

# Health sinks at the Southern Border



**FRON  
TERA S**

Salud  
y migración  
en el Sur  
de Europa

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This report is the result of the work of Doctors of the World's teams in Canarias and Melilla, supported with the field work carried out by the consultant Demofilia from March 22 to April 9.

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# Introduction

## At the border, the Spanish state is failing in its obligation to respect, protect and fulfil the right to health

Doctors of the World, as an organisation with a long history of working with migrants, has observed with great concern how, in the Canary Islands and Melilla, the Spanish state has failed in its obligation to respect, protect and fulfil the right to health of all persons under its jurisdiction.

The southern border of Spain, and by extension of Europe, is much more than just a line that administratively demarcates two territories. It is the gap that separates the global North from the global South, the wall that protects the privileges of the former against the aspirations of the latter. However, neither steel and wire fences nor oceans of water and salt are enough to contain the desires of those who seek a better future for themselves and their families. Thus, thousands of people continue to risk their lives in order to escape from conflict, inequality and a lack of opportunities.

In 2020, a year that brought so many changes, this scenario nonetheless persisted, in all its dramatic intensity. Thus, while the closure of borders due to COVID-19 drastically reduced the total number of migrants arriving in Spain, in the case of the border with Africa, not even the virus has managed to quash the determination of those people seeking to get to Europe.

However, the dynamics of migratory flows have changed, as observed in the Canary Islands and Melilla, two key locations on this southern border that in the last year

have witnessed a reversal of their respective migratory situations. While the Canary Islands saw the number of arrivals on its shores increase to levels unseen since the 2006 'cayuco' boat crisis, in Melilla the number of arrivals fell well below the average of recent decades.

Despite this notable difference, the institutional response in both locations has been similar. Their status as non-peninsular territories has facilitated the implementation of a policy for the containment of migrants, preventing or restricting their passage to the Spanish mainland. The blockade of thousands of people in both territories has overwhelmed the meagre reception infrastructures, triggering a genuine humanitarian crisis.

In this emergency context, migrants' rights - and particularly the right to health - have not been properly guaranteed. Doctors of the World, as an organisation with a long history of working with migrants, has observed with great concern how, in the Canary Islands and Melilla, the Spanish state has failed in its obligation to respect, protect and fulfil the right to health of all persons under its jurisdiction.

No one can forget the scenes at the Arguineguín docks in the Canary Islands or the V Pino estate in Melilla, where thousands of people have been housed in inhumane and unsanitary conditions. Images from these places have remained etched in our memories as truly shameful scenes which no democratic and social state should allow. These facilities were shut down, but the new resources set up to temporarily accommodate migrants have not been up to the required standard either. There is a significant shortfall in material and human resources and poor socio-sanitary conditions which have put the health of all these people at serious risk.

Between the end of March and the beginning of April 2021, Doctors of the World decided to conduct an investigation - in the form of interviews and visits to reception centres and facilities in Gran Canaria, Tenerife and Melilla - with the aim of identifying the principal issues which are undermining the right to health of migrants at our southern border and to inform the competent authorities of the measures that need to be taken to rectify the situation. Here are our conclusions.





# The Canaries: an avoidable crisis

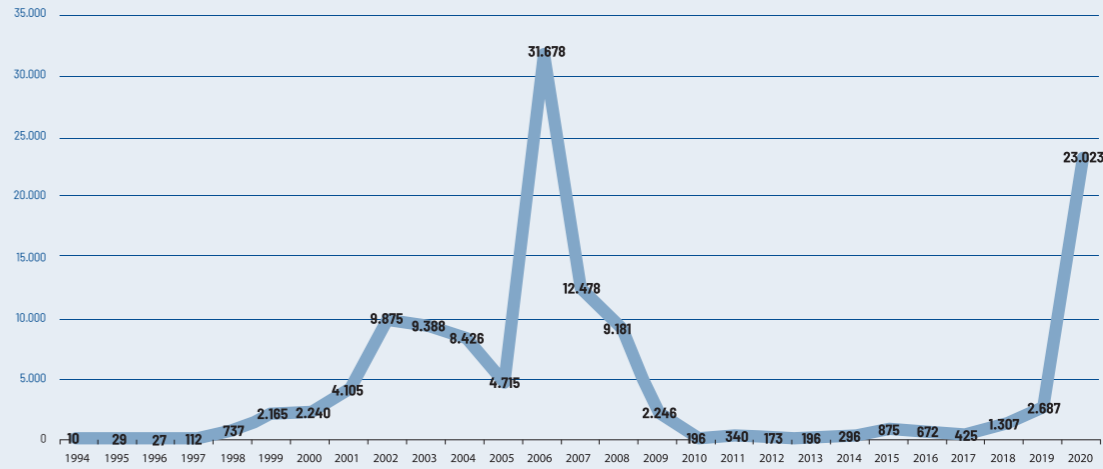
The disproportionate increase in the number of arrivals by "patera" (a small boat) on Canary Island coasts in the last year and a half has turned the islands into a veritable hotspot for migration to Europe. In 2020, 23,020 people arrived by sea to the islands - an increase of 756% over the previous year - while in the first four months of 2021, new arrivals numbered 4,411.<sup>1</sup>

The closure of the central Mediterranean migration route,<sup>2</sup> as well as the Ceuta and

Melilla borders, coupled with the exacerbation of conflicts in West Africa - particularly in Mali and the Sahara - has contributed to the resurgence of the Atlantic route as a way of reaching Europe. The COVID-19 crisis has also played a major role in driving migration due to its impact on already precarious local economies, especially in the informal sectors.<sup>3</sup>

Several of these factors predate the emergence of SARS-COV 2 and the declaration of the global pandemic and already indicated a significant increase in transit on the route to the

Historical series of arrivals to the Canary Islands 1994-2020



Source: Ombudsman's Report 2021 [https://www.defensordelpueblo.es/wp-content/uploads/2021/03/INFORME\\_Canarias.pdf](https://www.defensordelpueblo.es/wp-content/uploads/2021/03/INFORME_Canarias.pdf)

Canary Islands, which had increased five-fold in just two years, as FRONTEX pointed out in 2019<sup>4</sup> and reiterated at the beginning of 2020.<sup>5</sup> It should be noted that Spain's emergency response system for the arrival of large groups of people on our coasts has been underfunded for years and has no adequate action protocol in place, as the Spanish Ombudsman warned the Secretary of State for Migration in 2018.<sup>6</sup>

**These warnings were not heeded to a sufficient extent by the Spanish government,** which only budgeted for 388 reception spaces in the archipelago for 2020.<sup>7</sup> As a result of this lack of planning, **when the number of arrivals soared in the third quarter of 2020, the Canary Islands did not have the necessary infrastructure or an adequate contingency plan to deal with the situation.** Improvisation was thus the order of the day.

### ***An extremely dangerous journey which has a huge impact on people's health***

The Atlantic route is one of the most dangerous migration routes in the world, and in 2020 it recorded the highest number of deaths among migrants aiming to get to Europe. The main departure points are located in Senegal, Mauritania, Morocco and Western Sahara, so the distance to be travelled to the Canary Islands varies from 1500 km from the Senegalese coast to 100 km from Tarfaya, in Morocco. This means long voyages on the open sea which last from 24 hours at best to a gruelling 12 days.

Conditions on the journey are extreme: in addition to the precariousness of the boats - the fragility of which entails a high risk of shipwreck or damage that will leave them adrift in the middle of the Atlantic Ocean - there is also the absence of sufficient food and drinking water for days at a time. In the cramped space of these boats, up to 200 people, including women and children, are crammed together, with no way to move around, even to relieve themselves.<sup>8</sup>

These conditions take a heavy toll on people's health. Dehydration - a direct consequence of the lack of drinking water and overexposure to the sun, which can lead to hallucinations and delirium - malnutrition, as well as ulcers and other injuries resulting from being unable to change position for days at a time, mean that many of the people who manage to reach the islands do so in a state of utter debilitation. To this must be added the impact that this traumatic journey can have on people's mental health: the distress and fear involved, or in many cases having witnessed the death of fellow migrants on the high seas, are traumatic experiences which can compound the impact of the arduous migration journey from its beginning up to the final journey by boat.<sup>9</sup>

### **A poorly planned response**

Given the lack of sufficient accommodation resources in the Canary Islands, and the availability of reception spaces in other parts of Spain - as a result of the significant drop in the arrival of migrants after the border closures that followed the declaration of the state of emergency - it made sense to implement a policy of systematic transfers similar to that used during the 'cayuco' crisis of 2006.<sup>10</sup> However, this was not the approach taken by the Spanish government in 2020, which opted in the first instance to

**detain migrants on the islands,** citing the EU's migration policy and an alleged 'pull effect'.<sup>11</sup>

Once these transfers were ruled out, **the emergency response was orchestrated in an improvised and uncoordinated manner,** through the provision of various spaces (sports centres, wrestling venues, industrial warehouses, etc.) that did not meet the minimum standards required for decent accommodation, nor were they sufficient in number to make up for the lack of capacity in the reception system. In this context,



[...] to increase the capacity for accommodating migrants, and it is organised around two phases: a preliminary emergency action through which 7000 places were created in mixed facilities (combining indoor and tented accommodation) and a second phase involving the provision of 6450 places in long-term facilities.

#### Argineguín became an image of shame.

This small dock in the south of the island of Gran Canaria was transformed into a reception and identification centre where all rights and responsibilities were disregarded. More than 2000 people were housed in wholly unsanitary conditions in makeshift tents which had a maximum capacity of 400 people. It was thus impossible to maintain the social distance recommended so as to avoid contagion and there was insufficient access to showers, food and water. These people remained in detention for periods of well over the legal 72 hours, without receiving adequate health care or any information as regards their rights.<sup>12</sup>

At the end of November, following multiple complaints received by social organisations and after having been urged to do so by the Ombudsman, the Ministry of the Interior dismantled the facility at the Argineguín dock and set up the Barranco Seco military storage facility as a Centre for Temporary Assistance to Foreigners (CATE in the Spanish acronym) to carry out identifications in the event of new arrivals. At the same time, the Ministry of Inclusion, Social Security and Migration announced the rental of 17 hotels – which were vacant as a result of the pandemic – as a temporary solution while the ‘Plan Canarias’ was being implemented.

