

*ABOUT THE SANITARY MANAGEMENT INSIDE THE WALLS  
OF THE CENTER OF PERMANENCE FOR REPATRIATION*



*Torino, 2021*

They don't care whether you live or die.  
These are different people!

Is this justice? Is this Europe?  
They tell you, the third world. This is the third world!  
As long as this mentality still exists... this is racism!  
I really didn't understand what racism meant  
when I was in my country. I understood it here,  
I understood here what racism means! <sup>1</sup>

<sup>1</sup> Declaration of two persons detained in the Corso Brunelleschi Repatriation Centre, June 2020



# Introduction

During the fight against detention, in general, and the Detention and Repatriation Centres, in particular, it has always been clear that the only way to regain freedom, to regain one's life, or to confront the ruthless chains of the state, has been to revolt inside these places. The state has always tried to annihilate by any means possible the people detained, because they are considered undesirable or harmful for the Western capitalist society.

For years, those who are imprisoned because they do not have papers have been subjected to a policy of control - more or less spectacularised according to the propaganda needs of the state - which has unveiled the coercive face of the much-acclaimed democracy: the Centri di Permanenza per il Rimpatrio (Repatriation Centres) are nothing more than a modern-day form of domination and disciplinatio n of a segment of people considered undesirable, and therefore destined to being expelled. The Centres, created for the sole purpose of identification and expulsion of people from the Italian territory, should perform the function of repatriating those who do not have documents, the latter being increasingly tied to the possibility of producing an income. A profitable skimming of all those who are no longer productive within the society. However, considering the low capacity of the detention-deportation system (the number of people who are repatriated is minimal compared to the number of "irregular" immigrants on the territory), another function is clear: intimidation and deterrence. The CPR thus assumes a second way of disciplining people who might end up imprisoned there: the continuous and pervasive threat of deportation, of forced removal from one's life and affections admonishes all those on the territory. Therefore, deterrence is a fundamental part of the system itself.

We do not consider the CPRs as an exception in the state's policies but as a device that plays a deterrent, intimidating and even economical role, necessary for this society. The detention of migrants in the European Union is, in fact, a flourishing and profitable business.

It is a huge market based on the competitiveness of agencies that win underbid contracts, organise the flow of goods in and out, sub-contract and manage the money available, making considerable profits. Always, of course, at the expense of the people who remain caught in this mechanism.

This is the context, and we remain far from invoking any kind of right to life - meant in a western and colonialist sense - and at a clear distance from the humanitarian tendencies that invoke more 'humane' forms of control and deportation, while collaborating at the same time with the same political parties that have established and renewed administrative detention. One may thus wonder why we should concern ourselves with healthcare in the battle against the CPRs. All the more so, if the desire that drives our fight against these places is not to make the daily life of the people locked up more dignified, or make the authorities recognize their inhumanity, but rather the destruction, the end of these places and this detention system.

The reasons why we are dealing with the issue of healthcare in the CPR are not exclusively related to the strong prominence of the topic in the public debate, caused by the Covid-19 pandemic. Rather, the sanitary system has always been one of the elements that have contributed to the domination of the prisoners, making the CPRs what they really are: places of humiliation and harassment, places where life and health are not a priority.

Since their institution, more than 20 people have died in these places<sup>2</sup>. Only in the last three years there have been four deaths within the walls of the Italian CPRs. The most recent one happened in the Turin's CPR in the night between 22 and 23 May 2021: the boy was called Musa Balde, he was 23 years old and originally from Guinea.

On the 9th of May, he had been attacked with batons by three Italian boys in Ventimiglia, a town on the French border.

<sup>2</sup> Investigative report "Morti di Cie - Storie di ordinaria detenzione amministrativa", 2016; <https://www.repubblica.it/cronaca/2020/01/20/news/>

After being badly beaten up, he was taken to hospital in Bordighera (Imperia) and discharged with a prognosis of 10 days for serious injuries and facial trauma. Because of the report at the Police Headquarters, he was discovered to be irregular on the national territory and the next day he was taken to the CPR of Corso Brunelleschi in Turin, where he was confined in the Red area; then he was taken to the isolation section called "Ospedaletto" [little hospital, translator's note]. According to the testimony of a fellow inmate, in spite of showing clear signs of suffering caused by the injuries to his body, Musa Balde was never examined by any doctor or member of the medical staff of the CPR. He told us that after his transfer to solitary confinement, which took place without a clear reason, he heard him screaming and asking for a doctor's intervention without ever receiving a response<sup>3</sup>. In July 2019, in the same area of the "Ospedaletto", Faisal Hossain also died in solitary confinement, abandoned to himself, without adequate care. His death was hastily declared to be caused by a heart attack<sup>4</sup>.

