

Health challenges and care for survivors aboard the *Ocean Viking*

TREATED WITH HUMANITY



SOS
MEDITERRANEE

FEBRUARY 2025

INTERNATIONAL SEA
RESCUE HUMANITARIAN ORGANIZATION



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MARY*

Eritrean

At the age of 20, Mary* is not afraid of death. She fled war, was separated from her family, and crossed the Sahara. [...] Trapped in Libya, she survived numerous abuses and contracted tuberculosis in a detention center, where she received no care. In January 2024, she was rescued in the middle of winter from an overcrowded rubber boat that was taking on water. She was treated in the clinic onboard the *Ocean Viking*, before disembarking in Italy.

I left Tigray three years ago to escape the war. Then we were expelled from Sudan, so I went to Libya to work. [...] Crossing the Sahara is a real ordeal. When someone dies, it affects you, but you have to continue with the others. I stayed in the Sahara for eight months.

*I stayed in Libya for two years and eight months, then tried to cross the sea. But we were intercepted by the Libyan coastguard, and I was thrown into prison**.*

When the guard found out we were ill, he told us to go to Tripoli, addressing only the women. [...] But we were kidnapped and locked up in a house. Afterwards, they asked us for money to get out.

Detention conditions are even more difficult when you are intercepted at sea and imprisoned. My friend, who was with me on the boat, died. After she died, I caught tuberculosis again. There was no treatment or anything. She had started getting sick while we were in the hangar.

It's very cold at sea, because your clothes get all wet. We spent the whole night out there. She couldn't stay alive for long, because of the cold and the illness. When she was sent back to prison, she died immediately.

I wrote a diary when I was in prison. I have it here, but it got wet. I wish my father and I could read it together one day. I want him to know that I survived. There are so many risks when you get on [these boats] to cross the sea. [...] More than death, you're afraid of being arrested by the [Libyan coast guard]. I'm not afraid of death.

I want to carry the voice of all those who remained in Libya. Now, I'm very happy to have the opportunity to say [what's happening there]. But I'm very sad for the people who are there.

(*Mary was assessed, treated, and referred for further specialized medical care on land by the medical team onboard the *Ocean Viking*).



Tess Barthes /
SOS MEDITERRANEE



WARNING

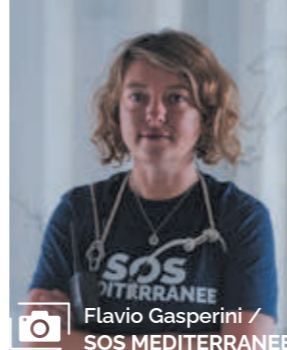
SOME TESTIMONIES IN THIS REPORT CONTAIN DESCRIPTIONS OF EXTREME VIOLENCE, INCLUDING TORTURE, RAPE, EXTORTION, KILLING, AND DROWNING. READER DISCRETION IS ADVISED.

* The first names of the survivors in this report have been changed to preserve their anonymity.

** The term "prison" is commonly used by those we rescue to designate detention centers in Libya, whether official or not.

EDITORIAL

EVERY PERSON HAS THE RIGHT TO HEALTH AND CARE



Since 2016, our ships – the *Aquarius* and now the *Ocean Viking* – have patrolled international waters in search of boats in distress. Over the last nine years, we have rescued more than 40,000 men, women, and children, bringing them to safety. Our ship functions much like an ambulance at sea, equipped to provide urgent medical care to those risking the dangerous Mediterranean Sea crossing.

The people we rescue leave their countries of origin for a number of reasons, both willingly and by force. Rescued from unseaworthy boats, each rescue is unique, intense, and risky. When people are brought safely onboard the *Ocean Viking*, they are in varying states of health and emotion – sometimes fearful, exhausted, overwhelmed, or relieved. Our priority is to address any medical emergencies before allowing them the space to rest, recover, and regain a sense of stability.

Our onboard clinic is more than just a place for medical treatment – it is a refuge where people can find privacy, speak to someone, and be treated with humanity. Here, we see individuals one by one, learning their names and hearing pieces of their stories. These are stories of people who, just like my family

when I was young, left their homes in search of a better future. Many are full of hope and curiosity, despite adversities faced along the way, and carry the weighty expectations of the families they have left behind. Their determination to move on is compelling.

I will never forget certain moments onboard. Like the nine-year-old girl with second-degree burns to her legs. She had boiling water thrown on her as a consequence of fighting off her assaulter in the detention center in Libya. After dressing her burns and while under observation in our clinic, she shared her simple wish and innocently asked if bananas, her favourite food, could be found in Europe. Or the young man with severe, necrotizing wounds to his feet after walking almost 300 kilometres in flimsy plastic sandals. Cleaning his wounds, I could see bone and was awe-struck by the sheer will it must take to endure that kind of pain. I also cherish the small moments of connection – sharing a smile, a game, or realizing we like the same Justin Bieber song. We show each other on a world map where we've come from, how far we've come, and where we're going. Following our fingers we trace our journeys, now intertwined.

Often, people tell us that it's the first time in a while they've been treated like human beings. They praise us with songs, drawings, and words of gratitude. While these moments are touching, they are also uncomfortable, because the praise is not necessary. Our actions are not extraordinary – we are simply providing the care that every human being deserves. Every person has the right to health and care.

There are also moments of tragedy that I will never forget. Like the time we reached a boat that was falling apart, carrying approximately 130 people. The scene was chaos, a scene we always train for, but hope will never happen. We rescued 99 people while an unknown number drowned in front of our eyes. We began resuscitation on nine people, many small children, and after rescue breaths and chest compressions, seven of them breathed life again. From what we know, at least two mothers died and left behind their babies as orphans. It was painful to witness such a scene, but I wouldn't change the fact that we were there – to bear witness to the injustice of this loss. It makes me think of the invisible shipwrecks, of those who disappear unnoticed and unnamed, where no rescue occurred – of the senseless loss of life at sea. Although the true number will never be known, estimated figures suggest that over 30,000 people have died in the Mediterranean in the last 10 years.

What we do can feel like a drop in the ocean, but every time I have the privilege of welcoming someone onboard, removing their life jacket, shaking

their hand, and telling them they are safe now, I know that what we do matters. After taking the survivors to a place of safety, watching them disembark and saying goodbye, we often do not know what will happen to those we've rescued. I have mixed feelings, knowing their journey and challenges do not end there. We provide referrals to those we've identified as most vulnerable and those needing further medical care, but we know that often needs outweigh services.

I do not pretend to have all the answers to this complex humanitarian crisis. But I do know that if someone is desperate enough to risk their life at sea, there is a reason they are leaving. And no matter what the reason, access to safety and medical care is a fundamental human right that must be upheld for all. We must give to every human being the same rights we claim for ourselves. It could be you, your mother, father, son, daughter, or best friend in that precarious boat.

Our mission is driven by the belief that every life is worth saving. With your continued support, we can keep making a difference for those in need. Thank you for standing with SOS MEDITERRANEE in our shared commitment to save lives and uphold human dignity at sea.

Sincerely,

DOMINIKA WANCZYK

Head of Post Rescue SOS MEDITERRANEE

Johanna de Tessieres /
SOS MEDITERRANEE



SECTION 1: RISKS AND HEALTH CHALLENGES BEFORE CROSSING THE SEA

Tess Barthes /
SOS MEDITERRANEE

ONBOARD, THE MEDICAL CONDITIONS ENCOUNTERED ARE A DIRECT REFLECTION OF THE HARDSHIPS ENDURED ON PEOPLES' JOURNEYS – FROM LEAVING THEIR HOMES AND CROSSING THE DESERT, TO SURVIVING DETENTION.

The poor hygiene and sanitary conditions people experience, especially in detention centers in Libya, can lead to skin conditions, diarrheal diseases, and respiratory infections. Chronic illnesses are often exacerbated due to a lack of access to health care. People arrive with injuries, both

physical and psychological, stemming from violence, torture, forced labor, or extortion. Exposure to these stress factors can put people at increased risk of anxiety, depression, psychosis, or post-traumatic stress disorder, as further developed in the last section of the report.

MIGRATION AND HEALTH: AN UNDERESTIMATED CHALLENGE

According to the International Organization for Migration (IOM)¹, "mobility affects not only people's physical vulnerability, but also their mental and social well-being. Migrants face many obstacles in accessing essential health services. [...] High morbidity and mortality rates, especially in cases of irregular or forced migration or exploitation, constitute a major underestimated health problem"².

WAR, POVERTY, VIOLENCE... THE ORIGINS AND CAUSES OF DEPARTURE

The people rescued by the *Aquarius* (from 2016 to 2018) and then the *Ocean Viking* (from 2019 to date) come from nearly fifty countries across Africa and Asia. The demographics of those rescued shift

each year, reflecting the evolving crises that impact these regions. War, famine, climate change, and economic instability are among the key factors driving people to flee their home countries.

