The Humanitarian Consequences of European Union Immigration Policy's Externalisation in Libya: The Case of Detention and its Impact on Migrants' Health

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Introduction

"Undocumented migrants in Libya are caught like dogs. [The centres are so overcrowded that] policemen must wear a dust mask over their mouth because of the nauseating odours," declared Prefect Mario Monti, former director of the Italian Secret Services, to the Italian Parliament in 2005 (Del Grande, 2009). This information would sadly not be surprising for anyone aware of the human rights situation in Libya under the Gaddafi regime.[1] However, the European public may be more shocked to learn that some of these Libyan detention centres were funded by Italy, that some of the Libyan policemen trained by the Italian police to fight irregular migration have been accused of cruel and degrading behaviour—even torture—and that migrants are held in these centres because the European Union is asking and funding Libya to do so, in order to protect its own borders from a significant influx of migrants (Human Rights Watch, 2009).

Indeed, since 2004, the EU has externalised part of its immigration policy to Libya, which is both an important destination country for the sub-Saharan migrants, and a transit country for those *en route* to Europe. The verb "to externalise" originated in the corporate sector and refers to the action of

[1] With the fall of Gaddafi and its regime, one could question the accuracy of the sources used in this paper since they were all researched and written before his fall, and since one might have hoped that the situation would improve under the new regime. However, in June 2011, the Transitional National Council reaffirmed its commitment to respect the previous agreements taken by Libya in this field (Migrants at Sea, 2011). Hence, one will consider that the fall of Gaddafi has not brought any positive change and that any recent reports written on the issues of detention and refoulement before his fall may still be accurate.

transferring a task to an exterior company (Dictionnaire Le Petit Robert, 2010). Due to the negative connotations of the term, associations and networks such as the Gisti or Migreurop[2] have used it to denounce EU policies[3] that *"shift the place where the control of the travellers takes place, from the border of the state into which the individual is seeking to enter, to within the country of origin.*" (Geddes, 2005)

The costs of this practice are heavy. The impact of detention in Libya on migrants' health[4] is alarming. The inhumane living conditions, mistreatment and torture have severe implications for migrants' physical and mental health—even causing death (Human Rights Watch, 2009). The situation is further aggravated because the health needs of detainees are not properly addressed. Indeed, projects by the International Organization for Migration focus only on living conditions in the centres and overlook the consequences of human rights abuses by the guards against detainees. Further, these IOM projects are only implemented on a limited scale. Only a few centres were targeted by the IOM Prometeo I and II projects in 2009 and 2010, leaving most of the centres and their prisoners without any care. Lastly, even when instigated, such programmes are not always successful. For example, some basic medical clinics were established within the warehouses used as detention centres but, due to the lack of medical staff, migrants largely remain without access to healthcare (International Organisation for Migration, 2009).

[2] The Gisti is the *Groupe d'information et de soutien aux immigrés*, a French association that defends the rights of immigrants and foreigners. Migreurop is a European network of researchers and activists that fight against the "camps policy".

[3] On the official side, this process is rather called the "external dimension of EU action on immigration and asylum" .

[4] For the purpose of this paper, health will be defined as: "*a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.*" (World Health Organization, 1946).

There is not scope within this paper to elaborate on potential solutions to the situation. Rather this paper seeks to answer the question: How does detention in Libyan centres impact on migrants' health? I will test the hypothesis that conditions of detention in Libya have a severe impact on migrants' health.

In order to asses the conditions of detention in Libya, some indicators will be reviewed such as : living, sleeping and sanitary facilities; hygiene; quantity and quality of food and water; interactions with the guards; and care provided. These indicators will be qualitatively assessed through the study of reports written in 2006 by Sara Hamood, researcher at the American University in Cairo; in 2007 by Gabrielle del Grande for Fortress Europe, which observes victims of migration; in 2009 by Human Rights Watch, a leading NGO in the field of research on human rights abuses; and in 2009 by the Jesuit Refugee Service, an international NGO that seeks to help all forcibly displaced people.

In order to asses the health conditions of migrants, another set of indicators will be studied according to the three components of health as defined by the World Health Organisation (WHO): physical, mental, and social well-being. The latter will be assessed through the three types of social interaction in detention: between detainees, between detainees and guards, and between detainees and the "outside world". The indicator of social well-being will also be qualitatively assessed using the above-mentioned reports, along with the paper, "*Health Assessment in Libya Holding Centres*" produced by the IOM in 2009. This paper seeks to demonstrate that if the conditions of detention are bad, then the impact on health is negative. It also aims to document conditions and their impact on detainees.

