

**ITALY**  
**SUBMISSION TO THE UNITED NATIONS COMMITTEE ON**  
**ECONOMIC, SOCIAL AND CULTURAL RIGHTS PRE-SESSIONAL**  
**WORKING GROUP**  
**(9 Mar 2020 – 13 Mar 2020)**

## Summary

This briefing is submitted by Refugee Rights Europe in advance of the adoption by the Committee on Economic, Social and Cultural Rights (The Committee) of a list of issues prior to the Committee's consideration of Italy's fifth Periodic Report on its implementation of the International Covenant of Economic Social and Cultural Rights (hereafter the Covenant). This briefing presents several concerns of Refugee Rights Europe (RRE) about Italy's failure to adequately implement Articles 11 and 12 of the Covenant. In particular, RRE is concerned about Italy's failure to provide an adequate standard of living to asylum seekers and displaced people, including adequate housing or reception facilities, sanitation and food. These conditions, combined with Italy's failure to provide asylum seekers and displaced persons with adequate medical care, has a severely negative impact on the safety, physical and mental health of asylum seekers and displaced individuals on Italian territory.

## Prior recommendations

In its 2015 Concluding Observations the Committee expressed its continued concern about the 'limited enjoyment of the Covenant rights by migrants, asylum seekers and refugees upon arrival in the State party', and in particular the 'insufficient number of reception centres... and the substandard conditions therein' (para. 18). Moreover, the Committee recommended that Italy 'intensify its efforts to ensure the full enjoyment of economic, social and cultural rights by migrants, asylum seekers and refugees' (para. 19). Finally, the Committee recommended that Italy 'take measures to increase the number of reception centres, to improve the living conditions therein and to ensure that everyone in the centres has access to medical care, interpreters, adequate food, clothing and social support' (para. 19).

## Italy's current policy & practice

### Article 11: Adequate standard of living, including adequate food and housing.

1. Despite the Committee's 2015 recommendation that Italy ensures the full enjoyment of economic, social and cultural rights to asylum seekers, refugees and migrants on its territory, Italy continues to fail to provide access to even the most basic reception conditions to refugees, asylum seekers and displaced individuals on its territory. For example, Ventimiglia, a well-known transit point for refugees and displaced people trying to enter France, has been dubbed the 'Italian Calais',<sup>1</sup> due to its bottle-neck scenario and squalid living conditions for refugees and displaced people. This situation was heightened after France declared a state of emergency and closed its borders in 2015, in addition to its bilateral agreements with the French government facilitating pushbacks at the border.<sup>2</sup>
2. The closed border means that displaced people are making fewer attempts to reach France by train, instead taking their chances through the so-called 'Pass of Death'<sup>3</sup> through

<sup>1</sup> <https://www.theguardian.com/world/2018/jun/17/italy-ventimiglia-migrants-stuck-at-border-crisis-suffering>

<sup>2</sup> See [http://www.camera.it/\\_bicamerale/schengen/docinte/ACCITFR.htm](http://www.camera.it/_bicamerale/schengen/docinte/ACCITFR.htm)

<sup>3</sup> See <https://www.theguardian.com/world/2019/feb/16/migrants-trying-to-cross-alps-danger-they-are-unprepared>

the mountains, or walking through motorway tunnels. Meanwhile, checks by French and Italian police have become increasingly violent – a situation RRE witnessed during a field visit

to Ventimiglia and Menton in October 2019. The systematic practice of border push backs, often with questionable legitimacy from a legal perspective,<sup>4</sup> has turned Ventimiglia into a bottleneck where migrants, refugees and displaced individuals remain stranded in squalid living conditions, without access to their rights as per Article 11 and 12 of the Covenant.

