now I'm studying Italian at A2 level. But I have been here for two years and my documents haven't arrived. I thought a lot about going to another country because I cannot pay for a home, for food [...] I entered [Italy] from Trieste, then I lived in a camp in Udine. I applied for the residence permit, but I only got a receipt. [It's been two years] and I still haven't received my residence permit. In Italy without documents there is no work. I need a residence permit to work. I like it here, but I don't have documents, so I thought about going to France, because maybe there is work there even without documents and I could send the money home.

Man from Pakistan

Furthermore, obtaining a placement in a reception centre can take as long as eight months¹⁸. Once they are assigned to a reception centre, many individuals often find themselves facing difficult living conditions, including overcrowding, unsanitary conditions, limited access to essential services, lack of information regarding the asylum request process, lack of intercultural mediators, untrained staff, and lack of opportunities for vocational training or Italian courses. These circumstances create a state of limbo that can be difficult to endure for an extended period of time and, further complicating things, if someone chooses to leave their spot is reassigned and there is no possibility of returning.



After my arrival in Lampedusa, I was transferred to a centre in Sicily. At first, I was content, but the situation wasn't as good as I had hoped. The main issue is that I struggle to speak the language, which makes it difficult for me to communicate and be understood. We were informed that the school would only resume in September. Waiting for such a long time was too much for me. In the centre there was no one to seek information from. So, I decided to take my chances and go to France where I speak the language. I thought it might work. I have already attempted to cross the border several times, but luck wasn't on my side. My current situation is very complicated. Even if I want to stay here, I don't even have a place in a centre anymore since I left the first one I was assigned to, and they have scheduled an appointment for me to regularise my status only in four months. I don't know what to do or how to react now. There is no clarity about my future.

Man from Cameroon

¹⁷ Repubblica Italiana, *D.Lgs. 25/2008*. <https://www.gazzettaufficiale.it> Art. 26 comma 2bis D.Lgs. n.25 of 28th January 2008, implementing the European Asylum Procedures Directive, provides that the delay of three days for the record of the asylum seeker's statements can be extended by a further ten days in the event of a large number of applications.

¹⁸ Repubblica Italiana, *D.Lgs. 152/2015*, August 18, 2015: Art. 1 comma 2 D.Lgs. n. 152 of 18th August 2015 implementing the Directive 2013/33/EU laying down standards for the reception of applicants for international protection: "The reception measures apply from the moment of the manifestation of the will to seek international protection."



6. ACCESS TO HEALTHCARE – STUCK IN A BUREAUCRATIC LABYRINTH

Accessing healthcare for people transiting through Ventimiglia poses significant challenges. For those who intend to continue their journey within Europe, and who thus do not apply for asylum immediately or cannot wait for their application to be registered, access to healthcare continues to be hindered by bureaucratic and administrative barriers such as lack of appropriate information, the absence of qualified medical personnel or equipment as well as the lack of intercultural mediation. The pressure to proceed with the journey to their intended destinations also hinders seeking healthcare assistance.

In Ventimiglia, the Caritas hub, where volunteer doctors and nurses treat the most in need, is the only fixed health facility offering free primary care to all migrants. However, specialised medical care and diagnostics are exclusively provided at the local hospital which requires a health card for those who have a residence permit or a *Straniero Temporaneamente Presente* (STP) code for undocumented migrants to access specialised treatment¹⁹. In the absence of a dedicated office issuing STP codes in the Liguria region – where Ventimiglia is located – it falls upon hospitals and outpatient facilities to provide the STP code upon admission. Unfortunately, healthcare personnel are not always sufficiently trained on legal obligations related to access to healthcare for undocumented migrants. Consequently, there are inconsistencies in the application of the law, with the provision of health services at times depending on individual facilities or personnel. For example, while the family clinic in Ventimiglia has been issuing STP codes to all the patients referred by the MSF teams, some of our patients faced challenges in other health centres.

¹⁹ Undocumented migrants are entitled to access preventive, urgent and essential treatments through the STP code. The code is issued by hospitals or local health units free of charge. It is valid for 6 months and it is renewable. Medical examinations and treatments can be prescribed using STP code. The implementation of this legislation dates back to the 1998 Immigration Act.