To support the claim that detention in Libya has dramatic consequences for detainees' health, this essay will first provide a few elements of background on

the externalisation of EU immigration policy in Libya to demonstrate how it has set the conditions for this situation. The second, third and fourth parts will respectively be dedicated to the impact of detention on the physical, the social and the psychological well-being of the migrants. As the interactions between the detainees and their guards are mainly characterised by human rights abuses, this aspect of detention will also be tackled throughout the essay.

1. THE "LIBYAN SOLUTION":[5] EU BORDERS EXTERNALISATION POLICY IN LIBYA.

This first section aims to explain how and why the EU has externalised its immigration policy in Libya.

a. Externalisation of the EU's immigration and asylum policy

EU immigration and asylum policy is based on a misrepresentation of the nature and dynamics of migration, which generates a fear of invasion (Dietrich, 2004). Despite the fact that such fear is unfounded (Haas, 2008), it drives EU migration policy, emphasizing the fight against "illegal migration" (Valluy, 2007).

The creation of an EU migration and asylum policy can be traced back to the 1990s. The year 2002 marked a shift, from cooperating on these policies with neighbouring countries to externalisation of the policies. As Berramdane observed in 2009: *"This new strategy aims to transform the neighbouring third countries into border guards responsible for the regulation and alleviation of the migratory pressure on the EU."*[6] (Berramdane, 2009, p. 53)

The externalisation of asylum policy aims to delegate the EU's

[5] This formula was inspired to me by this title of Liz Fekete: "The Mediterranean solution" (Institute of Race Relations, 2006).
[6] Personal translation.

responsibility for processing asylum-seekers to neighbouring countries, while the externalisation of immigration policy aims to transfer the external border controls beyond the EU. This process is performed through the securitisation of the EU's external borders and regulation of the migratory flows. The former is executed by the Frontex agency and numerous electronic databases. The latter is achieved through carrier sanctions, visa policies, readmission agreements, and detention centres. Indeed, according to Dietrich, EU migration and asylum strategy outlines "*a global migration control approach that ensures that refugees and unwanted migrants from Africa, Asia and South America do not reach Europe anymore. Central to this concept are camps encircling Europe."*

This "external dimension of EU migration and asylum policy" is found in almost all neighbouring 'third' countries, whether in Eastern Europe, or Western and Northern Africa. This paper will focus on aspects of this policy in Libya.

b. How and why did the EU come to Libya to externalise its immigration policy?

EU externalisation policy in Libya focuses only on immigration externalisation, and not on asylum policy. It is impossible to transfer asylum-processing responsibilities to Libya since the country has not ratified the 1951 Geneva Convention and has no internal refugee status determination process (Andrijasevic, 2010, p. 149). So why would the EU come to Libya if half of its externalisation policy could not be implemented?

First, it must be noted that in 2004, Libya had been banned by the international community for many years. It was the only country in North Africa which had not signed any migration agreements with Europe. This was problematic because Libya was increasingly becoming a transit country for the

sub-Saharan migrants *en route* to Europe. Its colossal southern border in the desert is too vast to administer and can be relatively easily crossed in a four-wheel drive. Furthermore, its northern maritime coast is close to the Italian island of Lampedusa, one of the main back-door entrances to Europe. This route was increasingly used by migrants and smugglers as the Frontex agency began cooperating in the "management of migratory flows" with Morocco and Spain. Libya had become a problem for Europe, and was increasingly seen as a launching pad for irregular migrants. Migrants could easily enter the country since Libya had a relatively open policy towards Arab and Asian migrants, and even towards sub-Saharan migrants at certain periods of time (Planes-Boissac, et al., 2010, p. 24). Observers commented that if Libya was willing to change its migration policy, it had the potential to become an interesting partner for the EU, as there were already detention camps[7] in the desert, and oil (Valluy, 2007, p. 141). Following negotiations[8], Libya accepted a migration partnership, firstly with Italy (the Friendship Agreement), then with the EU (the EU-Libya Framework Agreement). It was also a good opportunity for Libya to reintegrate with the international community and to receive billions of dollars in investment from Italian and European companies (Human Rights Watch, 2009).

