Providing emergency medical care at the Belarus–Poland border

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Médecins Sans Frontières (MSF) takes a flexible approach in its provision of medical care at the Belarus–Poland border. Its model emphasises collaboration with civil society, challenges systemic barriers, and is adaptable and replicable.

In recent years, Europe has faced humanitarian emergencies at its borders due to strict immigration policies, increased security measures and externalisation of migration control. These approaches create significant health risks and exposure to violence for migrants traversing the forests at the Belarus–Poland border, most of whom originate from conflict-affected countries such as Syria, Somalia, Yemen, Ethiopia, and Eritrea.[1] MSF has been working in this context since 2022 and has provided care for nearly 450 migrants in dense wilderness. Almost one third of MSF's patients were woman and children.

This case study examines how MSF has responded to humanitarian needs in Poland's 'green border' area – the forested border region between Poland and Belarus – and how the organisation adapts to constantly changing national and regional migration policies. It seeks to provide the outline of a replicable model of medical humanitarian response in logistically challenging, insecure and politically charged environments. It contains examples of collaborations with civil society organisations (CSOs) in responding to needs at the border area, and discusses the importance, utility and challenges of collecting data to inform operational decision-making and advocacy.

Providing urgent medical care in the forest

Delivering medical care for migrants in the Belarus–Poland border areas, particularly in the Bialowieza Forest, poses significant logistical challenges. To reach migrants in one of Europe's oldest wildernesses (which is inaccessible to ambulances and other vehicles), the MSF medical team often has to trek through dense marshes and rivers, carrying large medical backpacks. Any evacuations of patients must be done on foot. A typical intervention lasts approximately four and a half hours, with some lasting up to 12 hours. Not all migrants receive sufficiently early care: in 17% of cases, patients are never even located, and between 2021 and 2024, 89 deaths were recorded. Patients continue to report encountering dead bodies during their journeys.[2]

Adapting its response to such an environment, MSF works with local medics to provide care as it needs people who know the area well and are physically fit enough to hike long distances carrying heavy backpacks. To provide appropriate care, MSF have created and adapted medical protocols to manage common health conditions within significant constraints such as dirt, rain, cold and darkness. Accordingly, the contents of medical backpacks have been standardised, taking into consideration the weight and space of essential items and their reliability in low temperatures and harsh conditions. In addition, the team must work within strict security operating procedures and are equipped with tracking tools to ensure

safety. This is both to prevent criminalisation and to protect responders.

In typical wilderness medical emergencies or forest medicine, patients would receive stabilising care on site and then be transferred to a medical facility for follow-up. In this context, however, referrals for further treatment cannot always be guaranteed. Patients sometimes refuse to go to hospital for fear of being deported or pushed back across the Belarusian border. Even if they agree, they may face discrimination from ambulance care technicians and State health providers. Polish Border Guards have sometimes interfered with the referral process, either causing significant delays or intimidating responders and patients. Hence, MSF medics often treat conditions in the forest – such as hypothermia and trench foot – that would normally require further care in a medical facility, adapting treatment protocols to contextual constraints.

Policy changes in Poland in 2024 continue to exacerbate the challenges faced by migrants and humanitarian organisations. The East Shield project, which aims to fortify Poland's eastern borders with advanced surveillance, physical barriers and electronic warfare, raised concerns around humanitarian access and violence against migrants.[3] The establishment of a buffer zone, massive deployment of military forces, expansion of the border fence, suspension of asylum rights and a legal amendment allowing pre-emptive use of firearms by border guards have all contributed to increased violence against migrants. In 2024, 42% of MSF patients reported experiencing assault, compared with 17% the previous year. This rising trend is reflected in the injuries MSF treated such as bruises, wounds and cuts. The number of patients who reported being tear gassed and/or had their belongings stolen or destroyed doubled between 2023 and 2024. Due to the added patrols and prohibited zones, MSF and other organisations face additional access restrictions.

Coordinating responses with local actors

Effective and sustainable interventions at the Belarus–Poland border require strong coordination among diverse stakeholders. MSF's work is deeply integrated into the broader civil society humanitarian response at the border and involves close collaboration with CSOs and community-led initiatives. This partnership is essential for ensuring access, long-term solutions and the sustainability of interventions beyond MSF's direct involvement.

In Poland, MSF emphasises the importance of supporting and strengthening local initiatives, especially in the area of protection and other types of relief assistance where it does not have specialised expertise. By partnering with CSOs, MSF aims to incorporate CSO-led interventions as part of the durable solutions for the migration response, promoting solidarity, mutual validation and knowledge exchange. Such collaborations ultimately enhance the effectiveness of humanitarian efforts, especially in the provision of more holistic care to migrants in the forest and in advocacy for policy changes.

MSF typically conducts joint interventions in the forest with local CSOs. Members of the CSOs along with an MSF medic will trek through the forest to locate the migrants who have requested assistance through the CSOs. Once found, the medic will treat migrants for injuries and other medical needs, while the CSOs provide potable water, warm food, clothing and legal support.

