MdM - International

Missions with Immigrants

Contents

MdM-Belgium

Belgium - Brussels

-Specialists programme, in Brussels with the « Iris-Sud » network: Since 2001, over 2 200 specialised medical consultations were provided for free to over 1 500 patients -most of them were irregular migrants. These patients are referred by generalists or medical and social structures which confirm their precarious living conditions. In Brussels, MdM collaborates with over 40 partners (medical centres; reception centres; emergency centres and sites, such as the CASU-emergency health care centres-, Médecins Sans Frontières, the MdM mission “Talk with her”, “Saint Boniface”, etc.) Over 30 volunteers are involved in this mission and it is partly funded by the King Baudoin Foundation and by MdM private funds.	- 1 500 asylum seekers, undocumented and regular migrants Since 2001 Continuous

MdM-Belgium

Belgium - Brussels

- “Parle avec Elles”/« Talk to Her » programme, in Brussels. This programme targets women who for various reasons cannot take care of the health problems they suffer from and which are related to their sexuality and family situation: They fear to be denounced (80% are irregular migrants), lack resources, fear family members retaliation (migrant teenagers) or because of cultural factors, lack of health education, etc. Providing attention by listening to them and offering them a gynaecologic consultation free of charge enable MdM to discuss with them more intimate matters and then, solutions can be found. A trustful relation is set up and links between these excluded women and aid structures can be re-established or established.	95 asylum seekers, undocumented and regular migrant women (since 2003) Since 2003 Continuous

MdM-Belgium

Belgium - Brussels

-Psychosocial support programme in the Church,« Saint Boniface »: The project beneficiaries live in the church « Saint Boniface", in Ixelles. The persons with whom the undocumented migrants were in contact and with whom they could have expressed their anxiety, fear and anger… were the other church occupants or persons related to their fight (associations members, neighbours…). MdM has decided to offer these migrants a possibility to express themselves within a neutral environment and without fearing being judged. MdM has set up some activities that were implemented: psychological support, therapy, prevention. Within 8 weeks, 10 patients have benefited from this project (we counted around 2, 4 consultations per patient). Three psychologists volunteer to implement this project. Its "success" as well as the needs assessed in the other MdM programmes drove MdM to set up a long term psychological support programme, in Brussels.	The 130 asylum seekers and undocumented migrants	February-March 2006

- CASU project (emergency health care centres)	- Asylum seekers, undocumented and regular migrants

MdM-Cyprus

Kofinou-Larnaca Limassol

Mobile unit: - Providing primary medical care, psychological support & dental care. - Sensitization to hygiene and protection from sexually transmitted diseases	150 persons: - Irregular and regular immigrants - Asylum seekers - Battered women - Trafficking victims Since 2005 -2 years

-21 healthcare centres providing: medical consultations; health care; referral to appropriate public healthcare institutions when necessary; psychological support; HIV/AIDS, hepatitis and STI prevention and testing.	- 45 783 medical consultations (89% of the patients received are migrants) Since 1986 Continuous

-Sanitary support and orientation for asylum seekers families received by the “Coordination d’Accueil des Familles Demandeuses d’Asile” (CAFDA)	-1 298 asylum seekers (462 asylum seekers families)

MdM-France Ile de France/Lyon/Nantes/Strasbourg

-Mobile missions (targeting more particularly Romas who have been expulsed) providing sanitary monitoring; health education and promotion and facilitating children schooling, access to drinkable water and to mother and child healthcare	-3 500 Romas (among which around 2000 are based in the Ile de France region) Since 1992 Continuous

- Intervention in shelter for Asylum Seekers	Appx. 3.500 asylum seekers up to now Since 2001

- Intervention in polyclinics for refugees and asylum seekers (2 polyclinics).	Athens: 120.000 refugees and asylum seekers Thes/niki: 9.000 refugees and asylum Seekers Athens: Since 1996 Thes/niki: Since 2002. This program stopped in 2005.

