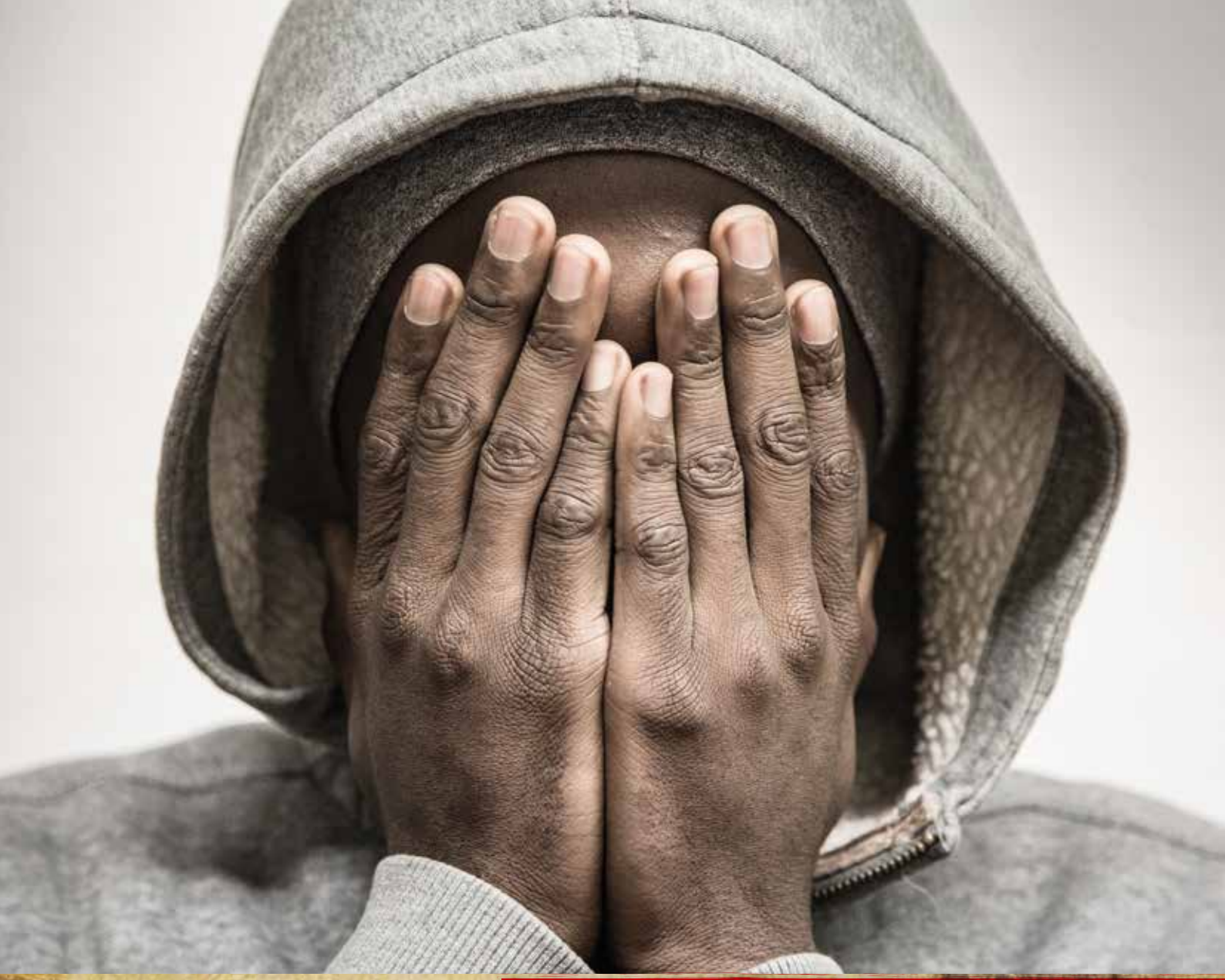

HARMFUL BORDERS

An analysis of the daily struggle of migrants as they attempt to leave Ventimiglia for northern Europe

MEDECINS SANS FRONTIERES
MEDICI SENZA FRONTIERE

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Front cover:
© Giuspeppe La Rosa
M. from Sudan: while attempting to cross the French border,
M. witness the death of his travel friend, who lost his life in a tragic accident.

SUMMARY

Introduction

Since 2015, the Italian town of Ventimiglia, on the border with France, has been one of the major transit points for migrants attempting to leave Italy and reach a final destination in northern Europe. Migrants in transit often experience harsh and extreme living conditions, find themselves exposed to physical abuse and vulnerabilities, and are routinely victims of deprivation and pushbacks at the Italian border. Shortcomings in protection and the health hazards experienced by these groups may result in acute and longer-term illness, further aggravated by their poor access to health services. To respond to the considerable needs of this group of people, MSF (Medici Senza Frontiere) teams worked in border areas of Italy, including Ventimiglia, Como and Gorizia.
Here we present the results of a quantitative analysis among migrants in transit carried out by MSF at two sites in Ventimiglia, documenting the types of violence experienced both during the journey and during pushbacks from the Italian border, and assessing people's access to health services.

Method

A cross-sectional quantitative survey combined with selected anonymous interviews was carried out by MSF between August and September 2017 at two sites: Roja camp and an informal site near Roja River, located in Ventimiglia. The survey consisted of a structured questionnaire on their living conditions, experience of violence, migration plans and access to health services. The study population included a random sample of people in Roja camp and an exhaustive inclusion of people in the Roja River settlement. Participants gave their oral consent.

Results

In total, 287 individuals participated in the study, with a median age of 24 years old [IQR: 20-27]; 97% were male and 48.8% were from Sudan. The limited amount of women included in the study reflects the demographic composition of this population group.
Among interviewees, 44.2% (CI: 38.5–50) reported having experienced at least one violent event along their journey before arriving in Italy, while 46.1% reported being pushed back while attempting to cross the Italian border towards another EU country. Of those who attempted to cross the border, 23.6% (CI: 17.1–31.8) reported suffering at least one violent episode during the pushback and 17.4% (CI: 13.4–22.2) reported being transported to the south of Italy. The main perpetrators of the violence experienced by migrants at the borders were reported to be the Italian police for 45.2% (CI: 28 – 63,5) of interviewees and French police for 29% (CI: 15,2 – 48,2) of interviewees.
Lack of access to healthcare was reported by 37.5% (CI: 21.9–56.1) of interviewees in Roja camp and by 24% of interviewees in the Roja River settlement. The overall living environment was described as poor by 79.1% of interviewees in the informal settlement and 68.5% of interviewees in Roja camp. The main reasons of concern in both sites were the lack of general hygiene (27%), lack of space and outdoor sleeping (6.3%) and the lack of privacy and isolation from the city (3.4%).

Conclusions

This survey indicates that migrants experience a significant level of violence during their journeys and in their attempts to cross borders within Europe. It also provides valuable insight into people's perceptions of their living conditions and access to healthcare. Further research should be undertaken to better analyse the patterns of violence and its consequences on migrants' health in order to formulate an effective, sustainable and rights-based policy response.

BACKGROUND

Due to its geographical location, Italy is one of the main points of entry into Europe for migrants from non-European countries. It is also a country of transit[1] for those migrants who wish to move on to northern Europe. Since 2011, the small border town of Ventimiglia has been a destination for young men fleeing political crises in North Africa, as they attempt to reach France, and from there to reach other countries within Europe. Since summer 2015, this flow of people has become almost constant, largely because of the relative accessibility of northern Italy's land border, which can also be crossed by train. More recently, crossing the border with France has become more difficult for migrants following its closure by French authorities, along with bilateral agreements signed between the French and Italian governments to facilitate pushbacks at the border[2].

Police checks have become more thorough, and the systematic practice of pushing migrants back, often with questionable legitimacy from a legal perspective[3], has turned Ventimiglia into a bottleneck for migration towards northern Europe. A growing number of migrants have become stranded in Ventimiglia, unable or unwilling to seek protection from what they see as a country of transit.

