

Médecins Sans Frontières / Doctors Without Borders
(MSF) opening statement to the Oireachtas Joint
Committee on Foreign Affairs, Trade and Defence.

Thursday 6th July 2017



Eyewitness update from MSF Search and Rescue
Operations in the Central Mediterranean

Chairman, members of the committee, I want to thank you for affording us this opportunity to present to you an eyewitness update from our Search and Rescue mission in the Central Mediterranean.

My name is Sam Taylor and I am the director of Médecins Sans Frontières / Doctors Without Borders (MSF) here in Ireland. Today I am joined by Dr. Conor Kenny, who has recently returned from over vessel in the Central Mediterranean.

Firstly, and by way of context, Médecins Sans Frontières is an independent, medical, humanitarian organisation that delivers emergency aid to people affected by armed conflict, epidemics, natural disasters and exclusion from healthcare.

MSF offers assistance to people based on need, irrespective of race, religion, ideology or political affiliation and our actions are guided by medical ethics and the principles of neutrality and impartiality.

In Ireland, MSF opened its office in 2006 and to date we have placed more than 150 Irish staff in MSF assignments; from Afghanistan to Uganda. We go where we are needed, to where our patients are. Presently, this now includes the Mediterranean Sea.

MÉDECINS SANS FRONTIÈRES SEARCH AND RESCUE OPERATIONS IN THE CENTRAL MEDITERRANEAN

MSF started its Search and Rescue (SAR) operations in the Mediterranean in April of 2015, following the decision by the European Union and Italy to discontinue the Mare Nostrum; the joint large scale search and rescue mission led by the Italian Navy. At the time, it appeared that Europe was prepared to let many people fleeing war, poverty and oppression, die at sea.

We in MSF took the decision that we could not stand back and watch on from the shore as thousands of men, women and children drowned while trying to reach Europe. Death at sea continues at an alarming rate and the numbers of deaths are comparable to what Médecins Sans Frontières is used to seeing in the warzones in which we operate.

Our work, responding to displacement in Europe over the past two years, has led us to set up projects in the south of the continent as well as along what became known as the 'Balkan route'.

From reception centres to refugee camps, we have established projects to respond to the health and medical needs of people-on-the-move. While the recent EU-Turkey deal has meant that less people are attempting the journey along the Balkan route – for people still attempting to cross, the journey has only become more dangerous.

To date, MSF teams in the Central Mediterranean have rescued or assisted over 30,000 people in distress on over 200 operations. So far in 2017 we have rescued and assisted more than 9,000 individuals.

According to data from the International Organisation for Migration (IOM), the number of people who died trying to reach Europe by crossing the Mediterranean has reached an all-time high with over 5,000 reported deaths in 2016. This year is shaping up to be another deadly year, with more than 2,170 deaths so far (IOM). However, these figures betray the reality of this crisis as the actual number of deaths is likely to be much higher.

We have no idea how many dinghies overloaded with terrified passengers set sail from Libya in the direction of Italy each day and sink without trace.

This morning, Dr. Conor Kenny, an MSF Ireland field worker who spent three months on-board our vessel the MV Aquarius in the Central Mediterranean, will outline his first-hand experience of providing medical care to rescued people aboard the vessel.

Last week, the Italian government signalled to the European commission that they may move to block foreign flagged vessels to dock in Italian ports due to the strain on their systems coping with the rescues. Search and Rescue is a desperately needed emergency response - but our work at sea is but a sticking plaster on a gaping wound. Our search and rescue operation is not the solution to this ongoing crisis, nor is it the cause as some have claimed.

After Dr. Kenny's testimony we will briefly conclude by outlining a number of our key concerns related to search and rescue operations for this committee to take into consideration, before we open the floor to any questions members may have. Once again, thank you for this timely opportunity and I will now pass you over to Dr. Kenny.

Chairman, members of the committee, my name is Dr. Conor Kenny and I come from Co. Sligo. I'm four years qualified as a medical doctor with interests mainly in general medicine.

From February to May 2017, I was part of the Médecins Sans Frontières (MSF) medical team on board the MV Aquarius, located in international waters patrolling at 25 nautical miles from the coast of Libya.

I served as the ship's medical doctor, alongside a small medical team comprised of one midwife and two nurses. This morning I will speak about my work and experience on this MSF assignment; detailing how we conduct **rescues in the Central Mediterranean**, the **medical care we provide** as well as **recent developments and areas of concern**.