1. <https://www.iom.int/fr/migration-et-sante>

2. <https://www.who.int/fr/news-room/fact-sheets/detail/refugee-and-migrant-health>

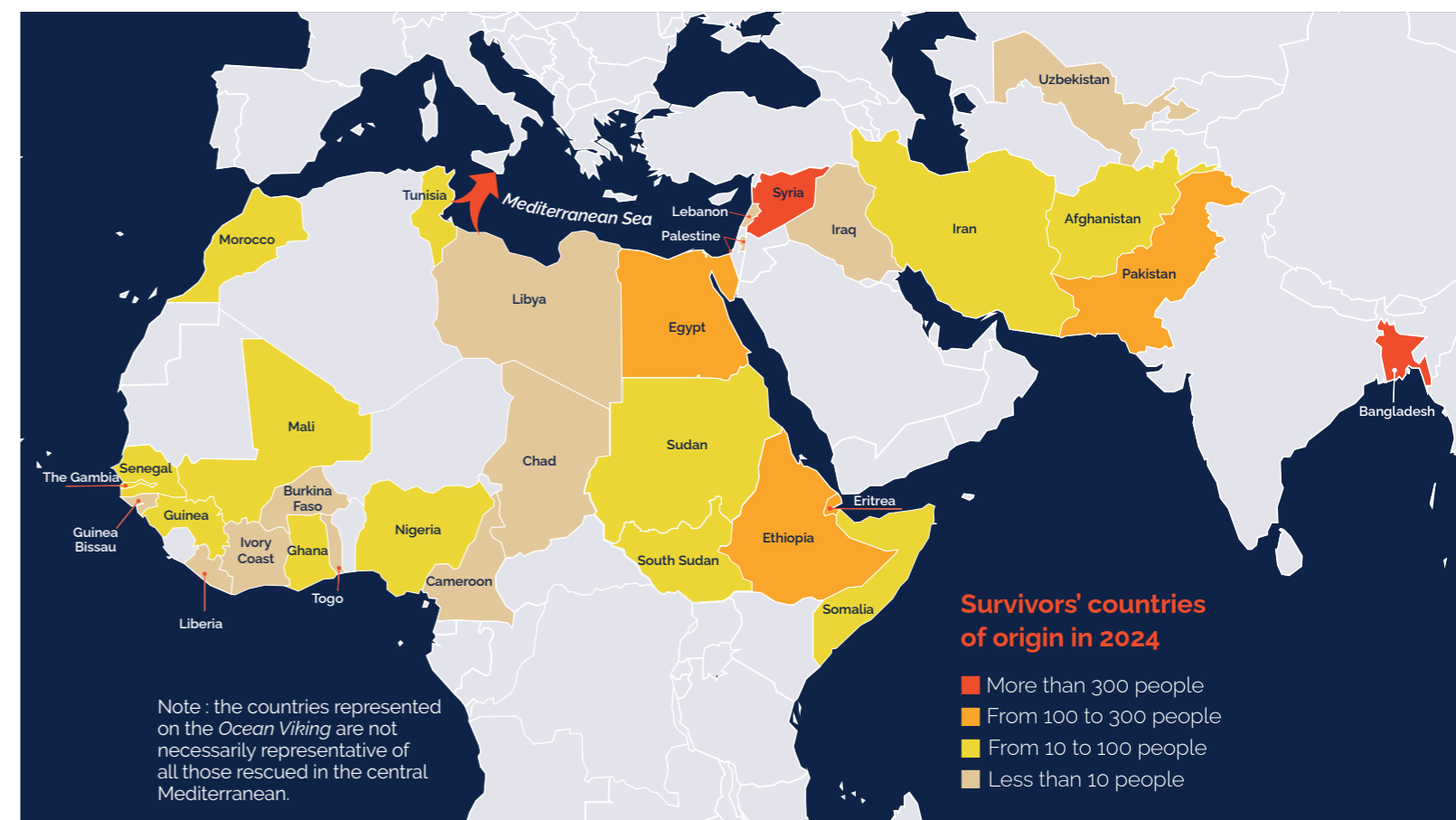
According to the testimonies collected on board our ships, many people also leave their homes for personal reasons: economic hardship, violence, stigmatization due to their ethnic or religious affiliation, sexual orientation, gender, political choices, or, more simply, the search for a safe future for themselves or their children.

Many women and girls flee forced marriage, intra-family or gender-based violence, and the risk of female genital mutilation (FGM) for their daughters. For example, Djewada, a mother of four, rescued by the *Ocean Viking* in March 2020, left Guinea Conakry to protect her six-year-old daughter from FGM: *"Souadou is sick, she has sickle cell disease³ and my husband's family wanted to excise her. But if she undergoes FGM, she'll die. That's why I fled. [...] In Libya, my daughter fell ill. She needed a blood transfusion. Her foot became paralyzed. Back home, she'd already had three blood transfusions. We wanted to go to the hospital in Libya, but they told us they couldn't take us because we're Black and had no papers."*



Yann Levy /
SOS MEDITERRANEE

MAP OF ORIGINS



3. According to the World Health Organization (WHO), sickle cell anaemia is the most common genetic haemoglobin disease in the world: https://apps.who.int/gb/archive/pdf_files/WHA59/A59_9-fr.pdf

“A tiny minority of people go to Europe for treatment”.

DR VINCENT FAUCHERRE, doctor in charge of the Migration and Health Diploma at Montpellier Medical School

According to the specialist in health and migration, “those who leave are young (more and more unaccompanied minors), often well-educated, able-bodied and, for many, in good physical health, at least for those who survive the journey, which may have lasted several years and been very trying, particularly in Algeria, Tunisia and, of course, Libya”. Dr Faucherre emphasizes that psychological health, particularly trauma, has the greatest impact on their health. “But we sometimes encounter people with disabilities, obesity, high blood pressure, kidney failure, leaving us wondering how they were able to survive the migratory journey.”

Flavio Gasperini /
SOS MEDITERRANEE



Disabilities

Every year, SOS MEDITERRANEE also helps people with disabilities, most often children accompanied by their parents, who are cared for by our onboard medical team. In 2024, there were at least seven survivors with disabilities who received care. In this photo, two of the 44 people rescued on July 1, 2021, were children with disabilities.

SEXUAL VIOLENCE, TORTURE, FORCED LABOR, DEATH... THE REALITIES PEOPLE ENDURE DURING MIGRATION

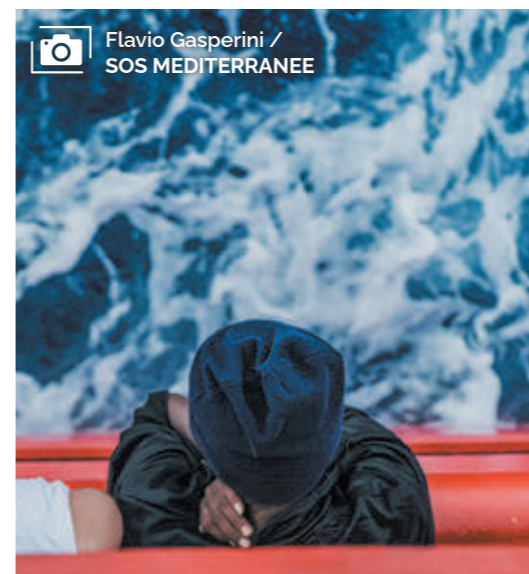
THE WOMEN, MEN AND CHILDREN RESCUED BY SOS MEDITERRANEE FACE EXTREMELY DANGEROUS MIGRATION ROUTES, OFTEN CROSSING SEVERAL COUNTRIES, AND ENDURING THE HARSH CONDITIONS OF THE SAHARA DESERT. THESE JOURNEYS CAN LAST SEVERAL YEARS.

Along the central Mediterranean migration route, especially in Libya, confinement in insalubrious detention centers, extortion under torture, summary executions, forced labor and sexual violence are widespread. These abuses occur in detention centers, forced labor camps, at

checkpoints, and even in private homes. **It can happen to anyone – women, girls, boys, and men.** This violence is often used as a form of control, punishment, or extortion, and survivors often experience repeated abuse from multiple perpetrators, with little chance of obtaining justice.

“I still have pain in my belly”

JANE*



Flavio Gasperini /
SOS MEDITERRANEE

Jane*, a 23-year-old, from Cameroon, was rescued by SOS MEDITERRANEE during the night of July 5, 2021. Jane's mother died when she was young. Her family was poor and sold her into marriage with a chief from a neighbouring village – he was 60 years old; she was just 14. She was repeatedly coerced into having sexual intercourse with the man and gave birth to a daughter in this forced marriage. Seven long years later, when the man died, Jane was forced to sleep next to the dead body for days before being expelled from the village by the man's family. Her daughter was forced to stay behind; kept by the man's family. Jane has not seen her since.

At this point, Jane fled Cameroon, without any family to support her, and without being able to see her daughter again. She ran away, only to face more abuse, first in Algeria and then in Libya. In Algeria, she was sexually abused by a man before being sold once more – this time to a militia in Libya. She was held in a detention center for months. “One of the men often came with two, three or four other men. You know, when you are penetrated by so many men at the same time, it hurts not only when it is happening but also after. I still have pain in my belly,” she recalled.