The aim of this plan is to increase the capacity for accommodating migrants, and it is organised around two phases: a preliminary emergency action through which 7000 places were created in mixed facilities (combining indoor and tented accommodation) and a second phase involving the provision of 6450 places in long-term facilities (indoor accommodation and prefabricated units).<sup>13</sup> However, there are three major problems at the outset:

- **There is no evidence that some of the most significant stakeholders participated in the creation of this response plan.** For example, the main social organisations and migrant associations that have been working in the Canary Islands for years were not consulted at any time as regards the feasibility of the plan. Likewise, key stakeholders in the Canary Islands Health System interviewed by Doctors of the World said they had been unable to assess the suitability of the response from a social and health point of view and were only informed of the plan in order to determine how the health system should coordinate with the centres to provide health care. Furthermore, there has been no community work in the neighbourhoods where the different centres are located, which has generated a significant degree of social tension, and has even led to various xenophobic incidents.<sup>14</sup>
- **Failure to standardise and monitor the requirements to be met by the centres.** There has only been one short document published regarding the Plan Canarias, consisting of a series of slides where the objectives, phases and different centres are listed (see Text Box 2). There are no other public guidelines regulating the basic standards to be met by the different centres regarding accommodation, food, sanitation and health care, among other things. In fact, several of the people interviewed by Doctors of the World in charge of coordinating the different centres said that they were unaware of the terms of the agreement signed with the Ministry for the management of the centres and whether it contains minimum guidelines that must be followed. The failure

to publish these agreements, as well as the absence of systematic monitoring by the Ministry of Inclusion in order to guarantee decent conditions in the centres, results in a worrying lack of transparency.

- **It does not include an organised and transparent policy for transfers to mainland Spain.** After initially rejecting it, the Ministry of Interior agreed to begin transferring people who were seen as vulnerable: asylum seekers, pregnant women and people with serious illnesses.<sup>15</sup> This policy was, however, combined with deterrent action by the police at Canary Islands airports – via systematic racial profiling – in order to prevent other migrants from travelling to the mainland.<sup>16</sup> This ban on travel for people with passports or documents showing that they have made their application for international protection has been deemed unlawful by Administrative Court N°. 5 of Las Palmas de Gran Canaria.<sup>17</sup> The provisional suspension of these practices by order of the court has contributed to a further easing of the situation by allowing certain migrants to leave the islands for the mainland.

Taking these factors into account, all the indications are that **the prevailing logic behind the Plan Canarias is to use the islands as a sort of overflow basin for containing illegal migration**, detaining as many people as possible there while awaiting their deportation and acting as a deterrent to further attempted migrations. This policy has no legal basis, although it is in line with the new draft Pact on Migration and Asylum presented by the European Commission last September.<sup>18</sup> **If this continues to be the approach, we run a serious risk of**

**institutionalising violations of the rights of migrants at our southern border and, in particular, as Doctors of the World has seen at first hand, the right to health.**

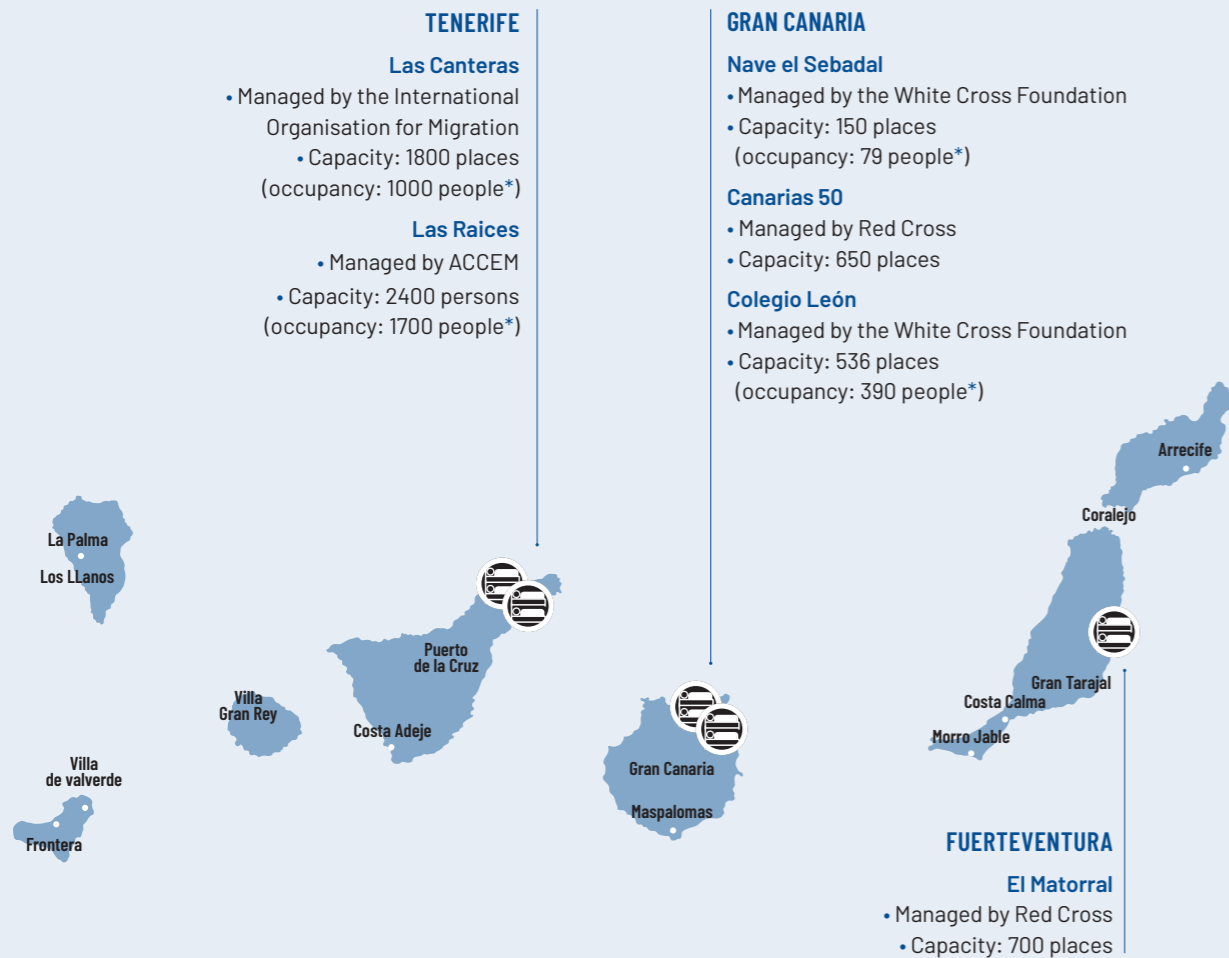
### Insufficient health protection in the middle of a pandemic

Health is a cumulative process determined by various factors: lifestyles and behaviours, as well as biological, political, cultural, social and economic factors. **People migrating via the Atlantic route encounter health risks long before they undertake the final sea journey to the Canary Islands.** Living conditions in the context of origin – compounded by variables of gender, social class and age – violence and other extreme circumstances endured throughout the migratory process, in addition to the impact of the dangerous boat journey outlined above: all of these factors can seriously jeopardise the physical and mental health of the people arriving on the Canary Island coasts. **However, these people’s right to health continues to be violated once on Spanish soil** due to the inadequate response provided by the authorities. The substandard reception conditions, the lack of sufficient health care and the suspension of their migratory journey, remaining for months in the archipelago without any hope for the future, can cause serious damage to their health.

### Poor socio-sanitary conditions

In general terms, according to what Doctors of the World has been able to observe, **the material reception conditions** for migrants arriving in the Canary Islands via the Atlantic route, which were established following the increase in arrivals in 2020 and the onset of the COVID-19 emergency, **do not meet what are considered minimum quality criteria for a humanitarian response, nor do they**

**The substandard reception conditions, the lack of sufficient health care and the suspension of their migratory journey, remaining for months in the archipelago without any hope for the future, can cause serious damage to their health.**



### Macro-camps as an unsustainable model

The objective of quickly providing the islands with facilities for accommodating a large number of migrants meant that the predominant criterion for the location of sites was their capacity. Thus, the model chosen involved centres which are oversized, making it very difficult to manage them and to provide a humane and healthy space. In the words of a staff member from the Canary Islands Health System, interviewed by Doctors of the World: *“Macro-centres don’t work. They are ideal for cultivating physical, psychological and social pathologies”*.

\*Figures as of end of March 2021.

comply with the appropriate COVID-19 infection prevention and control measures.<sup>19</sup>

Thus, with the exception of the hotel facilities set up between the end of 2020 and the first months of 2021, the **accommodation provided is unsuitable for long-term accommodation.**<sup>20</sup> Although there are plans, both in the case of the Barranco Seco CATE and the Plan Canarias centres, to move towards fully built facilities, at the time of the drafting of this report, most of the facilities combined tented areas set up in locations which are unpaved and inadequately insulated from the elements, causing, among other things, flooding when it rains. Here, migrants spend night after night on tarpaulin beds, which can lead to severe back pain, prevents them from sleeping and makes it very difficult for them to heal wounds and other skin diseases resulting from the journey by boat.

**Nor are suitable standards of hygiene** - a crucial factor in the current pandemic - **adequately guaranteed.** In this regard, the information gathered on the Barranco Seco CATE in Gran Canaria is particularly concerning, with people being detained for identification during the first 72 hours and various accounts describing how during this period, they were prevented access to showers to the extent that medical personnel even went so far as to stipulate them as necessary. The insufficient provision of showers, toilets and sanitary supplies is, however, a common feature of all the centres, while some of them have difficulty providing hot water.

In terms of **food and a supply of drinking water, shortages, poor quality and a lack of variety** are consistent features,<sup>21</sup> although the problem seems to be more acute in the

macro-camps such as Las Raíces and in the Barranco Seco CATE.<sup>22</sup>

**Migrants’ health has suffered as a result of these substandard socio-sanitary conditions,** leading to poorly healed wounds, digestive and dental issues and urinary infections, among other problems, as reported to Doctors of the World by health workers who provide care in the various centres..

### Conditions which pose a risk as regards COVID-19

In Gran Canaria, the Canary Health Service (SCS in the Spanish acronym) employs a specialist COVID team that provides assistance at the various stages of the process. During the time that the Arguineguín dock was “functioning”,<sup>23</sup> this team carried out a PCR test on migrants arriving at the port, isolating positive cases and the people who were with them on the boat, considered to be close contacts. However, the chaotic conditions there meant that this protocol was not always respected. Thus, **the lack of guarantees with regard to the preventive measures set out by the SCS, the situation of overcrowding and the wholly unsanitary conditions resulted in a major health risk,** as the Ombudsman was able to observe during his visit.<sup>24</sup>

Currently, the specialised SCS care team attends to migrants at the Barranco Seco CATE, carrying out daily visits and PCR tests and transferring people who test positive to centres set up for this purpose. The team also coordinates with the different levels of care at the various facilities for the referral of migrants, such as the Plan Canarias emergency centres, humanitarian reception facilities and other established facilities.