RESCUES IN THE CENTRAL MEDITERRANEAN

Aboard the ship, we existed in a world of two extremes. My team and I would spend days at a time diligently watching the seas and running near-daily medical drills; ensuring we were fully prepared for the next emergency rescue. Then, upon receiving instruction from the Italian Maritime Rescue Coordination Centre (MRCC), we would enter an intense 72 hour period involving rescue, provision of care and safe disembarkation. I would repeat this process many times during my 3 and a half month assignment in the Central Mediterranean. (Images of what I will outline can also be found at the end of the document distributed).

Typically, as the ship's medic, my initial role in a rescue was that of first response. This means that I would go with first Rigid Hull Inflatable Boat (or RHIB) to the vessel in distress.

Next to the boat in distress and from the RHIB, I survey the scene and prioritise the people we rescue first – focusing on those who are seriously unwell, children and women. Sadly, the sickest are usually the ones I cannot see; often lying on the floor of the overfilled boat. Retrieving these people from their boat may often be complicated because of the fact they maybe panicked – for example if their boat is sinking. This may lead to crush situations or even capsizes.

Throughout this process, I am in constant contact with the rest of the team aboard the Aquarius which allows us to prepare the necessary medical response back on boat based on their health needs. This includes 'mass casualty response' and 'multiple casualty response'.

From the point of rescue to disembarkation, we respond to whatever medical needs arise – from emergency care to outpatient consultations. As you can imagine, demand is high and we get very little sleep over the usual 72 hour period between rescue and disembarkation. During this time in the MSF clinic; wounds are treated, broken bones are set, psychological first aid is provided and even babies are born.

MEDICAL CARE REQUIRED AND PROVIDED

The majority of our rescued patients are suffering from hypothermia; dehydration and exhaustion when they reach us and many have often been severely burned by the gasoline used to power the boat's engine.

It's important to note that when fuel mixes with seawater it turns into a highly corrosive and hazardous substance. Many of those who end up in my clinic having been forced to sit in this substance resulting in severe burns to their genitals. Many have also swallowed and inhaled the toxic liquid mix into their lungs during the drowning process.

One occasion that sticks in my mind is the attempt my team and I made to resuscitate and unconscious young women who had been brought on deck by staff on one of our RHIBs. As I approached her, the toxic smell of the gasoline fumes emerged from the patient as I noticed that the skin on the right side of her face had dissolved in the fuel. Tragically, resuscitation attempts were unsuccessful and the young women died.

On closer examination this facial burn extended the length of her thorax to the bottom of her chest. Clearly she had been face down in the fuel lining the base of the rubber boat. An utterly horrific way to die.

Regarding the other types of medical conditions that we are faced with, we see everything from respiratory tract disease to gastrointestinal tract disease to trauma. The greater part of people on board the boat have been subject to [or witnessed] physical, and in some cases, sexual violence whilst in Libya and present to me the marks and scars of those abuses.

They often speak about this abuse which they have suffered at the hands of smugglers, armed groups and private individuals to us when they are on the boat. Here, many tell us stories of how they were bought and sold as a commodity; working in hellish conditions as labours without payment.

I've heard testimony from many patients that they were duped into working in Libya; seemingly offered good jobs there where they would have the opportunity to send money to their families at home.

However, in reality, Libya is not a functioning state. With three competing governments and virtually no rule of law, many people whose final destination was to be Libya and not Europe, are rounded up by state security forces and other armed groups, forced into detention centres and asked to work off unreasonable sums for their freedom.

Some are then forced onto boats and into the sea while others view it as their only chance of escape from what they tell us is a slavery-type situation and the violence they face if they stay.

One such story that sticks with me is that of three boys who we rescued in April. Incredibly, once taken on board, two of the boys recognised a medical nurse on the ship who had treated them as small children in Darfur back in 2003. 14 years later, they told us the harrowing story about how they had ended up in the Mediterranean Sea.

Two of the boys, Samir and Abbas*, had at the age of 17 left the conflict in Darfur to seek out a better life working in the Libyan economy. They told us about how they had left Darfur with many others; travelling through Sudan and into Libya. Things however began to go wrong when after a number of days on the road, their Libyan driver shot dead a fellow passenger after an argument. Furthermore, their driver was overheard making numerous phone-calls; auctioning them and their fellow travellers to prospective buyers in Libya.

After a number of hours, they heard that they were to be sold for 70 euros each based on their physical attributes such as their height and muscle mass.

