

Migration Policy and Health Insecurity Italy's response to COVID-19 and the impact of the Security Decree

Sebastian Carlotti
University of Pisa

Abstract

The recent reform of the Italian immigration policy produced a major impact on the health protection available to migrants against the COVID-19 virus. In 2018, the Security Decree determined a deep transformation of the reception system and of the services provided to migrants. As a consequence of these developments, migrants and asylum seekers are now among the most vulnerable subjects to the Coronavirus and receive only limited support from the State. Due to their status, undocumented migrants are generally forced to live in unhealthy and overcrowded spaces. Without the required legal documents, these migrants experience a severe limitation in the healthcare services they can access. Over the last years, as a result of restrictive migration policies, the number of undocumented migrants has significantly increased and has become a potential breeding ground for COVID-19. This article analyses the repercussion of the Security Decree in relation to the outbreak of the Coronavirus. Successively, this work provides an outline of the general situation faced by migrants in Italy and the institutional causes which might facilitate the spread of the Coronavirus in migrant communities. Finally, the regularization programme, as introduced by the *Decreto Rilancio*, will be the object of an early critical comment and of a discussion on its efficiency against the COVID-19 virus.

Keywords: Migration policy, COVID-19, Italy, Security Decree, Healthcare, Regularization.

Riassunto. *Politica Migratoria e Insicurezza Sanitaria. La reazione dell'Italia al COVID-19 e l'impatto del Decreto Sicurezza*

La recente riforma delle politiche d'immigrazione italiane ha prodotto un forte impatto sulla protezione della salute disponibile ai migranti contro il virus COVID-19. Nel 2018 il Decreto Sicurezza ha determinato una profonda trasformazione del sistema di accoglienza e dei servizi erogati ai migranti. Come conseguenza di questi sviluppi, migranti e richiedenti asilo adesso risultano tra i soggetti più vulnerabili al Coronavirus mentre ricevono dallo Stato solamente un supporto limitato. A causa del proprio status, i migranti senza permesso di soggiorno regolare vivono generalmente in condizioni sovraffollate e malsane. Senza i necessari documenti legali, questi migranti vivono una forte limitazione nei servizi sanitari cui possono accedere. Durante gli ultimi anni, come risultato di queste politiche migratorie restrittive, il numero dei migranti senza permesso di soggiorno è aumentato notevolmente, creando un potenziale focolaio per il COVID-19. Questo articolo analizza le ripercussioni del Decreto Sicurezza in relazione alla diffusione del Coronavirus. Successivamente, questo lavoro illustra la situazione generale dei migranti in Italia e gli atti istituzionali che possono facilitare la diffusione del Coronavirus tra le comunità dei migranti. Infine, il programma di regolarizzazione introdotto tramite il Decreto Rilancio sarà oggetto di un primo commento critico e di una discussione circa la sua efficienza nel contrasto del virus COVID-19.

Parole chiave: Politica migratoria, COVID-19, Italia, Decreto Sicurezza, Salute, Regolarizzazione.

DOI: 10.32049/RTSA.2020.2.14

1. Introduction

The outbreak of COVID-19 centralized the attention of media and politics in Italy around the rapidly unfolding emergency. The seriousness of the circumstances given by the many lives threatened by the virus, together with the rising death toll, makes no surprise of the crucial prominence of the Coronavirus. Previously, migrants and, in particular, undocumented migrants occupied a dominant position in the public debate. Today, they apparently disappeared from the political scene. Meanwhile, Italy and other European

countries adopted exceptional measures which restricted the freedom of movement and urged people to self-isolate at home (Sirkeci and Yüceşahin, 2020). These institutional acts concerned all aspects of public life, comprising a deep impact on all dimensions of people's existence. Understandably, these exceptional provisions are justified by the need to safeguard National Health Services and to reduce the overall spread of the virus. Migrants and their living conditions, however, seem to have been neglected by the Italian authorities.

The invisibility of undocumented migrants has a strong relation with the securitized environment surrounding migration in Italy. The growth of an anti-immigration sentiment and the consequent adoption of highly restrictive policies is manifesting its limits and repercussions (Geddes and Pettrachin, 2020). Undocumented migrants represent a vulnerable community on the margin of society, making them one of the most exposed to the risk of infection (Kluge *et al.*, 2020). As will be analyzed in the next sections, undocumented migrants suffer the difficult access to the Italian health care system and the poor quality of their living conditions (Marchetti *et al.*, 2020; Devakumar *et al.*, 2020). Policy reforms, most notably the Security Decree of 2018, are now showing their disastrous impact on the reception system and the peril it creates for public health.

This article presents an early assessment of the current Italian migration policy during the COVID-19 virus. With the pandemic still unfolding, it is important to examine whether the restrictive approach towards migration is increasing or not the risk of spreading the infection. The investigation will be developed across 3 sections. First, the growth of the anti-immigration stance in Italy and its impact on the early stages of the virus will be reconstructed. Successively, the main policy areas relevant to migrant health and living conditions will be examined. A particular focus will be dedicated to the consequences of the Security Decree and its impact on the possibilities of migrant communities to comply with the health regulations issued against the Coronavirus. Finally, the regularization introduced on the 19th of May 2020 by the Conte II Government and the main criticism highlighted by migration experts on the field, together with the calls of migrant volunteer organizations, will be addressed. Following these suggestions, a set of recommendations will be proposed to achieve a fast improvement of the living conditions of migrants during the COVID-19.

2. Securitization and the Italian migration policy

The impact of framing migration in Italy as a security problem has produced a hostile and difficult environment for migrants and asylum seekers. The criminalization of undocumented migration deprived many people of their rights to access basic services such as health care and social housing. In fact, the *Istituto Superiore della Sanità* (ISS), the Italian health authority, remarked how health care and support for housing represent two pressing needs for migrants during the COVID-19 pandemic (Marchetti *et al.*, 2020). In general, undocumented migrants are excluded from these services and avoid exposing themselves with public institutions. Even daily activities are characterised by the risk of being arrested and detained for undocumented migrants. The status of being “illegal” or “irregular” represents a condition where «migrants live in constant fear of detention, deportation, and surveillance by the authorities» (Nyers, 2010, p. 132). As described by De Genova (2002), undocumented migrants face a condition of permanent “deportability” which affects their everyday life. As a consequence, the general incapacity of States in carrying out the deportation of undocumented migrants created a growing number of disenfranchised migrants who live in a legal «limbo of non-existence» (Fabini, 2019, p. 176). Moreover, in the case of Italy, the migration policy facilitates the transition from being legal to illegal. This reached a point where the Italian normative framework has been defined as an illegalization policy (Fabini, 2019).