Before moving to the concrete aspects of this cooperation, it is worth noting that widespread human rights abuses in Libya—in particular against sub-Saharan migrants—along with the fact that Libya had not ratified the 1951 Refugee Convention, did not prevent or hinder this partnership. The technical mission launched by the European Commission in 2004 in Libya could not ignore the situation in the camps but played down these aspects in its final report

[7] Camps were already used to detain migrants within the frame of the Libya-Italy Friendship agreement since 2004.
[8] In particular to solve the different between Italy and Libya regarding past terrorist attacks.

(Statewatch, 2005). Humanitarian and human rights issues were—and still are—neglected in the EU-Libyan cooperation on migration, despite many calls from the European Parliament, the Office of the United Nations High Commissioner for Refugees, Amnesty International, and Human Rights Watch, to end the partnership and to make the protection of refugees, migrants and general human rights a precondition to any future cooperation.

c. EU externalisation policy in Libya: means and consequences

The EU immigration externalisation policy is implemented in Libya through various means. The most important are: a repressive migration policy (Planes-Boissac, et al., 2010, p. 24), border controls in the desert and at sea (Human Rights Watch (HRW), 2009), police apprehensions of irregular migrants in Tripoli (Jesuit Refugee Service, 2009), and lastly, pre-expulsion detention for those arrested. Libya has tightened its immigration policy to meet its commitments to Europe (Global Detention Project, 2009), moving from a pan-African policy open to foreign citizens, towards a pan-European policy closed to the latter. Border controls on land and at sea are performed with the technical and material help of the EU: training of police, transport support, GPS and thermo radars, etc. (HRW, 2009). Expulsion policy is enacted by the Libyan authorities, even though Italy paid for some charters in the first years of the partnership (Andrijasevic, 2006, pp. 8-12). Following significant criticism of expulsions carried out by car, which led to the deaths of some migrants after they were left at the border in the desert, (Del Grande, 2007, p. 26), all deportations now reportedly involve migrants being sent out of the country by air—although some recent testimonies claim otherwise.

While this aspect is not the main focus of this paper, it is worth

commenting briefly on the consequences of these measures for migrants' living conditions and health, before they are brought into detention. The lives of migrants in Libya are essentially a continuum of abuses. Upon entering the country, if caught, they face the risk of being beaten, robbed or arrested (HRW, 2009, pp. 63-67). Sub-Saharan migrants waiting or residing in Tripoli live in permanent fear of being arrested, mugged, or even being stoned by children in the streets (JRS, 2009, p.14). If departing by boat, the most fortunate will reach Lampedusa, Malta or Sicily, dehydrated and starving, where they are placed in detention and receive health care. They might also be immediately '*refoulés*' to Libya by Italian naval patrols (International Catholic Migration Commission, 2011). 'Neo-refoulement'[9] may also occur at sea when boats are intercepted by Italian patrols and handed over to Libyan vessels, which tow them the boats back to land. When these boats are intercepted, despite the fact that most of the migrants are suffering from dehydration, starvation or sunstroke, no emergency care is provided by coastguards, and instead migrants are reportedly beaten (ICMC, 2011). Whether transiting or living in Libya, sub-Saharan migrants can face daily violence from authorities and arrests that can lead to detention. It must be noted that imprisonment does not always lead to expulsion. Corruption is endemic among detention guards, and freedom can sometimes be bought—for a price. Migrants who receive some money from their families can be released (JRS, 2009, p.12), but often they are reportedly released directly into the hands of smugglers working with the police, who then take the migrants to the coast and put them in boats in exchange for more money (HRW, 2009, p.14). The cycle then begins again and the only two means of escape are to reach Europe without being

[9] *"Neo-refoulement is the return of asylum seekers and other migrants to transit countries or regions of origin before they reach the sovereign territory in which they could make a claim."* (Hyndman & Mountz, 2008, p. 250).

refoulés, or death—which can be a sad reality at every step.

This aspect of the broader issue is itself very serious. However, as outlined, this paper is focused on investigating the impact of the conditions of detention on migrants' health. Therefore, the discussion will now progress to an outline of Libyan detention infrastructure. According to the Global Detention Project, 27 sites are dedicated to migrant detention in Libya. According to the IOM, "*the premises are not designed for hosting people because most of them are refurbished former warehouses*" (IOM, 2009, p.20). No figures are available regarding the number of detainees, but they are generally estimated to be in their thousands.