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However, as Doctors of the World observed, **COVID-19 prevention measures are not properly implemented inside the various emergency centres either**, and often only involve the distribution of face masks (the frequency of which varies from one centre to another). In fact, overcrowding makes social distancing impossible. Thus, in most of the Plan Canarias emergency centres, people sleep in tents of up to 30 people without the minimum safe distance of one and a half metres between beds, while the lack of adequate sanitary conditions referred to in the previous section poses a significant risk of contagion.

As several social and health care workers who were interviewed report, the limited space means that the centres have to be considered large “bubbles” of cohabiting people. This means that when there is a positive test result, mass screening has to be carried out in order to prevent group infections.<sup>25</sup> It has also led in some cases to a succession of quarantines, which has been emotionally draining for the people placed in isolation.<sup>26</sup>

The various facilities provided under the Plan Canarias contain specific areas for iso-

lating people with symptoms of COVID-19 or other infectious diseases, although the Nave del Sebadal facility, managed by the White Cross Foundation, is the only one that states that the Canary Health System’s specialist COVID team was consulted in its design. It should be noted that in the case of the Las Raíces camp, these areas are also used to separate people considered to be highly disruptive.

Although the Plan Canarias has been presented as an inter-ministerial response to the emergency situation in the islands, there has been a complete **lack of supervision by the competent authorities** to ensure that the different facilities have adequate structures and effective contingency plans in place to deal with the pandemic. This supervision is in turn hampered by the failure to assign responsibilities between the different institutions involved at both national and regional level. As a result, each centre claims to have drawn up its own plan, although Doctors of the World has not had access to any of these documents.

### Inadequate health care

The manner in which health care is provided in the emergency centres that are part of the Plan Canarias varies from island to island and from one centre to another. However, all of the centres have serious limitations, the ultimate consequence of which is the violation of the migrants’ right to health protection.

Firstly, **in general, there are notable shortages as regards the number of health personnel contracted by the organisations that manage the emergency facilities under the plan, considering the circumstances in which the housed persons are living**. In the case of Tenerife, the Las Raíces cen-

tre employs a contracted health service,<sup>27</sup> while Las Canteras has opted to outsource health care through a company.<sup>28</sup> In both cases, the care provided by these teams is supplemented by the Canary Health Service in the form of a specific clinic at the La Laguna Health Centre. On the other hand, in Gran Canaria, health care in the different centres is provided entirely by the SCS via a specialist team made up of family doctors, paediatricians, midwives and nurses with specific training and experience in caring for this group.<sup>29</sup>

Regardless of the model chosen for providing health care, Doctors of the World has been able to verify that, **at times of high occupancy, the teams were in many cases too busy to be able to attend to all the health needs detected**. This was due to both the high occupancy levels in the different camps and the conditions of the camps, which did not facilitate the proper care or the improvement of the health of the people staying there.<sup>30</sup>

In this regard, the information gathered by Doctors of the World concerning the way in which health care was organised in a number of the hotel facilities is worrying. According to various sources, in some of these hotels, care was provided by an understaffed medical team that had to cover several facilities simultaneously, so that effective care was reduced to a period of two hours per week per centre. People housed in these facilities had to inform the person in charge of the centre - usually a person with no health training and without the assistance of interpreters - that they needed medical attention, which they might not get for several weeks or even months, with the consequent risk to the health of the people left untreated.<sup>31</sup> As a result of this, there have been several cases involving medical

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complications that could have been avoided had there been early intervention.<sup>32</sup>

One of the most serious problems detected has to do with the obvious **lack of information** among the migrant population with respect to their health status. The **generalised absence of an intercultural mediator**, along with the **shortage of interpreters** in the various facilities - mainly for sub-Saharan languages such as Wolof or Bambara - makes communication with health personnel extremely difficult when it comes to explaining their problem and understanding the diagnosis. It was also found that many people do not receive their medical reports after having been treated or, if they do receive them, they are not translated or explained, which is a clear violation of their right as patients.<sup>33</sup> What's more, in cases where patients are referred to the health centre or hospital, even when the person is accompanied by an interpreter, the latter is prevented from entering the consultation room due to COVID-19 protocols.

With regard to hospital and specialist care, the health staff interviewed by Doctors of the World said that there were no issues when it came to making referrals. However, the health centres did report serious **difficulties as regards following up on the care provided** due to the high level of movement of people between the different facilities. In some cases, people have stayed in as many as eight different accommodation facilities.<sup>34</sup>

With regard to the physical layout of the facilities, it should be noted that the CATE, which is the first facility to which migrants arrive, does not have a trolley area where health care can be provided. Nor does it have a suitable area in which to carry out ongoing 24h to 48h non-hospital monito-

ring of all the people who have been at sea for more than five days or on whose boat a death has occurred due to the risk involved in these cases.<sup>35</sup>

The combination of these shortcomings leads to **exhaustion and frustration among health workers** who are feeling overwhelmed by the situation they find themselves in, unable to provide quality health care.<sup>36</sup>

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### *The CIE as the ultimate violation of the right to health*

In the context of a migration policy that prioritises border protection and expulsions over the establishment of sufficient pathways which are legal and safe, the CIEs (Detention Centres for Foreigners) constitute a real health risk for migrants.

These centres are for migrants who, after being identified in the CATE as “deportable” persons, cannot be effectively deported within 72 hours. People held in these centres - which are run under a penal system - for having committed what is to all intents and purposes an administrative offence (undocumented entry into Spain) can be deprived of their liberty for up to 60 days while awaiting deportation. As Doctors of the World Canary Islands has already pointed out,<sup>37</sup> during this time they will be subjected to the violation of living in conditions that combine all the deficiencies already mentioned in relation to the other facilities: overcrowding,<sup>38</sup> poor diet, poor sanitary facilities, and limited access to health care.<sup>39</sup>

These conditions, along with the fact that the centre is still considered to be one large “bubble”, create the perfect breeding ground for widespread contagion, as was the case in the Hoya Fría CIE (Tenerife) in February 2021, where an outbreak led to a third of the inmates becoming infected.<sup>40</sup>

### Impact on mental and psycho-emotional health

As already mentioned, there are many cases of migrants arriving on the islands with evidence of having endured experiences which have affected their psycho-emotional health - either as a consequence of the dramatic experience of the sea journey, or as a result of situations of violence experienced in their country of origin or in other phases of the migratory journey, or a combination of all of the above. The lack of specialised care in these cases is a serious issue in itself, but **the deterioration in mental health, regarding which we have received multiple accounts from the migrant population in the Canary Islands, is frankly alarming.**

Many of the migrants have been stranded in the Canary Islands for months, their mi-

gratory plans cut short. The fact that they cannot continue their journey gives rise to feelings of frustration, disillusionment and failure. **The information they are provided with is scant and relates to every conceivable area** - from their right to apply for international protection and how to do so, to when and where they are to be transferred, as well as their health status, as already mentioned. This lack of information - resulting from a neglect of duty on the part of the competent authorities - **leads to great uncertainty as regards their future and increases the fear of deportations.**<sup>41</sup>

**The manner in which some of the centres are organised further aggravates the problem.** For example, there are notable differences in terms of leisure areas and conflict management. In some facilities, there have been reports of expulsions. In this respect,

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we have observed that in some facilities which have implemented leisure and recreational activities and have opted for a policy based on conflict resolution, expulsions have been reduced. On the other hand, in the facilities where we have not been able to observe these policies, we have seen evidence of a higher rate of group and disciplinary expulsions.

**In addition to the lack of cultural mediators who can provide support and facilitate understanding of the situation,** already mentioned in this report, **there is a lack of specialist psychologists** capable of attending to the needs arising from this situation. The emergency centres employ a very limited number of staff who have to treat multiple

cases ranging from sleep disorders and emotional disturbances to anxiety, depression, psychosis and post-traumatic stress disorder, giving rise to emotional, cognitive and behavioural disturbances, with reports of disruptive behaviour, self-harm and suicide attempts. It is clearly not possible to provide adequate care and, as we have heard, this leads to instances of over-reliance on medication to treat psycho-emotional conditions that should be treated using other strategies. It is also important to remember that **an effective mental health intervention requires not only a sufficient number of specialist professionals but also a community and social approach to psychosocial problems with an anthropological focus.**

### Living on the streets

In addition to the people housed in the various Plan Canarias centres, the particular vulnerability of people living on the streets is a matter of concern. At the time of the research that led to this report, it was estimated that around 1000 migrants in Gran Canaria and 300 in Tenerife were in this situation.

Many young migrants live under cover near the sea, in small caves or recesses, sheltering from the elements and begging for food. Doctors of the World also found that there are young people living on undeveloped plots of land or wasteland. In Gran Canaria, for example, the association was able to interview three young people who were sheltering inside a building site container on one of these plots of land, in an area at risk of landslides.

The reasons why these people end up living on the streets are varied, but they are all directly or indirectly related to the poor conditions and mismanagement of the reception system.<sup>42</sup>

The precarious way of life of these people, where shelter and access to the most basic necessities are not guaranteed, where they need to hide in order to avoid being discovered, makes it very difficult to ensure that they have enough to eat every day. It also poses an extreme risk to their health, with constant exposure to the cold and the sun, and poor hygiene, which can cause digestive problems (stomach pains, constipation, vomiting), burns and many other issues. Combined with the fear of being discovered and deported, this has a significant impact on their mental health.

Despite the fact that in many cases these migrants are in need of health care, they do not attend the health centres because of fear, ignorance and the inability to communicate.<sup>43</sup> "We don't go to the doctor because we are afraid of being identified and deported", a 24-year-old man told us. Meanwhile, the health centres point to homelessness as one of the reasons they are unable to follow up on cases that they have previously dealt with.

Many of these people manage to survive thanks to the soup kitchens which some organisations provide, or thanks to the help provided by citizens, be they individuals or networks that have organised themselves in an improvised and altruistic manner in response to the magnitude of the humanitarian crisis that has developed in the Canary Islands. These networks are also sometimes responsible for ensuring migrants are accompanied when they attend health centres in order to ensure that they can receive care, although not always successfully.



## Life stories



# Makha

Makha used to fish on the beaches of Senegal until “they even sold the sea” to them, he complains. The lack of opportunity led him to board a *patera* (small boat) bound for the Canary Islands. For a while, he stayed in a hotel with other migrants. One day they separated them according to nationality and transferred all those who were not Senegalese. They then realised that they were preparing for a repatriation and, without any information and scared to death, they took their bags and left to live on the street. “*We didn’t put our lives at risk just to be sent back*”. One day Makha fell and badly injured his leg. He attended a health centre on two occasions without being seen to: “*They told me that if I didn’t have papers, they wouldn’t see me. I left there feeling sad and worried, but I thought that maybe that’s how the law works here*”, he explains. When we spoke to him, he had been washing the wound as best he could for days, covering it with a used mask.