The recent history of Italy has been characterized by a rigid securitization of migration. This led to the adoption of increasingly restrictive immigration policies (Colucci, 2018). Media and politics in Italy acted according to the concept of “securitization” (Buzan, Wæver and de Wilde, 1998). This theory can be defined as a discursive strategy that creates a fear over a specific issue, felt as a threat, without the empirical evidence to support it. The escalation of boat arrivals in 2011 and 2015 has been dramatized and spectacularized by the media as a proof of an imminent African “invasion” on the European continent. Politicians took advantage of these boat arrivals to reinforce the representation of the so-called “border spectacle” of migrants infringing Italian maritime borders (De Genova, 2013). This

“spectacle” is meant to enact and produce a visibly manifest illegality for the public opinion. Furthermore, migrants have been accused of exploiting the Italian welfare system and taking advantage of its services such as social housing and universal health care. Among these controversial allegations, African migrants also have been blamed for bringing any kind of diseases to Italy.

The real number of irregular migrants is a debated issue. In 2018, for example, the ISMU Foundation (2019) estimated 533.000 people living in Italy without a legal permit. Eventually, in 2018 the far-right League party and the Five Star Movement formed the Conte I Government. The electoral debate in this election had been characterized by a strong call to curb “illegal” migration and to reduce expenditures for asylum seekers and their reception structures. Consequently, the new Government adopted the Decree Law 4 October 2018, n.113 (*Disposizioni urgenti in materia di protezione internazionale e immigrazione, sicurezza pubblica, nonché misure per la funzionalità del Ministero dell'interno e l'organizzazione e il funzionamento dell'Agenzia nazionale per l'amministrazione e la destinazione dei beni sequestrati e confiscati alla criminalità organizzata*), which is commonly referred to as “Salvini Decree” or “Security Decree”, confirmed with modifications as the Law 1 December 2018, n.132. The Security Decree modified the Legislative Decree 25 July 1998, n. 286 (T.U.I. - *Testo unico delle disposizioni concernenti la disciplina dell'immigrazione e norme sulla condizione dello straniero*), which is the main policy instrument regarding all matters inherent to migration. The security-driven approach of the Salvini Decree restricted asylum seeker's access to the reception system and weakened the overall provision of public services to migrants.

Since the beginning of the Coronavirus outbreak, this article argues that the Italian authorities continued to follow a securitized approach towards migrants. When the infection started to spread in China, the Italian society reacted with hostility and violence against the Chinese community (ANSA, 2020). Indeed, assaults and beatings occurred on the entire Italian territory. Politicians repurposed the anti-immigration calls to “close the borders” and “close the ports” as a response against the virus (Custodero, 2020). The European Union tried to stop the tendency of governments to close their borders, but, regardless, many States

decided to suspend the Schengen free movement area (ISPI, 2020). Meanwhile, when the pandemic arrived in Italy, seemingly not by the hand of Chinese citizens, the attacks dropped rapidly. As a first reaction against the virus, Italian authorities established a lockdown limited to the North of Italy on the 23rd of February (Presidency of the Council of Ministers, 2020). However, the virus quickly spread to other Italian regions and the Government decided to implement a full lockdown of the country on the 4th of March. In an effort to emphasize the importance of the situation, politicians and media coverage in Italy and in Europe framed the emergency with war-like discourses (Faloppa, 2020; Mezzadra and Stierl, 2020). Moreover, it can be argued that the vocabulary utilized in this context mimics the securitized language which has often been used against migrants. This kind of misleading communication, which aims to reinforce its impact, is intended to provide legitimacy for the exceptional measures adopted by governments.

When COVID-19 began to circulate in Italy, the country entered this emergency with the immigration and reception system redesigned by the Security Decree. This led, as we will see, to severe issues in the efforts to reduce the spread of the virus. In 2019, the new Conte II Government began its activities by claiming that one of its most urgent priorities was the abrogation of the Security Decree. Despite these declarations, nothing has changed to this day. Successively, when the pandemic reached Italy, it was not possible to undertake a major redesign of the Italian immigration system. The Government, thus, embraced a dual line of action. On one side, it deferred a direct intervention on the condition of migrants. In three months since the outbreak, no measure was adopted to ease, for instance, the access to the National Health Service or to provide other useful instruments to protect migrant communities from the virus. Only at a later stage, as analyzed in the following sections, the Government conceived a Decree to regularize a small number of undocumented migrants in order to be employed in agriculture and care work. On the other side, the Government agreed to close its harbours to migrant boats rescued outside the Italian SAR (Search and Rescue) zone¹. Both these actions were coherent with the previous security-driven

1 The decision to close the harbours was adopted on the 7th of April with a Decree which is in force until the 31st of July 2020. The full Decree can be accessed at: http://www.mit.gov.it/sites/default/files/media/notizia/2020-04/DECRETO%20NR.%20145%20DEL%203%20APRILE%202020_0.pdf (30/05/2020).

standards. Nevertheless, it is necessary to highlight the impact of the exceptional circumstances deriving from the virus. Migration is a thorny issue in the Italian debate and the provision of welfare support to undocumented migrants automatically produces a strong opposition of far-right parties. However, by not engaging directly with the issue and deferring urgent interventions, the Italian Government made a crucial and dangerous choice. As the next sections will show, the consequences of these decisions are in sharp contrast with the ambition of containing the spread of the virus.

3. Containing the virus: the deficiencies and shortcomings of the Security Decree

3.1 Access to health care services

The invisibility of undocumented migrants constitutes a remarkably neglected health hazard during the COVID-19 virus. This problem affects not only the migrant communities themselves, but also represents a concern for the societies they live with. The capacity to provide health care to undocumented migrants becomes, thus, a crucial task for State authorities and a basic right for migrants. In Italy, universal healthcare is regulated by art. 32 of the Constitution which declares access to health services as a fundamental right to be provided unconditionally to all those in need. Medical assistance in Italy is managed by the *Servizio Sanitario Nazionale* (SSN), the Italian National Health Service, and organized independently by each regional administration. Furthermore, the State requires regional authorities to provide undocumented migrants and asylum seekers both urgent and regular healthcare. Urgent medical assistance is generally defined as a circumstance where the life of a patient is directly in danger.