This essay will now study the conditions of life within these centres, and how it impacts upon the health and rights of migrants.

2. THE IMPACT OF DETENTION ON MIGRANTS' PHYSICAL HEALTH

a. The general lack of hygiene facilitates the spread of disease

Most of the migrants interviewed by HRW declared that the centres in which they were held were "dirty" (HRW, p.82). The IOM also described the general cleanliness of the centres it visited as "poor" or "average". The exception seems to be the centre at Sebha, where the rooms are sprayed for insects and cleaned by detainees themselves daily, and the kitchen was found to be "clean" (IOM, p.28).

The IOM concluded that "*the living and hygienic conditions of the centres are likely to compromise the health status of the migrants.*" (p.41)

b. Overcrowding and lack of sanitary and sleeping facilities leads to skin infections

Many former detainees complained about the overcrowding: *"It was very overcrowded. There was no space."* (HRW, p.79) There is also a lack of toilets, from one for one hundred persons in Kudra to one for three hundred people in Jawazat. In several centres migrants reported that they, "*had to urinate in plastic bottles to throw away in the evening [and] were only allowed to use the toilet once a day."* (HRW, p.81) In some centres, migrants were not able to wash or maintain personal hygiene more than once a week, (JRS, p.7) as they were not given soap (HRW, p.81) or the showers were unusable. In three others camps visited by the IOM, detainees were provided with soap and shampoo on an irregular basis, sometimes every seven to ten days (IOM, pp.22-33). In general, the IOM concluded that the "*sanitary facilities (toilets, bathing areas, washing sinks) are commonly out of order or broken, without running water*" (IOM, p.20).

The lack of sleeping facilities is another problem: "*there were no mattresses, no blankets, no sheets*" (HRW, p.80). The IOM confirms this fact and adds that migrants "*often sleep on the same unclean mats/mattresses which are rarely changed or cleaned.*" (IOM, p.20)

The consequences are not surprising, with 48% of detainees interviewed by the IOM reporting skin infections such as rashes and itching (p.39). Indeed, some migrants testified that they had caught scabies. (Fortress Europe, p.20)

c. The lack of ventilation induces respiratory infections

Almost all centres described have only small windows or small holes at the tops of walls (JRS, p.7). As a consequence, there is no proper ventilation, and

temperatures rise: "*It was very hot. There were just small windows at the top of the room. There was no air.*" (HRW, p.79) The IOM also recognized that the ventilation in the rooms was poor.

Again it is not surprising that 31% of the sample studied by IOM had respiratory infections—mostly colds, but also influenza. (IOM, p.39)

d. A lack of food and potable water leads to gastrointestinal infections

All interviewed migrants have complained about a lack of food in the detention centres. (JRS, p.5) In Kufra, "*six people would have to share a handful of rice*" (HRW, p.76). Water was also inadequate (IOM, p.41). Only one centre visited by the IOM filtered its water, the other provided non-filtered water in jars to migrants. The IOM considered that the provisions of drinking water were weak. (IOM, p.20)

As a result, 31% of migrants reported gastrointestinal illness such as vomiting, diarrhoea and constipation. (IOM, p.39) In addition, due to the lack of toilets, migrants "*had to beg the guards to take sick people to the toilets.*" (HRW, p.81)

e. Cruel, inhuman and degrading treatments or other punishments, along with sexual violence and torture have led to injuries and deaths.[10]

[10] Torture is defined as *"Any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person, information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions."* (Convention against Torture, Article 1.1). The limit between torture on the one hand and cruel, inhuman and other degrading treatments or punishments on the other is a hard line to draw. Therefore, what this paper has qualified of torture may also be considered as an inhuman punishment.

Beatings are the most commonly reported example of cruel, degrading or inhuman treatment. They are reported by all migrants interviewed by HRW, from almost all the centres.