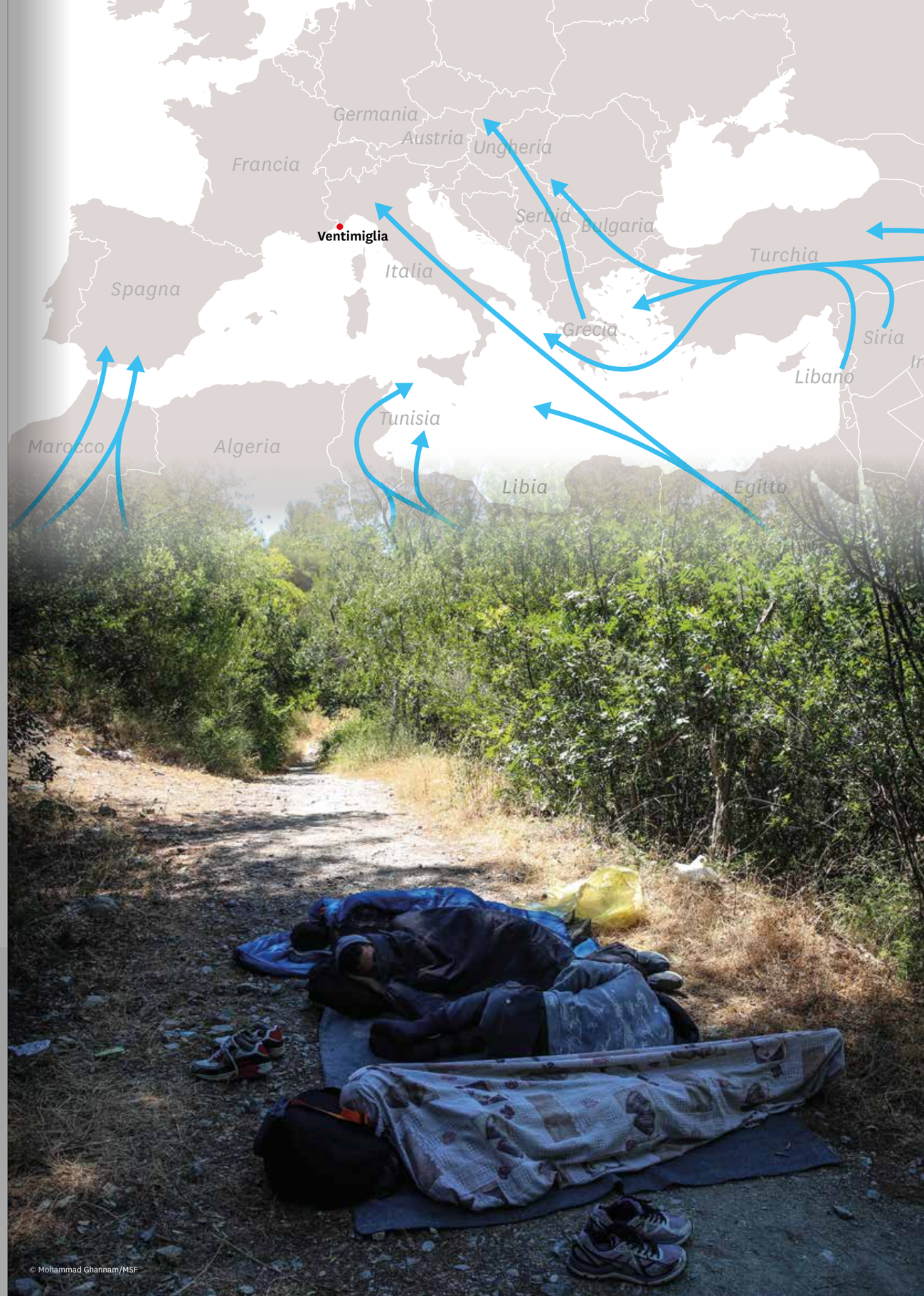
The number of migrants passing through Ventimiglia fluctuates and is difficult to monitor, especially as lengths of stay are so variable, but it never falls below hundreds of people, sometimes with peaks of more than one thousand people at the same time.

The town of Ventimiglia is not set up to accommodate such large numbers of people passing through, which has triggered a crisis in terms of the precarious conditions in which they are living. Civil society and, to some extent, national institutions have tried to respond to the needs of the migrants, yet most of their needs were still going unaddressed in late 2016.

In November 2016, Medici Senza Frontiere began activities in Ventimiglia with two defined groups of people: those who had been accepted at the camps run by the Italian Red Cross, which were often too small to contain all the people in need; and migrants outside the formal reception system who had recently settled on the banks of the Roja River or, in the case of families and minors, had been housed in the premises of a local parish. In the absence of any kind of institutional support, this group of people had the most substantial humanitarian needs, with access to basic services like water and toilets supported only by the voluntary work of civil society and a few non-governmental humanitarian organisations.

Many of the migrants in Ventimiglia have tried to cross the border several times, with some making dozens of attempts. In the absence of safe and legal routes to cross the border, some of these attempts have tragically ended in death. Families, women and unaccompanied minors, all of whom are particularly vulnerable, have not been exempt from pushbacks at the border with France[4]. MSF has observed more critical scenarios scenarios elsewhere in Europe, in particular at the border between Serbia and Hungary[5].

1. Reliefweb Afghan Child Migrants: *Italy, the preferred country of transit*, September 2017 https://reliefweb.int/sites/reliefweb.int/files/resources/afghan-child-migrants-italy-the-preferred-country-of-transit_0.pdf, Council of Europe, Countries of transit: meeting new migrants and asylum seekers http://website-pace.net/documents/19863/1278654/20150909-TransitCountries-EN.pdf/64f1684f-7f20-40c8-904f-4e64f9a4587b
2. Bilateral agreement between the French Government and Italian Government on cross-border police cooperation signed at Chambery on 3 October 1997 http://www.camera.it/_bicamerali/schengen/docinte/ACCITFR.htm
3. To learn more about this, read the important documentation produced by Association for Juridical Studies on Immigration (ASGI), and in particular: https://www.asgi.it/wp-content/uploads/2015/07/Documento-Ventimiglia.pdf
4. At time of writing, the Nice Administrative Court upheld an appeal lodged against the turning back of a 12-year-old Eritrean unaccompanied minor from France to Italy. The child was stopped at Menton station, France, and immediately put on the train back to Ventimiglia. Given the violations of the procedural guarantees provided by the French legislation, the court ordered the French authorities to contact the Italian authorities in order to release the child; to provide the child within three days with a permit allowing him to return to Menton; to request a judge to appoint a temporary guardian for the child; and to provide the child with information on the right to asylum in a language that he can understand. The state was also ordered to pay costs of 1,500 euros.
5. See the report *"Games of violence: Unaccompanied children and young people repeatedly abused by EU Member State Border Authorities"* https://www.aerzte-ohne-grenzen.de/sites/germany/files/2017-serbien-mental-health-report-aerzte-ohne-grenzen.pdf



MSF intervention: addressing the needs

MSF teams first worked in Ventimiglia in the summer of 2015 to assess the medical and humanitarian needs of migrants who were stopped at the French border and returned to Italy. In November 2016, due to the growing number of migrants stranded in Italy without the possibility of continuing their journeys to northern Europe, MSF resumed its medical activities in Ventimiglia, with a particular focus on mental health and women's health.

The experience of MSF and other organisations, coupled with scientific findings on migrants' health[6], shows an increase of mental health disorders among the migrant population, attributable to exposure to trauma and adversity over time, as well as to pre-existing vulnerability. Migrants are exposed to various risks and dangers which can result in both physical and psychological trauma and increase their vulnerability. As a result, a team of MSF psychologists, supported by cultural mediators, provided psychological first aid to migrants, both inside and outside camps managed by the Italian Red Cross.

From November 2016 to September 2017, MSF teams provided 2,452 psychosocial consultations in Ventimiglia. One in five of the patients visited by MSF showed disorders related to mental health, with symptoms related to the difficulties of adapting to their current circumstances, uncertainty about their future plans, psychosomatic problems, anxiety and depression.

As part of its emergency response, MSF also provided women's health services in the parish of Gianchette, including gynaecological screening, pregnancy tests, antenatal and postnatal care, treatment for reproductive tract infections and sexual transmitted diseases, family planning, counselling and information. From November 2016 to September 2017, midwives and cultural mediators provided care to 435 women. The most common conditions reported were vaginitis (32; 7.4%), sexually transmitted infections (11; 2.5%) and urinary tract infections (11; 2.5%). Of the women who came to the clinic, 79 (18%) were pregnant and 13 (3%) had experienced sexual abuse or sexual violence.

During its response in Ventimiglia, MSF has addressed the town's institutions (Prefettura di Imperia, Comune di Ventimiglia) to express its concerns and to call for action on the most important issues affecting migrants in the border region.

MSF's main areas of concern are: the unsatisfactory provision of hygiene facilities in Roja camp (15 showers and 10 toilets)[8]; the lack of access to drinkable water, toilets or showers for people in the Roja River settlement; the lack of protection services for vulnerable groups such as unaccompanied minors, single mothers, families, victims of violence and victims of trafficking, both in Roja camp and the Roja River settlement.

In particular, MSF has raised concerns to the Prefettura di Imperia about the presence of unaccompanied minors in Roja camp and the lack of safe spaces and separate hygiene facilities for women and minors.

Five of the 79 pregnancies were a result of the sexual violence experienced during the journey[7]. To ensure that these women receive proper follow-up by specialist health services, a memorandum of understanding was signed with the Ventimiglia health service to include gynaecological consultations, ultrasounds and routine examinations. It was agreed that they would receive an accelerated service due to the limited time spent by many migrants in Ventimiglia.

MSF has also focused on migrants in informal settlements outside the Italian Red Cross camp, distributing basic necessities and hygiene kits, and helping the civil society organisations involved in supporting the migrants by donating supplies.

With the aim of promoting migrants' access to health, MSF has also actively supported the medical office of Caritas Diocesana, run by volunteer doctors, giving them the support of MSF cultural mediators and a nurse. The clinic, which is open weekly, is often the only means available to migrants of fulfilling their medical needs, allowing them to be taken care of directly or be referred to local health services.