Undocumented migrants are excluded from the SSN, since it requires a formal registration. At the same time, it is possible to receive a STP² document which provides undocumented migrants with a limited access to healthcare services (Cornice, 2019). The

² STP: Straniero Temporaneamente Presente – Temporarily Present Foreigner (Translation provided by the author).

STP is valid for six months, it does not require any identification document and is issued upon a formal declaration of destitution. In general, urgent healthcare is provided State-wide through hospital's emergency rooms and is overall regarded as an efficient service. In contrast, the provision of regular care is characterized by several shortcomings (Olivani and Panizzut, 2019). The T.U.I. requires regional administrations to determine the way regular healthcare services are provided to undocumented migrants. In practice, this means that regional authorities are free to arrange this service through anything ranging from General Practitioners to local non-registered volunteer organizations. Lacking a minimum standard between regions, this system created a significant difference in the quality of regular healthcare (Olivani and Panizzut, 2019).

Italian authorities have implemented exceptional measures aimed to protect the National Health Service against the possibility of new breeding grounds. Notably, the restriction of movement imposed on the population is an essential and urgent instrument to safeguard collective health. Restrictions of this kind, however, only work if the State is able to assist and sustain all people without resources on its territory. Logically, this issue should prompt the Italian Government to adopt the most inclusive strategies towards asylum seekers and undocumented migrants (Kluge *et al.*, 2020). One of the main concerns, in fact, is related to the evidence that undocumented migrants tend to mainly access the health services provided by hospital's emergency rooms, and only when already in severe distress (Devakumar *et al.*, 2020; Olivani and Panizzut, 2019). This means, for example, that a minor health condition might not be judged enough to seek medical assistance. The consequences of such a conduct may be extremely harmful in the course of the COVID-19 emergency. In particular, the main symptoms of the Coronavirus, resembling the early stages of a flu, are not immediately identified as requiring urgent treatment. Furthermore, the lack of information and contact with public officials can lead to incorrect and, potentially, dangerous behaviours. In the current circumstances, the habit of opting for a direct access to emergency rooms violates the crucial health regulations aimed to prevent the diffusion of the Coronavirus (Health Ministry, 2020).

Asylum seekers, instead, benefit from a more inclusive healthcare service. In particular,

art. 34 of the T.U.I. establishes their automatic registration to the SSN while the asylum procedure is being ruled out. This regulation provides asylum seekers with the same access to healthcare services as for Italian citizens. In order to complete the registration for the SSN, asylum seekers are required to demonstrate the inscription of their residence address in the local civil registry. The local councils must, therefore, accept their residence addresses even if the asylum seekers are only living in a temporary reception centre. However, the adoption of the Security Decree abolished the possibility for asylum seekers to enter their residence address in the civil registry (Pitzalis, 2019). As a consequence of the impossibility to prove their residence, asylum seekers were unable to register to the SSN and impeded to access basic health care services. Eventually, while Italian courts are ruling out that local councils must accept the inscription in the civil registries, juridical confusion still leads many local administrations to not proceed in this direction (Azzariti, 2019). So far, while local authorities are slowly correcting their behaviour, the Security Decree continues to cause substantial distress to asylum seekers who are in need of medical support.

3.2 Housing and living conditions

The containment of the virus entailed the introduction of general limitations to movement and the recommendation to stay home in order to protect public health. In contrast, no measures have been taken by the Italian Government to support the living conditions of undocumented migrants and refugees who do not have a place they can call home. As a matter of fact, migrants and refugees constitute a significant part of the homeless population (Kluge *et al.*, 2020). The inability to self-isolate of homeless people, together with their income-insecurity, makes them one of the most exposed categories to the infection of COVID-19. In addition, due to their legal status, undocumented migrants cannot access social housing services in Italy. The living conditions of these migrants are often characterised by large groups clustered in overcrowded spaces with no access to basic sanitation and hygiene (Marchetti *et al.*, 2020). As described by the World Health

Organization (WHO, 2018), undocumented migrants also suffer from significant bureaucratic, linguistic and economic barriers to the National Health Service. Hence, homeless migrants are not capable of adhering to the strict COVID-19 regulations. Therefore, they neither can observe a quarantine nor are able to decide to self-isolate. Moreover, these migrants are also «affected by income loss, health-care insecurity, and the ramifications that come with postponement of decisions on their legal status or reduction of employment» because of the current pandemic (Kluge *et al.*, 2020, p. 1238). These living conditions represent a pressing issue for Italian authorities, which, on the contrary, they have entirely avoided until now.

The exact quantity of undocumented migrants in Italy, as discussed in the previous section, is uncertain and some figures estimate a presence of more than 533.000 people. These numbers have grown substantially as a consequence of the Security Decree which introduced new ways for migrants to become “irregular” or “clandestine” (Ambrosini, 2020). The Decree redesigned the Italian asylum system, notably by cancelling the so-called humanitarian protection. The humanitarian permit represented a different form of protection for those migrants who did not match the requirements for asylum or the subsidiary protection (Geddes and Pettrachin, 2020). Geddes and Pettrachin (2020) realized a first one year after analysis of the impact of cancelling the humanitarian protection. Their findings associate the growth of undocumented migrants to the reduction of available protection instruments. In particular, they argue that the estimated 40.000 possible recipients of the humanitarian protection caused a 25% increase of asylum rejections in 2019. In 2020, moreover, the surge of rejected asylum applications alone could produce more than 100.000 new undocumented migrants in Italy (Ambrosini, 2020). Therefore, as we have seen, these people generally enter a state where they face a major lack of resources and are exposed to the risk of becoming homeless.

Security-driven policies diminished the options that local councils can utilize to intervene on the living conditions of undocumented migrants. A crucial role in this regard is played by art. 40 of the T.U.I. as it allows mayors to arrange social and emergency housing for migrants with a regular permit to stay in Italy. Originally, art. 40 included the possibility to

provide shelter and housing also for “irregular” migrants in the case of an emergency. This provision, however, was abrogated in 2002 by the “Bossi-Fini” Law 30 July 2002, n. 189 (*Modifica alla normativa in materia di immigrazione e asilo*). This abolition was justified with the need to safeguard the “security” of the Italian population and, clearly, now constitutes a serious obstacle during the COVID-19 virus (Bontempelli, 2020).

