

Violence, Vulnerability and Migration: Trapped at the Gates of Europe

A report on the situation of sub-Saharan
migrants in an irregular situation in Morocco



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Executive Summary

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 sub-Saharan migrants stay in Morocco the more vulnerable they become. This pre-existing vulnerability, related to factors such as age and gender, as well as traumas experienced during the migration process, accumulates as they are trapped in Morocco and subjected to policies and practices that neglect, exclude and discriminate against them.

MSF's data demonstrates that the precarious living conditions that the majority of sub-Saharan migrants in Morocco are forced to live in and the wide-spread institutional and criminal violence that they are exposed to continue to be the main factors influencing medical and psychological needs. MSF teams have repeatedly highlighted and denounced this situation, yet violence remains a daily reality for the majority of sub-Saharan migrants in Morocco. In fact, as this report demonstrates, the period since December 2011 has seen a sharp increase in abuse, degrading treatment and violence against sub-Saharan migrants by Moroccan and Spanish security forces. This report also reveals the widespread violence carried out by criminal gangs, including bandits and human smuggling and human trafficking networks. It provides a glimpse into the shocking levels of sexual violence that migrants are exposed to throughout the migration process and demands better assistance and protection for those affected.

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. Progress has been made, however considerable challenges remain, particularly with regard to non-emergency, secondary care, care for people with mental health problems and protection and assistance for survivors of sexual violence. Further investment and reform of the healthcare system is needed, however 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.

This report highlights the medical and psychological consequences of this approach and the cumulative vulnerability of the significant numbers of sub-Saharan migrants who are trapped in Morocco. In doing so it calls, once again, on the Moroccan authorities to respect their international and national commitments to human rights, 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.



Two patients wait to receive medical care during MSF's mobile clinic in Nador. © Susan Sandars

1

The sub-Saharan Migrant Population and MSF's work in Morocco

MSF in Morocco

MSF has been present in Morocco since 1997. In Morocco, as in all countries where MSF works, MSF's operations have focused on responding to the medical, psychological and humanitarian needs that others are unwilling or unable to meet. In 1999 MSF began providing assistance to marginalised groups, including sex workers and single mothers, in Rabat and Casablanca. The programme focused on reducing mother and child mortality and preventing, treating and raising awareness of sexually transmitted diseases and HIV/AIDS.

Since 2003 MSF has been providing assistance to sub-Saharan migrants in an irregular administrative situation in Morocco,¹ a vulnerable group with specific medical, psychological and humanitarian needs resulting from the economic hardship, violence and trauma endured in their countries of origin and during their journeys and the neglect, exclusion and violence they are subjected to whilst in Morocco. MSF's programmes in Morocco have focused on improving sub-Saharan migrants' access to preventive and curative healthcare services, their living conditions and dignity.



Bordering both Algeria and the Spanish territory of Melilla, Oriental region is an entry and exit point for sub-Saharan migrants who are attempting to make their way to Europe. In this region the vast majority of sub-Saharan migrants live in precarious conditions, out in the open, in forests or abandoned buildings with limited shelter and access to water and sanitation facilities. MSF has worked in the region since 2004. A team of seventeen people provides medical, psychological and humanitarian assistance in Oujda and Nador, including follow up and support for people in need of primary and secondary care, psychological support and counselling sessions, pre- and post-natal care and assistance to survivors of sexual violence. In order to improve living conditions and prevent sickness and the spread of diseases, the MSF teams regularly distribute basic shelter materials, hygiene and cooking kits and carry out water and sanitation activities. Every month a mobile team visits Nador in order to provide basic primary healthcare services, psychological support and materials such as blankets and plastic sheeting. MSF plans to hand over its activities in Oriental Region in early 2013, but will retain the capacity to respond to emergencies as and when they arise.

The sub-Saharan migrant community in Morocco includes many survivors of sexual violence, who have been attacked in their country of origin, en route or in Morocco itself. In response to the high numbers of men, women, boys and girls seeking assistance and the lack of other organisations meeting this need, MSF set up a programme providing medical and psychological care to survivors of sexual violence in Rabat in 2010. The MSF team ensures that timely, integrated medical and psychological assistance, including emergency care, is provided to survivors of sexual violence according to World Health Organisation and national medical protocols. The assistance provided is both preventive and curative and tackles infections like HIV/AIDS, hepatitis B, syphilis and other illnesses that are direct consequence of sexual violence and that can have a serious long-term impact on a survivor's physical and mental wellbeing. In order to ensure a multi-sectoral, comprehensive system of care is available that meets survivors medical, psychological, social and protection needs, MSF works together with the national health services and a network of organisations including United Nations agencies and members of the "*Plateforme Protection des Migrants*."² At the end of 2012 MSF handed over its activities in Rabat to "*l'Association de Lutte Contre le Sida*" (ALCS).



MSF teams distribute non-food items to sub-Saharan migrants.
© Sara Mabger



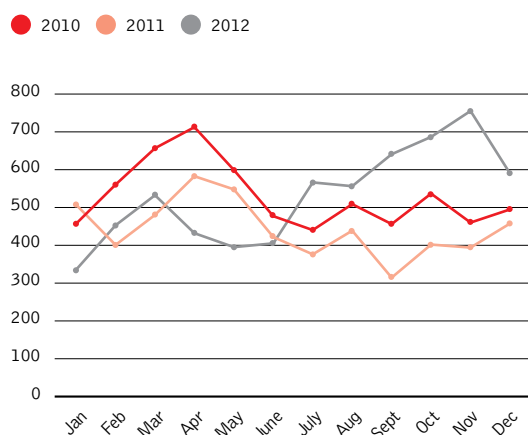
An MSF nurse provides medical care to a survivor of sexual violence. © Susana Oñoro

The sub-Saharan Migrant Population in Oriental Region

As a country of origin for Moroccans emigrating to Europe or elsewhere, a transit country for migrants en route to Europe and a destination country for people seeking asylum or economic opportunities, Morocco has a long and complicated relationship with migration. According to MSF's data, the sub-Saharan migrant population in Morocco is pre-dominantly West African and includes people who have been forced to flee their countries in search of asylum and protection, people who have been pushed to leave their countries by factors such as climate change or a lack of livelihood and economic opportunities and people who have been recruited or exploited by human trafficking networks.

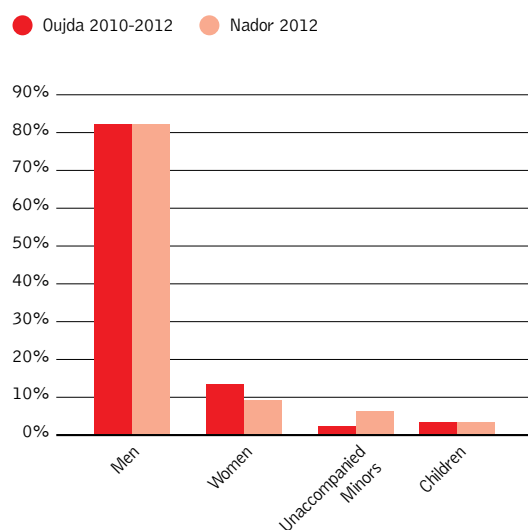
Although migration routes continually change, the majority of sub-Saharan migrants enter Morocco by crossing from Maghnia, on the Algerian side of the border, to Oujda, on the Moroccan side. According to MSF's data³ the overall numbers of sub-Saharan migrants in Oujda have decreased since 2010, however since the end of June 2012 an increase is evident. It is not clear whether this is due to an increase in new arrivals or an increase in migrants returning to Morocco via Oujda after being arrested in raids taking place throughout Morocco and expelled across the border with Algeria by the Moroccan security forces.

The Sub-Saharan Population in Oujda 2010 - 2012



In Oujda, the sub-Saharan migrant population lives in groups according to their nationalities, which are organised and controlled by individuals involved in the smuggling and trafficking of human beings. MSF's data from 2010 to 2012 reveals that the population in Oujda is 82% adult male and 13% adult female. Of the female population approximately 14% are pregnant. 2% of the population is made up of unaccompanied minors, aged between 13 and 18 years old who have migrated without a parent or legal guardian. 3% are children aged under 13.

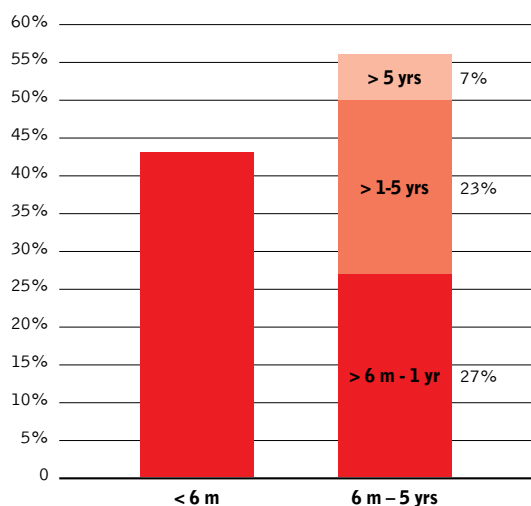
Breakdown of the Sub-Saharan Migrant Population in Oujda and Nador



After arriving in Oujda the majority of sub-Saharan migrants travel to other parts of Morocco as soon as they can. Many travel to the coastal town of Nador, which borders the Spanish city of Melilla, where they live in groups which are organised according to their means of getting to Europe. The population living in Gurugu forest is almost exclusively male and includes significant numbers of unaccompanied minors who do not have the money to pay a smuggling network and try to enter Europe by other means, such as jumping the fences or swimming to Melilla. In other areas of Nador the communities are organised by individuals involved in human smuggling and human trafficking and consist of mixed nationality groups of men, women, boys and girls who are waiting for a boat⁴ or other means of transport to take them to Europe.

