



Health on Hold: Europe's Failing Migrant Care System.

10th June 2025

"There were claims of insects in food, bed bugs, and an outbreak of Legionella." – BBC News

On the Bibby Stockholm, a barge housing asylum seekers off the UK coast, men looked out uncertain of their fate. For some, it was safety; for others, a nightmare. Reports of insects in food, cramped cabins, and a Legionella outbreak threat exposed a harsh reality: even in Europe, migrants' right to health is fragile.

This story echoes across Europe; from overcrowded camps in Calais to the tents of Moria in Greece, where migrants face poor healthcare, psychological trauma, and struggle to access basic services. Often arriving healthy, the journey and conditions can turn their search for safety into a fight for survival.

The EU proclaims its defense of human rights, including health. Yet access to healthcare for migrants is a patchwork that varies by country: some get emergency care, others are refused or must pay. In 2024, over one million applied for asylum in the EU. But for many, the real challenge starts after arrival.

To what extent do current healthcare policies across the EU and its Member States cause this fragmented and unequal access? What do these gaps reveal about the political and legal tensions surrounding migrants' right to health?



This blog exposes the harsh reality of Europe's crumbling migrant healthcare system, shedding light on three critical issues: **fractured policies, neglected health and mental suffering, and the escalating politicization of the right to care.**

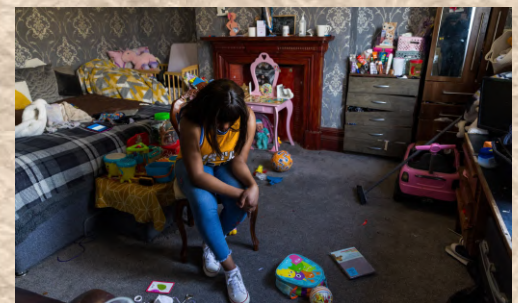
I. Fragmented Healthcare Policies: A Disjointed Europe

Across Europe, accessing healthcare can be a matter of geography for migrants. While the European Union promotes the right to health as a fundamental value, the reality on the ground is a fragmented patchwork of systems, where access depends on a mix of national policies, legal statuses, and administrative procedures.

Fragmented Healthcare Systems: A Patchwork of Rules Across Europe

To begin with, in France, the *Aide Médicale d'État (AME)* provides free healthcare for undocumented migrants who meet residency and income conditions. According to official guidelines, **"foreigners in an irregular situation can benefit from AME if they have been living in France for more than three months and meet certain income thresholds"**. The AME covers essential healthcare services, including consultations, treatments, hospitalizations, and medications, without any upfront payment.

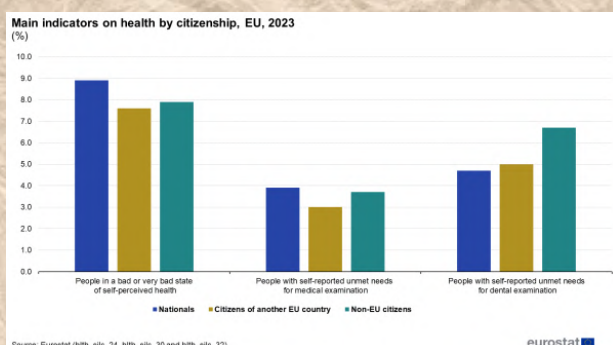
France, however, is not the only country with a specific healthcare mechanism for migrants. In the United Kingdom, with its *National Health Service (NHS)*, the approach differs. Here, emergency care is available to all, regardless of immigration status. Yet even this seemingly open system has its pitfalls. According to the British Medical Association, **"refugees and asylum seekers with an active application or appeal are fully entitled to free NHS care"**. Still, confusion over eligibility and fears of unexpected charges can deter many migrants from seeking medical care. For instance, The *Guardian* reported the case of an asylum seeker who was wrongly billed **£10,000 for maternity care**, even though she was legally entitled to free treatment. **"They could only afford to pay a penny a month,"** the article noted.