The situation of migrant field workers in the South of Italy during the pandemic represents another dangerous context (Bellantone, 2020). For the most part, these migrants suffer the exploitation of the so-called *caporalato* system. The *caporalato* consists of middle-persons who detain the control of the migrant workforce and leases it to the local farmers for work in the field (Perrotta, 2014; Perrotta and Sacchetto, 2014). Notably, this system forces undocumented migrants to live together in overcrowded barracks and to work under extreme conditions of exploitation. These quarters, also defined as migrant “ghettoes”, are inhabited only by these field workers and have no access to neither water nor basic sanitation and hygiene (Dines and Rigo, 2015; Perrotta and Sacchetto, 2014).

3.3 The Italian reception system

The normative introduced by the Security Decree operated a significant reform of the Italian reception system by reducing the assistance provided to asylum seekers and refugees. Amidst the COVID-19 emergency, this new reception system is demonstrating a harmful impact on the health safety guaranteed by its structures.

Until 2018, the reception system has been divided between two separated structures, the CAS (*Centri di Accoglienza Straordinaria*), the Extraordinary Reception Centres, and the SPRAR (*Sistema di Protezione per Richiedenti Asilo e Rifugiati*), the Protection System for Asylum Seekers and Refugees. The SPRAR, now re-named SIPROIMI by the Security Decree, previously housed both refugees and asylum seekers who waited for the outcome of their recognition procedures. The SPRAR was organized through a network of local councils and was characterized by small reception centres. Furthermore, it provided

services, such as language classes, aimed to facilitate the integration of his inhabitants (Marchetti, 2016). As a consequence of the Security Decree, the well-functioning system and the “hospitality” showed by the SPRAR were seen by anti-immigration politicians as an unacceptable expenditure (Geddes and Pettrachin, 2020; De Gregorio, 2019). The Conte I Government restricted the access to SPRAR structures only to already recognized refugees and unaccompanied foreign minors. The choice, therefore, to exclude asylum seekers from the now-SIPROIMI reception system could be seen as an infraction of art. 17 of the Directive 2013/33/EU of the European Parliament and the Council, of 26 June 2013, laying down standards for the reception of applicants for international protection (Corsi, 2019). Article 17 of the Directive, essentially, states the “*General rules on material reception conditions and health care*” which compel Member States to provide asylum seekers with “adequate living conditions” and to “protect their physical and mental health”.

The CAS was the emergency solution administered by the Prefectures to host asylum seekers and refugees when there was no more place in the SPRAR network. This “extraordinary” measure, however, soon became the “regular” solution with around 70% of asylum seekers being hosted in the CAS centres (De Gregorio, 2019). This kind of structures were planned to be only a temporary accommodation. Therefore, the CAS was characterized by widely heterogeneous quality standards in living conditions and health care services. Often located in large reception structures, the CAS did not offer its occupants any assistance to ease the integration into Italian society (Ambrosini, 2020). Furthermore, the CAS often lacked basic medical support in the majority of its facilities. These structures, ultimately, provide a minimal reception which is limited to the provision of food and a place to sleep (Ambrosini, 2020; De Gregorio, 2019).

With the implementation of the Security Decree, the CAS system became the main instrument to host asylum seekers. Due to its generally overcrowded conditions and poor attention to health safety, these facilities represent a considerable hazard. In fact, the foreseeable negative consequences have already begun to occur. As a result of the clustered environment, a CAS in Verona registered over 100 infections among its 140 hosted asylum seekers. Originally, this structure was a hotel that has been repurposed as a CAS. Instead of

focusing on the inappropriate setting for a CAS, especially during the COVID-19 outbreak, some media reported political positions that implied a responsibility onto the reception system and migrants themselves. On the contrary, this event should serve as a signal to develop a serious reconsideration of the current reception system and encourage authorities to provide better structures to host asylum seekers.

3.4 Detention of undocumented migrants and CPR facilities

Detention facilities for undocumented migrants embody the perfect preconditions as a potential hotbed for COVID-19. In Italy, the detention of migrants has been introduced by the T.U.I. and regulated through art. 12. Initially, the detention structures were called CPTA (*Centri di Permanenza Temporanea e di Assistenza*), then CPT (*Centri di Permanenza Temporanea*) and successively CIE (*Centri di Identificazione ed Espulsione*). With the Law 13 April 2017, n. 46 (*Disposizioni urgenti per l'accelerazione dei procedimenti in materia di protezione internazionale, nonché per il contrasto dell'immigrazione illegale*), known as the Minniti-Orlando Law, the CIE have adopted their current denomination as CPR (*Centri di Permanenza e Rimpatrio*), the Holding Centers for Repatriation. Detention of undocumented migrants has been extended from the previous 90 days to the current 180 by the recent Security Decree. However, after this time, repatriation usually is impossible and migrants are released only with a formal solicitation to leave (Fabini, 2019).

Currently, there are 8 active CPRs distributed across the Italian territory (Roma; Torino; Bari; Potenza; Nuoro; Gorizia; Caltanissetta; Brindisi). This list does not include the CPR of Trapani, which closed in February 2020 as a consequence of riots within the centre which caused heavy damages to the building. Likewise, the planned opening of the CPR of “via Corelli” in Milan was at the centre of a determined public protest. The facility was scheduled to open in March 2020 but the process was suspended due to the unfolding of the COVID-19 emergency (Palma, 2020).

The CPR structures detain high numbers of migrants in restricted spaces and, as

denounced by the *Associazione per gli Studi Giuridici sull'Immigrazione* (ASGI, 2020a), are characterized by poor hygienical conditions. Furthermore, these facilities lack the appropriate medical assistance and are not equipped to react in the presence of a COVID-19 infection. The inadequacy of the Italian CPR system rarely reaches the spotlights of the public debate. This changed, briefly, when the CPRs arose to the national news after the death of Vakhtang Enukidze³. His case reopened the question of the extremely deficient standards in the detention of migrants. Nonetheless, since this moment nothing changed. Hence, the danger of infections is still playing a crucial role in these facilities, causing an important limitation to the efforts of containing the spread of the Coronavirus. In fact, the lack of hygiene and the impossibility of keeping the required distances between inmates, among others, make it unrealistic for CPR structures to comply with the State health regulations on COVID-19 (ASGI, 2020a). Moreover, as ASGI (2020a) efficiently pointed out, an infection in these overcrowded facilities would have disastrous consequences with a rapid and uncontrolled spread of the virus.