After reaching Libya they were sold on to different owners many times in the coming months, enduring regular beatings and abuse at the hands of their captors.

It was when they were auctioned for the third time that they met the third boy, Ahmed*. After 50 days together and again facing severe abuse, the three boys (along with others) found an opportunity to evade their guards and escape from where they were being held.

However, as they made their dash to freedom a neighbour of their captor spotted the attempted escape and fired at them as they fled; hitting Ahmed in the leg.

Samir and Abbas who had now evaded capture reached a market in Tripoli. Adamant that they would not leave Ahmed behind, they found a Sudanese man who helped them by raising enough money within the Sudanese community in Tripoli to buy both the freedom of Ahmed as well as their escape into the Central Mediterranean.

RECENT DEVELOPMENTS AND AREAS OF CONCERN

There has been worrying recent developments at sea involving unsafe behaviour of those identified as the Libyan coastguard (LCG).

On May 23rd of this year, my colleagues aboard the MV Aquarius reported that whilst we had a rescue operation under way, a boat with men identifying themselves as Libyan coastguard approached one the boats in distress we were assisting; intimidating the passengers and firing their guns in the air.

Armed and in uniform, members of the LCG then proceeded to board one of the rubber boats. Here they took phones, money and other belongings from the passengers. They attached a line to one rubber dinghy and towed it back towards Libyan waters. The testimony of one of the survivors of this encounter paints a worrying picture;

"When the Libyans pointed their weapons at us, asking us to give them all our money and cell phones and telling us to jump in the water, we did what they said and many of us jumped in... I was not afraid; I preferred to die at sea rather than being repressed and to die in Libya."

Fortunately many had already received their life jackets from us before they jumped into the sea out of fear when the LCG began to fire into the air.

Our teams pulled 67 people from the water. This behaviour was reckless if not directly threatening to the people on the boats and it's a miracle no one drowned or was injured.

We know that predominantly, those returned to Libya by the LCG are taken to various detention centres where they are held in inhumane conditions. As the LCG has been in receipt of training and support to build their capacity from the European Union, this makes the incident all the more disturbing and casts a shadow on the training provided by the European Union. While countries have a right to have coastguard and engage in their missions, we would flag this recent worrying incident that put people in great danger.

From my testimony as outlined this morning, it's clear to see why people are looking to flee Libya. They need help and safety regardless of where they come from or what took them to Libya in the first place. It appears to be a place of extreme danger with no rule of law. We must make every effort to make it clear; Ireland needs to know that returning people to Libya, within this context and in this way, is simply not an option.

This humanitarian crisis is something that will continue in the central Mediterranean. There needs to be some solution found and we are very much not it. Thank You.

CONCLUSION

On the basis on Dr. Kenny's testimony this morning and MSF's continued search and rescue mission in the Central Mediterranean, we would now conclude by highlighting our key concerns and conclusions for the committee's consideration;

- *MSF are concerned about the humanitarian consequences of some elements of European Union funded capacity building initiatives in Libya; namely that of the Libyan Coast Guard and conditions within centres. We suggest that a thorough assessment of the impact of such initiatives, both positive and negative, be conducted by the European Union;*
- *MSF believes that European Member states should be focusing on implementing a dedicated search and rescue operation the central Mediterranean. We would caution against any significant shift that would see the priority move away from a rescue operation to predominantly that of an anti-smuggling one (including Ireland's naval response);*
- *Finally, MSF calls once again for the urgent establishment of adequate, safe and legal alternatives to the dangerous sea crossings in to prevent more deaths at sea.*



Photo: 1 MSF field staff make their medical assessment and prepares to conduct the recues from the vessel in distress



Federica Mameli/ SOS MEDITERRANEE

Photo: 2 MSF field staff aboard a RHIB prepare to make their initial assessment in low light



PBar/SOSMEDITERRANEE

Photo: 3 MSF field staff provides those aboard the vessel in distress with life jackets prior to rescue



Photo: 4 MSF Ireland's Dr. Conor Kenny provides medical assistance to a rescued individual aboard the MV Aquarius



Photo: 5 MSF field staff conduct a dangerous night time rescue to those aboard a dangerously overcrowded wooden vessel



Photo: 6 The MV Aquarius uses its spotlights to illuminate the waters around the vessel in distress ahead of rescue



PBar/SOSMEDITERRANEE

Photo: 7 MSF staff medical staff provide medical assistance to a rescued individual aboard the MV Aquarius

