

INFORMAL SETTLEMENTS
social marginality, obstacles to access to
healthcare and basic needs for migrants,
asylum seekers and refugees

SECOND EDITION

OUT OF SIGHT



TABLE OF CONTENTS

INTRODUCTION	1
RECEPTION SYSTEM AND BORDERS	3
SOCIAL MARGINALIZATION	6
OCCUPIED BUILDINGS	8
FORCED EVICTIONS	10
OBSTACLES TO ACCESS THE NATIONAL HEALTH SERVICE	12
THE BORDERS AT COMO AND VENTIMIGLIA	14
THE DEADLY BORDER	17
THE BRENNER ROUTE AND TRENTO ALTO ADIGE	18
FRIULI-VENEZIA GIULIA	20
TURIN	22
ROME	24
PUGLIA	30
CIVIL SOCIETY AND CRIMINALISATION OF SOLIDARITY	32
CONCLUSIONS AND RECOMMENDATIONS	34
LIST OF INFORMAL SETTLEMENTS	36
MSF IN INFORMAL SETTLEMENTS	38
MÉDECINS SANS FRONTIÈRES IN ITALY	39
GLOSSARY	40

First edition February 2018
 © Medici Senza Frontiere
 www.msf.it

Front cover:
 © Alessandro Penso, Borgo Mezzanone (FG)
 All the photos are by A. Penso except p. 5 e 6: Giuseppe De Mola; p. 17 and 39: Giuseppe La Rosa

INTRODUCTION

This report is the follow up of the research contained in *Fuori campo - Asylum seekers and refugees in Italy: unofficial settlements and social marginalisation*¹. It is the result of constant monitoring activities carried out in 2016 and 2017 by way of repeated field visits and in collaboration with an extensive network of local associations.

The reception system for asylum seekers and refugees, expanding to reach just over 180,000 places as of 31 December 2017, continues to be based, for the most part, on extraordinary reception structures in which services aimed at social inclusion are limited.

There are pockets marginalization in urban and rural areas across Italy. The raise in forced evictions, combined with a lack of alternative housing solutions, result in the fragmentation of informal settlements, especially in urban contexts: migrants and refugees live in increasingly hidden locations in a state of growing fear and frustration, with progressively limited contact with local services, including healthcare.

Due to administrative barriers, and despite the laws in force, migrants

and refugees in informal settlements, regardless of their legal status, **have less and less opportunities to access medical treatment.** Hospital emergency services are fast becoming the only gateway to the Italian National Health System.

In the last two years, more than twenty people have died attempting to cross the borders with France, Austria and Switzerland. **Migrants suffer repeated border rejection, often accompanied by violence.** The number of people stranded at the borders and living in unofficial settlements is increasing, with limited access to basic needs and healthcare.

Throughout Italy, volunteers and activists are helping migrants excluded from the reception system, supporting them to access basic services and care. Opposition to their work has, in some cases, resulted in judicial proceedings against them.

In 2016 and 2017, Médecins Sans Frontières (MSF) strengthened its commitment to supporting migrants in unofficial settlements. In Como and Ventimiglia, a psychological first-aid programme was implemented for people in transit, together with a Women's healthcare programme in Ventimiglia. In Rome, primary

healthcare and psychological support was set up in the disused buildings where men, women and children live in disgraceful conditions.

In Bari and Torino, MSF has worked in buildings occupied by migrants and refugees, seeking to overcome their marginalisation by facilitating access to the National Health Service. MSF volunteers work alongside professionals in these activities, raising awareness on the lack of access to healthcare that marginalised migrants and refugees experience.

MSF saw Italian citizens living in informal settlements – as well as in self-organised occupations – in Rome, as marginalised as their migrant neighbours. This is not an isolated case in Italy.

The report confirms the estimate indicated in the first edition of *Fuori Campo*: **there are at least 10,000 people excluded from the reception system, including holders and applicants of international and humanitarian protection, with limited or no access to basic needs and medical care**². The distribution of such settlements is fragmented and widespread throughout the country.

1. Médecins Sans Frontières, April 2016.
 2. This number refers to the sites monitored in the survey and cannot be considered a census of the total number of asylum seekers and refugees living in all the informal settlements throughout Italy.

RECEPTION SYSTEM AND BORDERS

After the peaks of 2016, 2017 saw an overall decrease in the number of landings – predominantly because of containment measures implemented following the agreement between Italy and Libya¹ – and a parallel increase in asylum applications. The full implementation of the “hotspot approach” resulted in the forced registration of almost all of the migrants arriving in Italy. This contained the secondary movements towards countries further North.

By 31 December 2017, the reception system² had 183,681 places, a slight increase compared to 2016. Despite of the government attempts to promote the model of the Protection System for Refugees and Asylum Seekers (SPRAR), managed by the Municipalities³ the number of asylum seekers and refugees in the SPRAR network stood at 31,270 on the same date, just 17% of the total.

The chronic shortage of places in the reception centres, is due not only to the increasing numbers of asylum applications, but also to the low levels of turnover in the centres due to the time required for assessing the applications. Despite the increase in Territorial Commissions in recent years⁴, the time elapsing between first applying for asylum and being notified of the result averages 307 days. In the case of denial of protection and the lodging of an appeal, the time spent in the centres can increase to a further 10 months (the average time required to achieve an outcome after

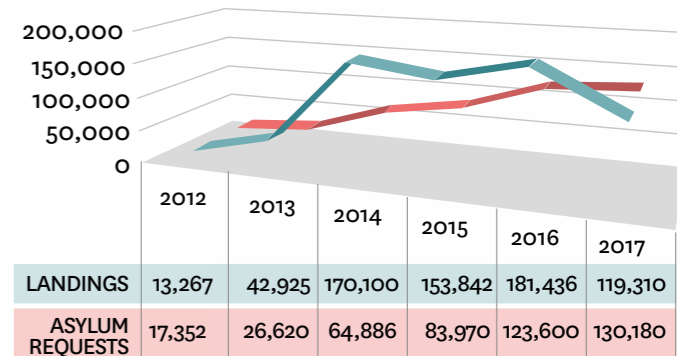
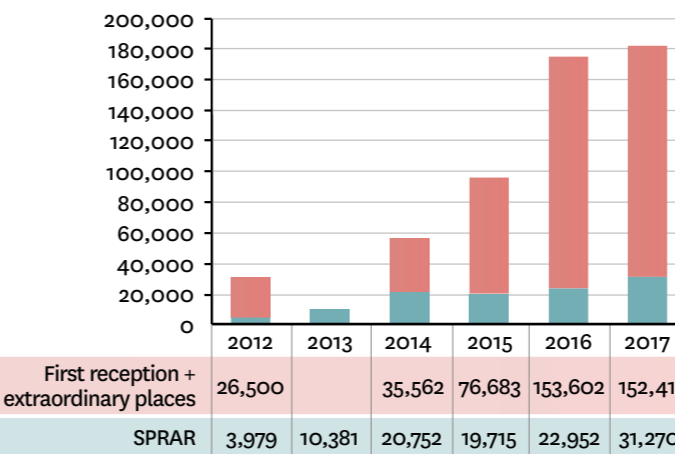
a first appeal⁵). To speed the asylum process up, the government has adopted a series of measures, such as establishing migration specialised sections within each ordinary court, and abolishing the second level of appeal. This has led to doubts about whether such lowering of the standards of legal protection for asylum seekers is constitutional, and has provoked criticism from associations in the sector⁶.

Other factors are putting pressure on the reception system. First is the increasing number of asylum seekers in other countries being sent back to Italy under the Dublin Regulation. Second is the failure of the relocation procedure decided by the EU Council in September 2015 to transfer a number of asylum seekers from Italy and Greece to other member States⁷.

Current legislation envisages that a person gains access to the reception system as soon as they apply for asylum⁸. However, in practice (for migrants who independently present themselves at police stations), access to the system is postponed until the asylum seekers formalise their application by completing the C3 Form. This results in applicants waiting for weeks – and sometimes months – without any form of assistance. This has been seen, for example, in police stations near large reception centres such as in Gorizia, Bari, Crotone and Caltanissetta.

EU Directive 2013/33 establishes the possibility to revoke the asylum

1. Memorandum between Italy and Libya, signed on 2 February 2017. Cf. <http://www.governo.it/sites/governoNEW.it/files/Libia.pdf>
2. Articulated in First Aid and Assistance Centres, First Reception Centres (formerly, CARA) and second reception centres of the SPRAR network to ordinary places and in Extraordinary Reception Centres (CAS) to be used only in cases of lack of ordinary places and only for limited periods of time, cf. Legislative Decree no. 142/2015.
3. With the Decree from the Ministry of the Interior of 10 August 2016, the procedure to access the SPRAR projects has been simplified. With the ‘safeguard clause’ contained in the Ministerial Directive of 11 October 2016, the Municipalities belonging to SPRAR are exempt from the activation of further forms of reception (CAS), whilst with the Circular issued in August 2017, the Ministry of the Interior has provided instructions for the conversion of the available places in the CAS in SPRAR ones. About 15% of the Municipalities in Italy have joined to the SPRAR network.
4. To date, 20 Territorial Commissions and 28 additional sections are operational for a total of 48 commissions.
5. ANCI, Caritas Italiana, Cittalia, Fondazione Migrantes, SPRAR in collaboration with UNHCR, Report on International Protection in Italy 2017. The percentage of denials on the number of asylum seekers who were given accommodation was 57% in the first half of 2017, inclusive of the 5% who were unreachable. With regard to the appellants at first instance, 49.5% of the proceedings are still underway, whilst the remaining percentages of appeals accepted and rejected are equivalent. Amongst the appeals presented to the Court of Appeal that have received a definitive outcome (40%), seven cases out of 10 were given protection.
6. Cf. ASGI, Law no. 46 of 13 April 2017 containing proceedings on international protection, as well as for tackling illegal immigration. Initial interpretative reflections, https://www.asgi.it/wp-content/uploads/2017/07/Scheda-pratica-legge-Minniti-DEF_2.pdf
7. 11,464 migrants have been relocated from Italy before 31 December 2017 and 698 migrants are in the relocation process at present (Source: Ministry of the Interior).
8. Legislative Decree no. 142/2015, Article 1.2.



9. Cf. ASGI, *The revocation of asylum seeker reception*, June 2017.
10. Cf., for example, the case of 18 African asylum seekers whose accommodation was revoked by the Prefect of Naples for protesting against living conditions inside the centre (<http://www.lasciatecientrare.it/j25/italia/news-italia/220-comunicato-stampa-revoca-accoglienza-il-20-luglio-l-udienza-per-i-12-richiedenti-asilo-del-cas-belvedere>). In 2017, the TAR (Regional Administrative Court) of Liguria cancelled nine revocation orders, claiming that the persons concerned had not been duly informed nor had been given the opportunity to assert his or her reasons (<https://www.a-dif.org/2017/02/17/il-tar-liguria-sulle-revoche-dellaccoglienza/>).
11. Agreement between the Government of the Italian Republic and the Government of the French Republic on cooperation between the cross-border police and customs, Chambéry, 03/10/1997; Italian-Swiss bilateral agreement on the readmission of persons in irregular status, 1998; Bilateral agreement between Italy and Austria, Vienna, 7 November 1997; in the latter case, rejections also take place from Italy to Austria. Cf. ASGI, *The readmission of foreign citizens to Ventimiglia: profiles of illegitimacy*, June 2015; *The readmission of foreign citizens at the Chiasso border: profiles of illegitimacy*, August 2016; ASGI, *Antenne Migranti, Fondazione Alexander Langer Stiftung, Along the Brenner route - Monitoring report on the situation of migrants in Bolzano and Brenner*, 2017.
12. *Declarations of the Undersecretary for Defence, Domenico Rossi* Cf. <http://openmigration.org/wp-content/uploads/2016/11/stenografico-21-ottobre.pdf>. The transfers were also the subject of a parliamentary debate in January 2017, Question 4/15188, <http://aic.camera.it/aic/scheda.html?core=aic&numero=4/15188&ramo=C&leg=17>
13. *Senate of the Italian Republic, Report on the identification and expulsion centres (January 2017)* [https://www.senato.it/application/xmanager/projects/leg17/file/Cie%20rapporto%20aggiornato%20\(2%20gennaio%202017\).pdf](https://www.senato.it/application/xmanager/projects/leg17/file/Cie%20rapporto%20aggiornato%20(2%20gennaio%202017).pdf)

seeker the right to a place in a reception centre, but only as a last resort⁹. In Italy, this provision, set out in Legislative Decree no. 142/2015, is adopted without any degree of graduality and proportionality, especially for those staying at the CAS. Here, it is often used as a sanction for people who break centre rules, from minor disciplinary infractions to violent behaviour. These applicants are left to find alternative accommodation, often ending up in the unofficial settlements deprived of any form of assistance¹⁰.

Systematic checks are carried out along the borders with Austria, France and Switzerland, on migrants in transit who are then collectively and summarily forced to return to Italy, on the basis of bilateral cooperation agreements. This contravenes the Schengen agreements on freedom of movement that allow checks at internal borders only under exceptional and temporary circumstances, upon risks to public order or the security of a Member State¹¹. Such practices are even imposed on the most vulnerable groups, including unaccompanied minors, single women with children, and pregnant women, which results in increased numbers of migrants stranded in the border areas. When they are not given accommodation into government facilities, they are forced to live in unofficial settlements, outdoors, and with limited access to basic provisions such as shelter, food,

sanitation, and healthcare. Amongst them are migrants who have just landed a few days previously, trying to reach another Member State where they can apply for protection despite the fact that they were registered in 'hotspots' under the Dublin Regulation; there are also asylum seekers whose reception has been withdrawn; migrants leaving the centres with international protection denied, having appealed to the rejection or not; people who hold international or humanitarian protection but are unable to achieve a full social inclusion: all waiting to cross a border that is increasingly hard to penetrate.

Since the summer of 2016, people are being forced to leave the cities of Como and Ventimiglia and forcibly relocated to the 'hotspot' of Taranto. The official reasons for this are to ease pressure on the borders; prevent problems of public order and avoid high concentrations of migrants giving rise to public health and sanitary emergencies¹². Of the 14,576 people who have been accommodated in the hotspot of Taranto between March and October 2016, only 5,048 come from landings. The rest are foreigners found within Italy's borders and taken to the centre to be identified¹³. After they arrive at Taranto, most migrants return to the northern borders, feeding a nonsensical circular flow.

RECEPTION: FROM A RIGHT TO A PRIVILEGE THE EUROPEAN COMMISSION'S NEW REFORM PROPOSALS

Between April and July 2016, the European Commission presented a package of reform proposals for the EU's international protection system. It was aimed at reshaping every aspect of the procedures and reception measures.

The reforms propose that reception should only be accessible to people who strictly fall under the obligations imposed by the Member States.

This is evident in the proposed reform of the Dublin Regulation, where an asylum seeker is not entitled to reception measure (with the sole exception of emergency medical assistance) if found in a Member State other than the one appointed for the assessment of the application. In the proposal for reform of the current Reception Directive, there are numerous rules that result in the reduction or even the withdrawal of reception measures for asylum seekers, such as when an asylum seeker fails to participate in mandatory integration measures.

The reform proposal introduces a new concept in EU law: in cases where reception is withdrawn, Member States are only obliged to guarantee the asylum seeker "decent living standards." The draft text does not specify what is meant by "decent living standards," leaving very broad discretion

to the Member States. The risk is that a wide interpretation could include only the bare essentials of food and accommodation.

Broad discretion is also given to Member States regarding the establishment of a place for asylum seekers to live (such as in a reception centre, apartment, hotel or other reception facility), which greatly restricts freedom of movement within their territories. If an applicant moves away, even temporarily, from their fixed location, they may find that reception is no longer guaranteed. The reform proposals lead to a further serious consequence for those who violate their residence obligations: it proposes that people who do not comply with the obligation to stay in their designated residence, and are considered at risk of being untraceable, can be held in a detention centre.

* Cf. ASGI, *The new political regulatory guidelines of the European Union. The prospect of new and radical restrictions on the right to asylum*, <https://www.asgi.it/asilo-e-protezione-internazionale/asilo-migrazione-riforma-unione-europea-sintesi-asgi/>. We thank Loredana Leo (Associazione Studi Giuridici sull'Immigrazione, ASGI) for the drafting of this section.



SOCIAL MARGINALIZATION

In 2017, at least 100,000 people left government reception centres for asylum seekers and refugees¹. Lacking a fully achieved social integration, they try to cross borders - less permeable than in the past - or end up in pockets of marginality across Italy, in large cities (such as Rome), or in the ghettos of the South (such as Puglia and Calabria regions), where the population ebbs and flows in time with the peaks of seasonal agricultural work. This continuous flow of people includes a number of fixed points (such as Rome, the province of Caserta, the ghettos in Capitanata and Calabria) and, on a rotating basis, seasonal work areas, to which the border areas have been added within the last year (if you cannot pass the border, you return into the flux).

In October 2017 the **National Integration Plan for holders of international protection** was issued for the 2017-2018 two-year period². The Plan contains general guidelines and fails to allocate specific resources, merely referring to the possibility of drawing on European funds. The Plan recommends that the Regions and Municipalities include in their emergency housing plans “means of supporting protection holders exiting from the reception centres, and verifying the possibility of including such in public housing and lease support programmes” as well as “programmes to accompany

the exit from unofficial settlements in urban centres, also by identifying suitable disused public buildings to be allocated to social housing.”