The Italian Ministry of Internal Affairs reacted to the emergency with an internal communication which confirmed the normal operativity of CPRs (Ministry of Internal Affairs, 2020). Despite laying out basic healthcare recommendations, the communication also ordered the CPRs to continue accepting new detainees. The Home Office, therefore, decided to evade the potential health hazards connected with this choice.

Because of these circumstances, concerns were raised also by the local councils who host the CPRs on their territory. After the outbreak of the virus, the mayors of Gradisca d'Isonzo and Caltanissetta repeatedly urged the Government to close the CPRs (Casadio, 2020)⁴. At the same time, detained migrants themselves protested against the bad health safety and begun a hunger strike in the CPR of Gradisca d'Isonzo (Province of Gorizia) and of Palazzo San Gervasio (Province of Potenza) at the end of March (Galieni, 2020). These migrants feel abandoned by the State and claim that no measures have been taken to protect them

³ Vakhtang Enukidze died on the 18th of January 2020 in the CPR of Gradisca d'Isonzo (Province of Gorizia). While the circumstances of his death are still unclear, allegations suggest that his death occurred after a brutal beating suffered from the police operating in the CPR.

⁴ To read the full statement made by the mayor of Gradisca d'Isonzo on the 25th of March 2020, please visit: [http://www.comune.gradisca-d-isonzo.go.it/index.php?id=6296&tx_news_pi1\[news\]=39927&tx_news_pi1\[controller\]=News&tx_news_pi1\[action\]=detail&cHash=14c3c4adf8a83689128424efb0d54384](http://www.comune.gradisca-d-isonzo.go.it/index.php?id=6296&tx_news_pi1[news]=39927&tx_news_pi1[controller]=News&tx_news_pi1[action]=detail&cHash=14c3c4adf8a83689128424efb0d54384) (30/05/2020).

from the virus (Merli, 2020b). Moreover, their protest confirms and highlights the lack of the most essential resources such as warm water and basic hygienical goods.

3.5 The “Decreto Rilancio”: a failed opportunity to regularize undocumented migrants against COVID-19?

The agrarian sector in Italy, as addressed in section 3.3, strongly depends on migrant workforce in the fields. During the COVID-19 emergency, Coldiretti, the Italian farmers' organization, and many rural entrepreneurs urged the Government to enable foreign and undocumented migrants to work in Italy (Gaita, 2020). The agricultural sector, in particular, lacked around 200.000 seasonal workers which, for the most part, usually arrive from Romania, Morocco and India to work in Italy (Gaita, 2020). The Minister of Agricultural Policy, Teresa Bellanova, replied to this request by stating that the Government was aware of the significant shortfall in workforce caused by the closure of international borders against the spread of the virus (Polchi, 2020). The Minister Bellanova, thus, endorsed a regularization programme of undocumented migrants under the condition that migrants would accept to work on farms and breeding grounds (Senato della Repubblica, 2020, p. 6).

From this point, another month passed before the Italian Government adopted the so-called *Decreto Rilancio*, the Decree Law 19 May 2020, n. 34 (*Misure urgenti in materia di salute, sostegno al lavoro e all'economia, nonché di politiche sociali connesse all'emergenza epidemiologica da COVID-19*), which included the much awaited provisions regarding undocumented migrants. Eventually, despite the high expectations, the final outcome, as resulted from art. 103 (*Emersione di rapporti di lavoro*) of the *Decreto Rilancio*, presented a rather selective and limited scope (Oliveri, 2020). In fact, the Decree neither introduced a substantial regularization programme, nor did it establish measures to support undocumented migrants during the COVID-19 pandemic. In practice, however, art. 103 of the Decree does illustrate two narrow procedures which can be utilized by undocumented migrants to regularize their employment in agriculture, domestic work, and

care work. Indeed, undocumented migrants now have two possible options available to live and work under legal circumstances in Italy. The first way offers the employer the possibility to apply for the regularization of an undocumented worker who already is employed in one of the aforementioned sectors. The second path, instead, gives the migrant himself the opportunity to apply for a temporary permit which can be transformed in a six-month work permit. However, this permit is subject to significant conditions and requirements, especially in the case of the second option: the undocumented migrant must have possessed a work permit which expired after 31st of October 2019; the migrant must have worked previously in one of the required sectors; she or he has to provide proof of presence on the Italian territory before the 8th of March 2020, preferably through a fingerprint record as in the case of the EURODAC database. Clearly, the last point automatically excludes all those undocumented migrants who managed to enter the country and successfully avoided any contact with public officials.

Following these premises, there are many issues which arise from these requirements and who need a separate in-depth analysis. Nonetheless, for the interest of this contribution, three main problems which emerge from art. 103 of the *Decreto Rilancio* are identified and briefly examined. First, arguably the State's primary interest is oriented to fill the workforce gap in only a few sectors such as in agriculture. As a consequence of this curtailment, art. 103 would be destined only to a narrow number of potential recipients that could be able to regularize their status and receive a legal permit to stay in Italy. Second, the mandatory time limit of the 31st of October leaves out the majority of undocumented migrants whose permit, for instance, expired before this date or never had a regular work permit. Moreover, this constraint leaves out the newly illegalized migrants by the Security Decree, providing no option to regularize their condition. It seems straightforward that the requirement of having worked in one of the listed employment sectors makes the regularization even more restrictive and selective. Finally, the Decree does not offer any direct measure to support undocumented migrants against COVID-19. No provision has introduced a support for emergency housing or extended the access to Health Services condition for undocumented migrants. Moreover, the Decree did not include any measure to improve the circumstances

of the Italian reception system and did not address the crucial condition of migrants in the CIE detention facilities.

It is undeniable, on the contrary, that this programme will provide access to the SSN and several other services to a certain amount of undocumented migrants, producing, conceivably, a fairly small improvement in the containment of COVID-19. Despite the acknowledgment of this positive side-effect, it is likely that only few people will have the possibility to regularize their status. In fact, the *Decreto Rilancio* is characterized by an inherently unequal access to the regularization for undocumented migrants. As a consequence, this programme is not likely to achieve a significant reduction in the number of undocumented migrants living in Italy as the demand of the agricultural sector is not unlimited.