Kim, pictured in her asylum accommodation, is struggling to pay the NHS bill after giving birth via emergency caesarean. Photograph: Gary Calton/The Observer

<https://www.theguardian.com/society/2025/apr/13/asylum-seeker-billed-10000-for-nhs-maternity-care-could-only-afford-penny-a-month>

Further south, in Spain, regional governments determine access to healthcare for undocumented migrants. In theory, under *Article 3 ter* of the Spanish law, **"foreigners who are not registered or authorized as residents in Spain have the right to health protection and medical care under the same conditions as Spanish nationals"**. But in practice, the situation is far more complex. While Catalonia offers near-universal healthcare for migrants, other regions impose stricter limitations. In regions where access is restricted, migrants are left navigating a maze of bureaucracy, often denied care despite legal provisions.



Non-EU citizens experience more health issues

https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Migrant_integration_statistics_-_health

Finally, in Greece, as a frontline state for migration into Europe, faces an even more severe healthcare situation. Camps like Moria on the island of Lesbos have become tragic symbols of this crisis, where overcrowding and limited medical resources leave vulnerable populations without adequate care. In 2020, *Médecins Sans Frontières (MSF)* reported that **"at least 140 children with serious health conditions"** were living in the Moria camp without proper care.

Therefore, while some countries offer limited access to healthcare for undocumented migrants, others enforce strict barriers, leaving many without even basic medical assistance.

At the EU level, several funding mechanisms also exist to support vulnerable populations. *The Fund for European Aid to the Most Deprived (FEAD)* provides essential goods like food, hygiene items, and social integration support. Meanwhile, the *Asylum, Migration and Integration Fund (AMIF)*, with a budget of €9.88 billion (2021-2027), aims to strengthen national migration management, support integration, and ensure solidarity among Member States through emergency assistance and relocation.

Despite these efforts, the reality remains one of stark inequalities. For many migrants, healthcare is not a guaranteed right but a fragile privilege, making the role of NGOs essential in safeguarding their health.

The Crucial Role of NGOs: When States Fall Short



In this fragmented landscape, *non-governmental organizations (NGOs)* are often the last resort for migrants excluded from public healthcare systems. In France, organizations like Médecins du Monde step in, providing free medical consultations to those without access to state services. In Calais, where thousands of migrants live in makeshift camps, these NGOs have become essential lifelines.

"Doctors Without Borders (MSF) says there are youngsters with epilepsy, diabetes, and heart disease at Moria complex on the island of Lesbos," reported Euronews, highlighting the indispensable role of NGOs. But their work is not without risks. In some EU countries, helping undocumented migrants can even be a crime. A 2024 report by PICUM revealed that **"at least 142 individuals across the EU faced criminal or administrative proceedings for acting in solidarity with migrants"**.



An Inconsistent Promise: Healthcare as a Right or a Privilege?

<https://picum.org/wp-content/uploads/2025/04/Criminalisation-of-migration-and-solidarity-in-the-EU-2024-report.pdf>

Ultimately, these fragmented systems reveal a deeper tension: Is healthcare a universal right, or is it a privilege granted based on legal status and national policies? The European Union may uphold the principle of universal health coverage on paper, but the lived reality for migrants tells a different story; one marked by barriers, bureaucracy, and, all too often, suffering.

II. Health Neglected: From Illness to Invisible Suffering

Europe presents itself as a beacon of human rights, but for thousands of migrants, this promise is an illusion. Trapped in camps, barges, and makeshift shelters, they endure not only physical suffering but also the crushing weight of psychological despair. These are not isolated incidents : These patterns expose the scars of a system in collapse.

Neglected and Forgotten: Physical Health in Crisis

When migrants arrive in Europe, many are physically healthy despite the trauma of their journeys. But once they reach supposed safety, their health rapidly deteriorates. The Bibby Stockholm tragedy epitomizes this neglect. Docked off the UK coast, this barge was meant to offer temporary shelter, but it quickly became a symbol of despair.