MdM-Greece	Athens, Thessaloniki
- Mobile units providing medical and psychological support to drug users, including refugees (2 mobile units).	Athens: 50.000 drug users including refugees Thes/niki: 500 drug users including refugees Athens: 1996 Thes/niki: Since 2003

- Intervention in shelter for women, victims of trafficking	Up to now, 55 women victims of trafficking Since 2003. This program in 2005.

a medical document for undocumented migrants" Facilitating access to healthcare for undocumented migrant through a medical passport (MEDOC). Support health care professionals and undocumented migrants in care process by information meetings, workshops and publication. In June 2006 the program will be expanded	undocumented migrants in Amsterdam 1 year ending in June 2006

Improving the health of Roma and Sinti (regular and irregular status) by training and health promotion activities.	Roma and Sinti population 5.000-10.000 3 year

Mobile unit: - Wednesday to Sunday from 8 pm to 12 pm - Main train stations and in others sites of the city - Consultations - Psychological assistance - Referral to national health public service and information about the national health service card	- 8000 persons (5000 irregular and regular migrants) Continuous

San Lorenzo health centre: - Thursdays and Saturdays - Consultations (by generalists and specialists) - Reference to national health public service and information about the national health service card	- 300 persons (40% of irregular and regular migrants) Continuous

”Case Minime” project: - Community centre set up in the housing estate “case Minime” - Assessment and monitoring of the population needs in terms of health care - Medical assistance to answer their needs and when necessary; referral to national health public service	-3 500 persons (the migrants population is increasing) 1 year

MdM-Italy | Throughout the country

Retention Centres (Centri di Permanenza Temporanea e Accoglienza) project: - Assessment and monitoring of the health and human rights situation in the retention centres for migrants (drafting visits reports) - Lobbying actions	Continuous

MdM-Portugal

Loures (Quinta da Serra, district of Prior Velho)

Bairro Quinta da Serra Project Monday to Friday: 9.30am/13.30pm “Health facility” -Primary health care -Chronically ill patients health care - Home visits - Monitoring residents health and providing basic first aid - Referral of patients to hospital when necessary - Health promotion activities - Psychosocial care, social and legal information for the irregular immigrants and administrative support concerning health card -Patients referral to health services and social Services - HIV/AIDS, IST and TB prevention activities	1 559 persons -essentially irregular immigrants (from Guinea, Angola, Sao tome, Cabo Verde) Since 2001

MdM-Portugal

Lisbon: Cais do Sodré/Praça da Alegria/Santa Apolónia/Martim Moniz/Arroyos

Noite Saudável Project - Mobile unit: Monday, Wednesday, Thursday, Friday and Saturday nights (Monday to Friday: from 8 to 12 pm / Saturday: from 6.30 to 9 pm) - Primary health care - Psychosocial assistance - Advice about relevant public authorities (irregular immigrants) and access to health care in National Health Services - HIV/AIDS and IST prevention (Free distribution of condoms and information and referral to the test) -Gather sociological and epidemiological data concerning the beneficiaries	1 250 beneficiaries (“street population”) - Irregular and undocumented immigrants – homeless - Elderly people that receive assistance in the streets - young people Since 2001

MdM-Portugal

Porto (12 streets)

Porto Escondido Project - Mobile Unit: Twice a week from 9 to 12.30 pm -Health care -Referral to hospital when necessary and other supporting institutions for psychosocial and social care and rehabilitation -Administrative assistance (for homeless to obtain documents) -Gather sociological and epidemiological data concerning the beneficiaries	416 Homeless people, including irregular immigrants (mainly from Eastern Europe) Since 2002 (continuous)

MdM-SPAIN

Madrid, Bilbao, Baleares, Tenerife, Sevilla, Málaga, Toledo, Zaragoza, Valencia, Alicante

Health and social assistance, which includes information about public resources, support for the health card, health promotion and intercultural mediators. All actions are together with lobby and denouncing campaigns.	10.000 persons 1 year

MdM-UK

London (East London, borough of Tower Hamlets)