According to MSF's data from 2012 the migrant population in Nador is 82% adult male and 9% adult female. 11% of the female population is pregnant. 6% of the population is made up

Period of time in Morocco



of unaccompanied minors, aged between 13 and 18 years old and 3% are children aged under 13.

In the last ten years, as the European Union has tightened its border controls and increasingly externalised its migration management policies, significant numbers of sub-Saharan migrants are becoming “trapped” in Morocco, unable to continue their journeys to Europe and equally unable to return to their countries of origin. The MSF survey of approximately 20% of the population in Oriental region (190 sub-Saharan migrants) that was carried out in 2012 reveals that more than half of those interviewed had been in Morocco for more than six months.⁵

Over a quarter of interviewees said they had been in Morocco for six months to one year, almost a quarter for between one and five years and 7% for more than five years.



A sub-Saharan migrant living in the forest in Nador. © Anna Surinyach

2 Factors Impacting on sub-Saharan Migrants' Physical and Mental Health

Cumulative Vulnerability: A Cross-cutting Factor

The different stages of the migration process, particularly for those who migrate “illegally”, expose migrants to various events, dangers and risks which can result in both physical and psychological trauma and increased vulnerability. In some cases this trauma is experienced in the country of origin as a result of poverty, neglect, conflict or physical or sexual violence. For others it is experienced en route. This vulnerability is evident in the results of the MSF survey. Just under one fifth of responses gave conflict, persecution or domestic violence as reasons for migrating and almost three quarters cited a lack of economic opportunities. More than half of people interviewed said they had witnessed violence en route to Morocco and 43% said that they had been a victim of some form of violence.

From a psychological point of view, the different stages of the migration process place demands on migrants to continually adapt their behaviour, customs or expectations, which can often cause stress, anxiety and disorientation. The loss or continual change of factors such as language, family, friends, cultural norms, ethical codes or social norms, which help define and ground a persons' identity and sense of self, can have a cumulative traumatic effect.

MSF's experience shows that the longer that sub-Saharan migrants are 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 exposed to policies and practices which neglect, marginalise and exclude them.



Sub-Saharan migrants living in the forest in Nador prepare tea.
© Anna Surinyach



A sub-Saharan migrant woman begs outside a mosque
in Oriental Region. © Susana Oñoro

According to Moroccan law 02-03 relating to the “Entry and Stay of Foreigners in Morocco, Emigration and Irregular Immigration” any foreigner who is in Morocco without official documentation is a criminal.⁶ Despite the fact that many Moroccans take steps to aid and assist sub-Saharan migrants, this criminalisation means that social violence, discrimination, stigmatisation and marginalisation are common occurrences.

Law 02-03 also means that 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.



A sub-Saharan migrant prepares food in the forest in Oriental Region. © Anna Surinyach

The disparity between the expectations of a better life and the reality of their situation in Morocco can cause psychological shock and trauma for many migrants. The burden of expectation and responsibility is high, particularly on those sub-Saharan migrants who have received money from family members to cover the cost of the journey. Finding themselves trapped in Morocco, yet without any means of sustaining themselves, can result in intense feelings of helplessness, guilt, anguish, failure and frustration. The barriers to integration and widespread discrimination and stigmatisation that many sub-Saharan migrants face due to their race, gender, legal status, appearance or cultural and social practices can severely undermine their mental health. Feelings of fear, sadness, loss, confusion, anguish and abandonment are common for many migrants and can manifest themselves in symptoms of depression, anxiety and psycho-somatic tendencies.

The fact that sub-Saharan migrants are classified as “illegal” means that the majority live with the constant fear of arrest and expulsion and the ever present threat of violence, abuse and exploitation at the hands of security forces, criminal gangs including human smuggling and human trafficking networks, bandits and, at times, the civilian population. Their abusers are able to act with impunity in the knowledge that their victims will be treated as criminals and offered little or no protection by the Moroccan state.

Living Conditions

People’s living conditions and their access to quality shelter, clean water and sanitation facilities have a strong influence on their physical and mental well-being.⁷ In cities such as Rabat or Casablanca many sub-Saharan migrants are able to rent some kind of accommodation, but often live in crowded and unsanitary lodgings. In Oriental Region, where temperatures can drop to below zero in winter and rise to more than 44 degrees Celsius in summer, the majority of sub-Saharan migrants live in makeshift shelters in forests, caves and abandoned buildings with no sanitary facilities and limited access to safe food and water sources. For many, the materials that MSF provides, such as plastic sheeting, blankets, basic hygiene kits, “cold kits” which include hats, gloves and socks, cooking utensils and jerry cans, are all that they have.

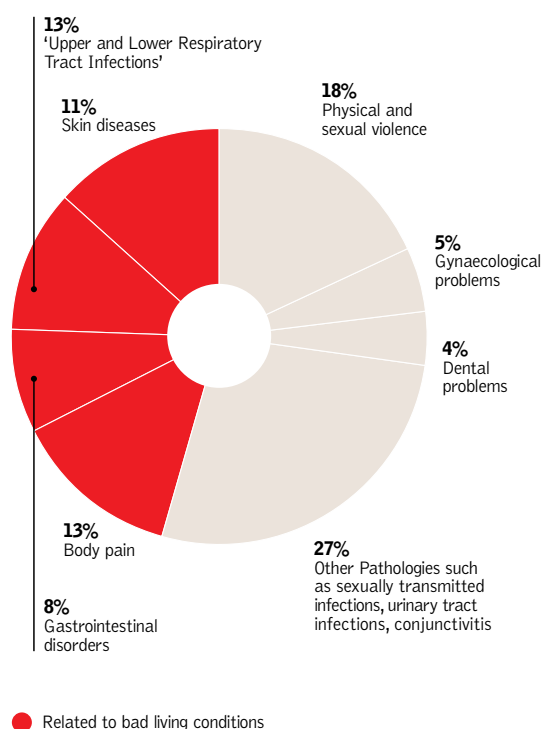


An MSF team distributes water and sanitation materials to sub-Saharan migrants living in the forest. © Susana Oñoro

“In the forest we live in bad conditions because we don’t have anything to protect us. We use plastic sheeting and trees from the forest and try to construct “mini-tents”... we don’t have anything to eat and we get sick.” Prince, 20 years old

The physical impact of these living conditions is evident. From 2010 to 2012, MSF teams carried out 10,500 medical consultations. **Almost half of the medical problems diagnosed (5,233) were diseases closely related to poor living conditions.**⁸ 13% were

Main pathologies in MSF medical consultations Morocco 2010-2012



related to respiratory tract infections, 13% to musculoskeletal problems (often described as generalised body pain), 11% to skin diseases and 8% to gastro-intestinal problems.

Between 2011 and 2012 the number of diagnoses related to bad living conditions increased by 10%.

In addition to a physical effect, **these living conditions can also impact on sub-Saharan migrants' mental health.** The lack of privacy and inability to wash or maintain basic standards of hygiene, combined with the fact that many migrants are unable to legally work and have to resort to practices such as begging, can undermine their sense of self-worth and dignity and result in feelings of extreme shame and anguish.

"It's not good. We are very uncomfortable, but we have no choice because if we didn't beg we would really die of hunger in the forest... I never could have imagined a day that would see me begging. Never."
Prince, 20 years old

In 2011 and 2012 the most common symptoms demonstrated by MSF's patients during individual mental health consultations were anxiety (39%), depression (34%) and psycho-somatic problems (14%).⁹

"The migrants tell us how difficult it is to live here, their living conditions in the forest, the different abuses by the security forces, their lack of food and shelter. They also ask us, why do they treat us like this? Why do they treat us like animals?"
MSF Counsellor, Oriental Region

Psychological resilience, that is the ability to cope with different experiences, varies from person to person. However factors such as living conditions and the relationships a person is able to form, both with other migrants and with nationals in the countries they are in, play a key part in determining this resilience. Many sub-Saharan migrants focus all their energies on the "Dream of Europe" and cope by focusing on the belief that when they arrive there they will have a better life. This can help them deal with the exclusion, stigmatisation and violence that they experience in Morocco.

However, the longer many sub-Saharan migrants stay in Morocco, the harder it is for them to maintain this coping strategy. Their ability to cope with the traumas they are going, or have been, through, be it in their country of origin, during the journey or in Morocco, is undermined and the likelihood of developing mental health problems, such as post-traumatic stress disorder, increases.



Sub-Saharan migrants sit on a wall in Nador, from where they can see the Spanish territory of Melilla. © Sara Mabger

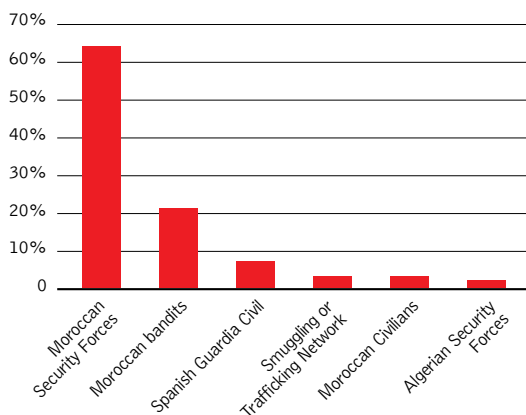
“Many patients who have been in Morocco for months and have tried and failed to cross into Europe several times show symptoms linked to depression. They feel a profound sense of failure and are unable to imagine any other kind of future for themselves.”
MSF Psychologist

Minors are particularly vulnerable because they have less psychological resources and maturity to cope with the events that they are living through and, therefore, are more likely to experience serious crises.

