



MOVE OR DIE

Migratory Routes from Sub-Saharan Countries to Europe



SUMMARY

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Medici per i Diritti Umani (MEDU) is a humanitarian and international solidarity non-profit organisation, free of any political, union, religious and ethnic affiliation. MEDU proposes to bring medical aid to vulnerable peoples in crisis situations in Italy and abroad, and to develop democratic and participative spaces within civil society for the promotion of the right to health and other basic human rights. The actions of Medici per i Diritti Umani are grounded in the militancy of civil society and on the professional and voluntary commitment of doctors and other health operators, as well as of citizens and professionals in other fields.

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SUMMARY

INTRODUCTION

This report summarises the information and testimonies collected by Medici per i Diritti Umani – Doctors for Human Rights (MEDU) in the first months of activities of the project “**ON TO: Stopping the torture of refugees from Sub-Saharan countries along the migratory route to Northern Africa**” in the asylum seekers reception centres in Sicily (6 months) and in informal settlements in Rome (11 months): squats, shanty towns, railway stations. The Sicilian reception centres included the Special Reception Centres (CAS) for asylum seekers in the province of Ragusa and the Reception Centre for Asylum Seekers (CARA) in Mineo, province of Catania. Although a preliminary analysis of the evidence gathered is already possible at this stage, further study is required and will be carried out in the continuation of the project.

This report is mainly aimed at sharing knowledge about migration routes, smuggling and trafficking on the way to Northern Africa and on the kind of violence and tortures migrants can suffer during this long journey. It also provides an overview of the psychological and physical consequences of the trauma experienced by migrants in their country of origin or *en-route*, with clear indication of the most common forms of psychological distress as well as the most traumatic contributing factors.

In Sicily, from November 2014 to April 2015, the MEDU team (project coordinator, psychiatric doctor, psychologist and cultural mediator) operated in the reception centres, collecting testimonies of 100 asylum seekers (in-depth interviews), providing psychological/psychiatric assistance to 62 asylum seekers, and producing 42 certifications documenting the physical and psychological consequences of cruel, inhuman and degrading treatment (CIDT)/torture.

In Rome, from June 2014 to April 2015, the MEDU team (coordinator, logistician, cultural mediator, volunteer doctors and social workers) operated in informal settlements providing primary medical care to 400 forced migrants and collecting socio-demographic data and basic information about the migratory routes. Among them 54 more complete testimonies were gathered through the use of a brief questionnaire about migratory routes on the way to Europe.

SOCIO-DEMOGRAPHIC DATA

Among the 100 asylum seekers interviewed in Sicily, 91% came from West African countries (36% from Nigeria, 28% from Gambia, 10% from Senegal, 7% from Mali, 3 % from Ivory Coast , 3% from Ghana, 3% from Guinea and 1% from Liberia), while 5% came from Bangladesh or Pakistan and 4% from Eritrea or Somalia. They were mainly men (94%) with an average age of 26 years, while 78% were between 18 and 30.

Among the 400 migrants assisted in informal settlements in Rome, 95% came from Eritrea and 5% from Ethiopia. The average age was 23 with 21% minors and 64% between the ages of 18 and 30. Males composed 87% and women 13%. **They were all migrants in transit to other European countries.**

Regarding the motivation to migrate, the main reasons among the asylum seekers **in Sicily** were: political persecution (20%), religious persecution (14%), land dispute (12%), conflict with the law (12%), economic reasons (11%), familial violence (10%), civil war (5%), sexual persecution (4%), other (12%).

Among the migrants assisted **in Rome** from the Horn of Africa, the main reasons for migration were compulsory military conscription and political persecution.

THE MIGRATION ROUTES

Interviews with migrants collected in Sicily and in Rome revealed two main migration routes from Africa to Italy. The majority of migrants interviewed **in Sicily** came from West Africa countries and travelled through Niger and Libya (**West African Route**). Migrants interviewed **in Rome** were from the Horn of Africa, and had travelled from Eritrea or Ethiopia through Sudan and Libya (**East African Route**).

“Crossing the desert from Sudan to Libya was very dangerous. We had only one bottle of water per person and almost nothing to eat. We were all huddled on the same pick up that was travelling at high speed. Some people have fallen, but have been left there ... It took four days to cross the border”

Y.D., 20 years from Eritrea - interview collected in Ponte Mammolo shanty town (Rome), September 2014

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The last section of the journey is the same for both the routes: the crossing of the Mediterranean Sea from the Libyan coast to Italy in tragic conditions with boats operated by smugglers.

“We were 120 persons in a boat that could host up to 50. For 3 days I could not sit down and sleep. Then on August 24, 2014 the boat started sinking. People started panicking and throwing themselves in the sea, even though they could not swim. Some other took gasoline cylinders and threw them in the sea, using them to swim. But petrol is acid the skin of most of us was burnt. I saw 12 persons dying in the sea, including a friend of mine. We had travelled together since Mali and he died in front of me”

M.K., 26 years from Senegal – interview collected in the CAS of Ragusa Ibla

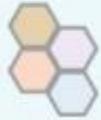
“I was so scared about that small boat – so soft – and the big sea – too wavy. I thought I was going to die. The journey lasted 4 nights. After embarking us, the Arab man who was inside the boat jumped out and left the boat in the hands of a guy from Gambia, who was among the hostages along the seaside. They left him with a compass and a land phone, but both these tools were spoiled. The 115 persons in the boat were desperate. You could feel our fear to die. I was feeling alone in front of the sea and I was crying all the time. On the 5th night we saw a ship that managed to save us in 3 hours”

J.U., 18 years from Nigeria -interview collected in the CAS of Canicarao

The average duration of the journey from Eritrea to Italy was 16 months with an average stay of 5 months in Libya. After few days from their arrival in the South of Italy, Eritrean migrants reach Rome or Milan and stop for about a week before continuing the journey to their final destination: the countries of northern Europe.