Beatings were reportedly generally random and delivered with a range of objects, including "*sticks, wires, fists".* (JRS, p.10) Those administering the beatings often targeted the feet of detainees, as the guards were aware that "*if you are beaten there, you are unable to walk afterwards, but they made us run around the courtyard after beating our feet.*" (HRW, p.81) Males also reported being beaten on their genitals: "*they made all of us Eritreans strip naked and whipped and struck us with sticks without any reason. Many were kicked in their genital organs."* (Fortress Europe, p.19) Guards also reportedly delivered electric shocks. (HRW, p.81) Verbal abuse and intimidation were also common. (HRW, p.79)

The consequences for detainees' health are numerous: broken legs or arms (HRW, p.77), paralysed legs (HRW, p.85), and bruises on the chest and legs. (HRW, p.88) The less common but very violent use of electric shocks also damages health: "*The effect on the human body depends on the strength of the electric discharge and on the duration of the blow. If it is strong, it can even cause some effects on the nervous system, you lose your sight for a few days, your face swells up."* (Fortress Europe, p.21) The IOM did not report in any substantial way on claims of cruel and violent treatment by guards against detainees—referring only to evidence of "bruises".[11]

Women were reportedly subjected to sexual violence. Several testimonials received by HRW and Fortress Europe describe such abuses: "*I witnessed a*

[11] It is true that IOM visited the centres more than a year after the migrants interviewed by HRW were detained in them, so the conditions might have changed. Another explanation lies in the fact that the IOM recognizes the fact that migrants were often selected by the guards to be authorized to participate in the OIM survey. It is plausible to believe that injured detainees were not selected, and that IOM also refuses to face this issue.

woman being raped. It is often four or five police officers who rape a single woman. Many are made pregnant. Once they leave prison, they have no choice but to resort to an illegal abortion. They sometimes use the technique of the needle, in exchange for 200-300 dollars. Many women have died following the abortions." (Fortress Europe, p.16) The consequences for women's physical health can be severe. It is worth noting that IOM also does not report on sexual violence against women.

Testimonials also provide some evidence of the use of torture in Libyan detention centres. In one reported incident, a man was beaten publicly and taken to a room where he received electric shocks, after attempting to prevent guards from abusing a woman: "*They put my legs up and my head down and hung me upside down for 15 to 20 minutes and put electric shocks on my arms and my stomach.*" (HRW, p.77) After trying to escape, another man reported that he *"earned the punishment for all those who got away". He reported: "I was beaten by wood and metal sticks by three guards. They beat me for more than ten minutes. They called me "nigger" as they beat me. When I fell to the ground, they kicked me. They beat me with a metal stick on my head. I have scars and pain inside my head. I still have pain in my shoulders. (…) I was really afraid of internal bleeding in my head."* (HRW, p.89).

The impact on physical wellbeing is again clearly stated. Once again, as with other serious human rights abuses, the IOM did not refer to such allegations of torture in its report.

f. The lack of medical care renders everything worse

The absence of maternal health in Libyan detention centres is arguably the most urgent issue, as numerous raped women have given birth in jail (HRW, p.84).

Of four pregnant women interviewed by the IOM, none had received such care (IOM, p.40).

When HRW visited the centres in 2008, it concluded that "*healthcare is virtually non-existen*t" (p.74). The IOM's assessment is slightly more positive, possibly because it visited the centres in June 2010—at least a year-and-a-half after some of the detainees quoted above had been there. Three out of seven centres visited by the IOM had no refurbished medical clinics, and of the four that had clinics, only two were properly functioning with medical staff, ranging from twice a week in Tueisha, to every other day in Sebha (IOM, p.24 and 28). The remaining two centres had no medical staff.

The lack of care was blamed for a number of deaths: "*Two of our group died in Misrata – they were sick and got no care. We didn't know what illness they had. One was 26 and one 20 years old. No doctors came to Misrata.*" (HRW, p.80) Based on the analysis so far, living conditions in the centres have a "negative impact on migrants' physical health. This paper will now look at the social implications of these negative health outcomes in Libyan detention centres.