PA Media

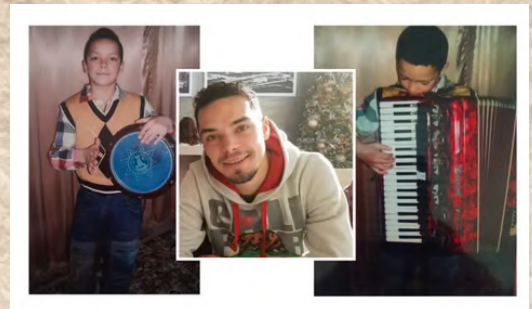
<https://www.bbc.com/news/articles/cwy1300x1ylo>

"There were claims of insects in food, bed bugs, and an outbreak of Legionella," reported BBC News. Legionella, a deadly bacteria that can cause severe lung infections, was detected in the water system just days after migrants boarded. Despite the clear health risk, authorities delayed evacuation for four days, leaving men trapped with contaminated water. **"Why were the asylum seekers not moved off the barge immediately? It's all a bit chaotic,"** questioned Carralyn Parkes, a Portland councillor in *The Guardian*.

The
case

of *Leonard Farruku* is a tragic reminder of these dangers. An Albanian asylum seeker found dead on the Bibby Stockholm, his death was officially labeled a suicide. But for many, it was another consequence of a system that reveals systemic neglect that dehumanizes migrants.

However the Bibby Stockholm is just one of many tragedies; across Europe, a pattern of neglect emerges. In Calais, thousands of migrants are left to survive in makeshift camps exposed to the cold, rain, and mud. Skin infections become chronic, untreated wounds fester, and respiratory illnesses spread like wildfire. According to *Doctors Without Borders (MSF)*, **"the destruction of the southern part of the slum began on February 29 and was almost completed on March 16, leaving thousands without shelter and exposed to violence, hunger, and disease"**.



Pictures of Leonard Farruku

<https://www.theguardian.com/uk-news/2024/feb/05/the-tragedy-of-leonard-farruku-the-gifted-young-musician-whose-dream-of-a-better-life-ended-on-the-bibby-stockholm>

In Greece, the overcrowded camps on the Aegean islands are breeding grounds for disease. Moria, once a temporary solution, became a symbol of European neglect. **Designed to house 3,000 people, it was forced to hold over 20,000,** leading to unbearable conditions. A study published in the *National Library of Medicine* revealed that **"access to each field of primary healthcare was assessed as minimum to non-existent by most of the participants"**.


https://www.ecdc.europa.eu/sites/default/files/styles/is_large/public/images/Migrant-health_C.jpg?itok=JmCTKyt4

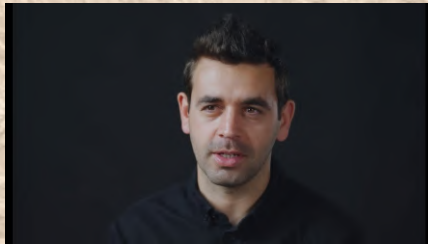
These cases show how migrants' physical health quickly worsens due to neglect. Yet, the impact on their mental health is just as urgent.

Mental Health: The Invisible Scars

Yet the pain migrants endure in Europe is not just physical. Beneath the untreated wounds and spreading infections lies another silent crisis : one that scars the mind. The World Health

Organization (WHO) warns that "migrants and refugees are at a higher risk of mental disorders, including depression, anxiety, and PTSD".

One striking example is Yerima, a migrant from the Congo who reached Spain seeking safety. "You abandon everything you've ever known, and come to a foreign land, only to be subjected to all types of discrimination and violations," he shared on Global Citizen. His words capture a profound truth; escaping conflict is only the beginning of another struggle.



For Ahmad, a Syrian migrant in the UK, the agony was in the endless waiting. "One of the elements that was sort of missing... was the impact of the process of going through the asylum process... it had a significant impact on your mental health and well-being," he shared with Mental Health Europe.

These hidden wounds deepen the suffering migrants face, making mental health support a critical yet often overlooked need.



Yerima Gado is from Togo and now lives in Valencia, Spain.