Not only a denied right, but rather a coercive instrument to control the prisoners' behaviour - I will cure you if you stop the hunger strike -, which aims at the obliteration of the person as such. As often happens, however, for many total, coercive and concentrationist institutions, in certain circumstances loopholes, escape routes, possibilities of freedom emerge: the release from the CPR for health reasons and the consequent admission in places such as hospitals and emergency rooms, is often the only chance to escape detention, for a few hours, a few days or, in the best case, forever.

We strongly believe that the administrative detention system is not only made of the oppressed, but also of accountable responsables. Even though we think that the CPRs are deeply embedded in the so-called grey zone, where every oppression seems legit and is normalised by being shrouded in silence and indifference, we felt it was important to write and remind that there are institutions and figures responsible for what happens in those structures,

especially in a moment when communication with the detainees is particularly difficult. For these reasons we decided to write this brochure, a handful of pages and a prompt, to try to tell what has been done and above all what has not been done from the sanitary point of view.

Aware that the Repatriation Centres have always been places of death, especially at a time of health emergency that has highlighted the contradictions of the capitalist system in which we live, we have tried to describe the reality of the medical management starting from the words of the prisoners, trying to give voice to those who live every day the conditions of oppression and torture inside the CPR of Corso Brunelleschi.

3 <https://www.passamontagna.info/?p=2171>; <https://hurriya.noblogs.org/post/2021/06/04/torino-sabato-5-giugno-presidio-cpr-aggiornamenti-dallinterno/#more-7346>

4 <https://www.lastampa.it/torino/2019/07/10/news/bengalese-32enne-morto-al-cpr-di-torino-l-autopsia-conferma-l-arresto-cardiaco-1.36911591>

# Health management in the Repatriation Centres

## Single Regulation and Tender Specifications

In 2014, the Ministry of the Interior, through the Department for Civil Liberties and Immigration and on the basis of the necessity to standardise rules and "reception levels" in Identification and Expulsion Centres (CIE), approved by decree the Single Regulation of CIEs<sup>5</sup> establishing criteria for the organisation and management of the Expulsion Centres. Result of the collaboration with the Department of Public Security and a technical panel set up ad hoc by the Ministry of Health, the World Health Organization (WHO), Médecins Sans Frontières, the INMP (NIHMP National Institute for Health Migration and Poverty) and the Italian Red Cross, the Single Regulation covers all aspects of the management of daily life in the CPRs, including health care. The Regulation is still in force, despite the fact that the Identification and Expulsion Centres (CIE) have since been renamed Repatriation Permanence Centres (RTP).

A close consultation of the Single Regulation shows the responsibilities of who manages the everyday life of the people in the CPRs, their obligations and the bureaucratic-administrative grey areas that contribute to create the conditions in which detainees are forced to live. According to what is written in article 3 of the Single Regulation - named Assessment of health conditions and medical assistance – the detained persons are admitted to the Centre after a medical examination performed by a doctor of the ASL (Azienda Sanitaria Locale, Local Health Authority) or of the competent health authority.

The examination serves to ascertain the absence of pathologies that would make detention in the Cpr incompatible: infectious, contagious or dangerous diseases, psychiatric conditions, chronic or degenerative pathologies, clinical pictures that

cannot receive adequate treatment in the Centres themselves. In general, incompatibility with imprisonment applies for a person who, as a result of the stay in the Cpr, risks the aggravation of previous pathological conditions, or of conditions arisen during the detention itself. Incompatibility must be assessed upon entry and be subject to verifications, either periodically or at the request of the person or of the CPR staff. Once established the health conditions and the compatibility with the imprisonment, after the entry and during the stay in the Centre the detainee is submitted to the medical screening and to the care of the doctor in charge of the health centre in the CPR. The doctor in charge is appointed directly by the Director of the Centre and is responsible for assessing the health status of the prisoners and ascertaining the need for specialist examinations and/or diagnostic/therapeutic procedures. It is the doctor of the Centre, in concert with the director, who determines and authorises access to public hospital facilities. Transfers are made by ambulance, under the coordination of the 118 operations centre. If elements are found which have not emerged in the course of the suitability certifications, and pending a new assessment by the ASL/Hospital Authority, the detained person is isolated from the community, but remains within the health facilities of the CPR. If medical care is needed in public facilities, the Prefect ensures coordination between these and the CPR, in order to guarantee the provision of care and of specialised services. To this end, the Prefect and the ASL sign protocols of agreement and cooperation, drafted according to the scheme attached in the Single Regulation. Reading the "Draft agreement between the Prefecture and the ASL" (Annex 1D), the mutual participation and responsibility of the parties is clear. The ASL undertakes to: guarantee the possibility to carry out