In anticipation of SPRAR becoming the only system of second reception, the Plan states that CAS must homogenise “their own services and activities aimed at social integration with those offered in the SPRAR system.” This is a contradiction of the provisions the Ministry of the Interior issued just a few months previously in its tender specifications for the supply of goods and services in the same centres, where the only activities envisaged for social inclusion (in addition to Italian language courses) are a generic orientation to local public services and “the organisation of leisure time through recreational, sporting and cultural activities.”³

Regarding housing conditions in **seasonal agricultural work areas**, the Plan recommends the full application of the so-called Law Against “Caporalato”⁴. The management of these critical areas follows certain directives that are common to all national territories such as the appointment of Extraordinary Commissioners with a focus on the fight against crime and labour exploitation and on housing, the setting up of large-scale temporary camps (using tents or containers).



1. This estimate is calculated by comparing the slight increase in places in the reception system in 2017 compared to the previous year (just over 7,000) and the number of asylum applications presented in the same year (130,180).
2. As foreseen by Legislative Decree no. 18/2014.
3. Decree of the Ministry of the Interior of 07/03/2017.
4. Law no. 199/2016.
5. Set up after the clashes of 2010 in Rosarno. The Municipality of S. Ferdinando rented an industrial warehouse to increase the availability of places for another 250 people.

A tent camp was set up in **S. Ferdinando (RC)** on 18 August 2017, with up to 500 beds for seasonal citrus fruit pickers. The facility was intended to house residents of a nearby unofficial camp that had been destroyed by a fire, and where the sanitary conditions were very precarious⁵. In December, more than 2,000 workers arrived in the area, forced to lodge again in the old, unofficial settlement of plastic, zinc and cardboard shacks.

In **Campobello di Mazara (TR)** the seasonal olive harvest peaks between October and November. In 2017 the local institutions, coordinated by the Prefecture, turned over a former oil mill, Fontane d'Oro, for housing 250 seasonal workers. The structure has insufficient toilets with no hot water for showers. Meanwhile, in the same area (in Erbe Bianche), an unofficial settlement is present. In September it accommodates 300 people, and by October around 1,400⁶. Many have come from CAS, women and minors among them. The Municipality installs four water points. Twenty chemical toilets are delivered, but regular maintenance is not carried out and after a short while the toilets are not fit to be used. Workers install their own showers with a water heating system. On 27 October, Fontane d'Oro opens for migrants with a regular work contract but nobody leaves the Erbe Bianche informal camp.

From October, an MSF team supports a Red Cross OPD in Erbe Bianche, through donation of medicines⁷; runs psychosocial support activities⁸ and health and hygiene promotion activities. At the beginning of November, it distributed 1,000 blankets and 1,000 hygiene kits.

Refugees and asylum seekers are included amongst the recipients of the **'Guidelines for the fight against serious adult marginalisation in Italy'**⁹. This document states the need for guaranteed access to basic services, including healthcare, referring to international humanitarian

law and agreements signed by Italy¹⁰.

As for the Integration Plan, the Regions and Municipalities are responsible for such interventions¹¹. Particular recommendations include: i) the elimination of all obstacles to the registration of the residence¹²; ii) overcoming the barriers to accessing the so-called 'low threshold services' (soup kitchens, bathrooms, overnight emergency reception, essential medical assistance); iii) the 'housing first' approach, which designates stable reception centres as the starting point to setting off on the path of social integration¹³; iv) strengthening outreach services; v) providing linguistic and cultural mediators in essential public services, including in the 'low threshold' and outreach services.

In the municipality of Castel Volturno¹⁴, 25,000 people are registered at the civil registry, including 4,000 foreign citizens. An estimated 10,000 people in the area are unregistered, the overwhelming majority of whom are from sub-Saharan Africa, in conditions of widespread irregularity regarding working and housing contracts. Their housing is often not legally registered and very run-down. Amongst them are people who have left the CAS across Italy, including increasing numbers of young women from Nigeria.

A group of local civil society organisations¹⁵ presented a 'Plan for Castel Volturno' to the governing bodies, which recommends granting humanitarian protection to 2,000 people - which is now underway thanks to the establishment of a Special Section of the Territorial Commission in Caserta - and a programme to facilitate social inclusion for 1,000 people over a period of 18 months, delivering literacy, vocational courses, job placement and housing through registration, the legalisation of leases and the maintenance of houses. The Plan proposes to use measures set out in recent national legislation to combat poverty, such as the REI subsidy¹⁶.

6. Coming from Senegal (52%), Tunisia (15%), Gambia (10%), Sudan (6%), Mali (5%), Nigeria (5%).
7. Open from the end of October until 30 November. The ASP (NHS local branch) of Trapani had refused to increase the opening hours of the nearby emergency medical service.
8. In collaboration with CLEDU (Clinica per i Diritti Umani - Clinic for Human Rights) in Palermo.
9. Ministry of Labour and Social Policies. Subject of a special agreement between the Government, Regions, Autonomous Provinces and Local Autonomies at the Unified Conference of 5 November 2015.
10. Cf. United Nations Fundamental Declaration of Human Rights (Article 3); 1951 Geneva Convention and its relative Protocol (1967).
11. With the reform of Chapter V of the Constitution (Constitutional Law no. 3/2001), social policies fell to the jurisdiction of the Regions, the only entities now appointed to the legislation and planning of services, even in matters of extreme poverty. Only matters of "determination of the essential levels of provisions pertaining to civil and social rights that must be guaranteed throughout the national territory" remained under the domain of the State.
12. Cf. Presidential Decree no. 223/1989; Circular of the Ministry of the Interior no. 8/1995.
13. Another example of good practice is the Self-Help Housing - where accommodation is found in the private market and renovated with the involvement of the beneficiaries of the programmes. This practice provides a number of benefits, including reduction of rental costs, the possibility of increasing income for the people concerned, and the creation of training sites where people are reintroduced to the workforce.
14. From last August, the Government has appointed a special Commissioner to programme interventions aimed at the integration of migrants and the environmental restoration of the area.
15. "Comitato per il Centro Sociale" Volunteer Association and Information Desk for Migrants and Refugees "Diritti di Cittadinanza per tutti/e", Managing Body of the municipality of Caserta SPRAR project, in collaboration with Caritas and the "Movimento Migranti e Rifugiati".
16. "Reddito di Inclusione" (Inclusion Income), set forth by Decree Law no. 147/2017.



My family and I lived in a rented house for 18 months. We paid 500 euros a month. Then my boss told me that he could no longer keep me on, that there was not enough work. How could I manage to support my wife and two small children? Being here is like a miracle, it was God who helped me. When we arrived, the rooms were completely empty. Then, little by little, we filled them with second-hand furniture or gifts. We did not even [have to] buy toys for my children – the people from the neighbourhood gave them to us.

Via Savoia, Cosenza

OCCUPIED BUILDINGS

Over the last two years, the numbers of applicants and holders of international and humanitarian protection living in occupied buildings has increased. The majority of these people have never entered the institutional reception system or have been expelled from it in the absence of proper social inclusion. Occupations are self-managed by the migrants and refugees, mostly those where residents come from the same countries of origin¹, others are managed by right to housing movements; this generally concerns so-called “mixed occupations”, where migrants and refugees from different areas - sub-Saharan Africa, Latin America, Europe - coexist together with a significant component of Italians².

Many occupations that began outside the law, were later legalised, with the involvement of private entities and institutions (primarily the Municipalities and Regions). Compared to the government reception system for asylum seekers and refugees, the occupations promote a model based on self-management and on giving residents an opportunity to remain in safety until they have achieved effective social, housing and work independence.

With regards to healthcare, limitations were imposed under Law no. 80/2014 (Article 5) and confirmed under Law no. 48/2017: living in occupied buildings does not give people the opportunity to get a formal residence and thus to get registered with the National

Health Services. This is particularly relevant in those cities where the municipality does not provide with factitious residence - the one provided to homeless people - or where it is particularly hard to get it. In **Turin** in 2014, a building in Via Madonna de la Salette was occupied by a group of refugees who left the reception centres under the North Africa Emergency Plan. In 2015, Pastorale Migranti, Caritas and Congregazione dei Missionari di Nostra Signora de La Salette – as owners of the property – established an association with the aim of legalising the occupation and redeveloping the property, using funds from the Diocese of Turin and the Compagnia di San Paolo, transforming it into a model of self-managed social housing, specifically aimed at vulnerable people. The building was renovated involving the same inhabitants. Currently, 80 men live in the building, half of whom have a residency permit (“permesso di soggiorno”) for humanitarian reasons, and 20% for subsidiary protection. In December 2015, the Rumori Sinistri and No Border associations signed an agreement with the Municipality of **Rimini** to manage a reception facility in the context of the Winter contingency plan. The building, renamed Casa Don Gallo, hosted Italians and foreign migrants. The two charities raised concerns about the reception model represented by a dormitory open only at night and only during the winter. They decided to keep the centre open 24 hours a day and started activities aimed at the guests' autonomy, without imposing them any temporal limitation to their permanence in the centre. The agreement expired in April 2016, but the associations continued to manage the centre together with the guests in complete autonomy, even financially. Recently, a deal was reached with the Municipality to regularise the occupation of the building and to extend the activities until April 2018. Negotiations are still ongoing to find a more stable solution. Since it opened, Casa Don Gallo has welcomed 71 people, 16 of them from

Somalia. Today, 44 people live in the centre – 39 men and five women (both Italians and non-Italians). Three people have come from the centres of North Africa Emergency Programme (ENA), 24 from CAS. Some are holders of a form of international or humanitarian protection; others are appealing, either the first or second degree, against denial of protection decisions. For others, reception in the CAS was revoked before their asylum application procedures were concluded. Four people have a recognised condition of disability, with 7 suffering from psychiatric disorders or psychological distress. In **Bari**, since 2009, about 60 refugees (mostly from Eritrea) have lived in a former high school owned by the Municipality. Around forty are employed in a precarious or intermittent way in restaurants, domestic work or as caretakers, with others being seasonal agricultural workers or refugees awaiting the renewal of their residency permits. Sometimes Italian citizens in difficulty are also living there. The building needs urgent maintenance work. In May 2014, a memorandum of understanding was signed between the residents, the Municipality of Bari, the Puglia Region and other entities that set out a number of commitments including: the restoration of the property, with the involvement of the refugees living there, in construction works; the Municipality of Bari to ensure the safety of the building and grant the property to the residents according to the principle of self-management; and the Puglia Region to provide the resources needed to finance the project. Three years after it was signed, the agreement has yet to be fulfilled³. The occupation of the former Institute of Canossiane in **Cosenza**, promoted by the Prendocasa committee, dates back to October 2013. This was the first “mixed” residence in Cosenza: amongst the inhabitants are around 20 Italians and 25 men from sub-Saharan Africa, who are holders of international and humanitarian protection. Twenty places are reserved for migrants

1. Cf. occupations of Eritrean refugees in Rome and Bari, Somalis in Turin and Bari, Sudanese in Turin and Rome.
2. Cf. occupations in Turin, Rimini, Florence, Rome and Cosenza.
3. The residents' association gave the Municipality of Bari its own self-renovation project.
4. Just over 60 people live in the building on Via Savoia, with 75% coming from sub-Saharan Africa.
5. Amongst other activities, there are after school computer literacy workshops, a film club for children from three to 12 years of age, theatre workshops and sports activities.

awaiting the renewal of their residency permit. Today, the settlement is legalised, as is the former Don Milani primary school in the district of Portapiana, owned by the Municipality, for which a self-restoration project is planned. Living alongside Italian citizens are North Africans and 10 holders of international protection; altogether a population of 30 people. The most recent occupations supported by the Prendocasa committee are a building in Via Savoia (from November 2016) and the Hotel Centrale (from December 2017). In these occupied premises Italians coexist with foreign migrants, amongst whom – in ever greater numbers – are applicants and holders of international and humanitarian protection. At the Hotel Centrale alone, 35 people from sub-Saharan Africa share the spaces with 12 asylum seekers who are appealing against the denial of protection, in both the first and second instances⁴. Running alongside these housing projects in Cosenza are activities that aim to promote integration in their neighbourhoods, starting with children⁵.





We intervened after a woman was hit by a water jet from a hydrant and fell to the ground, passing out. There were no ambulances on site at the time of the trouble.

MSF Medical Coordinator



FORCED EVICTIONS

Legislative Decree no. 267/2000 grants authority to the mayor “in relation to the urgent need for interventions aimed at overcoming situations of serious negligence or degradation of the territory, of the environment and of cultural heritage, or of detriment to cleanliness and urban liveability.” Such authority, reaffirmed and strengthened by Law no. 48/2017, is increasingly used to break up unofficial settlements where migrants and refugees excluded from the institutional reception system live, using more or less forced evictions, almost never arranging them alongside the resident population. This forces them to disperse into increasingly peripheral areas and ever more hidden locations, with more limited access to social and healthcare services, with the increasingly remote possibility of those services providing for the needs of this vulnerable population.

On 6 December 2016, following an order by the mayor of **Falerna (CZ)** citing reasons of hygiene and sanitation, the Residence degli Ulivi was evicted, which, since the closure of the ENA programme in 2013 had been hosting about 200 refugees from sub-Saharan Africa. The eviction saw a huge deployment of law enforcement, but no municipal social workers. The City did not offer any alternative housing options apart from temporary solutions

for a handful of families. Amongst the refugees were at least 30 minors and a number of pregnant women. 1 March 2017 saw the clearing of the Gran Ghetto in **Rignano Garganico (FG)**, a shanty town that was home to more than 2,000 migrants and refugees in the summer, during the peak agricultural season. A year previously, the governor of Puglia Region had submitted a complaint to Bari’s District Anti-Mafia Directorate on reduction in slavery in reference to the inhabitants of the Ghetto. This was followed by a Decree authorising the seizure of the land on which the ghetto stood, and an eviction order. About 200 migrants refused to leave the area¹. During the night of 2 March, a fire broke out amongst the shacks. Mamadou Konate and Nouhou Doumbia, 33 and 36 years old respectively, and both of Malian origin, died in the blaze.

On 12 July 2017, about 50 Somali refugees, some of whom had been in Italy for over 10 years, were evicted from the ex Meyer warehouses, owned by the Municipality of **Florence**. The mayor, in his eviction order, claimed the property was uninhabitable and unsafe (in fact, it was in an extremely poor condition). No stable housing solution was proposed for the refugees who, supported by Movimento di Lotta per la Casa, went on to occupy

another building, in Via Baracca². This occupation is ongoing.

On 11 January 2017, a fire destroyed the shed attached to the former Aiazzone furniture factory in Sesto Fiorentino, where a hundred Somali refugees had been camping since December 2014. Ali Muse died in the blaze, whilst trying to recover paperwork relating to family reunification. The lack of housing solutions for the refugees affected by this fire forced them to occupy a building owned by Jesuit Priests. On 29 November, the building was cleared following an agreement between the Municipality, local Police, Jesuit Fathers, Caritas and the inhabitants of the building themselves. A minority were transferred into the SPRAR network; the single women into housing for vulnerable groups; others were helped into private rented accommodation. The police issued 30 people with travel documents to move to other EU countries, whilst six chose the option for assisted repatriation to Somalia³.

On 8 August 2017, the Labàs centre in a former military barracks in **Bologna**, was evicted after being occupied since 2012. Amongst other activities the centre offered hospitality to around 15 migrants and refugees. The eviction was ordered following a seizure decree issued two years previously by the

Public Prosecutor’s Office following a complaint by the owner, Cassa Depositi e Prestiti. The migrants remain on the streets. The indignation caused by the eviction and the way it was carried out led to a public demonstration, on 9 September, attended by 10,000 people. After this, the Municipality committed to finding a new space to house the activities previously run in the centre. In December, an indictment was requested for 11 activists who had tried to oppose the eviction, with accusations of resistance against public officials and personal injuries.

On two occasions, on 8 and 12 June, a shed on Via di Vannina in the Tor Cervara area in **Rome** was evacuated. Around 500 people, including minors, elderly people, pregnant women and the disabled were living in the shed. The police intervened with force, using armoured vehicles. The Municipality was not present. On 21 July, an MSF team visited an adjoining shed where some of the people had moved after the eviction. MSF doctors found seven people with trauma, all – according to the statements of the people involved – due to the nature of the eviction. Amongst these, four people had sought treatment at nearby hospitals on the previous days: one with a fracture of the orbital wall and the nasal septum; one with a bruise to the head and back and a wound on the left arm; one with a bruised leg over a previous fracture of the tibia; the last

one with bruising to the metatarsal-phalangeal joint of the foot. Since 2013, in a building in Piazza Indipendenza in Rome, there have been at least 800 refugees, almost all of Eritrean and Ethiopian origin. Amongst these are many women and children. On 19 August 2017, when police cleared the building, 200 people set up a makeshift camp in the square. The Municipality only offered temporary housing solutions to women and minors, without any protection for nuclear families⁴. On 24 August, the police intervened again to clear the square, this time using water hydrants. An MSF team provided assistance to 13 injured people, most of them women. Five needed to be sent to hospital. In the following days, the inhabitants of the building were again dispersed from other parts of the city. In mid-November, the authorities began to allow people to recover the belongings that had been kept inside the evacuated building. In January 2018, for three refugees accused of resistance to a public officials during the eviction operations of 24th August, the Prosecutor asked for two and a half years in prison.