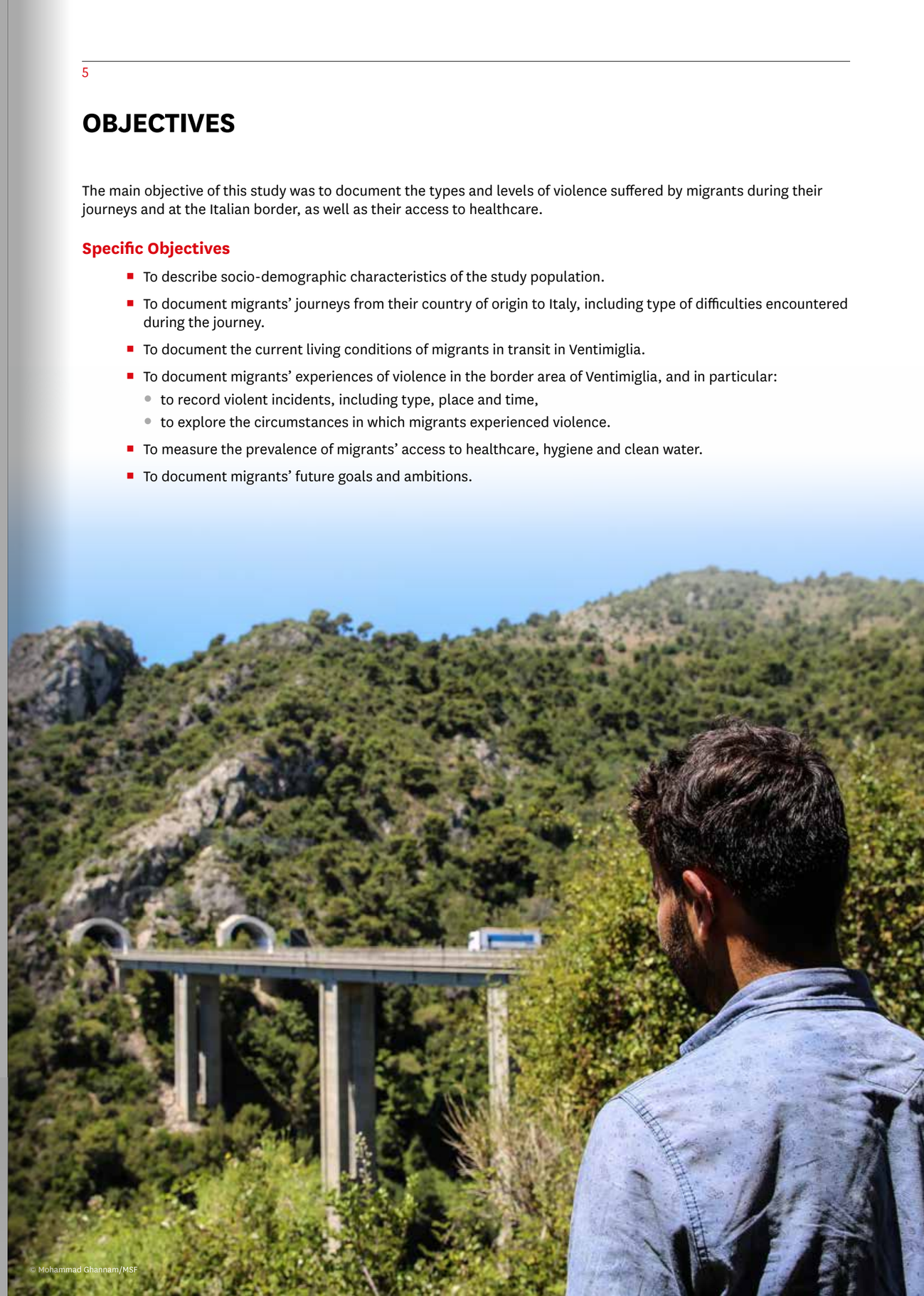
6. Aragona M., Pucci D., Mazzetti M., Maisano B., Geraci S.,: *Traumatic event, post-migration living difficulties and post-traumatic symptoms in first generation immigrants: a primary care study*, Ann. Ist. Super Sanità 2013, Vol. 49 N2: 169-75.
Fazel M., Wheeler J., Danesh J.: *Prevalence of serious mental health disorders in 7000 refugees resettled in Western countries: a systematic review.* Lancet 2005: 365: 1309-14.
Medici Senza Frontiere *Neglected Trauma* www.msf.org/sites/msf.org/files/neglected_trauma_report.pdf
7. For additional details please refer to *Fuori Campo. Insediamenti informali: marginalità sociale, ostacoli all'accesso alle cure e ai beni essenziali per migranti e rifugiati Secondo Rapporto,* February 2018.
8. Each toilet and shower should be used by a maximum of 20 people, according to international standards.

OBJECTIVES

The main objective of this study was to document the types and levels of violence suffered by migrants during their journeys and at the Italian border, as well as their access to healthcare.

Specific Objectives

- To describe socio-demographic characteristics of the study population.
- To document migrants' journeys from their country of origin to Italy, including type of difficulties encountered during the journey.
- To document the current living conditions of migrants in transit in Ventimiglia.
- To document migrants' experiences of violence in the border area of Ventimiglia, and in particular:
  - to record violent incidents, including type, place and time,
  - to explore the circumstances in which migrants experienced violence.
- To measure the prevalence of migrants' access to healthcare, hygiene and clean water.
- To document migrants' future goals and ambitions.



METHODOLOGY

Study Design

The study consisted of cross-sectional population-based surveys conducted in two locations: inside Roja camp (managed by the Red Cross) and in informal sites by the river known as the Roja River settlement. The quantitative survey consisted of a standardised and structured questionnaire administered by four cultural mediators and supervised by two senior MSF staff. All interviews were conducted face to face.

This quantitative analysis has been combined with selected anonymous testimonies conducted with interviewees living in the two sites and with local non-governmental organisations (NGOs) operating in Ventimiglia. The study was carried out between 28 August and 14 September. All participants gave their oral consent.

Target population

All people residing in the identified study area at the moment of the survey constituted the target population. For ethical reasons, people aged under 18 years have been excluded from this analysis.

Randomly selected migrants and staff of local NGOs were interviewed to further investigate the experience and pattern of violence. Participants were recruited on a voluntary basis after explaining the aim of the survey and asking for oral consent.

Exclusion criteria

- Unaccompanied and accompanied minors, for ethical reasons.
- Refusal of the head of the household/shelter.
- Individual consent refusal.

Definitions

Household/shelter: A group of people, with or without family ties, who were eating and sleeping under the same roof on the day preceding the survey. When one person lives alone, that person is also considered as a household.

Unmet healthcare needs: One or more of the following:

- the inability to access consultations or treatment for an acute medical condition;
- the inability to access consultations or treatment for a chronic medical condition.

Migrants in transit: used here to refer to migrants who, at the time of the survey, live in a place that they consider to be a temporary destination and who intend to move somewhere else.

Refugees: Used here to refer to people not currently living in a permanent residence who had to leave their country of origin for safety and who are unable or unwilling to return out of fear of persecution.

Asylum seekers: Used here to refer to people who have fled their own countries and have entered another country to ask for protection from war, violence, persecution or environmental disasters, but who have yet to be recognised as refugees.

Violence: Any traumatic event experienced during the journey, in Italy or at the Italian border during pushback actions, including physical aggression, beating, the use of knives or other weapons, slavery, kidnapping, arbitrary detention, sexual violence, assault, battery, physical abuse and ill-treatment.

Journey: All countries crossed, including the country of departure, Italy and the site of the interview.

Vulnerable: Used to refer to people with self-reported chronic diseases, pregnant women, children under five, unaccompanied minors, single parents, disabled people, elderly people, people with mental illnesses, victims of violence and ill-treatment, and victims of torture.

Pushbacks: When border control agents intercept and return migrants across the border before they have the chance to file a request for protection as asylum seekers.

Refusal: When a selected individual chooses not to participate in the survey.

Chronic disease: A permanent or longterm disease or medical condition which requires an extended period of treatment to keep it under control.

Hotspot: centres on the outer of the Union for the purposes of registration, photo-identification and fingerprinting of the disembarked migrants within 48 hours (72 maximum) of arrival.

Sample size for the quantitative cross-sectional survey

An independent sample size was chosen for each site and was calculated as a function of evaluating the primary objective: the proportion of migrants who have experienced episodes of violence during their journey and at the Italian border and their level of access to healthcare.

Because of the two co-primary objectives, a worst-case scenario has been considered. The hypotheses retained for the calculations in Roja camp are as follows: a prevalence of violence of 50%, an error of 0.05, a confidence level of 95% and 10% of non-response rate. Assuming a total population of 250 people at the time of the survey, and making the correction for the small finite population, the sample size required is therefore 176 interviews for Roja camp.

As the estimated population of the Roja River settlement at the time of the survey was 130 people, an exhaustive sampling method was applied for this site.

Sample Strategy

In Roja camp, a random sampling method was used to select the households/shelters, and all individuals living in the selected shelters were invited for interview. The first step was to count all the households/shelters in the site and estimate the number of people living in the shelters. The proportion of shelters to be selected was then determined to reach the sample size of 176, and the shelters were selected by simple ballot. All of the individuals living in the same household/shelter were interviewed using the same questionnaire.

In the Roya River settlement, an exhaustive sample was used, with all individuals living in the site being interviewed. The questionnaires were administered at two main gathering points: during breakfast at the Caritas centre, where the majority of site residents were present, and by the Roja River.