This report investigates in particular the West African Route. All the migrants interviewed by MEDU in the reception centres in Sicily departed from the Libyan coast. Before that, they were forced to cross various Sahelian countries, stopping along the way in small villages. **The average duration of the journey from the country of origin to Italy was 22 months.** They departed mainly between 2012 and 2014 and arrived in Italy at the end of 2013 or 2014 (with the exception of 4 persons who arrived at the beginning of 2015). Four-fifths of the 100 asylum seekers declared that Libya is the country where they have spent more time, while the remaining interviewees mentioned several different countries in West Africa. **On average, asylum seekers spent 13 months in Libya.**

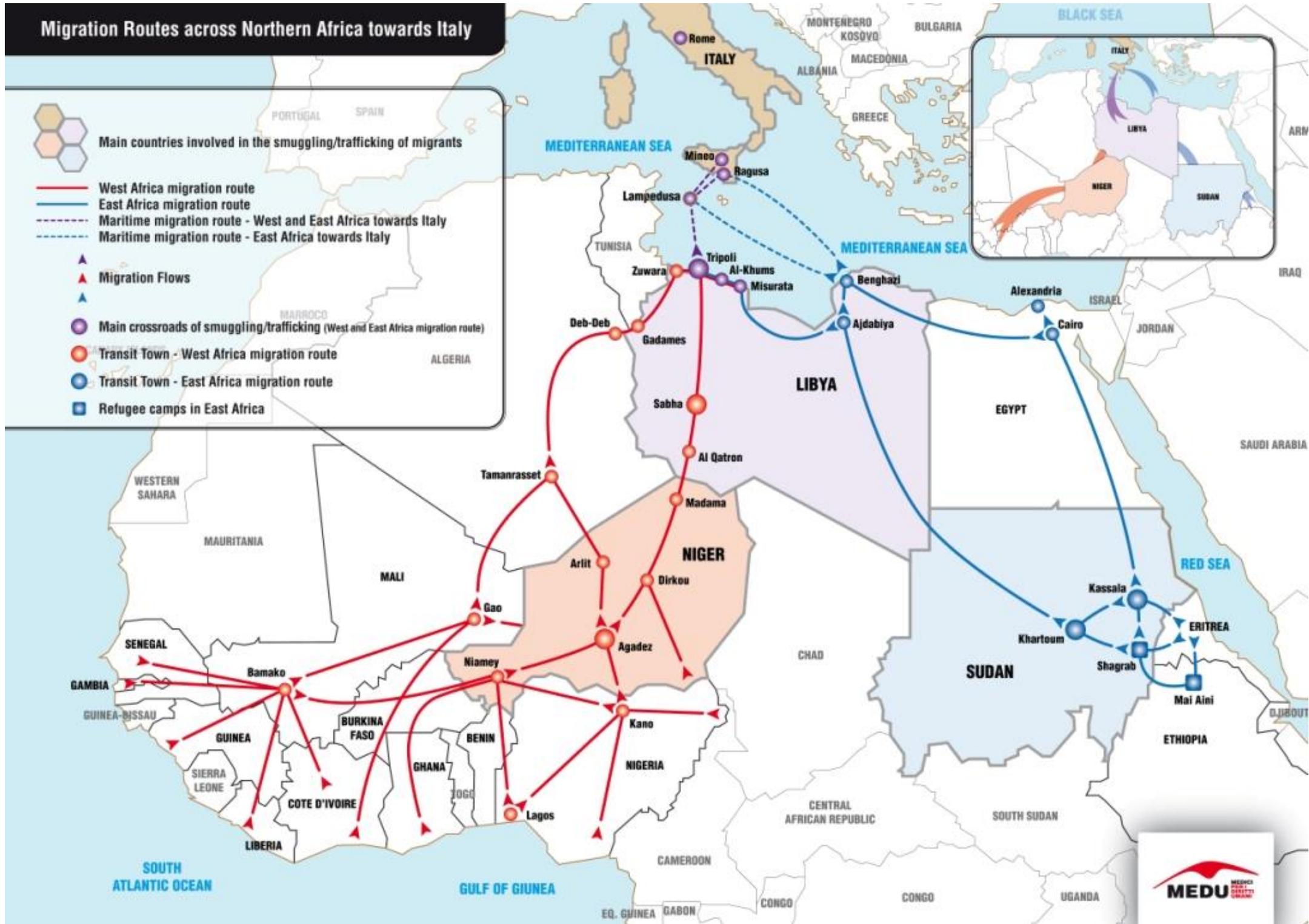
Migration Routes across Northern Africa towards Italy



Main countries involved in the smuggling/trafficking of migrants

- West Africa migration route
- East Africa migration route
- - - Maritime migration route - West and East Africa towards Italy
- - - Maritime migration route - East Africa towards Italy

- ▲ Migration Flows
- ▲ Migration Flows
- Main crossroads of smuggling/trafficking (West and East Africa migration route)
- Transit Town - West Africa migration route
- Transit Town - East Africa migration route
- Refugee camps in East Africa



The journey to Italy is facilitated by migrant smugglers and criminal groups who can offer various services, from transportation to corruption of border officials. The testimonies collected inside the reception centres in Sicily confirm that **the business of migration across the Sahara Desert, Libya and the Mediterranean Sea is comprised of a combination of highly organized smugglers and non professional individuals acting alone**, or providing a specific service on a contract basis. Different actors are responsible for organizing different sections of the journey: from the migrants’ home country to Niger or Sudan; from there to Libyan border; from the border to a collection point on the coast; and finally from Libya to Italy across the Mediterranean. **The smuggling network has become a loose chain in which even a single individual can enter and exploit the vulnerable migrants**, through kidnapping, forced labour or extortion of money. This makes the dismantling of the trafficking network even more challenging for authorities.

The asylum seekers from West Africa interviewed by MEDU in Sicily declared to have contacted at least 2 different smugglers to reach Italy, one responsible to organize their trip from Agadez (Niger) to Libya and another one to organize their journey across Mediterranean Sea. **Most of all, they reported about the strenuous difficult journey across the desert between Agadez (Niger) and Gatron or Sabah (Libya), sometimes referred to as “the road to hell.”** During their time in the desert they suffered serious deprivation of water and food, extremely hot conditions and most of all they witnessed the death of other passengers, due to the speeding and reckless driving, under nutrition and/or dehydration. A minority of them reported having been beaten by the police at check points. The crossing of Sahelian countries or between Nigeria and Niger seems easier, due to the ethnic ties that transcend official borders and the corruption of local police and militias.

