



"I never thought I would be imprisoned in Europe too"

A briefing paper by *Médecins Sans Frontières* on the conditions in detention centres for undocumented migrants and asylum seekers in MALTA

After six months providing health care to migrants in Malta, *Médecins Sans Frontières* (MSF) is suspending its operations in detention centres, where undocumented migrants and asylum seekers are kept. As a medical humanitarian organisation, MSF's effectiveness in alleviating the suffering of people is limited by an environment where poor living conditions are an enduring threat to people's physical and mental health. In addition, the provision of adequate medical care is hampered by the delays in the dispensation of drugs and inadequacy of isolation areas for patients with infectious diseases.

The Maltese authorities must take urgent measures to guarantee adequate living conditions and appropriate health care for the migrants and asylum seekers kept in the centres. They must also review the policy of systematic detention of all new arrivals, including asylum seekers and vulnerable migrants such as pregnant women and children.

Increasing numbers of migrants and asylum seekers landing in Malta

For the past years, migrants primarily from African countries left Libya for Malta in search of refuge and/or better living conditions. Once in Malta, they are sent to detention centres where, according to the law, they can be kept as detainees for as long as 18 months. Despite increased policies to contain arrivals and stricter border controls at the European Union's southern frontier, the number of migrants landing in Malta increased in 2008, with 2740 newly arrived migrants. This trend continues in 2009. In the first two months of this year, 758 people arrived on the shores of Malta. As a result, the detention centres, where new arrivals are sent to, are overcrowded and the already difficult living conditions of the migrants and asylum

seekers are deteriorating further. This year, a new centre was opened to accommodate the extra influx of migrants.

Almost 60% of undocumented migrants and asylum seekers arriving in the last six months come from countries affected by open conflict or widespread human rights violations. Nearly half of the migrants and asylum seekers come from Somalia. Others are from Sudan, Eritrea, Nigeria and other African countries. More than the half of them eventually receive asylum from Maltese authorities. However, they are forced to spend months in detention centres while waiting for their applications to be dealt with.

"I couldn't remain in Somalia if I wanted to stay alive. When we crossed the Sahara two people travelling with me died of thirst. While I was trying to enter Libya, I was arrested and taken to a detention centre. They took everything I had with me, then they started treating me like an animal. I used to eat once a day. At night they used to beat me. I was lucky, I was in prison in Libya one year only. Two other Somali were there for two years. They went crazy, they used to cry and shout all day long, naked. At last one of them committed suicide by drinking ammonium. I never thought I would be imprisoned in Europe too".

Man, 18 years old, from Somalia

MSF's work in detention centres

MSF started providing health care to undocumented migrants and asylum seekers in detention centres in Malta in August 2008. Its activities include medical assessment of new arrivals soon after their transfer to the detention centres and follow up medical consultations; psychological support; medical triage inside the living areas, including identification of migrants in need of medical consultation and referral to medical doctors; identification of vulnerable groups and referral to the Maltese authorities to obtain their release from detention; and health and hygiene promotion through group sessions in living areas.

Between August 2008 and February 2009, MSF provided 3,192 medical consultations to almost 2,000 patients in three detention centres: Safi, Lyster Barraks and Ta'kandja, which host almost 2,500 migrants – including men, women and minors. Rapidly, it became clear to MSF that the appalling conditions in the centres were detrimental to the physical and mental health of the migrants and asylum seekers. Overall communicable infectious diseases like chicken pox, respiratory and skin infections, gastroenteritis, were seen in 35% of consultations. In a group of 60 people who were healthy on arrival, 65 cases of illnesses transmitted inside the centres in the course of five months, such as scabies, chicken pox and respiratory tract infections, were diagnosed within the group.

MSF also provided psychological support. Consultations with the detainees revealed the mental health impact of the harsh journey to Malta and their subsequent confinement in centres. One-third of the

patients consulted showed symptoms of depression and one-quarter were suffering from anxiety. Nine percent were diagnosed with post-traumatic stress disorder. The lack of activities, dependence on other people's decisions, as well as the length and uncertainty of the period of detention all contributed to feelings of defeat and hopelessness. 94% of patients who revealed suicidal tendencies had been in the centres for more than four months.

Medical care for new arrivals

Upon arrival, all asylum seekers and migrants pass through a superficial medical triage. This is conducted by a public health doctor in a police station, without any interpreter or translation facilities. People who are deemed severely sick, unstable or with suspected active pulmonary tuberculosis are directly referred to hospital. All other patients are sent directly to detention centres. Once in the centre, no routine medical assessment of new arrivals is done.

Based on its experience in Lampedusa, Italy, MSF has offered its services to the Maltese authorities to support the initial screening of new arrivals. However, this offer was rejected. Therefore, MSF started examining all migrants and asylum seekers soon after their transfer to the detention centres. This first medical assessment conducted by MSF is done in the centres' consultation rooms by a doctor accompanied by a cultural mediator. The patient's medical history is taken, a file opened, the current problems treated, and the referrals for further care arranged.