# Younes

Younes arrived in the Canary Islands after an arduous journey in a *patera*, bailing water out of the boat over six days. After passing through the hell that is Arguineguín, and one of the hotels, he ended up in the Canarias 50 centre. The conditions in the camp were very tough: insufficient food and toilets, overcrowding, difficulty sleeping at night on tarpaulin, a lack of information and limited health care. One day it rained so much that his shelter was flooded with sewage, and he decided to leave. He confesses that this whole experience is taking a huge emotional toll on him: living on the streets, the lack of communication with his family, the feeling of failure and the fear of deportation are weighing very heavily on him. “*We live in fear, you can’t sleep, you fall asleep out of sheer exhaustion*”.



## Mbaye y Modou

Mbaye y Modou are two young people from Senegal who arrived in Gran Canaria seven months ago. They stayed in a hotel initially until one day they were told that they were being transferred to a macro-centre in Tenerife. They were given no further information and were asked to sign some papers which they did not understand. They refused and ended up on the street, sleeping rough on the beach where they found it very difficult to find food, clothes or a shower where they could wash themselves. These were the conditions they were living in when they were found by Nanda, one of many local residents who, in response to the plight of these migrants, organised themselves in order to be able to provide them with the humane reception that the state denies them. Since then, Mbaye and Modou have had a roof over their heads and support so that they can receive health care (Mbaye is asthmatic and has already had an attack). However, their fate is still tied to the sea, which they survived some time ago to reach the Canary Islands, and which today prevents them from completing their journey to the mainland where their family awaits them.



# Melilla: a structural crisis

## A structural crisis made worse

Along with Ceuta, the Autonomous City of Melilla is the only land border between the European Union and Africa, which means it has become a gateway for a significant migratory flow. This fact, together with a **systematic policy of limiting transfers to the Spanish mainland** - including for those applying for international protection, a practice that has been deemed unlawful by the Supreme Court<sup>44</sup> - means that the already limited reception infrastructures of the Autonomous City are permanently saturated.

The closure of the border with Morocco and the declaration of the state of emergency in March 2020 led to a radical drop in the number of arrivals to Melilla by land (-71%) and sea (-95%). This presented a perfect opportunity to decongest the city's reception centres, which would have been a crucial step towards being able to guarantee protection against COVID-19 for all the people accommodated there.

However, once again this was not the option chosen by the Spanish government, which, through the Ministry of the Interior, gave orders to stop transfers to other reception centres on the mainland. As a result, **more than 2,000 migrants have**

remained stuck in Melilla in precarious socio-sanitary conditions, with the consequent risk to their health.

## The Right to Health at risk

The Centre for the Temporary Accommodation of Immigrants (CETI in the Spanish acronym) in Melilla operates under the auspices of the Ministry of Inclusion, Social Security and Migration and is intended to house applicants for international protection, as well as migrants who enter the city illegally and who do not have Moroccan or Algerian nationality, a group that remains permanently excluded from the reception facilities. The centre consists of one section containing room units and two large tents erected in the parking area and has a total official capacity of 782 people. However, it is **constantly overcrowded**, such that **at the time the state of emergency was declared, it was housing 1,700 people (217% of its capacity), who were therefore living in those conditions during lockdown.**

Apart from the CETI, **the closure of the borders led to some 500 migrants being stranded in Melilla and living on the streets** because they did not meet the criteria for admission to the centre. Given that these people had to be placed in temporary isolation, the Autonomous City, through the De-

[...] more than 2,000 migrants have remained stuck in Melilla in precarious socio-sanitary conditions, with the consequent risk to their health.

partment of Economy and Social Policies, set up a number of facilities, including the tents erected on the V Pino estate (which remained in use until the 1st of June 2020) and Melilla's *Plaza de Toros* bullring (which ceased to function as an emergency facility at the beginning of May 2021). Due to the fact that the CETI was unable to receive any more people during this period, people who have entered Melilla illegally since then and who in normal conditions would have been received by the CETI, have been sent to the emergency facilities.<sup>45</sup> However, nei-

**ther the CETI management nor the Ministry of Inclusion have assumed any kind of responsibility for these people**, excluding them from the health services provided by these facilities, such as initial tests and primary care.

Relatively speaking, it could be said that because it is a long-term centre, conditions in the CETI are better than the emergency facilities that have been set up. However, as indicated below, in addition to serious shortcomings in a number of its premises,

the situation of overcrowding in which people are forced to live in the centre puts their health at serious risk.<sup>46</sup>

### Unsanitary conditions as the norm

**The conditions in which migrants are housed in the various facilities mentioned above are clearly deficient.** For example, with regard to protection from adverse weather conditions, although the *Plaza de Toros* and the constructed section of the CETI comply with this requirement, this is not the case with the tents, which are vulnerable to extreme cold and heat, as well as to flooding during rainy periods. In addition, as in the case of the facilities set up in the Canary Islands, the beds are made of tarpaulin and are not suitable for prolonged stays.<sup>47</sup>

**The sanitary conditions are also inadequate**, with restricted access to showers and running water being common, as well as a shortage of toilets.<sup>48</sup> Furthermore, the CETI is the only facility that distributes personal hygiene kits and changes of clothes on a fairly regular basis.

**The extremely poor conditions in the V Pino facilities require special mention, exceeding all limits of what is humanly tolerable and posing a very high public health risk.** For example, there were only three toilets and one shower for more than 200 people, which were not properly cleaned or disinfected. Furthermore, the wastewater system was inadequate and resulted in sewage seeping into the tents where migrants slept.

With regard to **nutrition, the lack of a sufficient supply of drinking water** was once again noted, **while food portions were inadequate and lacking in variety.**<sup>49</sup> In addi-

tion, overcrowding in the CETI and the lack of available space in the food hall meant that people had to queue for up to two hours for lunch and dinner.

### Inadequate measures taken to prevent COVID-19

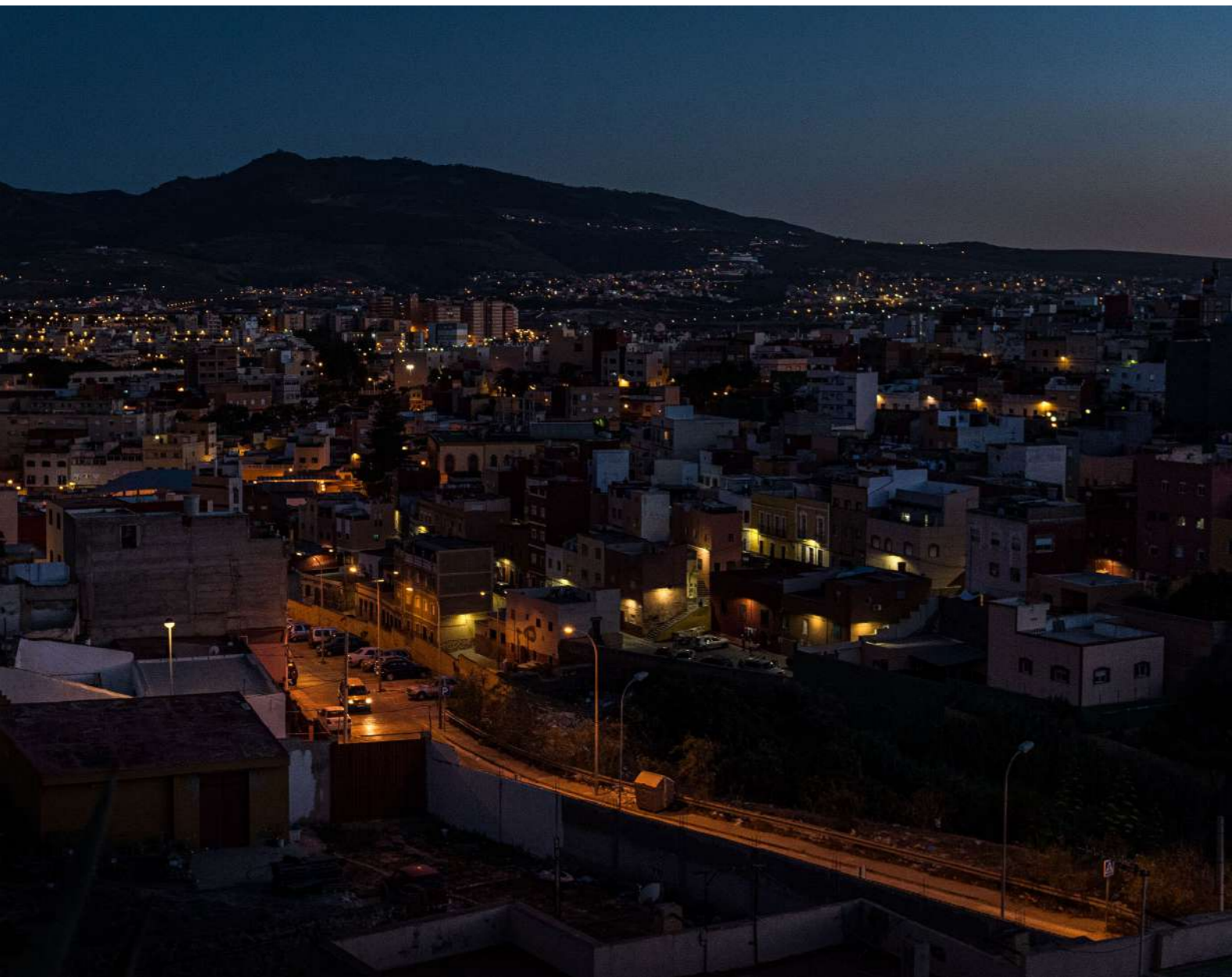
The situation of overcrowding in the various centres, where bunk beds are placed next to each other without the minimum safety distance, as well as the poor sanitary conditions in general, **contravene the basic recommendations of the Ministry of Health regarding the prevention of COVID-19.** Although masks are regularly distributed, migrants are still at high risk of catching the virus, as has indeed happened.<sup>50</sup> This has led to the need for mass testing and further lockdowns, adding to the sense of frustration, which has in turn led to conflict situations.<sup>51</sup>

The CETI is the only facility with a COVID protocol provided by the Ministry of Inclusion, Social Security and Migration. In application of this protocol, all new arrivals are tested for antigens and temporarily isolated in a quarantine area set up for this purpose. The CETI management also told Doctors of the World that the communal areas are cleaned daily, and ozone filters have been installed in some areas. None of these measures were adopted in V Pino or in the *Plaza de Toros*, where new arrivals share the same space as everyone else.