“I saw a lot of people dying in the desert. The Hylux (type of vehicle used by smugglers) moved at a too much high speed. People were falling down and they were left behind. The desert is full of graves. I saw so many death bodies, both of those who had felt down from the vehicle and of those who had died because of the lack of water to drink. Smugglers are careless, as they know that none will be held responsible for those who die in this journey”

E.C., 19 years from Nigeria – interview collected in the CAS Le Mole

“A friend of mine from Niger told me I could go with him in Libya without paying under the condition I work for a while for a man who would have also hosted me. For 3 days I travelled through the desert in a small pick-up with other 40 persons. We just had few gari (a flour obtained from cassava widely used in traditional cuisine in coastal areas of West Africa) to eat and small quantity of water. It was terribly difficult: I could not forget those persons who died in front of me in the desert due to dehydration. After 3 days we arrived in the small village, my friend disappeared and I was brought to the house of the Nigerien I had to work for in order to repay the journey. I was treated as a slave. I was sleeping with other people in a small unfinished house without windows. The work I was obliged to do was really hard (bricklayers etc). I stayed there for 1 year, without being paid a single CFA”

O.K., 20 years from Cote D’Ivoire – interview collected in the CAS of Canicrao

Regarding **the cost of the journey**, 56 out of 100 asylum seekers interviewed in Sicily stated that they could not recall (or were reluctant to do so) the exact amount of money paid for the journey, or that someone else (i.e. the family/friend or other people encountered along the journey) paid for them, but they didn’t know how much. According to data collected from 38 West African individuals, the average cost of the journey was around 1.000 Euros. Two migrants from Bangladesh and one from Pakistan instead declared to have spent between 4.500-5.000 Euros, because the fare also included the cost for the flight from their country to Libya. Instead, data collected among 400 Eritreans and Ethiopians in the informal settlements in Rome suggest an average cost of around 3.600 Euros of which between 1.300 and 1.600 were paid to cross the Mediterranean Sea from Libya to Italy. Further researches are needed in this area, as the data gathered so far vary and are not always coherent.

TORTURE AND OTHER CRUEL, INHUMAN AND DEGRADING TREATMENT

All of the 100 asylum seekers interviewed by MEDU in Sicily and all of the 400 interviewed in Rome reported having been victims of some sort of cruel, inhuman or degrading treatment (CIDT), especially in Libya. In particular in Sicily: 61 were victims of torture or extreme violence; 15 have psychological needs not directly connected to a specific episode of violence; 5 people had physical health problems; 2 were unaccompanied minors. In Rome, almost a quarter of migrants were minors.

Among the asylum seekers interviewed in Sicily, 81% had been guarded, tied up or bound, locked or detained (detention or kidnapping, mainly in Libya); 93% stated to have been victims of violence, mainly beatings, sometimes burning and hanging; 97% declared to have been deprived of food and water; 40% said to have been deprived of medical treatment. The vast majority of violations occurred in Libya but also in Niger and across the desert. Among the 400 forced migrants from Eritrea and Ethiopia contacted in Rome, 98% declared to have been deprived of food and water. Several patients stated to have been victims of violence, mainly beatings, sometimes burning and hanging. The vast majority of violations occurred in Libya but also in the desert across Sudan and Libya. According to the testimonies collected, the majority of migrants have been detained in prison/migrant detention centres or in informal detention facilities/connection houses in Libya.

“To get from Sudan to Libya I paid 2,400 dollars for me and my two granddaughters. When we got to Tripoli, Libya, we were kept in prison for four months. The traffickers moved us often because there were bombings and shooting happening and the traffickers were trying to hide us. In prison, we were overcrowded. Because of the bad air my asthma was horrible and I couldn’t breathe. I was allowed to sleep outside sometimes, but other times they wouldn’t let me. In the prison, there were 70-80 people with only two toilets. They gave us pasta boiled in water twice a day for four months. They beat the 11 year old granddaughter twice and the 17 year old many times. They would shout at them and point gun at them. I asked for medicine and I was able to pay one time for one asthma spray. Because I didn’t have any money to pay for the boat to Italy, they made my older granddaughter work, cleaning and cooking. They also came at night to take her outside the prison and sexually abuse her. I was suffering a lot because I couldn’t protect her or do anything to help her. When the traffickers saw that I really couldn’t pay, they allowed me and my smallest granddaughter to leave for free on the boat to Italy but they kept my 17 year old granddaughter in prison. I have telephone contact with the traffickers but I don’t know how to rescue her. They asked me to pay 1,800 dollars to let her go. Because I cannot pay, they continue to abuse her. I’m really desperate to rescue her and I want to reach Sweden as soon as possible, where I will try to get money to pay the ransom to free my granddaughter”.

S.K., 67 years from Eritrea – interview collected in Baobab informal reception centre (Rome). June, 2015

“I was on the road looking for a job in Tripoli, when 3 persons came offering me a job. Instead, they brought 3 of us in a prison inside Tripoli. They asked me 1000 Libyan dinars to be released, but I did not have with me. They forced me to call my relatives when they were beating and shooting me and the others in the room. A friend of mine was released as his family paid for him. But I was left without anyone. They beat me every day for 30 days. They also broke my elbow. I would have died there, but after a month a guard decided to let me go. Nevertheless, I came back to the road to look for a job and one day I entered in the car of a man who had offered me a 5 days job. Instead he was a police officer who brought me in a different prison, always inside Tripoli. At that time there was the war in Tripoli, so also the living conditions were worse than before. For one month I did not have food and water”

O.K., 20 years from Cote D’Ivoire – interview collected in the CAS of Canicarao

“One day the Libyan men who was keeping me locked in his house opened the door and I managed to escape. But I was immediately stopped by the police who asked me documents and put me in jail. There were 600 persons in that room. The temperature was too hot. They were beating us every day by hands and with their guns. I had to sleep on the ground and to eat rotten food: rice was too watery and made me going to the toilet. I saw 7 persons dying in front of me in that prison, because they did not have food and water. If you are sick, you are not entitled to see a doctor, you can die and then they will throw your body outside.”