<sup>5</sup> [http://www.prefettura.it/FILES/AllegatiPag/1199/Regolamento\\_Unico\\_dei\\_CIE\\_-ora\\_C.P.R.-.pdf](http://www.prefettura.it/FILES/AllegatiPag/1199/Regolamento_Unico_dei_CIE_-ora_C.P.R.-.pdf)



the evaluation of the suitability for life in a restricted community in its own health facilities, to administer the specialist services in the hospitals and district health centres of the ASL, to recognise the health manager of the CPR as a point of contact between the ASL and the Centre itself, communicating his/her contact details to the competent regional councillors and to the Ministry of Health, so that all the parties involved can exchange health information. The Prefecture and the ASL contribute to the safeguard of the health of the detainees through health surveillance activities in the CPR, with technical health staff from the ASL. Considering as fundamental the guarantee of full and timely access to the National Health Service for prisoners, the Prefecture and ASL commit themselves to develop and follow standard operational procedures between the Centre and the ASL structures, identifying reference persons. At least on paper.

Besides the Single Regulation of the CIEs, the management of everyday life in the Cpr is regulated by the Tender Specifications, i.e. the set of clauses that compose the contract between the Ministry of the Interior and the managing entity. The specifications to which the Turin Centre refers to are those issued in November 2018 through a Ministerial Decree<sup>6</sup> and which concern the provision of goods and services pertaining to the management and operation of First Reception Centres and Cprs.

Reading Annex 5a<sup>7</sup>, which contains the technical specifications concerning the latter, one finds some specificities concerning health care and the responsibility of the principal doctor of the Centre, which are worth pointing out.

Point C of the annex, entitled Health care service, describes how health care should function within the CPR. Healthcare is a complementary service to the assistance guaranteed by the National Health System and it is provided through a fixed garrison in

order to adopt, in case of need, the measures of prophylaxis, surveillance and medical aid. If the detainee needs it, the doctor arranges the transfer to hospital facilities under the coordination of the 118 operations centre. However, the presence of medical and paramedical staff does not include 24-hour assistance, in line with the new contract specifications<sup>8</sup>, which have dramatically reduced personal services<sup>9</sup>: nurses are on duty 6 hours a day, while doctors work a total of 24 hours a week<sup>10</sup>.

The doctor in charge of the CPR's sanitary garrison must perform a first medical examination (the second one after the imaginary one of the ASL), and the first aid interventions, aimed at ascertaining pathologies which require isolation measures or specialist visits or diagnostic/therapeutic treatments at the public health facilities, as well as at ascertaining situations of vulnerability.

The doctor in charge is also obliged to produce, update and conserve the health documentation necessary to justify any intervention on the patient. The information is kept in the facility under the custody of the doctor in charge, who is required to inform the Director of the Centre of the services provided, in order to record them in the personal files, and informs the Prefecture on a daily basis, which is therefore constantly informed of the sanitary situation inside the CPR.

A copy of the medical records should be provided to every person released from the Centre. Finally, the doctor in charge must ensure continuity of treatment. In the event that the exit from the centre is due to a transfer to another detention or reception facility, a copy of the file is forwarded to the doctor in charge at the centre of destination. In the event of a change of the managing institution, the data must be made available to the doctor in charge of the new institution to ensure continuity of treatment. In case of repatriation with a medical escort or by charter flight, the form is transmitted to the State Police

6 <https://www.gazzettaufficiale.it/eli/id/2018/11/27/18A07563/sg>; <https://www.interno.gov.it/it/amministrazione-trasparente/bandi-gara-e-contratti/schema-capitolato-gara-appalto-fornitura-beni-e-servizi-relativo-alla-gestione-e-funzionamento-dei-centri-prima-accoglienza>