Project: London is an advocacy project which provides some healthcare as well as information, advice and practical assistance to vulnerable people to help them access the healthcare services they need. help beneficiaries to register with a GP and to access any other health services they need (dentist, sexual health clinics, etc) help beneficiaries to challenge denial to receive secondary care (antenatal care, cancer treatment, etc) in partnership with some solicitors when necessary The migrant sessions run twice a week in the premises of a partner organisation Praxis on Monday and Wednesday from 1pm to 5pm. Later in 2006 the programme will be expanded to work with homeless people and street sex workers.	Vulnerable migrants in London (40 since January 2006) Since 16 January 2006

Borders beyond Europe

MdM-Spain Morocco/Melilla/Nador

-Short mission to assess migrants socio-sanitary and humanitarian needs	Migrants on both sides of the wall 7 and 8 October 2005

MdM-Spain

Morocco-Bou Izakarn Guelmim

-Mission to assess the migrants needs in the detention centres (access was refused) -Collection of information about the sites where migrants were situated	12 to 21 October 2005

MdM-Spain Senegal -Dakar airport

-Sanitary assistance -Alimentary assistance -Logistics assistance	Migrants expulsed from Morocco (3 349 migrants were expulsed from Oujda) 10 to 31 October 2005

MdM-Spain Mauritania-Zerouat

-Sanitary assistance -Humanitarian assistance -Collect of migrants testimonies	70 migrants detained in Zerouat police station 12 to 22 October 2005 (After the MdM team returned to their base in Nouadhibou, all the migrants were drove to the boarder with Senegal)

MdM-Spain

Algeria (Saharawi Arab Democratic Republic)
Morocco (Bir Lelhou/Maherriz)

-122 medical consultations	-95 migrants
-healthcare support	-20 migrants
-collection of 72 migrants testimonies	
	22 to 29 October 2005

MdM-Spain

Algeria (Saharawi Arab Democratic Republic)

Development of the reproductive and maternal health care of displaced people in Aysend and Aaijou districts	35.000 women among 79.000 displaced people 2 years

MdM-Spain

Chad

Development of health system in the Ouaddai and Biltine regions (CHAD) for refugees fleeing from Sudan (Darfur)	200.000 refugees from Sudan 1 year

Synthesis

Synthesis

	Direct Attention – National Delegation responsibility	Knowledge of reality National Delegation responsibility/Network responsibility	Social and Political Change Network responsibility
North - Destiny	**Centres Projects** CASSA (PT); CASO (FR); CASSIM (ES) HR Clinics (UK) **Street Projects** (PT;GR; IT;FR)	Migration Observatory (survey of 835 questionaires in 7 countries)	Migrants Charter Lobbying/Advocacy
Border – Pop. In transit – Non-rights zone	Healthcare ← Testemonies	Detenction Centres Instalation Centres → Waiting Zones Retention Centres Disembark (PT/IT/GR/ES/FR)	Risk reduction Human Rights
South - Origin	Assessment Projects Healthcare projects	? ? ?	? ? ?

Synthesis

Political Priorities:

1. Medical Action on Vulnerable Populations
2. Testimonies for assessment and for the Media
3. Advocacy/Lobbying in Political Contexts