“I am 16 years old and there are many people from that age in Morocco, 17, 16 even 15. They are suffering, running from the police because they catch everybody....I don't play. I cry every day, I have no mum, no dad. I am suffering in this country. There is no food, I don't eat everyday, sometimes two or three times per week.”
William, 16 years old

Violence

Perpetrators of Violence



Physical and psychological trauma are constant factors of the migration process, with many migrants experiencing conflict, violence, rape or other forms of sexual violence in their countries of origin or during their journeys. MSF's experience shows that the longer sub-Saharan migrants are trapped in Morocco, where they are continually subjected to policies and practices that criminalise, exclude and discriminate against them, the more exposed and vulnerable they are to violence, abuse and exploitation.

Over the last ten years MSF teams have issued a series of reports and public communications¹⁰ to highlight and denounce this violence that impacts migrants' physical and mental health. Yet, violence remains a daily reality for the majority of sub-Saharan migrants in Morocco. In fact in the last year MSF teams have witnessed a sharp increase in violence by Moroccan and Spanish security forces. **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.**

The results of the MSF survey give a glimpse into the levels and scale of the violence experienced by most sub-Saharan migrants in Morocco. **63% of people interviewed said they had experienced violence in Morocco.** According to the responses given, the Moroccan Security Forces were the most common perpetrators of violence (64% of responses), followed by Moroccan bandits (21% of responses) and the Spanish Guardia Civil (7% of responses). Many incidents of violence (12% of responses) involved more than two perpetrators. Three-quarters of those who had experienced violence in Morocco had experienced multiple episodes of violence. More than half had



An MSF nurse providing medical care to a sub-Saharan migrant during MSF's mobile clinic in Nador. © Sara Mabger



The MSF mobile clinic team in Nador. © Sara Mabger

experienced between two and five incidents of violence, 14% had experienced between five and ten incidents and 6% had experienced more than ten. **92% of people who had experienced violence said that it had been intentional.**

From 2010 to 2012, 18% (2,124) of MSF's medical consultations were related to physical and sexual violence. Over three quarters of patients who received psychological assistance identified violence as the most relevant precipitating event for their mental health condition.

In the last year alone, MSF teams in Nador and Oujda have assisted more than 1,100 people with violence related injuries. In addition to the physical wounds, this violence has a profound impact on sub-Saharan migrants' mental health. Throughout 2012 **MSF's mental health teams witnessed a deterioration in people's psychological well-being** and an increase in the suffering and despair that many sub-Saharan migrants experience.

Over the past three years MSF has provided essential medical and psychological care to almost 700 male and female survivors of sexual violence, who had been attacked in their country of origin, en route and in Morocco. Amongst these were more than 240 victims of human trafficking, the vast majority of whom had suffered multiple episodes of rape and other forms of physical, psychological and sexual violence.

The hundreds of victims of physical and sexual violence that MSF has assisted in the last three years are the ones that have sought and received care and, as such, represent only a small proportion of those affected.

Violence by the Security Forces

Raids and Expulsions

Since December 2011 efforts by the Moroccan government, supported by its European partners particularly the Spanish government, to combat "cross-border crime, illegal immigration and the trafficking of drugs and weapons"¹¹ have resulted in **a dramatic rise in wide-scale, indiscriminate raids on sub-Saharan migrant communities in Morocco. Daily raids have been carried out on sub-Saharan migrant communities in Oriental Region**, with large-scale raids on specific suburbs of cities nationwide, including Rabat-Salé, Casablanca, Fes and Tangiers, also regularly taking place. The sub-Saharan migrants who are arrested during these raids, including pregnant women, minors, refugees and asylum seekers, are taken at night, en masse to the border of Morocco (Oujda) and Algeria (Maghnia) and expelled into the no-man's land separating the two countries.



Daily raids on sub-Saharan communities in Oriental Region have been taking place since December 2011. © Susana Oñoro



After arrest sub-Saharan migrants are expelled at night across the closed border with Algeria. © Aude Osnowycz

Expelling people to this area puts them at risk of violence, 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.

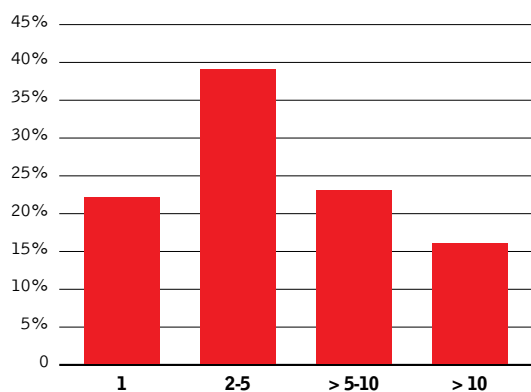
“The ongoing, daily raids mean that most migrants live in constant fear of arrest and expulsion. This fear means many have problems sleeping. Being constantly alert, on guard and at risk causes them stress and anguish and has a negative effect on their mental health.”
MSF Psychologist

During expulsions sub-Saharan migrants are dropped at the Moroccan side of the border by Moroccan security forces and then forced to cross to the Algerian side. Interviews with MSF’s patients reveal that whilst doing so many are attacked by the Algerian security forces, who threaten and mistreat them and, at times, fire into the air to try and get them to turn back and re-enter Morocco. Thus **migrants are caught in a sinister game of ping pong between two sets of security forces.** According to testimonies taken by MSF staff, violence and abuse by the Algerian security forces is commonplace.

“They took us to the border and threw us onto the Algerian side at 11pm. The Algerian police / gendarmerie came out with their guns....they took us and put us in their base. I wanted to run and I tried to escape but one of them cried “don’t run!” and he fired. I hid and the bullet missed me. They beat me a lot, with their boots, with their guns.....They took our clothes and burnt everything. They took our money. They let us go at 4am. We only had our bermudas (underwear) on. Luckily we passed a Moroccan who was on his way to the mosque. He asked us what had happened and gave us some clothes to wear.” Denis, 16 years old

The procedures for the removal of foreigners who are in Morocco without the correct documentation are outlined in Law 02-03. Articles 21 to 25 stipulate that foreigners can be returned to the border or expelled if they are deemed to constitute a “severe threat to public order.” However according to article 29 “any foreigner upon whom a deportation order has been placed, or who should be returned to the border, should be taken: to his [or her] country of citizenship, unless his [or her] refugee status has been recognised or a ruling has not yet been made on his [or her] asylum request, to a country that has issued him [or her] a currently valid travel document, to another country in which he [or she] is legally admissible.” The removal of pregnant foreign women and foreign minors is forbidden. In addition no foreigner can be taken to a country in which it is established that “his [or her] life or liberty would be threatened or where he [or she] would be exposed to inhumane, cruel or degrading treatment.” According to MSF’s interpretation the expulsion of people with serious wounds or illnesses to the desert

Number of Times Expelled to the Border with Algeria



area separating Morocco and Algeria constitutes a threat to their life, therefore sick and injured people should not be expelled.

Despite these provisions, MSF teams in Oriental Region recorded a worrying increase in the expulsion of these 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.¹² High as these numbers are, the limitations to MSF's data collection system combined with the fact that MSF teams are not continually present in Nador, mean that **the real numbers of total expulsions and of vulnerable men, women and children being taken and left in the no-man's land between Morocco and Algeria are likely to be considerably higher.**

With few other options available to them, the majority of sub-Saharan migrants who are arrested and expelled return to Oujda as soon as possible. According to the MSF survey, **68% of people interviewed said they had been arrested and expelled since they arrived in Morocco.** Of them, almost 80% had been expelled multiple times, with just under 40% being expelled between two and five times, 23% between five and ten times and 16% more than ten times.

Violence at the Moroccan and Spanish Border¹³

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. Whilst the Moroccan and Spanish media have reported on the *"Peril Noir (Black Danger)"*¹⁴ and the *"thousands of sub-Saharan migrants stalking Spain"*¹⁵ little has been said about the **extreme violence with which the Moroccan Security Forces and, to a lesser extent, the Spanish Guardia Civil have responded to these attempts.** The abuse of sub-Saharan migrants' fundamental human rights, violence, degrading treatment and significant medical and psychological harm are direct consequences of the "new era" in Spanish Moroccan relations and the "excellent" cooperation on security issues publicly highlighted by representatives of the Spanish and Moroccan governments throughout 2012.¹⁶



Three huge fences separate the Moroccan territory of Nador and the Spanish territory of Melilla. © José Palazón

MSF mobile clinic teams in Nador assisted more than 600 people with violence related injuries in 2012. Between April and October 2012 the percentage of people MSF assisted for violence



A victim of violence, who was beaten by the Moroccan Security Forces and whose jaw was broken, assisted by MSF in July 2012. © Susana Oñoro



A victim of violence by the Moroccan Security Forces assisted by MSF teams in Nador in July 2012. © Sara Mabger



A victim of violence assisted by MSF in July 2012. © MSF

related injuries almost doubled, from 22 to 42% of all people assisted. Many of the injuries were a result of indirect violence, generally sustained as sub-Saharan migrants ran and fell trying to escape arrest during raids or fell or cut themselves on the barbed wire covering the multiple fences separating Nador and Melilla. However just under a half of all the people assisted throughout 2012 had injuries that were caused by direct, or intentional, violence. Between April and October the percentage of people assisted by MSF for injuries caused by direct violence rose from 4 to 23%.

“Many of the wounds that MSF teams have seen, such as broken arms, legs, hands, jaws and teeth, concussions, head and spinal injuries and two men who have been blinded in one eye, are consistent with traumas caused by wood, rocks, stones or other implements.”
MSF Medical Coordinator

Testimonies taken from MSF's patients state that security forces and members of the civilian population throw stones at them when they are trying to jump the fences. Those who are caught are beaten with batons, wood and other instruments and subjected to degrading treatment. Many of MSF's patients allege that the Moroccan security forces regularly steal personal items including mobile phones, money and passports. The theft of these items greatly increases their vulnerability as it leaves them unable to seek help, including medical assistance.