Specific situations

In the event that an individual was absent during the interviewer's visit, the household/shelter was revisited two more times at the end of the day to complete the interview. If still absent, the individual was considered non-participating. In the event of an empty household/shelter at the time of the survey, the team made a second and a third visit at the end of the day and, if it was still empty, the household was considered absent and replaced with another randomly selected shelter.

Variables and data collection

After obtaining oral informed consent, information was collected from each adult living in the household who was able and willing to provide information.

The following information was collected:

- Socio-demographic data: age, gender, country of origin, nationality, spoken language, mother tongue, marital status
- Journey, including date of arrival in Italy and length of stay
- Perceived health status
- Access to health services
- Future plans
- Experience of violence during the journey
- Violence at the border and pushbacks
- Containment measures and return to the 'hotspot' in southern Italy.

The questionnaire was designed and written in English. Survey staff administered the questionnaire in the local language under the supervision of experienced MSF staff. Two teams, each composed of two surveyors, were recruited for the survey. All team members attended two consecutive days of training on principles, household selection methodology, data collection and filling in the data form. The training included a pilot study, which took place in the area around the sites to be investigated. The pilot study allowed the staff to practice the sampling procedure and the selection of the shelters, the administration of the questionnaire, and address possible questions. No major changes were made to the questionnaire after the pilot survey. A surveyors' guide was given to all surveyors to help the teams manage their work. Every evening a debriefing, check and updates from the day was carried out.

The in-depth interviews were conducted in privacy and after obtaining the oral consent of the participants, who were randomly recruited. The main aim of the in-depth interviews was to examine violence and living conditions experienced by the study population during their journeys and in Italy.

Data management and analysis

Survey data were entered into a standardised database. Data analysis was conducted in Stata software (Statcorp, College Station, Texas, US). The analyses were based on standard statistical methods which took into account the sampling design used, and results were estimated and presented with a 95% confidence interval. Descriptive statistics (numbers, proportions and inter-quartile range) were used to present the results. When appropriate, proportion differences between groups were compared using the Pearson chi square, with p-value assessed. Prevalence and confidence interval of the variables were provided for the site where the random sampling was performed.

Ethical considerations

Participation in the survey was voluntary and anonymous. There was no monetary or in-kind benefit to participating. After having the voluntary and anonymous nature of the survey explained to them, participants were asked to give a clear oral indication of their consent to participate. No survey questions were asked before this consent was given. Names of participants were not recorded at any point. All interviewed individuals were free to withdraw their consent and stop the interview at any time during the study process. People under the age of 18 were not invited to participate in the study and no interviews were conducted with them. Participation in the in-depth interviews was also voluntary and anonymous. It was explained to participants that the interview would be recorded, but that these recordings would be transcribed for purposes of analysis only. In-depth interviews held with people on the move and with key informants were anonymised and reported verbatim. All potential medical cases were referred to local health facilities. People identified as potentially in need of mental health support were referred to an MSF psychologist.

RESULTS

Socio-demographic and study population characteristics

The study was carried out between 28 August and 14 September 2017. Of the 341 individuals selected, 287 (84%) agreed to participate. The refusal rate was 16% (54/341). (Figure 1).

The characteristics of the study population are presented in table 1 and 2 by site. People aged over 18 accounted for the total of the study population, and young adults aged from 18 to 23 represented the largest numbers in this category (Table 1).

Only 3% of overall participants were female, in accordance with the demographic composition of the study population at the time of the survey, with a majority of the sites' residents being male. Of the women interviewed during the survey, 5 (62.5%) were living in Roja camp and 3 (37.5%) were living in Roja River settlement (Figure 2).

The median age of the study population was 24 years (interquartile range [IQR]: 20-27). Overall, 49% of the study population were from Sudan, which represented the largest group, followed by Eritrea (6.2%), Bangladesh (6.2%), Afghanistan (5.2%), Chad (4%) and Somalia (4%). The main nationalities residing at the Roja River settlement were Afghans (15; 12.6%), Eritreans (8; 6.7%) and Sudanese (73; 61.3%) (Figure 3 and Table 2).

Figure 1
Flowchart of the survey

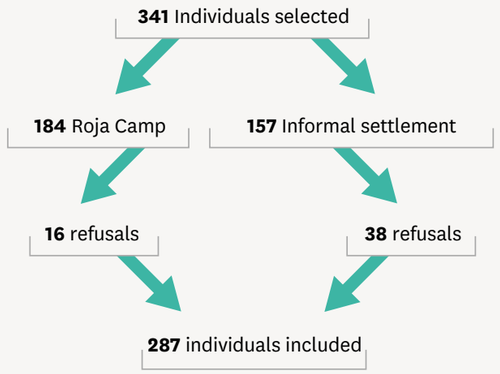


Figure 2
Age pyramid, Ventimiglia
August - September 2017

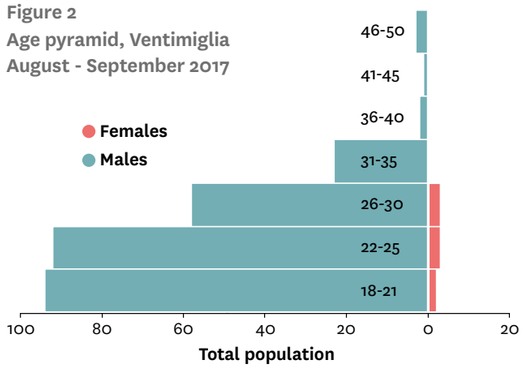


Figure 3
Countries of origin

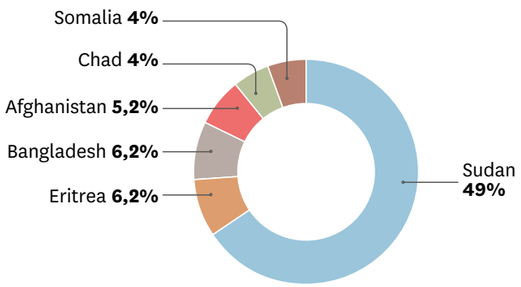


Table 1
Distribution of study population by age group and site, Ventimiglia, August - September 2017

	Roja Camp N=168 n (%)	Roja River settlement N=119 n (%)
Age group*		
18-23	77 (46,7)	61 (52,6)
24-28	55 (33,3)	39 (33,6)
29-34	26 (15,7)	12 (10,3)
35-40	5 (3)	2 (1,7)
41-47	2 (1,2)	2 (1,7)
> 47	0	0
Total	165	116

*6 missing data

Most respondents were single and had never been married. The percentage of single migrants ranged from 76.5% in Roja camp to 79.8% in the Roja River settlement. In total 58 (20.7%) individuals declared themselves to be married and 4 (1.4%) to be divorced. Of the women, 6 (75%) were married and of the men, 52 (19.1%) were married. Marital status also clearly depends on age, with just 27.3% of the youngest age group (18-24 years) being married, but 72.7% of the oldest age group (25-47 years), p<0.00001.

Arrival in Italy

The majority of interviewees (64.8%) reported that their first reception centre in Italy was in Sicily, followed by 7.9% in Lombardy, 6.8% in Calabria and 3.6% in Campania, with a median length of stay of five days [IQR: 1-24]. For many interviewees, the previous reception centre before Ventimiglia was located in Lombardy (33.6%). Other relevant sites from which interviewees came were located in Lazio (22.7%), Liguria (12.7%), Campania (5.5%) and Sicily (4.5%) with a median length of stay of four days [IQR: 1-25]. Some 10% reported that they had been in another European country, mostly in France (5%) but also in Germany (3.2%) and Switzerland (0.91%). Once they had arrived in Ventimiglia, the median length of stay was eight days [IQR: 3-25]. Of the study population, 276 individuals (97.5%) were fingerprinted on arrival in Italy, 162 of them (58.7%) staying in Roja camp and 114 (41.3%) in the Roja River settlement[9].

Among those interviewed, 229 (89.4%) left a reception centre voluntarily, 18 (7%) were forced to leave, while 9 (3.5%) had never been to a reception centre. The large percentage of migrants who left reception centres voluntarily could be due to their intentions not to stay in Italy and reflect their overall goal of moving onwards to other final destinations.

Amongst interviewees, 83 people (29.3%) said that they had initially planned to stay permanently in Italy, but at the time of the study, only 66 interviewees (23.1%) still intended Italy to be their final destination. Of these, 62 (93.9%) were residing in Roja camp and just 4 (6.1%) were staying in Roja River settlement (p=<0.0001). At the entrance of Roja camp was stationed a police officer with a fingerprint scanner, which may explain why most of those planning to move on preferred to camp out by the river, perceiving that they would have more freedom of movement there (although the majority of interviewees had already been fingerprinted on arrival in Italy).

Altogether, 221 (76.9%) interviewees said they were unwilling to stay in Italy; the most popular final destinations reported were France with (109 people, or 49.3%), the UK (49 people, or 22.2%) and Germany (18 people, or 8.1%).