### Inequitable and inadequate health care

**In terms of health care, there are substantial differences between the CETI and the emergency facilities.** The former has a permanent team of four doctors on shifts, contracted via the company EULEN, as well

**The CETI is the only facility with a COVID protocol provided by the Ministry of Inclusion, Social Security and Migration. In application of this protocol, all new arrivals are tested for antigens and temporarily isolated in a quarantine area set up for this purpose.**



**The lack of information they are given is one of the contributing factors to the serious deterioration in mental health among migrants in Melilla.**

as three nurses provided by the Red Cross, while the other facilities are clearly understaffed. For example, both the Plaza de Toros and V Pino have just one part-time doctor and two emergency medical personnel provided by the Red Cross.

Moreover, the CETI follows an admission protocol whereby a medical examination is carried out - including tests - which is not the case in the other facilities. Likewise, while the CETI provides primary care services, a dental clinic for dental care and makes referrals to the appropriate health centre when necessary, **the care provided in V Pino and Plaza de Toros was limited to first aid, with all other cases referred to an already oversaturated emergency department.** This chronic saturation of Melilla's health services, which was previously reported by Doctors of the World,<sup>52</sup> makes referral to specialised treatment very difficult, leading to delays in care that are not properly explained to migrants.<sup>53</sup>

Once again, there is **a serious lack of information for migrants regarding their health and the tests done on them.** Even though the CETI employs a team of interpreters, migrants do not have access to their medical information and are only given their medical records when they are transferred to the Spanish mainland. Moreover, these are in Spanish and are not explained to them. This in turn leads to evident confusion among the migrants, who say, for example, that they have been prescribed specific diets without knowing why. This lack of information is even more extreme in the emergency facilities as there are no translators whatsoever. Furthermore, as is the case in the Canary Islands, there are no intercultural mediators.

The lack of information they are given is one of the contributing factors to the **serious**

**deterioration in mental health** among migrants in Melilla. The CETI's systematic restriction on the transfer of certain nationalities, such as Tunisians, leads to feelings of uncertainty and despair that result in sleep disorders and anxiety, among other pathologies. One of the most serious cases identified concerns psychotic episodes linked to drug addiction, with a significant increase in the number of cases since lockdown. Despite the fact that the CETI employs two psychologists, the centre's management acknowledges that they do not have specialised training in the field of drug addiction, although there are plans to begin training in this area.

### The situation of minors in the La Purísima centre

Melilla has received a large number of unaccompanied minors who fall under the protection of the Autonomous City.<sup>54</sup> However, it does **not have sufficient facilities to be able to provide adequate accommodation for all these minors,**<sup>55</sup> which again leads to overcrowding in the centres. The situation of overcrowding in which the minors have been living for years in the La Purísima centre has been so extreme that an extension of the centre was planned, although this was interrupted during lockdown.<sup>56</sup>

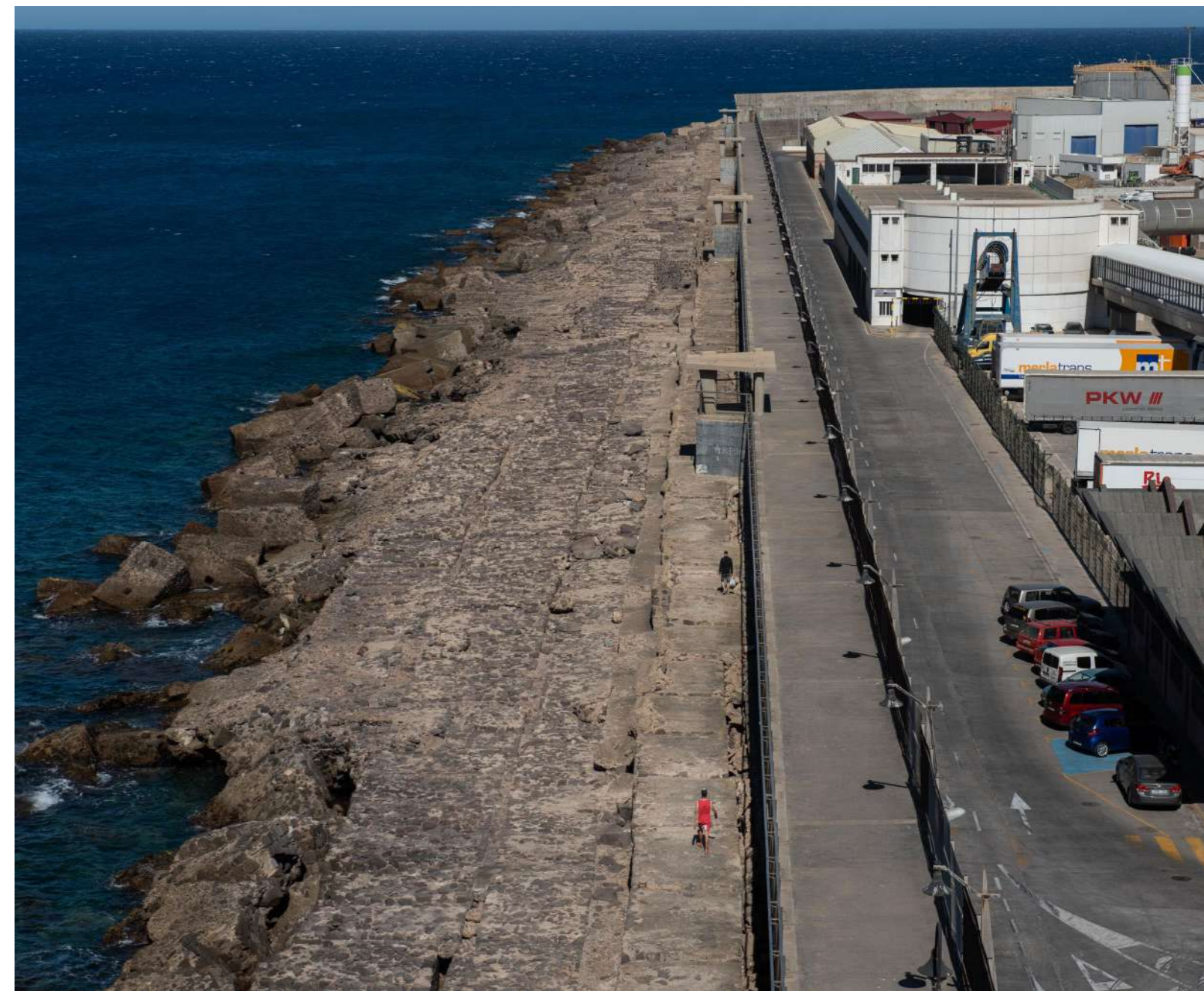
Thus, at the time of **the declaration of the state of emergency, the La Purísima centre, which has a maximum capacity of 350 places, housed 990 minors (283% occupancy) in unacceptable conditions.** In view of this situation, and the obvious risk it posed to the physical and mental health of these minors, an additional facility was made available in April at the Fuerte de Rostrogordo to which just under 200 minors were transferred, where they remained until its closure in March 2021. Despite this measu-

re, La Purísima continued to be occupied at close to double its maximum capacity. As a consequence of these poor conditions, an outbreak of COVID-19 occurred in November 2020, necessitating the isolation of the centre's initial reception unit.<sup>57</sup>

At the time of the drafting of this report, the La Purísima centre is under new management that, in its first weeks in office, seems to have taken steps in the right direction

and significantly improved the socio-sanitary conditions.<sup>58</sup> Nevertheless, we can point to **two major issues** that need to be addressed as a matter of priority:

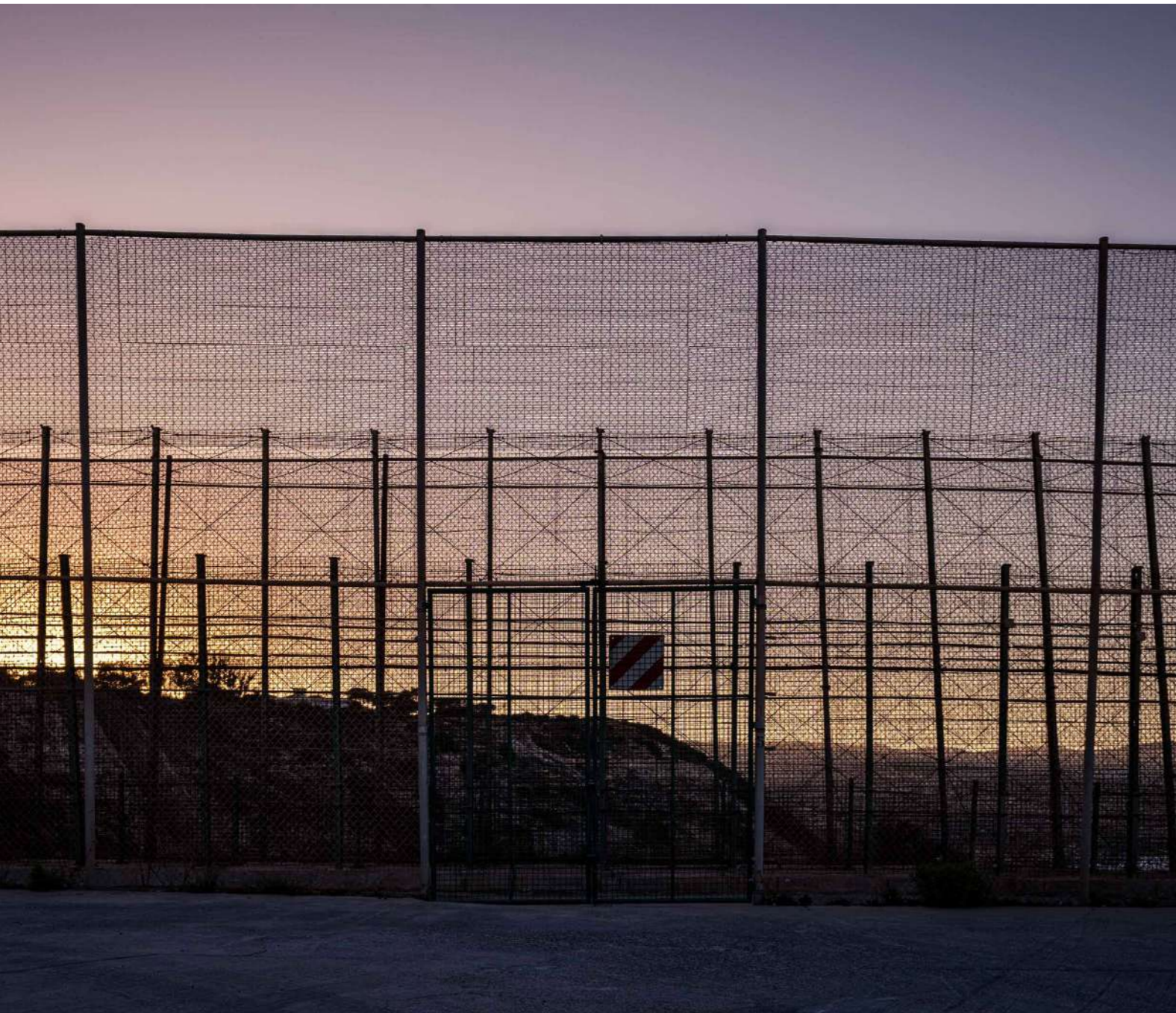
- **Prevent overcrowding of the centre.** At the time of the drafting of this report, the centre was very close to its maximum occupancy; however, once the border with Morocco is reopened, a significant increase in arrivals can be



expected and therefore contingency plans must be put in place in order to ensure decent reception conditions for all minors so that their health is not put at risk.<sup>59</sup>