Instead of embracing a more inclusive approach, the Government avoided to recognize the presence of more than 500.000 invisible people living in Italy. The inherent concern of art. 103 openly regards the provision of workforce support to the companies active in the agricultural sector and not the provision of health services to excluded migrant communities (Oliveri, 2020). Whether this will result in the decrease of undocumented migrants living in Italy and achieve a significant impact in the struggle against COVID-19 remains to be seen.

4. Voices from below: urgent areas of intervention

The prolonged inactivity of the Italian authorities provoked a firm reaction from the many volunteer organizations that support migrants. As we have seen, after the implementation of the Security Decree, the normative framework on migration has significantly worsened the health and living conditions suffered by undocumented migrants. Therefore, when the virus arrived in Italy, volunteers and activists immediately promoted a call to urge the Government to approve a broad regularization of migrants (Melting Pot Europe, 2020). The first benefit of approving such a regularization, in contrast to the one implemented by the *Decreto Rilancio*, would be that a wide majority of undocumented

migrants could emerge from their invisibility and be provided with much needed services. As highlighted in the previous sections, undocumented migrants have no access to the SSN and only limited access to urgent medical care. Being able to engage undocumented migrants, thus, allows for a significant reduction of their risk of infection and of the overall spread of the virus in Italy. In particular, migrants will be more likely to contact the National Health Service themselves if they are in the presence of suspicious symptoms.

The idea behind a regularization or an amnesty for undocumented migrants is not new. Indeed, in 2019, the *Camera dei Deputati* (2019, p. 168) voted on the 23rd of December an order of business which included a discussion on a possible regularization for undocumented migrants. This issue was later recalled during the parliament's question time by the Minister of Internal Affairs Luciana Lamorgese on the 15th of January 2020 (*Camera dei Deputati*, 2020, p. 22). Eventually, the Government adopted a limited regularization programme, despite the serious restraints that have been highlighted in section 3.5. The regularization has been received with a strike, on the 21th of May 2020, organized by migrant field workers. Also described as the “strike of the invisibles”, these migrants voiced their anger as they fear that only one of three workers in agriculture might be able to satisfy the restrictive conditions of the regularization (Merli, 2020c).

While the debate around the regularization and the newly adopted *Decreto Rilancio* is continuing, other instruments should be implemented in the meantime to provide all undocumented migrants with full and immediate access to the National Health Service. In this direction, valuable measures that could be adopted are represented by the temporary suspension of art. 34 c.1 and art. 40 of the T.U.I. (Bontempelli, 2020). These provisions would allow for an immediate access to healthcare services for everybody and make it possible to provide safe emergency housing for homeless migrants. As argued by Mezzadra and Stierl (2020), all migrants need to have the practical means for a quarantine and to be able to self-isolate if they deem it necessary.

In the course of the COVID-19 virus, as highlighted by the call for the regularization, a rapid reaction is required from the Italian institutions. However, while there is a clear necessity for a broad regularization of undocumented migrants, this measure alone does not

provide the needed results during the pandemic. Actually, not all problems are related to the *status* of migrants. For example, the dire living conditions of undocumented migrants are shared also by many regular migrants in Italy (Bontempelli, 2020). As a consequence, a group of organizations recommended the Government to adopt a set of measures to immediately enhance the Italian reception system (ASGI, 2020b). These organizations suggest to close the unhealthy and dangerous CAS structures and to relocate their occupants into the safer SIPROIMI system. The SIPROIMI itself, they argue, should be expanded in order to accept all regular migrants in need. Furthermore, regarding the detention of undocumented migrants, the CPRs should provide alternative measures to detention for those who are confined at the moment (ASGI, 2020a). At the very least, the Ministry of Internal Affairs should decide for the immediate stop of new admissions in these facilities.

5. Conclusion

The circumstances induced by the COVID-19 virus require State authorities to adopt an immediate response to prevent the spread of the infection in the population, especially among its most vulnerable subjects. In Italy, the implementation of a restrictive policy framework has led the migrant community to cope with an increased exposure to the virus. In particular, the Security Decree has considerably inflated the number of undocumented migrants and reduced their overall access to healthcare services (Ambrosini, 2020). The impossibility to access the SSN has left more than 500.000 undocumented migrants outside of regular medical assistance during the Coronavirus emergency. Furthermore, the Security Decree downsized and reduced the overall quality of the reception system, inducing a growing number of migrants to live in overcrowded and unhealthy environments. Likewise, detention facilities embody at the moment the most emblematic dangers of being unprotected against the virus. As highlighted by the journalist Giansandro Merli (2020a), the CPR system in Italy very well resembles a ticking time bomb where an intervention by the State is imperative. Overall, the result of migration policies, such as the Security Decree, is

a situation where migrant communities are defenceless and exposed to a possible infection with the COVID-19 virus.

Contrary to the expectations, the Conte II Government has not discontinued the hostile approach towards migrants during this emergency. Maintaining operational the dangerous CPR and CAS facilities, together with the decision to close the harbours to rescued migrants in the Mediterranean Sea, represent a strongly adverse position against migrants. Accordingly, while the regularization process of undocumented migrants implemented by the Government could represent a step in the right direction, its main focus regards the provision of the required farmworkers to the agricultural economy. The narrow extent of this regularization programme excludes the majority of undocumented migrants and, thus, denies them the much needed access to healthcare and housing services. Despite these problems, the Government continues to declare its awareness of the importance to intervene on the general living conditions of migrants. However, to this day the State failed to provide any solution in order to improve the response capacity against the virus for migrants and asylum seekers in Italy. The efforts of containing and reducing the infection of COVID-19 will only be efficient when the State will decide to support all people living on its territory.

Reference List

- Ambrosini M. (2020). *L'invasione immaginaria. L'immigrazione oltre i luoghi comuni*. Bari-Roma: Editori Laterza.
- ANSA (2020). Ambasciata Cina, Basta aggressioni. *ANSA*, February 13. Retrieved from: https://www.ansa.it/sito/notizie/topnews/2020/02/13/ambasciata-cina-basta-aggressioni_b543e74b-0e98-4fbb-9869-2ddfc90dc2ac.html (30/05/2020).
- Associazione Studi Giuridici sull'immigrazione - ASGI (2020a). Coronavirus, avvocati e associazioni al Ministero dell'Interno: sospendere gli ingressi e chiudere i CPR. *ASGI*, March 14. Retrieved from: <https://www.asgi.it/notizie/coronavirus-cpr/> (30/05/2020).
- Associazione Studi Giuridici sull'immigrazione - ASGI (2020b). Emergenza COVID-19.