A.M., 26 years from Gambia – interview collected in the CAS of Ragusa

According to the testimonies collected both in Sicily and in Rome, the **most common forms of torture, ill-treatment and violence** were: beatings and other forms of blunt trauma; deprivation of basic necessities and sanitary conditions; beatings of the feet (Falaka or Falanga); suspension and stress positions (handcuffing, stand up etc); threats of harm to them or their families; sexual, religious and other forms of degrading treatments; deprivation of medical treatment when needed; bearing witness to torture and cruel treatment. The violence occurred particularly in Libya.

Regarding the identity of the **perpetrators of this torture, ill-treatment and violence**, across Sahelian countries and inside Niger (mainly between Niamey and Agadez) they have been mainly referred to as police officials and soldiers (at the official check points) or bandits and rebels (at the fake check points). However, from Agadez up to Libya and before embarking for Italy, migrants from West Africa interviewed in Sicily identified a broader set of perpetrators: **police officers**, who can arrest and seriously beat and torture illegal immigrants, while detaining or kidnapping them; **Libyan soldiers**, who can inflict CIDT, serious deprivations and torture to detainees in their military camps or in their kidnapping places, while looking mainly for money; **armed gangs such as the Asma Boys**, who manage “special places” where migrants are daily beaten and tortured for money and who are responsible for violent attacks with sticks and knives on the road, inside the Foyer¹ and in private houses; **armed professional smugglers**, such as drivers and connection men, especially across the Sahara Desert and before embarking for Italy, who can beat their clients to speed up the process or sell/kidnap them for money; **Libyan civilians and business man** who can exploit migrants treating them as slave labour and forcing them to unbearable living conditions; **Libyan or also sub-saharan Africans managing the Foyer** who can have violent reactions if someone does not pay the monthly rate. The situation is similar as for Eritreans interviewed in Rome, who declared to have been victims of violence inflicted by Libyan soldiers/militiamen, police officers and professional smugglers.

This report analyzes also the relationship between **torture, inhuman and degrading treatment and mental distress**. In Sicily, 62 asylum seekers received psychological/psychiatric assistance. Among them 90% declared they had suffered CIDT/ torture (in 71% of cases in Libya) and 86% of cases exhibited physical signs compatible with the violence reported. The principal diagnoses² were: anxiety disorder (23%), major depressive episode (20%), post traumatic stress disorder (15%), mood disorder (9%), nightmares (9%), hypochondria (9%), dysthymic disorder (4%), insomnia (4%), and other disorders (7%). A diagnosis of psychiatric co-morbidity is present in 28 of 62 patients (45%) and in particular the most frequent cases are those that combine a major depressive episode with post traumatic stress disorder.

“One year and a half ago I lost my father, killed before my eyes by Islamic fundamentalists of Boko Haram who kept me prisoner and hurt me for about 4 months. I lived in Nigeria, not far from Benin -

¹ The migrants interviewed in Sicily referred to the „Foyer“ as a common place where migrants (especially from black Africa) in Niger and Libya can have a place where to sleep under the payment of a small amount of money

² *Diagnostic and Statistical Manual of Mental Disorders (DSM IV TR)*, American Psychiatric Association, 2000.

City. I still carry the marks on my legs and feet and I can still not walk properly, maybe for forever. I think of my dead father and my family and I do not know how to go forward, as I am still without documents and jobless. I have a lump in my throat; my stomach hurts. In the mornings for several weeks, I do not always want to wake up. Every once in a while I want to cry in my room and my chest feels tight. Will I be able to find a job? "

E. I., 30, Nigeria. – arrived in Sicily on November 24, 2014

"At the beginning of 2010 I was beaten violently in my back by officers in uniform with batons while I was with some friends and my boyfriend. In Gambia they hate homosexuals. The soldiers beat me violently and then they took me to the hospital: I was in very bad conditions and afterward they locked me in jail. At night, in pain, I managed to escape from the hospital. Since I arrived in Italy I'm sad, I feel powerless. I eat very little and my friends tell me that I never smile. It's over... I'll never be able to be like before, it is useless..."

F.C., 22, Gambia – Arrived in Sicily on July 1, 2014

"I left Liberia at the beginning of 2014 together with my younger brother. My father was a fighter and was killed in 2003: his enemies, according to my mother, wanted to kill my brother and me. We were forced to leave. Before arriving in Sicily I was detained for five months in a Libyan prison where I was tortured and injured on my feet and wrists. I lost my brother in the sinking of the boat in the Strait of Sicily in August 2014. I will never forget. At night I always dream my dead brother, people who want to kill me, what they did to me in prison, and the sea. Sometimes during the day I think of all this and it seems true. I see pictures. I'm so scared, help me..."

K.K., 21, Liberia. He landed in Sicily August 24, 2014

CONCLUSIONS

The information collected by MEDU through interviews with the migrants in the reception centres in Sicily and in informal settlements in Rome show the magnitude and pervasiveness of human smuggling and trafficking along migratory routes from sub-Saharan countries to Europe, particularly in Libya. Indeed, **the vast majority of migrants declared to have been forced to flee their home country** due to political, religious and sexual persecution, dictatorships, civil war, deadly familial or community violence. All the testimonies collected represent undoubtedly the particular point of view of those who migrate. Nevertheless MEDU experience of 10 years operating mobile clinics in Rome and the clinical and human relationships with patients established in Sicily suggest that **the boats arriving in Italy are full of people who are fighting for their life, for their freedom and for their human rights.**

The present report shows that the traditional dichotomy between refugees and economic migrants proves to be more an abstract concept than a classification able to adequately understand a complex reality. Asylum seekers from West Africa may migrate in search of a better life but at the same time a large part of them – the same as many Eritreans who are escaping a brutal dictatorship - are escaping from a multitude of unbearable circumstances which pose a threat to their lives. **Regardless of country of origin, many of them must therefore undoubtedly be considered as forced migrants.** In any case, any person who is arriving in southern Italy has a strong chance to have passed through *the hell* of the Sahara Desert and she/he must have experienced or witnessed some tortures and inhuman treatments in Libya.

