



REVIEW

AND THE LAST ARE STILL LAST

There are many people “on the margins” of our society: immigrants and others including homeless people, adults, and foreign minors waiting for their administrative application to be accepted. As the Covid wave hits, it is these people who are left behind: not only economically, but also forgotten by the prevention and vaccination campaigns.

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In this pandemic period we have called them by different names: the invisible, the forgotten¹, the “hard-to-reach,” the socially fragile, the last. And they have stayed last.

In Italy, since the dramatic start of the pandemic, there have been hundreds of thousands of people excluded, not so much from healthcare treatment — in the face of the health emergency in the strict sense there is a touch more of equality² — but certainly from protection, mitigation and prevention programs, relief funds, and likely from future relaunch policies as well.

But first things first: whom are we talking about?

They are all those outside our local administrative rolls, close to home but without a home of their own.³ They are those who, though all too visible to some political forces who have built part of their success on alleged invasions of immigrants, are excluded when it comes to rights. They are women, men, and children, Italians and foreigners, who may not be registered but are here. We have tried to calculate how many people there might be in Italy, in the context of “social fragility,” who risk being excluded, including from vaccination, if appropriate initiatives and processes are not implemented⁴:

- according to the ISMU – Foundation for Initiatives and Studies on Multi-ethnicity, there are about 500,000 immigrants without a residence permit who, however, in order to access health services, may get an STP code – Temporarily Present Foreigner which would allow them access, at least partially, to the SSN;
- It is very difficult to quantify but likely tens of thousands who are EU citizens without the right papers, who can request the ENI card to access health care (European Non-Registered, but not provided by all regions);
- There are foreigners, just over 200,000⁵, who have applied for regularization and who in the vast majority of cases have not yet received any response and are therefore in an “administrative limbo,” no longer irregular but not yet recognized⁶;
- there are about 76,000 (65% in special reception centers)⁷ immigrants received in governmental centers (prefectures) and local facilities (municipalities), whose administrative position is often still pending or who have difficulties in social integration. Though they have the right to register with the national health program, their administrative paths are uncertain and fragmented, particularly in the special reception centers;
- there are many others, including unaccompanied foreign minors, victims of human trafficking in specific facilities, and

there are many Roma, Sinti, and Travelers who live in makeshift camps or tens of thousands of people, Italian and foreign, in informal settlements, ghettos, and occupied buildings;

- and there are homeless people⁸, both Italians and foreigners, likely over 50,000, who often live in anonymous corners of large cities, such as railway stations, and in the past also the halls or gardens of hospitals, public parks if not closed at night, and unattended shelters. Some homeless people are received in organized facilities or supported by volunteers directly on the street: tens of thousands of people are socially fragile and often vulnerable in terms of health.

THE PANDEMIC IS NOT THE SAME FOR EVERYONE: SOCIAL INEQUALITIES AND THE IMPACT ON HEALTH

The SARS Cov-2 pandemic is showing us, as if through a magnifying glass, how much social determinants affect people’s health and cause measurable inequalities in health and healthcare⁹.

Civil society has acted to call attention to these obstacles, barriers to access, and organizational shortcomings, suggesting solutions to be implemented to overcome the widespread exclusions and spurring appropriate pro-active interventions by institutions. The main method for fighting the widening inequalities has been that of networking, and in particular the work of the Asylum and Immigration Committee (TAI), the Immigration and Health Committee (TIS), and the Italian Society of Migration Medicine (SIMM); the latter, by participating in the two former committees, offered the widespread network of its local groups (GrIS) active in 13 regions and the two autonomous provinces of Italy.

Despite this, there has been institutional resistance and delays, including in defining processes and procedures to protect people in reception centers. For months, they were left without any guidance other than being told by local authorities to stop any new receptions, putting thousands of people out on the streets. The association’s proposal of the 3Ps (Procedures, Paths, Processes)¹⁰ and the request to activate “bridge facilities” for safe reception only received marginal responses. Access to information, preventive measures, and protective devices, especially Covid tests, has also often not been possible or has been very difficult for socially fragile people.

From the very beginning, these associations involved in immigration issues, realized the fate of exclusion of many Italian people were often compounded by social and administrative marginalization¹¹. All recent *advocacy* documents have concerned the entire population of the “last ones” who, in all phases of the pandemic, have unfortunately remained last¹².

VACCINATIONS AND WORKING FOR THE “HARD TO REACH”

The vaccination campaign as well has only recently started to take an interest in “hard to reach” groups, grouping in a single term an entire population which, as we have seen, is very diverse within itself. This compromises the different interventions’ spe-

cific needs, decisive for reaching everyone: in terms of the information to be given and how to give it, the type of vaccine, the “engagement” method, and the involvement of the communities.

However, in order for the “last to become first” as¹³ in the Gospel of Matthew to become an immediate reality, regardless of whether it is out of humanitarian spirit, a feeling of solidarity or the desire for social justice that moves us, we must have the commitment of all. This can happen by putting into effect constitutional prerogatives of mutual collaboration between the different levels of the administration (which are lost in an apparent competition, pursuing easy consensus) and of true horizontal subsidiarity between institutional actors and the third sector, too often ignored. This is the only path to truly achieve protection for the most vulnerable members of society.