- **Tackle the serious mental health issues** among unaccompanied minors, of which one of the causes is anxiety regarding the possibility that they may

end up being classed as illegal migrants once they reach the age of maturity (see text box on the situation regarding living on the streets). Furthermore, the harsh lockdown conditions referred to above, along with inactivity and hopelessness, have further exacerbated depression, in many cases linked to the consumption of toxic substances.



### ***Living on the streets***

Approximately 250 people are currently living on the streets in Melilla, a third of whom are minors. There are three main reasons for this:

- Minors who decide to leave the reception centres as a result of the poor conditions there or in search of an opportunity to cross to the Spanish mainland.
- Adolescents who were in centres for minors but whose status has not been duly legalised and who, after reaching the age of maturity, have to leave the centres with no other housing option.<sup>60</sup>
- Adults expelled from the CETI for disciplinary reasons, or who due to their background are not entitled to access the CETI (mainly Algerian and Moroccan nationals).

The situation of homelessness leads to a significant deterioration in the health of these minors. The extremely unsanitary conditions in which they live, without access to minimum hygiene - the only way they can shower is on the beach - exposes them to a serious risk of contracting diseases such as scabies or COVID-19 (against which the only protective measure they have is the masks given to them by the various NGOs that work with them, such as Doctors of the World). In the event of a medical issue, their only option is to attend emergency services, as they do not have the means to pay for any medication they may need. The extreme conditions in which they live, in permanent flight from the police and without basic sustenance, have a serious impact on their mental health. This is in turn aggravated by the consumption of toxic substances, which they use either to escape for a moment from their harsh reality or to summon up the courage to try to sneak onto a boat to the mainland. This is highly dangerous (as evidenced by the term the youths use to describe it: *“hacer el risky”* [do the risky]) and in many cases leads to serious injuries and even death.



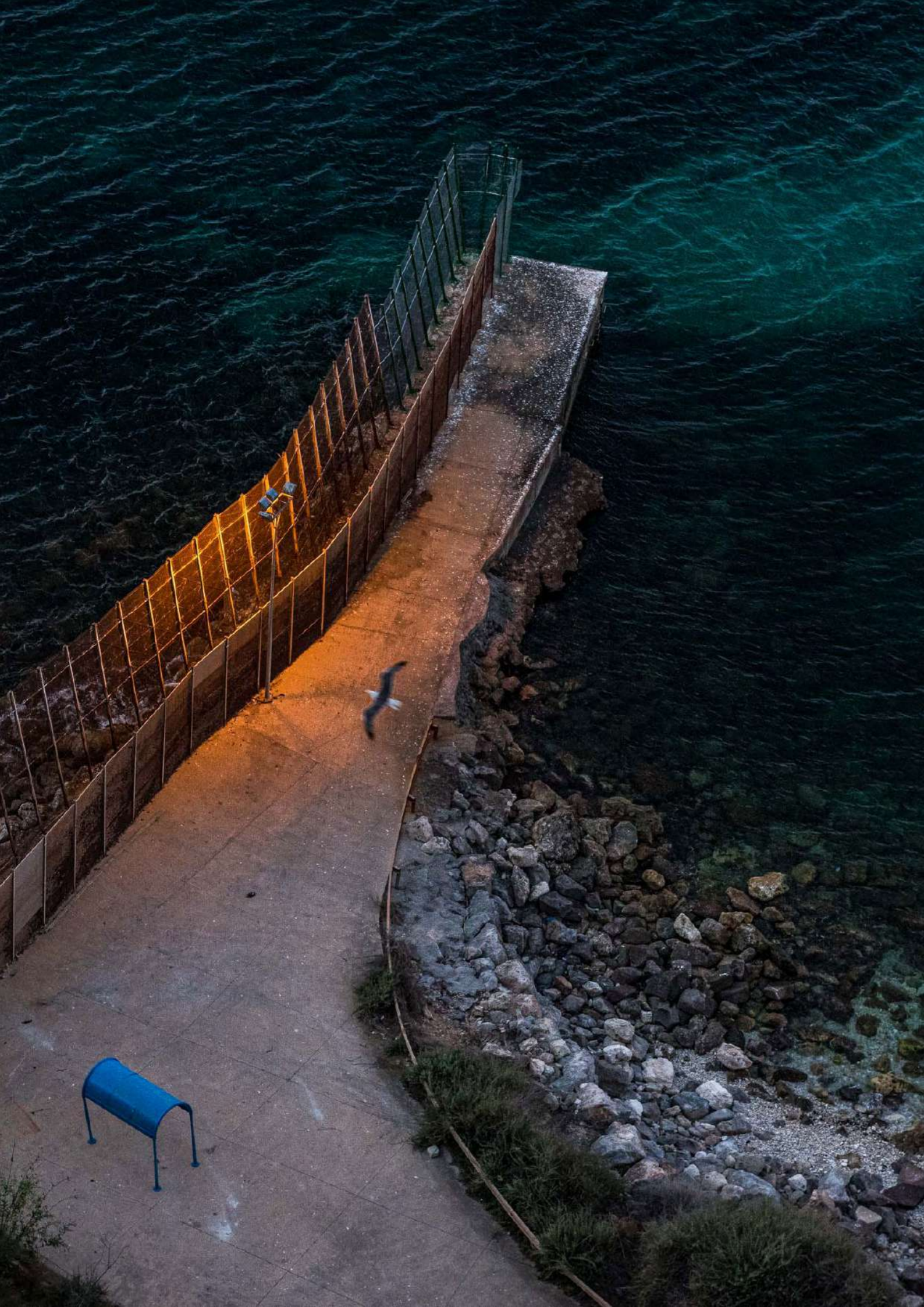
## Life stories



**Dario** left his native Guinea thirteen years ago and has been living in Morocco ever since. In January 2021, faced with zero future prospects, he decided to jump the fence. After an initial quarantine in Altos del Real, during which he was given a PCR and various tests, the results of which he never received, he was transferred to the CETI. He was suffering from chest pains and had difficulty breathing so he was taken to the hospital - without an interpreter to accompany him - for tests, the results of which he is unaware of. He is confused by the lack of information provided and says this is also the case for the other people staying in the CETI: *"Lots of people leave the hospital and the doctors don't tell them anything (...) lots of people wait for an hour and they don't give you any report. Normally when you go to the hospital, they give you a piece of paper saying you have this problem, or that you don't have any problem, but here they don't tell you anything. (...) I've been three times (to the CETI infirmary), I've asked them why they don't give me the results and they tell me that I have to wait"*.

**Yussef** broke his leg as a result of jumping over the fence during lockdown. After they gave him a plaster cast at the hospital, he was sent to V Pino, where he stayed without receiving any kind of review or follow-up. When the time came to remove the plaster cast, he went to the emergency room but was refused treatment because it was not considered an emergency. As he did not have a health card, he was not given a traumatology appointment and the health staff at the Plaza de Toros would not remove the plaster cast as they were only able to provide first aid, although they did remove it in the end. Nonetheless, Yussef continues to suffer severe pain with no follow-up care of any kind. He does not know if the bone has healed correctly or if he needs to undergo some kind of rehabilitation.

**Mohamed** stayed in the centre for minors until he turned 18. Since then, he has been in the Plaza de Toros. Mohamed suffers from mental health issues and requires medication that he was prescribed when he was a minor. However, he cannot afford the medication - which is expensive - and nor is it covered by the reception centre. As a result, he has had no treatment for several months, with the consequent deterioration of his condition.



# Conclusions

In view of the situation observed by Doctors of the World in the Canary Islands and in the Autonomous City of Melilla, we can affirm that **the violation of the right to health protection of migrants at the southern European border in Spain has been serious, systematically and avoidable.**

The Spanish state, as a signatory to the United Nations Covenant on Economic, Social and Cultural Rights, has the obligation to respect, protect and fulfil the right to health of all persons under its jurisdiction.<sup>61</sup> This obligation is particularly pertinent in relation to the most vulnerable people, including refugees and undocumented migrants in an irregular administrative situation,<sup>62</sup> especially in the current pandemic where these vulnerabilities are accentuated.<sup>63</sup> In compliance with these obligations, the public authorities must guarantee to all persons the enjoyment of the right to health with minimum conditions in terms of availability, accessibility, acceptability and quality, which have so far failed to be fulfilled in the institutional response to the humanitarian crisis on the border.

- The **availability** of the right to health requires both sufficient health services and suitable material conditions that have an impact on the social determinants of health. Neither of these

requirements is met on our southern border. On the one hand, most of the emergency response centres operate in such unsanitary conditions - overcrowding, lack of proper sanitation, substandard nutrition - that many migrants have left them, preferring to live on the streets. On the other hand, the insufficient number of socio-sanitary staff - both in the facilities themselves and in the local health centres, whose staff has not been adequately equipped or trained for this task - means that the health needs of migrants cannot be properly met.

- **Accessibility** to the right to health requires not only physical access to health care resources, but also, and crucially, access to information. As we have seen, both in the Canary Islands and in Melilla, migrants are continuously denied access to information. The shortage of interpreters that means that migrants are unable to communicate properly with health professionals, as well as not being able to access their health records in a language and form that is understandable to them, leaves them in total darkness with regard to their health status. This is a clear violation not only of obligations in terms of human rights but also of those stipula-

**[...] we can affirm that the violation of the right to health protection of migrants at the southern European border in Spain has been serious, systematically and avoidable**

ted by the law concerning the autonomy of the patient.