The testimonies collected in Sicily and Rome show that **a very high number of asylum seekers and forced migrants arriving in Italy through Libya in the past two years are potential victims of multiple trauma (pre-migratory and migratory trauma).** This is accompanied by physical and psychological symptoms which are interconnected. The journey is accompanied by a sense of insecurity and vulnerability, fears of dying, of

being a moving target, or of being hated for ones “diversity”. Victims of torture are first of all vulnerable people who deserve an empathetic and multidisciplinary approach.

Moreover, **the reception system in Italy and in Europe needs to take into consideration that the vulnerability experienced by asylum seekers throughout the journey remains upon their arrival.** Macro-structure reception models housing between 3.000 and 4.000 people (as for example the CARA of Mineo) do not allow real opportunities for interaction with the surrounding area and its characteristics represent risk factors leading to psychological distress. A victim of torture who is forced to live in overcrowded conditions, deprived of any concrete social inclusion opportunities, waiting up to 18 months to complete the process for the recognition of international protection is even more at risk to develop psychological or psychiatric symptoms connected with the trauma she/he has lived. The same reception conditions also make it difficult to timely identify the migrants who are potential victims of torture and are in need of urgent care.

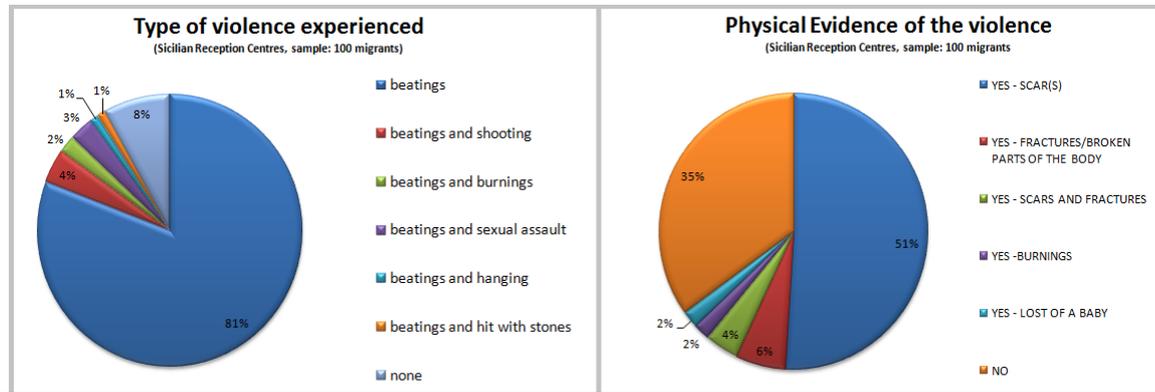
This has considerable implications for a reception system which is respectful of human dignity:

1. National service providers (healthcare and psychological rehabilitation; social assistance; legal advice; socio economic integration) should structure a network of local services which are able to take charge of patients with complex and specific needs. .
2. The knowledge and skills of the human resources employed in the reception centres need to be empowered in order to guarantee a proper identification and a timely referral to the network of service providers in the area. Each centre should employ at least one psychologist and one cultural mediator. Moreover, the relation between workers and the migrants needs to be as balanced as possible, in order to allow the careful consideration of each person’s story and put the migrants at ease.
3. It is of fundamental importance that reception conditions reduce the risk factors for psychological distress and re-traumatisation. For this reason, a model based on small-medium sized centres (maximum 50-80 persons each), equally distributed across all the provinces, socially integrated with the territory and adequately monitored by independent authorities, is to be preferred.

APPENDIX I

Most recurrent forms of torture, ill-treatment and violence against migrants transiting from Northern Africa

Beatings are the most common form of torture among the persons interviewed by MEDU in Sicilian Reception Centres. 81 of them declared to have been seriously beaten, especially in Libya. Additional 11 persons experienced beatings and one of the following: shooting, burnings, sexual assault and hanging.



1. Beatings and other forms of blunt trauma

Sixty-one out of 100 persons interviewed by the MEDU team in Sicily do have scars of fractured parts of the body, as a result of beatings with wooden stick (60 cm long and 7 cm large), rubber tubes, metal chains and head of the rifles. Such marks can be found all over the body, especially on shoulders, back, legs and feet. Migrants refer to have been beaten especially while kidnapped or detained in Libya. In most cases, they were beaten day after day, inside the detention places but even outside, while employed in forced work. The prison guards used metal chains (like the one used for bicycles), wooden sticks, water pipes, rubber tubes, heads of rifles and belts all over the bodies of the prisoners. They are also frequently kicked with metallic boots by soldiers or hit with knives. As a result of beatings, most of the persons interviewed declared to have lost consciousness and a lot of blood at the time of the violence. *For example, K.K., 24 years from Liberia, has deep scars on his arms and legs, due to dragging and hitting with shaped objects, and evidence of handcuffing on his wrists.* This is confirmed also by the migrants interviewed in the informal squats in Rome. *B.A., 28 years from Ethiopia, reported that all the migrants were beaten every day with water pipes during the 7 months he spent in an informal detention facility in Ajdabiya.* *T.A., 20 years old from Eritrea was locked in a detention centre in Libya where people were forced to wear wet clothes and sit, so the genital skin became macerated.* *S.T, 38 years old from Eritrea was daily beaten and saw traffickers breaking arms of migrants who were in the detention house with him in Libya.*

Beating happens also frequently at the border and at the check points between Niger and Libya, as well as along the Libyan coast before embarking. Some migrants referred also about being beaten while on the boat by other migrants who were completely panicking. *M.M. 21 years from Mali broke his arm while trying to defend himself from beatings from the Libyan smugglers along the sea, who wanted to punish him as he had protested against the violent way they were treated.* *O.J, 31 years from Nigeria, has clear marks on his eye as a result of serious beatings while queuing to enter in the boat in Zuwarah.* *S.B.O., 19 years from Nigeria has still wounds on his hands as well as the signs of some bites given to him by the persons in the boat who were panicking after 4 days of travelling.* Serious beatings have been reported also in some countries of origin, especially in Nigeria (due to Boko Haram attacks) and Gambia (by president's soldiers, called junglers). *E.I., 28 years from Nigeria was abducted by Boko Haram who, to force him converting to Islam, put his feet in the fire, causing serious problems in walking.*