“I was on the first fence when a soldier threw a stone. I was hit on the face and fell. The drop was about three metres. We were three who fell. The soldier came and started beating us. He used a piece of wood and hit us everywhere, the head, all over. He took out two teeth when he hit me with the wood... He came and lit a lighter on my body to see if I was alive or dead... I was seriously injured, with blood running down my face, but they put me in a military vehicle. They pick you up like that and throw you, as if you're a corpse.”
Marcel, 22 years old

“They hit me with the batons. I wanted to run, but they hit me and I fell down. They started hitting me again. I tried to protect my head and they broke my arms.” Ibrahim, 22 years old

During the summer of 2012, MSF teams received numerous testimonies from sub-Saharan migrants saying that after being beaten they were taken and dumped in isolated areas, far from assistance. In July MSF's mobile clinic team found five seriously injured people in a ravine between the road and the river in Ekodadan, Nador. After MSF called the ambulance service these patients were transferred to hospital.

“The men we found had serious trauma wounds including broken arms, a broken jaw, a broken femur and a broken nose. One man needed emergency surgery as he had been so badly beaten that his skull was broken in three places and he had a brain haemorrhage.”
MSF Medical Coordinator



A victim of violence assisted by MSF teams in Nador in July 2012. © Sara Mabger

“I was the first person they tied with the rope and after they made me lie down on the ground. After I fell on the ground I couldn't speak. I lost consciousness. He used a baton.....I woke up in a vehicle with many sub-Saharan migrants and also soldiers. They took us out of the vehicle one by one.....when they took me out it was like a ravine. I wanted to climb out, but a soldier was there and he took a stone and hit my head.” Mussa, age unknown

In the last six months of 2012, MSF teams recorded at least ten group attempts to cross the fences. Each one has resulted in sub-Saharan migrants sustaining serious trauma wounds as a result of direct violence perpetrated by the Moroccan and Spanish security forces. According to MSF's data, 38 people were so badly hurt that they had to be admitted to hospital for inpatient care and nine required surgery.

Since August the seriously injured have been taken to Nador hospital by the police in order to receive medical care.

“The Guardia Civil took me and gave me to the Moroccan military who beat me with a wooden baton, next to the fence. They beat me on the head. I tried to protect myself with my hand and that's how they broke my hand. They took me and left me on the road. The police passed, they saw me and called an ambulance. There were at least six of us injured.” Traoré, 24 years old

However those who are not thought to be seriously injured are arrested, driven to the border and expelled into the no-man's land separating Morocco and Algeria. This puts their lives in danger and increases the risk of further violence at the hands of the criminal networks that operate along the border. **MSF medical teams in Oujda have assisted over 500 people with violence related injuries in 2012, a quarter of whom required emergency assistance.** The vast majority were sub-Saharan migrants who had been expelled despite the fact that they were injured and in need of medical care and had sought help from MSF on their return to Oujda.

The violence, abuse and degrading treatment carried out by the Moroccan security forces directly contravenes the Moroccan Constitution, which establishes the primacy of international law over national law and protects fundamental rights and liberties, including

the right to life, security, freedom of thought, opinion and expression and forbids all serious and systematic human rights violations, cruel and degrading treatment, torture, arbitrary detention, forced disappearances and any incitation to racism, hate or violence.¹⁷ They also violate the fundamental human rights and protections enshrined in the international conventions that Morocco has ratified, in particular the United Nations Convention related to Refugees, the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families and the International Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. According to the Moroccan government these conventions have been ratified in order to “ensure the protection of human beings without discrimination and no matter what their legal status.”¹⁸

According to MSF’s experience it is not only the Moroccan security forces who are responsible for violence against sub-Saharan migrants as they try to cross into Europe. **In late 2012 MSF teams treated patients who stated that the Guardia Civil used rubber bullets to apprehend them and beat them.**



A victim of violence assisted by MSF teams in Nador in November 2012. © Anna Surinyach

“We saw that if we were there (in Melilla) at night they would make us leave to the Moroccan side and they would beat us when nobody could see. So we moved forward, holding hands, and they started pulling us to put us into the van. It was inside that they started to break us, they beat us and stamped on us. They put their boots on your face and beat you all over...They had black batons and they electrocuted me on my back. I was detained and tried to run, but they grabbed my feet and dragged me along the ground, back to the van.” Mohamed, 26 years old

Testimonies taken by MSF staff indicate that **many of the migrants who succeed in crossing the fences, including some of whom are visibly injured, are caught by the Spanish Guardia Civil and handed back to the Moroccan security forces.**

In September 2012, 43 injured migrants arrived at MSF’s office in Oujda after having been expelled to the border with Algeria by the Moroccan police. They told MSF staff that they were part of a large group who had succeeded in entering Melilla in the early hours of 3 September but they were caught by the Guardia Civil, who used rubber bullets and electric batons to apprehend them, and then handed over to Moroccan security forces, who beat them. More than half of the 43 needed immediate medical care, including eight who were referred to hospital. The following day a 27 year old man, who had been hit by a rubber bullet and blinded in his left eye, arrived at the MSF office. He had been in the same group but, due to the severity of his injuries, it had taken him longer to walk back to Oujda from the border.



A victim of violence assisted by MSF in September 2012. © Susan Sandars



A victim of violence who was injured crossing the fences into Melilla. The Guardia Civil handed him over to the Moroccan Security Forces, who beat him. © Susan Sandars

“After the third fence I fell in a ditch, the drop was more than a metre and I injured my ankle. When I got out there were three Guardia Civil, they took me and made me leave. One of them saw that I was seriously injured. He called his boss on his walkie-talkie to ask him what he should do. But his boss said they should make us leave, he said: “Everyone to the gate! Moroccan doctor!”
Thierry, 29 years old

“When I was hit by a stone in the head I lost consciousness ...Later I continued to push myself towards the fence, I got over the first fence but then I fell. I got up and made it over the second fence. When I arrived in Melilla I was dizzy. I couldn’t run anymore, the wire had cut my Achilles tendons.....They caught me, injured as I was, and handed me to the Moroccan security forces. Well, there was one Moroccan soldier who demanded that the Guardia Civil take me to hospital but they refused and put pressure on him to take me. As soon as they took me out the (Moroccan) security forces arrived and started beating me.” Patrice, 20 years old

In media interviews representatives of the Guardia Civil have confirmed that they are aware that the Moroccan security forces mistreat sub-Saharan migrants.¹⁹ Many of those interviewed by MSF teams allege that the Guardia Civil hand them over to the Moroccan security forces with the knowledge that they will be beaten and expelled across the border with Algeria.

“The Guardia Civil are guilty. They know that the Moroccan military beat us, why do they always hand us over to them? What is worse, someone who beats you or someone who gives you to other people who will beat you?” Thierry, 29 years old

This would amount to a direct contravention of Spanish Immigration Law. Article 58 of the Spanish Immigration Law²⁰ and article 23 of the Royal Decree 557/2011 sets out the procedures that must be followed by state security forces when returning immigrants who enter the country illegally. This includes “foreigners who are intercepted at the border or surrounding areas”. Art. 23 section 2 of the Royal Decree defines the duties of the Spanish Guardia Civil in these cases, requiring that they “take [undocumented immigrants] to the nearest National Police Station as soon as possible”. While the deportation papers are being drawn up at the station, the immigrant has the right to legal aid and an interpreter (section 3). Immigrants may be remanded in custody if they cannot be expelled within 72 hours (section 4). Pregnant women must not be deported, even when there is a deportation order, if this measure entails a risk to the pregnancy or the mother’s health. Sick people must not be deported when the deportation may pose a health risk for them (section 6a). The actions of the Guardia Civil may also amount to a violation of article 3 of the European Convention for the Protection of Human Rights and Fundamental Freedoms which prohibits inhuman or degrading treatment.

Violence by Criminal Gangs

Bandits and Common Criminals

The arrest and expulsion of sub-Saharan migrants to the border with Algeria puts them at risk of violence and abuse by the criminal gangs which operate along the border area. Vulnerable and defenceless, sub-Saharan migrants are easy targets for these gangs, who abuse and rob them of the few belongings they have.

“I arrived in Morocco in March. I took a taxi to the university but there were three Moroccans in the taxi who attacked me. They parked the car far from the city and they threatened me with a knife. They took everything, my clothes, my bag, my money, everything.”
Denis, 16 years old

According to the MSF survey, bandits and common criminals were involved in 21% of the serious violent incidents experienced by sub-Saharan migrants in Morocco. During interviews many of MSF's patients alleged that groups of Moroccan youths throw stones at them as they try to cross the fences and rob them of their mobile phones, documents and money.

“Some Moroccans are helpful and give us things, but other come with force, with knives, to collect things... We are harassed by the police but also by bandits.” Maurice, 24 years old

Human Smuggling and Trafficking Networks

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.²¹ Over the last decade, as border controls have tightened and it has become increasingly difficult for people to legally migrate, the activities of these networks have become more visible in Morocco. 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.**

It seems that it is now impossible for a sub-Saharan migrant to pass through Maghnia, on the Algerian side of the border, or Oujda, on the Moroccan side, without paying a human smuggling network.



Houses on the road towards the border with Algeria.

