



Briefing

Italy

MSF report on reception conditions in Pozzallo

On 17 November 2015, MSF published a report on reception conditions in the CPSA (*Centro di Primo Soccorso e Accoglienza*, First Aid and Reception Centre) in Pozzallo which was submitted to the Commission of Inquiry into the system for reception, identification and holding of migrants, highlighting a number of serious shortcomings. MSF has been operating in the centre since February 2015, in order to attend to the medical and humanitarian needs of migrants, refugees and asylum seekers who disembark in Sicily, in cooperation with the Ragusa province's health authority (ASP, *Azienda Sanitaria Provinciale*).

MSF had already cooperated with the Ragusa ASP in 2014, in the context of large-scale arrivals, to conduct medical screening activities on the harbourside. In 2015, cooperation between MSF and the Ragusa ASP intensified, with MSF operating within the centre, the establishment of joint MSF/ASL teams composed of doctors, nurses and cultural mediators and efforts to develop standard operative procedures. The report describes this cooperation as:

"falling within the prospect of a synergic collaboration with Italian authorities aiming to develop a holistic model to meet the needs of mixed migrant populations during the first phase of rescue and assistance undertaken in the short term and, in any case, until access to the reception and protection programme envisaged for asylum seekers and people who are vulnerable".

12,483 people arrived in 45 vessels whose passengers disembarked in the port of Pozzallo from February to September 2015. In these eight months, MSF ran medical checks on 2,647 people alongside the ASP staff, identifying ailments including scabies, gastrointestinal infections and physical traumas which sometimes resulted from their travel conditions while in transit countries and Libya. While operating in the centre, MSF observed inadequacies and structural and management shortcomings which affected the assisted people's psycho-physical conditions. The report highlights the problems the MSF operators encountered, stressing its efforts to notify the authorities about problems which, to date, have remained unanswered or have been addressed in an inadequate or insufficient manner.

The section of the report which deals with safeguarding health conditions and degrading conditions highlights overcrowding in the centre, noting that it was opened in 2008 and has a normal capacity

of 180 people, with an upper limit of 220. In the months that the report considers, this upper limit has been passed for over three consecutive days on five different occasions. In spite of the management's efforts to separate men and women, this context means that disabled and vulnerable people (single women, trafficking victims, unaccompanied minors) often stay in promiscuous conditions and very limited physical spaces. Overcrowding is worsened by the facilities' structural conditions of degradation which would require maintenance work, affecting the consequences for the psycho-physical conditions of its "guests".

These conditions of structural degradation include leaks from the roof, in the men's dormitory and a corridor, which result in puddles. Repairs had been scheduled after MSF had notified the problem, but have yet to commence. Dampness and mould were noticed in the treatment room on the wall which is adjacent to the female dormitory's showers. An intervention to resolve this problem was made in August, yet the dampness and mould reappeared a month later, resulting in the need for a more important structural intervention becoming apparent, as these conditions may lead to allergies, irritations and respiratory problems. All the centre's areas including the medical treatment area are subject to infestation by cockroaches. The insects can contribute to causing respiratory pathologies resulting from allergies or may help to transmit ailments, a situation MSF deems unacceptable, particularly as it affects the medical treatment area. This situation was first reported in July, yet there was no intervention until October to resolve it.

The MSF report describes the hygienic services in the centre as malfunctioning, criticised the lack of maintenance work which lead to degrading conditions for the people it hosts. Repeated complaints since MSF began operating in the centre were met by assurances that such problems would be resolved, yet it notes an "absolute lack of diligence" in doing so. Critical aspects MSF has highlighted include a lack of doors and curtains in showers, the malfunctioning of showers, toilet flushes and water drainage systems, and a lack of warm water, which is sometimes only available in the morning. The lack of doors means that malfunctioning toilets are not adequately separated from other quarters and that there is a lack of privacy, resulting in a violation of people's dignity who thus experience humiliating and degrading conditions for continuous periods.

Several migrants contracted scabies (generally as they travelled through Libya) caused by the poor hygienic conditions that migrants and asylum seekers often experience, and it is one of the main ailments suffered by people who disembark in Pozzallo. Efforts by MSF and the local ASP to contain the risk of infection are often undermined by the centre's management. In a situation of overcrowding and limited space which often persists for several days, it is crucial for infected people to be treated immediately. This would require medical kits to be distributed immediately, as has been agreed. Yet, MSF has noted that kits are sometimes not handed out and, when they are, they are often incomplete or do not comply with what has been agreed. This undermines the possibility of treating the infections immediately, with a direct impact on the concerned people's health and an increased possibility of contagion of other people in the centre. MSF has repeatedly had to address these shortcomings by handing out additional articles. MSF has also called for a separate area to be set up for the treatment of scabies sufferers, whereas it has taken place in bathrooms, which are moist and have inadequate lighting. The floor is wet and there is a constant risk of slipping, but MSF stresses that this request also seeks to guarantee people's dignity, because people have to be entirely undressed when they undergo this treatment. In late July, the centre's management agreed to carry out the required work by the end of September, but it is still incomplete.

Access to the centre's external area, which is fenced, is often blocked by a police vehicle parked outside the emergency exit which does not allow the door to be opened. This sometimes leads to tension, especially when people are held in the centre for long periods and the prohibition to leave the centre often also applies to women, children and unaccompanied minors. The blocked emergency door also entails risks in case a fire should break out in the centre. The centre has a fire alarm system which does not work due to a lack of revision and maintenance work. A series of interventions to resolve the problem were agreed, but there are delays in carrying them out. There is also a block at the facility's exit by police or *carabinieri* officers using a wooden barrier which is lifted when MSF or the centre's staff pass.