L'impatto sui diritti delle/dei cittadine/i straniere/i e le misure di tutela necessarie: una prima ricognizione. *ASGI*, March 22. Retrieved from: https://www.asgi.it/wp-content/uploads/2020/03/EMERGENZA-COVID-19_DIRITTI-STRANIERI-22-marzo-finale.pdf (30/05/2020).

Azzariti G. (2019). I problemi di costituzionalità dei decreti sicurezza e gli interventi del Presidente della Repubblica. *Diritto Pubblico*, 3: 639. DOI: 10.1438/95893.

Bellantone R. (2020). L'emergenza coronavirus nelle terre del caporalato. *Nigrizia*, March 19. Retrieved from: <https://www.nigrizia.it/notizia/lemergenza-coronavirus-nelle-terre-del-caporalato> (30/05/2020).

Bontempelli S. (2020). La regolarizzazione: necessaria ma non sufficiente. *Associazione Diritti e Frontiere – ADIF*, March 23. Retrieved from: <https://www.a-dif.org/2020/03/23/la-regolarizzazione-necessaria-ma-non-sufficiente> (30/05/2020).

Buzan B., Wæver O., de Wilde J. (1998). *Security: A New Framework for Analysis*. Boulder, CO: Lynne Rienner.

Camera dei Deputati (2019). *Atti Parlamentari, Seduta n. 282 del 23 Dicembre 2019*. Roma: Camera dei Deputati. Retrieved from: https://documenti.camera.it/leg18/resoconti/assemblea/html/sed0282/leg.18.sed0282.allegato_a.pdf (30/05/2020).

Camera dei Deputati (2020). *Atti Parlamentari, Seduta n.289 del 15 Gennaio 2020*. Roma: Camera dei Deputati. Retrieved from: <https://documenti.camera.it/leg18/resoconti/assemblea/html/sed0289/stenografico.pdf> (30/05/2020).

Casadio G. (2020). La sindaca di Gradisca d'Isonzo lancia l'allarme: “Centro per il rimpatrio a rischio. COVID-19 è arrivato anche qui”. *La Repubblica*, April 4. Retrieved from: https://www.repubblica.it/dossier/politica/virus-in-comune-sindaci/2020/04/04/news/sindaca_gradisca_d_isonzo_immigrati_centro_rimpatrio-253087089/ (30/05/2020).

Colucci M. (2018). Per una storia del governo dell'immigrazione straniera in Italia: dagli anni sessanta alla crisi delle politiche. *Meridiana*, 91, 1: 9. DOI: 10.23744/1477.

Cornice A. (2019). *Scenari normativi in materia di immigrazione dopo l'approvazione del decreto sicurezza*. INAPP Paper, 19. Roma: INAPP. Retrieved from: <http://oa.inapp.org/handle/123456789/448> (30/05/2020).

- Corsi C. (2019). Evaluating the ‘Salvini Decree’: Doubts of constitutional legitimacy. *Migration Policy Centre*, Policy Brief, 6. DOI:10.2870/199546.
- Custodero A. (2020). Coronavirus, Salvini: “il governo ha perso tempo. Chiudere accesso via aria, terra e mare”. Conte: “non era possibile bloccare subito i voli”. *La Repubblica*, January 31. Retrieved from: https://www.repubblica.it/politica/2020/01/31/news/coronavirus_salvini_frontiere_aperte_incapaci_al_governo_-247207195/ (30/05/2020).
- De Genova N. (2002). Migrant “Illegality” and Deportability in Everyday Life. *Annual Review of Anthropology*, 31: 419. DOI: 10.1146/annurev.anthro.31.040402.085432.
- De Genova N. (2013). Spectacles of migrant ‘illegality’: the scene of exclusion, the obscene of inclusion. *Ethnic and Racial Studies*, 36, 7: 1180. DOI: 10.1080/01419870.2013.783710.
- De Gregorio O. (2019). La filiera dell'accoglienza tra buone pratiche e futuro incerto: i casi della Val Susa e del Canavese. In Maino F., Ferrera M., a cura di, *Nuove Alleanze per un welfare che cambia. Quarto Rapporto sul secondo welfare in Italia 2019*. Torino: Giappichelli.
- Devakumar D., Shannon G., Bhopal S.S., Abubakar I. (2020). Racism and discrimination in COVID-19 responses. *The Lancet*, 395, 10231: 1194. DOI: 10.1016/S0140-6736(20)30792-3.
- Dines N., Rigo E. (2015). Postcolonial Citizenships and the “Refugeeization” of the Workforce: Migrant Agricultural Labor in the Italian Mezzogiorno. In Ponzanesi S., Colpani G., eds., *Postcolonial Transitions in Europe: Contexts, Practices and Politics*. Lanham, MD: Rowman and Littlefield International.
- Fabini G. (2019). Internal bordering in the context of undeportability: Border performances in Italy. *Theoretical Criminology*, 23, 2: 175. DOI: 10.1177/1362480618819802.
- Faloppa F. (2020). Sul «nemico invisibile» e altre metafore di guerra. *Treccani*, March 25. Retrieved from: http://www.treccani.it/magazine/lingua_italiana/articoli/parole/cura_parole_2.html (30/05/2020)
- Fondazione ISMU (2019). *Ventiquattresimo Rapporto sulle migrazioni 2018*. Milano: Fondazione ISMU.