3. The Impact of Detention in Libya on the Social Wellbeing of Detainees

a. Social interactions between the detainees: solidarity

Initially, interactions between detainees reportedly led frequently to violent fights between those of different nationalities. Since then, migrants have been separated according to their country of origin. This partly explains why some facilities may be empty while others are overcrowded. (HRW, 2009, p.79)

Since this policy of separation, there have been no further reports of violence between detainees. On the contrary, the relationships between migrants

are reportedly characterized by solidarity, such as one migrant testified: *"In Gandufa, there was a Somali girl who was pregnant. She was not taken to hospital for check-ups or anything and her baby was born in Gandufa. We collected money in prison to buy her some food because she had nothing and no relatives to call to send her money."* (JRS, 2009, p.9)

b. Social interactions between detainees and guards: inhumanity

The earlier descriptions of cruel treatment and torture by guards already indicate the nature of this "social" interactions. The denial of humanity is embodied in this testimonial from a migrant: "*If you look them in the eye, they give you a good beating.*" (Fortress Europe, p.24)

The inhumanity of these interactions can also be analysed through the grave violations of migrants' fundamental human rights. Even though Libya has not signed the Convention Against Torture, customary law prohibits torture and therefore Libya is, in theory, bound to respect that prohibition.

c. Social interactions between detainees and the outside world: weak

The lack of light in detention centre rooms and the strict limits on outside walks (JRS, p.7) isolate migrants from even their most immediate outside environment.

To look again at the results of the IOM survey: 71.5% of migrants have declared being deprived of receiving visitors, 76% are deprived of their phones, and 90% are deprived of books and television. (IOM, p.42) The only remaining contact with the outside world which is permitted and even encouraged by the

guards is for detainees to call their relatives to ask for money, which can then be used to try to win freedom by bribing the guards. (JRS, p.12)

Returning to this paper's research question, despite the under-documented aspect of the social dimension of health within the Libyan detention centres, one can conclude that the negative conditions of detention—in particular the widespread use of cruel, degrading or inhuman treatment or punishment, if not torture, leading to severe violations of fundamental human rights—do have a negative impact on the social interactions between detainees and guards or detainees and the outside world.

4. The impact of Detention in Libya on the Mental Health of Migrants

a. Few testimonials

There are fewer migrant accounts of the impact of detention on mental wellbeing, but some interviews discuss severe psychological problems. One migrant declared to Fortress Europe that, "*At least seven people have been admitted into hospital with nervous breakdowns."* (p.17) Another reported that, "*Some have gone mad (…) I saw some Sudanese who had lost their minds."* (Fortress Europe, 2007, p.21) Only one migrant talked directly about his own mental health problems, saying: *"the prison was very severe for me. It goes to your identity of who you are. They see you as inferior and you feel inferior to them, physically and spiritually."* (HRW, 2009, p.82)

b. The IOM evaluation

The issue of mental health is not directly addressed by the IOM report, but some elements of the report are interesting and relevant. The IOM recognises that living conditions within the centres limit the possibility of any physical or mental activity, but still does not address the psychological impact of inhumane living conditions and daily cruel and degrading treatment.

The eight priorities for intervention defined by the IOM include a need for daily access to an outdoor space outside the living quarters, along with structured voluntary activities and access to resources for recreation as, "*a priority for the mental and psychological well-being of the detained migrants.*" (IOM, p.45) One can conclude that poor living conditions in the centres "*inevitably affect the psychological health"* of detainees. (IOM, p.46)

CONCLUSION

In conclusion, how does detention in Libyan centres impact on migrants' health? To answer this question, this paper has analysed the effects of detention on the three dimensions of health, as defined by the WHO.

Regarding physical health, the impact of detention is severe.The inhumane living conditions, including overcrowding, lack of ventilation, lack of hygiene, and lack of drinking water, lead to high rates of skin disease and respiratory or gastrointestinal infection. Further, the cruel, inhumane and violent behaviour of the guards causes physical injuries that can lead to death, particularly given the absence of medical care exacerbates health problems.

Regarding social wellbeing, despite good relations between detainees, they

have virtually no interaction with the outside world. Their interactions with guards largely involve grave violations of human rights—in particular through the violation of the jus cogens principle of the prohibition of torture—and multiply the very negative impacts of detention on detainees' social wellbeing.

Lastly, in relation to mental health, one must also take into account the issues relating to physical and social wellbeing, as previously discussed. The few available detainee testimonies are sufficiently striking to conclude that detention in Libya will probably have deep and long-term negative impacts on the mental health of detainees.

In essence, in avoiding its human rights responsibilities by transferring the repressive aspect of its immigration policy to Libya, the EU has set the conditions for one of the most damaging detention systems in the world, whose main features—including inhumane living conditions, daily violence and cruel treatment amounting to torture, all in a context of arbitrary detention—impact in a dramatic way on the health of detained migrants.

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