3. While the precise number of refugees, asylum seekers and displaced individuals passing through Ventimiglia is difficult to monitor, it remains relatively stable at several hundred people, yet has peaked at more than one thousand persons at times since 2015.<sup>5</sup> In July 2017, Caritas estimated that there were approximately 700 refugees in and around the town with 400 hosted in the Red Cross camp and 300 sleeping rough in unsanitary conditions on riverbeds and under bridges.<sup>6</sup> Another grassroots group estimated that there were between 600-800 people at the time of a field study conducted by RRE in August 2017. At the time, the vast majority of individuals in Ventimiglia appeared to be young men in their teens, twenties and thirties, arriving directly from Libya. The striking absence of women making their way through the Ventimiglia could possibly be attributed to the extent of sex trafficking in southern Italy and North Africa.<sup>7</sup>

4. In 2016 Caritas reported they had hosted 3,000 unaccompanied and separated children throughout the year in their Ventimiglia shelter.<sup>8</sup> Moreover, UNICEF and REACH published a report relating to protection risks faced by unaccompanied minors in Ventimiglia in February 2017, finding that children are left without recourse to international protection, stranded in Ventimiglia for considerable lengths of time in conditions characterised by high levels of insecurity.<sup>9</sup> In August 2017, the NGO Refugee Youth Service was tragically forced to close down its monitoring and protection programme in Ventimiglia due to a lack of resources, leaving minors with even fewer safe spaces to resort to amid the State's failure to provide such protection.<sup>10</sup> By 2018 major human rights groups such as Oxfam continued to describe individuals in this area as 'living rough...without access to the most basic services', in a system that 'fails to meet their most basic needs for safety, information and education',<sup>11</sup> a scenario RRE witnessed again first hand in October 2019.

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<sup>4</sup> See e.g. <https://www.asgi.it/wp-content/uploads/2015/07/Documento-Ventimiglia.pdf>

<sup>5</sup> [https://www.msf.fr/sites/default/files/harmful\\_borders\\_190218.pdf](https://www.msf.fr/sites/default/files/harmful_borders_190218.pdf)

<sup>6</sup> <https://www.aljazeera.com/indepth/features/2017/07/refugees-pass-death-italy-france-170726055256553.html>

<sup>7</sup> See e.g. <https://medium.com/@AreYouSyrious/stories-from-ventimiglia-an-unexpected-journey-59a8ac8b37aa>;

[http://www.defenceweb.co.za/index.php?option=com\\_content&view=article&id=48673](http://www.defenceweb.co.za/index.php?option=com_content&view=article&id=48673)

<http://www.ipsnews.net/2017/07/african-migrant-women-face-shocking-sexual-abuse-journey-europe>

<sup>8</sup> <http://www.reach-initiative.org/italy-unaccompanied-and-separated-children-at-risk-at-the-italian-french-border>

<sup>9</sup> [http://www.reachresourcecentre.info/system/files/resource-documents/reach\\_ita\\_situation\\_overview\\_uasc\\_in\\_transit\\_in\\_ventimiglia\\_february\\_2017.pdf](http://www.reachresourcecentre.info/system/files/resource-documents/reach_ita_situation_overview_uasc_in_transit_in_ventimiglia_february_2017.pdf)

<sup>10</sup> [https://refugee-rights.eu/wp-content/uploads/2018/08/RRE\\_InDangerousTransit.pdf](https://refugee-rights.eu/wp-content/uploads/2018/08/RRE_InDangerousTransit.pdf)

<sup>11</sup> Oxfam, 2018 : [https://www.oxfamitalia.org/wp-content/uploads/2018/06/bp-nowhere-but-out-refugees-migrants-ventimiglia-150618-en\\_update.pdf](https://www.oxfamitalia.org/wp-content/uploads/2018/06/bp-nowhere-but-out-refugees-migrants-ventimiglia-150618-en_update.pdf)

5. Meanwhile, police harassment and increased militarisation of the French-Italian border prevails, including systematic checks at Ventimiglia train station where French CRS (Compagnies républicaines de sécurité) police are present on a daily basis, searching trains and carrying out, what RRE and NGO partners consider to be arbitrary, detention. Recently imposed anti-terror protocols give French police the power to conduct searches up to twenty kilometres within Italy, and deport individuals across the border. This suggests that the Committee's 2015 recommendations to the State party have largely gone unheard and, four years on, there is an urgent need for redress.