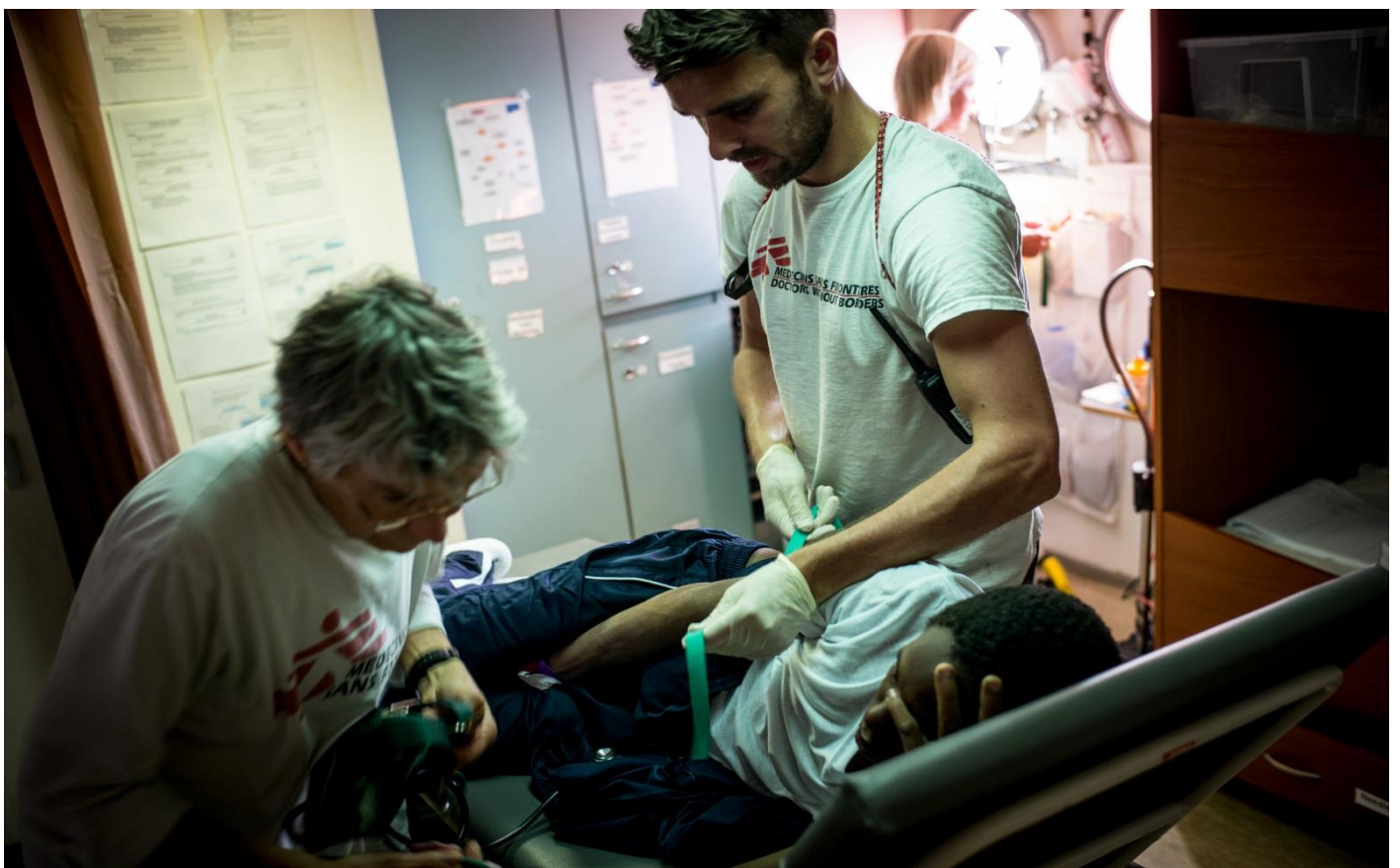


Photo: 8 MSF staff medical staff provide medical assistance to a rescued individual aboard the MV Aquarius



Photo: 9 MSF field staff identifies and provides emergency medical aid to those identified as most vulnerable aboard the vessel in distress



Photo: 10 MSF Ireland's Dr. Conor Kenny provides medical assistance to a rescued individual aboard the MV Aquarius



Photo: 11 MSF/SOS Mediterranée staff brings the bodies of those recovered back to shore



Photo: 12 MSF field staff recover the body of a person drowned at sea