In the past year, an increasing number of people of Sub-Saharan origin have become **victims of violence and abuse in Tunisia**. In February 2023, following two years of worsening political and socio-economic conditions in the country, Tunisian President Kais Saïed made a statement incriminating sub-Saharan Africans. His speech fueled existing racist sentiments among a certain part of the

population, leading to a rise in discrimination, violent attacks, human trafficking, forced labor and sexual violence. According to the latest report of the UN Human Rights Office⁴, **Tunisian authorities have also subjected people on the move to torture and other ill-treatment in the contexts of disembarkations, detention, collective expulsions, and deportations into the desert.**

4. <https://www.ohchr.org/en/press-releases/2024/10/tunisia-un-experts-concerned-over-safety-migrants-refugees-and-victims>

LACK OF ACCESS TO BASIC HEALTHCARE, CLEAN WATER, SANITATION, HYGIENE, AND MENSTRUAL PRODUCTS... DEPRIVED OF ESSENTIALS DURING MIGRATION

During migration, people face significant barriers to accessing healthcare, particularly in Libya, where discrimination against Black individuals and scarce resources severely limit their options. Public healthcare is mostly inaccessible, and private care is too expensive, with discrimination further compounding these challenges. As a result, many endure untreated

illnesses or injuries, leaving them in weakened health by the time they face the perilous Mediterranean crossing. Even in medical emergencies, it is difficult for people on the move to access care from local facilities during their journeys. Additionally, many people report struggling to find drinking water or opportunities to maintain basic hygiene.

“We had to urinate and relieve ourselves in the same place where we slept”

INOUSSA*

Inoussa*, a 26-year-old from Burkina Faso, was one of the 295 people rescued by the *Ocean Viking* team between April 24 and April 27, 2022. Inoussa first crossed the Sahara and recalled how tough the journey was.

It was awful, we were thirty people in the same truck, with a limited amount of water. The driver would beat us if we protested. Some people fell off the truck, and the driver didn't stop." Inoussa spent two years in Libya. When he first arrived, he was placed in a detention center with over 300 people, where the living conditions were inhumane. "We had to urinate and relieve ourselves in the same place where we slept. The smell made people sick. We couldn't wash ourselves and had to drink salt water. A piece of bread cost five dinars. The guards called my brother, and he had to send money for my release. After experiencing these horrors, I wanted to go to Europe to explain that rights are not respected in Libya and in my country, because I know that in Europe laws exist and rights are respected. Rights must not be only on paper but must be respected everywhere and for everyone.



Anthony Jean /
SOS MEDITERRANEE

The unsanitary conditions endured by Inoussa and many others rescued by the *Ocean Viking* often lead to serious health issues, such as diarrheal disease,

acute respiratory infections, and malnutrition, ailments that particularly affect children, according to the WHO. Scabies and other skin diseases, even among babies, are also commonly observed among those rescued by SOS MEDITERRANEE.

For women, the lack of basic sanitation facilities poses additional challenges. The simple need to isolate themselves in a toilet during their period, access adequate sanitary products, or relieve themselves can prove impossible or even dangerous, due to a lack of safe facilities. Ayla, the head of the medical team on the *Ocean Viking*, speaks of exposure to “risks of sexual violence, which can also lead women to avoid going to the toilet when they need to, because they are in unprotected spaces, which can sometimes lead to urinary tract infections”.



SECTION 2: RISKS DURING SEA CROSSING

Jérémie Lusseau /
SOS MEDITERRANEE

IN RESPONSE TO THIS HUMANITARIAN CRISIS, NON-GOVERNMENTAL ORGANIZATIONS ARE STEPPING UP TO FILL THE GAP LEFT BY STATES, PERFORMING SEARCH AND RESCUE SERVICES WHERE THEY ARE DESPERATELY NEEDED. MEANWHILE, EUROPE'S RESPONSE HAS BEEN TO DETER PEOPLE FROM REACHING ITS SHORES BY SUPPORTING AND FUNDING THE LIBYAN COASTGUARD, WHO INTERCEPT PEOPLE AT SEA AND RETURN THEM TO LIBYA'S CYCLE OF ABUSE. ADDITIONALLY, RESCUE SHIPS LIKE OURS ARE DELAYED AND REDIRECTED UNNECESSARILY TO DISTANT PORTS. BUT SEARCH AND RESCUE EFFORTS MUST BE PRIORITIZED FOR ALL PEOPLE, REGARDLESS OF BACKGROUND, WEALTH, OR STATUS. THE SEA DOES NOT DISCRIMINATE, AND NEITHER SHOULD OUR RESPONSE.

Drowning, crushing, hypothermia, dehydration, skin burns, heatstroke, fuel inhalation, injuries, hunger, and thirst – these are just some of the risks faced by those who set sail on unseaworthy boats in the Mediterranean. Many drift for days, sometimes over a week, on the high seas, completely exposed to the elements.

Before being rescued by the *Ocean Viking*, shipwrecked individuals can endure several days at sea, facing rough waters, extreme temperatures, and a lack of water and food supplies. Interception by heavily armed Libyan and Tunisian coastguards

can also pose a serious threat to their safety at sea, not to mention the fact that, despite maritime and humanitarian law, they are returned to Libya or Tunisia, countries which are not considered as Places of Safety. These returns expose them to further cycles of violence and abuse.

Yet, neither the threat of interception by the Libyan or Tunisian coastguard, nor storms, nor the danger of perishing at sea deters them. As soon as a weather window permits, people take to the sea, driven by a desperate need to escape the dire conditions they face.

DANGEROUS BOATS

Regardless of the type of boat used by people fleeing across the central Mediterranean, none are suitable for high seas, and all pose significant dangers. They are always overcrowded, with up to 10 people per square meter, and people on board rarely have life jackets. Wooden boats are extremely unstable and prone to capsizing; some are built with a double deck, where people are crammed into the bilge, facing risks of drowning and suffocation. Rubber boats – made of a thin plastic tube assembled with simple wooden planks and prominent nails – easily deflate, and their decks can collapse, trapping people inside. Iron boats have a very low freeboard and sharp edges, sinking almost instantly

when they capsize. The risks of drowning, crushing, and injury are extremely high with any of these boats.

In addition, fuel leaks are common, as engines and fuel canisters frequently spill, posing significant risks. The corrosive mixture of seawater and fuel can cause deep skin burns, while the toxic fumes increase the danger of fuel intoxication and asphyxiation, especially in enclosed spaces. Women and children, typically placed in the center of the boats in an effort to protect them, are paradoxically more exposed to these corrosive liquids and toxic fumes.

EXPOSURE TO THE ELEMENTS, THIRST AND HUNGER

SOS MEDITERRANEE often rescues boats that are adrift or lost at sea, as the engines used on these vessels are typically unreliable, fuel supplies are insufficient, and navigation systems are nonexistent. Most of the time, the only equipment found onboard these unseaworthy boats is a wooden compass,

which is highly inadequate for navigating over 450 kilometers of high seas to Sicily. Some people drift for days, completely exposed to the elements. Food and water can be insufficient for the crossing. The longer people stay at sea, the greater the risks of dehydration, starvation, heat stroke, or hypothermia.

Stefano Belacchi /
SOS MEDITERRANEE



Johanna de Tessieres /
SOS MEDITERRANEE

“It was a difficult boat to spot, with its black-grey appearance.”

PATRICK, a Search and Rescue (SAR) team member, recalls the critical rescue of March 13, 2024, when the *Ocean Viking* crew came across a rubber boat with 25 people in distress. Among them, two were unconscious. The survivors had spent an entire week at sea. Tragically, around 60 people had perished between their departure and the moment their boat was found.

One thing was clear as we got closer, the boat was emptier than one of its size would normally be. When we arrived on the scene, some people gave weak waves of their arms and remained quite silent. One man repeated three times “a lot of people dead..”

We approached with the RHIBs (rigid-hulled inflatable boat), and people’s desperation, shock and exhaustion were clear as they stretched out their arms, asking to be brought aboard our fast rescue boats.

However, there were clear priorities, the two unconscious people on the boat required immediate attention.

With one of the critical medical cases transferred onto our fast rescue boat, I was responsible for checking his responsiveness and breathing. Putting my ear close to his face to listen for his breath, I could hear gurgling from his lungs. Looking at his face, I noticed yellow mucus around his mouth. His eyelids were mostly closed, unblinking, apart from a small slit revealing the whites of his eyes.

Placing him into the recovery position was hard, as his limbs were solid and locked rigidly in place.

One survivor told me the unconscious man’s name. I leaned in close to continue assessing him, trying to give words of comfort, though unsure if he could hear me.

A gentle jerk forward signaled our arrival at the boat landing. The conscious survivors were quickly taken from the RHIB.

*The unconscious man was carried onto the deck of the *Ocean Viking* and immediately handed over to the medical team for further care. The medical team leader followed the casualty saying to the crew: “we are in Mass Casualty Plan.”*

SECTION 3: A FLOATING CLINIC ONBOARD THE OCEAN VIKING

Kenny Karpov /
SOS MEDITERRANEE

THE STAGES OF RESCUE AT SEA



PREPARATION

Before each mission, training the teams, restocking the pharmacy and preparing medical equipment are essential to ensure readiness for any situation.



SEARCH

The *Ocean Viking* sails in the international waters of the central Mediterranean, one of the world's deadliest routes. The search phase can take days, as locating a boat in distress in the immensity of the central Mediterranean is very difficult.