Image: @ Lena Mucha/

UNDP

[https://](https://www.globalcitizen.org/en/content/migrant-first-person-stories-undp/)

www.globalcitizen.org/en/content/migrant-first-person-stories-undp/

Ahmad: from Syria to the UK
https://www.youtube.com/watch?time_continue=3&v=Vbk_kdB944Q&source_ve_path=MjM4NTE&themeRefresh=1

Chronic Diseases: Left Untreated, Left to Suffer

For many migrants, even managing existing health conditions becomes impossible. Chronic diseases like diabetes, hypertension, and HIV are left untreated. In Calais, MSF teams report seeing migrants with untreated wounds, infected teeth, and worsening skin conditions.



On the Greek islands, respiratory infections spread rapidly in overcrowded camps. Tuberculosis, scabies, and even *COVID-19* circulate with deadly efficiency, turning already vulnerable populations into victims of neglect.

A Choice to Care or to Ignore?

These conditions are not just accidental oversights : they are the result of choices. Choices made by governments to prioritize border control over human dignity, to treat migrants as threats rather than as people.

Europe presents itself as a guardian of human rights, but for those trapped in camps, health is a distant hope; an illusion shattered by barbed wire, bureaucracy, and indifference. *This reality stands in stark contrast to the EU's self-image as a defender of dignity.*

III. When Health Becomes Political: The Weaponization of Care

Europe's healthcare systems claim to be a shield for all, but for many migrants, they are more like walls; walls not just of bureaucracy but of politics. In recent years, healthcare for migrants has shifted from a humanitarian obligation to a contentious political issue. It is no longer just about medicine, it is about who belongs and who does not.

From Rights to Restrictions: The Rise of Exclusionary Policies

Across Europe, right-wing parties have seized on the narrative of 'healthcare for nationals first.' In France, the *Aide Médicale d'État (AME)*, which provides free healthcare to undocumented migrants,



Séance de débat au Sénat sur la loi immigration, le 7 novembre 2023. LUDOVIC MARIN/AFP
LUDOVIC MARIN / AFP

has become a political battlefield. *In November 2023, the French Senate* debated a proposal to transform the AME into a more restrictive emergency medical aid (AMU). Far-right leader *Jordan Bardella* argued that **"healthcare for migrants costs over one billion euros"**, framing the issue as a financial burden. Although the reform was ultimately rejected, the debate left a scar, a message that compassion is negotiable.

This exclusionary trend is not limited to France. In Spain, a 2012 reform restricted access to healthcare for undocumented migrants, leading to severe health consequences. **"The sustainability argument was false...it did not save money, it just shifted the costs to emergency care"**, reported *Redacción Médica*.

Healthcare as a Political Weapon: When Solidarity Becomes a Crime

For many European governments, healthcare is not just a cost, it is a weapon. Criminalizing solidarity has become a tactic to deter support for migrants. Offering medical aid to undocumented migrants is seen as *"aiding illegal stay"* in some EU states. In Italy, humanitarian volunteers have faced investigations for providing basic medical care to migrants. In Greece, aid workers of *Emergency Response Centre International (ERCI)* were prosecuted for *"facilitating illegal migration"* simply for rescuing people at sea.

AMNESTY
INTERNATIONAL



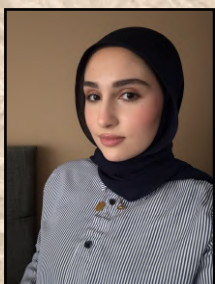
This is not just a legal issue, it is a moral betrayal, especially on a continent that claims a human rights heritage. **"Compassion has been turned into a crime across Europe,"** warns Amnesty International.

Conclusion : A Struggle for the Soul of Europe

As European politicians debate the cost of migrant healthcare, the real question is not about budgets or borders, it is about values. Will Europe be a continent that upholds human rights or one that abandons them when it is convenient?

Yet there are glimpses of hope. In cities like *Barcelona*, local governments defy national policies, providing healthcare to undocumented migrants and affirming that health is a right, not a privilege. Such examples show that while national policies may become harsher, the spirit of solidarity is not entirely lost.

Europe claims to defend human rights, but as long as it lets borders decide who deserves to live with dignity, its promise of solidarity is just an illusion.



This blog entry was written by **Amina Kireche**, third-year student in Anglo-American Law at CY Cergy Paris University, with a passion for health law and a goal of pursuing a master's degree in the field.

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