In a Circular published on 1 September 2017, the Minister of the Interior states that “The protection of nuclear families in situations of economic and social distress is a priority condition for the definition of procedures regarding the execution of eviction operations”⁵.

1. Puglia Region had found 200 places in two centres in the area. At the time of the eviction from 500 people were living in the Gran Ghetto.
2. Owned by the Unipol-Sai banking group and unused for years.
3. Another eviction agreed with the resident population took place on 23 March 2017 and concerned the Casa Don Gallo in Padua, occupied since 2013 by approximately sixty refugees who had left the ENA centres. With a programme that saw the involvement, amongst the others, of the Razzismo Stop association, Caritas, Concooperative and Fondazione Cariparo, the refugees were included in vocational courses and job grants in Padua and across the Province. For the last 15, accommodation was only found in October. The open-air space at the back of the Casa Don Gallo where they had lived following the eviction was promptly sealed off by the Municipality with a metal fence.
4. Of the occupants of the building in Piazza Indipendenza, in November 2017, 76 people were living in hostels for women and other vulnerable groups, run by the Municipality of Rome. At least a dozen were still sleeping on the streets.
5. Article 11 of Law no. 48/2017 reads: “[The prefect defines] the use of force actions for the execution of the necessary interventions, according to criteria of priority that, even taking into consideration the protection of nuclear families in situations of economic and social hardship, takes account of the situation of public order and safety in the territorial areas concerned, of the possible risks for public health and safety, of the rights of the owners of the buildings.” Regarding the rights of the owners, it is to be highlighted that Ruling no. 21347/2017 issued by the Court of Rome in November 2017 gives the Ministry of the Interior the responsibility for any damage caused to the buildings by the occupants in case of lack of eviction.



I slept on the street for four months in Cagliari. Finally, police gave us a document and told us that we could use it to catch a ferry. I applied for asylum in Florence. After the fire in Sesto Fiorentino warehouse, I ended up in this occupied building. I do not know how long it will last. I am really tired.

S., Somalia, via Spaventa, Florence



OBSTACLES TO ACCESS THE NATIONAL HEALTH SERVICE¹

The residence registration continues to be the biggest administrative barrier to registering for the National Health Service for applicants and holders of international and humanitarian protection.

Following recent government measures, residence registration is revoked with immediate effect upon leaving the reception centres². Declaring residence at occupied premises is not allowed³, whilst the issuance of a fictitious residence, as the homeless are allowed to do, does not occur in any Municipality and would involve complex procedures even if it were to. Moreover, for migrants and refugees forced to move across Italy because of job insecurity – for example, those employed in seasonal agricultural work – if their temporary workplace does not tally with their registered residence or domicile, it is impossible for them to

use the National Health Service. The result is a growing recourse to the Temporarily Present Foreigner (STP) regime, which was originally set up for undocumented migrants. Increasingly, the most common way to access the National Health Service is via hospital emergency departments.

In some cities, people who want to submit an asylum application at a police station must present a medical certificate. This increases the waiting time for entry into the reception system, condemning the applicants to extended periods of time without any assistance.

Notably increasingly more asylum seekers use the STP code after filing their asylum request (C3 form). This happens mainly to people hosted in the first reception centres and in the extraordinary reception centres. The provision of medical services in

CAS, even the small scale ones, set out in recent Ministry of the Interior Decrees⁴, is another factor in limiting asylum seekers the inclusion in the National Health Service, considering they should be assigned personal general practitioners as for the Italian citizens.

More and more primary healthcare services for migrants without a residency permit are delegated to private humanitarian organizations. In general, these services do not issue a STP code when they are treating a patient (who is forced to obtain it from the health registry before returning to the service for prescriptions). In addition, they cannot issue prescriptions under the local healthcare authority, and therefore are forced to provide prescriptions for drugs or specialised services at full price. The result, again, is a separate healthcare system for migrants.

	Registration to the NHS in the absence of residence registration: fictitious residence	Registration to the NHS during permit of staying renewal	Post C3 form health assistance in first reception centres and CAS	Criticalities in issuing the STP code	Public dedicated STP OPDs	Issue of PSTP code at public dedicated STP OPDs	Issue of STP code at woman clinics	Issue of STP code at hospital emergency dpt.	Pediatrician for undocumented minors	Linguistic-cultural mediators at healthcare services
Bolzano	NO	NHS	NHS	NO	1	YES	NO	YES	NO	various services, on call
CALABRIA Cosenza	YES	STP	STP	NO	2	YES	NO	YES	Pediatricians at woman clinics	NO
CALABRIA Reggio Calabria	YES	STP	STP	NO	1	YES	NO	YES	Pediatricians at woman clinics	NO
FVG Gorizia			NHS	YES ⁷	0 ⁶	///	NO		YES	
FVG Pordenone	YES	NHS	NHS	NO	1 ¹¹	YES	NO	NO	YES	various services
LAZIO Roma Munic.4	YES		STP	NO (online)	0	///				NO
LAZIO Roma Munic. 5	YES		STP	NO (online)	2	YES				NO
LIGURIA Ventimiglia	NO	NHS	NHS	NO	0	///	YES	YES	NO	NO
LOMBARDIA Como	NO	STP	STP	YES ⁸	0	///	NO	not always	NO	NO
LOMBARDIA Milano		STP	NHS	YES ⁹	1 ¹²		Not all	Not all	YES	various services
PIEMONTE Torino	YES	NHS	NHS	NO	2 ¹³	YES	NO	NO	with tax code only	at woman clinics & various services
PUGLIA Bari	YES	STP	STP	NO	///	///	NO	YES	YES	NO ¹⁴

Except for Piedmont, all other regions recognise exemption from the co-pay system for medicines and healthcare services for two months – at most six – after the formalisation of an asylum application, on the basis of the arbitrary difference between unemployment (one who used to work and has the right to payment exemption) and joblessness (someone who has never worked before). A judgement from Rome Court, 1 Section 17/2/2017 – recalling the Law no. 150/2015 and the Labour Ministry's communication 5090 of 4/4/2016 – clarify that the exemption should be extended for the whole period of time in which the asylum seeker or the refugee is unemployed, calling off the aforementioned difference between unemployment and joblessness.

There are strict limitations on assigning a paediatrician to children without residency permits. Many regions use the STP regime whereby a paediatrician

is only assigned if the family is in possession of a tax code⁵, or only until the child reaches 14 years of age⁶.

Translators and cultural mediators – with rare exceptions – are not employed in the NHS, either at administrative or medical services, except for on-call interventions or for specific projects with a finite timescale. This lack is particularly serious in direct access services, such as primary healthcare services, first aid, woman clinics, mental health centres and addictions centres.

Finally, very serious critical issues concern mental health services. In addition to the lack of cultural mediators (whose presence is judged to be even counterproductive for the purpose of taking care of the patient, as in Udine and Bolzano) there are significant shortcomings in the skills of ethno-psychiatry and a lack of continuity of care for people with psychiatric disorders.



- Contributing to the drafting of this section were the Gruppi Locali Immigrazione Salute (GLIS - Local Migration and Health Groups) of the SIMM - Società Italiana di Medicina delle Migrazioni (Italian Society of Migration Medicine) of the regions Campania, Friuli-Venezia Giulia, Lazio, Piedmont, Puglia and Veneto, in addition to the organisations mentioned at the end of the report. For the collection of materials and the analysis, we wish to thank Dr. Sara De Santis.
- Circular of the Ministry of the Interior no. 5/2017, in application of the Legislative Decree no. 13/2017.
- Article 5, Law no. 80/2014.
- Decree of 07/03/2017. For any CAS with fewer than 50 places, a 24-hour nurse is expected, seven days a week, and a doctor for six hours a day on six days of the week.
- Cf. Region of Campania.
- In all these cases, in contravention of the provisions of the State, Regions and Autonomous Provinces Agreement of 20 December 2012; Law no. 176/1991 "Ratification and implementation of the Convention on the Rights of the Child", Article 35, paragraph 3, letter b.
- An ID document is requested.
- The certificate about the lack of any income is systematically omitted and consequently the payment exemption is not applied.
- Sometimes an ID document is required. Renewal is permitted only once.
- In Gorizia, there is a primary healthcare clinic run by the Red Cross with the occasional presence of a General Practitioner from the Local Health Authority. Patients are sent to the health administrative office for the issuing of the STP code.
- In the clinic, within the premises of the Local Health Authority, volunteer doctors from Caritas work the presence of linguistic-cultural mediators. The clinic is open at least two days a week.
- The OPD is run by volunteer doctors inside the St. Paolo Hospital. In Lombardy, there are 13 dedicated STP clinics managed by private humanitarian organizations. Cf. Current Italian legislation on healthcare for undocumented migrants and the current application of this legislation at a regional level, Naga Milano in collaboration with SIMM, June 2016.
- Two others have been closed.
- In 2016, linguistic-cultural mediators were present in the women clinics, as part of a project that was not refinanced upon expiration.

THE BORDERS AT COMO AND VENTIMIGLIA

Of the 287 adults that MSF interviewed in Ventimiglia between 28 August and 14 September 2017, 131 said they had tried to cross the French border, of whom 90 tried between one and three times; 25 between four and seven times; whilst eight people had attempted to cross more than 12 times. 23.6% of those who tried to cross the border also declared that they had suffered at least one act of violence committed by Italian or French men in uniform¹.

Closure of the borders between Italy and France and Switzerland resulted in a growth in the number of people who remained stranded for days, and sometimes weeks, in the areas close to the two borders, in formal reception centres or in unofficial open-air settlements, with no or limited access to basic needs. To reduce such concentrations of people, the practice of forcibly transferring migrants from the areas of Como and Ventimiglia to the hotspot centres in Southern Italy, in particular to Taranto, has been established. Of the same sample interviewed by MSF in Ventimiglia, **more than 17% said they had been transferred to Taranto, 26 of whom were transferred once, 18 people two or three times, and four people three to five times².**

In Ventimiglia, large numbers of migrants were first stranded due to the closure of the border in the summer of 2015. At the end of 2016, the reception centre managed by the Italian Red Cross was reopened (for male adults only) with a maximum capacity of 500 people³. This centre was previously located near the railway station and is now situated at the mouth of the river Roja, about four kilometres from the town. Originally intended as a short-term transit camp for migrants travelling to France (regardless of whether they had a residency permit), the centre's function changed in March 2017. To gain access now, it is necessary to provide fingerprints to the police officers permanently present in the centre, and to present a request for protection in Italy (or having already an asylum procedure ongoing in Italy). Families, women and children under 14 (mostly from Eritrea), in the absence of other reception facilities, were housed in the San Giuseppe parish church in the Gianchette district and assisted

“ On 4 February 2017, MSF staff in Ventimiglia assisted a woman who was over 36-weeks pregnant. She claimed to have been forcibly taken by the French police from a hospital in Nice and returned to the Italian border. Two Eritrean women, who arrived at the MSF clinic on 26 July 2017, reported having been stopped after crossing the border along with 120 others, and subjected to verbal abuse by the French police. The women were forced to return to Italy after an entire day without eating or drinking – one had evident difficulty in walking.

MSF Coordinator in Ventimiglia

by local volunteers using their own resources. Migrants who were refused entry to the Red Cross centre⁴, and particularly children between the ages of 14 and 18 who could not gain access to Gianchette parish church nor to the Red Cross centre, were forced on the streets for the entirety of their stay in Ventimiglia, sleeping near the railway station or under the overpass at the mouth of the Roja, with limited or no access to basic needs such as food, water and healthcare⁵.

On 23 June 2017, an order from the mayor of Ventimiglia authorised the extraordinary clearing of the Roja riverbed⁶. The people camping there – between 300 and 400, including many children – were told to move away, “being sure to take any personal belongings”. Many migrants headed to the border with France, choosing to travel through the mountains. At the end of what amounted to a manhunt using helicopters and dogs, the French police tracked down 200 people and handed them over to their Italian colleagues. These migrants were transferred from Ponte San Luigi to the



hotspot in Taranto.

Since July 2017, underage migrants are also allowed in the Red Cross camp (available places: 54). In the same period, a service to support the migrants in Ventimiglia, particularly those excluded from the Red Cross centre, was set up⁷. The space – called “Eufemia” – offers social and legal assistance and other basic services such as the distribution of clothing and shoes, mobile phone charging and the use of computers. More than 100 people rely on these services daily, which are opposed by the institutions because they are considered an incentive for migrants to stay in the city without using the Red Cross centre⁸. Throughout 2017, the number of migrants at the mouth of the Roja river, living in inhumane conditions, has rarely been less than 50 people, with peaks of 400 men, women and children. On 4 August, all inhabitants of the Gianchette parish church were transferred to the Red Cross camp. In a letter to the Prefect of Imperia, MSF expressed concerns about the unsafe conditions in the camp, in particular

for the most vulnerable, women and minors, who were left unprotected in mixed and unsegregated living spaces. In Como, between July and September 2016, up to 300 migrants, mainly from Eritrea, were gathering in the park in front of San Giovanni railway station, as it was impossible to cross the border. Access to basic needs – shelter from the elements, food, washing and toilet facilities – was limited, and provided almost exclusively by local volunteers⁹. Healthcare was provided by volunteer doctors and nurses, coordinated by the Red Cross, in a mobile clinic in front of the station. All throughout Como, the STP regime – which would have allowed migrants in transit to have regular access to the National Health System in accordance with current legislation – is not in place.

In September 2016, the Prefecture opened a reception centre close to the city cemetery, requesting that all migrants camping in the San Giovanni park transfer there. In this centre, run by the Red Cross, men, women and children (even unaccompanied minors) are housed in unsegregated conditions, whilst they are awaiting access to the asylum procedure¹⁰ or their request for protection in Italy is being processed. Migrants unable to access the centre¹¹, including many unaccompanied minors caught by the Swiss authorities trying to cross the border, were housed for months in the San Martino church in the district of Rebbio, having been tracked down and taken to the church by night patrols organised by local volunteers. Until 4 May 2017, when it was forced to end its reception activities¹², the church hosted more than 1,300 people.

Migrants excluded from the Red Cross centre and other Como dormitories gathered in various sites around the city, in particular on the ground floor of the unused Val Mulini covered carpark. From May to November, there was a constant presence of several dozen people¹³, amongst whom were increasing numbers of migrants of sub-Saharan origin leaving reception centres throughout Italy, with or without a form of international or humanitarian protection. To avoid evictions by the Municipality, migrants supported by volunteers avoided putting up tents until November, instead, sleeping out in the open. In the early morning light, they left the area, after cleaning it up with the help of volunteers. In August, the new

municipal council sealed off the only water point available to those staying at the car park. In December, the Val Mulini migrants were transferred to sheltered facilities included in the Winter Contingency Plan. The Municipality, in order to prevent access to the car park once and for all, installed metal grids mounted on concrete Jersey barriers and, above the grids, rolls of barbed wire¹⁴.

MSF intervention

In October 2016, MSF launched programmes in Como, and subsequently in Ventimiglia, to support migrants stranded at the borders, with the aim of facilitating access to local healthcare services, providing psychological first aid (PFA)¹⁵ and – in Ventimiglia – assisting with women's reproductive health. This latter intervention was carried out between November 2016 and July 2017 in an outpatient set-up inside the Gianchette parish church, where the following activities were carried out: general obstetric screening; pregnancy testing; pre- and post-natal consultations; treatment of simple infections¹⁶; information on the prevention of sexually transmitted diseases, family planning, pregnancy and prevention of mother-to-child transmission of viral diseases; and the referral of victims of violence or trafficking to competent services and authorities.

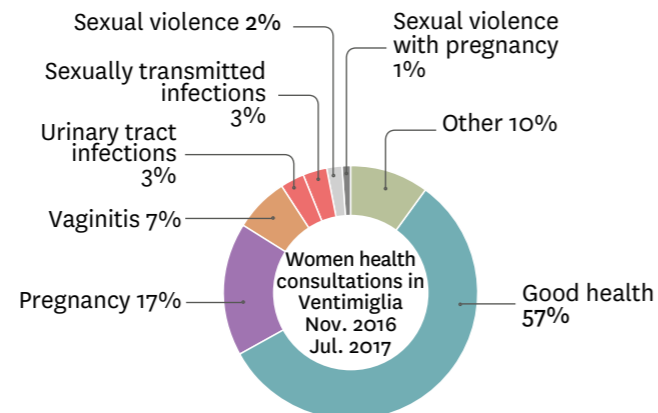
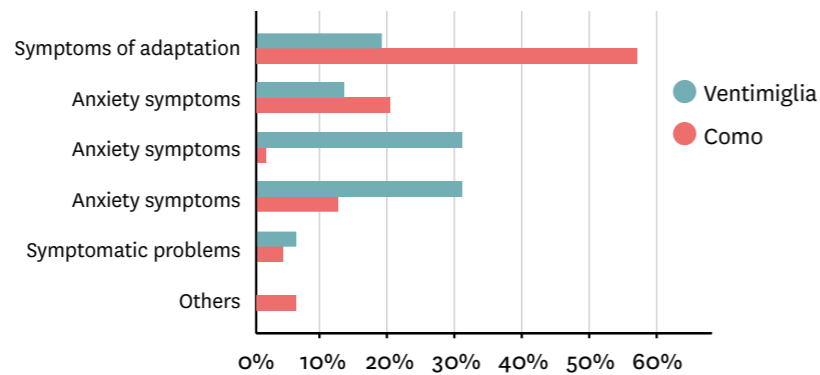
In the first seven months of 2017, Gianchette church hosted more than 1,060 women, with 226 (21%) being under the age of 15 years. Of the 435 women consulted by MSF, 79 (19%) were pregnant. To give them access to better healthcare, a memorandum of understanding was signed with the Ventimiglia woman clinic, providing patients with gynaecological examinations, ultrasounds, routine examinations and check of the results within a maximum of two days, in consideration of the short time of women's permanence in the town. All these services are provided through the STP regime. 13 women have been identified as survivors of sexual abuses, among them five were pregnant as a consequence of the violence suffered.