2. Deprivation of basic necessities and sanitary conditions

All the migrants kept in detention places in Libya have been deprived of adequate food and water. Usually, they received insufficient and “rotten” food only once a day: one loaf of bread (Omza bread), small pasta or “watered rice that make you go always to toilet” (A.M., 26 years from Gambia). *B.K., 18 years old from Eritrea spent 3 months in a detention place in Libya with more than 800 migrants. The only food they received was a dish of soup for six people and a loaf of bread a day.* It happened also that they were left without food for days and forced to drink salty water. Even the hygienic conditions are very poor: in most detention places, there are not toilets and prisoners are forced to urinate in the same room where they sleep, with consequent terrible smell and poor conditions of the cell environment. Moreover, people are piled in small cells (on average 30 square meter with other 40 persons), without enough space to lie down. Several prisoners in Sabah and Tripoli declared to have seen many people seriously sick or died because of under nutrition and dehydration. The situation is compounded by the total absence of medical treatment. *For example A.M, 26 years from Gambia, told MEDU to have seen many people dying inside the prison, whose bodies have been simply thrown outside. F.A., 24 years old from Eritrea, was taken by traffickers in a detention place where around 4.000 people were packed in 2 houses with only one bathroom each. They had to urinate together, 10 people, and could stay in the bathroom only few seconds. They were forced to drink the water they used for the bathroom otherwise they had to buy it. Many people had some disease but none helped them.*

Some other people reported to have been deprived of food and water for several days while crossing the desert between Niger and Libya, due to accident or intentional deprivation of food for black people. For example *J.K., 35 years from Gambia, stated that during the desert crossing between Niger and Libya, Arab people let the black ones without food for 4 days and gave them just few water with petrol inside.* Finally, some people from Gambia have reported to have suffered serious deprivation of basic needs while in detention in Gambia (see box). Besides poor hosting conditions, overcrowding and lack of adequate sanitary facilities, they also report forced work and a series of inhuman treatments and punishments. Other serious mistreatments have been reported by those who were abducted by Boko Haram (Nigeria) or rebels (Mali and Senegal).

3. Beatings of the feet – Falaka or Falanga

Some of the migrants interviewed by MEDU declared to have been tight in their legs and to have been repeatedly beaten under their feet, with a wooden stick (5 cm of diameter), a rifle and any other shaped instrument, resulting in a blunt trauma. The modalities described are in line with the so called *Falaka*, a practice which ends up in squeezed plantar of foot and difficulties to walk. In two cases, *Falaka* has produced chronic disability, as walking is still painful. For example, *E.I., 28 years from Nigeria stated to have been beaten more and more time on his plantar with wooden sticks by his kidnappers in Benouali (Libya).* Immediately after the violence, he had bleeding, swelling and pain. He was unable to walk for a long time, so he had to crawl on his knees and that’s why he still have evidence of skin hardening on his knees due to the rubbing on the soil.

4. Suspension and Stress Position (handcuffing, stand up etc)

Some of the migrants interviewed by MEDU reported to have been victim of suspension. *In particular, O.J., 31 years from Nigeria refer about Reverse Butchery Suspension inside Gharyan Prison: he was hanged up, with fixation of feet upward and the head downward.* Other migrants reported to have been handcuffed

very strictly on their wrists while in a detention centre. *For example, K.K, 24 years from Liberia, told that while in the detention centre of Gharyan, in Libya, he had to eat, to sleep, and to do his toilet while handcuffed”.*

5. Threats of Harm to them or their families

In some cases, migrants have been repeatedly threatened that if they did not behave as ordered, they would have been the cause of harm or death for their relatives. Some of them had to witness the killing of their beloved ones. Most of them still have psychological consequences connected with this trauma. For example, in Gambia the police arrested and beat 26 villagers (including minors) just because they were offering support to a migrant, *S.C., 22 years from Gambia, in a fight for a common land. He told MEDU “this was too much, I had to show myself to the police. They beat me after, but most of all I could not stop thinking about all the suffering I caused to my friend in my village”.* Similarly, *F.O., 20 years from Nigeria, had to face the stress of being the cause of the sickness and the death of his father by the Ogoni members for more than one year, because they wanted him to embrace their cult. Same happened to E.I, 28 years from Nigeria, when Boko Haram put a gun to the head of his father while asking if he was ready to join them.*

6. Sexual, religious and other forms of degrading treatments

Three migrants (2 of them were women) told MEDU that they have been forced to sexual abuses and other degrading treatment by some persons they had encountered during the journey. The sexual violence sometimes is made even more traumatic as it is against religious beliefs. For example, *A.M., 26 years from Gambia, was forced by a Libyan man in Niger who forced him to have sex with his wife for 20 days, as he had a sexual dysfunction. When he refused even because Muslim, the man beat his seriously on the ears with an electric wire and on the genitals. He was therefore forced to have sex with the woman. B.J., 26 years from Nigeria, was almost raped by a police man in the kidnapping house in Tripoli. They just stopped when a friend begged them as B. was a married woman. S.K., 67 years old from Eritrea travelled to Libya with her 17 years old granddaughter. They were kept in prison in Tripoli for 4 months. Because she didn't have any money to pay for the boat to Italy, traffickers made the older granddaughter work, cleaning and cooking. They also came at night to take her outside the prison and sexually abuse her.* In other cases, Nigerians have been forced by their family members to carry out ritual sacrifices which are against their religious beliefs. This happen specifically with Christians. *P.I., 24 years from Nigeria, was forced for years by his father to participate to secret sessions and sacrifices, even though this created a trauma in his identity and a problem with the mother, who accused him to be not a good Christian and an evil.”*

