

Abstract

OVER THE WALL

A tour of Italy's migrant centres.

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Photo by Paolo Soriani

**Second Médecins Sans Frontières (Doctors Without Borders)
Report on the Centres migrants: CIE, CARA and CDA.**

Italy's migrant centres: a new MSF overview

This report is the fruit of a survey carried out by Médecins Sans Frontières-Missione Italia on the social and health conditions, state of the facilities, management, standards of services supplied and respect for rights in the detention centres for immigrants without residence permits (CIE) and the reception Centres for asylum applicants and migrants (CARA and CDA).

The decision taken by Médecins Sans Frontières to conduct a second survey on Italy's migrant Centres responded to three particular needs. In the first place, there was the need to follow along "the paths" traversed by its patients in Italy, and in particular migrants without residence permits and asylum applicants, already assisted on the Lampedusa quayside, in the rural areas of southern Italy during harvesting and in the consulting rooms established throughout the country. Secondly, the need to look into places sealed up to all external contact, run by private bodies without any system of centralised, systematic control conducted by authorities with specific competencies and uniform criteria for assessment at the national level. The third need was to verify whether, and if so to what extent, the situation has changed since the negative findings of the previous 2004 report: "CPTA: Anatomy of a failure".

Between November and December 2008 MSF staff visited 10 Centres for Identification and Deportation (Bari, Bologna, Caltanissetta, Gorizia, Lamezia Terme, Milan, Modena, Rome, Turin and Trapani), 7 Reception Centres for Asylum Applicants (Bari, Caltanissetta, Crotone, Foggia, Gorizia, Milano e Trapani) and 4 Reception Centres¹ (Caltanissetta, Crotone, Cassibile and Gorizia) to verify through structured interviews with the centre and health management the standards of the services supplied and the conditions of reception, as well as collecting evidence from the migrants held there (about five migrants per centre).

In the first half of 2009 the Italian Parliament passed a law extending the maximum period of detention within the Centres for Identification and Deportation from 2 to 6 months, and there was a sudden falling off in arrivals of craft bringing migrants by sea, which was the main channel for asylum applicants to arrive in Italy in 2008 and so to be held in the CARA and CDA Centres. MSF therefore deemed it necessary to repeat their visits in 2009 over a large sample of Centres, 7 CIEs, 5 CARAs and 2 CDAs, to verify on the one hand whether the managements of the CIEs are making plans to adapt the organisation and supply of services in view of the new terms of detention and, on the other hand, whether the serious state of overcrowding observed at the end of 2008 in the CARAs and CDAs persisted despite the sharp reduction in arrivals by sea.

On analysing a set of data collected during the visits made in 2008 and 2009, in spite of some improvements, especially in the quality of the buildings, the conditions that emerged did not differ greatly from those recorded in 2003 for the report: "CPTA: Anatomy of a failure". Malfunctioning continued to occur in numerous forms and there were episodes of scant respect of fundamental rights whoever was managing the Centres, including lack of contact with the National Health Service, insufficient health, legal, social and psychological assistance, and numerous signs of malaise among those interned: self-mutilation, brawls, revolt, requests for sedatives and repeated

¹ The Prefecture of Agrigento disallowed the visit to the "Centro di Primo Soccorso e Accoglienza" (Centre for initial support and reception) of Lampedusa despite authorisation by the Ministry of the Interior.

recourse to the health services. Moreover, despite the marked functional and organisational differences between CIEs and CARAs/CDAs, very different categories of persons are held together in cramped and crowded conditions although their basic needs and characteristics vary greatly; many belong to vulnerable categories, and are therefore in need of individual attention and help.

On the whole, although the Centres for immigrants have been operating for over a decade, their management still seems to respond to an emergency approach largely left to the goodwill and skills of the individual managing bodies and staff. This approach may be attributed to the lack of guidelines for management of the Centres drawn up at the central level with systematic monitoring on the part of specialised external organisations; the approach is also marked by rigid centralisation of the entire management in the hands of the individual bodies and scant transparency on the outside, as attested by the refusal of the Ministry of the Interior to make available to MSF the agreements drawn up between the individual managing bodies and the local Prefectures (the Prefecture of Crotona is the only one that is submitted to the attention of MSF a copy of the agreement drawn up with the centre's managing body).