In Ventimiglia, PFA activities were carried out both in the Red Cross camp and the unofficial check of the results within a maximum of two days, in consideration of the short time of women's permanence in the town. All

1. Harmful borders, Médecins Sans Frontières, January 2018.
2. Cfr. ASGI, *The readmission of foreign citizens to Ventimiglia: profiles of illegitimacy*, June 2015, and *The readmission of foreign citizens at the Chiasso border: profiles of illegitimacy*, August 2016; STAMP, *Hotspot leaks: a dossier on the Taranto border*, 2017, <https://www.unponteper.it/wp-content/uploads/2017/07/DOSSIER-stamp.pdf>. The criteria for the selection of migrants to be transferred to Taranto are not clear.
3. In July 2017, a peak of almost 600 people were registered.
4. In March 2017, citizens from Morocco, Algeria, Tunisia, Libya and Egypt were systematically prevented from accessing the centre.
5. Lunch is distributed by the local Caritas (the charitable arm of the Italian Bishops Conference) and dinner by French volunteers. Of the 150 migrants interviewed in August 2017 for the study, *In Dangerous Transit: filling information gaps relating to refugees and displaced people in Ventimiglia, Italy, Refugee Rights Data Project*, 2017, 82% said they did not have sufficient drinking water and in some cases, they had to drink water from the river. In July 2017, the authorities sealed off the only access point to drinking water in the area, which had been opened by some activists. The only basic medical service is a clinic located on the Caritas premises, which is open two mornings a week thanks to the presence of volunteer doctors. Other volunteer doctors worked at the Gianchette parish church. There is a basic primary healthcare clinic in the Red Cross centre run by the Local Health Authority. The nearest hospital is Bordighera, which is not reachable on foot from the banks of the Roja.
6. <http://www.medicisenzafrontiere.it/notizie/news/ventimiglia-un-centinaio-di-migranti-dispersi-al-confine-dopo-ordinanza-del-comune>.
7. The service is managed by the associations Iris from Bergamo, Popoli in Arte from Sanremo and Melting Pot Europa project from Padua.
8. <http://www.sanremonews.it/2017/07/15/leggi-notizia/argomenti/cronaca/articolo/ventimiglia-il-sindaco-sullinfo-point-delle-gianchette-qualcuno-remaccontro-e-vuole-mantenere-i-m.html>.
9. Dinner was distributed by dozens of volunteers on the premises of a parish church, and lunch served in the San Giovanni park by volunteers of the Swiss organisation Firdaus. Red Cross installed a shower block and chemical toilets in the space in front of the San Giovanni railway station. On at least one occasion, in September 2016, police in riot gear prevented the installation of tents by volunteers and activists.
10. Since May 2017, migrants have been transferred to the Red Cross centre directly upon disembarkment.

11. Many arrived from Milan or upon being rejected by the Swiss police at the border, remaining on the street because they reached the Red Cross centre after closing time.
12. The church has been the subject of numerous inspections by the police and the Local Health Authority.
13. Peaks of more than 100 people were recorded in July 2017.
14. http://www.laprovinciadico.como.it/stories/como-citta/como-in-val-mulini-recinzioni-anti-migranti_1264629_11/.
15. PFA – Psychological First Aid – consists of: providing information to facilitate orientation to the area and access to health care and basic services; evaluating the general psychological conditions of the person; achieving early detection of symptoms of mental distress and providing support through individual and group sessions; identifying vulnerable people and directing them to the specific territorial services (victims of sexual violence/trafficking, patients in psychiatric distress); providing emotional support and psycho-education in relation to traumas suffered in countries of origin and during the journey to Italy.
16. Often caused by the critical hygienic conditions during the trip.

PFA IN COMO AND VENTIMIGLIA Jan. Aug. 2017



these services are provided through the STP regime. 13 women have been identified as survivors of sexual abuses, among them five were pregnant as a consequence of the violence suffered. where migrants concentrated, such as Gianchette church, on the banks of the Roja and the railway station. Between January and August 2017, a team made up of a psychologist and cultural mediators offered PFA to 2,452 people, 777 in individual sessions and 1,675 in group sessions. One-fifth showed problems related to mental health; seven cases (one identified at the Red Cross centre and six outside) were referred to the Ventimiglia mental health centre.

To cope with the deplorable hygiene and sanitary conditions of the informal settlements and in the absence of action from the responsible institutions, MSF installed two chemical toilets near Ventimiglia railway station (from 18 March to 31 May 2017) and camping showers on the Roja riverbed, pushing for the installation of sanitary facilities inside Gianchette parish church and along the banks of the river, plus the opening of a water point. Authorisation for such operations has never been granted. In **Como** from January to August 2017, a team comprised of a psychologist

and cultural mediators provided psychosocial support to more than 500 people (including 200 women and 41 minors) in the Red Cross centre and Rebbio parish church. In 229 cases, the need for individual and follow-up sessions emerged.

Both in Ventimiglia and in Como, the majority of cases of PTSD (Post-Traumatic Stress Disorder) are due to trauma suffered in Libya and during the journey to reach Italy. These symptoms have been exacerbated by the extreme insecurity regarding patients' present and future conditions.

Throughout the duration of MSF's programme, basic training activities have been carried out for volunteers supporting migrants in the two areas, in particular regarding access to local healthcare services, health and hygiene promotion and basic psychological support for migrants and for the volunteers themselves.

MSF has also supported, and still supports volunteers at Rebbio parish church in Como, in Gianchette parish church and Eufemia centre in Ventimiglia through the donation of materials distributed by the volunteers themselves to passing migrants, particularly hygiene kits, blankets and sleeping bags.



THE DEADLY BORDER

Since the end of 2016, at least 22 people have died trying to cross the border to reach France, Switzerland or Austria.

Fifteen alone died on the frontier between Italy and France. Alfateh-Ahmed Bachire, a 17-year-old from Sudan, drowned in June 2017 whilst cleaning his shoes in the waters of the Roja, the same river in which another migrant had lost his life seven months previously, whose body has never been found. Many have lost their lives along the so-called death pass, used in the past by fleeing Jews, partisans and smugglers. This is what happened to two nameless youths, found in March 2016 along the Grimaldi trail. In September, another young man of African origin died when he fell from a viaduct on the A8 motorway, whilst trying to escape from the border police. Milet Tesfamariam, a 17-year-

old of Eritrean origin, lost her life on the A10 motorway, hit by a truck. A few days later, on 21 October, another migrant was killed by a car on the same road. In 2017, three migrants were hit by trains whilst attempting to cross the border, and three others were electrocuted along the tracks.

Different frontier, similar stories. In Como, on 27 February 2017, Diakité Yousuf tried to cross the border hidden on the roof of a Tilo train but died electrocuted upon a sudden change in the cable tension. A few days later near Chiasso, the same fate befell a young man of Malian origin.

Some of the victims had previously received support from the MSF team working in Como and Ventimiglia areas.

In the **North East** of Italy, since November 2016, five people have lost their lives along the Brenner railway

line. On 16 November, Rawda, a young Ethiopian woman who had only been in Italy for a few days, was struck by a train near Avio. After the difficult identification process, her body was repatriated thanks to money raised by activists and private citizens in the area. A few days later, Abel Temesgen, a 17-year-old, died whilst trying to get on a freight train to reach his brother in Germany, and an unknown man and woman were crushed whilst the truck they were travelling in was being unloaded. In October 2017, the corpse of Abbas, a 19-year-old boy from the Gambia, was found at Bolzano station. According to a police investigation, the young man was walking on the tracks heading south, waiting for a train to climb on to when he was struck. On Christmas Eve, another migrant died in Brenner on the roof of a freight car heading for Austria. The convoy had departed from Verona station.

THE BRENNER ROUTE AND TRENTO ALTO ADIGE

As a result of borders being closed, the number of migrants who remain stranded in Bolzano is growing. These are migrants trying to leave for another European State immediately after disembarking; coming from the Balkan route¹; exiting reception centres throughout Italy at the end of the asylum process or with a decree revoking reception²; and coming from other EU states, in particular from Austria and Germany where their request for protection was denied, with the intention of submitting a new asylum application in Italy.

Migrants without valid residency permits or travel documents who are heading to Austria by train, are forced by the Italian police to alight before reaching Brenner³. If they manage to cross the border, they are pushed back over by the Austrian police. They are often repelled summarily, without any opportunity to express their intention to request asylum. Such rejections also take place in the opposite direction, from Italy to Austria. Amongst the migrants repelled and stranded at the border, there are many unaccompanied minors⁴.

Asylum seekers arriving independently in Bolzano (outside the transfers arranged by the Ministry of the Interior soon after the landing) have no right

to a place in a reception facility due to the effects of the “Critelli Circular”, issued by the Province of Bolzano in September 2016⁵. According to this provision, reception is to be denied to all those who have been in other foreign states, or other Italian regions, where there was an opportunity to seek asylum. Hence, reception can be granted only when there are serious reasons (such as health), but only for a maximum of three days. In the case of nuclear families, adult males are excluded from reception. All this is on the basis of the arbitrary rule that migrants should apply for asylum in the first safe destination they arrive in⁷.

On 8 October, Abdullah – a 13-year-old Kurdish-Iraqi boy affected by muscular dystrophy – died in Bolzano⁸. Together with his family, consisting of his parents and three brothers aged six, 10 and 12 years old, Abdullah had come from Sweden one week previously, following the rejection of their request for international protection. At Bolzano police station, the family had expressed their intention to present an asylum request on 3 October, but reception was denied under the Critelli Circular. After spending their nights in the park near the train station, in the atrium of the Evangelical church and in hotel rooms paid for by volunteers,

on 6 October, Abdullah fell from his wheelchair, resulting in multiple fractures to the lower limbs. He died two days later from complications.

Migrants excluded from reception live in extremely precarious conditions in Bolzano, sleeping along the banks of the river and under bridges. In order to preserve the decorum of the city, municipal workers continually turn them out from where they are resting, requisitioning their personal effects, and often enclosing the areas with gratings to prevent their return⁹.

Migrants are assisted by volunteer groups, such as Antenne Migranti and SOS Bozen. MSF supports them with donations of hygiene kits, sleeping bags and blankets that are distributed to people on the street, in the hope that they will not be lost as a result of the requisitions.

Following the closure of the Brenner border, and because of the Critelli circular, in the Autonomous Province of Trento, there has been an increase in the number of asylum seekers coming autonomously and by land to the city. Migrants cannot access the reception system until they are able to formalise their request for international protection. The Police in Trento require migrants to have a formal



domicile in order to proceed with the formalisation of their application. This limits access to the asylum procedure. The number of those who are unable to enter the reception system today is around 70 people. The situation is also critical due to the scarcity of places in low-threshold dormitories and to the new municipal regulation limiting the right of access to these places to only 30 days a year for

people who are not resident in the Province (for those who are resident the period is renewable for a further 30 days in winter). This not only has forced asylum seekers to live in more and more precarious places, but also hampered the formalisation of their international protection application, since the address of the dormitories is normally used also to formalise the same application.

“ From 2015 I was given accommodation for about one year at the Ex Lemayr reception centre and for three months in the Ex Alimarket centre. Here, they accused me of having been involved in a fight and I lost the right to reception. But it was not true. I have been living on the streets for five months. At first, I slept on the banks of the river. The police came along and threw my tent into the water, then cut down all the bushes along the banks so that no-one could sleep there anymore. I moved under a bridge. Again, the police came along and kicked us out, closing the area with a grate. I have lived under this other bridge for three months. In the morning, I wake up and tidy everything up then I go to work. I collect apples, I have a regular work contract.
H., Pakistan, Bolzano

“ I slept on the street near the Caritas soup kitchen. They came along and chased everyone away, then fenced off the area with a grate. I would never have left Libya. But there two friends of mine were killed in cold blood in a detention centre, when bread was being handed out. I was also there – they hit me in the face with the butt of a rifle. Do you see my incisors are loose? I reckon that the day they open the borders, no black person will remain in Italy.
M., Senegal, Bolzano

1. Pakistanis, Afghans, Syrians, Iraqis.
2. Coming mostly from sub-Saharan Africa.
3. At Brenner station, up to July 2017, there was an average of between 10 and 20 people per day. Non-systematic checks are carried out on trains departing from Verona station to Brenner by mixed patrols made up of German, Austrian and Italian police officers. Since November, the trilateral police collaboration has also extended to checks of freight trains.
4. They are mostly minors from sub-Saharan Africa leaving the reception centres, but also Somalis, Pakistanis, Afghans, Bangladeshis who have just arrived in Italy via a number of routes and who plan to continue towards northern Europe. Many minors remain invisible to the institutions; others, due to the lack of places in the reception centres, are placed in adult facilities or simply remain on the street.
5. The so-called ‘out-of-quota’. 1,650 people have been assigned to Alto Adige according to the system of ‘ministerial quotas’ and accommodated in the CAS centres in June 2017. The Province has so far refused to join the SPRAR system.
6. In Alto Adige, the Province manages the reception of applicants and holders of international protection, in accordance with the Government Commissioner.
7. In the national laws, there is no geographical nor temporal constraint regarding the place in which to apply for asylum and to ask for a reception centre place. Any regional or provincial provision that denotes a place as being safe without such being disciplined by a national law is completely devoid of any legal value. In the first half of 2017, 50% of those out-of-quota comprised families. Reception was often guaranteed with temporary accommodation in hotels for vulnerable people, such as single women, single women with underage children and people with physical/psychological vulnerability. Many families refused to stay in a hotel because they would have to be split up – the husbands being denied a place. Several families housed in hotels had members with significant health problems (paralysis, autism) and psychological problems (trauma, depression). Formalisation of the request for protection at the police station in Bolzano can take up to two months.
8. Cf. <http://www.medicinsenzafrontiere.it/notizie/news/bolzano-%E2%80%9Cpersone-vulnerabili-escluse-dall%E2%80%99accoglienza-costrette-condizioni-indegne%E2%80%9D>.
9. By way of example, on 29 and 30 November, two evictions took place in different locations (bridges) in the city that led to the removal of blankets, sleeping bags, backpacks, mattresses and kitchen utensils of four Iraqi asylum seekers, four Afghan and seven Pakistani applicants.

FRIULI-VENEZIA GIULIA

1. At the end of November 2017, 966 asylum seekers and refugees were hosted in Trieste (90 in the SPRAR); 617 in Udine (49 in the SPRAR); 295 in Gorizia (corresponding to 0.85% of the resident population, zero in the SPRAR); 405 in Pordenone (0.79% of the resident population, 16 in the SPRAR).
2. In November, the mayor of Gorizia, Rodolfo Ziberna, in referring to the supportive action of the volunteers, said: "As long as it is known that in Gorizia, there are those who feed everyone outside the regulations of structured reception every day, it is clear that more and more will continue to come here". See <https://www.avenire.it/attualita/pagine/gorizia-il-prefetto-chiude-la-galleria-della-vergogna>.
3. In November, around 70 people were registered, all men aged between 20 and 30 years, of Afghan, Pakistani and – to a lesser but increasing extent – Gambian and Ghanaian origin. These are refugees at the end of the reception period (85%); asylum seekers whose reception has been revoked (4%); migrants who are renewing their residency permit, a procedure that requires an average waiting time of one month in Udine (7%). Monitoring was undertaken by the Ospiti in Arrivo association of Udine.
4. The same organization runs regularly distributions in Gorizia and Pordenone.
5. Throughout the project, MSF accommodated 598 asylum seekers overall and – in collaboration with the Italian Red Cross and Local Health Authority – provided medical treatment to around 800 people.
6. The same geographical origin and the same legal status as those excluded from reception in Gorizia.