Table 2
Socio-demographic characteristics of study population per site, Ventimiglia, August - September 2017

Characteristics	Roja Camp N=168 n (%)	Roja River settlement N=119 n (%)
Sex		
Female	5 (2,9)	3 (2,5)
Male	163 (97,1)	116 (97,5)
Median age [IQR]	24 (20 - 27)	23 (20 - 26)
Country of origin		
Sudan	68 (40,5)	73 (61,3)
Afghanistan	-	15 (12,6)
Bangladesh	18 (10,7)	-
Eritrea	10 (5,9)	8 (6,7)
Ethiopia	2 (1,2)	8 (6,7)
Chad	7 (4,2)	5 (4,2)
Pakistan	10 (5,9)	-
Somalia	12 (7,4)	-
Other	41 (24,4)	10 (8,5)
Tra ≥ 18 anni		
Among ≥18 years		
Marital status	127 (76,5)	91 (79,8)
Single	37 (22,3)	21 (18,4)
Married	2 (1,2)	2 (1,7)
Divorced	2 (1,2)	5 (4,2)
Spoken language		
Arabic	68 (40,5)	66 (56,4)
Farsi	2 (1,19)	3 (2,56)
Tigrinya	11 (6,5)	3 (2,6)
French	13 (7,7)	4 (3,4)
English	49 (29,2)	37 (31,6)
Other	25 (14,8)	4 (3,4)
Missing	-	2 (1,7)

9. In line with the Dublin Regulation, once the migrants are identified in Italy, they lose the opportunity to apply for political asylum in other countries.

The main reasons given for not remaining in Italy amongst interviewees in both sites were to reach family members residing in other European countries (14.5%), difficulties finding jobs or other opportunities (12.9%), a perception of being poorly treated (15.1%), a fear of deteriorating living conditions including being homeless (12.9%), and the desire to get a better education (9.1%).

The desire to reach family members living elsewhere in Europe was a major reason given during the in-depth interviews.

> *One month ago we arrived in Sicily, where another long journey started, this time towards the north of Italy. We jumped on night buses and trains, attempting to reach the French border, beyond which the rest of our family is waiting for us. We don't know anybody in Italy; we can't stay here because it would be impossible to survive, especially with a little baby. In France our family is waiting for us and they will give us the support needed to start a new life.*

> *I stayed in a reception centre in the middle of nowhere. I would have liked to attend an Italian course and looked for a job, but it was not possible. That's how I understood that I couldn't stay – that the only solution was to leave for France, where I have parents and friends. I can't wait for a new beginning, because life is precious and it has an end.*

Characteristics which make migrants particularly vulnerable were noted during the survey. These include pregnant women, single parents, people with self-reported chronic conditions, children under five, unaccompanied minors, people with disabilities, elderly people, people suffering from mental illness, and victims of violence and torture. These are presented in Table 3.

Table 3
Vulnerabilities per site, Ventimiglia, August-September 2017

Characteristics	Roja Camp N=168 n (%)	Roja River settlement N=119 n (%)
Pregnant women	1 (50)	1 (50)
Chronic conditions	32 (56,1)	25(43,9)
Under five years	-	-
Unaccompanied minors	-	-
Disabled	-	-
Elderly	-	-
Mental illness	-	-
Victims of violence	60 (47,6)	66(52,4)
Victims of torture	-	-

Access to healthcare in Italy and prevalence of long-term illness

Among the 287 people interviewed, 20.4% (N=57) were affected by at least one chronic condition or long-term illness certified by the medical doctor in MSF's team, and 4% (N=2) were affected by two different chronic conditions or long-term illnesses. No significant difference was noticed in the prevalence of chronic conditions among the two sites [Roja camp 56% (N=32), Roja River settlement 43.9% (N=25) p=0.69]. The health status of the study population per site is detailed in Table 4. Types of health problems are detailed in Table 5.

The majority of health problems reported by migrants were respiratory problems (17.6%), general body pain (14.7%), persistent itching (17.6%), dental problems (11.7%), eye problems (8.8%) and gastritis (5.8%).

Table 4
Prevalence of chronic and long term conditions overall and by site, August-September 2017

Prevalence of chronic and long term conditions in the two sites	Overall N=279* % CI	Roja Camp N=163 (%) CI	Roja river settlement N=116 n (%)
YES	20,4 (16,1 - 25,6)	19,6 (14,2 - 26,5)	25 (21,6)
NO	79,6 (74,3 -83,9)	80,4 (73,4 -85,8)	91 (78,4)

* 8 missing data

Table 5
Chronic and long term conditions reported per site and access to healthcare, August - September 2017

	Roja Camp N=32, n % CI	Roja river settlement N= 25, n %
Chronic and long term conditions		
Asthma	4 (19,05; 6,6 - 43,5)	2 (15,4)
Diabetes	-	1 (7,7)
General body pain	2 (9,5; 2,1 - 34)	4 (30,7)
Eye problems	2 (9,5; 2,1 - 34)	1 (7,7)
Gastritis/Ulcer	1 (4,8; 0,5 - 30,8)	1 (7,7)
Heart problem	1 (4,8; 0,5 - 30,8)	1 (7,7)
Hypertension	2 (9,5; 2,1 - 34)	-
Hepatitis C	-	1 (7,7)
Dental problems	4 (19,05; 6,6 - 43,5)	-
Persistent itch	5 (23,8; 9,4 - 48,3)	1 (7,7)
Tuberculosis	-	1 (7,7)
Missing data	11(34)	12(48)
Access in Italy if chronic conditions	**n %**	**n %**
Specialist	20 (62,5; 43,8 - 78)	19 (76)
Not specialist	12 (37,5; 21,9 - 56,1)	6 (24)
With translator	11 (55; 31,7 - 76,2)	13 (68,4)
Without translator	9 (45; 23,7 - 68,2)	6 (31,6)

Among interviewees who reported suffering from a disease that required treatment, 62.5% (CI: 43.8-78) in Roja camp to 76% in Roja River settlement reported having access to an appropriate service. No significant difference was observed between the two sites. Lack of access to a specialist and appropriate service was reported by 37.5% (CI: 21.9-56.1) of interviewees in Roja camp and by 24% of interviewees in the Roja River settlement. The interpretation of people's relatively good access to care, especially for those at the Roja River settlement, should take into account the presence of MSF medical teams and cultural mediators who worked under the bridge in Roja River settlement from November 2016 to September 2017, providing support and facilitating access to medical care to the migrants in transit.

Since their arrival in Italy, 56 interviewees (21.6%) reported being in need of medical care, of whom 15 (32%) did not have access to it, most of them (N=11; 73%) in the Roja River settlement. For those interviewees who did not receive healthcare, the main reasons reported were a lack of cultural mediators, a lack of information, long waiting lists and a fear of being denounced.

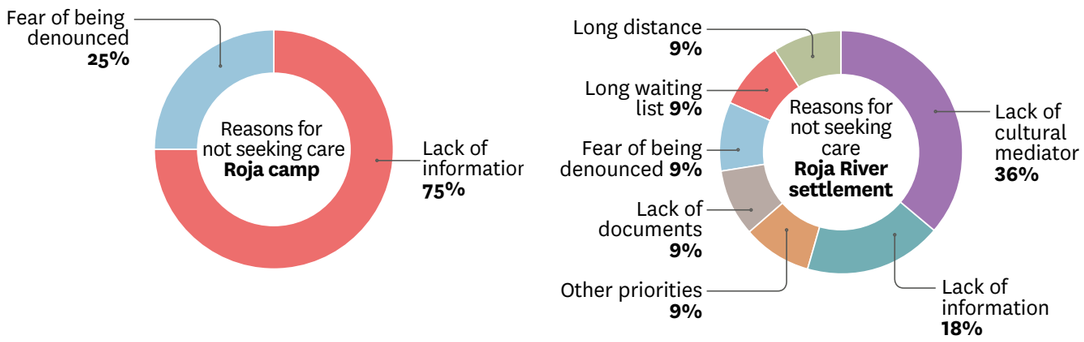
Inability to communicate with the personnel has been reported as one of the major barriers for receiving care and for establishing relationship by participants during the in depth interviews.

> *In the camp I was the only one speaking Arabic, I felt depressed.*

Only 27 interviewees (9.9%) said they had an STP code[10] – a card issued by hospitals and local health clinics with which undocumented migrants can access free health services. Of these, 14 (8.5%) were staying in Roja camp and 13 (12.4%) were staying in Roja River settlement. Among the people without an STP code, 46 (82.1%) were affected by chronic conditions. Only 10 (17.9%) individuals with chronic conditions had an STP code (p<0.06).

Two female interviewees reported being pregnant, one in Roja camp and the other in the Roja River settlement. The woman in the Roja River settlement reported a complete absence of access to antenatal care during her pregnancy. MSF subsequently referred her to a clinic in Ventimiglia to ensure she received proper follow-up care.

Figure 4
Reasons for not seeking care by site, Ventimiglia, August - September 2017



10. Non documented migrants are entitled to access preventive, urgent and essential treatments through the STP code (Straniero Temporaneamente Presente - Temporarely Present Foreigner). The code is issued by hospitals or local health unit, free of charge and is valid for 6 months renewable. Medical examinations and treatments can be prescribed using STP code. The implementation of this legislation dates back to the 1998 Immigration Act.

Living Conditions

During the time the survey was carried out, many interviewees were staying in Roja camp, run by the Red Cross, but a significant number of others were camped under a road bridge, lacking most basic essentials, drinking and washing in the river, without toilets or showers and with limited access to safe food. They reported the overall living environment to be dirty, unsanitary[11], overcrowded and unsafe. This lack of proper shelter, clean water and sanitation facilities is likely to have a significant impact on both their physical wellbeing and their mental health[12].