7 [https://www.interno.gov.it/sites/default/files/all\\_5-bis\\_specifiche\\_tecniche\\_cpr.pdf](https://www.interno.gov.it/sites/default/files/all_5-bis_specifiche_tecniche_cpr.pdf)

8 Il precedente Capitolato d'appalto (2017) prevedeva un'assistenza sanitaria 24h su 24.

9 [http://www.comune.torino.it/garantedetenuti/wp-content/uploads/2020/11/Relazione\\_2019\\_Garante.pdf](http://www.comune.torino.it/garantedetenuti/wp-content/uploads/2020/11/Relazione_2019_Garante.pdf)

10 [https://www.interno.gov.it/sites/default/files/allegato\\_a\\_tabella\\_dotazione\\_personale.pdf](https://www.interno.gov.it/sites/default/files/allegato_a_tabella_dotazione_personale.pdf)

doctor of the escort unit. The director of the centre, in completion of the activities related to the sanitary assistance service, ensures the completion of the necessary procedures for the registration of the migrants to the national health service or the issue of the STP<sup>11</sup> card in relation to the legal position of the foreigner. But even here only on paper.

## Healthcare in Turin's CPR

### How healthcare is actually managed

The direct accounts of the people detained denounce daily exhausting situations inside the Centre, describing a continuous denial of the right of access to care: first of all, the absence of the medical examination by the ASL. The people who are locked up in the CPR of Corso Brunelleschi, as a matter of fact, have never received a medical examination by an external doctor at the moment of their entry, nor have they ever been taken to an ASL facility to certify hypothetical conditions of incompatibility with imprisonment. The failure of the ASL to carry out the medical examination creates a dramatic series of consequences whereby serious pathologies are completely ignored, forcing the imprisoned persons to suffer atrociously, in total negligence by medical staff. The stories of those who are imprisoned also belie the existence of the second medical examination, which the doctor in charge of the centre should carry out within the sanitary block in order to prevent the imprisonment of people who are found not compatible.

In November, a Tunisian boy was brought to the CPR in Corso Brunelleschi, despite the fact he had with him a medical file clearly documenting a case of severe gastric ulcer. The boy was never taken to hospital nor received adequate medical care: sometimes, when his stomach wounds forced him to vomit blood, he was taken to the nurse's office where he was given Paracetamol or Tums, not considering potential severe complications such as perforation of

the gastric lining or the development of tumours. Conditions, certainly not compatible with imprisonment, which the ASL had the task of ascertaining at the moment of his entry in the CPR, whereas they totally neglected the boy's medical file. These conditions were ignored until his deportation, which took place in complete silence despite the fact that his health was severely compromised, as one of his roommates told us:

*"Only Paracetamol! If you don't want Paracetamol they say fuck you! Only Paracetamol for everything! There is a guy with me who is vomiting blood. He has a wound in his stomach. The doctor told him, vomit and bring me the vomit you made. He vomited and brought them the vomit, and still Paracetamol. Then they gave him that pill...what's it called? The Maalox! He took Maalox. He's got a medical record of five or six pages. Yesterday they told him they were taking him to hospital and they haven't taken him yet. He's still here!"*

A similar case occurred to another Tunisian inmate suffering of a serious tumour of the intestine: despite repeated attempts to ask for help, he was left in pain for weeks in his bed, until his expulsion. All forms of disability are ignored, as we were told by a Moroccan man with a severe lower limbs problem who was left in the CPR without a wheelchair or crutches to move around. Unable to walk, he was able to use the toilets only with the help of his roommates.

<sup>11</sup> <https://www.regione.piemonte.it/web/temi/sanita/accesso-ai-servizi-sanitari/assistenza-sanitaria-agli-stranieri>



Starting from the absence of the first medical examination, the entry in the Turin Centre means the beginning of the complete absence of health care. In the cases in which the detainees needed diagnostic/therapeutic procedures outside the CPR, they were almost never taken to the hospital to receive medical examinations, having to wait for extremely long periods of time or resorting to acts of extreme protest to be treated:

*"They brought me out to the hospital Martini, they extracted my tooth but they left me a piece, a big piece of tooth root. It stayed there and gave me an infection. And it hurts! The centre told me: "you're OK, you're OK!". Facemask and handcuffs from here to the hospital and also inside the hospital with handcuffs. And also where they took my tooth out on the dentist's chair with handcuffs. Like a criminal! They treat you like an animal. Dogs have papers, they have a doctor when they feel sick and immediately the owner takes them to the vet. But here I had to suffer for four months to get a tooth out, I had to drink bleach, I cut my arm, and then they took me to get this tooth out and when they took it out they left a big piece like this of tooth root inside!"*

In the Centres of Permanence for Repatriation there is no therapeutic continuity from the outside or for those coming from prison. In the case in which the exit from the CPR is due to the transfer to another reception structure, the copy of the medical file is not transmitted to the doctor in charge of the destination centre, thus not ensuring, also in this case, therapeutic continuity. Moreover, persons released from the Turin CPR for health reasons are rarely given any kind of sanitary documentation. According to the testimonies of the convicts, they are completely denied the right to have access to a copy of their health file. The subject of a medical file, the owner of the body "detained" by the State and object of a medical treatment, cannot have full knowledge and copy of the information concerning him<sup>12</sup>.

Often, the medical records are made disappear, or false reports are signed in order to allow repatriations, which would otherwise be unfeasible due to the physical condition of the detainees. In

What is certain is that since the CPR in Corso Brunelleschi was opened, there have been two constants in the management of the Centre: on one hand, the daily limitation of access to care for the imprisoned persons; on the other hand, a progressive reduction of resources and services within the structure, a trademark of the GEPSA management from 2015 until today.

*"There is a young man in the room with me, a Tunisian citizen, who has thirty-three lead bullets in his foot and nobody wants to visit him. Today he went to the doctor and he told him: 'you have to go to Tunisia to get treatment. We don't even look at your face here!' They treated him like an animal. And he cried like a child. They insult us, they insult our families, they treat us like ... Apart from the fact that they call us extra-community, that is, they treat us like something extra. But does that seem right to you?"*

*"I mean it's unbelievable, I can't believe all this was said by a medical professional under oath! The boy hadn't eaten for seven days then goes to a doctor for treatment and he says if you want to be treated go back to your country! Does that sound right to you? Coming from a doctor!"*

The prisoners have told us many times about the derision they are subjected to, not only by medical staff during examinations but also very often by the police. Their health problems are completely belittled and they are denied any kind of treatment.

*"There's another one who got crazy in the purple area. And nobody helped him. There were soldiers watching and laughing. Everyone laughing! He was throwing himself on the ground, throwing his head against the wall. Are you kidding me? Where have we arrived? Is this human? Is this the Italian democracy? People think they come here and find democracy, freedom and human rights and they are treated like animals? I'm sorry, but I'm agitated and I can't speak because what's inside me is heavy, it's difficult to express."*

<sup>12</sup> <https://www.pressenza.com/it/2021/02/maurizio-veglio-asgi-il-cpr-racchiude-una-somma-di-discriminazioni>

*"There's a Romanian woman who's a nurse and whatever you have she comes in and says 'oh ninny, come on, you don't have anything...', and then she goes out and says 'everything's fine, he doesn't have anything'. Even the other time a guy had an epileptic fit, she came in, saw him in seizure, they didn't even take him to the infirmary, she slapped him twice in the face, just like that! And then: 'oh ninny, come on. No, inspector... it's all right, there's nothing wrong with him!'"*

*"The other time a man cut his wrists and they didn't take him to the ER. And they laughed while he was cutting himself because they don't give a damn."*

Another constant, which emerges from the voices of the inmates, concerns the meals that are provided everyday. The management company GEPSA is responsible for the meals in the facility, but the service is usually subcontracted to third companies. In the case of the CPR in Turin, the contract was won in 2019 by the French company SODEXO, which since then, from what we know<sup>13</sup>, has been in charge of preparing and delivering the food.

What we are constantly told by the people detained is that the food is delivered cold and almost always malodorous, expired or spoiled. They also tell us that medicines are surely added to the food, probably sleeping pills and/or psychotropic drugs, which cause a state of deep sleepiness immediately after the meal, an effect that sometimes lasts several hours.

The administration of psychotropic drugs in the Repatriation Centres, a fact that has been denounced for several years, reflects the desire of those who manage the CPRs to sedate the detainees and to prevent any form of protest. Over the years, in fact, there have been many protests related to the food, the lack of health care, the poor living conditions<sup>14</sup>.