M.'S STORY

M. is pregnant and came to the MSF mobile clinic after visiting to the local hospital. She brought the medical report that she received at the hospital. The doctor who saw her wrote in the report that she needed some diagnostic exams but that he couldn't provide them until she had regularised her status in the country. This shows the lack of awareness among medical practitioners on Italian legislation and policies regarding access to health for undocumented migrants and the STP code which grants her access to any emergency and specialised care.



Most patients at the MSF mobile clinic and those participating in socio-medical orientation or health promotion sessions do not have a health card or an STP code. This is primarily because many arrive in Ventimiglia just a few weeks after reaching Lampedusa by boat and, given the long waiting times, their asylum requests have not yet been registered. In the absence of access to medical care, some of our patients have resorted to self-medicating.



We didn't have access to doctors and hospitals, so we treated ourselves with olive leaves. We would drink [infusions made of] them and use them for washing. Since our time in Libya, we have always resorted to this when we don't have money to buy medication or see a doctor.

Man from Ivory Coast

For individuals who attempt cross the border between France and Italy, access to healthcare is frequently further compromised due to pushbacks²⁰. For example, undocumented migrants and asylum seekers who entered France from Italy and receive medical care in Nice or Menton, are afterwards escorted back to the border for readmission into Italian territory, jeopardising continuity of care.

WOMEN AND CHILDREN

For unaccompanied minors, access to healthcare can be even more difficult. Even though the fact that unaccompanied minors in Italy have the right to obtain a health card, they face several challenges. Firstly, applying for the health card requires the involvement of the person exercising parental authority or the individual responsible for the reception facility where unaccompanied minors are hosted. In Ventimiglia, unaccompanied minors often leave the reception system to reach relatives or friends in other European countries, complicating the involvement of someone acting as a legal guardian.. Furthermore, unaccompanied minors who are trying to cross the French-Italian border often tend to stay "underground", and avoid seeking medical assistance, even if needed, to evade detection by social services because they fear being prevented from reaching the countries where they would like to settle.

²⁰ See also Association nationale d'assistance aux frontières pour les étrangers (Anafé), La Cimade, Médecins du Monde, Médecins sans Frontières, Secours Catholique- Caritas France, Rapport Alternatif (France)- Communication conjointe de l'Anafé, La Cimade, Médecins du Monde, Médecins sans Frontières, Secours Catholique- Caritas France sur les droits aux frontières intérieures terrestres (frontière franco-italienne et frontière franco-espagnole), October 6, 2022. www.upr-info.org



Women and girls embarking on migration journeys present specific health needs and risks. In Ventimiglia, however, access to gender-specific medical care can be challenging partially due to the fact that many women and girls are often reluctant to halt their journey and prefer to continue onwards, but also to the fact that the many barriers they face or hear other encounter when seeking medical care in Italy led to sentiments of distrust or resignation toward the health system. Unfortunately, this results in a disruption of the continuity of medical care and increases the risks of pregnancy complications and morbidities. Indeed, half of the pregnant women who came to the MSF mobile clinic for SRH services presented an obstetric morbidity at the time of consultation. This is concerning, as obstetric morbidities can increase maternal and newborn health risks, particularly when mothers-to-be have limited access to medical care due to the numerous barriers they face in accessing healthcare during their migration journey.

Among the 64 women and girls who accessed SRH services at the MSF mobile clinic between February and June 2023, one-third were pregnant, 4 (6.3%) had undergone female genital mutilation (FGM), while 2 (3.1%) reported experiencing SGBV during their migration journey²¹. Within our patient cohort, 45 (70.3%) women had a history of previous pregnancies, of which 7 (15.6%) had resulted in miscarriages.

Overall, more than half of women and girls (n.37; 57.8%) reported not having used any contraception methods in the past. This reveals the elevated vulnerability of migrant women and girls to the adverse health consequences of unprotected sexual intercourse. These consequences include unintended pregnancies and sexually transmitted infections, which are exacerbated in situations where the risk of SGBV is high.