> *I'm sleeping under the bridge with other people. I have no money and no way of communicating with my family. I'm really tired. Nobody takes care of us, nobody asks me how I'm feeling or how I'm living.*

Interviewees' living conditions are presented in table 6. Most people described their living conditions as inadequate (72.6%). The main areas of concern in both sites were general hygiene and the lack of sanitation facilities (27%), sleeping outdoors (6.3%), and the lack of privacy and isolation from the city (3.4%).

> *For people living in Roja camp, there is no way to reach the city centre other than walking for many kilometres along a main road. This exposes them to the danger of being hit by a car. In 2016, a young boy died like this. The geographical distance from the city centre and from all the services adds to many people's feelings of exclusion and isolation.*

The overall living environment was reported in both sites as poor, but with a statistical significant difference between the two sites in the distribution of the issues affecting the living conditions.

Table 6
Living conditions* per site, August - September, 2017

	Roja camp N=146 n %	Roja River settlement N=91 n %	p - value
Living conditions			
Lack of drinking water	-	12 (13,9)	0,000
Food	24 (16,4)	5 (5,5)	
Blankets and mattress	4 (2,7)	4 (4,4)	
Dislike life in the camp	7 (4,8)	-	
General hygiene (toilet and water)	35 (23,9)	29 (31,9)	
Lack of Italian language course	7 (4,8)	3(3,3)	
Lack of privacy	2 (1,4)	-	
No good medical treatment	2 (1,4)	5 (5,5)	
No possibilities to call the family	1 (0,7)	-	
Lack of cultural mediators	5 (3,4)	2 (2,2)	
Lack of adequate clothes	3 (2,05)	2 (2,2)	
Not enough pocket money and not in time	5 (3,4)	-	
Migrants not treated well	4 (2,7)	2 (2,2)	
No room available	1 (0,7)	14 (15,4)	
No problem	46 (31,5)	13 (14,3)	

* 50 missing data

11. A report from Legambiente published in June 2016 after investigating on the quality of the sources of water in Liguria Region reported the mouth of the Roja River being contaminated by Escherichia coli and intestinal Enterococci. https://www.legambiente.it/contenuti/mare/depurazione-liguria-ancora-troppe-criticita-alle-foci-di-fiumi.
12. Commission on Social Determinants of Health, *Closing the gap in a generation: health equity through action on the social determinants of health*, World Health Organization, Geneva 2008. http://apps.who.int/iris/bitstream/10665/43943/1/9789241563703_eng.pdf

Violence experienced during the journey to Italy

Among interviewees, 126 (44.2%) individuals reported experiencing at least one violent episode during their journey to Italy. Of those, 66 (52.4%; p<0.001) were staying in Roja River settlement and 60 (47.6%; p<0.001) in Roja camp.

Of the people who experienced violence, 52 (43.7%) said the violence was perpetrated by civilians in Libya and 26 (21.8%) by Libyan law enforcement officials. Other reported perpetrators of violence included unknown civilians (by 24 people, or 20.2%) and Greek police (by 2 people, or 1.7%). The prevalence of violence experienced during the journey and the types of violence are presented in Tables 7 and 8.

Table 7
Types of violence experienced during the journey to Italy, per site, Ventimiglia, August - September, 2017

	Roja camp N = 58 % CI	Roja River settlement N = 61 n %	p-value
Type of violence experienced*			0,002
Aggression and beatings	46,5 (33,8 - 59,7)	43 (70,5)	
Weapons	13,8 (6,9 – 25,6)	5 (8,2)	
Gang activities	13,8 (6,9 – 25,6)	-	
Detention	12,1 (5,7 – 23,6)	5 (8,2)	
Facing death at sea	1,7 (0,2 – 11,9)	-	
Assisting in a murder	-	1 (1,6)	
Psichological violence	-	1 (1,6)	
Robbery	12,1 (5,7 – 23,6)	6 (9,8)	

* 7 missing data

Table 8
Prevalence of violence experienced during the journey to Italy by characteristics, overall and per site, Ventimiglia August - September 2017

	Overall N = 126 % CI	Roja camp N = 60 % CI	Roja River settlement N = 66 n %
Men	44,4 (38,6 - 50,3)	36,6 (29,5 - 44,4)	64 (55,2)
Women*	37,5 (8,6 - 79,1)	20 (7,7 - 88,9)	2 (66,6)
Age group			
0-17	-	-	-
18-23	43,1 (34,9 - 51,9)	32,9 (23,1 – 44,4)	34 (55,7)
24-28	51,6 (41,3 - 61,7)	44,4 (31,5 - 58,2)	24 (61,5)
29-34	31,5 (18,4 - 48,6)	30,8 (15,4 - 52)	4 (33,3)
35-40**	42,8 (9 - 84,9)	20 (0,7 – 88,9)	2 (100)
41-47***	50 (2,4 - 97,5)	50 (0 – 1)	1 (50)
48-99	-	-	-

* Only 3 data available for women which result in a very poor precision
** Only 3 data available for this age group which result in a very poor precision
*** Only 2 data available forthis age group which result in a very poor precision

Among interviewees, 131 (46.2%) reported having tried to cross the Italian border, 69 of them (41.8%; p<0.08) staying in Roja camp and 62 (52.1%; p<0.08) staying in the Roja River settlement. All of the 131 people who reported having tried to cross the Italian border were pushed back, with most of them being pushed back[13] multiple times: 90 (70.8%) reported they were pushed back between 1 and 3 times; 25 (19.7%) between 4 and 7 times; 4 (3.1%) between 8 and 11 times; and 8 (6.3%) between 12 and 36 times (4 missing data).

Of the 131 people who had tried to cross the border, 31 (23.6%) said they had been a victim of at least one episode of violence during the pushback. According to interviewees, the pushbacks were allegedly perpetrated by Italian law enforcement agents (14, or 45.2%), French officials (9, or 29%), unknown police (5, or 16.1%), Austrian officials (2, or 6.5%) and German police (1, or 3.2%). The individuals who suffered the violence were equally distributed among the two sites, with 16 (51.6%) staying at Roja camp and 15 (48.4 %) at the Roja River settlement.

According to testimonies taken by MSF staff, verbal abuse, chasing and occasionally the use of force in order to take their fingerprints or push them back to Italy are all common practice.

> *"I left Italy because I couldn't see any chance of improvement and I tried to reach my family and friends in France. During my attempt to reach France, I was chased by French law enforcement agents and I was injured while running away. I spent two weeks in hospital and then the French authorities took me back to Italy.*

> *"After the fingerprinting, my family and I were all transferred to a centre in Foggia that we left within a few days. We all took a train to Milan, but on our way we became separated as the police caught us without a ticket to travel. While I managed to convince the police to let my wife and child continue to Milan, my brother and I were taken in. We were reunited again in Ventimiglia, from where we will try to cross the border with France. I heard people are sent back by French authorities and then transferred to Taranto or Sicily. I am worried about the conditions that my family and I will endure. I have a permanent headache, even while sleeping, and continuous [bad] dreams.*

13. The practice of pushback is when migrants are intercepted and returned to Italy by official border guard without the opportunity to lodge or declare themselves as asylum seekers.

Among those trying to cross the Italian border, 50 (17.4%) had been returned to the south of Italy; 27 of these people (54%) were staying in Roja camp and 23 (46%) in the Roja River settlement. Among the people who returned to the south of Italy, 26 (54.2%) were returned just once, 18 (37.5%) were returned 2 or 3 times, and 4 (8,3%) were returned between 3 and 5 times.

The practice of returning migrants to the south of Italy is a standard procedure, carried out in order to remove them from the border with France or other countries, and to reduce tensions at the border. This practice, carried out with logistical support from the hotspot in Taranto, forces migrants into an endless cycle of attempted border crossings. Returning to reception centres or informal camps slows down their journey and leaves them vulnerable, neglected and facing considerable hardships while they wait to return to the border area and attempt to cross once again.

Many migrants who have been in Italy for some months and have tried and failed several times to cross into other European countries feel a profound sense of failure and have difficulties imagining any other kind of future for themselves.

> *"I arrived in Italy from Libya. My first point of entry was Cagliari, in Sardegna , where I refused to be fingerprinted. I voluntarily left the reception centre in Cagliari and travelled to Genova. From Genova I reached Ventimiglia with the intention of crossing the border into France. In Ventimiglia I spent two days, and then I walked six hours along with other people to reach Nice. There the French police intercepted us and, despite the fact that I didn't leave the fingerprints in Italy, they brought me back to Genova. From Genova I was sent to the airport of Savona where they put us on a flight back to Cagliari. This time I spent 10 days in the reception centre there. Afterwards I left the reception centre to go to Rome, then from Rome to Milan, from Milan to Genova and from Genova to Ventimiglia, where I tried again to cross the border but I was pushed back by the French police and sent to Genova. From Genova I managed to go to Milan, and from Milan to Como, where I slept for a few days in the railway station. From Como I tried to cross the border with Switzerland through Chiasso. I was stopped by the Swiss police and brought back to Como. This time the Italian police brought me back to Taranto. After two days in Taranto I travelled again back to Como and tried to cross the border to Switzerland, but once again I was pushed back. Now, completely tired and alone, I decided to apply for asylum here in Italy. They sent me back to Cagliari, where I first arrived, to apply for the procedure. For two months I haven't heard anything back from the office. I'm waiting alone, without any support, and I'm trying to organise my life, to study a bit of Italian, to start again from here…*

> *I came to Ventimiglia with my daughter but, when I arrived, the border was closed. For two days we slept outside. It was extremely cold and she got flu badly and cried. My baby and I didn't know where to go. I didn't know anyone who could take me in and the border was closed. Why do they treat us like this? I don't believe I've done anything wrong – I'm not a criminal.*

To minimise the risk of being stopped and returned to the south of Italy, many people travel at night or take dangerous routes, risking their lives.