7. Deprivation of medical treatment when needed

Twenty-three of the migrants interviewed by MEDU declared to have not received a medical treatment even though they were in need of. Some of them had previous problems that worsened during the detention or kidnapping but the guards did not pay any attention to them. For example, *O.J., 31 years from Nigeria, did not receive any medical treatment during the months he spent in Gharyan prison, despite the unbearable pain in his feet that he had dislocated while escaping by rebels in Tripoli. A.T., 25 years old from Eritrea and her one year old daughter were detained for two months in an overcrowded detention house where the baby was very sick with diarrhoea but didn't receive any medical care. At the end, he was forced to practice by himself small cuts to let the blood come out. Some others had an accident while working for a Libyan employer, but none brought them to the hospital for medical treatment, with the excuse that*

having no documents they could risk to be immediately arrested and detained. This happened for example to A.S., 28 years from Gambia, who had an accident in an unsafe construction site in Tripoli (a cement block fell over him) but none brought him to the hospital, even though he was vomiting blood. Instead, they frightened him that if he looked for medical help, he would have been arrested.

8. Witnessing Torture and Cruel Treatment

Ninety persons out of the total 100 asylum seekers interviewed in Sicily declared to have seen someone dying, murdered, tortured or beaten. 20 of them saw some of the persons they were travelling with dying because of malnutrition and dehydration during the journey across the desert towards Libya (i.e. in Niger or Sudan) or in detention places, also as effect of beatings and harsh conditions. 15 of them saw people panicking, throwing themselves in the water and dying because they could not swim. 15 persons saw persons killed in front of their eyes by police or armed gangs in their country of origin or by the guards in Libya prisons. In few cases, the migrant saw other people travelling with him shot to death by the Libyan employer. Other 39 persons saw other people seriously beaten in the Libyan prison. They refer about people seriously bleeding, broken noises and arms. In all these cases, the victims of those serious beatings did not receive any treatment and become seriously sick and suffering. 5 travelled in the sea by seeing dead bodies of the persons travelling with them in the water, as due to the panicking some of them threw themselves in the water, even though they could not swim (for testimonies see before). Among the Eritrean migrants assisted in Rome, M.A., 19 years old from Eritrea saw police killing his brother in Libya. T.A., 23 years old from Eritrea witnessed the murder of two compatriots in a prison in Libya: one was set fire because he was affected with scabies, another was beaten to death with a farming tool.

APPENDIX II

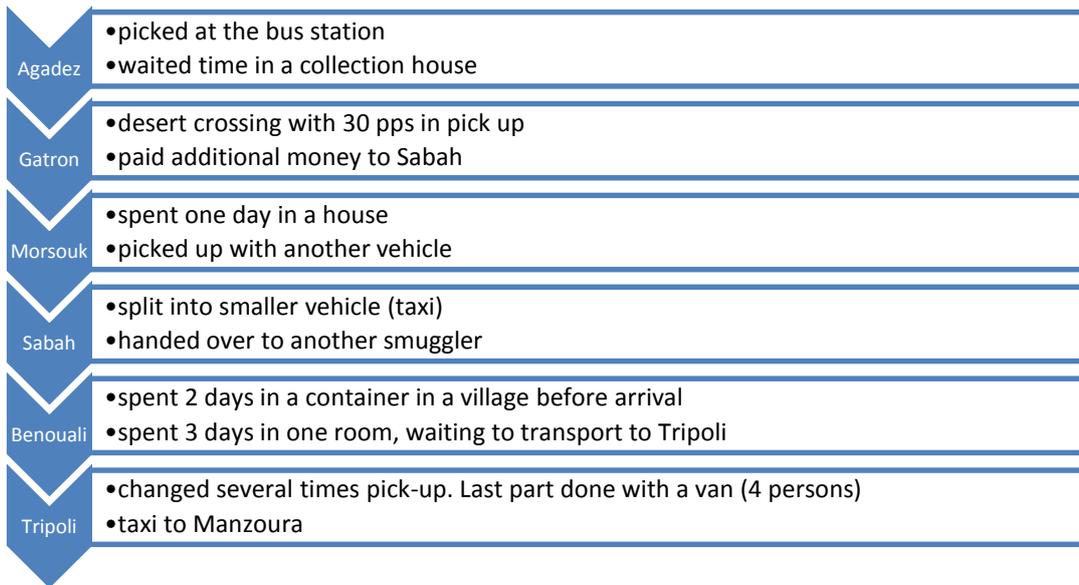
The journey from Agadez to Sabah of C.B., 34 years from Gambia

“Once arrived at Rainbow station in **Agadez** I contacted the guy, called “soldier” who came to pick me up in motorbike. He brought me in a fenced place without windows where I had to wait few days. The guys there were bringing us raw food to cook. After few days we had become 40 persons. They divided us in two groups: those who wanted to go to Algeria and those directed to Libya. I had to pay additional 90,000 CFA (137 Euro) for the journey Agadez-Gatron. I crossed the desert with a pick together with other 30 persons under the control of a black Libyan (called Oumar) and other 2 Libyans. We spent 5 days in the desert, eating only *gari*, sliced bread and milk. The water had finished after few days, so we were drinking only when we met a well in the desert. In Gatron, my friend sent me additional money to continue my journey to Sabah.

We stopped first in **Emourana** village, where we spent the night. There, Oumar took 10 of us and drove us to **Morsouk**, where he left us in a house for one day. They came for us with a bigger pick-up (double-cabin) in the afternoon. They locked us in and brought us to **Sabah**. But before entering the town (50 meters before the checkpoint), Oumar made us split in small taxi: I took a taxi with other 3 persons, other 2 took another taxi and the remaining 2 moved with the pickup with Oumar. Oumar was in contact with another smuggler in Sabah, named Moussa Diallow. He brought us to Moussa’s place and after a while a white Libyan man came with a taxi and brought us to a collection point in Sabah, a room without roof and floor. There were more than 100 persons waiting there and when I saw it I was scared. I spent 9 hours there, then they called me by name and gave me a ticket with the name of the driver I had been assigned to, “Jama Ali”. I did a queue and entered in a pickup with 4 more persons.