Such clear, common parameters for assessment for all the Centres as would help to identify where improvements and modifications are needed are in fact lacking. The Prefectures themselves, whose task it is to announce the call for tenders to entrust management of the Centres and draw up the relevant agreements, have no more evidence than the periodical reports supplied by the managing bodies. Thus the managing bodies take on the task of supplying, usually with no contribution from outside associations endowed with specific qualifications, an extremely varied set of services indispensable for the population held in the Centres, ranging from health assistance to psychological and social support, legal advice, supply of clothing, blankets, sheets and toiletry as well as reception services and maintenance of the facilities. The Centres for immigrants seem to function like islands separated from the outside world, with their own living relations, dimensions and rules, there being no outside control or quality indicators to respect.

In particular, the health services in the centres tend to offer above all emergency assistance or deal with situations only as they arise, in accordance with the Ministry of the Interior contract, and are not monitored by public health authorities. Thus the Local Health Agencies play no part in verifying the quality of the health standards and facilities adopted, nor of the levels of hygiene and living conditions, not to mention the health conditions of those interned. Moreover, there are no standard criteria for assessment, collection and ordering of the health data, nor common guidelines. In other words, each managing body organises the health service as best it sees fit, answering only to the observations of the Prefecture, which however has no specific qualifications in such crucial areas as health and psychological care.

Centres for Identification and Deportation (CIE)

Instituted in 1998 with decree law 268/98 (known as the Turco-Napolitano Law) as facilities to accommodate foreigners with no legal status in view of deportation, the administrative detention centres have over the years admitted a growing number of categories of people, and at the time of writing to be met with here were:

- community citizens;
- asylum seekers;
- foreigners who have lived many years in Italy, some with home, family and children (50% of the interviewees had been in Italy for over 5 years, and many of these over 10 years. Overall, the average period of time spent in Italy by the internees interviewed is 7 years and 4 months);
- foreigners born in Italy;
- foreigners newly arrived in Italy;
- foreigners with expired residence permits (30% of the interviewees);
- foreigners and community citizens released from prison (45% of the internees according to the data supplied by the managing bodies or Prefectures);
- foreign citizens subject to deportation orders as an alternative to detention.

Living together in the same CIE accommodations are not only persons of various legal status, but victims of the white slave trade, exploitation, torture and persecution, as well as individuals fleeing from war zones and degrading conditions, others suffering drug-addiction, chronic, infective or mental illnesses and foreigners with many years of life and (irregular) employment in Italy, with homes and families, or others who have just arrived. Thus they are places that see living side by side and mixing together in a state of detention people subject to vulnerability of practically every description in terms of health and legal, social and human conditions, with highly diversified needs.

On the evidence of analysis of the data collected in visits in the winter of 2008 and summer of 2009, recognition of and appropriate response to the various needs of the internees seem to be practically impossible in facilities housing extremely heterogeneous populations for periods of time that cannot be established from the outset. In such conditions there seem to be scant chances of planning and carrying out assistance, support and protection in any area (moreover, none of the managing bodies seem to be contemplating changes in the supply of services in view of the extension of the maximum period of detention from 2 to 6 months). This structural limitation may well lie behind the high level of tension and malaise within the Centres noted on listening to the accounts of the detainees, observing the quantity of self-mutilation inflicted on their bodies and the frequent resort they make to health facilities and sedatives, as well as the numerous signs of revolt, arson and vandalism, and also on the evidence of reports of suicides, attempted suicides and interminable rioting. The situation does not seem simply to be due to the condition of detention for the purposes of repatriation but, also, to the sense of injustice experienced by the detainees in suffering a limitation of personal freedom despite having committed no crimes, and moreover being held in places which by their very nature are unable to respond adequately to fundamental needs such as healthcare, legal guidance, and social and psychological assistance.

There are, however, certain aspects of the very founding elements of the Centres that give rise to doubts. When the system of administrative detention was instituted in 1990, the declared aim was to answer to the need for means of repatriation of foreigners, with a broader view to reducing irregular immigration. Thus there was to be nothing punitive about the system, and yet, with extension of the maximum period of detention in the CIEs from 60 to 180 days (in principle the maximum limit had

been 30 days) coming into force on 8 August 2009, the original function of administrative detention seems to have been radically modified: no longer as an extraordinary and temporary measure of limitation of freedom preparing for deportation, but as a sort of punishment, although lacking the guarantees and facilities of the penal system. If applied rigorously, it is a measure that risks intensifying the explosive potential within the Centres.