Between August 2008 and February 2009, MSF saw 1,121 newly arrived migrants and asylum seekers. Of those, more than one-third were in generally good health. Common complaints were related to the conditions of the journey. Most individuals had spent up to seven days on boats where they had extremely limited food and water and were unable to move. Musculoskeletal, dermatological, urinary and gastrointestinal health problems were common.

Access to health care in the centres

Medical care in the detention centres is provided by two private companies. Despite the sharp increase of migrants and asylum seekers arriving in Malta over the last two years, the provision of medical services has remained the same. As a consequence, the availability of doctors and nurses is limited and insufficient to meet the needs of all detainees. Furthermore, there are no official written protocols and no supervision of medical activities. In the absence of translation services, other patients are called to help with translation during consultations, which compromises patients' confidentiality.

In the absence of an adequate medical triage service inside the living areas in the centres, migrants and asylum seekers have no fair access to a medical consultation. Prior MSF arrival, no medical personnel used to go into the living areas in the centres and access to medical consultation facilities was at the discretion of soldiers guarding the detainees. To attract the attention of the guards, they must shout and

bang on the gates of their rooms. The most vulnerable and sick detainees are therefore often ignored. MSF has established a system of triage inside every living area on a weekly basis, ensuring sick people have access to medical consultation. After MSF started its activities in the detention centres, the total number of consultations provided increased by 50%. MSF also established a medical presence in the centres at the weekends. Previously, healthcare was only available on weekdays.

Access to medicines for sick detainees

According to the legislation in Malta, only pharmacists can dispense medication against a doctor's prescription. The absence of a pharmacy in the detention centres results in delays in the delivery of drugs to sick patients, sometimes two days, but often over one week. Sometimes, the drugs are not delivered at all and many diagnosed diseases are left untreated. In the case of infections, failing to provide drugs contributes to the deterioration of the patient's conditions. Failure to provide drugs also leads to repeated medical consultations and unnecessary suffering due to untreated pain.

MSF offered to set up a pharmacy in the detention centres and provide human resources for an initial period of six months, but the proposal was rejected by the Maltese authorities.

Follow-up and isolation of patients with infectious diseases

There is no appropriate system for isolation and follow-up of patients with infectious diseases in the detention centres. In an area of a detention centre, known as "Hermes Block", in the two small rooms used for isolation, the windows are broken, exposing patients to wind and rain, and nearby toilet areas leak, covering the floors with water.. Patients frequently report being unable to shower for days at a time and having to urinate or defecate in empty food containers inside their room if unable to contact the guards. Patients with infectious diseases are kept in these small rooms along with others isolated for disciplinary reasons. Procedures for isolation are unclear and guards may isolate a migrant at their discretion. In August 2008, MSF witnessed 13 people suffering from chicken pox isolated in a living area together with 80 non-infected people. Since that date, MSF team has dealt with a continuous outbreak chicken pox with over 120 cases identified. During this period, one pregnant woman in her first trimester was infected. The potential consequences of this infection include miscarriage, congenital malformation, mental or physical disability.

Dire conditions in the isolation areas mean that many individuals conceal their symptoms of infectious diseases to avoid being put in isolation. As a result, the population inside the centres, including pregnant women and children, is exposed to these diseases.

In the new centre Ta'kandja, which was opened in February 2009, no isolation area has been planned.

Living conditions in Safi and Lyster Barracks centres

The living conditions endured by migrants and asylum seekers in the detention centres fall below any minimum standard. Overcrowding, poor hygiene, inappropriate clothing and shelter are a threat to physical and mental health. There are no separate areas for men, women and children, increasing the risk of sexual abuse. In “Hermes block”, there are less than three square metres per person¹. There are not enough beds for all detainees. Some have to sleep on mattresses on the floor or even share a mattress. In most areas, windows are broken, leaving the migrants exposed to the rain and cold. There is no hot water in most of the areas. For those staying in the centre during winter, this poses an additional threat to their health.

There are not enough toilets or showers. In some areas in the detention centre known as “Safi”, there is an average of more than 40 persons per toilet. In one zone of “Hermes Block”, there is only one working shower for more than one hundred persons. In most areas, living quarters are permanently flooded with water leaking from broken sinks and toilets. In some cases, wastewater escapes from damaged pipes leaving residents exposed to excrement and urine, especially those who have to sleep in the floor. Access to outdoor space is limited and irregular, and at the discretion of the guards.