*"They definitely put something in the food because as soon as you eat you get sleepy. Especially at midday to keep people calm during the day."*

*"Ugly situation you know? All dry food, all bad. Clean?"*

*Not clean. If you have a toothache, they don't give a shit. They leave them there to die. Medicine? There's no doctor here. This one is just a psychiatrist. He gives them medicine and then they all sleep. All with their mouths open like mad men. They're not crazy, but they make them crazy. You know, like an animal. You remain like this, with your mouth open. You understand? I don't use, that's why I'm awake. But they give them to everyone else. Everyone's sleeping poor things! All like animals! Worse than animals!"*

*"No, the doctor is only the psychiatric one. The one who only gives you drugs to make you feel like a fool, like a nutcase."*

The situation is made even worse by the fact that, on the one hand, most members of the healthcare staff are not professionally trained in the use of certain drugs, such as Rivotril, which, because of their side effects and the damage they can cause to the human body, should only be taken in specific situations and under the supervision of a specialised doctor; on the other hand, not only does fragmentary, partial and contradictory data circulate, but no one - not even at institutional level - knows, for example, exactly how many drugs are used and in what doses. Health management is in fact often shrouded in mystery: it does not produce numbers, it does not produce information, imposing a mantle of silence.

<sup>13</sup> <https://hurriya.noblogs.org/post/2019/11/21/torino-fuori-sodexo-dalle-universita/>

<sup>14</sup> <https://macerie.org/index.php/2019/11/23/malinverno-ultime-dal-cpr/>

# Repatriation Centres at the start of the pandemic

Between the end of February and the beginning of March 2020 saw the rise of the first major wave of the Coronavirus, particularly in northern Italy. As early as the 31st of January, Prime Minister Giuseppe Conte proclaimed a state of sanitary emergency, imposing an almost total lockdown on the territory starting from the 9th of March. The “law decrees” issued at that time introduced the prohibition of all forms of gathering in public places and imposed social and physical distancing as the only way to contain the risk of contagion. But while the attention of the media was totally focused on determining the validity or not of the measures taken to prevent the spread of Covid-19, no political decision or public statement was made concerning the administrative detention sites on the Italian territory. Clearly, all the health guidelines could not be implemented in these places. Cloaked by the usual silence, the detained persons were totally ignored, as it always happens, and were not regarded in the same way as persons “in freedom”. In fact, the presence or the functioning of the Centres of Permanence for Repatriation have never been questioned, despite the pandemic situation. By the end of March, air and sea travel had been suspended, but there had been no official declaration of a repatriation stop by the competent authorities. On the contrary, seven CPRs remained open and in operation throughout the pandemic period: Ponte Galeria (Rome), Corso Brunelleschi (Turin), Macomer (Nuoro), Gradisca d'Isonzo (Gorizia), Restinco (Brindisi), Palese (Bari) and Via Corelli (Milan). The situation appeared even more serious considering the interruption of the hearings of the asylum seekers ordered by the National Commission<sup>15</sup>, and the already mentioned suspension of air traffic from Italy by many countries which actually made it impossible to carry out expulsions (many countries such as Morocco, Tunisia, Ghana and Egypt, having delayed in activating the total blockade, initially received the expelled persons but forced them to a preventive quarantine)<sup>16</sup>. As far as the CPR of Turin is

concerned, in February 2020 it counted the highest number of people detained on the Italian territory, amounting to 103. As confirmed by the Garante nazionale dei diritti delle persone private della libertà personale [National Guarantor of the Rights of Persons Deprived of their Personal Liberty, translator's note], it was also the institution with the highest number of people detained during the pandemic<sup>17</sup>.

The entries never stopped: not only people identified during police raids in the streets of Turin, but also of persons transported from other regions<sup>18</sup>. For example, following a police raid in Bolzano, during the night of the 17th of March, a number of homeless persons were transferred to the Cpr in Gradisca d'Isonzo, and another part arrived at the Cpr in Corso Brunelleschi. It is important to underline that, thanks to the riots of the previous months that had destroyed a large part of the Centre<sup>19</sup>, there were only two areas in operation at the end of February, which made the possibility of infection inside the structure even higher.

As for those released during the lockdown, the Garante stated that only the detainees who had reached the maximum period of detention - 180 days - were released from the CPR with the standard expulsion order from the Italian territory.