- **Acceptability** cannot be guaranteed, since the shortage of translators is compounded by the absence of intercultural mediation. This exacerbates the lack of understanding on the part of many migrants with regard to the meaning of the tests they are subjected to and the diagnoses they are given.
- All of these factors clearly make it impossible to provide **quality** health care, as acknowledged by the health professionals interviewed by Doctors of the World, who, despite their efforts, are often overwhelmed by the circumstances. Ensuring the adequate quality of health services also requires clear criteria and appropriate and consistent monitoring of compliance with these criteria. The lack of transparency regarding the agreements signed for the management of the different centres, as well as the lack of supervision of their conditions by the competent authorities, is evident and has contributed to the blurring of responsibilities.

These shortcomings have resulted in numerous situations of neglect that have contributed to the **deterioration of the health of many migrants. The mental health situation is critical.** The uncertainty and anxiety experienced by the thousands of people who are stranded and unable to continue their migratory journey, the inhumane conditions in which they are forced to live, and the permanent fear of deportation and the failure that would entail, have a devastating psychological effect on many migrants.

**Protection against COVID-19 has not been properly ensured either.** The oversized and

overcrowded macro-camps are unable to implement the precautions required by the Ministry of Health for the population as a whole. The fact that hundreds of people are living together in overcrowded conditions, without any kind of social distancing and in poor sanitary conditions, has put individual and collective health at serious risk, leading, as has already been mentioned, to multiple outbreaks that have required mass testing.

These violations are themselves due to a number of factors:

**Lack of foresight.** In the case of the Canary Islands, as has been mentioned, there were consistent indications pointing to an increase in arrivals via the Atlantic route. However, the measures needed in order to bolster its reception system were not taken. No adequate response has been provided concerning the structural collapse of the system in Melilla.

**The improvised and uncoordinated nature of the response, as well as the failure to involve key stakeholders** such as social and migrant organisations, has led to the adoption of transitory measures, which lack a community focus and do not guarantee the rights of migrants. It has also led to contradictory situations such as the fact that while in the Canary Islands the Ministry of Inclusion, through the Secretary of State for Migration, has set up a series of emergency facilities for migrants - using the powers attributed to it by (Spanish) Royal Decree 441/2007<sup>64</sup> - the same has not been done in Melilla, with the Ministry of Economy and Social Policies in charge of setting up the emergency facilities, which has led to discriminatory treatment of migrants.

**The lack of information given** to migrants, who receive absolutely no information re-

garding their health and the tests carried out, as mentioned above, but also regarding their fundamental rights in terms of asylum and international protection, as well as their migratory situation (transfers from the centre or to the mainland, etc.). This lack of information, as we have seen, is a fundamental determinant in the deterioration of the mental health of many of these people.

Lastly, we cannot ignore the fact that **the violation of the right to health of migrants at the southern border is part of a wider range of violations resulting from the migration policy of the European Union and the Spanish state.** For instance, the collapse of the reception systems has been exacerbated by the decision of the Ministry of the Interior to prohibit transfers to the Spa-

nish mainland from the Canary Islands and Melilla. This policy, only partially rectified, thanks in part to judicial intervention, is evidence of the intention to turn the southern border into a space for containing migratory flows, where human rights considerations take second place to objectives relating to border control. **This policy reproduces at the national level what the European Pact on Immigration and Asylum promotes at the EU level:** a system that favours the reinforcement of the border over the establishment of legal and safe channels for migration, that strengthens expulsion and return mechanisms ahead of asylum mechanisms, and that rejects measures based on regional solidarity in the reception of migrants, transferring the responsibility for containing them to bordering states.

[...] **the violation of the right to health of migrants at the southern border is part of a wider range of violations resulting from the migration policy of the European Union and the Spanish state.**

**The lack of transparency regarding the agreements signed for the management of the different centres, as well as the lack of supervision of their conditions by the competent authorities, is evident and has contributed to the blurring of responsibilities.**



# Recomendations

In order to **ensure that the right to the highest attainable standard of physical and mental health is enjoyed by all migrants at the southern border**, in accordance with the criteria of availability, accessibility, acceptability and quality as required by international human rights law, to which Spain is a party, we make the following recommendations:

- **Ensure that all reception centres** - whether long-term or emergency facilities - have **decent conditions**, established and measured in a homogenous manner, in **accordance with the minimum standards for humanitarian response** set out in the Humanitarian Charter drawn up by the Sphere Project, and in particular:
  - **Suitable accommodation, hygiene and nourishment.**
  - **Appropriate health facilities** with **sufficient health personnel** to meet the needs of the people received.
  - For the duration of the current pandemic, **ensure that the established COVID-19 protocols are effectively implemented in all these centres**, so that migrants can follow the same precautions regarding the virus as the rest of the population.
  - In the particular case of **mental health**, ensure the **ongoing training of personnel** who work with migrants in the area of psychosocial care, for intervention in psychological first aid, identifying issues and their appropriate referral.
  - Ensure the **transparency and dissemination of the** agreements entered into for the management of emergency facilities and establish **mechanisms for their monitoring.**
- **Strengthen the capacity of the National Health System to cater for migrants**, integrating their needs as recommended by the World Health Organisation<sup>65</sup>:
  - Draw up **specific protocols for the care of migrants** with an anthropological and gender-based focus, to be applied at all levels of the National Health System.

- **Training and awareness-raising for health system staff** (health, administrative and social work) regarding the specific needs of migrants using a human rights-based approach.
- Ensure that an **interpretation and translation service** is provided, as well as **intercultural mediation** in health centres, hospitals and places where social and health care is provided to migrants.
- **Ensure that all migrants have access to information relating to their health, which they can understand**, as required by Spanish Law 41/2002, of the 14th of November, concerning patient autonomy and their rights and obligations in terms of clinical information and documentation.

In order to **develop a humane and compassionate reception system**, we recommend the following measures:

- Establish **comprehensive, flexible and sustainable reception plans** for the short, medium and long term, **with sufficient financial and human resources**.
  - Develop **mechanisms for cooperation between the different autonomous communities** that provide for appropriate and equitable transfer, location and resettlement plans so as to ensure that decent reception conditions are provided.
  - Develop **reception plans** based on different scenarios, **involving all key stakeholders** including social organisations and migrant associations.
- **Revise the protocol for providing emergency care to large groups, in order to be able to deal with humanitarian emergencies** due to arrivals across the land or sea border, as recommended by the Ombudsman.
- Regarding the **centres for the temporary accommodation of immigrants** (CETI in the Spanish acronym) in Ceuta and Melilla, the length of stay in these centres should not exceed the minimum necessary to complete the corresponding procedures. We call for an end to the opacity with which these centres operate.

Lastly, we believe that a **change in migration policy at the Spanish and European level** is essential, **adopting a human-rights based approach and prioritising the development of legal and safe migration channels** over border protection:

- **Enable legal and safe channels in accordance with the provisions of the Global Compact for Safe, Orderly and Regular Migration.** Provide official, legal, safe and effective means so that the right to migrate can be fulfilled. Facilitate requests for international protection at consulates, as well as access to visas.
- **Guarantee an efficient, agile and transparent system of transfers to the Spanish mainland from the Canary Islands and Melilla in accordance with non-discriminatory criteria.** Refrain from using dissuasive measures aimed at restricting migrants' freedom of movement. The southern border must not become a holding area for migrants.
- **Immediate and unconditional closure of Detention Centres for Foreigners** (CIEs in the Spanish acronym).
- We call on the Spanish government to **oppose the current proposal for a European Migration Pact** and to advocate for a European framework that prioritises solidarity regarding reception between the different Member States and the guarantee of migrants' rights, rejecting the configuration of the border as an exclusionary space.