COORDINATION

SOS MEDITERRANEE systematically reports all stages of the rescue to the relevant maritime rescue coordination centers, in strict compliance with international maritime law.



RESCUE

The Search and Rescue team stabilizes the boat in distress and distributes life jackets. Survivors are then brought aboard the mothership, starting with any sick people, children, and pregnant women prioritized.



WELCOMING ON BOARD

The medical team triages immediate needs and responds to emergencies. Survivors without urgent medical issues are brought to the shelter and provided with dry clothes, blankets, water and food.



MEDICAL CARE

Four members of the medical team handle medical emergencies and provide consultations for the sick, injured and pregnant. Psychological first aid is also available.



DISEMBARKATION

The *Ocean Viking* disembarks survivors at a Place of Safety where their basic rights and needs are assured. Medical cases requiring further care and vulnerable individuals are referred to various specialized organizations on land.

MEDICAL TRAINING ONBOARD

While the medical staff are already highly skilled in their field, practicing on a rescue vessel presents unique challenges. Since 2016, SOS MEDITERRANEE has developed numerous tailored theoretical and practical training sessions for medical staff and other crew members, including journalists, logistics managers and sailors, to ensure they can lend a hand when necessary.

Training healthcare professionals

- ✦ Briefing new medical team members
- ✦ Familiarization with the medical area onboard
- ✦ Familiarization with equipment and medication
- ✦ Delivery of medical training for the crew
- ✦ Internal medical training on specific protocols
- ✦ Medical team roles and responsibilities onboard
- ✦ Organization of rescue and care

Training non-healthcare personnel

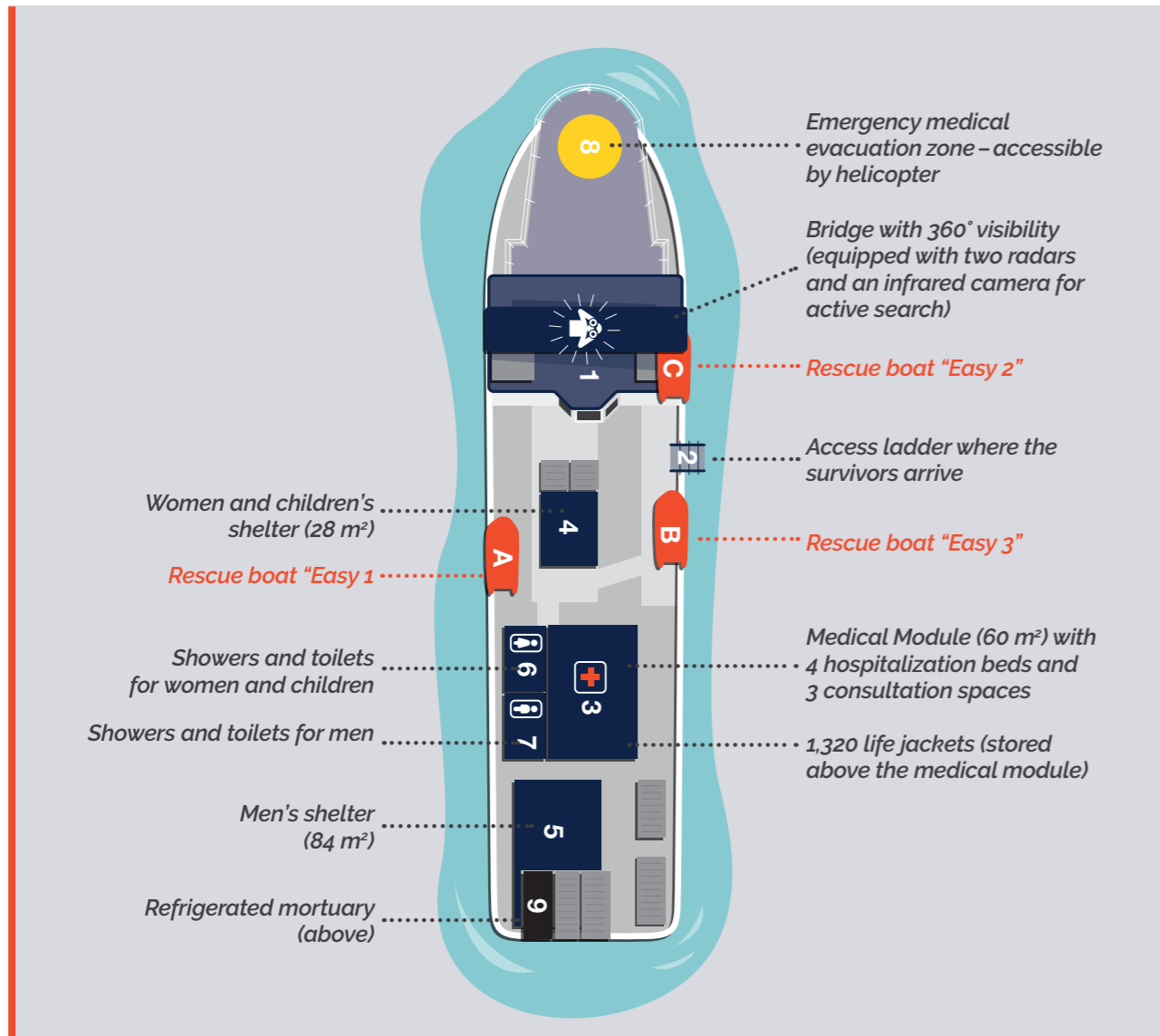
- ✦ Basic life support
- ✦ Mass casualty plan
- ✦ Stretcher manoeuvring, including for medical evacuations
- ✦ Rescue set-up: intervention on the water and on deck
- ✦ Psychological first aid



Anthony Jean /
SOS MEDITERRANEE

THE OCEAN VIKING SOS MEDITERRANEE'S AMBULANCE SHIP

ON THE OCEAN VIKING, A 60 m² MEDICAL MODULE HAS BEEN FITTED OUT, INCLUDING AN EMERGENCY/CONSULTATION ROOM, AN OBSERVATION ROOM, AND A MIDWIFE CABIN TO ENSURE PATIENTS HAVE ACCESS TO PRIVATE AND CONFIDENTIAL CONSULTATIONS. A REFRIGERATED CONTAINER IS ALSO AVAILABLE, WHICH CAN BE USED AS A MORGUE. THANKS TO THESE FACILITIES, THE MEDICAL TEAM CAN PROVIDE NUMEROUS CONSULTATIONS AND ADDRESS MEDICAL NEEDS ON THIS "AMBULANCE AT SEA".



PEOPLE RESCUED BY SOS MEDITERRANEE



MORE THAN 41,000 people were rescued between March 2016 and December 2024 by the *Aquarius* and the *Ocean Viking*



14% were women



24% were minors (80% of whom are traveling alone)