- Gaita L. (2020). Coronavirus, la corsa contro il tempo per trovare 200mila braccianti. La Coldiretti: “40% di frutta e verdura rischia di marcire nei campi”. Dai voucher alla sanatoria, tutte le ipotesi allo studio tra le polemiche. *Il Fatto Quotidiano*, April 8. Retrieved from: <http://www.ilfattoquotidiano.it/2020/04/08/coronavirus-la-corsa-contro-il-tempo-per-trovare-200mila-braccianti-la-coldiretti-il-40-di-frutta-e-verdura-rischia-di-marcire-nei-campi-dai-voucher-alla-sanatoria-tutte-le-ipotesi-allo-studi/5762779> (30/05/2020).
- Galieni S. (2020). Che fine faranno quei migranti rinchiusi nei CPR e a rischio contagio? *Left*, March 30. Retrieved from: <https://left.it/2020/03/30/che-fine-faranno-quei-migranti-rinchiusi-nei-cpr-e-a-rischio-contagio> (30/05/2020).
- Geddes A., Pettrachin A. (2020). Italian migration policy and politics: Exacerbating paradoxes. *Contemporary Italian Politics*, 12, 2: 227 DOI: 10.1080/23248823.2020.1744918.
- Health Ministry (2020). *FAQ – COVID-19, domande e risposte*. Roma: Ministero della Salute. Retrieved from: <http://www.salute.gov.it/portale/nuovocoronavirus/dettaglioFaqNuovoCoronavirus.jsp?id=228&lingua=italiano> (30/05/2020).
- Istituto per gli Studi di Scienza Politica - ISPI (2020). *Europa blindata*. Milano: ISPI. Retrieved from: <https://www.ispionline.it/it/pubblicazione/europa-blindata-25410> (30/05/2020).
- Kluge H.H.P., Jakab Z., Bartovic J., D'Anna V., Severoni S. (2020). Refugee and migrant health in the COVID-19 response. *The Lancet*, 395, 10232: 1237. DOI: 10.1016/S0140-6736(20)30791-1.
- Marchetti C. (2016). Le sfide dell'accoglienza: passato e presente dei sistemi istituzionali di accoglienza per richiedenti asilo e rifugiati in Italia. *Meridiana*, 86, 2: 121. DOI: 10.1400/247423.
- Marchetti F., Zambri F., Giusti A., Marchetti G., Dente M.G., Tosti M.E., Declich S. (2020). SARS-CoV-2 e popolazione migrante. *EpiCentro*, April 17. Roma: Istituto Superiore di Sanità. Retrieved from: <https://www.epicentro.iss.it/coronavirus/sars-cov-2-migranti> (30/05/2020).

- Melting Pot Europe (2020). Appello per la sanatoria dei migranti irregolari ai tempi COVID-19. Gli effetti positivi sarebbero molteplici. *Melting Pot Europa*, March 24. Retrieved from: <https://www.meltingpot.org/Appello-per-la-sanatoria-dei-migranti-irregolari-ai-tempi.html> (30/05/2020).
- Merli G. (2020a). I CPR sono una bomba a orologeria. Il COVID-19 tra le mura di Gradisca. *Il Manifesto*, March 27.
- Merli G. (2020b). Cpr tensione alle stelle e primi rilasci per il COVID-19. *Il Manifesto*, March 31.
- Merli G. (2020c). Sciopero nelle campagne: «Il Governo ci deve risposte». *Il Manifesto*, May 22.
- Mezzadra S., Stierl M. (2020). What happens to freedom of movement during a pandemic? *OpenDemocracy*, March 24. Retrieved from: <https://www.opendemocracy.net/en/can-europe-make-it/what-happens-freedom-movement-during-pandemic> (30/05/2020).
- Ministry of Internal Affairs (2020). *Misure di prevenzione COVID-19 nei centri di permanenza per il rimpatrio (Cpr)*. Roma: Ministero degli Interni. Retrieved from: <https://www.interno.gov.it/it/notizie/misure-prevenzione-COVID-19-nei-centri-permanenza-rimpatrio-cpr> (30/05/2020).
- Nyers P. (2010). No One is Illegal Between City and Nation. *Studies in Social Justice*, 4, 2: 127. DOI: 10.26522/ssj.v4i2.998.
- Olivani P., Panizzut D. (2019). *Attuale legislazione sanitaria italiana per gli immigrati irregolari e attuale fruibilità di tale legislazione a livello regionale*. Rapporto 2019. Milano: NAGA-SIMM. Retrieved from: https://www.simmweb.it/attachments/article/973/Report_LEGIS_Naga_2019.pdf (30/05/2020).
- Oliveri F. (2020). Mercato, giustizia o salute pubblica: cosa guida la regolarizzazione dei/delle migranti al tempo del COVID-19? *Scienze & Pace Magazine*, May 21. Retrieved from: <http://magazine.cisp.unipi.it/mercato-giustizia-o-salute-pubblica-cosa-guida-la-regolarizzazione-dei-delle-migranti-al-tempo-del-covid-19> (30/05/2020).
- Palma N. (2020). Stop alla società esclusa. Via libera al Cpr di Corelli. *Il Giorno*, April 14. Retrieved from: <https://www.ilgiorno.it/milano/cronaca/stop-alla-societ%C3%A0-esclusa>

-via-libera-al-cpr-di-corelli-1.5107089 (30/05/2020).

- Presidency of the Council of Ministers (2020). *Coronavirus, le misure adottate dal Governo*. Retrieved from: <http://www.governo.it/it/coronavirus-misure-del-governo> (30/05/2020).
- Perrotta D. (2014). Vecchi e nuovi mediatori. Storia, geografia ed etnografia del caporalato in agricoltura. *Meridiana*, 79, 1: 193. DOI: 10.1400/221104.
- Perrotta D., Sacchetto D. (2014). Migrant farmworkers in Southern Italy: ghettos, caporalato and collective action. *Workers of the World*, 1, 5: 75.
- Pitzalis S. (2019). Le conseguenze del Decreto Sicurezza sulle persone migranti (e su tutti noi). *Le Nius*, 12 December. Retrieved from: <https://www.lenius.it/conseguenze-decreto-sicurezza/> (30/05/2020).
- Polchi V. (2020). La tentazione del Governo: regolarizzare l'esercito di lavoratori stranieri invisibili. *La Repubblica*, April 10. Retrieved from: https://www.repubblica.it/solidarieta/immigrazione/2020/04/10/news/lavoratori_stranieri_fantasma-253635914 (30/05/2020).
- Senato della Repubblica (2020). *Resoconto Stenografico, 207a Seduta pubblica del 16 Aprile 2020*. Retrieved from: <http://www.senato.it/service/PDF/PDFServer/BGT/01150083.pdf> (30/05/2020).
- Sirkeci I., Yüceşahin M.M. (2020). Coronavirus and Migration: Analysis of Human Mobility and the Spread of COVID-19. *Migration Letters*, 17, 2: 379. DOI: 10.33182/ml.v17i2.935.
- World Health Organization - WHO (2018). *Report on the health of refugees and migrants in the WHO European Region: no public health without refugee and migrant health*. Geneva: WHO. Retrieved from: <https://apps.who.int/iris/bitstream/handle/10665/311347/9789289053846-eng.pdf> (30/05/2020).