Throughout 2016 and 2017, the arrival of asylum seekers – mainly Pakistanis – from other EU Member States and a smaller number of people from the Balkan Route continued across the region of Friuli-Venezia Giulia¹. Formalisation of an asylum application, along with simultaneous access to the reception system, is not immediate, and people are forced to stay on the streets for weeks, without a dignified shelter and with limited access to primary services. This is a deliberate policy by the municipal administration, to prevent what they call a "pull factor" and to deter other unwanted arrivals². Amongst the migrants living outside of reception facilities, the number of people leaving the centres at the end of the asylum procedure is on the rise, whether they are in possession of a residency permit or not. This is also true for those whose reception has been revoked before the end of the procedure. Meanwhile, the number of migrants who do not manage to renew their residency permits due to not

having a document attesting the place where they are living is also increasing. In **Trieste**, there is a constant presence of dozens of people waiting to access the asylum procedure, seeking shelter in disused silos near the railway station. Applicants are able to access primary services provided for homeless people, but access to care is greatly limited because there is a lack of information available regarding local healthcare services. In **Udine**, migrants who are not in reception facilities sleep in small groups in a range of places in the city to avoid evictions by the police³. Basic necessities, including hygiene kits and sleeping bags donated by MSF, are distributed by the Ospiti in Arrivo association at the Misskappa in Udine, a non-residential centre where migrants out of reception facilities can also take Italian language courses⁴. In **Gorizia** in mid-2016, MSF transferred the management of the housing modules set up in December 2015 to the Prefecture. In the San Giuseppe

area, they provided shelter to asylum seekers who had spent months staying in the city parks and bushland on the banks of the Isonzo river (the so-called Jungle)⁵. Containers have been transformed into a first reception centre. Since December 2016, the basement-level spaces of the San Giuseppe centre have become a refuge for a hundred asylum seekers who remained excluded from institutional reception facilities. The space has been renamed the Bunker. For months, it has been witnessed the paradoxical situation whereby the services guaranteed to asylum seekers inside the containers were denied to those who lived under them – even though they had the same legal status and the same geographical origin as the first group. The invisible people inside the Bunker depended on Caritas and other local volunteers for all their primary services. This was the situation until they were evicted on 20 May. After a further clearing of Valletta park and around 10 days of camping out in front of the Prefecture, the asylum seekers out of the reception system found shelter (from 10 August) in another place in the city, the Bombi Gallery. The applicants arrived with their luggage in the evening then left early in the morning, not before having carefully cleaned up the place so as not to break the rules of urban decorum and to avert a new forced removal. Volunteers from local associations helped them by distributing food, blankets and sleeping bags. At the end of September, during the four days of the *Gusti di Frontiera*, one of the most important tourist events of the year organised by the Municipality of Gorizia, the asylum seekers were allowed to stay in a reception facility, only to find themselves back on the street the day after the festivities ended. The gallery was vacated on 24 November, "sanitised" and then closed at both ends with iron gratings. In December, MSF donated a heated tent to the local Caritas, to provide temporary shelter for at least sixty people. The first entries were registered on 13 December 2017. The structure, however, immediately proved to be insufficient for coping with the new arrivals, and Caritas had to make another temporary dormitory available.

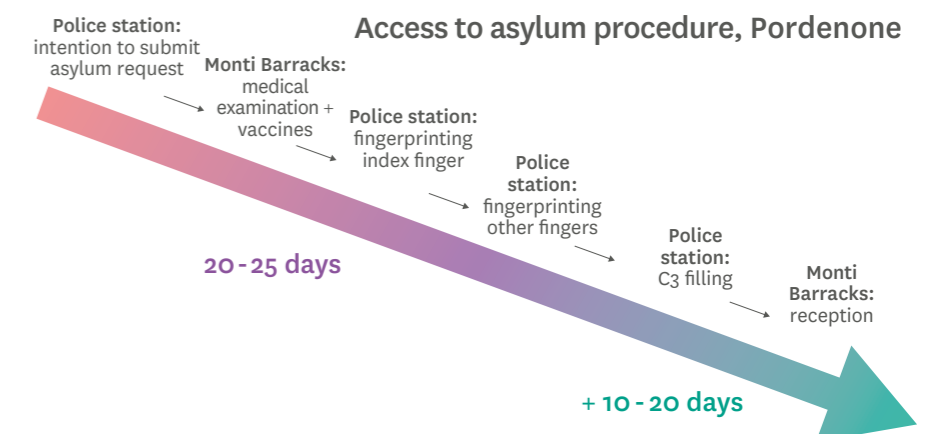


In **Pordenone**, there has been a constant presence of more than fifty people living outside of the reception system since autumn 2016⁶. They are forced to wait up to 60 days before being able to formalise their asylum request, due to a procedure where even a mandatory medical screening contributes to lengthening time spent on the street. In April 2017, an unofficial settlement located in an underground car park, unofficially called "Bronx", was evicted. In May, the local Red Cross proposed the creation of a dormitory with 24 beds in the industrial area. Although the project would not result in any costs for the municipal administration, the latter opposed it. In September, people out of the reception system moved to an abandoned industrial warehouse, with rubble for a floor.

The Municipality, which cannot intervene directly due to it being a private building, requested the owner to immediately make the shed safe, resulting in the entrances of the shed being walled shut. The applicants slept in ditches in front of the Monti barracks, under the Concordia theatre, on the stairs of the fire escape of the sports hall, subject to perpetual harassment from private vigilantes paid by the Municipality who evict them forcibly, night and day, seizing personal effects, including sleeping bags donated by MSF, which were taken away and never returned. The volunteers themselves are subject to continuous attacks, even by institutional figures, being publicly defined as traffickers and accused of incentivising new arrivals with their supportive actions.

“ I arrived in Italy after a year-long journey. As soon as I reached Udine, I broke my arm. I went to the police station in Gorizia to present my asylum application on 4 September 2017. From there, they sent me to the Monti barracks for a medical certificate. When I returned to the police station with the certificate, they gave me a new appointment for 6 November. Showing them the cast on my arm and repeating that, in such a state, I could not sleep on the street all that time proved to be useless.

H., Pakistan, Pordenone



TURIN

In August 2016, around thirty people from Pakistan, mostly waiting to access the asylum process, were evicted from Turin's Stura park and transferred to the Settimo Torinese first reception centre. They had been camping in the bushes on the banks of the river inside makeshift shelters, without any assistance, for months. It was a similar settlement, in terms of number, nationality and type of legal status of migrants, to the one present the year previously in the archaeological park of Porta Palatina, near the Palazzo Reale. To the unofficial settlements of Via Giordano Bruno, Via Madonna de la Salette, Via Bologna (of Sudanese refugees) and Corso Chieri (of Somali refugees), another has to be added on Corso Ciriè, where Italians are living together with few dozens of people coming mainly from sub-Saharan Africa.

In 2015, a new route opened for attempts to cross the border with France, going by train from Turin to Bardonecchia station and from there, on foot to the Colle della Scala which

connects to the Val di Susa and the Vallée de la Clarée. This route saw a significant increase in the summer of 2017. The flow did not stop with the arrival of winter snow, with a dozen migrants still in transit every day, many having to be rescued, in freezing conditions, by the CNSAS of Piedmont¹. When they manage to intercept them, the French Gendarmerie push them back to the Italian side of the border, which is kilometres away from the nearest inhabited centres.

Ex MOI Olympic Village

In May 2017, a memorandum of understanding was signed between the City of Turin, the Metropolitan City, Prefecture, the Piedmont Region, the Diocese of Turin and Compagnia di San Paolo, with the aim of freeing the four buildings of the former Olympic village in Via Giordano Bruno (Ex MOI), which was first occupied in March 2013, and to allocate migrants and refugees living there to public and social housing. The goal was to proceed with the

voluntary transfer of residents² through personalised projects aimed at social inclusion, work and housing. The 'MOI: Migrants, an Opportunity for Inclusion'³ project has to be undertaken in a number of phases that would be implemented by 2020. There would be work placements for 500 people and housing for 640, alongside vocational training courses, fixed-term work contracts⁴ and housing⁵. More than six million euros were allocated for the project, 46% for housing support and 47% to help get people into work⁶.

Some of the residents of the MOI, and the Refugee and Migrant Solidarity Committee based there, oppose the general approach of the project. They are particularly concerned about the temporary nature - six to twelve months - of both work placement and housing, already experienced in the past institutional assistance programmes and never resulted in a stable integration into Italian society. Faced with a crisis in the labour market, and particularly lack of permanent



jobs, the Committee instead proposes investing in stable low-cost housing solutions, community housing, and salvaging unused public properties, all with strong institutional support and coordination. That is the model already successfully tested in the occupation in Via Madonna de la Salette: self-restoration and permanence without time limitations for inhabitants who contribute to living expenses and give up their places as soon as they are fully independent.

MSF's activities in the Ex MOI

Since September 2016, MSF has been working in the MOI, alongside about twenty volunteers from the local Turin group⁷, coordinated by a project manager.

The general objective is to promote residents' access to local public healthcare services through:

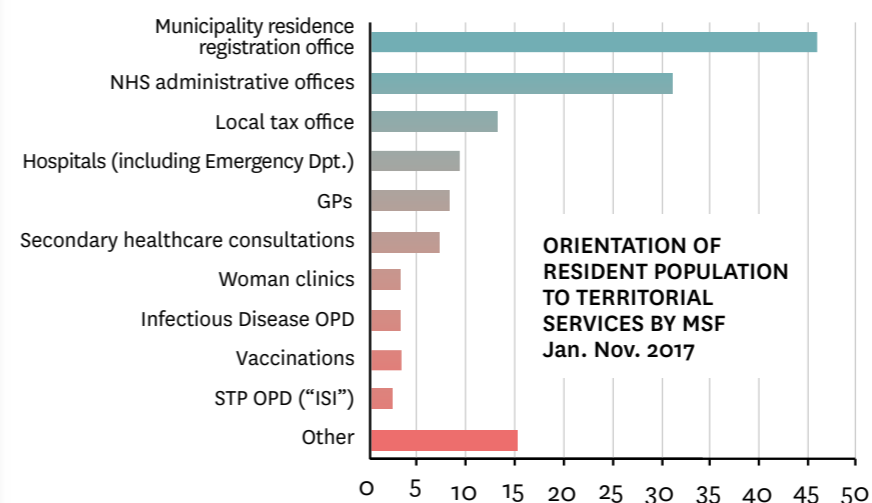
- on-site information desk about services, regulations and administrative procedures concerning access to the National Health Service;
- outreach information activities in the main gathering places of the MOI and door-to-door in private rooms;
- accompanying vulnerable people to administrative offices and healthcare facilities;
- health and hygiene promotion activities (among the main topics, proper

use of public healthcare services, vaccinations, women's and children's health), through focus groups.

Some inhabitants of the MOI, after a period of training, are now supporting MSF volunteers as linguistic facilitators and cultural mediators in the programme's activities⁸.

From 1 January to 30 November 2017, a total of 218 people – mainly from sub-Saharan Africa (Mali, Nigeria, Ghana) and Somalia – received support from MSF, including nine minors and 32 women (15%). Of the slightly less than 90% of users in possession of a regular residency permit upon first access, only 39.4% were registered in the National Health Service and only 18.4% were assigned to a family doctor. In the same period, 236 people accessed the information desk, and 141 people were accompanied to local services.

In November, an agreement was reached between MSF and the Local Health Authority of the City of Turin⁹, to allow linguistic facilitators and cultural mediators to operate in the Local Health Authority services with the largest influx of people coming from the MOI. It was agreed that written information would be provided in several languages to help people understand how to use local health services, and MSF would support (via training activities) Health Authority staff employed in local services.



1. Corpo Nazionale Soccorso Alpino e Speleologico (The National Alpine Mountain and Cave Rescue Corps).
2. According to the team in charge of carrying out the project, in June 2017 there were 745 people living at the MOI, 40 of whom were women. Judging from MSF direct observation and a census carried out in 2015 by the "Comitato di Solidarietà Rifugiati e Migranti" association which indicated the number of people present as being 1,200, the team's figure appears to be an underestimation.
3. The original acronym refers to the Mercato Ortofrutticolo all'Ingrosso – the Wholesale Fruit and Vegetable Market.
4. For four months, renewable, at shipyards outside Piedmont, with six months housing support (195); in addition, work placements in the metropolitan area of Turin (133).
5. Twelve months in the metropolitan area of Turin in premises owned by the project partners and managed by social housing associations and cooperatives (369); in addition, provided with housing in the first two renovated buildings (60).
6. The main sponsor is the Compagnia di San Paolo.
7. Assisted by volunteers from the National Civil Service.
8. Coming from Somalia and sub-Saharan Africa, French and English-speaking.
9. MSF funds only will be used for the implementation of the agreement.

“

I have been in Italy since 2011. After obtaining a residency permit, I went to work in the fields in Saluzzo, not far from here. I did not have anyone to host me, so I started going from dorm to dorm. That was until 2013, when I joined the occupation of these buildings. Now I am here to help MSF volunteers explain to MOI people how to have a family doctor, where to go when they do not have their documents in order and are sick. Many do not speak Italian, and not knowing the language is all too difficult. I experienced this myself.

O., Ivory Coast, Ex Moi



ROME

In Rome, thousands of asylum seekers and refugees are excluded from institutional reception centres. As a result, they live on pavements, in abandoned and unsafe warehouses, in public and private occupied buildings. Despite of the mayor calling for more limits to the number of asylum seekers sent by the government¹, the city hosts about 2,000 fewer people in its institutional reception centres than the 11,000 allocated to it by the State-Regional agreement².

Migrants in transit

In June 2015, the Municipality of Rome announced plans for an ad-hoc centre in the FerrHotel on Via Masaniello to cope with the increase in arrivals of migrants in transit from Southern Italy to other European States. However, the former hotel, which extends over 1,000 square metres and was made available by the State Railways, has not yet been opened³.

After Via Cupa was evicted in September 2016, and after around twenty more forced evictions, the volunteers of the group “Baobab Experience” in April 2017 set up an informal camp in support of the migrant in transit in a square near Tiburtina train station, nicknamed Piazzale Maslax⁴. Tents, food, clothes, legal and social assistance and healthcare, are all provided in the camp, thanks to the collaboration of a network of organisations and the solidarity of private citizens. According to volunteers' estimates, more than 70,000 people have been assisted by Baobab Experience since activities began⁵. Currently, an average of between 80 and 100 migrants are staying in the square, with peaks in the summer months of 150 people present every day. Amongst the most prominent nationalities are Eritreans (>70%), Sudanese, Somalis and Iraqis. In the last two years, Baobab Experience has provided legal guidance to migrants – mostly Eritreans – with the right to relocation to another EU Member State, compensating for the lack of information received by people in the first reception centres immediately after arrival in Italy. Access to the relocation programme – and to the asylum process more generally – was hampered by a series of administrative barriers established

by Rome's Police Headquarters including: a limit of 20 appointments per day for the submission of applications; the request for a domicile through a declaration from a private person or by a reception centre; the request for a passport or a declaration of loss of the same; and, in order to request relocation, the presentation of a medical certificate of “suitability for community life”⁶.

The number of “Dublinated” migrants (those asylum seekers being transferred to Italy from another EU Member State under the Dublin Regulation and for which there is no automatic and immediate access to the institutional reception system) who are being helped in the camp is increasing. Also rising is the number of refugees who have left reception centres due to the expiration of their terms, holders of forms of international or humanitarian protection in the absence of effective social inclusion⁷.

Unofficial settlements in Tor Cervara

The chronic lack of refuge places and forced evictions in the absence

of alternative housing solutions are resulting in the multiplication of spontaneous unofficial settlements, in disused buildings far from city centres, where invisibility is accompanied by deplorable living conditions, where men, women and children cannot access the most basic needs.

This is the case for many settlements in the area of Tor Cervara (Tiburtina), where hundreds of migrants and refugees live in abandoned buildings, disused factories and warehouses. They live without water, electricity and gas, often in rat-infested buildings surrounded by illegal landfill sites. In November 2017, MSF initiated an operation with a mobile unit consisting of a doctor, a psychologist and a cultural mediator⁸. During the first six weeks of activity, until the end of 2017, 194 consultations were made (39 women, 29 minors) in four settlements. The population is mostly of sub-Saharan origin (about 64%), having arrived in Italy in the last two years. Many are applicants or holders of international or humanitarian protection, some having appealed against the denial of the protection. In one of the sites visited, Italian

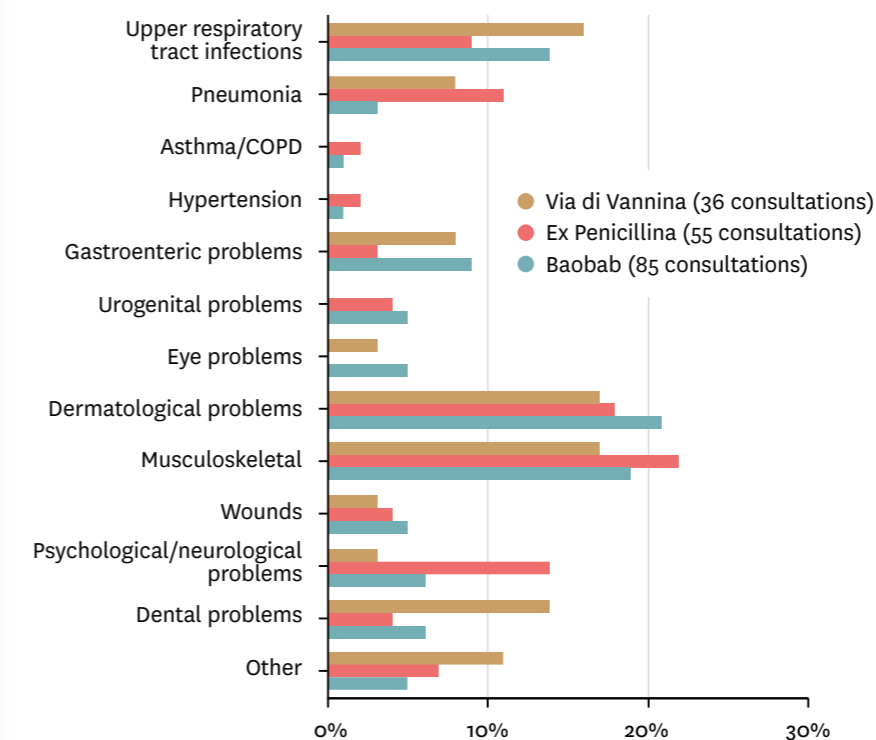
citizens were also found amongst the residents.