It took 5 days to reach Tripoli but we stopped many times. Out of Sabah, we were divided into 2 groups and I was shifted with 10 persons to another vehicle. We spent the night in a village, inside an unused store. They scared us to not call the police, otherwise they would have arrested us. We were totally dependent by the person we were travelling with. That night he did not show up so we didn’t eat. The morning after another pick up came and we travelled up to a small village. There, we were made entered into a container, which was full of materials and without space to lie down. A guy I had never seen before told us that we had to wait for other persons to move to Benouali. We spent 2 days in that container, then 3 vehicles came. We made a comba of 3 vehicles, each with 25 persons. After 6 hours we were transferred from 3 to 2 pick-ups. We were so packed that I was almost falling down. They were beating us with guns to force us inside that vehicle. I saw a guy that had this hand dislocated because of these beatings. I was also beaten and I had spine swallow. We arrived finally in **Benouali**.

In Benouali we spent 3 days in one room, laying on the ground. Our smugglers had a list. Only when they called your name, you could go into the vehicle. We travelled in a covered pick-up but before reaching **Tripoli** we changed the pick-up and then we stayed 12 hours in a room outside Tripoli. Then we entered into some taxi they have made to come from the town (4 per each taxi). Unfortunately, the first one had an accident due to high speed and one person died. To the 4 of us nothing happened and we arrived in **Grygaras**, next to **Tripoli**, in a van. My friend paid for me additional 50 Dinar for this van. I was scared as I did not have any idea where we were going. In Grygaras I took another taxi to **Manzoura**, where my friend was working”



APPENDIX III - DATA SUMMARY TABLE

Data collected in asylum seekers reception centres in Sicily (Ragusa and Catania Provinces) and in informal migrants settlements in Rome

General data about activities	<p>In Sicily. Testimonies of 100 asylum seekers (in-depth interviews); psychological/psychiatric assistance to 62 asylum seekers; 42 certifications documenting physical and psychological consequences of cruel, inhuman, degrading treatment (CIDT)/torture.</p> <p>In Rome. Primary medical assistance to 400 forced migrants with collection of socio demographic data and basic information about the migratory routes; testimonies of 54 patients through a brief questionnaire about migratory routes on their way to Europe.</p>
Socio-demographics characteristics	<p>In Sicily. <u>Country of origin:</u> Nigeria (36%), Gambia (28%), Senegal (10%), Mali (7%), Bangladesh (4%), others (15%). <u>Age</u> :< 18 (5%), 18-30 (78%), 31-50 (17%). <u>Sex:</u> male (94%), women (6%). <u>Status:</u> asylum seekers</p> <p>In Rome. <u>Country of origin:</u> Eritrea (95%), Ethiopia (5%). <u>Age</u> :< 18 (21%), 18-30 (64%), 31-50 (14%), >50 (1%). <u>Sex:</u> male (87%), women (13%). <u>Status:</u> migrants in transit</p>
Push factor to migration	<p>In Sicily. <u>Main reason to migrate from own country:</u> political persecution (20%), religious persecution (14%), land dispute (12%), in conflict with the law (12%), economic reasons (11%), violence inside the family (10%), civil war (5%), sexual persecution (4%), others (12%).</p> <p>In Rome. <u>Main reason to migrate from own country:</u> compulsory military conscription and political persecution.</p>
Migration routes	<p>In Sicily. Mainly West African Route: West African countries---Niger---Libya---Italy (average duration 22 months)</p> <p>In Rome. East African Route: Eritrea (Ethiopia)---Sudan---Libya---Italy (average duration 16 months)</p>
Vulnerabilities	<p>In Sicily. All the 100 asylum seekers interviewed by MEDU were victims of some sort of cruel, inhuman or degrading treatment, especially in Libya. In particular: 61 were victims of torture or extreme violence; 15 do have psychological needs not directly ascribable at a well identified episode of violence; 5 persons have physical health problems; 2 unaccompanied minors.</p> <p>In Rome. All the 400 migrants interviewed by MEDU were victims of some sort of cruel, inhuman, degrading treatment, especially in Libya. Almost a quarter of the migrants were minor.</p>
Human rights violation on the migration route	<p>In Sicily. Among the asylum seekers interviewed, 81% had been guarded, tied up, locked or detained (detention or kidnapping, mainly in Libya); 93% stated to have been victims of violence, mainly beatings, sometimes burning and hanging; 97% declared to have been deprived of food and water, 40 % said to have been deprived of medical treatment. The vast majority of violations occurred in Libya but also in Niger and across the desert.</p> <p>In Rome. Among the 400 forced migrants from Eritrea and Ethiopia, 98% declared to have been deprived of food and water. Several patients stated to have been victims of violence, mainly beatings, sometimes burning and hanging. The vast majority of violations occurred in Libya but also in the desert across Sudan and Libya. According to the testimonies collected, the majority of migrants have been detained in prison/migrant detention centres or in informal detention facilities/connection houses in Libya.</p>
Most common forms of torture, ill-treatment and violence	<p>According to the testimonies collected: beatings and other forms of blunt trauma; deprivation of basic necessities and sanitary conditions; beatings of the feet (Falaka or Falanga); suspension and stress position (handcuffing, stand up etc); threats of harm to them or their families; sexual, religious and other forms of degrading treatments; deprivation of medical treatment when needed; witnessing torture and cruel treatment. The violence occurred in particular in Libya.</p>
Torture, inhuman and degrading treatment and mental distress	<p>In Sicily. 62 asylum seekers received psychological/psychiatric assistance. Among them 90% said they had suffered CIDT/ torture (in 71% of cases in Libya) and 86% of cases exhibited physical signs compatible with the violence reported. The principal diagnoses were: anxiety disorder (23%), major depressive episode (20%), post traumatic stress disorder (15%), mood disorder (9%), nightmares (9%), hypochondria (9%), dysthymic disorder (4%), insomnia (4%), and other disorders (7%). A diagnosis of psychiatric co morbidity is present in 28 of 62 patients (45%) and in particular the most frequent cases are those that combine a major depressive episode with post traumatic stress disorder.</p>

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