## Endnotes

1. Official figures from the Ministry of the Interior. See interior.gob.es.
2. Closure of Mediterranean routes accentuates Spain's migratory collapse, El Confidencial, 29 July 2018.
3. A Gateway Re-opens: the growing popularity of the Atlantic route, as told by those who risk it. Mixed Migration Center Research Report, February 2021, p.19. This report was jointly produced by the MMC, Save the Children and Doctors of the World.
4. Risk Analysis for 2019, p.17.
5. Risk Analysis for 2020, p. 26.
6. The Ombudsman specifically highlights the need to allocate, *as a matter of urgency, the additional funds necessary to ensure that persons arriving on the Spanish coast illegally, regardless of their nationality, are provided with accommodation, food and coverage of their basic needs.* They also call for a review of the emergency response protocol for large groups of people, which aims to address humanitarian emergencies resulting from these arrivals across the land or sea border, in order to prevent the use of infrastructures which are not suitable for initial reception and assistance. Recommendation of the Ombudsman to the Secretary of State for Migration, 24 July 2018.
7. The Canary Islands Immigration Forum considers this to be a continuation of a trend of under-funding in the area of migration that has led to *"the gradual dismantling over the last few years of primary care services"* and results in *"significant difficulties regarding initial assistance for people arriving on our coasts"*. Conclusions of the Canary Islands Immigration Forum of 9 September 2020.
8. *Refugee agencies call for action on people smuggling after 140 die in shipwreck*, The Guardian, 30 October 2020.
9. Mixed Migration Center et al. op. cit. p.22
10. Migration in the Canary Islands: the predictable emergency, Spanish Commission for Refugee Aid, March 2021.
11. Rejection of transfers blocks a way out of the Canary Islands migration crisis, El País, 20 November 2020.
12. Migration in the Canary Islands, Ombudsman's Report 2021, p. 29.
13. Plan Canarias, Ministry of Inclusion, Social Security and Migration.
14. Tension due to coexistence with blockaded migrants spreads across Gran Canaria: "The atmosphere is heating up", eldiario.es, 26 January 2021.
15. Grande-Marlaska repeats that he only authorises travel by immigrants "in a situation of particular vulnerability", El País, 11 December 2020.
16. The Government now prevents migrants from leaving the Canary Islands on their own: "Everything is closed", eldiario.es, 19 December 2020.
17. Order of Administrative Court No. 5 of Las Palmas de Gran Canaria of 14 April 2021.
18. Among the many criticisable aspects of the Commission's draft Pact is the provision that persons arriving illegally at the EU's external borders will have to remain there for five days for an initial identification and health check, after which they will be referred either to an asylum procedure or a return procedure. Contrary to what is currently the case, asylum applications formalised at the border will not generate an immediate right of entry to European territory but will have to be resolved by means of an accelerated process. Consequently, both asylum seekers and returnees will have to remain at these borders until their respective cases are resolved.
19. In this regard, the Sphere Project Humanitarian Charter is a useful reference manual. This project was initiated in 1997 by a group of non-governmental organisations and the International Red Cross and Red Crescent Movement in order to develop a set of universal minimum standards in key areas of humanitarian responses. Sphere Partnership. *Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response*, fourth edition, Geneva, Switzerland, 2018. www.spherestandards.org/handbook.
20. According to what some of the organisations managing the Plan Canarias centres told Doctors of the World, the maximum stay in these facilities is six months, which can be extended.
21. According to first-person accounts, the food in the CATEs was limited to three sandwiches a day, juice and biscuits, and there was a shortage of drinking water, which was delivered in canisters to be shared. Complaints were also received regarding the food in the hotels being limited to pasta and rice, which led to a number of digestive problems.
22. An inspection of the Las Raices migrant camp concludes that the hygienic and sanitary conditions are "worrying", eldiario.es, 8 April 2021.
23. A bleach bath to close down the camp at the Arguineguín dock, El País, 30 November 2020.
24. *"Several people were re-admitted to the facilities after discharge from hospital and were not separated from the rest. In addition, it was found that at least 80 people with positive PCR results remained in the facilities."* (Ombudsman op. cit. p. 30).
25. The Las Raices migrant camp reports a positive case of COVID-19, meaning 600 people need to be screened, eldiario.es, 20 April 2021.
26. Eyewitness accounts indicate that some 300 people were isolated in El Hierro for two and a half months. The group, which eventually passed through three different facilities, included pregnant women and children, and during the period of successive quarantines, they received up to seven PCR tests. Doctors of the World was told that during this period, the men received only one change of clothes per month.
27. At the Las Raices centre, two doctors are employed from 8am to 11pm to attend to 1700 people (the number of people there at the time of Doctors of the World's visit to the island). The pressure the team is under is evidenced by the difficulty the centre is having in recruiting nursing staff - with several resignations occurring - and having to employ nursing assistants in their place.
28. In addition to the services provided by the contracted or outsourced teams in Las Raices and Las Canteras, both centres have been assigned a specific clinic at the main health centre in their area for the care of people in these camps.
29. Colegio León and Nave de Sebadal have a nursing area managed by a nursing assistant, while healthcare is provided by a doctor from the Canary Health Service who comes to Colegio León once or twice a week to attend to 390 people, and once a week to Nave de Sebadal to attend to 79 people (occupancy at the time of Doctors of the World's visit).
30. Some health workers described, for example, the lack of adequate space for consultation, meaning people had to be seen in their own tents or in communal spaces, with no privacy or in unsuitable conditions.
31. As a health worker from the Canary Islands health system told Doctors of the World, these delays have seriously endangered the health of a number of migrants. One case mentioned involved a person with fever and vomiting who took five days to be referred to a health centre and then had to be hospitalised for ten days. Another involved a case of tuberculosis that was not treated until three months after the first request for medical assistance was made.
32. Numerous first-person accounts have been collected in this regard, such as the case of a man arriving from a hotel who had been suffering from intestinal pain for three months, having received only painkillers by way of treatment. Once in the new facility, he was referred to hospital where he was diagnosed as having an infection and admitted.
33. Spanish Law 41/2002, of 14 November, on patient autonomy and their rights and obligations regarding clinical information and documentation, establishes that: *"Clinical information is part of all healthcare actions, it shall be true, it shall be communicated to the patient in a way that is understandable and appropriate to their needs, and it shall help them to make decisions in accordance with their own free will"* (Art. 4.2).
34. The health centres involved claim that this high level of mobility between facilities and the lack of information about it prevents adequate traceability and medical follow-up. For example, there are reports of movements of up to 200 people cited by the SCS who are switched from one facility to another and when the health centre asks the organisations managing the camps to do so, they are unable to find out which facility they are currently staying in.
35. Triage protocol patient code yellow: 24h/48h medical follow-up is carried out, given that these people can become seriously ill and their condition can deteriorate dramatically.
36. On this point, it is worth mentioning the drafting of a Protocol for Healthy Migrants by the Primary Care Management Team from the Gran Canaria Health Department, in which Doctors of the World collaborated, and which PC professionals rate very positively whilst recognising the difficulties involved in its application as a result of insufficient resources.
37. Doctors of the World Canary Islands: "Assessment of the conditions in the Barranco Seco CIE - Las Palmas de Gran Canaria, June to December 2016".
38. The situation of overcrowding in these facilities, as well as the border closures that prevented effective expulsions, led to their emptying and closure during the first state of emergency. However, in September 2020, both the Hoya Fria CIE in Tenerife and the Barranco Seco CIE in Gran Canaria were reopened. Although this reopening involved reducing the capacity as a preventive measure, the other socio-sanitary issues have not been resolved, which means a high risk of contagion for migrants. Moreover, organisations such as Doctors of the World Canary Islands have been repeatedly denied access for the entire duration of the state of emergency (in GC) and for part of it (in TNF), on the grounds of preventing the spread of COVID-19.
39. Although the CIEs have their own healthcare team run by Clínica Madrid, this team works in limited shifts and does not have an emergency service. Thus, if care is required outside of the shifts covered, the decision whether or not to transfer people to hospital is left in the hands of untrained staff. Furthermore, although the mental health problems of some of the residents are manifest, the CIE do not provide psychological support. For more information see Doctors of the World's "Assessment of the conditions in the Barranco Seco CIE - Las Palmas de Gran Canaria, June to December 2016".
40. The COVID-19 outbreak in Hoya Fria affects 21 people and once again highlights the shortcomings of the CIE, eldiario.es, 3 February 2021.
41. A group of Senegalese youths explain how Foreign Minister González Laya's visit to Senegal triggered fears that deportation was imminent and led to them leaving the hotel centres they were staying in.
42. Among the various accounts recorded, the following causes of homelessness are mentioned: group expulsions from the centres because they have complained about the conditions there; people leaving the centre as soon as they are informed that they are going to be transferred to Las Raices - in some cases this is due to the negative feedback they have received about the poor conditions in the camp from other people who have previously been transferred, in others it is due to the fear that each transfer is a prelude to deportation. We also heard reports of people who leave the centre with the intention of attempting to travel to the mainland and who, after being detained at the airport, lose their right to a place in the centre.
43. Out of 30 people interviewed between Gran Canaria and Tenerife, 13 reported needing medical attention for symptoms including vomiting, chest, abdominal or ear pains, and mouth infections.
44. Ruling 422/2021 of the Chamber for Contentious-Administrative Proceedings of the Spanish Supreme Court.
45. On the 6th of April 2020, 55 people jumped the fence in what was the only incident of this type during the lockdown period. From that date to the time of the drafting of this report, just under 200 people have managed to enter Melilla by this route.
46. At the time of the drafting of this report, the CETI had an occupancy rate of 136%, which, although significantly lower than the occupancy rates reached during lockdown, still poses a serious health risk to the people housed there.

47. With the sole exception of the CETI's constructed units, which are equipped with box-spring beds.

48. The Plaza de Toros has only nine toilets (one of which has been out of use for a long period) for a population of up to 550 people.

49. In V Pino, they were provided with a 1.5 litre bottle of water every two days (increased to one bottle a day during Ramadan).

50. In the case of the CETI, there was an outbreak on the 23rd of August 2020 which resulted in 130 people becoming infected in the community. In the Plaza de Toros, an outbreak affecting 27 people was detected in mid-December 2020.

51. The "inhuman" conditions in which migrants live in the CETI of Melilla: "They are like sardines in a tin", La Sexta.com, 30 August 2020.

52. See Melilla: Assessment of an ailing health system, by Doctors of the World, April 2019..

53. We interviewed a Malian boy at the CETI who, as a result of jumping over the fence in January 2021, sustained a collarbone injury that was treated by the Red Cross in the first instance and referred to the emergency services for an x-ray. At the beginning of April, he was still waiting to be treated by the traumatology department, despite continuing to suffer intense pain. He has been to hospital on three occasions without being attended to on any of them. Unfortunately, as he was awaiting treatment for his injuries, his transfer to mainland Spain was postponed.

54. According to figures from the State Attorney General's Office, Melilla, with 1,322 minors, was behind only Andalusia (6,200) and Catalonia (1,842) in terms of the number of unaccompanied minors received.

55. The La Purísima centre has a capacity of 350 places, the La Gota de Leche centre can accommodate XX children under normal conditions, and the Divina Infantita centre has 32 places.

56. Work on this extension, consisting of pre-fabricated units, has recently begun once more.

57. Centre for unaccompanied minors placed in lockdown in Melilla after ten positive cases of COVID-19, Europapress, 21 November 2020.

58. Food and sanitary conditions in the centre are adequate at present (they are provided with personal hygiene kits as well as periodically updated changes of clothes). There is also a suitable protocol in place for COVID-19:

antigen testing and a 10-day quarantine on entry, and internal regulation by means of bubble groups (by living unit) that allows for containment in the event of contagion.

59. This report was completed a few days before the entry of thousands of people from Morocco, including a large number of minors, into Ceuta and Melilla.

60. The residency process for minors under the protection of the Autonomous City requires that their fingerprints be taken in order to issue their residency card. This process is carried out at the Immigration Office. However, there is a delay in the appointment system which is leading to a situation where a large number of minors reach the age of 18 without having completed this procedure. Consequently, as they are unable to obtain a residence card, these young people cannot travel and have to remain in Melilla. Meanwhile, since they have reached the age of maturity, they are no longer entitled to protection from the Autonomous City of Melilla and are thus not provided with accommodation. This situation prevents them from registering, which in turn leads to their exclusion from health care and other social services. Furthermore, the absence of a *padrón* (census) certificate prevents them from continuing with the registration process, meaning these young people remain categorised as illegal.

61. The International Covenant on Economic, Social and Cultural Rights from the United Nations, Article 12.

62. As the United Nations Committee on Economic, Social and Cultural Rights has pointed out in its General Comment No. 14, points 34-37.

63. Statement on the COVID-19 pandemic and economic, social and cultural rights by the UN Committee on Economic and Cultural Rights, 17 April 2020.

64. Spanish Royal Decree 441/2007 of the 3rd of April, which approves the regulations governing the direct granting of subsidies to entities and organisations that provide humanitarian assistance to immigrants, empowers the Secretary of State for Migration to mobilise resources to *address situations of vulnerability that may exceptionally arise among immigrants, especially those arriving on the Spanish coasts and in the cities of Ceuta and Melilla, financing services and aid aimed at emergency socio-health care, reception, supply of material to cover basic needs, basic economic aid, transfer and any other service deemed necessary.*

65. Promoting the health of refugees and migrants; Strategy and action plan for refugee and migrant health in the WHO European Region.

# Health sinks at the Southern Border



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