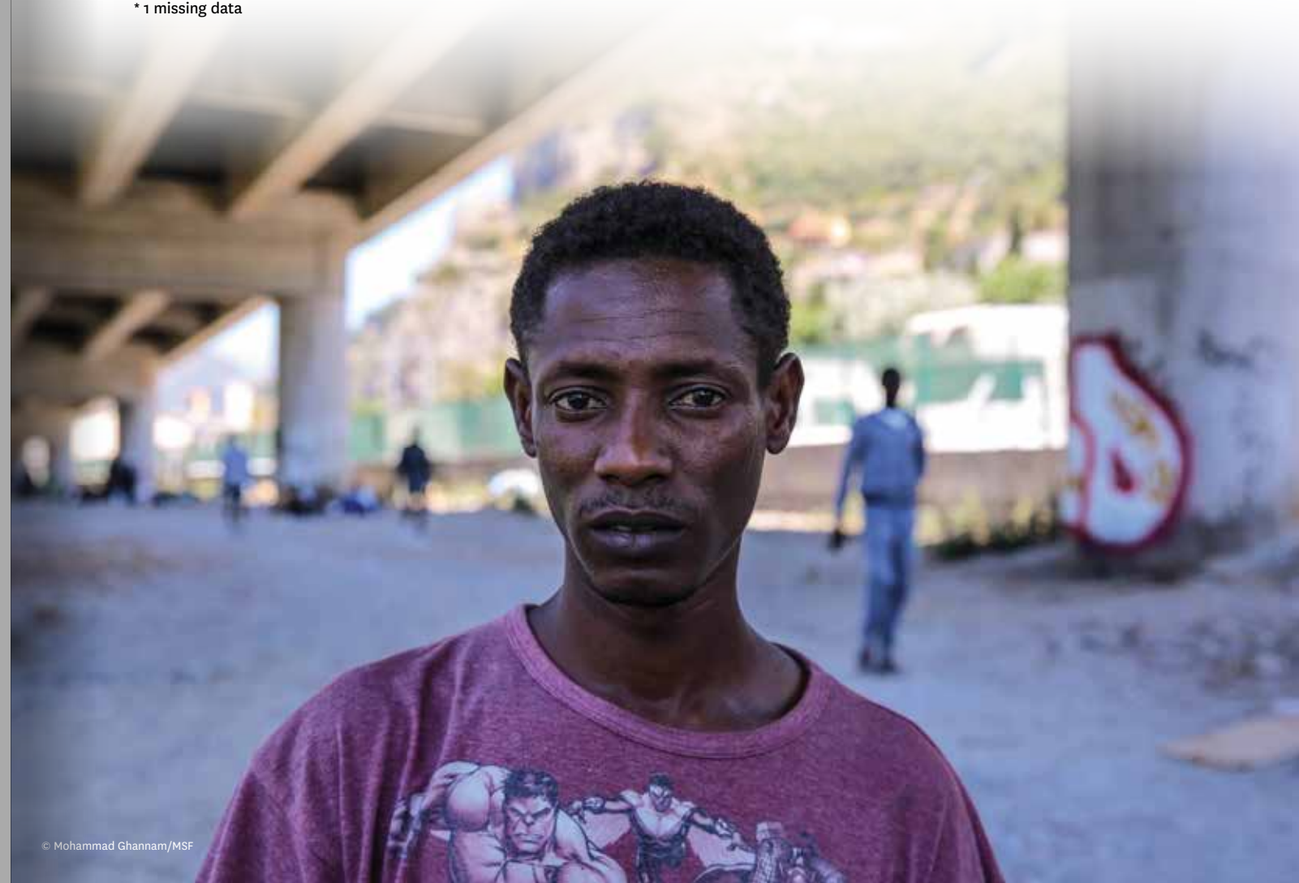
> *"My dream was to go to Norway – I have friends in Norway. But unfortunately, with a friend of mine, I was sent back to Taranto, after we first arrived in Como. Then he, my friend, went to Ventimiglia. Over there, on the road to Nice, he had an accident. A car hit him just outside a tunnel. He was thrown for a distance of 30 metres over the crash barrier of the highway and he died.*

According to those we spoke to, migrants in Italy suffer violence not only when crossing the border, 27 (9.5%) of interviewees said they had experienced violence elsewhere within Italy, including in other border cities than Ventimiglia. Among those 27, 19 (73.1%) participants reported the Italian law enforcement agents being the main perpetrators, while 7 (26.9%) stated that the perpetrators were civilians.
The main types of violence are reported in Table 9.

Table 9
Types of violence experienced in Italy, per site, Ventimiglia, August - September 2017

	Overall N=26 n %	Roja camp N=16 n %	Roja River settlement N=10 n %	p-value
Type of violence experienced*				0,3
Aggression and beating	13 (50)	5 (31,2)	8 (61,5)	
Threats with knife	7 (26,9)	5 (31,2)	2 (28,6)	
Detention	2 (7,7)	2 (12,5)	-	
Chased in the streets	2 (7,7)	2 (12,5)	-	
Robbery	1 (3,8)	1 (6,2)	-	
Verbal aggression	1 (3,8)	1 (6,2)	-	
Perpetrator of violence				0,07
People in uniform	19 (73,1)	12 (63,2)	7 (36,8)	
People in civilian clothes	7 (26,9)	4 (57,1)	3 (42,9)	

* 1 missing data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DISCUSSION

Since legal and safe migration pathways towards northern Europe are largely absent, migrants who have reached Italy are left with no other option than to gather in Ventimiglia or other borders areas in the hope of being able to start the next stage of their journeys to northern Europe. Overall, restrictive border policies are increasing the exposure of migrants to various risks, with negative consequences for their physical and mental wellbeing.

In this study we describe the living conditions, access to healthcare and exposure to violence of migrants living in two sites in Ventimiglia: Roja camp, managed by the Red Cross, and an informal settlement by the Roja River. The analysis also provides information on the violence experienced during their journeys, as well as during their attempts to cross the Italian border at one of the country's main transit points. The study includes 287 individuals migrating from countries known for conflict, political instability or persecution. The study also highlights the prevalence of chronic and long-term conditions amongst the participants.

The results show that migrants experience violence at multiple points in their migratory journeys, at the hands of a variety of perpetrators. The majority of the violence experienced by migrants before arriving in Italy were beatings, detention, aggression and robbery, mainly carried out by security forces and civilians in Libya. Once in Europe, the violence mainly happens at border crossings, allegedly by state authorities, including Italian and French guards.

Containing the flow of migrants to northern Europe has been ensured through various border tactics, such as pushbacks to Italy by the French authorities, and forced transfers from the French-Italian border to the south of Italy by the Italian authorities with the purpose of interrupting and lengthening the migrants' journey. Many of the study's participants said they had repeatedly tried to cross the Italian border and were subsequently pushed back and returned to southern Italy. Findings from several studies have shown how the practice of pushing back migrants to areas away from Italy's northern border is a containment measure which forces the migrants to restart their journeys time and time again[14]. MSF studies in Serbia and Greece have also documented the use of such border management techniques on the Balkan route[15].

Other research and analysis[16] shows that controls on the French border use a discriminatory method based on racial profiling[17], in violation of European legislation[18]. It describes numerous cases of pushbacks towards Italy of unaccompanied minors[19] and of migrants who arrived in France intending to seek asylum – a wish which was denied them. Furthermore, the readmission of these people to Italian territory contravenes a number of fundamental international provisions, such as: the principle of general international law against collective pushbacks[20]; the lack of information available to migrants on their legal rights; and the lack of evaluation of the migrants condition, who may have experienced violence, persecution, torture or other inhumane or degrading treatment, and therefore be in need of international protection.

Our analysis of the health status of the study's participants shows a 20 percent prevalence of long-term medical conditions, mostly respiratory and skin infections. This can be explained by the complexity of people's migratory journeys, the conditions of travel, and the difficult living situations in the camps. The substandard sanitary situations in which they are living are, most likely, the major drivers for the spread of respiratory, gastrointestinal and dermatological diseases. A significant percentage of the study population reports not having access to health services when needed. This is mainly due to a lack of cultural mediators and a lack of appropriate information on accessing specialist treatment. In addition, only a minority of study participants had received an STP code allowing them to access the health services or had the inscription of National Health system.