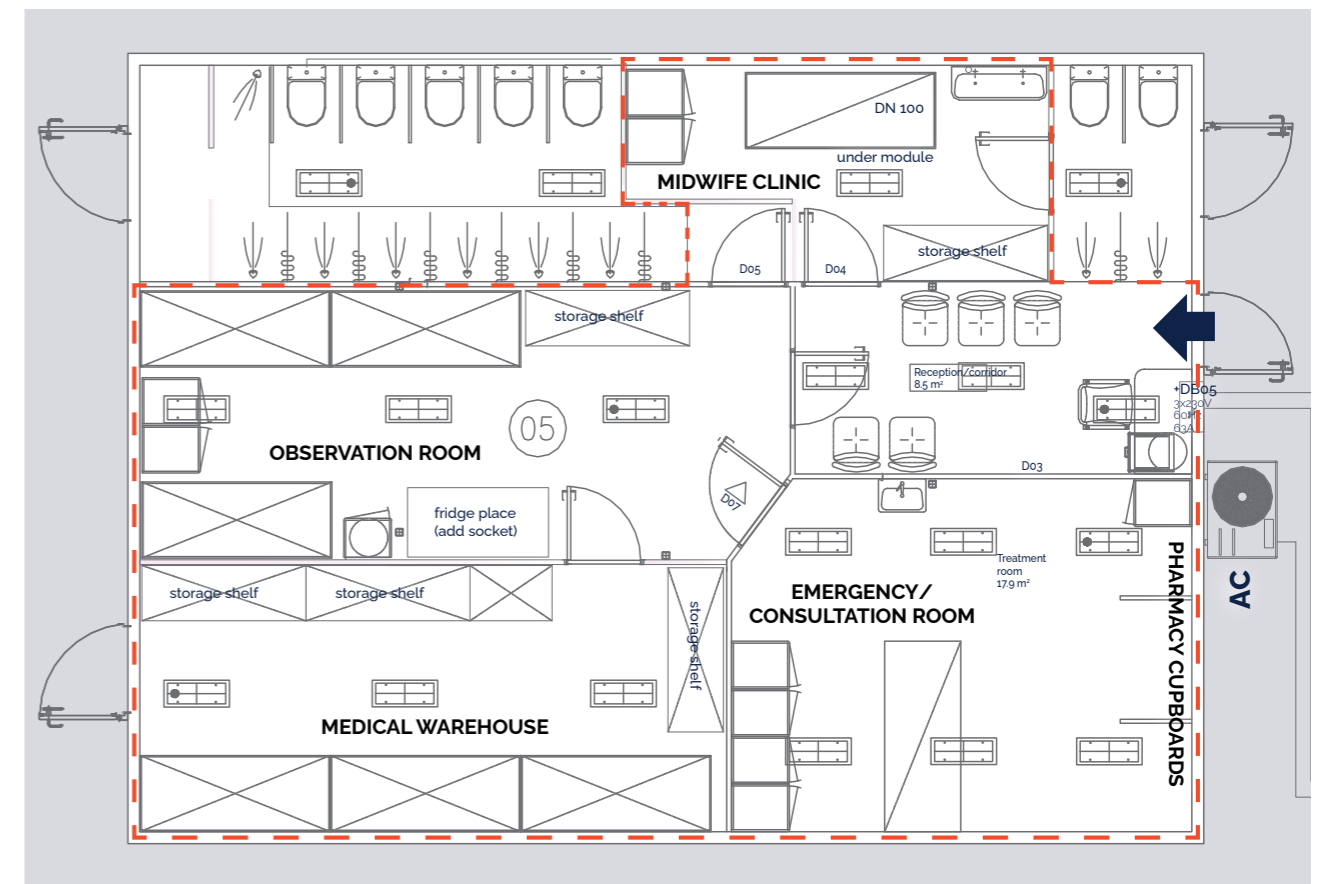


6% among minors were under five years old



6 children born onboard since 2016

MEDICAL MODULE



MEDICAL DATA - 2024 IN FIGURES

EACH YEAR, THE PROTECTION AND MEDICAL TEAMS ONBOARD THE OCEAN VIKING WELCOME AND CARE FOR MANY OF THE SURVIVORS. HERE ARE THE FIGURES FROM 2024, PROVIDING A SNAPSHOT OF THE PATIENTS WE CARED FOR:



 Camille Martin Juan / SOS MEDITERRANEE

“On this ship, we’re cherished”

ABOULAI*

Rescued by the *Ocean Viking* on April 27, 2021, Aboulai, a 29-year-old from Benin, fled his country after a bloody dispute in his village. He describes his stay onboard as “heaven on earth, because Libyan life is worse than hell: there’s insecurity, racism, rape and a lot of nastiness.”

In Libya, a friend told me about crossing the Mediterranean to Europe to pursue a good education. I’d always dreamed of becoming a medical entomologist. We saw everything over there. I’m very surprised, because on this ship, we’re cherished. We’re safe at last, and we have medical care. I feel at home.

When I arrive, I want to call my parents. They are very poor, and my mother is diabetic. I don’t know if she’s still alive. She’s always given me moral support, and today she’s my only hope. In Europe, I’ll have to learn the language, the laws of the country, and my rights and duties.



SECTION 4: A FOUR-PERSON MEDICAL TEAM ON BOARD

 Muriel Cravatte / SOS MEDITERRANEE

EACH OCEAN VIKING MISSION MOBILIZES PROFESSIONALS FOR RESCUE, PROTECTION, AND TESTIMONY MISSIONS. MEDICAL CARE IS PROVIDED BY A MEDICAL TEAM COMPRISING A DOCTOR, A NURSE, A MIDWIFE AND A MEDICAL TEAM LEADER. THEY WORK IN CLOSE COLLABORATION WITH THE PROTECTION TEAM, WHOSE MANDATE IS TO IDENTIFY THE MOST VULNERABLE INDIVIDUALS ON BOARD AND DIRECT THEM TO APPROPRIATE SERVICES FOR CARE (MEDICAL OR PROTECTION) UPON DISEMBARKATION. ON LAND, THE HEAD OF THE MEDICAL AND PROTECTION DEPARTMENT OVERSEES ALL POST-RESCUE ACTIVITIES, IN CLOSE COORDINATION WITH THE MEDICAL AND PROTECTION TEAMS ONBOARD THE OCEAN VIKING.

With just four members, the medical team handles everything themselves – from cleaning, hospital laundry, and disinfecting medical instruments to maintaining and repairing vital medical equipment. Working in an ever-changing environment with limited resources, they treat individuals who

have often received little to no prior medical care. Despite language barriers and a wide range of health conditions, the team provides both emergency response and primary health care. They adapt swiftly, even in the face of challenges such as a global pandemic.

MEDICAL TEAM LEADER

ROLE

- Manages the medical team
- Coordinates and monitors medical activities

MOST FREQUENT ACTIVITIES

- Training the crew in medical response
- Managing the pharmacy
- Ensuring the application of medical protocols
- Reporting and data collection

- Organizing referrals for on-land medical follow-up
- Liaising with protection and rescue teams (supports care organization)
- Liaising with onboard and onshore coordination teams to ensure quality care for survivors and personnel
- Providing clinical care according to their specialty (doctor, midwife or nurse)



Candida Lobes / SOS MEDITERRANEE

THREE QUESTIONS FOR REBECCA MEDICAL TEAM LEADER (AND MIDWIFE)

1 CAN YOU TELL US WHAT YOUR ROLE IS ON BOARD?

I'm a clinical midwife and I work onboard as a medical team leader (MTL). This means I combine my clinical responsibilities with the coordination of the medical team and activities onboard.

2 WHAT ARE THE MAIN QUALITIES REQUIRED TO JOIN THE MEDICAL TEAM?

We are a small team, therefore we try to work collaboratively and support each other in our work – sometimes this means working outside of your normal clinical or professional role and this flexibility is essential. Additionally, you need to have a strong clinical background and to be comfortable working independently in both primary and emergency care. Having experience in low-resource and humanitarian settings is definitely an asset. Most importantly, you need to be a kind and compassionate person who can support the survivors we have onboard and provide essential psychological and physical care to people who have, for so long, not been cared for.

3 WHAT ARE THE MOST DEMANDING ASPECTS OF YOUR MISSION?

Professionally, the job is challenging due to its unpredictable nature – the range of medical conditions we encounter is vast and includes debilitating chronic conditions, disabilities, tropical diseases, trauma, and primary health care. Expanding my clinical knowledge has been essential, and I learn more with every patrol.

*The hardest part of my work, however, is witnessing the depth of human suffering right in front of you. Physically, it is a demanding job, as the sea can be relentless, but seeing and hearing firsthand the realities of what people have survived goes far beyond any physical challenges. **It would be easy to lose hope in the world around you, but the survivors demonstrate an incredible strength that's impossible to describe, and it motivates me to continue helping others like them.***



Johanna de Tessieres / SOS MEDITERRANEE

DOCTOR

ROLE

- Provides medical care to rescued people

MOST FREQUENT ACTIVITIES

- Emergency triage and assessment
- Consultations and medical diagnoses
- Treatment of medical needs
- Requests for medical evacuations for life or limb-threatening conditions

- Minor surgical procedures, such as sutures, debridement or abscess drainage
- Psychological first aid
- Responsible for the health of everyone on board (rescued individuals and crew)
- Referrals to onshore medical care

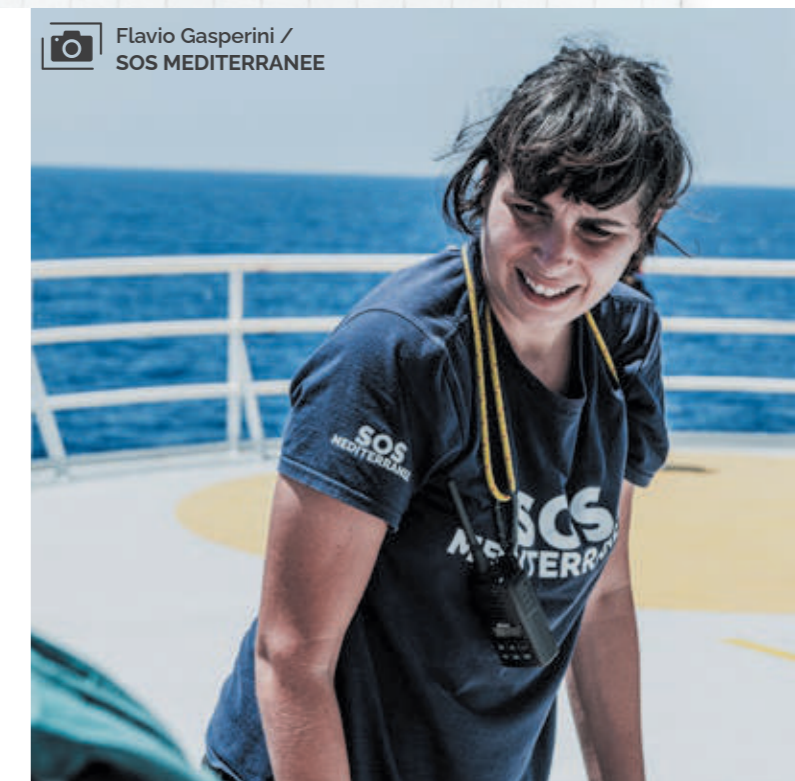
LIVE WITH

CATERINA, DOCTOR ONBOARD

Caterina is a 39-year-old Italian doctor originally from Tuscany and currently living in Berlin. While pursuing her postgraduate medical training in Berlin, Caterina started following closely the situation in the Mediterranean. **“Because I'm Italian, somehow, I felt responsible for what was happening in the Central Mediterranean. I felt I needed to do something, to make a contribution”.**

