

## OUT OF SIGHT

*This report is a follow-up to the research contained in "Out of Sight" - Asylum seekers and refugees in Italy: informal settlements and social marginalisation. 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 was expanded to reach just over 180 thousand places as of 31 December 2017 and, for the most part, continues to be based on extraordinary reception facilities. More than 150 thousand migrants are housed in Emergency Reception Centres, compared to only 31,270 accommodated in the Protection System for Asylum Seekers and Refugees (SPRAR) network. The structural distress of the system is mainly caused by the low *turnover* levels in the centres and by the lengthening of asylum application examination times. The chronic shortage of places is accompanied by the effective absence of services aimed at assisting social inclusion, due mainly to the emergency-based structure of the system. For this reason, many migrants who leave the reception centres at the end of the asylum process are forced to live in informal settlements. The settlements are also populated by migrants who are attempting to apply for asylum and have failed to enter the reception system and those who try to reach another EU state and get stranded at the borders.

Following the recent security measures and the urban decorum regulations adopted by the Government, there have been repeated **forced evictions**, especially in cities, in the absence of alternative housing solutions. In August 2017, a violent intervention by police forces that was not preceded by adequate notice evacuated the building in Via Curtatone where more than 800 refugees of Eritrean origin had lived since 2013. During that conflict, a team from Médecins Sans Frontières (Doctors without Borders) was present in the square outside the building, offering psychological support and treating about thirteen injured people, mostly women.

**The increase in marginalisation and forced evictions causes the fragmentation of informal settlements and the establishment of small groups of migrants living in increasingly hidden places**, where they are not only invisible, but also face deploring living conditions, with men, women and children who cannot access the most basic goods. In Rome, MSF has recorded the presence of Italian citizens within informal settlements, as well as in the structured settlements, who share the same conditions of marginalisation with migrants. This is not an isolated case in Italy.

**Migrants suffer repeated rejections at the Swiss, Austrian and French borders, often accompanied by violence.** 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 between 1 and 3 times, 25 between 4 and 7 times and 8 people had attempted 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 uniform. In the last two years, more than twenty people have died by attempting to cross the borders with France, Austria and Switzerland.

Due to administrative barriers and despite the laws in force, migrants and refugees in informal settlements, who possess a residence permit or otherwise, **experience reduced possibilities of accessing medical treatments, beginning with general medicine.** Hospital emergency services are increasingly becoming the only gateway to the Italian National Healthcare Service (SSN).

In Italy there are **volunteers and activists who work for free** to support migrants excluded from the reception system, facilitating their access to primary goods and care. However, in recent years **many have been criminalised for this involvement**.

**In 2016 and 2017, MSF strengthened its commitment to supporting migrants in informal settlements.** In Como and Ventimiglia, a psychological first-aid programme was created for populations in transit, together with a women's health intervention in Ventimiglia. In Rome, primary health care and psychological support activities were initiated in disused buildings where men, women and children live in disgraceful conditions. This is the case of many settlements in the area of Tor Cervara (Tiburtina), where hundreds of migrants and refugees live among abandoned buildings, disused factories and warehouses. They live without water, electricity and gas, often in rat-infested buildings surrounded by illegal landfills. In Bari and Torino, MSF has worked within occupied buildings, seeking to overcome the marginalisation of the residents by facilitating their access to National Healthcare Service facilities. MSF has also sustained and supports volunteers and associations in the border cities from Ventimiglia to Udine, donating materials, in particular, hygiene kits, blankets and sleeping bags.

The report confirms the estimate indicated in the first edition of *Fuori Campo*: **there are at least 10,000 homeless people, among international and humanitarian protection permit holders and applicants, with limited or no access to basic goods and medical care.** The distribution of the settlements is fragmented and widespread throughout the country.

## **MSF's requests**

The migrants and refugees living in informal 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 goods and medical care throughout the period of their stay in Italy. The relevant institutions have a duty to ensure this. On this basis, MSF requires the competent authorities to:

### **IMPROVE THE RECEPTION SYSTEM**

Unify the reception system for asylum seekers and refugees, including unaccompanied foreign minors, moving beyond Emergency Reception Centres and assigning local authorities with the task of activating and managing ordinary reception facilities currently in the SPRAR network and, therefore, in the social welfare services sector of the respective territories, based on planning fixed quotas at a national and regional level.

### **PROMOTE AUTONOMY AND INTEGRATION**

Provide economic support programmes, job placement and housing for beneficiaries leaving the reception system, aimed at supporting their social entry path, up until their effective autonomy. Prepare housing solutions for seasonal agricultural workers, providing widespread reception operations and facilitating access to ordinary housing available in the area.

### **NO EVICTIONS WITHOUT ALTERNATIVE HOUSING SOLUTIONS**

In the interests of stable social inclusion, avoid the removal of informal settlements by means of forced evictions in the absence of alternative housing solutions. In the absence of alternative solutions and where possible, use the same informal settlement structures, rectifying any administrative irregularities, carrying out the necessary redevelopment works, even by means of autonomous recovery and focusing on

pertinent forms of self-management as a tool which may favour a path towards autonomy. The removal of informal settlements cannot justify the use of violence under any circumstances.

### **STRENGTHENING HUMANITARIAN INTERVENTIONS FOR MIGRANTS "IN TRANSIT"**

Strengthen humanitarian interventions for so-called migrants "in transit" at borders and ensure the effective use of the options provided by law that may permit a legal transit towards other countries. Irregular border transits cannot justify the use of violence, such as those documented by MSF in Ventimiglia, under any circumstances.

### **FACILITATE ACCESS TO HEALTHCARE**

Eliminate bureaucratic and administrative barriers that hinder the registration and renewal of National Healthcare Service membership. Specifically, provide registration procedures for asylum seekers and refugees that are not subject to any residency requirements and are exclusively related to the place of actual residence which may also be declared through self-certification, regardless of the nature and temporary character of such a place. Provide for the presence of linguistic-cultural mediators in services with elevated migrant access.

### **SERVICES FOR MIGRANTS IN TRANSIT**

Promote access to the National Healthcare System under the STP regime for migrants in transit to other EU countries (e.g. in border areas), if they do not have a residence permit, with priority for general medical services, 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.

### **MONITOR INFORMAL SETTLEMENTS**

Activate integrated neighbourhood programmes provided by municipal social services and local health authorities, also through the use of street units in informal settlements, with the goal of directing the people to community services and of identifying and taking charge of the most vulnerable cases with particular reference to minors, pregnant women, people suffering from serious physical diseases or mental disorders, victims of torture or other severe forms of physical or psychological violence.

### **STOP THE CRIMINALISATION OF SOLIDARITY**

Ensure the full application of the humanitarian exemption that explicitly excludes relief activities and humanitarian assistance from the crime of aiding and facilitate both the irregular entry, transit and staying of migrants. The interpretation of this clause must also include the rescue of people, as well as assisting their access to primary goods (shelter, food, water) and medical care.