VACCINATION FOR SOCIALLY FRAGILE PEOPLE. MAIN STEPS ON THE PATH TO ADVOCACY

February 3, 2021: AIFI acknowledges the request for the full inclusion of socially fragile individuals in the vaccination campaign and indicates documents needed to access the vaccine (TS, TEAM, STP, ENI, temporary CF, any document even expired, self-declaration);

February 4, 2021: letter from the Immigration and Health Committee (TIS) to the Minister of Health Roberto Speranza to officially include socially fragile individuals in the vaccination phases;

February 25, 2021: The monitoring report of the National Asylum Committee and the TIS is presented on “procedures, safety conditions, critical issues in the reception systems in Italy” with the request for inclusion of the socially fragile population in the vaccine plan;

March/May 2021: letters from several GrIS to the Regions to which they belong to make the regional websites usable to reserve vaccines for those without a health card, activate the territorial health authorities, involve the third sector, and foreign communities for mapping, awareness-raising, information, and possible accompaniment;

April 24, 2021: ordinance no. 7 of the Extraordinary Commissioner for the COVID 19 emergency, General Figliuolo, with the instructions to vaccinate “individuals not registered with the National Health Service” (Italian

citizens registered in the Registry of Italians Residing Abroad ...; employees of the Institutions of the European Union ...; diplomatic agents and administrative staff of diplomatic missions ...; staff of international bodies and organizations ...)

May 31, 2021: Letter from TIS to the Extraordinary Commissioner Figliuolo on the need to include vaccinations for people without health cards and socially fragile individuals (STP, ENI, temporary CF);

June 18, 2021: Note from the Ministry of Health on the “Completion of the vaccination cycle in individuals under 60 who have received a first dose of Vaxzevria vaccine and clarifications on how to use the Janssen vaccine.” It specifies that although this vaccine must be administered to people over 60 years of age, it is expected that, “subject to the opinion of the territorially competent Ethics Committee,” it may be “used in the case of specific vaccination campaigns for non-permanent populations... and, more generally, for the ‘hard to reach’ groups.”

July 5, 2021: Note SIMM on circ. min. 18/6/21 and vaccination problems “Vaccines: guaranteeing the same level of protection of health and dignity for all human beings” <https://www.simmweb.it/1034-la-simm-preoccupata,-stesso-livello-di-tutela-della-salute-e-della-dignità-per-tutti-gli-esseri-umani>

July 8, 2021: Publication: Vaccination against COVID-19 in residential communities in Italy: priorities and modalities for interim implementation.

https://www.iss.it/documents/20126/0/Rapporto+ISS+COVID-19+16_2021.pdf/b39f0142-41d6-7d4d-94e8-0668cfeb95bf9?t=1625751318696

Useful materials for all

AIFA FAQ on vaccination

Materials from the Emilia-Romagna Region with translations in Chinese, Albanian, French, Urdu, Russian, and Arabic

<https://www.integrazionemigranti.gov.it/Ricerca-news/Dettaglio-news/id/1817/-Le-Faq-di-Aifa-sui-vaccini-anti-Covid-19>

<https://sociale.regione.emilia-romagna.it/intercultura-magazine/notizie/covid-19-cosa-ce-da-sapere-in-diverse-lingue#organizzazioni>

Informed consent and informational note on individual vaccines

Materials prepared by the INMP in English, French, Romanian, and Arabic

<https://www.salute.gov.it/portale/nuovocoronavirus/dettaglioContenutiNuovoCoronavirus.jsp?lingua=italiano&id=5452&area=nuovoCoronavirus&menu=vuoto>

NOTES

¹ <http://www.caritasroma.it/2021/06/i-dimenticati-del-vaccino/>

² Though in Italy, hospitalizations and care are not denied anyone, especially in the early phase of the epidemic, we saw a delay for foreigners in the diagnosis of the infection and greater clinical severity, associated with a higher probability of hospitalization, use of intensive care, and risk of death. See: Fabiani M et al. Epidemiological characteristics of COVID-19 cases in non-Italian nationals notified to the Italian surveillance system. *The European Journal of Public Health*, Vol. 31, No. 1, 37–44.

³ <https://www.saluteinternazionale.info/2020/04/vorriestareacasa/>

⁴ <https://www.saluteinternazionale.info/2021/03/gli-invisibili-e-il-diritto-al-vaccino/>

⁵ https://www.interno.gov.it/sites/default/files/2020-08/dlci_-_analisi_dati_emersione_15082020_ore_24.pdf

⁶ https://erostraniero.radicali.it/wp-content/uploads/2020/10/Erostraniero_-_regolarizzazione_27-ottobre-2020-Final.pdf

⁷ <http://www.libertaciviliimmigrazione.dlci.interno.gov.it/it/documentazione/statistica/cruscotto-statistico-giornaliero>

⁸ https://www.istat.it/it/files/2015/12/Persone_senza_dimora.pdf

⁹ Civitelli G., *I determinanti sociali della salute degli immigrati*. In “Salute e migrazione: ieri, oggi e il futuro immaginabile”. Pendragon, Bologna, 2020, 115:118.

¹⁰ National Asylum Committee, Immigration and Health Committee, *Dossier COVID 19. Procedure, condizioni di sicurezza, criticità nei sistemi di accoglienza in Italia*, N. June 1, 2020, TA-TIS

¹¹ National Asylum Committee, Immigration and Health Committee, *Dossier COVID 19. Procedure, condizioni di sicurezza, criticità nei sistemi di accoglienza in Italia*, N. February 2, 2021, TA-TIS

¹² <https://www.simmweb.it/1032-lettera-al-commissario-figliuolo-per-la-silenziosa-esclusione;>

<https://www.simmweb.it/1034-la-simm-preoccupata,-stesso-livello-di-tutela-della-salute-e-della-dignità-per-tutti-gli-esseri-umani>

¹³ Gospel of Matthew 20.1-16.