In 2021, a friend encouraged her to join the *Ocean Viking* as a medical doctor. Since then, Caterina has divided her time between Berlin, where she works as a doctor, and missions onboard the *Ocean Viking*. While survivors are onboard, she spends most of her time in the clinic providing medical care to survivors. **“We are the first medics they meet in months or even years. We try to create a safe space where they can tell us their stories.”**

Flavio Gasperini / SOS MEDITERRANEE



NURSE

ROLE

- Provides nursing care to patients

MOST FREQUENT ACTIVITIES

- Triage of medical needs (does rounds of the survivors on the deck to assess how people are doing)
- Treatment of seasickness

- Rehydration of survivors
- Wound care (dressing wounds)
- Health promotion
- Biomedical checks of medical equipment
- Psychological first aid



Laurence Bondard / SOS MEDITERRANEE

LIVE WITH

FILLIPO, NURSE ONBOARD

When I was five years old, a large wooden boat arrived in Sicily. It crashed on the rocks just 100 meters from my house. I was shocked. Since then, I've dreamed of working on a professional rescue vessel like the Ocean Viking. [...] I'm always shocked to see how European states behave toward these people who are searching for a safe place. We, as humanitarians, have to fill the void left by European states in the central Mediterranean, when rescue at sea should be their responsibility, not ours!



Johanna de Tessieres / SOS MEDITERRANEE

MIDWIFE

ROLE

- Provides care for women and children

CONSULTATION SITES

- Midwife's clinic
- Women's shelter (where only women and children are allowed)

MOST FREQUENT ACTIVITIES

- General care for children
- Newborn checks
- Infant and young child feeding – encouraging and supporting breastfeeding or supplementary feeding as needed



- Comprehensive women's health care
- Pregnancy tests
- Antenatal care (care for pregnant women)
- Postnatal care (care after delivery)
- Deliveries (six on board to date)
- Medical response to sexual or physical violence
- Active listening to women's stories and providing psychological first aid

LIVE WITH

MARYLÈNE, MIDWIFE ON BOARD:

When we look after children and babies, the most difficult thing is realizing that they no longer have that spontaneity, that joy common to all children. Girls and boys often arrive on board with an apathetic, emotionless mask. I try to bring them back gradually to a certain lightness, to help them return to their childhood state and remove these "adult glasses". Just wrapping a blanket around them, giving them something to eat and drink, playing little games, or offering a soft toy can help them calm down a little (...), it can be as simple as drawing, mime sessions, dancing [...], or installing a swing on the deck to rediscover that childhood spontaneity.



Camille Martin Juan / SOS MEDITERRANEE



Laurin Schmid / SOS MEDITERRANEE

IT'S A GIRL!

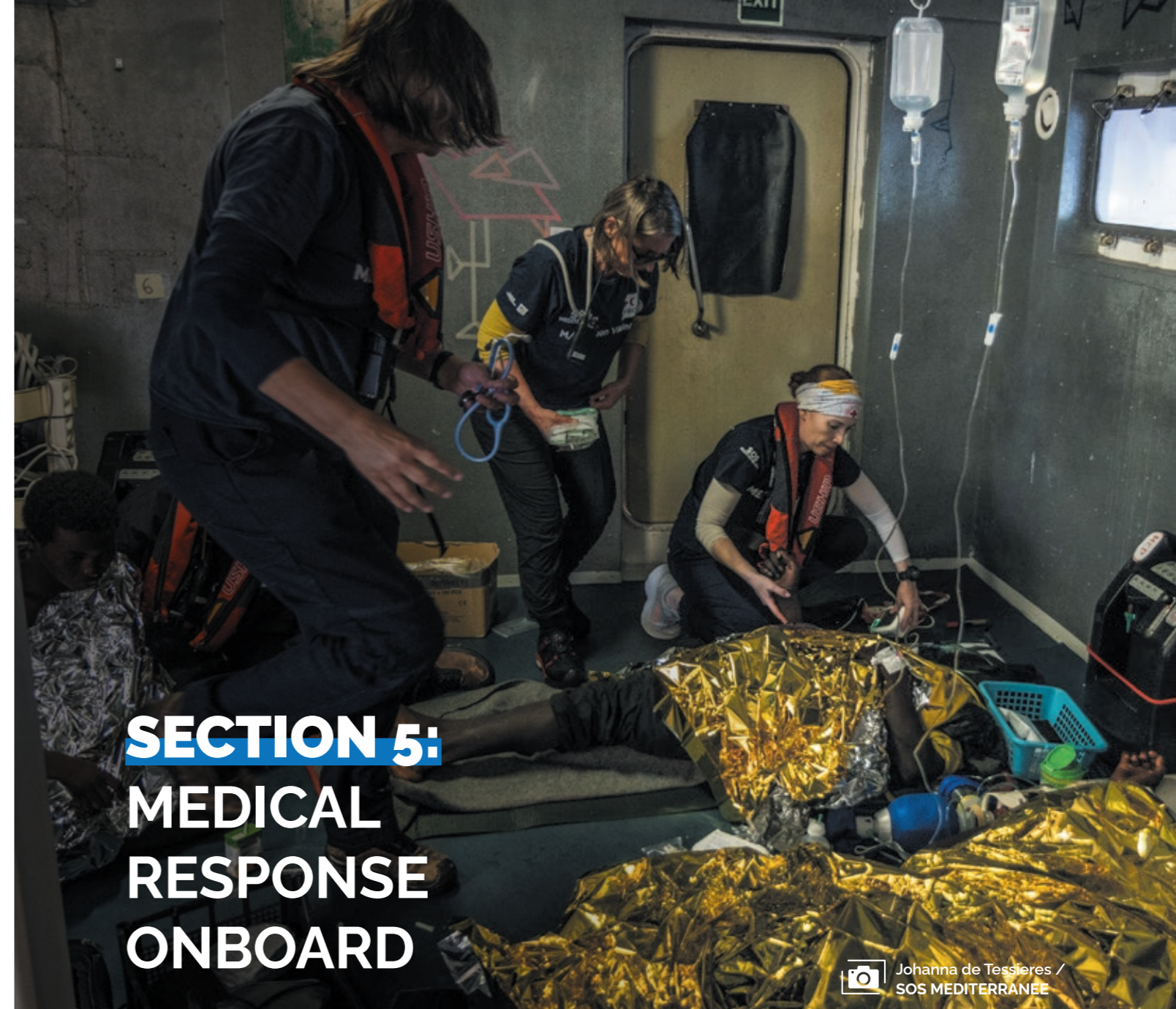
Since 2016, Marina, a midwife, has carried out numerous missions onboard. However, she will never forget the one in December 2016, when, after rescuing over 600 people, she assisted Cynthia, from Nigeria, who gave birth to little Favour in the middle of the sea! *"It was the first time in my life that I had to deliver a baby in the middle of the sea. It was winter. The weather was rough. It was raining and the waves were very high. Medical evacuation was impossible. The baby's heart rate began to drop. There was no time to lose. It happened during my night shift, and it had been a very long day, we were all exhausted. But we managed the delivery well, and the birth made everyone so happy!"*




 Camille Martin Juan /
SOS MEDITERRANEE

IFRC: A VITAL PARTNER ON THE OCEAN VIKING

Since September 2021, staff from SOS MEDITERRANEE and the International Federation of Red Cross and Red Crescent Societies (IFRC) have been working together to provide post-rescue support onboard the *Ocean Viking*. This includes distributing food, dry clothes, blankets, and basic hygiene products, as well as offering medical care, psychological assistance and protection activities. The IFRC also provides essential financial support for maritime operations.



SECTION 5: MEDICAL RESPONSE ONBOARD

 Johanna de Tessieres /
SOS MEDITERRANEE

EMERGENCY RESPONSE

TRIAGE

Medical activities begin with a triage process at sea. The search and rescue team assesses whether there are critical cases onboard the boats in distress that need to be evacuated first. If shipwrecked individuals present with serious injuries, illnesses, or unconsciousness, they may require extraction by stretcher and immediate care from the medical team on the mothership.

Once the survivors board the *Ocean Viking*, a medic conducts a second visual triage, assessing them based on their ability to walk, talk and respond to simple commands. At this stage, many survivors

may be overwhelmed and simply need rest, water or warmth. However, those showing signs of disorientation, confusion or injury are seen by a medic for further assessment.

An important part of triage is identifying individuals who have been exposed to fuel. Those with fuel exposure require immediate showers with soap and water to prevent burns.

Once onboard, the medical team continues to monitor the rescued individuals to ensure their health and well-being.



Jérémie Lusseau / SOS MEDITERRANEE

MASS CASUALTY PLAN (MCP)

In rare but possible scenarios, such as prolonged sea exposure, severe weather, or high-risk rescues, mass casualty events may occur. These situations require the medical team to respond to multiple critical conditions simultaneously, such as mass overboard incidents, which can result in drowning and the need for resuscitations, as well

as hypothermia, dehydration or other onboard emergencies.