If, however, even before the outbreak of the pandemic, the CPRs were in extremely bad conditions, the spread of the virus aggravated issues such as poor hygiene, lack of care and overcrowding. Faced with a dramatic situation, what was attempted or contemplated did not even begin to provide real protection against the Covid-19 virus. The fear of the infection and the conviction that it could lead to actual massacres pushed many people to rebel with courage and determination: from the 15th of March, in the CPR of Palazzo San Gervasio in Potenza, many inmates went on hunger strike for several weeks; on the 18th of March, in Ponte

15 [https://www.interno.gov.it/sites/default/files/allegati/decreto\\_2.4.2020\\_commissione\\_nazionale\\_asilo\\_covid19.pdf](https://www.interno.gov.it/sites/default/files/allegati/decreto_2.4.2020_commissione_nazionale_asilo_covid19.pdf)

16 <https://macerie.org/index.php/2020/04/01/di-virus-contenimento-e-deportazioni-un-punto-sui-cpr/>

17 [http://www.comune.torino.it/garantedetenuti/wp-content/uploads/2020/11/Es-CSP\\_A4-Tuttochiuso-singole.pdf](http://www.comune.torino.it/garantedetenuti/wp-content/uploads/2020/11/Es-CSP_A4-Tuttochiuso-singole.pdf)

18 [https://www.law.ox.ac.uk/sites/files/oxlaw/no\\_one\\_is\\_looking\\_at\\_us\\_anymore\\_1.pdf](https://www.law.ox.ac.uk/sites/files/oxlaw/no_one_is_looking_at_us_anymore_1.pdf)

19 Dicembre: <https://macerie.org/index.php/2019/12/16/gialla-viola-e-rossa/>; Gennaio: <https://macerie.org/index.php/2020/01/05/nella-notte-3/>; <https://macerie.org/>

Galeria, the prisoners of the female section started a protest; from the 22 of March, also in Gradisca d'Isonzo, a hunger strike was carried out for four days. On the 25th of March, the mayor of Gradisca d'Isonzo confirmed that a person, brought from Lombardy to the CPR on the 19th of March, tested positive for Covid19 and was put in isolation. A few days later, on the 29 of March, riots broke out, destroying and setting fire to several rooms in the Friuli centre.

## Measures for prevention of Covid-19 spread in CPRs

### What has been done at the institutional level to contain contagion

As for the measures taken by the government to curb a hypothetical outbreak in the CPRs, the few steps taken by the Ministry of Interior consist of a few internal memos addressed to the Prefects and to the Managing Bodies<sup>20</sup>. These instructions simply invite those who manage the Centres to adopt, respect or increase hygienic and sanitary measures to prevent the spread of the Covid-19 virus. This refers to avoiding crowds, distributing personal protection equipment, sanitising the areas of the Centres, setting up areas suitable for sanitary isolation, and distributing specific information on sanitary measures, also by means of cultural mediators.

If the State limited itself to a few and inadequate prescriptions, in accordance with those given in the various ministerial decrees addressed to the whole country, the managing body of the CPR of Turin GEPSA declares to have enforced the following prescriptions:

1. New entrants must undergo medical screening and 14-day isolation in the hospital, which has a maximum capacity of 12 places in single detention rooms;

2. The areas must be sanitized daily by the cleaning company operating in the CPR, which must replace the air conditioning filter every 15 days;

3. Increase of personal hygiene kits and distribution of EC-compliant washable cotton masks to be compulsorily worn in common areas (hand sanitizers were not provided in the detention areas for security reasons, in order to avoid that detainees could ingest their contents as an act of self-harm);

4. Operators working in the Centre are provided with the ministerial equipment (mask, protective visor, gloves, safety shoes);

5. Information on health emergencies and personal protective equipment was provided through the distribution of leaflets and announcements broadcast twice a day by wire broadcast in the detention areas. Both leaflets and announcements were translated into Arabic, French, English and Spanish;

6. Correspondence with the outside world is to be guaranteed through the use of public telephones placed inside each area - with the exception of the

Ospedaletto - and the postal service is to be strengthened;

7. During the lockdown period, an audio-visual system was installed in a special isolated room in order to conduct visual interviews with family members. These interviews are granted only in case of extreme necessity; in the lockdown months, and in particular since mid-March, also the hearings of validation and extension of detention, as well as specific interviews with psychologists, cultural mediators, legal operators of the CPR, were carried out in this way;

8. Sociality within the centre is limited. For example, there are no football matches between inmates in the different areas; the football field was used in turn by inmates in the same area.