© Anna Surinyach



A survivor of sexual violence assisted by MSF. © Anna Surinyach

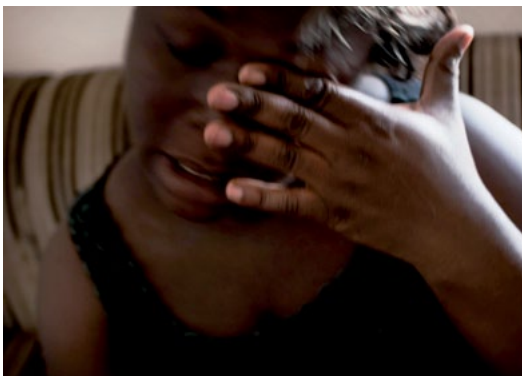
“In Maghnia they demanded that I pay fifty euros. The women have to pay 150 euros, those that cannot pay are obliged to “marry”, they rape them..... Every night for four nights people from this group woke me up, they abuse those who refuse to pay. They searched me and beat me with wooden batons four times. I still have scars and pain. The groups operate by nationality, they’re well organised: each group has a chairman, secretaries and officers – it’s them who beat you with the batons. When I finally managed to arrive in Oujda and I had to pay the “*droit du ghetto*” once again.” Charles, 27 years old

The violence carried out by these networks often remains hidden as exploiters and the exploited live side by side and very few people are willing to speak about what is happening to them.

However, through its continued presence in Oriental Region and Rabat, MSF has become aware of the extent of the violence and its medical and psychological impact. In Morocco these criminal networks are coordinated by an intercommunity organising body with representatives from all the different sub-Saharan migrant communities present in Morocco. Strict rules and control measures are in place and anyone who does not follow them is violently punished.

In the past three years, MSF’s teams have provided medical care to numerous people who have been kidnapped and tortured by individuals involved in human smuggling in order to extort money from them or their families, held captive and beaten with iron bars and wood for disobeying the rules or being unable to pay the money demanded from them. Psychological support has been provided to people who have developed serious mental health problems linked to the constant fear, stress and anguish of being forced to live alongside members of their own community, who may beat, abuse, exploit, degrade and even torture them at any time.

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.



A survivor of sexual violence assisted by MSF. © Susana Oñoro

“They left us in the desert and we walked for seven hours to get to Tamanrasset. There each nationality has a house. I was welcomed by the president and he took me to a house....he told me that he was going to introduce me to a man who would take care of me, that I would live with him and no-one would bother me. This man would be my husband....The men there they have sex with you like a dog, morning, noon and night, they have sex with you constantly. They beat you, they do what they want. If you don’t want to, they make you leave and the police come and take you” Marie, 30 years old

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. Information provided by our patients reveals the high risk of sexual violence throughout the migration process, with survivors experiencing rape and other forms of sexual violence by numerous different perpetrators in their countries of origin, en route and in Morocco itself.

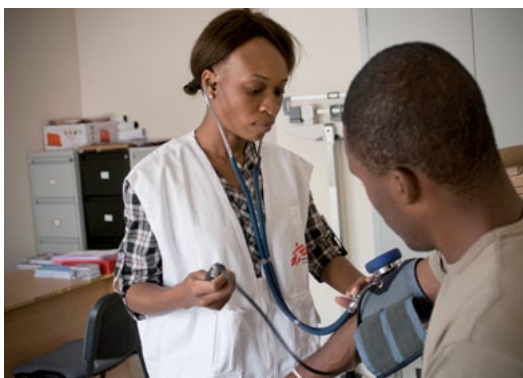


A survivor of sexual violence assisted by MSF. © Anna Surinyach

“He covered my mouth with his hand and he raped me....Then the other one came and raped me. They did it again and again, two people, taking turns. I was suffocating and lost consciousness. When I woke up I was all wet, they had thrown water on me. I couldn't speak. They dressed me and took me to the place where they had caught me. They left me there.” Beauty, 32 years old

The physical and psychological consequences of sexual violence can be acute and long-lasting. In Morocco, MSF works with the Ministry of Health to ensure that timely medical and psychological assistance is provided to survivors of sexual violence according to World Health Organisation and national medical protocols. The assistance provided is both preventive and curative and includes the provision of: post-exposure prophylaxis (PEP) within 72 hours of an attack to prevent HIV infection, emergency contraception to prevent unwanted pregnancies, vaccinations to prevent Hepatitis B and tetanus and treatment for sexually transmitted diseases such as syphilis, chlamydia and gonorrhoea.

“They sent us to Médecins Sans Frontières, who told us we should do the tests for HIV. It's me who is a victim, my children are in good health. When I started to cry the doctor encouraged me, she told me that it's good to know, because now that we know they can help me with the treatment.” Beatrice, 52 years old

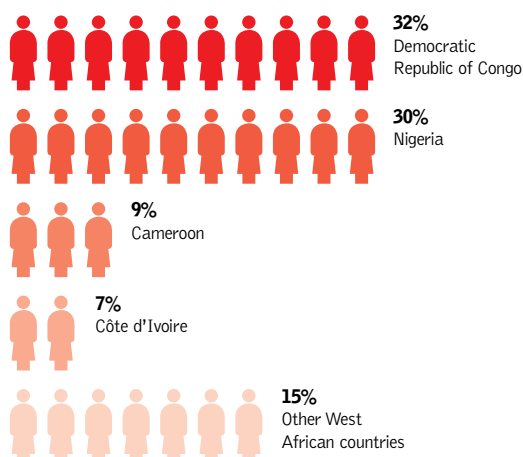


An MSF nurse provides medical care to a survivor of sexual violence. © Susana Oñoro

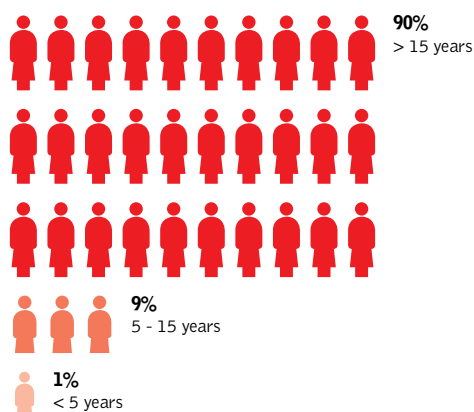
Psychological support is crucial in order to help survivors to cope with their experiences and prevent a deterioration in their mental health. Although the extent and severity of the psychological harm depends on several factors such as the circumstances of the violence, the extent of physical harm and the survivor's relationship to the perpetrator, fear of further attack and strong feelings of shame, guilt and loneliness are common amongst survivors of sexual violence. Migrant survivors of sexual violence are at a high risk of developing mental health problems as, in addition to the trauma resulting from the violence they have experienced, they are also exposed to various physical and psychological traumas throughout the migration process. In Morocco MSF provides individual counselling and support,

Profile of MSF's Patients

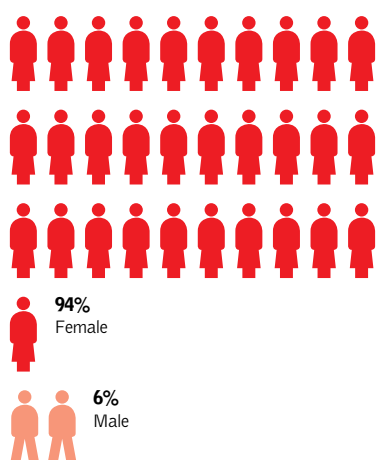
Nationality



Age



Gender



emergency psychological assistance and referral and follow up of psychiatric cases as an integral part of the package of care offered to all survivors of sexual violence.

"Many of our patients show symptoms of anxiety and depression. The enormous conditions of stress which these women live in do not facilitate mental health care. They have many social problems, such as finding a place to live, finding food." MSF Psychologist

The social stigma and the institutional violence that survivors suffer, both en route to and in Morocco, can make them particularly vulnerable, marginalised and isolated. In addition to providing medical and psychological support, MSF works with a network of other organisations to ensure that survivors' basic social and protection needs are met. This multi-sectoral assistance is an essential part of the care that survivors need as it reduces their risk of further violence, exploitation and abuse and helps to create the optimum conditions for physical and psychological recovery.

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.**

"They made us lie on the ground so you couldn't move and they raped us. Each one of us was raped by six men. As soon as one finished, another one started... I'm like a child now, even though I am old. My life is over. I want to go home but I don't have the money." Juliette, 46 years old

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% (n. 20) 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% (n. 25) tested positive. Between 2010 and 2012, 45 women needed emergency care as a result of incomplete abortions. In Rabat, 41% of survivors showed symptoms of depression, 25% demonstrated symptoms of anxiety and 21% showed signs of post traumatic disorders.

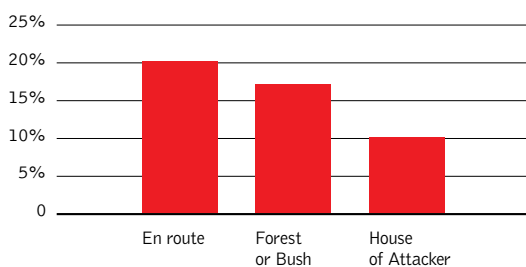


A survivor of sexual violence assisted by MSF. © Susana Oñoro

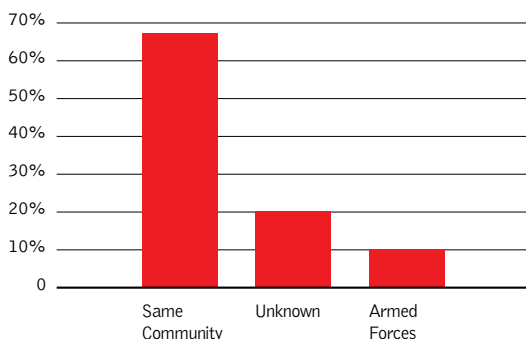
“If I give birth now I will explain to my child. If he asks me “Who is my father?” I’ll say to him “Who is your father? I cannot tell you.” I will explain what happened. I don’t know if it was the second or third rape. I have to tell him the truth, you can’t hide it. It’s a story that I will always tell, even if I go to Europe and one day I get married, I will always tell my story.” Marie, 30 years old

Circumstances of Attack*

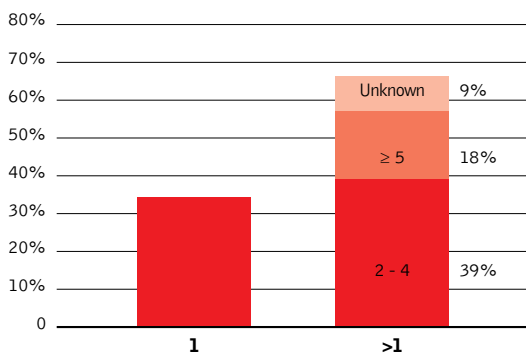
Location of Attack



Identity of Perpetrator



Number of Perpetrators



According to MSF’s analysis, approximately 35% (n. 240) of the survivors of sexual violence assisted by MSF between 2010 and 2012 were victims of human trafficking networks.²² 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.