“In October it started getting cold. There were three of us sleeping on two mattresses, but in our room it was still too cold because of the broken windows. Then I decided to go and sleep with the other two people from Ethiopia: their room was very small and had no windows, so it was not too cold. But this room was inside the toilets area, and when I wanted to go there I had to walk across the floor which always full of water. And it was always stinky. At the end of October I became very sick, I had a serious infection in my lungs. They brought me to the hospital where they kept me for more than ten days. When I recovered, I cried because I didn't want to go back to prison.”

Boy, 9 years old, from Ethiopia

¹ The minimum required density for a refugee camp during an emergency is 3,5 m² per person

Systematic detention of all undocumented migrants and asylum seekers

The existing policy of systematic detention of all undocumented migrants and asylum seekers arriving in Malta means that pregnant women, children, elders and other vulnerable groups are also sent to detention centres. Although there is a system to assess their vulnerability, which may lead to them being released, the process is slow and people must wait in detention until a decision is taken with regards to their individual case. In the past months, at least three pregnant women were detained until the moment of delivery. One woman was sent back to detention after the giving birth in hospital, and was forced to spend more than one month in the centre with the newborn. One 14-year-old unaccompanied minor spent five months in detention waiting for the assessment procedures to be carried out. While waiting, he tried to hang himself. There are no medical personnel involved in the assessment procedures for vulnerable groups. There are no separate protected areas in the detention centres where the vulnerable individuals can be given accommodation while awaiting assessment and release.

"It was March 2008, and I was four months pregnant. After a short stay in Sudan, we started crossing the desert. We took 26 days to cross the desert and reach Libya. In August the other Somali living in Tripoli decided I couldn't wait anymore. After landing in Malta, they took my fingerprints and they sent me to a big hospital where I remained for two days. Because I didn't have any complications with my pregnancy, despite the long journey, they discharged me from the hospital and they sent me to the detention centre.

"After 23 days of detention, I gave birth to my son. My son's first home was the detention centre, where they sent us soon after the delivery in hospital. I never expected this kind of treatment in Europe. I have nothing a mother needs to take care of her baby. I tore two dresses of mine in 6-7 pieces to make small nappies. My breasts did not have enough milk for him.

"My baby was kept in detention for the first thirty-seven days of his life. In the middle of October they released us and gave us accommodation in another centre. Aisha, my eldest daughter who is 20, was not released until December. When the social workers told me that my baby and I could leave but that Aisha was not allowed to come with us because she is an adult, at the beginning I refused. But after some days I was obliged to change my mind. In a sense these social workers forced me to choose between my two children. And I chose the one more in need of help and protection."

Woman, from Somalia

Recommendations

Based on its experience inside the centres, MSF has on several occasions expressed concerns to the Maltese authorities about the unacceptable conditions in the detention centres, as well as the delays or failure in the dispensation of medicines and inadequate follow-up of patients with infectious diseases. Despite efforts made by authorities to rehabilitate one of the centres, the response is slow and totally inadequate to ensure that the basic needs of migrants and asylum seekers are met. MSF urges the Maltese authorities to take urgent action to improve the reception of people seeking refuge in Malta.

As a basic minimum, the following should be provided:

- A reception centre should be set up where all new arrivals are assessed, screened and treated for any disease they present with on landing, before they are moved to detention areas.
- The policy on vulnerable cases should be reviewed (in particular for minors and pregnant women), so that they spend the least time possible in detention. While in detention, vulnerable individuals should be kept in protected spaces. Health professionals should be involved in the assessment procedures.
- A board of health professionals should be appointed, with the utmost urgency, to be in charge of monitoring and supervising all medical activities inside the centres.
- The number of doctors and nurses available inside the detention centres, as well as the hours worked, should be sufficient to provide adequate care to the detainees present in the centres at any given time. Services should be provided with a cultural mediator. Medical personnel must be present inside the living quarters to guarantee that the most sick and vulnerable have access to medical consultation. Psychological support should be part of the services offered by the health personnel.
- A pharmacy should be set up to guarantee that prescriptions are dispensed directly to the patients.
- Authorities should ensure that living conditions are improved and constantly monitored: men, women and children should be housed in separate living quarters and have access to separate water and sanitation facilities. Maintenance of sanitation facilities should be done on a regular basis. Female migrants and asylum seekers should be attended by female Detention Service personnel. Every migrant must have his or her own bed. All detainees must have regular access to outdoor space.

- The detention centres must have adequate medical isolation facilities, adapted to the needs of vulnerable people requiring isolation for medical reasons. Admitting or discharging patients from the isolation areas should be the responsibility of health professionals exclusively. Isolation for correctional and disciplinary reasons must not be mixed with isolation for infectious diseases.
- Whilst these measures are a necessary first step to improve the conditions in detention centres, MSF is concerned with the principle of systematic detention asylum seekers and migrants, including vulnerable groups such as pregnant women and children. MSF demands that urgent measures be taken to guarantee that these groups are protected from detention.

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