#### **Lack of adequate housing and reception centres**

6. Since the Committee's 2015 recommendation to Italy to increase the number of reception centres and improve the living conditions therein, RRE and partner NGOs on the ground have seen no significant improvements in the State party's provision of reception centres or living conditions. The Red Cross camp in Ventimiglia, located four kilometres from the town itself, requires residents to provide fingerprints on entrance. However, many refugees appear to be reluctant to provide these as it remains unclear how their fingerprints will be used by the authorities.<sup>12</sup> The camp offers very limited facilities, which was still the case during RRE's visit to the camp in October 2019. There is a near-absence of legal support, few recreational activities, adequate educational opportunities or communal areas.<sup>13</sup> The camp has been at or beyond maximum capacity at various points since 2015 and conditions remain highly unsafe, putting women and children at particular risk.<sup>14</sup> As such, many individuals choose to stay away from the camp and resort to destitution.

7. Despite the striking absence of viable alternatives, the Italian authorities have carried out numerous raids in Ventimiglia. They have demolished a number of informal encampments, and in June 2017 conducted a major eviction of large parts of the riverbed. These evictions have often been coupled with dispersals of refugees and displaced people back to the south of Italy.<sup>15</sup> In a survey carried out by RRE 71% of respondents surveyed said that they "didn't feel safe at all" with lack of security measures and detrimental living conditions cited as the main factors causing this feeling.<sup>16</sup> It thus appears that Italy not only fails to provide adequate housing or reception centres as per Article 11 of the Covenant and the Committee's 2015 recommendation, but its state authorities violently prevent displaced individuals from remaining in their (already inadequate) informal settlements.

8. At the time of RRE's study in August 2017, 400 to 500 displaced people were hosted in the Red Cross camp some 4 kilometres from the town centre, while an estimated 200 to 300 individuals were destitute, sleeping rough under bridges and by the riverbank.<sup>17</sup> The living conditions they face are wholly inadequate, characterised by an acute lack of clean

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<sup>12</sup> Finger or hand prints are a common identification method for camps in Europe to govern who comes and goes. However, camp residents across RRE research locations typically express concerns that they don't know where these fingerprints will end up being used, and for what purpose.

<sup>13</sup> As reported by camp residents and volunteer groups to RRE during its recent field visit in October 2019 as well as its study of August 2017. See also: <https://medium.com/@AreYouSyrious/stories-from-ventimiglia-2-a-glimmers-of-hope-c2274826e62d>

<sup>14</sup> As reported by camp residents, charities and volunteers.

<sup>15</sup> [https://refugee-rights.eu/wp-content/uploads/2018/08/RRE\\_InDangerousTransit.pdf](https://refugee-rights.eu/wp-content/uploads/2018/08/RRE_InDangerousTransit.pdf)

<sup>16</sup> Ibid., p. 10

<sup>17</sup> Corroborated by MSF's report of August 2017 :

[https://www.msf.fr/sites/default/files/harmful\\_borders\\_190218.pdf](https://www.msf.fr/sites/default/files/harmful_borders_190218.pdf)

drinking water or sanitation facilities. While 81.3% of Red Cross camp residents said they had enough water to drink, 82.1% of the overall respondents said this was not the case. Many reported having been abused in the town centre when trying to ask for water to drink. Meanwhile, Red Cross camp residents reported that there were only four toilets between them - two for women and children, and two for all of the men. According to MSF, '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'.<sup>18</sup>

## **Lack of access to adequate food**

9. In RRE's 2017 study, while all of the Red Cross camp residents interviewed said they had access to food every day (93.3% of them said they had access to three meals per day), only 41.4% of the destitute refugees said they had food every day. 69.9% of those with access to food said they could only have one meal per day. A volunteer-driven grassroots initiative provided hot meals to refugees every evening, and the Caritas centre provided breakfast for all. According to anonymous charity workers and volunteers, lunch was no longer available due to police pressure.

10. RRE's research and operations focus on the French-Italian border area, yet we would like to emphasise that the substandard living and reception conditions for migrants, asylum seekers and refugees in Italy are by no means restricted to this part of the state. To the contrary, a recent joint letter submitted by ASGI, Borderline and ActionAid drew attention to the 'extremely critical' conditions asylum seekers are facing in the Hotspot in Messina, Italy, while they are waiting for relocation.<sup>19</sup> The NGOs underline that the Italian hotspots are designed to accommodate people for the few days necessary to complete identification procedures, and are therefore absolutely inadequate for providing an adequate standard of living for individuals waiting for redistribution procedures for weeks and often months. Aside from the right to an adequate standard of living, current conditions in the Hotspots reportedly fail to secure individuals' right to private and family life, access to medical care and psychological support, adequate legal support or interpreting services.<sup>20</sup>