“He took me as his wifeWe arrived in Algeria and he sold me to his friends, saying “this is my girlfriend, I’ve already paid for her, so you do what you like with her.” It was like that that his friends had sex with me there, in Maghnia....It was a code between them thereIt was like I was their slave, each one did what they wanted with me.” Aimée, 25 years old

Although the medical and psychological needs of victims of human trafficking networks are extremely acute, the absence of other organisations providing assistance and, crucially, protection services, limits the impact of MSF’s assistance.

“It’s extremely frustrating, we provide medical and psychological assistance to victims of trafficking but we know that as soon as they leave the consultation room they face the same, horrific levels of violence and abuse that brought them to us in the first place”
MSF Medical Coordinator

* 17% (n. 180) of responses gave the forest or bush as a location of the attack, with almost 20% (n. 204) saying the attack occurred en route and 10% (n. 103) in the house of the attacker. 67% (n. 456) of survivors who gave details said that their attacker was from the same community, 10% (n. 65) said they were attacked by armed forces and 20% (n. 135) said they did not know who attacked them. 66% (n. 461) of survivors said they had been attacked by more than one person with 39% (n. 270) of survivors saying they had been attacked by between two and four people, 18% (n. 129) by more than five people and 9% (n. 62) saying they did not know how many people attacked them.

3

Responding to sub-Saharan Migrants Medical and Psychological Needs – Achievements and Challenges

Achievements

“In 2005 it was very difficult for sub-Saharan migrants to access care. Each time they had to present identification or a document stating their place of residence, particularly for primary healthcare. I often had to leave my own identity card as a guarantee in order to get the necessary paperwork, especially for anyone who needed to be hospitalised. Now, thanks to the strong collaboration between the Ministry of Health and different associations, things have improved.”
MSF Social Assistant, Rabat

Over the past ten years MSF has worked in close collaboration with the Moroccan Ministry of Health. In order to avoid creating a parallel system of care in Oriental Region, in early 2011 MSF teams reduced the number of direct medical consultations they provided and focused on assisting and supporting sub-Saharan migrants' access to public health facilities. Working with regional health authorities, staff at Al Farabi hospital and Makssem, Andalouse and Ennasr health centres, pharmacies and members of the migrant community, MSF staff have helped to ensure that sub-Saharan migrants are able to receive care via the Moroccan system. By developing strong links with the “*Protection Civile*” MSF has ensured that some level of emergency care is available to sub-Saharan migrants in both Oujda and Nador.

This collaborative approach and the efforts of MSF and other medical organisations has resulted in improved access to healthcare for sub-Saharan migrants in Morocco. In 2003 a Ministry of Health circular²³ allowed for the medical treatment and care of “clandestine immigrants” on the grounds of infectious disease control. In 2011 the Moroccan government passed Law 34-09 relating to the “Health System and Offer of Care”. This law affirms Morocco's commitment to the right to health as a fundamental human right (art. 1), equality of access to care and health services (art. 2) and respect for a person, their physical integrity, their dignity and their privacy (art. 7).²⁴

MSF teams in Oujda have witnessed a reduction in the discriminatory and bureaucratic obstacles that were preventing sub-Saharan migrants from receiving the medical care they needed. Some Moroccan health professionals have become more sensitive and responsive to the medical needs of sub-Saharan migrants and sub-Saharan migrants themselves are increasingly going to some health centres or hospitals on their own to seek care.

Challenges

Yet considerable challenges remain in ensuring that the medical and psychological needs of sub-Saharan migrants are met, particularly with regard to non-emergency, secondary care, care for people with mental health problems and protection and assistance for survivors of sexual violence. Many of these challenges reflect systemic

weaknesses within the Moroccan health system and affect both Moroccans and foreigners. They have been well documented and numerous proposals on how to address them have been made. Any attempt to address these systemic weaknesses and reform Morocco's healthcare system should take into account the vulnerabilities and specific needs of the sub-Saharan migrant population.

Secondary Care

Although access to primary healthcare services has improved in areas where non-governmental organisations (NGOs) are present, **access to secondary care remains problematic for many sub-Saharan migrants.** Emergency care and care for pregnant women is guaranteed, however follow up services, tests and x-rays are both costly and difficult to manage. Procedures are complicated and administrative processes are heavy. The system is difficult for many Moroccans to navigate and there is a heavy reliance on family members and friends to assume the burden of care. For sub-Saharan migrants, many of whom do not speak Arabic or French and do not have family members or friends to assist them, it is even more challenging and **NGOs and associations have played a pivotal role in providing support.**

Until recently, sub-Saharan migrants have been classed as having “no fixed abode” and have been eligible for medical care in public health facilities under the ‘certificat d’indigence’ system. In 2012 the ‘certificat d’indigence’ was replaced by a **new health insurance scheme, the Régime d’Assistance Médicale, also known as RAMED.** RAMED aims to assist 8.5 million vulnerable Moroccans access health services through a system of individual and state contributions.²⁵ Foreigners, including sub-Saharan migrants, are excluded from the regime.

The new system began to be implemented in early 2012 and **it is not yet clear what impact it will have on sub-Saharan migrants’ access to healthcare.** According to information provided to the “*Plateforme Protection des Migrants*,” primary healthcare services and emergency care will remain free. It seems possible that sub-Saharan migrants could be included as “no fixed abode” under Article 118 of law 65-00, which outlines the criteria for “*bénéfices de droit de l’assistance médicale*.”²⁶ 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.

Care for People with Mental Health Problems

The various events and traumas experienced throughout the migration process can create specific psychological needs which risk deteriorating if appropriate assistance is not provided. Providing psychological care to such a highly mobile population, who for the most part are focused on the “Dream of Europe” and who are often resistant to mental health care for cultural reasons, is very challenging. Yet **MSF’s experience has shown that offering basic psycho-social care is possible and can have a positive impact in preventing the development of serious mental health problems.**

MSF’s approach has focused on providing individual counselling sessions and group activities for vulnerable people, including minors and women. From 2011 to 2012 more than 600 people received individual counselling sessions and more than 1,500 participated in group activities. Almost one third of all psycho-social assistance was for minors aged 18 years and under. Much of the assistance provided focuses on contention, creating a safe space where people are able to speak in confidence and share their experiences, fears, anguish, anxieties, frustrations, problems and worries. This helps them to regain a feeling of control, manage their emotions and cope with their situations. Preventive activities have also been provided through psycho-education and occupational workshops, primarily in order to identify and assist vulnerable groups and facilitate positive coping, both for their current situations and for further stages of their migration process.



MSF’s counsellor provides assistance to a sub-Saharan migrant during MSF’s mobile clinic in Nador. © Susan Sandars

At present this care is not available within Morocco’s public health system and services for people with mental health problems are limited. At a primary healthcare level psychological care is not available and community services are weak or non-existent. According to a 2012 report issued by the National Council of Human Rights, Morocco currently has 27 public facilities specializing in the treatment of mental illness and 172 psychiatrists and 740 psychiatric nurses in the public sector. The facilities and staff available are unevenly distributed throughout Morocco: 54% of psychiatrists are practicing in the region of Casablanca-Rabat and many facilities have only one psychiatrist.²⁷



Sub-Saharan migrants play draughts with a set provided by MSF as part of its mental health activities. © Aude Osnowycz

In addition the system relies heavily on family members to assist and care for people with mental health problems, particularly for severe cases in need of hospitalisation. In this regard, sub-Saharan migrants are particularly vulnerable as they have few financial resources and a limited support system or no family members to care for them whilst they are in Morocco.

Protection and Assistance for Survivors of Sexual Violence and Victims of Human Trafficking

The factors that prevent survivors of sexual violence worldwide from seeking care, such as a lack of knowledge of where to go and what to do, feelings of shame, fear and the absence of appropriate medical care, are evident in Morocco. In a country where sex before marriage is illegal and sub-Saharan women are criminalised, stigmatised and marginalised, the decision to seek medical and psychological care after a sexual violence attack can be especially difficult. In addition many of the survivors that MSF treats in Morocco are still under the control of human trafficking networks and few dare to talk openly about the violence they have suffered or seek legal assistance.

Yet, as MSF data shows, **sub-Saharan men, women, boys and girls experience shocking levels of sexual violence throughout the migration process.** Between 2010 and 2012 MSF teams provided medical and psychological assistance to almost 700 survivors of sexual violence. More than 80% of these survivors received care in Rabat. The higher numbers of survivors treated in Rabat reflects a number of factors including the mobility of the migrant population, the fact that many survivors do not seek care until they are in a place where they feel safe and the controls and restrictions on movement that are enforced on many sub-Saharan migrants, particularly women and girls in Oriental Region, by human trafficking networks.

It also reflects the fact that **very few organisations are present in Oriental region and therefore 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.