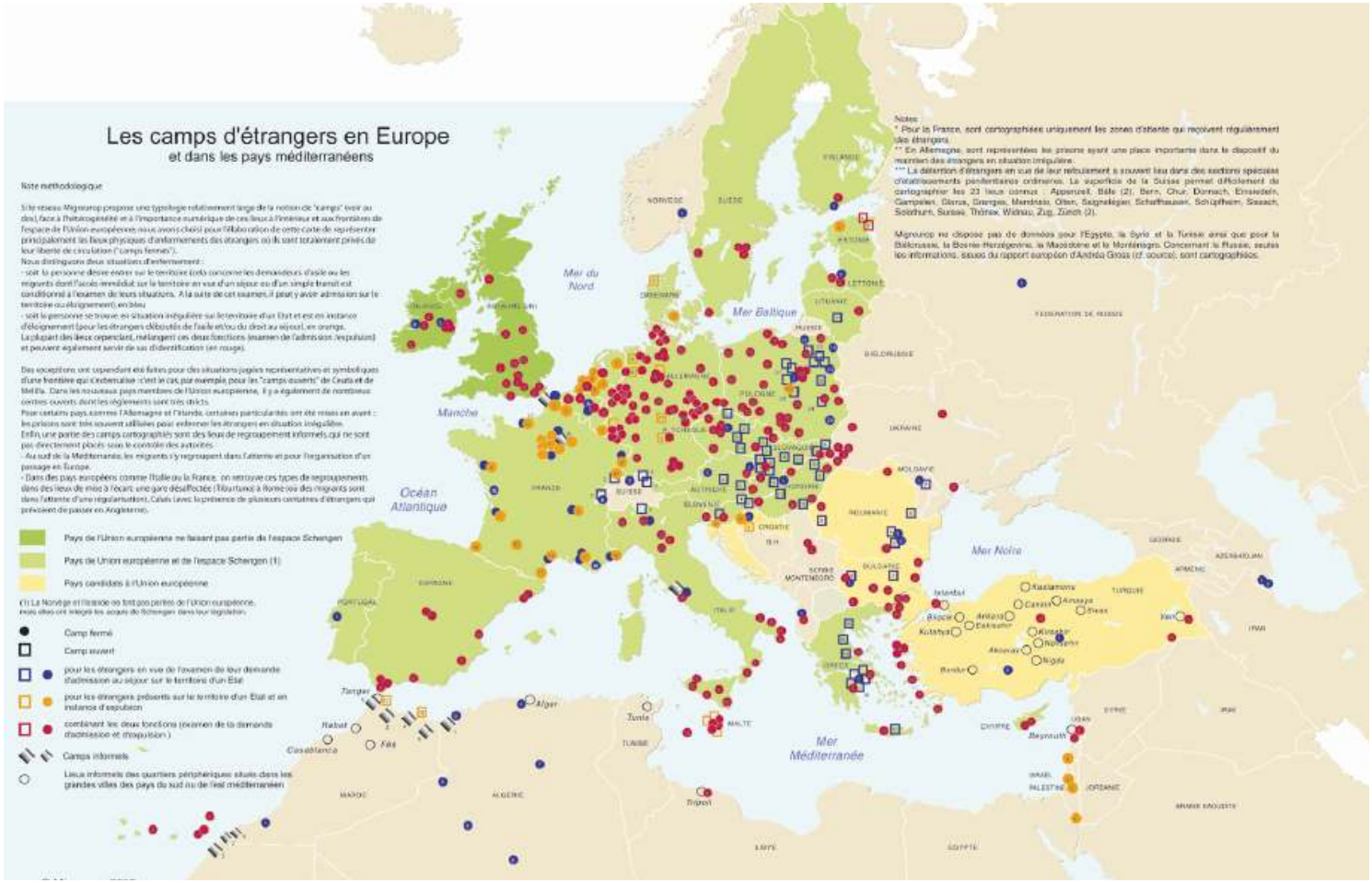
Synthesis 1. Medical Action on Vulnerable Populations

- MdM International has 24 programes with Immigrants

Operational Priorities Axis:

- Action in the Detention Centres
- Action on massive disembarkment
- Action on the countries of origin and on the transit countries

Centres for Foreigners in Europe



Synthesis 2. Testimonies for assessment and for the Media

- Testemonies made by MdM are strictly based on Action;
- Testemonies are collected to assess realities;
- Testemonies are made to be used in Lobbying/advocacy.

Synthesis 3. Lobbying/Advocacy in Political Contexts

- MdM mobilized in the European Conseil to insert an amendment in an European repatriation Directive in order to exempt for expulsion sick immigrants which could not be properly cared in origin countries.