In this way of working, the CSOs share with MSF their knowledge of how to adapt responses in the forest, their understanding of the political dynamics at the border, and

their insights into local policies and culture. In return, MSF shares medical knowledge and its experience of working in emergency settings, and promotes recognition of the CSOs' work. On a practical level, MSF trains CSO members in first aid and basic wound care. MSF has also initiated and plans to continue providing workshops for local medical organisations on migrant health needs, to address issues of discrimination and stigma, and to attract volunteers. In its advocacy efforts, MSF helps to amplify the CSOs' visibility and motivations, and to increase their reach to and credibility with key decision-makers. Such cooperation not only strengthens the immediate response and boosts shared advocacy efforts but also seeks to legitimise humanitarian actions in the eyes of State actors to counter the increasing criminalisation of aid. By consistently advocating for and highlighting the capacity of local organisations, INGOs like MSF can help shift perceptions.

Equally important is MSF's engagement with State actors. Interactions with local and national government authorities are necessary to secure the permissions and operational approvals needed to function effectively. However, liaising with State authorities about the border areas presents complex challenges due to prevailing power dynamics. In addition, the lack of formal coordination mechanisms between governmental and non-governmental actors can create significant delays in responses. Continuous advocacy with State entities is essential to safeguard a neutral humanitarian space, maintain timely access to those in distress and highlight the violence that migrants face. MSF will also continue to engage with State authorities on patient rights and medical ethics as these negotiations are critical to maintaining access to vulnerable populations and slowly dismantling systemic barriers to humanitarian action.

Data collection

Data plays a vital role in MSF's work across the world. MSF relies on data not only to inform its care and intervention strategies but also to document humanitarian needs and violence, including at the Belarus–Poland border. However, collecting data in this environment is difficult due to rugged working conditions, limited patient contact time, and language barriers (patchy internet coverage sometimes affects the use of translation apps). Often, those whom MSF has treated were suffering from more than one condition, and many were found emotionally distressed and exhausted. As there were few standardised medical indicators for migration-related programmes in MSF, project-level tools have been developed and adapted. Over time, the data collected has reflected the health consequences that can be related to changing migration policies, and this is crucial for MSF's advocacy work for humanitarian access.

MSF gathers both quantitative data and narratives to obtain a rounded understanding of migrants on the move. Routinely gathered quantitative data captures the physiological impact of the migrants' journeys, including documented trauma cases and the effects of prolonged exposure in the forest. In the former category, 50% of the patients MSF treated in 2024 bore injuries inflicted by others such as bruises from rubber bullets and dog bites, and/or cuts and fractures sustained from attempts to scale razor-wire fences. Similarly, 50% presented with cold-related injuries such as hypothermia, frostbite and trench foot, conditions acquired after spending considerable time moving through and hiding in the forest to evade detection and pushbacks. A quarter of the patients MSF saw were treated for gastrointestinal infections, contracted from drinking surface water from ponds

and swamps. The frequency of certain conditions can be linked to the establishment of particular government policies, and MSF has used this information to advocate for patients. For example, when the buffer zone was introduced in 2024, MSF documented the first injuries related to rubber bullets and the subsequent doubling of wounds related to intentional violence compared with 2023. Using local jurisdiction information, MSF confronted law enforcement about specific patient situations and informed the public about the buffer zone's impact.

In addition, MSF has made significant efforts to obtain narratives about their journeys from migrants, whose voices are often unheard in the dominant political discourse on migration policies. These anonymous testimonies were collected only after the patient had arrived safely at a different location and given informed consent. Such information is crucial as it sheds light on individual experiences of abuse and rights violations that statistics alone cannot convey. These stories humanise migration policy debates, foster empathy and raise awareness – all critical for driving policy changes.

A replicable model

MSF's decision to prioritise flexibility in its operations and advocacy strategies on the Belarus–Poland border has been key to addressing immediate health needs, challenging systemic barriers and avoiding complacency in established views of humanitarian responses. This approach allows MSF to remain responsive to the evolving needs on the ground and to navigate the often hostile environment.

It is a model that offers the organisation a different way of providing medical care in logistically challenging, insecure and politically charged situations – and that is both adaptable and replicable. This model highlights the importance of creating and maintaining solidarity with CSOs through resource sharing, mutualised advocacy efforts and knowledge exchange. The model focuses on obtaining quality data, as data is essential for powerful advocacy and for bearing witness to rights violations, holding authorities accountable and de-escalating violence. Though still fulfilling its organisational charter, the way of working that MSF has adopted in Poland represents a significant shift from its usual, more autonomous operational methods. Looking forward, MSF aims to continue to adapt its response model in this and other similar contexts.

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2. *We Are Monitoring Association https://wearemonitoring.org.pl/en/home*
3. *Human Rights Watch (December 2024) 'Poland: Brutal Pushbacks at Belarus Border' bit.ly/poland-belarus-border*