Thus the system of administrative detention does not seem to pursue so much the aim of curbing irregular immigration as, rather, a symbolic function of “confinement” of a momentous phenomenon with a view to defining and enacting a possible containment of it. However, this inconsistency between the explicit and implicit aims of the CIEs seems to be producing a hotbed for abuses, inefficiency, disease and violations of human rights, regardless, largely, of the operational procedures employed by the individual managing bodies.

Reception Centres for Asylum Applicants (CARA) and Reception Centres (CDA)

The CARAs are facilities instituted in 2008, where the asylum applicant stays with freedom to come and go during daytime, awaiting identification and access to the procedure of refugee status recognition. They are a modified form of the CDIs (Identification Centres) instituted to accommodate asylum applicants in 2002 with law n. 189 (the so-called Bossi-Fini law) which entered into operation in 2004 with the relevant regulations².

The CDAs, on the other hand, are facilities in which the newly arrived migrants should be transferred regardless of the legal status to guarantee initial support and accommodation and issue measures either regularising their position in Italy or providing for their deportation. In the interim they live in conditions not clearly regulated by law but which usually take the form of detention with no time limit, nor authorised by any judge.

Thus the CARAs and CDAs should house two distinct categories of foreigners but a spatial and functional overlapping between the two types of Centres was observed during the visits, and they are therefore addressed jointly in the present report. In fact, the CARAs and CDAs receive asylum applicants and foreigners waiting to register their asylum applications without distinction, with the difference that only the former can go out of the Centres during daytime hours, while the latter have to await acknowledgement as asylum applicants from 10 to 60 days in conditions of detention. (One exception is the Crotona centre, where all are allowed to go out during daytime).

In the course of the visits the most critical situations emerged in the Centres designated to receive great numbers of persons (Bari, Caltanissetta, Crotona, Foggia), with limitation of the space available for assistance, legal advice and socialisation, jeopardising the efficiency of the assistance and protection services. In these places the distance between the accommodation facilities and those where the services are provided makes it difficult for the inmates to access targeted, effective and comprehensible information, especially for those who have developed a tendency to isolate themselves, withdrawing into non-communication due to previous traumatic experiences. It seems quite likely that in these conditions distorted, incomplete and false information can spread among the inmates, also at the cost of jeopardising any help and protection that may have been entered upon.

² Regulations for refugee status recognition procedures DPR 303/2004 of 16/09/2004.

The staff working in the various CARA and CDA services (health, social assistance, information, cultural mediation, recreation and legal support) almost always come short of the numbers and needs of the users: they have no indications to identify vulnerable persons and, in some cases, find themselves in huge, overcrowded Centres where objective environmental factors complicate their work. This is a very serious criticality considering that the social-assistance needs of the inmates should, on the contrary, take priority in defining any management system for these centres. In fact, the asylum applicants have usually suffered traumas and are diffident, emotionally unstable, culturally and linguistically isolated, and unable to explain their needs and problems clearly to the centre staff and the authorities, thereby jeopardising their chances of benefiting from the services and, above all, their access to forms of protection provided for by the regulations.

On the whole, it seems to be impossible to ensure that all the inmates will be followed individually in terms of information, protection and assistance in the large-scale facilities (Bari, Crotone, Foggia, Caltanissetta) and in facilities created in inappropriate buildings, as in the case of Gorizia. Reception in the CARAs and CDAs is based on an autarchic, basic approach to assistance typical of an emergency system aiming solely at satisfying primary needs. In the Centres of more limited dimensions (Milan and Trapani) the psychosocial and other manifold needs involved in the well-being of individual asylum applicants seem to be taken care of more efficiently.

In conclusion, despite the recent reforms in regulations regarding initial reception of asylum applicants, the points made in the De Mistura Commission report seem to apply today as much as ever. They stress the need to leave behind the large-scale approach to reception concentrated in a few extensive facilities to bring in a system, taking as an example the present Protection System (SPRAR), with small-scale reception facilities distributed throughout the country with a decentralised, multicentre approach. In other words, a system where the local bodies, with the concrete support of the services, provide for “integrated reception” on the basis of a multilevel governance approach interacting with the immediate environment.