## **Article 12: the right of everyone to the highest attainable standard of physical and mental health**

11. Alarming, in field research conducted by RRE in 2017, 42.9% of respondents knew of at least one refugee who had died in Italy or at the French border, with 10% of respondents citing health problems as the reason for death.<sup>21</sup> These health conditions are often compounded and in some cases caused by Italy's failure to provide adequate living conditions, housing, sanitation and even food and water to refugees, displaced people and asylum seekers on its territory. This lies in stark contrast to Italy's obligation under Article 12(1) of the Covenant. The overall living environment for destitute refugees is highly unsanitary and dirty. Alarming, 85.2% of respondents interviewed during field research carried out by RRE in Ventimiglia, would use the water in the river to wash themselves, as

<sup>18</sup> MSF, 2018 : [https://www.msf.fr/sites/default/files/harmful\\_borders\\_190218.pdf](https://www.msf.fr/sites/default/files/harmful_borders_190218.pdf).<sup>13</sup>

<sup>19</sup> Ecre, October 2019 : <https://www.ecre.org/ngo-report-rescued-asylum-seekers-left-in-extremely-critical-conditions-in-messina-hotspot/>

<sup>20</sup> See <https://www.asgi.it/wp-content/uploads/2019/10/Lettera-accoglienza-Hotspot-Messina.pdf>.

<sup>21</sup> RRE, 2017, [https://refugee-rights.eu/wp-content/uploads/2018/08/RRE\\_InDangerousTransit.pdf](https://refugee-rights.eu/wp-content/uploads/2018/08/RRE_InDangerousTransit.pdf), p. 12.

well as to go to the toilet and sometimes also to drink when desperate.<sup>22</sup> This suggests that Italy not only fails to fulfil its obligation to take necessary steps for the ‘prevention, treatment and control’ of diseases as per Article 12 (2c), but in fact creates an environment conducive to them. When interviewed by RRE, local health care professionals confirmed that a large number of dermatological conditions, including scabies, were widespread due to these unhealthy living conditions.

12. During RRE’s field study, 60.1% of respondents said they had experienced health problems since arriving in Italy, with 43.9% stating the health problem had started due to the unhealthy living conditions. 17.1% said the health issue had started before arriving in Italy, but had deteriorated due to the current conditions.<sup>23</sup> Alarming, 17.1% described their health problem as a mental health issue rather than a physical ailment. Researchers noted that the vast majority of affected individuals had travelled through Libya, recounting traumatising experiences, including torture and witnessing mass killings first hand. Rather than receiving the specialist care and support they urgently required, these vulnerable individuals remained stuck in dire living conditions and destitution, compounding their physical and mental health problems and in violation of Italy’s obligations under Article 12 (d) of the Covenant.

13. Of the 287 people interviewed by MSF in August 2017 in Roja camp and Roja river settlement, 20.4% were affected by at least one chronic condition or long-term illness certified by the medical doctor in MSF’s team, and 4% were affected by two different chronic conditions or long-term illnesses.<sup>24</sup> To further indicate the scale of the health problems facing displaced people and refugees in Italy, and the State’s failure to provide the adequate care, 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.

14. Non-state actors such as MSF also provided women’s health services, 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. Five of the 79 pregnancies were a result of the sexual violence experienced during the journey. As these women otherwise may not have received proper follow-up by specialist health services, MSF signed a memorandum of understanding with the Ventimiglia health service to include gynaecological consultations, ultrasounds and routine examinations.<sup>25</sup>

## **Lack of access to medical care**

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<sup>22</sup> RRE, 2017, [https://refugee-rights.eu/wp-content/uploads/2018/08/RRE\\_InDangerousTransit.pdf](https://refugee-rights.eu/wp-content/uploads/2018/08/RRE_InDangerousTransit.pdf), p. 22.

<sup>23</sup> RRE, 2017, [https://refugee-rights.eu/wp-content/uploads/2018/08/RRE\\_InDangerousTransit.pdf](https://refugee-rights.eu/wp-content/uploads/2018/08/RRE_InDangerousTransit.pdf), p.23.