The majority of medical problems detected – respiratory, dermatological, musculoskeletal, gastrointestinal – were linked to living conditions in deeply unhealthy and insanitary sites. The incidence of mental health related problems was also marked. These are the outcomes of traumatic experiences and violence suffered in countries of origin and during transit, with secondary traumatisations due to people's current living conditions and marginalisation from society.

Organized occupations

In Rome, more than 100 occupations have been recorded. At least 600 asylum seekers and holders of international or humanitarian protection live in settlements linked to three different movements for the right to housing, equal to about 20% of the total number of occupants⁹. In the last five years, the settlements have mitigated the lack of places in the reception system for asylum seekers and refugees. They also represent the only alternative to the shameful

CONSULTATIONS IN TOR CERVARA INFORMAL SETTLEMENTS Nov. Dec. 2017



“

In Africa, you think this is a good place to come, but once you are here, you would like to go back. When you do not eat for four days, it seems like you are going crazy. I have been here for three years, waiting for my appeal result. I slept by a train station when I arrived in Rome. Then some fellow countrymen brought me here. We are all suffering in this place. I respect the Italian people because they saved me from the sea. But now I would like to say, "Hey, I'm here, do something". Sometimes, I think it would be better to have drowned rather than suffer in this way.

I. I., Nigeria, Via di Vannina

conditions of the unofficial settlements described above.

About 400 people, including around 100 asylum seekers or protection holders (20 from the Horn of Africa, 70 from sub-Saharan Africa), live in the **Santa Croce in Gerusalemme** building, occupied in 2012. Amongst the residents there are Italians. Activities within the building include, in addition to a legal assistance desk and Italian courses for migrants: carpentry and screen printing workshops and theatre courses in collaboration with schools in the neighbourhood. Currently ongoing is a temporary refuge project – from three to 12 months – exclusively for asylum seekers and refugees (currently 12 in all) to access specific social integration pathways, such as vocational training courses. Of the 500 occupants of the **Via delle Provincie** building (occupied since 2012), just under 100 are

asylum seekers and protection holders. Together with Palazzo Selam and Palazzo Naznet – the two settlements where refugees from Eritrea and the rest of the Horn of Africa have historically settled, and whose populations have risen further after the evacuation of Piazza Indipendenza in August 2017 – the building is included in the list of sites to be cleared as a priority under Resolution no. 50/2016 of the former Extraordinary Commissioner Tronca. Living in **Palazzo Sudan**, in Via Scorticabovè, are a hundred Sudanese refugees – all men – who came from another informal settlement, the Hotel Africa near Tiburtina station about 10 years ago. Over the years, the building has been included in various programmes financed by public entities and managed by private cooperatives¹⁰. Once the programmes and funding were exhausted, the refugees remained in the building

under complete self-management and without any form of intervention by public institutions. In the last few months, the gas supply has been cut off and the electricity supply reduced. The Regional Decision no. 110 (15/03/2016) allows people “living in occupied building by December 2013” to apply for public housing. However, the provision was revoked by the aforementioned Decision no. 50/2016. In 2017, the network of associations known as “Romaccoglie”¹¹ formulated a number of proposals to deal with the critical issues related to the reception system in the capital. Two of the measures were the recovery and enhancement of public housing for social use, and the development of projects aimed at the effective autonomy of refugees, through the search for accessible rents and shared housing, via a strengthened role of guidance and coordination by local authorities.

“When we arrived, we saw one of the residents walking around the building with his arms flailing about uncontrollably, tearing his clothes off. He said he was frightened by the presence of a snake inside his chest and was looking for an object to kill it. He even tried to strangle himself. We sat him down and called an ambulance.

MSF field coordinator



Obstacles to accessing medical care: the problem of residence

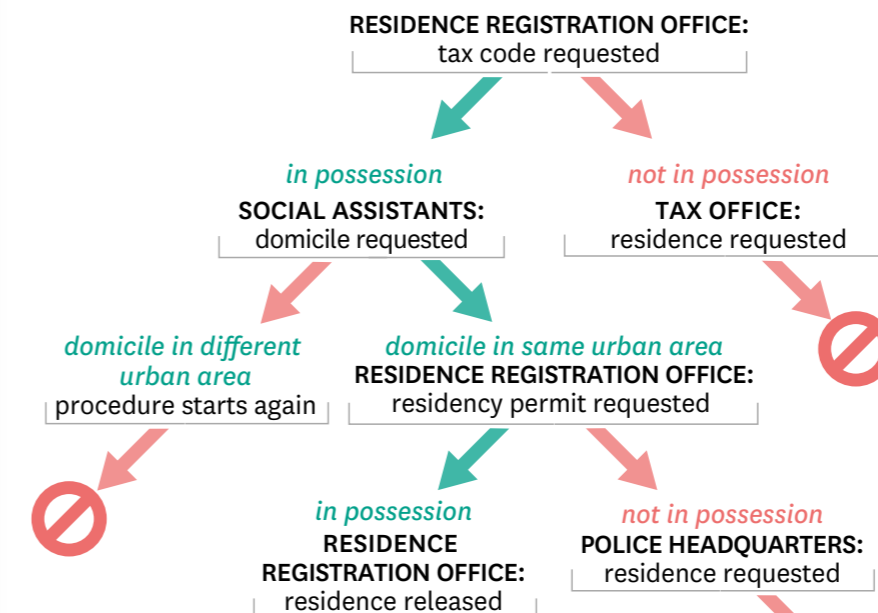
Asylum seekers and protection holders excluded from the government centres have difficulty getting the residence registration, a necessary condition for enrolment in the National Health Service. In the event that they live in occupied buildings, the Law no. 80/2014 impedes electing residence in such places.

As of last March, the municipal administration decided to issue by itself fictitious residence, with Via Modesta Valente to be used for homeless people including migrants present in unofficial settlements¹². From the information gathered by the responsible offices of Districts four and five (those with the highest concentration of unofficial settlements for asylum seekers and refugees), it is clear that the application of this resolution remains broadly discretionary and not homogeneous. The main differences concern not only the timing for the issuance of the residence, but also the methods of access and the list of documents requested.

In District four access occurs via

TuPassi, an online booking platform. This procedure creates an obstacle to access, because it requires a tax code that many migrants do not have. Certain tax offices illegitimately request that residence must be proved in order to issue a tax code, creating a spiral from which it is difficult to escape. District five has not yet implemented the TuPassi system, so access is easier. However, the registry office requires a passport as a necessary document for the issuance of residence, a request that hinders asylum seekers and holders of international and humanitarian protection¹³. In both Districts, before an appointment with the registry offices, a fact-finding interview is scheduled with social workers to verify that the place of actual residence of those requesting the fictitious residence is in the territory of the districts. Finally, for the residence registration, it is necessary to show a valid residency permit. Recently, Rome's Police required proof of residence for the renewal of a residency permit, which generates a situation in which the migrants bounce between the Town Hall and the Police Headquarters without being able to obtain either of the two documents.

FICTITIOUS RESIDENCE REGISTRATION Rome



1. Cf. http://roma.repubblica.it/cronaca/2017/06/13/news/raggi_al_prefetto_di_roma_limitare_presenza_migranti_-167976971/.
2. 3,166 in the SPRAR network.
3. In January 2017, Rome municipality decided to allocate 500,000 euros for the restructuring of FerrHotel, promising to open it in June of the same year; opening has been postponed to the first half of 2018.
4. Maslax Moxamed, 19 years old, arrived in Italy from Somalia in August 2016. He spent two months in Rome at the Baobab camp before reaching Belgium. On 31 January, he landed at Fiumicino airport. The Belgian authorities had sent him back to Italy because of the Dublin Regulation. On 1 February, Maslax Moxamed was transferred to one of the Extraordinary Reception Centres (CAS), in Pomezia, thirty kilometres south of Rome. On 15 March, he was found dead in a park near the residence where he was staying. Maslax Moxamed had taken his life by hanging himself.
5. Cf. <https://baobabexperience.org/chisiamo/>.
6. Activity report of April-October 2017, "Rete legale per i migranti in transito" (A Buon Diritto, Baobab Experience, CIR - Italian Council for Refugees, Radicali Roma). Available at https://www.abuondiritto.it/images/Rapporti/Report_attivit_Rete_legale_migrant_transito.pdf
7. Cf. previous footnote.
8. In agreement with the Local Health Authority of Rome2 and the INMP – (National Institute Promoting Migrants' Health and Countering Poverty Disease).
9. Drafted based on data provided by Action - Diritti in Movimento, Blocchi Precari Metropolitan, Coordinamento di Lotta per la Casa.
10. Latterly, the Casa della Solidarietà Consortium connected to the Arciconfraternita del Santissimo Sacramento e di San Trifone, involved in the investigation of the Mafia Capitale.
11. Promoted by the CGIL (Italian General Confederation of Labour) of Rome and Lazio and other associations.
12. Deliberation of the Capitoline Council no. 6691/17 of 03/03/2017. In the past, fictitious residence was issued by some private humanitarian organizations: Caritas Roma, Comunità di Sant'Egidio, Esercito della Salvezza, Focus-Casa dei diritti sociali, Centro Astalli. Cf. circular no. 19120 of 1994 and no. 54478 of 1995.
13. Travel documents are accepted, but the holders of subsidiary or humanitarian protection do not always possess them, having to request them from their consular offices in Italy.



“ One brother of mine died in prison in 1996. I run away and arrived in Italy in 2007 together with another brother. I am a refugee. I have been given accommodation in several reception centers, in Rome, in Lecce province, and now I am living here. It is not easy for us. My brother is not young anymore, and has some eye problems, but he is a good musician: he is self-taught.

C., Turchia, Via S. Croce in Gerusalemme, Rome



“

With the closing of the tent city, I found myself on the street for months, until the day of the accident, when I was on my bicycle and was hit by a car, in an underpass in the city. I was hospitalised, with damage to the spine. When they discharged me, I was back on the street. Now I am in a centre run by the City. But still just for a limited time. On the positive side, my request for asylum has been re-examined and I now have a regular residency permit.

L., Gambia, Bari

“

When I saw the rail police officers, I asked them to help my 5-year-old daughter and my wife who was seven months pregnant. The agents gave us hot chocolate and called social services. They took us first to a centre for the homeless, then to another with more than a thousand people [the first reception centre in Bari-Palese]. I thought that, as refugees, and given my wife's condition and with such a small child, we would have had the right to a different arrangement.

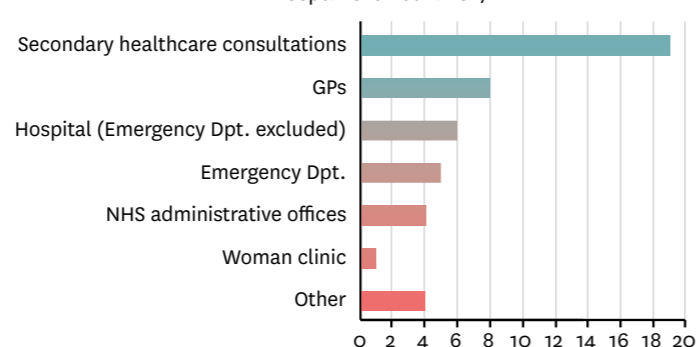
H., Pakistan, Bari

PUGLIA

The Gran Ghetto of Rignano Garganico was emptied in March 2017, but by August of the same year the number of people had risen to 600¹, and in September the numbers doubled again. Hundreds of caravans have replaced the camp made of scrap material, and the sanitary conditions have worsened in comparison to the old ghetto, where at least there was water each day, transported by tanker trucks. Most of the roughly 2,000 inhabitants of the ghetto spilled out onto the informal settlement in Borgo Mezzanone (along the old airport runway) close to the government first reception centre², with a general deterioration of humanitarian conditions. Access to medical care is practically non-existent. In Borgo Mezzanone there is no emergency medical service. All migrants – even those not holding a valid residency permit – should, under regional law, be entitled to a family doctor. However, they are unable to access medical care due to the lack of information about laws regulating access to care, language barriers and difficulties in travelling (a lack of means of transport, no money). The only way to access healthcare is through the emergency department at the nearest hospital, which is more than ten kilometres away. In 2017, the Puglia Region allocated six million euros to set up three camps for seasonal workers, one in the province of Lecce (Nardo, 300 places)³ and two in the Capitanata (Apricena, 400 places, Cerignola 400 places). The camps, to be opened during periods of seasonal agricultural work only, are made up of containers of various types (sleeping quarters, bathrooms,

showers, kitchens, infirmary, offices) and tensile structures for the soup kitchen⁴. The provision of places is completely inadequate, especially in Foggia. Moreover, the logic of the ‘open and close’ big scale container camps does not seem to be functional to the objective of the social inclusion that could instead be achieved through forms of widespread reception, i.e. ordinary houses; moreover, it does not take into account the presence of an ever-increasing number of migrants in the territory, including many refugees, for the entire duration of the year. The Region has not yet adopted the immigration plan for the three-year 2016-2018 period. In Bari the Ferrhotel has been occupied for years by dozens of Somali refugees – men and women – without water or electricity, in the heart of the city. Some accepted a transfer to the new multi-functional centre called Casa delle Culture⁵. In view of the maximum period of stay in this centre (three months, usually extended to six), there is a high risk that the refugees will return to the Ferrhotel again, if not to the streets⁶. On 20 April 2016 refugees staying in the tents of the Ex Set were transferred to a low-threshold reception centre called Villa ATA. The transfer involved 55 people, compared to almost 200 in the tent city at the time of its closure. All the others were dispersed throughout the territory. In the first half of 2017, the Municipality of Bari recorded 500 homeless people, 52% of whom were migrants. Of the 1,610 requests for help received by the Emergency Social Intervention⁷ office in the first half of 2017, 66% concerned migrants.

ORIENTATION OF RESIDENT POPULATION TO TERRITORIAL SERVICES BY MSF
Sept. 2016 - Jun. 2017



1. Source: Progetto Presidio, by Caritas Italiana.

2. 4,000 in summer, according to estimates by the CGIL of Foggia.

3. The camp was opened – late – in August 2017 and closed the following month.

4. Cf. the deliberation of the Regional Council no. 906 of 7 June 2017 and no. 1951 of 29 November 2017. In the absence of aqueducts and sewage collectors, the camps will be serviced by tanker trucks and/or accumulation tanks.

The Municipality decided to reinforce its programme of intervention to fight against serious adult marginalisation⁸, focusing above all on low-threshold reception services destined – in addition to Italians – for foreigners holding a residency permit, and characterised by:

- a limited duration of stay;
- the presence of a managing body, with provision for possible and limited forms of self-management;
- limited resources, to be used above all for primary needs and not for social inclusion⁹.

Amongst the homeless people, there is a significant number of applicants and holders of international protection, vulnerable groups with specific needs that are incompatible with low-threshold structures such as those described above. In particular, for refugees that had already been in Italy for a number of years – such as those at the Ferrhotel, the Ex Set and the Ex Socrate – the provision of limited forms of self-management (and thus of autonomy), limited services aimed at integration and limited time of permanence do not facilitate a process of structural social inclusion and risks to result in a ceaseless and useless passage between one reception structure to another one.

From September 2016 to June 2017,

MSF operated within the Ex Socrate building, with the involvement of volunteers from the local Bari group.

The general objective of the programme was to promote access to local public healthcare services for the residents, through information and guidance activities and direct support to access the administrative offices and healthcare facilities, particularly for vulnerable people. Some of the residents received specific training on laws and administrative procedures to access NHS territorial services.

Eleven people were specifically supported, including five women and one minor, coming mainly from Eritrea (seven) and Ethiopia (two). Support was provided in particular for chronic diseases (hypertension, asthma) and in case of particularly complex administrative procedures also due to the chronic lack of linguistic and cultural mediators in local services. They needed help accessing primary care to a lesser extent, as 90% were enrolled in the National Health Service and given their own general practitioner, entirely justified given the extensive stay in Italy of most of the residents.

5. The facility can provide accommodation to 25 people.
6. At least one case of a person returning to the Ferrhotel has already been documented.
7. This guarantees urgent interventions for all areas of social emergency (family, minors, the elderly, homeless, migrants, female victims of violence, etc.). The service is available 24 hours a day.
8. Cf. Municipality resolution no. 747 of 17.11.2017. In addition to the Casa delle Culture, the municipal reception system currently includes Andromeda night reception centre (low threshold intervention, 40 places); Sole e Luna social housing for adults in difficulty (second reception, 10 places); five Community houses, residential and semi-residential; (with municipal funds) Red Cross night reception centre (82 places). The number of places has doubled in the last year, also providing shelters for families. Cf. <http://www.lavoro.gov.it/temi-e-priorita/poverta-ed-esclusione-sociale/focus-on/Reddito-di-Inclusione-Rel/Documents/Bottalico-Comune-Bari-4-12-2017.pdf>.
9. The Municipality's funds ranges from €12.50 per person per day for the semi-residential low-threshold night-time reception service, to €15.00 for residential services.