The mass casualty plan is designed to reorganize resources, roles, and work areas when medical resources are overwhelmed, ensuring the most effective care for the greatest number of patients.

“We prepare and train for the worst, hoping it will not happen... sometimes it does, but it is very rare... but when it does, we are ready.”

DOMINIKA, Head of post-rescue, medical team leader and nurse onboard

DURING THESE EVENTS, PATIENTS ARE TRIAGED INTO FIVE CATEGORIES:

- **Red:** immediate, life-threatening needs
- **Yellow:** urgent but not immediately life-threatening
- **Green:** stable, walking and talking
- **White:** palliative care for those nearing death
- **Black:** deceased individuals, who are respectfully covered and moved to a private area

In these critical moments, all non-medical deck team members are assigned new roles to assist the medical team. Tasks include performing cardiopulmonary resuscitation (CPR), documenting vital signs, reuniting family members, gathering equipment, monitoring patients, assisting with stretcher movements and performing crowd control.

RESPONSE TO OTHER EMERGENCIES

The medical team must be prepared to handle any situation onboard. In the event of an emergency, such as someone collapsing, the protocol is for the crew to call for help and announce over the radio

“medical emergency, medical emergency, [location].” When the medical team hears this, they will collect the emergency equipment and be ready to respond to the case.

“Medical emergency, medical emergency, women’s shelter.”

CATERINA, Medical Doctor

During one of my rotations, we rescued a pregnant woman traveling with her husband. Shortly after the rescue, the midwife brought her to the clinic for a check-up and an ultrasound. She called me immediately – the woman’s blood pressure was dangerously high, and the ultrasound revealed there was no heartbeat. The woman told us she hadn’t felt the baby move for a few days. I was shocked. During the rescue and while she was with us, she was full of energy, she didn’t seem sick at all.

Her condition was life-threatening. High blood pressure in pregnancy can lead to seizures, stroke, or even death. We quickly set up intensive care, administered emergency medication and closely monitored her. It was very tense until the medical evacuation finally arrived. When the helicopter finally took her and her family to the hospital, doctors performed an emergency delivery, confirming that her baby had passed away, but they managed to stabilize her, and she was eventually out of danger.

*I remember when we explained what was happening to her, the risks, and the news about her baby, I had the feeling **she felt safe**. She was so kind and accepting of our suggestions. **Her strength and composure during such a difficult time were truly remarkable.***

*It was a tough experience, but there was somehow a deep sense of purpose in knowing that we were there when she needed us most. Not because we are heroes, but because it was simply a matter of justice. She deserved good healthcare, and we did everything we could to provide it, despite the limitations we face onboard. In many ways, **we saved her life twice that day – once from the sea, and again from a medical crisis. Not as heroes, but as people committed to upholding human rights for everyone.***



Hannah Wallace Bowman / MSF

MED-EVAC

In cases of severe, life-threatening conditions where delays in care could worsen the prognosis, emergency medical evacuations (medevacs) may be

necessary. Medevac operations can be organized in liaison with the Italian or Maltese health authorities and are conducted either by helicopter or fast boat.

“**They needed urgent medical attention ashore**”

ANNE, doctor onboard the *Ocean Viking* during the MCP declared on March 13, 2024.

After spending almost a week at sea, the 25 survivors rescued yesterday afternoon arrived onboard the Ocean Viking at the extreme limit of their physical endurance. Two individuals were unconscious, many others were suffering from hypothermia, and almost all were extremely dehydrated, having survived on only small amounts of seawater. They were in a state of great psychological distress, having witnessed dozens of people, including family members, die in their makeshift boat. In addition, a number of them suffered from severe fuel burns caused by a mix of fuel and seawater that had spread inside the rubber boat.

*We had to request an urgent **medical evacuation** from the Italian maritime authorities because the **two unconscious individuals were in a critical and unstable cardiac and respiratory condition without having regained consciousness. They needed urgent medical attention ashore.***



Johanna de Tessieres / SOS MEDITERRANEE

MEDICAL CONSULTATIONS

Onboard, the medical team is dedicated to providing compassionate care and support to all rescued individuals. One medic is typically stationed on the deck, proactively checking in on survivors, while the rest of the team conducts consultations in the privacy of the clinic. This setup ensures that everyone has access to medical attention tailored to their needs. The team is well-prepared to respond to a wide range of conditions, addressing everything from common colds and dental pain to untreated chronic illnesses. They prioritize taking the time to sit with each person, listen to their concerns, and offer a reassuring presence.

All medical care onboard is grounded in the principles of patient-centered care, prioritizing the dignity, safety and empowerment of each individual. Patients are actively involved in decisions about their treatment, given options where possible, and provided with clear information to make informed choices. Privacy and confidentiality are strictly maintained. By treating every person with respect and involving them in their care, we aim to help restore a sense of control and dignity.



Denis Villafranca / SOS MEDITERRANEE

THE PRINCIPLES OF TREATMENT ONBOARD THE OCEAN VIKING

- **Do No Harm:** ensure that all actions prioritize the safety and well-being of rescued persons, avoiding any actions that could cause further harm or distress
- **Respect and Dignity:** treat all individuals with respect, acknowledging their rights, values and experiences without judgment
- **Empowerment:** involve individuals in decision-making about their care, promoting their autonomy
- **Confidentiality:** safeguard all personal information shared by individuals, ensuring that confidentiality is maintained at all times
- **Cultural Sensitivity:** provide care that is respectful and responsive to the cultural beliefs and practices of individuals, recognizing the importance of diversity

MEDICAL RESPONSE FOR THE MAIN HEALTH RISKS ONBOARD

GENERALIZED BODY PAIN →

Generalized body pain is the most common issue encountered onboard. Many individuals arrive after enduring long hours or even days cramped in overcrowded boats, where movement and stretching are impossible. Others report aches and pains from forced labor, torture and sleeping on hard surfaces. To alleviate their discomfort, the medical team encourages hydration and gentle movements or stretches, while also providing pain-relief medication when necessary.



Anthony Jean / SOS MEDITERRANEE

SEASICKNESS →

Seasickness is also very common among survivors, often exacerbated by dehydration, weakness and cold. To effectively manage seasickness, the medical team remains vigilant, with one medic typically circulating the deck to monitor survivors closely for symptoms such as nausea, fatigue or dizziness. They provide health advice and distribute anti-seasickness medication, especially during worsening sea conditions. The goal is to ensure survivors feel comfortable, and are able to eat and drink and regain their strength.



Isabelle Serro /
SOS MEDITERRANEE

HYPOTHERMIA/COLD STRESS →

When it comes to addressing hypothermia onboard, swift action is crucial, especially during the chilly winter months or on cold days and nights.

The medical team is well-prepared for these situations, focusing on preventing further heat loss. They remove any wet clothing, provide clean, dry clothes, and begin warming the survivors up as soon as possible. This includes wrapping the individual in a rescue blanket (with the gold side facing out) to cover their head and trunk, followed by a normal blanket on the outside for extra insulation. Heating in the shelters is turned on, hot water bottles are distributed for people to hold close to their core and hot tea is handed around.



Kevin Mc Elvaney /
SOS MEDITERRANEE



Camille Martin Juan /
SOS MEDITERRANEE

← DEHYDRATION

Most survivors arrive in a state of dehydration. Immediate rehydration is a priority, often starting with oral rehydration solutions to restore fluid balance. The team encourages survivors to take small, frequent sips of water to ensure their bodies can gradually recover. For more severe cases, intravenous (IV) fluids may be administered.



Flavio Gasperini /
SOS MEDITERRANEE

← SCABIES

The medical team actively monitors survivors for signs of scabies, a common skin infection resulting from the lack of access to hygiene and poor living conditions in detention centers in Libya. The team educates survivors about the symptoms and encourages individuals to report any itching or rashes to facilitate early intervention. Onboard, they are provided with new clothing and receive initial treatment. They are also offered medication to alleviate symptoms like itching or swelling and to treat any wounds or secondary infections.

FUEL BURNS →

Fuel burns require immediate attention from the medical team. During initial triage, the team actively assesses individuals for signs of fuel exposure, often recognizable by a strong smell of fuel. Those exposed are prioritized for prompt showering and immediate care. Showers are essential for removing the fuel and preventing further burns.

Fuel burns often occur in sensitive areas, especially if individuals were sitting in the boat amidst the fuel mixture, leading to significant pain that can make sitting difficult. Following showers to remove the fuel, medical care focuses on pain management and wound care, including the application of sterile dressings. For severe burns – such as second or third-degree burns that cover a large surface area – intensive care and close monitoring may be required. In some cases, medical evacuation is necessary for more intensive care and possible surgical intervention.



Jérémy Lusseau /
SOS MEDITERRANEE



Flavio Gasperini /
SOS MEDITERRANEE

← CHRONIC ILLNESS

Onboard, the medical team can treat people with chronic illnesses such as high blood pressure, kidney failure, epilepsy, diabetes, or other conditions that have often been left untreated and consequently exacerbated. Sometimes, these conditions reach extreme levels (see the testimony below).