<sup>24</sup> MSF, 2018: [https://www.msf.fr/sites/default/files/harmful\\_borders\\_190218.pdf](https://www.msf.fr/sites/default/files/harmful_borders_190218.pdf), p. 11

<sup>25</sup> MSF, 2018 : [https://www.msf.fr/sites/default/files/harmful\\_borders\\_190218.pdf](https://www.msf.fr/sites/default/files/harmful_borders_190218.pdf), p. 4

15. 85.5% of those with mental and physical health problems interviewed by RRE in 2017 had not been able to access medical care, in clear violation of Article 12(d) of the Covenant, which obliges Italy to create conditions that 'assure to all medical service and medical attention in the event of sickness'. In an attempt to fill the gap left by this failure on the part of the State Party, groups such as Médecins Sans Frontières provide crucial services from a clinic hosted by Caritas for displaced people and refugees in Ventimiglia, supported by InterSOS. Moreover, according to local charity workers, only the Red Cross camp was able to refer displaced people to hospital to access free healthcare, severely curtailing access to medical care for hundreds of displaced people living outside the Red Cross camp. Meanwhile, only

16. 33.3% of Red Cross camp residents with a health issue said they had been able to access medical help. For those respondents who had accessed hospital care in Italy, the experience was often described as inadequate or even frightening, in particular due to the lack of interpreters provided.<sup>26</sup> At the time of MSF's 2017 study, the medical office of Caritas Diocesana, run by volunteer doctors, received support of MSF cultural mediators and a nurse. The clinic, which at the time was open weekly, was often the only means available to migrants of fulfilling their medical needs.<sup>27</sup>

## **Suggested Questions**

What steps will Italy take to immediately provide adequate reception conditions and an adequate standard of living, including sufficient housing and accommodation, hygiene and sanitation facilities, food and water, as well as access to information to asylum seekers, refugees and displaced individuals on its territory, in particular in Ventimiglia, the border area with France as well as in its Hotspots and other areas particularly affected by migratory movements?

What steps will Italy take to ensure the provision of adequate health and medical care, including satisfactory living standards and improved access to the general health-care system, as well as specialized facilities for psychological disorders and trauma, to asylum seekers, refugees and displaced people on its territory?

What steps will Italy take to put an immediate end to disproportionate and systematic police violence and harassment of asylum seekers and displaced individuals which currently hinders their access to economic and social rights as per Articles 11 and 12 of the Covenant, including forced evictions from sleeping places without offering a viable alternative, and push backs to other locations inside or outside Italy?

## **Suggested Recommendations**

The Italian Ministry of Interior must urgently take steps to provide an increased number of housing and accommodation facilities, if necessary with financial and operational support from and cooperation with EU and/ or international institutions (as per Article 11(2) of the Covenant) to immediately transfer individuals currently living rough or in inadequate 'Hotspot' facilities to such adequate accommodation.

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<sup>26</sup> RRE, 2017, [https://refugee-rights.eu/wp-content/uploads/2018/08/RRE\\_InDangerousTransit.pdf](https://refugee-rights.eu/wp-content/uploads/2018/08/RRE_InDangerousTransit.pdf), p.27.

<sup>27</sup> MSF, 2018: [https://www.msf.fr/sites/default/files/harmful\\_borders\\_190218.pdf](https://www.msf.fr/sites/default/files/harmful_borders_190218.pdf), p. 4

The Italian Ministry of Interior should immediately provide special accommodation including adequate protection and guardianship mechanisms for unaccompanied minors on its territory and immediately transfer those unaccompanied minors currently living rough, to such accommodation. Support must be provided by adequate social workers, translators and specialist support staff, including whilst age assessments are on going, as well as during the appeals process.

The Ministry of Health, along with the local Health Authorities must guarantee access to healthcare to all asylum seekers, refugees and migrants on its territory. This health care must include secondary level of care where required, including in cases of chronic or diseases and mental health problems.

With the support of the Ministry of Health and Ministry of Interior, local health authorities and municipalities should ensure through adequate outreach and information provision, involving interpreters and cultural mediators that individuals are aware of and able to access local health services and appropriate referral mechanisms.<sup>28</sup>

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<sup>28</sup> As per MSF's recommendations:  
[https://www.msf.fr/sites/default/files/harmful\\_borders\\_190218.pdf](https://www.msf.fr/sites/default/files/harmful_borders_190218.pdf)