CIVIL SOCIETY AND CRIMINALISATION OF SOLIDARITY

In recent years, civil society organisations, volunteers and activists have mobilised in solidarity with migrants, offering assistance and promoting an alternative management model entirely different to the emergency and security based government's approach. Ensuring access to essential needs, regardless of the legal status of the migrants in a vulnerable position, is the top priority in this model. These organisations have often faced political pressure and in some cases, activists have been persecuted by the law. In 2002, Brussels approved the so-called Facilitation Directive – implemented in Italy with Article 12 of the Law on Immigration¹ – which punishes those who assist the transit or stay of undocumented migrants in the territory of a Member State. In Italy, the facilitation of irregular immigration is punished with five years' imprisonment and a fine of 15,000 euros for each migrant transported². The European Directive contains a humanitarian and financial clause, to protect those who help undocumented migrants for humanitarian reasons rather than for profit. The existence of a wide margin

of interpretation in the hands of EU Member States in the implementation of the clauses hinders humanitarian actors' activities, as underlined in the European Parliament's LIBE Commission report³. The European Commission itself underlined the collateral risk of "criminalising humanitarian assistance" in the application of the directive⁴. Between France and Italy, activists were persecuted for helping migrants to cross the border or to assist those stranded there⁵. One such person is Felix Croft, a French activist arrested near Ventimiglia in July 2016 whilst driving with a Sudanese family in his car. Prosecutors requested that he be sentenced to three years and four months imprisonment. However, the Court of Imperia acquitted him in April 2017, concluding that his action amounts to a humanitarian act and "does not constitute a crime". In France, many activists in Val Roja have been subjected to similar processes. Amongst them is the Italian Francesca Peirotti, tried by the Court of Nice in November 2016 for "favouring the illegal entry of eight migrants onto French territory". Her story came to an end in May 2017: the judges in Nice, whilst

rejecting the request for a conviction of eight months in prison, sentenced the activist to a fine of 1,000 euros. In June 2016, seven volunteers from the Ospiti in Arrivo association in Udine were investigated for assisting migrants sheltering in abandoned buildings. They were accused of unlawful occupation and aiding irregular migration for profit. Using a broad interpretation of the financial clause, the prosecution accused the association of making a profit through using the 'cinque per mille' pre-tax donations chosen each year through the Italian tax return system for the contested activities. Two years of investigations concluded in February 2017 with a dismissal for all volunteers. In addition to judicial appeals, the use of administrative measures is growing in many cities to discourage and, in some cases, move the most active volunteers away. Even before the Minniti-Orlando Law⁶ legitimised the extensive use of this instrument, in Como and Ventimiglia some activists were forcefully expelled from the cities. This provision has a strong impact on the personal life of those to whom it is applied: although it can be



appealed, the ban must be respected until the end of the trial, as the appeal process does not suspend the order. The main victims were activists in the **No-Border** network, accused of having participated in demonstrations in support of migrants, or of organizing protests against forced transfers to hotspots in the regions of Southern Italy, in particular that of Taranto. In July 2017, the Regional Administrative Court of Liguria ruled such charges to be illegitimate and cancelled the measures, in particular the compulsory expulsion order for a duration of three years from Ventimiglia and other neighbouring municipalities. The Como activists are still awaiting for the final decision on their cases. The Minniti-Orlando Law strengthens the power of mayors to ensure urban safety and decorum, ultimately legitimising a practice already in place. In the summer 2015, the mayor of Alassio prohibited entry into his municipality for non-EU citizens without a medical certificate⁷. In September 2015 the mayor of Padua denied migrants access to public parks, while in November 2016 the mayor of Trieste prohibited sleeping or camping out on the streets. In March 2017, three French activists were reported for violating the orders of the mayor of Ventimiglia, which had prohibited the distribution of food to migrants in the city⁸. The order was withdrawn in April, following numerous protests. Whatever form it takes – be it an accusation of aiding irregular immigration, or damage to urban decorum and security, we are witnessing the birth of the 'crime of solidarity'⁹. Besides the individual consequences for the volunteers and activists involved, the criminalisation of civil society places humanitarian action in a bad light and delegitimises it. Those who act to ensure the rights, and satisfy the primary humanitarian needs of migrants, are suspected of

doing so for personal gain or with the aim of subverting the established order. All this helps dissuade many from supporting migrant people, the ultimate result being a progressive decrease in the space for action by civil society, and the weakening of its ability to respond to humanitarian needs.

“

I have always wanted to work in international cooperation. So, when I heard about 130 people on the streets in my city in 2014, I thought it was absurd not to respond, to pretend that nothing was happening. Many of us helped out of good nature – we were very naïve. That is why they wanted to hit us. Simply helping, as individuals, was bothersome. They wanted to intimidate us, so that we would give up. At the beginning, there was no great impact on the association. Indeed, there was strong public support, with signatures collected in support of what we were doing. But there have been consequences in the long run. Our names were published in the newspapers, and we were talked about as being people who make money from migrants. It was as if all our efforts were gradually failing, little by little. An erosion. I was convinced that I was living in a system that still protected you. Instead, it was an icy shower. In short, we have been treated like criminals. I do not want to stay in a country like this anymore. It is not worth it.
Volunteer, Ospiti in Arrivo, Udine

1. EU Council Directive 2002/90/CE, implemented with the Legislative Decree no. 286 of 25 July 1998.
2. Legislative Decree no. 286/1998, Article 12.
3. European Parliament, *Fit for Purpose? The Facilitation Directive and the criminalisation of humanitarian assistance to irregular migrants (12/2015)*, cfr. [http://www.europarl.europa.eu/RegData/etudes/STUD/2016/536490/IPOL_STU\(2016\)536490_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/STUD/2016/536490/IPOL_STU(2016)536490_EN.pdf)
4. European Commission, *Refit Evaluation of the EU legal framework against facilitation of unauthorized entry, transit and residence: the Facilitator's Package (22/03/2017)*, https://ec.europa.eu/home-affairs/sites/homeaffairs/files/e-library/documents/policies/irregular-migration-return/20170322_-_refit_evaluation_of_the_eu_legal_framework_against_facilitation_of_unauthorised_entry_transit_and_residence_en.pdf
5. Report on International Protection in Italy 2017.
6. Law no. 46 of 13 April 2017.
7. *Médecins Sans Frontières, Foreign citizens and threat to public health: an unjustified alarm with no scientific basis. MSF also lodged a complaint to the UNAR (Anti racial discrimination office)*, <http://www.medicinsenzafrontiere.it/notizie/blog/cittadini-stranieri-erischi-la-salute-pubblica-un-allarme-ingiustificato-senza-alcuna>
8. Article 650 of the Penal Code: "Anyone who fails to comply with a provision legally given by the Authority for reasons of justice or public security, or of public security or hygiene, is punished if the fact does not constitute a more serious offense, with arrest for up to three months or with the fine up to €206".
9. The report intentionally does not mention the events of summer 2017 related to SAR activities in the Mediterranean Sea and the controversy over some NGOs' activities – among them MSF. While fitting into the category of "criminalisation of solidarity", those events do not relate to the population of the informal settlements, and thus are not covered in this report.

CONCLUSIONS AND RECOMMENDATIONS

The migrants and refugees living in unofficial settlements – on the borders, in open spaces, in occupied buildings in the cities and in ghettos in rural areas – are men, women and children in vulnerable circumstances. Regardless of their legal status, they should all be guaranteed access to basic needs and medical care throughout the period of their stay in Italy. The relevant institutions have a duty to ensure this¹.

MSF calls on the responsible authorities to:

1. Strengthen humanitarian assistance to the so-called “transient migrants” at the border areas and ensure full compliance with legal options already existing for those crossing borders (such as family reunification, relocation, implementation of the humanitarian clause included in the Dublin Regulation etc.). People crossing borders irregularly must not be subjected to violence, such as those documented by MSF in Ventimiglia, under any circumstances.
2. Reform the governmental reception system for asylum seekers and refugees – including unaccompanied minors, getting through the extraordinary reception centres (CAS), making the local authorities responsible for managing the ordinary reception facilities within the framework of the general welfare system provided to the resident population on the base of quotas of asylum seekers and refugees decided at national and regional level.
3. Under the regulation in force, ensure that migrants are entered into the reception system as soon as they declare that they wish to seek asylum, not delaying it until the request is formalised by completing the C3 Form.
4. Extend to all asylum seekers living in institutional reception centres for more than two months – regardless of the type of centre – the same measures set out in the SPRAR network relating to social inclusion, including the possibility of staying in centres six more months after obtaining protection.
5. Provide economic, work and housing support programmes for refugees leaving the government centres. These programmes should support the refugees until their stable autonomy.
6. Avoid dismantling unofficial settlements – such as those in occupied buildings – by means of forced evictions when alternative housing solutions are absent. Alternative solutions should be for all people involved: as for protecting vulnerable people, families should always be kept together. Wherever possible and in the absence of other solutions, use the same sites as the current unofficial settlements, removing any administrative irregularities and proceeding with the necessary renovation works even involving residents to restore buildings themselves, favouring an approach that aims to support the protection holder until they can be independent, through relevant forms of self-management. The removal of unofficial settlements cannot justify the use of violence under any circumstances.
7. In planning and implementing housing solutions for seasonal agricultural workers – without prejudicing law provisions requiring employers to provide housing for contracted workers – envisage options that favour models of widespread reception, facilitating access to available ordinary housing, rather than providing accommodation in large camps with high concentrations of people.
8. Set up monitoring of unofficial settlements – in particular by municipal social services – with the minimum objective of identifying and taking care of the most vulnerable residents. Social services intervention must not be limited to crisis phases (such as forced evictions).
9. Ensure the full application of the humanitarian clause that explicitly excludes relief activities and humanitarian assistance from the crime of aiding and abetting the entry, transit and permanence of undocumented immigrants. The interpretation of this clause must also include the rescue of people², as well as helping them to access essential needs (shelter, food, water) and medical care.
10. Reform the L.48/2017 provisions, in order to prevent the increase in municipal power for the sake of urban safety and decorum, can compromise the access to primary needs and medical care for vulnerable people and the fulfilment of the mandatory duty of social solidarity as expressed in Article 2 of the Italian Constitution.

In relation to access to medical care, MSF calls on the competent authorities to:

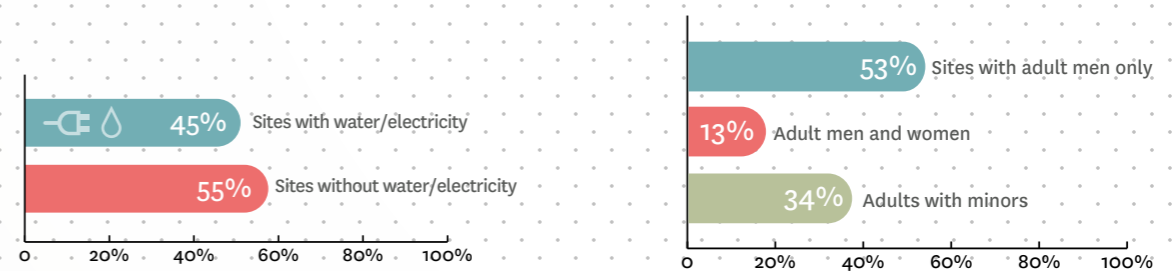
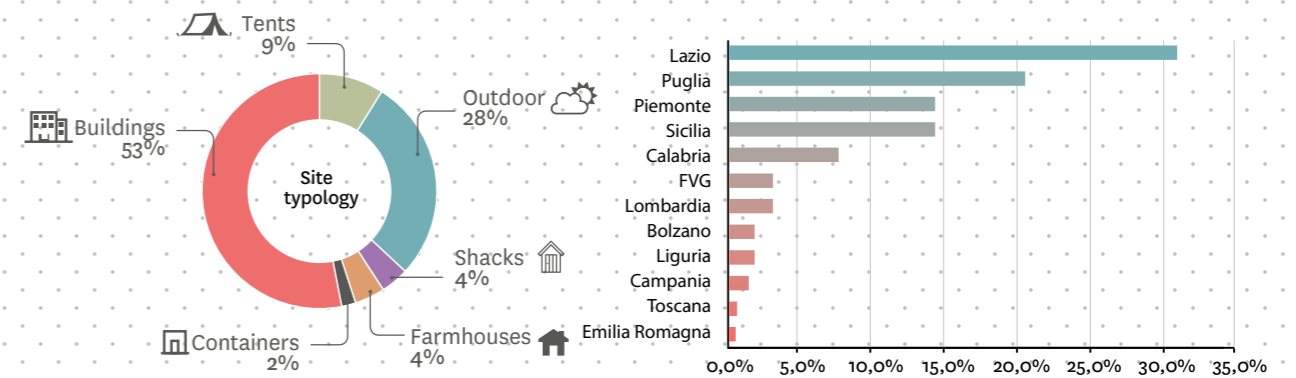
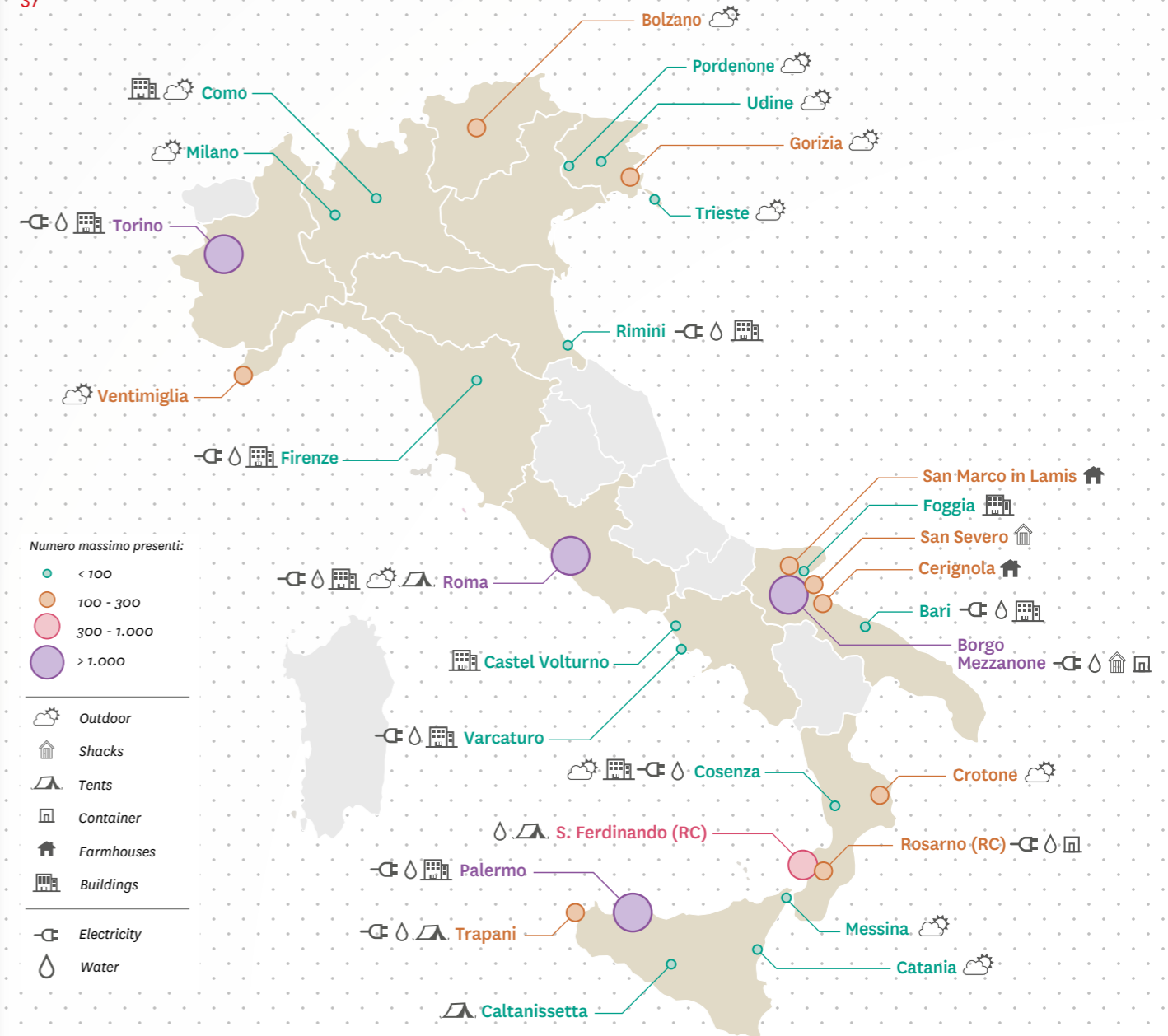
1. Ensure the full and uniform application across Italy of the Agreement between Government, Regions and Autonomous Provinces of Trento and Bolzano containing “Indications for the correct application of the legislation for health assistance to foreign populations” (20 December 2012).
2. Eliminate bureaucratic and administrative barriers that hinder the registration to National Health Service, forcing the improper use of the Temporarily Present Foreigner (STP) code. Specifically, provide registration procedures for asylum seekers and refugees that are not subject to any formal residence requirements and exclusively related to the place of actual residence, declared through self-certification. Registration must be guaranteed regardless of the nature of such a place (for example, occupied buildings), even when residence is temporary, as in the case of settlements linked to seasonal agricultural work.
3. Eliminate the provision of fixed medical personnel in the extraordinary reception centres – firstly the smaller ones – guaranteeing access to the National Health Service, according to law provisions.
4. Eliminate the improper use of the STP regime for asylum seekers, particularly after the formalisation of the request for international protection (completion of the C3 Form). Promote enrolment into the National Health Service, as required by the law.
5. Strengthen services that are accessible under the STP, with the option of immediately assigning the code at any potential direct access point for migrants without a legal residency permit (such as dedicated OPD, women clinics, mental health centres and addictions centres), in order to facilitate immediate access to care.
6. Guarantee a paediatrician to all underage migrants, regardless of their legal status.
7. Provide exemption from the co-pay system for medicines and healthcare services for applicants and holders of international protection without employment.
8. Promote access to the National Health Service for migrants in transit to other EU countries (such as in the border areas), under the STP regime if they do not have a residency permit, with priority for primary healthcare, women's and children's health and mental health. Introduce treatment and follow-up protocols for second-level services that take into account the limited time spent in the territory by the transient migrants.
9. Set up outreach programmes run by local health authorities in or nearby unofficial settlements, in order to direct residents towards local services, identify and take in charge of most vulnerable cases, notably minors, pregnant women, people affected by physical or mental disturbs, victims of torture or other physical or psychological maltreatments.
10. Recruit on a permanent bases linguistic and cultural mediators at the health services with greater access by migrants and refugees, with particular reference to primary health care services and those with direct access without pre-booking or referrals (woman clinics, mental health centres, addictions centres and hospital emergency departments).
11. In cases where specific services addressed to migrants and refugees are delegated to private humanitarian organisations, local health authorities must continue to have a programming and co-ordination role: humanitarian organizations should have a role in stimulating, innovating and supporting the National Health Service; they should not substitute it³.