In general, considerable challenges remain in meeting the medical and psychological needs of the population passing through Ventimiglia, particularly with regard to the management of chronic conditions, access to secondary care, providing emergency and long-term support to survivors of sexual violence. Addressing these challenges requires a collaborative effort from various stakeholders, including healthcare providers, local and national authorities as well as CSOs. It necessitates developing comprehensive and integrated healthcare systems that can adapt to the unique needs and circumstances of individuals in transit, ensuring they receive the necessary medical and psychological support to maintain their well-being and dignity.



²¹ These figures might appear modest, but they are not, especially when considering the context of transit in which we encounter people, which may not be conducive to reporting on traumatic events. We therefore think that this represents an underestimation of what is likely a much larger issue.



CONCLUSIONS

Data and testimonies collected by MSF in Ventimiglia between February and June 2023 show the severity of the situation faced by people in transit between Italy and France.

Testimonies from our patients and the MSF teams on the ground give insight into the systematic nature of pushbacks at the French-Italian border. Children, women and men who have embarked on long and dangerous journeys to reach safety or a better life are routinely turned away at the border, irrespectively of their individual conditions and without appropriate assessment. They are often denigrated and insulted by authorities, arbitrarily detained in inhumane conditions and their fundamental rights, including the right to seek asylum, are denied with severe repercussions on their physical and emotional well-being.

The health needs of individuals in transit in Ventimiglia are largely neglected and multiple barriers to accessing adequate healthcare have been documented in this report. These barriers include the lack of effective management of chronic illnesses, sexual and reproductive health, medical and psychosocial support for mental health problems, as well as the absence of intercultural mediation. Of particular concern is women's vulnerability to various forms of violence, in particular sexual violence, during their migration journeys and the impact this has on their health and wellbeing.

The living conditions faced by people transiting through Ventimiglia are deplorable. These individuals find themselves living in the streets, under the Roya bridge, in abandoned houses, in train stations and other public spaces with no sanitary facilities and limited access to food and potable water. In these settings, they endure substandard living conditions that severely compromise

their well-being. Indeed, lack of proper sanitation, and inadequate access to safe food and water, increase the risk of gastrointestinal disorders, respiratory infections, and other health issues in an already vulnerable population.

It is crucial that individuals in transit, regardless of their legal status, are granted the right to receive comprehensive protection and services that specifically address their needs, as prescribed by national legislation and international law. However, many individuals at risk in Ventimiglia can only rely on initiatives from CSOs and short-term institutional responses.

Unfortunately, the bottleneck created in Ventimiglia is not an isolated case but rather reflects the larger trend of migration policies that prioritise containment and securitisation over the well-being of individuals and thus fail to adequately address the needs of the most vulnerable. Across Europe, there has been a shift towards stricter immigration controls, border fortification and establishing an increasing number of detention centres. In Italy, the adoption of new legal provisions such as the Law 50/23 (known as the Cutro Decree) represents a further shift towards a securitised approach and a distancing from the humanitarian one. Of particular concern are the provisions eliminating the possibility to convert residence permits granted for special protection or medical care into work permits and the introduction of accelerated border procedures and detention measures targeting individuals originating from specific safe countries. These measures significantly tighten migration policies and will result in even more restricted access to healthcare services and protection measures, which could lead to an increase of marginalisation, vulnerability and precariousness posing potential risks to individual and public health.





RECOMMENDATIONS

Based on what MSF teams witness in Ventimiglia and at the border between Italy and France, we ask those responsible for implementing all necessary measures to prevent further harm to populations on the move, to respect their dignity and rights as well as to ensure the assistance and protection they so desperately need. MSF calls to action on the part of those listed below:

The authorities in Venitmiglia to:

