

Lancet Migration European Regional Hub

Statement on Recent Pushbacks at European borders

Pushbacks at European borders put the health and lives of people in danger

The phenomenon of pushbacks has been increasingly documented by NGOs, human rights institutions, media, and health practitioners¹ over the years, yet the practice continues to be replicated at borders, presenting a dire threat to the health, well-being and right to life of migrants.

Pushbacks refer to measures taken by States that force people back over a border without consideration of their individual circumstances, any possibility to apply for asylum, and any access to assistance including emergency medical care. Many international and European institutions^{2, 3, 4, 5, 6, 7} have already stated that pushbacks are a denial of a state's obligation to protect the human rights of people seeking international protection at national borders. Pushbacks have contributed to undue injuries, trauma, mental health, and loss of life among people on the move, especially when conducted violently. Often time the physical abuse, harassment and denial of assistance and medical care, as well as legal assistance may amount to torture or ill-treatment and have long term consequences on people's physical and mental health. Pushbacks contribute to the perpetuation of dire living conditions and dangerous journeys, which have been documented as including shipwrecks, extreme temperatures, overcrowding in informal camps, access to basic needs and services (such as shelter, food, water, hygiene, and medication) as well as exposure to abuse, exploitation, and sexual and gender-based violence, in a context where access to appropriate healthcare is often impossible for a long period of times.⁸

Additionally, the deprivation of access to medical assistance, protection, water, food, and necessities at borders is a threat to people's health and life. Delays in searching for and rescuing migrants in distress on land and at sea, as well as in designating safe ports for disembarkation also ultimately undermine their right to life.

The Missing Migrants Project of the International Organization for Migration states that at least 45,147 people died or disappeared around the world since 2014, during their process of migration towards an international destination. More than half died in the Mediterranean Sea or more than 750 within the European Continent.⁹

In 2021, migrant boats continue to capsize in the Central Mediterranean, Aegean Sea and English Channel. Meanwhile at land borders, people have frozen and starved to death, at least 21 people have died at borders of Poland-Belarus.^{10,11} The loss of life at international borders has been a tragic consequence of States increasingly relying on extraterritorial border control and deterrence, including the use of pushbacks to control migration.

Dire conditions push people to cross the border at any cost, this can lead to harmful practices. Restrictive migration policies increase risks of encountering dangers, particularly exposure to violence, injuries, and death. Trafficking, smuggling and other exploitative activities are also harmful to health and wellbeing.

The risks of pushback practices on the wellbeing and health of people on the move are alarming. Therefore, these restrictive practices should not be part of the official or unofficial European democratic countries' migration policies. Lessons learned from the COVID-19 response for the inclusion of migrants show that countries that introduced special measures were able to improve access to health and social services.¹²

As health professionals, we cannot stand by and watch. We call for immediate action to protect the rights and health of all migrants at borders and beyond, regardless of their status.

In particular, we call for:

- Countries and the European Union to:
 - Stop the harmful practice of pushbacks and refrain from them in the future
 - Increase the provision of humanitarian assistance at borders, including health supplies such as hygiene and dignity kits, healthcare, social and legal protection etc.
 - Ensure reception centers are safe, dignified, and respectful of all human rights, including the right to health
 - Re-install the right to international protection and establish an effective and functional European asylum system
- Health practitioners and the research community to:
 - Document impact of pushbacks and violence at borders on health situation of migrants
 - Provide and advocate for medical assistance at borders
 - Help narrate the reality on the ground through community-based research
 - Highlight highest ethical standards along this process and protecting the identity of those people on the move
 - Collaborate with civil society and community members
- The press to:
 - Continue to document and investigate situations at borders
 - Report evidence-based, non-biased facts
- People living in Europe to:
 - Urge their governments to respect human rights and act humanely
 - Advocate for better access to health services and healthcare

Signatories

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Sources

¹ Report on means to address the human rights impact of pushbacks of migrants on land and at sea. Report of the Special Rapporteur on the human rights of migrants. Felipe González Morales. United Nations Human Rights Council Forty-seventh session. 21 June–9 July 2021. Accessed 30/12/2021 from: https://reliefweb.int/sites/reliefweb.int/files/resources/A_HRC_47_30_E.pdf

² Serbia: Games of Violence. Report. Médecins Sans Frontières. 2017. Accessed 30/12/2021 from: <https://www.msf.org/sites/msf.org/files/serbia-games-of-violence-3.10.17.pdf>

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- ³ Unmasking Europe's Shadow Armies. Lighthouse Reports. 06 October 2021. Accessed 30/12/2021 from: <https://www.lighthousereports.nl/investigation/unmasking-europes-shadow-armies/>
- ⁴ The Black Book of Pushbacks. Volumes I & II. Border Violence Monitoring Network. 2020. Accessed 30/12/2021 from: <https://migration-control.info/archive/the-black-book-of-pushbacks-volumes-i-ii/>
- ⁵ Channel: UK Practices Pushbacks as France, NGOs and the UN Deem "Turn-Around" Tactics Unsafe and Unlawful. European Council on Refugees and Exiles. 17 September 2021. Accessed 30/12/2021 from <https://ecre.org/channel-uk-practices-pushbacks-as-france-ngos-and-the-un-deem-turn-around-tactics-unsafe-and-unlawful/>
- ⁶ Greece: Violence, Lies, And Pushbacks Refugees And Migrants Still Denied Safety And Asylum At Europe's Borders. Amnesty International. EUR 25/4307/2021. Accessed 30/12/2021 from: https://www.amnesty.gr/sites/default/files/new_edited_22_jun_greece-violence_lies_and_pushbacks2_eur25-4307-2021_002_002.pdf
- ⁷ Pushbacks at the EU's external border. Danish Refugee Council. 02 November 2021. Accessed 30/12/2021 from: <https://drc.ngo/media/a3rnxwbf/pushbacks-at-the-eu-s-external-borders.pdf>
- ⁸ Report on means to address the human rights impact of pushbacks of migrants on land and at sea. Office of the High Commissioner for Human Rights (OHCHR). 12 May 2021. Accessed 30/12/2021 from: <https://www.ohchr.org/EN/Issues/Migration/SRMigrants/Pages/Pushback-practices.aspx>
- ⁹ Migration within Europe. International Organization for Migration (IOM). 2021. Accessed 30/12/2021 from : <https://missingmigrants.iom.int/region/europe>
- ¹⁰ West Accuses Belarus of Orchestrating Migrant Crisis at Polish Border. 09 November 2021. Accessed 30/12/2021 from : <https://www.nytimes.com/2021/11/09/world/europe/poland-belarus-border-crisis.html>
- ¹¹ 14-year-old boy freezes to death on Polish-Belarusian border. InfoMigrants. 12 November 2021. Accessed 30/12/2021 from : <https://www.infomigrants.net/en/post/36422/14yearold-boy-freezes-to-death-on-polishbelarusian-border>
- ¹² Kumar BN, Hargreaves S, Agyemang C, James RA, Blanchet K, Gruer L. Reducing the impact of the coronavirus on disadvantaged migrants and ethnic minorities. European Journal of Public Health. 2021 Nov;31(Supplement_4):iv9-13.