



REVIEW

FOGGIA: THE FARTHEST CORNER OF OUR OWN BACKYARD

There is great need for help in the Apulia region's "ghettos", where migrants with precarious jobs live in conditions of terrible poverty. After working in this remote corner of "our own backyard" since 2015, CUAMM has expanded its presence during the Covid-19 crisis to guarantee basic healthcare and necessities.

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When the Covid-19 epidemic struck, we were already there, standing alongside the neediest in our own province of Foggia, to uphold the principle of health as a universal right. *Medici con il camper* (Doctors with a Caravan) had been launched back in 2015 to help improve dire situations "in our own backyard"; since then it has grown and continues to bring health care to the neediest living in the area's so-called "ghettos"¹. Last April, the project became part of the Apulia region's Covid-19 task force, with the SUPREME-FAMI program, whose goal is to help prevent the spread of Covid-19 among migrants living in informal settlements, and to continue to get them the health care they need.

During the spring our beneficiary population did not change much, the usual seasonal increase having failed to come. There was a tangible sense of urgency, recognized in part thanks to the involvement of local and health institutions, which made it possible to begin finding solutions to long-standing, seemingly-irresolvable problems such as garbage collection, clean water, food distribution, the setting-up of housing units and isolation areas for those suspected of infection, public transport, making it easier for local health authorities (ASLs) to issue health cards for "temporarily present foreigners" (STPs). No positive cases of Covid-19 were found among those initially suspected of infection.

After the first few months, people's fear of contagion began to take second place to their need to work, the reason for their migration. Once they began to travel around the region again, reports of suspected cases began to surge, bringing the need for contact tracing, isolation and clinical surveillance. Along with it

came resistance to the restrictive measures being imposed, as well as serious logistical problems: how best to trace the contacts of a population that tends to live in remote areas? Or to ensure isolation in overcrowded slums, or enforce isolation rules without breaching the principles of the rule of law? Seventeen suspected Covid-19 cases were reported, and all were found to be positive.

But it was precisely at this time of grave health and economic instability that the forces of solidarity began to mobilize in the area: food items collected by Caritas, donations of PPE, and medicines and health materials provided at a discount. We also received contributions from crucial partners: USAID, which ensured the distribution of food kits at set intervals, and ANLAIDS, with an HIV screening project that was already underway prior to the pandemic and continued after its arrival.

Although the crisis isn't yet over, I'd like to share some reflections. The first has to do with the need to ponder the close inter-relationship between epidemics and human frailty that Covid-19 has underscored for us all: the pandemic's primary victims are the elderly and various populations who lack socioeconomic and other certainties. The second concerns Italy's national health system, which should ensure healthcare for all, giving priority to the most vulnerable and marginalized. Finally, the role that politics can play in tackling, as broadly and decisively as possible, the determinants of health: housing, water and sanitation, work and working conditions, education and health services. Health interventions are otherwise only hasty solutions that paper over deep-seated problems without getting at their causes.

NOTES

¹ Health services are provided to the inhabitants of two Region-supported migrant centers (Casa Sankara and Arena in San Severo) and two

informal settlements in Contrada Cicerone, San Marco in Lamis and Pozzo Terraneo-Cerignola.