- 1. Ensure safe and dignified temporary accommodation for transiting individuals**, in particular for those who have been pushed back at the French-Italian border and conduct appropriate vulnerability screenings taking into account the health and protection risks faced by people on the move who fall through the net and are forced to live in precarious conditions after long and dangerous journeys.
- 2. Guarantee access to essential services to people living in informal settlements**, including sanitation, shelter and healthcare, while reducing exposure to protection risks.
- 3. Establish coordination mechanisms between the Prefecture and local health authorities to support people on the move who have suffered abuse and exploitation, specifically women, minors, and men who have experienced intentional violence during their journey.** These individuals must be protected and assisted, through access to medical care tailored to their specific needs.
- 4. Establish legal orientation services to support migrants in Europe in accessing the services to which they are entitled to** and in navigating through the Common European Asylum System. It is crucial to ensure that people on the move can access reliable, relevant, and accurate information concerning their situation and rights.
- 5. Establish STP desks to facilitate access to healthcare** through linguistic and intercultural mediation and provide comprehensive and specialised training to all healthcare professionals on the right to health for undocumented migrants.
- 6.**

The Italian Government to:

- 1. Take all necessary measures to ensure the humane and dignified treatment of people transiting through Ventimiglia and across the entire territory of Italy, regardless of their legal status.** This includes providing appropriate support and referral services for people on the move, ensuring their access to medical and psychological care and providing suitable reception solutions for minors, women, survivors of trafficking and other individuals in situations of vulnerability.
- 2. Guarantee the inclusion of individuals in transit in reception centres when requested, including those who initially opted to leave a centre and attempted to cross internal EU borders before deciding to pursue the asylum application in Italy.** Take all necessary actions to protect their rights and ensure their overall well-being and safety.
- 3. Ensure that people transiting through Italy and needing secondary-level care, particularly those with chronic illnesses requiring ongoing treatment, receive the medical attention they require.** This should be implemented across all regions of Italy, to address the difficulties caused by internal mobility and ensure that people on the move can effectively follow their treatment plans.

The French Authorities to:

- 1. Guarantee that the rights and dignity of individuals crossing the French-Italian border are respected and protected, regardless of their legal status.**
- 2. Ensure that procedural guarantees are upheld during border control at the French-Italian border, in compliance with national and international regulations.** Any instances of violence or threats must be thoroughly investigated and sanctioned.
- 3. Ensure the protection of unaccompanied minors,** whose best interests should always be prioritised. Unaccompanied minors should not be subjected to pushbacks or unlawfully deprived of their liberty at the French-Italian border.
- 4. Put an end to the arbitrary detention of people at the border between France and Italy.**



The European States and institutions to:

- 1. Prevent pushbacks at internal borders** recognising that such actions not only endanger the health of individuals but also worsen pre-existing medical conditions and vulnerabilities.
- 2. Prevent collective expulsions from EU States and establish mechanisms to assess the situations of migrants in transit individually.** This would allow for tailored support and appropriate responses that address individual cases and needs.
- 3. Guarantee safe and legal passage for people to seek safety and protection in Europe.** This can be achieved by expanding the utilisation and enhancing the accessibility of existing legal entry schemes and procedures, including family reunification and humanitarian visas. By providing more avenues for safe migration, individuals will have alternatives to perilous journeys.





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Médecins Sans Frontières/Doctors Without Borders (MSF) is an international medical-humanitarian organization founded in 1971. Today it provides medical relief in more than 70 countries to populations whose existence is threatened by armed conflict, violence, epidemics, natural disasters or exclusion from health care.

Since 1999, Médecins Sans Frontières/Doctors Without Borders (MSF) has been operating in Italy to provide medical, humanitarian, psychological, and socio-healthcare assistance to migrants, asylum seekers and refugees arriving by sea, as well as those residing in reception centres and informal settlements. This aid is provided in collaboration with the Italian authorities.

In the Calabria Region, MSF offers medical and psychological assistance at landings and ensures continuity of care in reception centres. In Ventimiglia, located at the Italian-French border in Liguria, MSF runs a mobile clinic to provide aid to migrants in transit through the area. In Palermo, Sicily, MSF operates a project in partnership with local health authorities to rehabilitate survivors of intentional violence and torture.

We are very grateful to MSF's dedicated teams in Ventimiglia for their hard work and their commitment. Our special thanks goes to all the people on the move, whose courage in sharing their stories and strength in overcoming unimaginable hardships have been remarkable. We would like to express our thanks to the local authorities for their cooperation and availability. Without all of them this work would not have been possible.

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