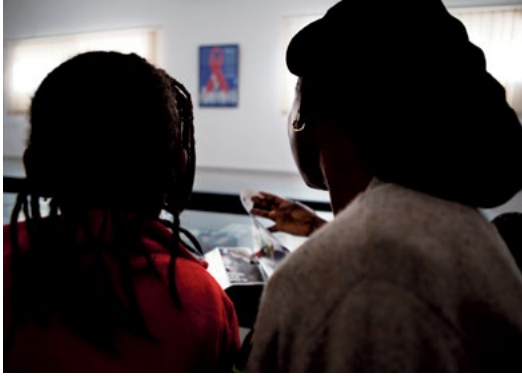
A neighbourhood in Rabat. © Susana Oñoro



A survivor of sexual violence assisted by MSF. © Susana Oñoro

More than 35% of survivors of sexual violence assisted by MSF from 2010 to 2012 were victims of human trafficking. 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.

Morocco ratified the United Nations Convention against Transnational Organised Crime in 2002 and the Palermo Protocol against Trafficking in Persons, especially Women and Children, in April 2011.²⁸ **Yet to date, the Moroccan government's efforts to address human trafficking have focused on arrests and expulsions and very little has been done to proactively identify sub-Saharan trafficking victims and provide them with the protection and assistance that they both need and deserve.** 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.



A survivor of sexual violence, assisted by MSF, with her daughter. © Anna Surinyach

MSF's experience shows that many survivors of sexual violence, both Moroccans and sub-Saharan, who do seek medical and psychological care are not receiving the timely, comprehensive package of care that they need.

In 2008 the Moroccan government recognised the importance of providing integrated medical, psychological and judicial assistance to victims of violence by establishing *Unités de Prise en Charge de Femmes et Enfants Survivants à la Violence* (UPEC/FESV) in hospitals around the country.²⁹ Attached to the emergency department and managed by the head of that department together with a social assistant, these *unités* are supposed to provide the full package of medical and psychological care which survivors of physical or sexual violence need. As of 2012, 76 *unités* existed and a reference guide for the treatment and care for women and children survivors had been produced.³⁰

However in practice, **these units are not prioritised as an essential part of the secondary healthcare system in Morocco and do not receive sufficient material, financial or human resources.** As demonstrated in a number of evaluations of the *unités* that were carried out in 2010 and 2011, the levels and quality of services provided in the 76 *unités* that exist vary significantly.³¹

Essential medical care such as post-exposure prophylaxis (PEP), which can reduce the risk of HIV infection, Hepatitis B vaccines and some sexually transmitted infections (STIs) treatment are not always available. Survivors are regularly required to visit different departments to receive assistance, which can be confusing and, at times, traumatic, particularly for those who do not speak French or Arabic. The minimum staff necessary for the effective functioning of the *unités* – a doctor, psychologist and social assistant – are often not available. Very few *unités* have dedicated psychologists, which means that the essential psychological support needed by survivors is weak or non-existent. In some instances doctors have also refused to issue medico-legal certificates to survivors of sexual violence, saying that they do not believe they were raped.

“On one occasion we received a survivor who said she had been gang raped within the 72 hour period when treatment to prevent HIV and unwanted pregnancy is most effective. However when we took her to the *unité* it was closed. The next day when we managed to see a doctor one of the first things they asked the survivor was whether she had been a virgin prior to the attack. The doctor then did a brief examination and concluded that the woman had not been raped without asking any further questions.”
MSF Project Coordinator, Rabat

Security and the Right to Health

The criminalisation and exclusion of sub-Saharan migrants in Morocco, wide-spread institutional violence and lack of protection simultaneously increase their vulnerability and medical and psychological needs and pose significant barriers to care. The progress already achieved in the recognition of sub-Saharan migrants' right to health and the impact of any future reforms will be limited unless the discrepancy between the policies which criminalise and discriminate against sub-Saharan migrants in Morocco and those which protect and uphold their fundamental human rights is addressed.

MSF teams in the field have witnessed first hand the medical and humanitarian consequences of the discrepancy between Morocco's human rights commitments and its attempts to fight against "illegal" immigration". As detailed in this report, Moroccan security forces are responsible for significant levels of violence against sub-Saharan migrants and sick and injured sub-Saharan migrants are regularly arrested and expelled, which prevents them from receiving the medical assistance they need.

"In total we were five who went to the hospital. The doctors treated us, I received treatment for my injuries and I also did an x-ray... It was around 7pm when two plain clothes policemen approached me and arrested me. The other camarades (sub-Saharan migrants) had left, but I stayed because I was waiting for my x-ray results. But in fact they were also arrested, either in the forest or at the pharmacy." Marcel, 22 years old



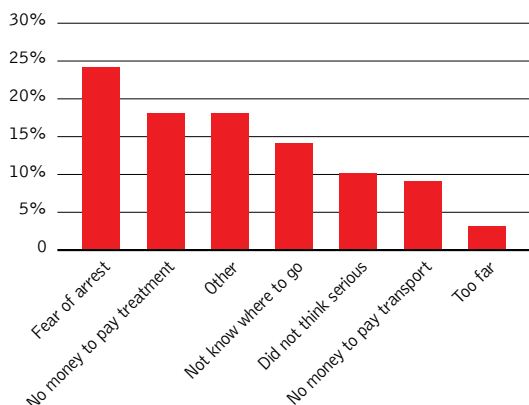
A victim of violence assisted by MSF in October 2012.
© Laia Luthi Solé

"The security forces came at four o'clock in the morning. They burnt all the materials (blankets, plastic sheeting and hygiene kits) that MSF had given and they took some camarades (sub-Saharan migrants)....The chief made the soldiers remove my bandages and they threw them in the fire. The chief said he would deport me to Oujda. I told him no because MSF said I should wait for them (for follow up care). They stayed for 30 minutes and then they left." Youssef, 22 years old

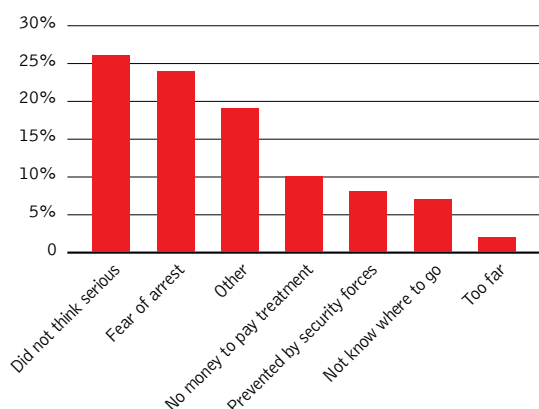
The actions of the Moroccan and Spanish security services are causing direct physical and psychological harm and preventing sick and injured sub-Saharan migrants from receiving care. They are also blocking many sub-Saharan migrants from seeking medical assistance. **MSF's data shows that the fear of arrest and expulsion are key barriers to care, particularly in areas where non-governmental organisations are not present.**

In Oujda, where MSF has had a continued presence and has invested in building relations not only with medical professionals but also with the police, MSF's data reveals that this fear of arrest is lower. The

Reasons did not seek Care: Non-Violence Related



Reasons did not seek care: Violence Related



A patient with foot injuries caused by the barbed wire on the fences, which became severely infected due to a lack of access to treatment and proper medical follow up. © Sara Mabger

efforts of the Oujda police to engage with MSF and other associations and to seek advice and support in how to manage cases of women, minors and sick and injured people who have been arrested should be recognised. However in Nador, where MSF's authorisation to work was withheld throughout 2011, sub-Saharan migrants in need of medical assistance are regularly arrested and expelled. Fear of arrest is higher and remains a significant barrier to seeking medical care.

During the MSF survey, 66% of those interviewed said they had experienced non-violence related medical or psychological problems, such as skin conditions, headaches, fever or psycho-somatic problems, during their time in Morocco. Although many of these complaints could be easily treated at a primary healthcare level, 65% of those interviewed did not seek medical care. **Almost a quarter of responses gave fear of arrest as a reason for not seeking care. In Nador the figure rose to 33% compared to 9% in Oujda.** Other reasons included a lack of money to pay for treatment (18%), a lack of knowledge of where to go (14%), a feeling that the problem was not serious enough (10%) and other reasons that were not specified (18%).

For victims of violence the results were similar. 70% of people who had experienced a serious violent incident interviewed during MSF's survey 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.**

In addition a high number of responses (26%) stated that they did not think the medical problem was serious enough, revealing both the daily violence that the majority of sub-Saharan migrants experience and the fact that many consider seeking healthcare for anything other than life-threatening conditions as a risk not worth taking.



A victim of violence assisted by MSF in October 2012. © Anna Surinyach

Conclusion

Eight years after issuing its first report denouncing the treatment of sub-Saharan migrants in Morocco, MSF is once again highlighting the medical and psychological needs resulting from the precarious living conditions and wide-spread institutional and criminal violence that sub-Saharan migrants are subjected to whilst they are in Morocco.

- **Ending Violence by Security Forces.** Since December 2011 MSF has witnessed first hand the medical and psychological consequences of renewed efforts by the Moroccan government and Spanish governments, to combat cross-border crime, illegal immigration and the trafficking of drugs and weapons. In 2012 MSF teams have responded to a sharp increase in abuse, degrading treatment and violence against sub-Saharan migrants by Moroccan and, to a lesser extent, Spanish security forces. Over the course of the year MSF teams assisted more than 1,100 people with violence related injuries in Oriental Region, including patients with serious trauma wounds, such as broken jaws, hands, arms, skulls and legs, caused by direct violence.

As a medical humanitarian organisation, it is not MSF's role to dictate migration policy in Africa and Europe. However, it is MSF's duty to highlight the violence, abuse and suffering experienced by

our patients as a direct consequence of those policies. **Immediate and decisive action must 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 from Morocco to the border with Algeria must respect both countries' national and international obligations. Vulnerable groups such as refugees, asylum seekers, pregnant women, minors and sick and injured people must receive protection.