14. Martina Tazzioli, *Il confine come hotspot: la politica della dispersione delle molteplicità dei migranti*, dicembre 2016.
15. Arsenijević J., Schillberg E., Ponthieu A., Malvisi L., Waeil A. E. A., Argenziano S., Zamatto F., Burroughs S., Severy N., Hebting C., De la Vingne B., Harries A.D., Zachariah R.: *A crisis of protection and safe passage: violence experienced by migrants/refugees travelling along the Western Balkan corridor to Northern Europe, Conflict and Health*, 2017 11:6.
16. https://www.asgi.it/wp-content/uploads/2015/07/Documento-Ventimiglia.pdf
17. Racial profiling is the use by law enforcement of generalisations based on grounds such as race, ethnicity, religion or national origin - rather than individual behaviour or objective evidence - as the basis for suspicion in directing discretionary law enforcement actions.
18. See paragraph 14 of the Convention for the Protection of Human Rights and Fundamental Freedoms, European Court of Human Rights http://www.echr.coe.int/Documents/FS_Racial_discrimination_ENG.pdf
19. Please refer here to the footnote 4 concerning the Nice Court decision on the push-back of the unaccompanied minor from France to Italy.

Researchers have also found that the "healthy migrant period[21]" is becoming shorter[22] as people are increasingly exposed to risk factors associated with poor living conditions. This results in a worsening of migrants' health status, coupled with difficulties accessing health services for either preventive or specialised treatments[23].

The disparity between people's hopes for a better life and the reality of being systematically pushed back at the borders and facing an uncertain future can result in intense feelings of fear, sadness, frustration and failure. MSF teams carrying out mental health activities for migrants in Ventimiglia report symptoms of depression, anxiety and psychosomatic signs.

While everyone is equally entitled to reasonable standards of reception, regardless of their whereabouts, their legal status and their nationality, some groups are deemed to be in need of enhanced protection due to their particular vulnerability (i.e. pregnant women, unaccompanied minors, people with disabilities, sick and injured people, victims of violence, and victims of torture). No such protection measures have been observed in Ventimiglia for vulnerable groups in transit. Their absence could lead to serious consequences for vulnerable people's health and wellbeing, and could put them at risk of becoming additionally traumatised and being exploited by traffickers or smugglers.

The drama experienced by migrants in Ventimiglia in their attempts to cross the Italian border is yet another shameful instance of the institutional response inspired by restrictive, inhumane – and ultimately ineffective – border policies focused on containment. In Ventimiglia, as elsewhere, local, national and international institutions should stop opting for malign neglect as a way to deter migrants from continuing their journeys. Instead they should concentrate on alleviating the unnecessary suffering endured by this vulnerable group.

Limitations of the study

Information collected for this study was based on interviews conducted over 15 days with a dynamic population that changed over time. However, the general numbers and the composition of the population remained substantially stable and the different groups are reflected in the sample.

The data collected during the survey provides a snapshot of the population at the time of the study, therefore it cannot be used to generalise about the migrant population in Italy as a whole.

Not all of the participants were interviewed in their mother tongue due to a lack of cultural mediators available. For some of the Nigerian and Bengali residents, the questions were conducted in English. This could have created some minor comprehension problems.

Recall bias in relation to the dates of specific events may have occurred.

Some selection bias may have occurred.

20. See International Convention on the Protection of Human Rights of all migrants workers and members of their families art. 22 (1): Human Rights Committee general comment N.15 (1986) on the position of the aliens under the Covenant, para 10; and Committee on the elimination of the Racial discrimination, general recommendation N.30 (2005) on discrimination against no citizens, para.26.
21. Several studies, carried out mainly in the US and Canada, have suggested that recent immigrants are generally healthier than native-born populations in spite of the fact that they frequently have a lower socioeconomic status and less access to healthcare services. This phenomenon has been called the "healthy immigrant" effect and is usually attributed to a self-selection process prior to migration, "cultural buffering" and official health screening and employability in receiving countries.
22. Noh S, Kaspar V. *Perceived discrimination and depression: Moderating effects of coping, acculturation, and ethnic support*. American Journal of Public Health 2003;93(2):232–238.
Domnich A., Panatto D., Gasparini R., Amicizia D.: *The "healthy immigrant" effect: does it exist in Europe today?* Italian Journal of Public Health, 2012, Volume 9, Number 3
23. Ministero della Salute, *I controlli alla frontiera La frontiera dei controlli – Controlli sanitari all'arrivo e percorsi di tutela per i migranti ospiti nei centri di accoglienza*, giugno 2017. Commissione Parlamentare di Inchiesta sul sistema di accoglienza di identificazione e di espulsione nonché sulle condizioni di trattenimento dei migranti e delle risorse pubbliche impegnate
http://www.camera.it/_dati/leg17/lavori/documentiparlamentari/IndiceETesti/022bis/015/INTERO.pdf

Little Joud, only 6 months old, is the youngest patient at MSF's clinic at the Sant'Antonio alle Gianchette parish, in Ventimiglia. She arrived with her parents, after a long and perilous journey from Libya.

"We had been living in Libya for years, where my wife used to study and where I worked as a nurse; but in the last period it has become impossible to have a normal life: working, going out or just walking in the street became just unimaginable things.

CONCLUSIONS AND RECOMMENDATIONS

The progressive closure of Italy's northern borders and the containment measures in place, combined with the use of force by state authorities, have exposed migrants in transit through Italy to adverse medical and humanitarian consequences. The analysis in this report shows the human costs of restrictive asylum and migration policies.

In particular, this report documents the use of violence against migrants, both during the journey and at the Italian border, and highlights the inadequacy of reception and protection responses, which exacerbate people's vulnerabilities and condemn them to live in unacceptable conditions.

The report also underlines the harsh living conditions in the Roja River informal site, where people lack clean drinking water, sanitation facilities and adequate shelters. A lack of protection for the most vulnerable people – which also applies to Roja camp, has been identified. People's specific health needs are not being met; a high number of migrants were found without the STP code entitling them to free health services.

All of these findings are the medical and humanitarian consequences of short-sighted migration policies, which leave migrants who wish to reach other destinations with virtually no option but to resort to dangerous solutions in their search for protection and more dignified lives.

Data collected regularly during MSF's work in parish of Gianchette prior to the survey reveals a significant need for reproductive health assistance and protection for women, who are particularly exposed to the risk of sexual violence and exploitation by trafficking networks.

Regardless of their status, women, minors, victims of trafficking and other vulnerable migrants in transit should be entitled to receive protection and services tailored to their needs. Instead, all that is available to them are sketchy initiatives from civil society groups and short-term institutional responses.

The 'bottleneck' created in Ventimiglia is causing unnecessary suffering among migrants attempting to continue their journeys. It is yet another instance of migration policies that privilege containment and continue to fail the vulnerable and the destitute.

Under these circumstances, MSF asks European member states and institutions to:

- **Prevent and condemn the use of violence during pushbacks at borders and forced transfers**, as it puts people's health at risk and exacerbates existing medical conditions and vulnerabilities;
- **Enhance the provision of safe and legal migratory channels**, making wider use and improving accessibility of existing legal entry schemes and procedures, such as family reunification, humanitarian visas, resettlements and relocations;
- **Prevent collective expulsions** and implement measures to assess the individual situations of migrants in transit.
- **Commit to ensure access to secondary level** of care and to migrants affected by chronic diseases.

MSF asks to Italian Authorities that:

- **The Ministry of Interior ensure** that all over the Italian territory migrants are treated **in a humane and dignified manner**, no matter their legal status, and ensure that **migrants in transit who are victims of violence and physical abuse** are referred to appropriate services, including medical and psychological services;
- **The local Health Authorities guarantee access to healthcare** to all migrants in transit and provide them with the STP code if they do not have a residence permit and are therefore not registered with the national health system;
- **The local Health Authorities and the Municipalities should put in place outreach activities for migrants in transit**, especially within informal settlements, to orient them to local health services. Provide primary health services on an outpatient basis, **with the support of cultural mediators, to address the basic medical needs of migrants in transit**, and refer them, where needed, to secondary health services.
- **The Ministry of Health ensure that migrants who need secondary level of care, the ones who have chronic diseases** and require continued care receive medical treatment and are referred to appropriate services, all over the Italian territory, in order to mitigate the impact of mobility on their adherence to treatment;
- **The local Health Authorities in collaboration with the Municipalities should monitor hygiene and living conditions** in informal settlements, ensure **access to water and respond to migrants' basic needs**;

24. In this report there was no data available on the sexual violence against males and minors which is also known as a major issue in the context of forced migration, detention and armed conflicts and which is requesting special attention.

- **The Ministry of Interior should make sure that the Prefecture enhance the reception system and protection for migrants, so that they accord with international and EU standards and respect migrants' dignity**. People categorized as particularly vulnerable should receive special attention, especially in terms of their medical and mental health needs. This should include the provision of adequate reception solutions for minors, women, victims of trafficking and other vulnerable people; activation of protection responses to address specific needs; and activation of specialised medical assistance and medical referrals;
- **Prefecture and local Health Authorities should coordinate in order to provide migrants in transit who are victims of abuse and exploitation[24], in particular women, minor and men** who have experienced sexual violence on their journey, with the protection and assistance they need, including access to sexual and reproductive health services and information;
- **Prefecture should provide a legal orientation service** to respond to the questions of migrants in transit related to their rights and to the functioning of the Common European Asylum System, and ensure that migrants in transit are able to access reliable, relevant and accurate information on their situation and rights.


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