- MdM created the **MdM International Charter on health for all foreign residents in Europe**

MdM International Charter on health for all foreign residents[1] in Europe

Taking into account that the article 25 of the Universal Declaration of Human Rights recognizes that “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care…”, Taking into account that the European Human Rights Convention refers explicitly to the Universal Declaration of Human Rights, And on the basis of our medical field experience working with the most vulnerable populations living within the European Union as well as outside Europe,

We commit all the European Member States, which signed the European Human Rights Convention to take appropriate measures in order to ensure a collective guaranty for the right to effective access to health care[2] and prevention for all foreign residents in Europe.

Trough our actions, we have noted that the health conditions and the access to health care of migrants and particularly undocumented migrants and asylum seekers are below the ones of the general population.

We require all the European Member States, which signed the European Human Rights Convention to recognise the right, which can be used as evidence, to real access to health care and prevention for each foreign resident on its territory.
We require all the European Member States, which signed the European Human Rights Convention to refuse any kind of discrimination regarding access to health care and prevention based on the residence-related administrative status of the migrant.

Therefore,

We require all the European Member States, which signed the European Human Rights Convention to ensure access to health care and prevention for all foreign residents disregarding if their residency status are regular or irregular and to provide this service in the same conditions –for persons with equal resources- that it is provided for nationals.

We require all the European Member States, which signed the European Human Rights Convention to ensure free medical care for pregnant women (delivery, ante natal, and post natal care) as well as for minors and all foreign residents whose revenues are below the poverty line[3].

We require all the European Member States, which signed the European Human Rights Convention to provide asylum seekers with appropriate medical care, taking into account the specific consequences of the political violence they may have been victims of in their countries of origin.

We require all the European Member States, which signed the European Human Rights Convention to grant to each foreign person suffering from a serious illness, an autonomous residence permit or another authorisation conferring the right to stay and real access to health care, unless it can be proved that he/she can receive appropriate treatment and medical care in his/her country of origin.

We require all the European Member States, which signed the European Human Rights Convention to ensure free and effective access to health care for all the foreigners retained, kept in retention centres or waiting areas on their territory.

We require all the European Member States, which signed the European Human Rights Convention to recognize the right for one or several independent non-governmental organisations –especially medical and human rights organisations- to have permanent access to all reception and retention centres for migrants with irregular administrative status in Europe (waiting areas, retention centres).

[1] A person is considered one country's resident when he/she wished to set up its main residence in this very country. In practise, this excludes all the persons who stay in a country for tourist purposes.

[2] Access to health care includes the medical check-up, the treatment and complementary test(s that would have been prescribed

[3] The poverty line equals 60% of a population's median revenue.

Conclusion - Paradigm Change in Migration and the Challenges for INGO

1. Again ‘The Dangerous Class’

Until 1980 East-West political differences did not exclude co-presence. Instead, presently pro-islamic and anti-islamic exclude co-presence.

Presently, besides economic and political Migration, there is allways the shadow of terrorism. Migrants turn to be once again the Dangerous Class.

Conclusion - Paradigm Change in Migration and the Challenges for INGO

2. The New Borders

Border lines between countries in Europe were substituted by:

a) Border centres within and out of Europe (waiting zones; temporary instalation centres; detention centres; etc).

b) City Streets and Gateways with new border policement tightening control on Migrants circulation and potential places of stay.

Conclusion - Paradigm Change in Migration and the Challenges for INGO

3. New Actors

States are being substituted by EU and local NGO are being substituted by networks: the problem became regional and even global.

Foreigners and borders become defined as an EU and UN problem more than a State-Nation problem. Thus, INGO networks put Immigration as central in its agendas also.

Conclusion - Paradigm Change in Migration and the Challenges for INGO

4. INGO Agendas

INGO agendas as mirror of EU agendas?

The Centres (Cassa; Cassin; Casu…) of NGO and the Centres (Temporary; waiting areas; detention…) of the States.

The voluntary streets army of NGO and the Border policement of the States.

Conclusion - Paradigm Change in Migration and the Challenges for INGO

5. Paradoxes of INGO Agendas

Action vs Testimony/Advocacy

Health Action vs Political Action

Risk Reduction vs Human Rights

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