Progress has been made in recognising and respecting sub-Saharan migrants' right to health, however considerable challenges remain. Many of these challenges reflect systemic weaknesses in the Moroccan healthcare system and affect both Moroccans and foreigners. Attempts to reform and improve the levels and quality of care and services should take into account the vulnerabilities and specific needs of the sub-Saharan migrant population.

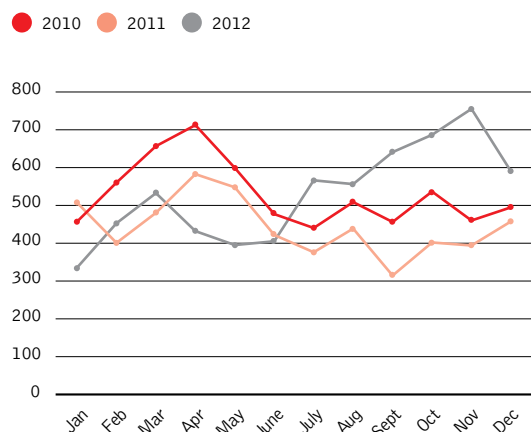
- **Access to Health Care.** As the new health financing system, RAMED, is rolled out it is essential that the Ministry of Health takes steps to ensure that sub-Saharan migrants' access to healthcare is not restricted and provides written clarification on the necessary procedures without further delay.
- **Mental Health Care.** For almost a decade proposed reforms to Morocco's Mental Health Plan have included developing community mental health services, developing a mental health component in primary health care, increasing human resources and financing and improving the quality of care provided. In 2012 the Minister of Health announced that mental health care would be a priority under Morocco's 2012-2016 national health action plan.³² In view of the acute vulnerability of people with mental health needs, it is crucial that this commitment is honoured, that sufficient resources are made available to implement these reforms and that the mental health needs and vulnerabilities of sub-Saharan migrants are taken into account.
- **Protection and Assistance for Victims of Sexual Violence & Human Trafficking.** MSF's data reveals that sexual violence is a problem of alarming proportions amongst the sub-Saharan migrant community in Morocco. Human trafficking networks operate throughout the country. Their victims, primarily women and girls, 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. However the lack of organisations providing assistance, particularly protection services, in Oriental Region means a strong identification, referral and assistance network does not exist and survivors of sexual violence and human trafficking networks throughout Morocco are not receiving the assistance and protection that they so desperately need.

- The **Moroccan Government** must 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. In addition increased financial and human resources must be provided to ensure more effective and appropriate care for survivors of sexual violence and victims of human trafficking.
 - It is essential that attempts to evaluate and improve upon the medical and psychological care provided to survivors of sexual violence within the **Moroccan health system** take into account the needs of sub-Saharan migrant survivors and the experience of organisations, such as MSF, who have worked with the *Unités de Prise en Charge de Femmes et Enfants Survivants à la Violence*.
- **Security and the Right to Health.** The progress already achieved in the respect of sub-Saharan migrants' right to health and the impact of any future reforms will be limited unless concrete action is taken by the Moroccan government and its European supporters, particularly the Spanish government, to address the discrepancy between policies which criminalise and discriminate against sub-Saharan migrants and those which protect and uphold their fundamental human rights.

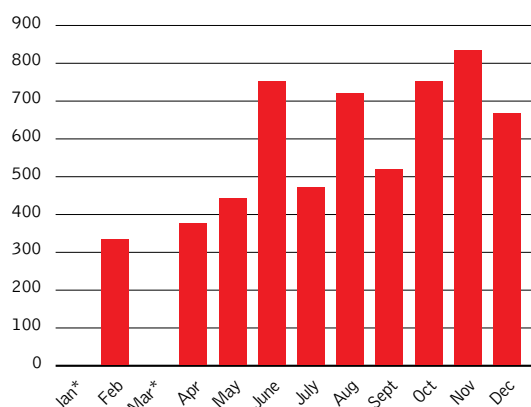
This report highlights the medical and psychological consequences of the current approach and the cumulative vulnerability of the significant numbers of sub-Saharan migrants who are trapped in Morocco. **MSF calls, once again, on the Moroccan authorities to respect their international and national commitments to human rights, 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.**

Annex 1: Data

The Sub-Saharan Population in Oujda 2010 - 2012



The sub-Saharan Population in Nador 2012



*No Mobile Clinic

In order to ensure a good understanding of, and response to, sub-Saharan migrants' living conditions and medical, psychological and humanitarian needs MSF teams regularly collect information from different sub-Saharan migrant communities in Oriental Region.

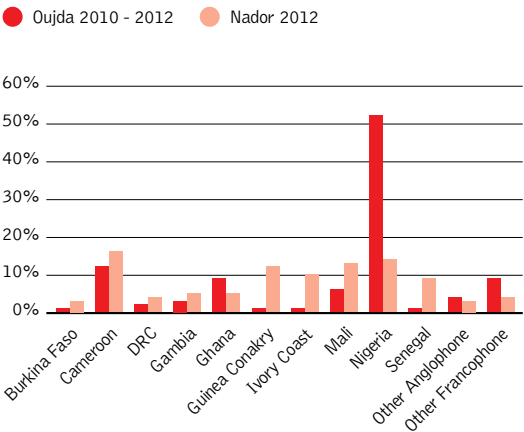
This data provides an interesting overview of the sub-Saharan migrant population in the areas that MSF is able to access in the Oriental Region. However it has a number of limitations. MSF's continued presence in Oujda means that three years of data is available, compared to one year of data from Nador where MSF's access was limited throughout 2011. The mobility of migrant populations in the region, coupled with their irregular administrative situation, means that many communities are unwilling or unable to provide accurate information. The data provided in this report provides a "snapshot" of the population at a specific date every month. It does not represent the total population and cannot be added together to calculate the total number of sub-Saharan migrants passing through Oriental Region every year. It also cannot be used to generalise about the sub-Saharan migrant population in Morocco as a whole.

This data reveals that the average population in the areas that MSF was able to access in Oujda was 529 in 2012, compared to 443 in 2011 and 529 in 2010. In the first three months of 2012 the population was slightly higher than the same period in 2011 and then decreased to around 400 people between March and June. Since June the population has shown a steady increase, peaking at over 700 people in November before decreasing again in December.

There are a number of possible reasons for this increase. Bordering Algeria, Oujda is an entry point for migrants and it is possible that in 2012 the total number of sub-Saharan migrants crossing into Morocco could have risen. However the fact that significant numbers of sub-Saharan migrants are getting blocked in Morocco and that this increase coincides with an intensification in security measures, including widespread raids, arrests and mass expulsions, suggests that the increased population in Oujda includes many sub-Saharan migrants who have returned to Morocco following expulsion.

In Nador the average population in the areas that MSF was able to access was 588 in 2012. The population fluctuated throughout the year. MSF was not able to work in Nador in 2011 so a comparison is not possible. However, the increase in the population from June 2012 is likely to result from a rise in the number of sub-Saharan migrants attempting to cross to Europe during the summer period. The months when the population in Nador decreases sharply coincide with an intensification in raids and violence targeting sub-Saharan migrant communities.

Principal Nationalities in Oujda and Nador



In terms of nationalities MSF’s data reveals quite distinct differences between Oujda and Nador. In Oujda 68% of the population is from Anglophone countries in West Africa and 32% from Francophone countries. In Nador, it is the reverse, with 72% Francophone and 28% Anglophone. A number of factors could explain these differences, such as MSF’s access to Nador and the way in which the human smuggling and human trafficking networks are organised in both Oujda and Nador.

In both locations the dominant nationalities are Nigerians, Cameroonians, Ghanaians, Gambians, Malians, Ivoirians, Senegalese, Guineans and Congolese.

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- 2 A network of associations involved in defending human rights and solidarity (humanitarian action and cooperation) based in Morocco who work in different sectors such as: migration, refugee rights, child rights, human rights, health, justice and others. As of 2012, active members of the Plateforme included Association Meilleur Avenir pour Nos Enfants (AMANE), l'Association de Lutte Contre le Sida (ALCS), Caritas, Comité d'Entraide International (CEI), Coopération International Sud Sud (CISS), Fondation Orient Occident (FOO), Groupe Antiraciste de Défense et d'accompagnement des Etrangers et Migrants (GADEM), MSF, Service Accueil Migrants (SAM) and Terre des Hommes (TdH) and Oum el Banine (OeB). In 2013 membership will be expanded to include other organisations.
- 3 In order to ensure a good understanding of, and response to, sub-Saharan migrants' living conditions and medical, psychological and humanitarian needs MSF teams regularly collect information from different sub-Saharan migrant communities in Oriental Region. MSF's continued presence in Oujda means that three years of data is available, compared to one year of data from Nador where MSF's access was limited throughout 2011. For more detailed information and analysis of the population in Oriental Region please see Annex One.
- 4 Every year hundreds of lives are lost during these attempts. The Andalusian Association for Human Rights (APDHA) reports that 225 people drowned or disappeared in 2012: http://www.apdha.org/index.php?option=com_content&task=view&id=1116&Itemid=63. MSF teams have provided medical care and psychological care to numerous survivors, including women who had witnessed their children drowning.
- 5 In September and October 2012, a six person MSF team interviewed 190 sub-Saharan migrants in Nador and Oujda, Oriental Region. The sample size and breakdown was based on MSF's ongoing data collection and analysis of the sub-Saharan migrant population in the areas we are able to access in the region. According to this data collection, 190 people was approximately 20 percent of the sub-Saharan migrant population at the time of the survey. The survey was targeted to ensure that gender and linguistic differences in both sites were proportionately represented. Informed, written consent was obtained from all participants. Due to ethical constraints related to consent all participants were aged over 18. In total the sample consisted of 155 (82%) men and 35 (18%) women. 88 people (47%) gave English as their main language, 94 (49%) French and 8 (4%) gave “other”.
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