As regards services that the "guests" should enjoy, these include provision of the basic kit (clothing, bedding and the medical-hygienic kit mentioned above) and a telephone card to enable communications. MSF highlights that the medical-hygienic kits whose importance to treat and prevent the spread of infections it has highlighted are sometimes not distributed, sometimes distributed with some items missing, sometimes include inadequate items, and they are sometimes not distributed again when people remain in the centre for longer than 48 or 72 hours. Failure by the centre's management to address MSF's reiterated complaints on this issue are viewed as evidence of its lack of attention to people's basic necessities.

MSF also noted that the centre's "guests" have objective difficulties in communicating with the outside world following their arrival. Upon arrival, some personal effects including their telephones are confiscated, and they have to wait for 15-euro phonecards to be issued to them following a request from the local police authority (the *questura*). There is a single telephone installed in the centre, but access to it is limited by factors including the telephone being located in the external area to which access is often limited, the phonecards which are distributed being ill-suited to communications with different geographical areas and they are sometimes incompatible with the centre's only available telephone. Following complaints and notifications, the problem of phonecards' incompatibility with the only available telephone appeared to have been resolved in August and September. That is when the "guests" began reporting problems in using the telephone due to its location and restrictions of access to the external area. Since October, they have been reporting that their vouchers run out after the first call they make and that they are provided after they have been in the centre for three or four days.

The report also highlights problems linked to the length of people's stay in the centre and the prohibition of leaving its grounds. Between February and May, MSF had observed that some people were made to stay in the centre for long periods and were denied access to its outdoor area. In a context of overcrowding and promiscuity, these factors are deemed to have negative repercussions on skin ailments which are added to by the poor conditions of the facility's hygienic services and the failure to repeat the distribution of basic kits, even when people have been there for several days. This promotes the spread of respiratory ailments and viruses. Long stays and the impossibility of leaving the centre, and sometimes of even having access to its outdoor area, heighten the pressure, psychological tension and stress resulting from people's forced cohabitation, sometimes leading to tensions between its occupants or between occupants and staff. In September, a group of Egyptian unaccompanied minors stayed inside the centre for two consecutive weeks, because it was difficult to find alternative facilities in which to host them. The group was kept in an isolated room, without having access to the centre's open air areas or to any recreational or leisure activities. This led to psycho-somatic symptoms of anxiety which led some of the minors to engage in acts of self-harm. One minor had an asthma attack which was diagnosed

as having psycho-somatic origins during which he began banging his head against the wall. A group of MSF psychologists took charge of the case and attempted to enact some group activities with the minors to dampen tensions.

The centre does not allow a separation of people on the basis of gender, age or vulnerability. There is no separate space for unaccompanied minors, and minors share the same spaces as adults. The two areas which are labelled as being “for men” and “for women” do not have any physical separation between them, and all the guests share the same spaces even when the centre is not overcrowded. On various occasions when the centre had few guests, women were staying in the men’s quarters, while the women’s section was closed. The centre’s services are inadequate insofar as the availability of reserved and protected spaces offering conditions to receive and identify victims of trafficking, torture and other physical, psychological or sexual violence are concerned. Having such a space is a key necessity to correctly identify elements of vulnerability to guarantee an in-depth and correct identification to ensure that victims enjoy the protection they have a right to.

As for legal information and the identification procedure, the report notes that tensions and stress often result from the lack of systematic access to adequate legal information. While this does not lie within MSF’s field of expertise, MSF staff are constantly asked legal questions which the centre’s services obviously do not resolve. Recurrent concerns include the possibility to communicate with their families, clarifications as to the identification and photo-identification procedures, and anxiety about not having understood what they were asked during screening procedures immediately after their arrival.

In reference to the extremely quick completion of identification and vulnerability screening procedures straight after arrival, at a time when the medical-humanitarian response plays a “primary” role in their psycho-physical recovery, the report remarks that

“The concrete possibility of offering an adequate service in terms of legal information, appears to us to be compromised upstream by the modality used at present to complete the entire process of early assistance, reception and subsequent transfer.”

This is because the process unfolds in an “accelerated and often confused” way, with people freshly disembarked undergoing procedures they do not know and whose importance they hardly realise. People sometimes complained about not knowing who had interviewed them and what the document signed after the interview meant. The report views these practices as undermining the screening process to identify vulnerable subjects and the holistic approach required to provide assistance and protection.

The report’s conclusion highlights that the CPSA facility represents one of the pillars of the Italian and EU response to mixed migration flows. As such, it should not merely provide early assistance but, rather, it should provide a holistic response to the needs of migrants whereby migrants, asylum seekers’ and vulnerable people’s psychological and physical conditions should be the priority. MSF thus raises its concern about the inadequacy and the correct functioning of procedures in the early reception in the Pozzallo CPSA, all the more so as it is about to be converted into a hotspot. The hotspot system drawn up to deal with a “constant” migration phenomenon whose scale has grown over the last two years is described as enacting an approach which remains excessively based on its treatment as an “emergency”, without paying sufficient attention to its’ beneficiaries’ needs. The report concludes that:

“The persistence of inadequacies applying to the structure and the provision of services within it, negatively affects important aspects including safeguarding health, the identification and protection of vulnerable people and respect for human dignity”.

[Statewatch translation]

Source

Rapporto di Medici Senza Frontiere. Sulle condizioni di accoglienza nel CPSA Pozzallo. Presentato all'attenzione della Commissione di inchiesta sul sistema di accoglienza, identificazione e trattenimento dei migranti, 17/11/2015.

http://archivio.medicisenzafrontiere.it/pdf/Rapporto_CPI_CPSA_Pozzallo_final.pdf

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