1. The same approach is at the basis of the Ministry of Labour and Social Policies document *Guidelines for the fight against serious adult marginalisation in Italy*.
2. Considering rescue operations on land borders (for example, in high mountain crossings) as being similar in nature to search and rescue operations at sea.
3. On the other hand, MSF discourages private humanitarian organizations from implementing health programs addressed to migrants and refugees parallel or alternative to those offered by NHS to Italian citizens. Rather, they should focus their resources and strategies in terms of advocacy, in urging health institutions to fulfil their mandate.

LIST OF INFORMAL SETTLEMENTS¹

REGION	MUNICIPALITY NAME	TYPOLGY	MINIMUM NUM. PRESENCE	MAXIMUM NUM. PRESENCE	WOMEN	MINORS (<5 YRS. AGE)	WATER	ELECTRICITY
Bolzano	Various sites	Outdoor	150	200	Yes	No	No	No
Calabria	Cosenza - Via Savoia	Buildings	50	60	Yes	Yes	Yes	Yes
Calabria	Cosenza - Various sites	Outdoor	30	50	No	No	No	No
Calabria	Crotone - Strada 106, cavalcavia	Outdoor	100	150	No	No	No	No
Calabria	Rosarno (RC)	Container	150	200	Yes	Yes	Yes	Yes
Calabria	S. Ferdinando (RC) - Old tent settlement	Tents	200	400	Yes	Yes	Yes	No
Campania	Castel Volturno (CE)	Buildings	50	70	No	No	No	No
Campania	Varcaturò (NA)	Buildings	60	80	No	No	Yes	Yes
Emilia Romagna	Rimini - Casa Andrea Gallo	Buildings	30	40	Yes	No	Yes	Yes
Friuli Venezia Giulia	Gorizia - Tunnel	Outdoor	100	150	No	No	No	No
Friuli Venezia Giulia	Pordenone - Various sites	Outdoor	50	100	No	No	No	No
Friuli Venezia Giulia	Trieste - Silos	Outdoor	20	50	No	No	No	No
Friuli Venezia Giulia	Udine - Various sites	Outdoor	20	70	No	No	No	No
Lazio	Roma - Baobab experience	Tents	50	150	Yes	Yes	No	No
Lazio	Roma - Ex La Stampa	Buildings	50	80	Yes	Yes	Yes	Yes
Lazio	Roma - Hotel 4 Stelle	Buildings	150	200	Yes	Yes	Yes	Yes
Lazio	Roma - Via S. Croce in Gerusalemme	Buildings	80	100	Yes	Yes	Yes	Yes
Lazio	Roma - Viale delle Province	Buildings	80	100	Yes	Yes	Yes	Yes
Lazio	Roma - Via di Vannina	Buildings	100	150	Yes	No	No	No
Lazio	Roma - Various sites Tor Cervara	Buildings	350	500	Yes	Si	No	No
Lazio	Roma - Stazione Termini	Outdoor	50	100	No	No	No	No
Lazio	Roma - Via Cavaglieri (Palazzo Selam)	Buildings	1000	1200	Yes	Yes	Yes	Yes
Lazio	Roma - Via Collatina (Palazzo Natynet)	Buildings	600	800	Yes	Yes	Yes	Yes
Lazio	Roma - Via Scorticabovè	Buildings	60	100	No	No	Yes	Yes
Liguria	Ventimiglia	Outdoor	100	200	Yes	Yes	No	No
Lombardia	Como - Autosilo Val Mulini	Outdoor	50	100	No	No	No	No
Lombardia	Como - Ex Dogana	Buildings	20	50	No	No	No	No
Lombardia	Milano - Various sites	Outdoor	100	200	No	No	No	No
Piemonte	Torino - Corso Chieri	Buildings	40	80	No	No	Yes	Yes
Piemonte	Torino - Corso Ciriè	Buildings	20	40	Yes	Yes	Yes	Yes
Piemonte	Torino - Ex Moi	Buildings	1100	1300	Yes	Yes	Yes	Yes
Piemonte	Torino - Via Bologna	Buildings	50	80	No	No	Yes	Yes
Piemonte	Torino - Via Madonna delle Salette	Buildings	80	100	No	No	Yes	Yes
Puglia	Bari - Ex Socrate	Buildings	60	80	Yes	No	Yes	Yes
Puglia	Bari - Ferrhotel	Buildings	50	70	Yes	No	No	No
Puglia	Borgo Mezzanone (FG) - Runway	Shacks	500	1000	Yes	No	Yes	Si
Puglia	Cerignola (FG)	Farmhouses	100	200	Yes	Yes	No	No
Puglia	Foggia - Ex Daunialat	Buildings	50	100	No	No	No	No
Puglia	San Marco in Lamis (FG)	Farmhouses	100	150	No	No	No	No
Puglia	San Severo (FG) - Gran Ghetto	Shacks	200	500	Yes	No	No	No
Sicilia	Caltanissetta - Pian Del Lago	Tents	20	50	No	No	No	No
Sicilia	Catania - Various sites	Outdoor	50	100	Yes	Yes	No	No
Sicilia	Messina - Various sites	Outdoor	20	50	No	No	No	No
Sicilia	Palermo - Missione di Speranza e Carità (Women/Minors)	Buildings	150	200	Yes	Yes	Yes	Yes
Sicilia	Palermo - Missione di Speranza e Carità (Men)	Buildings	600	1000	No	No	Yes	Yes
Sicilia	Trapani - Campobello di Mazara	Tents	50	200	Yes	No	Yes	Yes
Toscana	Firenze - Via Baracca	Buildings	40	60	No	No	Yes	Yes

1. Last updated: 30 September 2017. The criteria for the inclusion of settlements in this research were: i) prevalent or relevant population, consisting of refugees in broad sense (holders of forms of international and/or humanitarian protection, migrants at all stages of the asylum procedure, from those prior to the formalization of the request, to those following the notification of the outcome of the interview with the Territorial Commissions, to the various stages of the judicial appeal against the denial of protection); ii) exclusion from the government reception system for asylum seekers and refugees, in all the different types of centers; iii) not exclusively seasonal nature of the settlement; iv) more or less marked forms of self-management by the resident population. Regarding the settlements in areas characterized by agricultural seasonal work, the number of inhabitants is relative to the population present permanently throughout the year, and not to the peaks recorded in conjunction with the same agricultural work. More than 80% of the sites were personally visited by MSF staff.



MSF IN INFORMAL SETTLEMENTS

Turin

- Occupied Ex MOI, refugees
- From Sep. 2016
- Orientation to territorial health services
- Agreement with NHS local branch Città di Torino

Como

- Migrants in transit
- End 2016 – Sep. 2017
- Psychological First Aid (PFA)
- Distribution of hygiene kits, blankets, sleeping bags, even through local volunteers

Bolzano

- Migrants in transit and excluded from reception
- From 2017
- Distribution of hygiene kits, blankets, sleeping bags, even through local volunteers

Udine, Gorizia, Pordenone

- Asylum seekers
- From 2017
- Distribution of hygiene kits, blankets, sleeping bags, even through local volunteers
- Heated tent installation

Rome

- Migrants excluded from reception
- From Nov. 2017
- Primary healthcare (mobile clinic)
- Psychological First Aid

Bari

- Occupied Ex Socrate, refugees
- Sep. 2016 – Jun. 2017
- Orientation to territorial health services

Ventimiglia

- Migrants in transit
- End 2016 – Sep. 2017
- Psychological First Aid (PFA)
- Women's health
- Distribution of hygiene kits, blankets, sleeping bags, even through local volunteers

Campobello di Mazara

- Seasonal agricultural workers
- From Oct. 2017
- Health promotion
- Distribution of hygiene kits



MÉDECINS SANS FRONTIÈRES IN ITALY

Since 2002, MSF has been present across Italy in particularly sensitive places, including the landing points in Lampedusa, amongst seasonal workers in southern Italy, on the northern border and in reception centres for migrants in various regions. Since 2016, MSF has also run activities in some informal settlements, giving residents information about local health services, distributing basic commodities and providing psychological first aid. Currently, MSF manages a post-acute care centre in Catania specialising in refugees and asylum seekers discharged from hospital facilities in Sicily, who are failing to access adequate medical care during their post-acute or convalescence phase. The MSF centre aims to fill a gap by providing an intermediate medical

facility where patients can find the support they need before they are able to return to their place of residence. In Trapani, MSF provides psychosocial support to asylum seekers hosted in the province's CAS. A group of psychologists and cultural mediators visit more than 15 centres each week to provide psychological support through group and individual sessions. A transcultural psychotherapeutic clinic was opened in July 2016 in collaboration with the local NHS mental health department, to tackle the most serious mental health cases. In addition, an MSF psychosocial team visits the Sicilian ports to provide psychological first aid to survivors of shipwrecks or tragic experiences during sea voyages. In April 2016, MSF opened a rehabilitation centre in Rome for

torture survivors and victims of cruel and degrading treatment. Patients are assisted through a multidisciplinary approach involving medical and psychological care, physiotherapy, and social and legal assistance. The activities are carried out in collaboration with the Medici Contro la Tortura (Doctors Against Torture) and ASGI. Also in Rome, a mobile MSF team provides medical and psychological assistance to migrants, refugees and asylum seekers in unofficial settlements where access to medical care is not guaranteed. Since 2015, MSF has undertaken SAR activities in the Mediterranean Sea. Nowadays, MSF provides medical care on board the ship Aquarius, in cooperation with SOS Mediterranée.



GLOSSARY

Asylum seekers – People who are outside the borders of their home country and who present a request for refugee status in another State. The applicant remains such until the decision on the submitted application is made.

C3 Form – A form filled out at Police station through which the request for international protection is formalised, and which is valid as a first temporary residency permit.

CAS (Centri di Accoglienza Straordinaria, or Extraordinary Reception Centres) – Established by Legislative Decree no. 142/2015. These are set up by the Prefectures in agreement with various management bodies. The level of guaranteed services is a bare minimum, without the provision of specific programmes aimed at social inclusion.

Dublin Regulation (EU Regulation no. 604/2013, the so-called ‘Dublin III’) – Establishes the criteria and mechanisms for determining the State responsible for assessing an asylum application presented in one of the Member States by a third-country national or a stateless person. The basic principle is that the competent State is that in which the migrant first arrives/enters.

ENA – (“North Africa Emergency” programme) – Extraordinary reception centres, managed by the Civil Protection and activated by the DPCM 12/2/2011 in order to process the arrival of people coming from Northern Africa. The programme was closed in January 2013.

First reception centres – Defined in Legislative Decree no. 142/2015. The process of identification should be completed, and the asylum procedure started, within these centres. In reality, due to the lack of places in secondary reception facilities, asylum seekers may end up staying for the entire asylum procedure.

Hotspots – Reception facilities located in the entry ‘hotspots’ for migrants to ensure their identification and photographic registration. These overlap with the pre-existing CPSA (Centri di Primo Soccorso e Assistenza, or First Aid and Assistance Centres), established by Legislative Decree no. 142/2015. Law enforcement officers proceed with the identification and registration of asylum seekers within the first 72 hours of arrival. Currently, the active hotspots are in Lampedusa, Pozzallo, Taranto and Trapani.

Refugees (holders of refugee status) – According to Article 1 of the Geneva Convention, those who, fearing persecution on the grounds of race, religion, nationality, belonging to a particular social group or for their political opinions, are outside the country of which they are citizens and cannot, or do not want to because of this fear, avail themselves of the protection of that country. In this report, the term is used in a broader sense, to include the holders of all forms of international and humanitarian protection.

STP (Straniero Temporaneamente Presente, or Temporarily Present Foreigner) code – Introduced in 1998. This allows foreigners present within the territory who are not in compliance with the rules on staying (which is the case, for example, of migrants in transit to another EU state) to receive urgent, essential and continuous healthcare, from the National Health Service.

SPRAR (Sistema di Protezione per Richiedenti Asilo e Rifugiati, or Protection System for Asylum Seekers and Refugees) – A public system of second reception for holders and applicants of international and humanitarian protection. This consists of projects set up throughout the country, led by local authorities that voluntarily access the National Fund for policies and services of asylum managed by the Ministry of the Interior.

Vulnerable Persons – In the context of international protection, such people are to be understood as minors, unaccompanied minors, the elderly, pregnant women, single parents with underage children, victims of trafficking, people suffering from serious physical illnesses or mental disorders, people who have suffered torture, rape or other severe forms of psychological, physical or sexual violence, and victims of genital mutilation.

Thanks for the support in the phases of realization of the research to:

- > Action Diritti in Movimento, Roma
- > ADIF – Associazione Diritti e Frontiere
- > Alter Ego, Roma
- > Antenne Migranti
- > Architetti Senza Frontiere Italia
- > ASGI – Associazione per gli Studi Giuridici sull'Immigrazione
- > Baobab Experience, Roma
- > Blocchi precari metropolitani, Roma
- > Borderline Sicilia
- > Cambio Passo, Milano
- > Campagna “LasciateCIEntrare”
- > Campagna Welcome Taranto
- > Caritas Borgo Mezzanone (FG)
- > Caritas Gorizia
- > Collettivo Mamadou, Bolzano
- > Coordinamento Cittadino Lotta per la Casa, Roma
- > Comitato di solidarietà rifugiati e migranti, Torino
- > Comitato per la casa ed i diritti umani di Via Fanelli, Bari
- > Como Senza Frontiere
- > Co.S.Mi. (Comitato Solidarietà Migranti), Reggio Calabria
- > CSA Ex Canapificio, Caserta
- > CSC Nuvola Rossa, Reggio Calabria
- > Emergency – Progetti di Castel Volturno e Polistena
- > Ex OPG Occupato - Je so' pazzo, Napoli
- > Fondazione Alexander Langer Stiftung, Bolzano
- > Fondazione ARCA, Milano
- > Gruppo Lavoro Rifugiati, Bari
- > ICS – Consorzio Italiano di Solidarietà Ufficio Rifugiati, Trieste
- > Insieme con voi, Gorizia
- > Intersos, Roma
- > La Kasbah, Cosenza
- > Làbas Occupato, Bologna
- > Medici per i diritti umani (MEDU)
- > Melting Pot Europa, Padova
- > Movimento di Lotta per la Casa, Firenze
- > Naga, Milano
- > No Border, Rimini
- > Ospiti in arrivo, Udine
- > Oxfam
- > Prendocasa, Cosenza
- > Progetto 20K
- > Razzismo Stop, Padova
- > Rumori sinistri, Rimini
- > SIMM – Società Italiana di Medicina delle Migrazioni
- > SOS Bozen, Bolzano
- > Tenda per la Pace e i Diritti, Gorizia
- > Ufficio Pastorale Migranti, Torino

Thanks to the volunteers of MSF local groups in Italy

OUT OF SIGHT

 facebook.com/msf.italiano

 twitter.com/MSF_ITALIA

Médecins Sans Frontières (MSF) is the largest independent medical humanitarian organization in the world. Founded by doctors and journalists in 1971, MSF delivers emergency aid to people affected by armed conflict, epidemics, malnutrition, exclusion from healthcare, and natural disasters in almost 70 countries. MSF offers independent and impartial assistance to those who need it most.

MSF also acts to denounce forgotten crises, combat the inadequacy and abuses in the aid system and publicly support a better quality of treatment and medical protocols. In 1999, MSF was awarded the Nobel Peace Prize.

www.msf.it

Sede di Roma:

Via Magenta 5, 00185 Roma
Telefono: 06 888 06 000
Fax: 06 888 06 020

Sede di Milano:

Largo Settimio Severo 4, 20144 Milano
Telefono: 02 43 91 27 96
Fax: 02 43 91 69 53