“ I had never seen such a dangerously high reading in a conscious patient.”

REBECCA, Medical Team Leader

It was a rescue mission coordinated with another search and rescue organization, Astral, which was stabilizing a boat in distress.

*The crew from Astral had identified a survivor as diabetic and conducted a blood glucose test, writing the result on his hand. What I read shocked me. **The number was so high that I initially thought it had to be a mistake – there was no way someone could have blood sugar levels seven times the normal amount and still be walking and talking like this man was.***

We quickly rechecked his blood glucose and found it was even higher than the initial reading. Despite the language barrier, we learned that he had been diagnosed with type 2 diabetes a few months earlier. Since then, he'd had very limited access to medical care and hadn't been able to manage his condition properly. He also didn't have control over his diet, often eating foods that were harmful given his diabetes.

*His body had been struggling to cope with dangerously high blood sugar levels for months. Onboard, our challenge was to bring his blood glucose down slowly, a delicate process that required great care. **I am still in awe of how he held on, surviving not just the journey but the relentless toll that unmanaged diabetes had taken on his body. It was remarkable.***

SEXUAL VIOLENCE ↓

Onboard the *Ocean Viking*, SOS MEDITERRANEE recognizes the profound impact of sexual and gender-based violence (SGBV) and is committed to providing comprehensive medical and psychosocial care to survivors.

The response begins with explaining all about SGBV, emphasizing that it is not the victim's fault, aiming to reduce stigma, and offering access to medical care onboard. Medical care is offered to address injuries, prevent sexually transmitted

infections (STIs) and provide psychological first aid (PFA). Survivors can also receive referrals to access further support on land. The medical team focuses on creating a safe environment where survivors can disclose their experiences if they choose to. However, **care is always survivor-centred**, ensuring no one is forced to disclose. **Confidentiality and respect for survivors' privacy are paramount throughout the process**, ensuring they receive the quality care and support necessary to aid their healing.



We tell her she is not the one who should be ashamed, but the men who did that to her.

JULIA, Communication Officer Onboard

*The woman in the clinic complains of general body pain, dizziness and fatigue. She discloses an incident to the doctor and me that she has never told anyone about – not even her sister. She is too ashamed. She cries and cries out of shame. She says she has isolated herself ever since it happened, out of shame. **The doctor and I just hold her. We tell her it's not her fault.***



SECTION 6: **LOOKING AFTER** **MENTAL HEALTH** **ONBOARD THE OCEAN VIKING**

RISKS AND RESPONSE FOR SURVIVORS

SURVIVORS ARE EXPOSED TO A HIGH LEVEL OF STRESSORS, INCLUDING DETENTION, TORTURE, SEXUAL VIOLENCE AND THE LIFE-THREATENING EXPERIENCE OF CROSSING THE MEDITERRANEAN.

People may experience a range of emotional and physical reactions, such as fear, sadness, anger, trouble sleeping and even physical symptoms like dizziness or shortness of breath. **These reactions are natural responses to such extreme stress and are not a sign of weakness.**

Many people show remarkable resilience and coping skills despite the extreme hardships they face. Most of them recover naturally, especially with

the right support. Survivors manage their emotional reactions, relying on their inner strength and own coping strategies. Social connections and support are especially important, and incredible solidarity is often found within groups of people travelling together or on the same distress boat. Hope for the future is a significant motivation and driver to continue the journey and withstand hardships, especially in terms of safety for their families or children.

“They keep helping each other.”

REBECCA, Medical Team Leader

It is amazing to see communities come together onboard when it comes to mental health and reactions to traumatic situations. Many times, I have seen survivors, who may not have even known each other before the crossing, supporting each other through symptoms and helping direct one another to the medical team when they can't sleep or are struggling to care for themselves. **They often look out for others before themselves, building a supportive and open community around them and helping to give access to care.**



Onboard, the focus is on providing immediate support through **Psychological First Aid (PFA)**, a humane and practical approach for those who have experienced significant stressors. All crew members are trained in PFA, emphasizing that anyone can offer this supportive approach, similar to physical first aid, to help stabilize survivors in their time of need. There is also a focus on creating a safe space for women and children and offering psychosocial activities such as music, art, and barber services during transit. The crew also ensures that survivors receive essential information about their

situation, while medics provide psychoeducation to help individuals understand their reactions to stress and regain a sense of control. This response aims to stabilize individuals and provide the immediate support necessary for coping with trauma, fostering resilience and recovery in the aftermath of a crisis. In cases of severe acute mental health conditions, such as an existing mental health condition, psychosis, dissociation, or suicidal intent, the medical team closely assesses and monitors the individual onboard, referring them for medical care on land when necessary.

RISKS AND SUPPORT FOR THE CREW

While **directly exposed to traumatic events** such as shipwrecks, drownings, loss of life, serious injuries or threats to their safety (e.g. gunshots from the Libyan coastguard), **crew members are also at risk of indirect trauma** as they listen to the stories of rescued people who may suffer psychological distress as a result of rape, physical violence, torture, extortion or other abuses. In addition, working onboard can be very demanding and stressful, in a highly confined environment with little privacy and few opportunities to relieve stress. The crew is also confronted with unpredictable elements, such as weather conditions or a difficult political context, as well as the risk of the ship being detained and other forms of criminalization of their work. Over time, frustration and anger can build up, putting crew members at risk of post-traumatic stress, burnout or depression, which may require specialized psychological support.

To mitigate these psychological risks, training and preparation are essential. When we train new team members onboard, we explain what can happen, what physical reactions to stress or trauma are possible, and that these reactions are normal. We provide tools for breathing, calming down and managing stress. It's important for individuals to consider their own coping mechanisms and develop a plan to take care of themselves and others. During training sessions, we also address psychological first aid, emphasizing that it can apply to colleagues as well.

It's up to all of us to stay alert for signs of distress and to offer a listening ear to anyone who needs support.


In addition, one of the most important protection mechanisms is the **support built within the team**: knowing you are not alone, because it is impossible to fully understand an experience without having lived it. After tragic events, teams often confirm that they need to be together, surrounded by others who understand.

The onboard medical team is also available to assess and **treat any symptoms** (headaches, fatigue, insomnia, etc.), **provide psychoeducation**, and remind the crew that **external support is available**. Psychologists are accessible at all times to offer confidential and free consultations on maintaining personal resilience and well-being. These sessions are especially helpful after critical events to help crew members reflect on and process their experiences.

Many of us find meaning and value in our work, which can be very rewarding and fulfilling. We work in a context where people are highly motivated and where the level of mutual care is high. The quote by Audre Lorde says, **"Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare."** Humanitarians want to give a lot, but to do so effectively, we must also take care of ourselves in order to care for others.





 Jérémie Lusseau /
 SOS MEDITERRANEE

CONCLUSION

A HUMAN PARENTHESIS THAT ENDS

The night before disembarking, the women and children on board are the last ones still awake. In the women's Shelter, the safe space for female survivors and young children on the *Ocean Viking*, they sit in a big circle, singing songs of praise, a sort of gospel. One woman is drumming. Many of the songs are "call and response", where the women take turns singing an individual line and the group responds in chorus. In the first song, the response is "c'est cadeau" (that's a gift). It's joyous, a song of gratitude and humility. In the next song, the women sing about "là-bas" (over there) – a **song of hope about a better future and the abundance that awaits, either where the women are going, or in the afterlife.**

A new song begins, this time the response is "**c'est fini-oh**" (**it's over, oh**). Once again, the women take turns listing all that is finally over. But the mood shifts. Now they are singing about Libya. "L'esclavage" (slavery), one woman sings, "c'est fini-oh", the others respond. "La prison, c'est fini-oh" (prison is over). "Le viol, c'est fini-oh" (rape is over).

When SOS MEDITERRANEE safely disembarks survivors in a Place of Safety, the challenges for survivors unfortunately don't end. Many will continue to face uncertainty as they rebuild their lives. Each rescue, however, is a step toward safety and dignity. As they move forward, we advocate for them by referring them to further medical care on land, hoping they will receive the treatment they deserve. We wish them the best on their journey ahead.

FURTHER INFORMATION SOS MEDITERRANEE THEMATIC PUBLICATIONS



Women at sea
The experiences of women rescued by SOS MEDITERRANEE



Stop fake news about sea rescue



In search of safe haven: the sea as the only option (in collaboration with Human Rights At Sea)




Be humane: respect the law, save lives at sea



Castaways from hell (Les naufragés de l'enfer)
 Marie Rajablat and Laurin Schmid.
 Éditions Digobar, 2018



 Stefano Belacchi /
 SOS MEDITERRANEE

SOS MEDITERRANEE

#TogetherForRescue

SAVE, PROTECT, BEAR WITNESS

SOS MEDITERRANEE is an international civil rescue organization made up of citizens determined to take action in the face of repeated shipwrecks in the Central Mediterranean. Its teams pursue three missions: to save lives at sea, to protect and care for those rescued aboard the Ocean Viking, and to bear witness to the situation at sea by amplifying the voices of those rescued. The Humanitarian Organization is present in France, Germany, Italy and Switzerland.

www.sosmediterranee.org



Stefano Belacchi /
SOS MEDITERRANEE