The Guarantor of Persons Deprived of their Personal Liberty of the Municipality of Turin, who carried out three visits inside the CPR's walls, on 25 May, 9 July and 15 July 2020, confirmed the above. The confirmation comes from the "Research on the management of the health emergency inside the Centre of Permanence for Repatriation (CPR) Brunelleschi in Turin", promoted by the same Guarantor<sup>21</sup>. The data collection and the elaboration of the final text was carried out in collaboration with the International University College of Turin (IUC) and students of the Human Rights and Migration Law Clinic should give a picture of the situation. However, this picture is in complete contradiction with what the prisoners tell us.

## The sanitary management of the Turin CPR during the pandemic

### How the sanitary emergency was actually managed

From the information we received from the persons detained during the pandemic period, we know that the reality was quite different: inside the CPR of Corso Brunelleschi, the measures were implemented only in a very limited way and certainly after mid-April. In spite of the declarations made by the centre's management and collected in the above mentioned reports, the detainees state, first of all, that the first disposable masks were provided not before 17/04/2020, more than a month after the release of the internal memos and in the full throes of the pandemic, at a time when 86 persons were detained in just 3 areas.

In the reports produced by the Garante of Turin the data is filtered by the Police: for instance, the total number of admissions is reported, but not the number of deportations; no further information is provided on the subdivision of the people within the few accessible areas, and it is omitted that in seven-

bed rooms as many as fifteen were forced to survive. The inmates repeatedly confirmed that after the delivery of the first masks there was no replacement, forcing them to use the same masks for the entire duration of their detention.

*"The masks were given to us on the seventeenth of April. On the seventeenth of April. And that's it, without changing them. They gave them to us on the seventeenth of April of the year two thousand and twenty and without the alcohol for the hands, which is foreseen by the law, we have never seen that here".*

*"I am in the expulsion centre of Turin. I don't call it a expulsion centre but a concentration camp because they treat us like animals. People are desperate. There are people who are in a situation that makes you want to cry if you see it. For example, when I came in, they left me in solitary confinement for twenty-four hours to welcome me. When you come in they give*

21 [http://www.comune.torino.it/garantedetenuti/wp-content/uploads/2020/11/Es-CSP\\_A4-Tuttochiuso-singole.pdf](http://www.comune.torino.it/garantedetenuti/wp-content/uploads/2020/11/Es-CSP_A4-Tuttochiuso-singole.pdf)



*you a disposable mask and you have to use this mask for the whole time you are in the deportation centre”.*

Witnesses often stated that, in addition to the lack of replacement of personal protective equipment, there was no proper sanitation of the premises and of the public telephones, which were the only way to have contact with the outside world. Moreover, since the beginning of the pandemic, the Centre's staff, despite having constant contact with the outside world, often lacked adequate protection, at least during the first two months. Also, during this period, a decrease in the medical assistance services provided in the CPR<sup>22</sup> was reported.

At the moment of their entry, the prisoners, who had not been swabbed outside, underwent a general health screening and were put in preventive isolation for 7 days, not 14 as declared by the Guarantor and the management of the Centre. They were then taken into isolation in the section called Ospedaletto, which is divided into small single rooms and has a maximum capacity of 12 places. Since June, however, the inmates have been taken directly to the areas without being subjected to any preventive isolation.

In the final months of 2020, the CPR of Turin seems to anticipate new dynamics in terms of administrative detention: these new dynamics partly reflect the intentions of the agreements between the European Union and Tunisia concluded in August<sup>23</sup> and, at the same time, consolidate a political discourse that proposes for the umpteenth time shorter detention periods and speedier repatriations. An element of novelty and an example of the treatment of new arrivals is represented by the "Viola", Purple, Area, one of the six detention areas that make up the CPR of Corso Brunelleschi. The Viola area had been entirely destroyed by the riots of the inmates that took place between December 2019 and February 2020 and was restored in November. Those coming from other regions, from 'quarantine ships' or hot-spots were dumped as if they were commodities and put in solitary confinement inside this area for several days, without the possibility of contact with other inmates in other areas, without being able to meet or talk to their lawyers, without

being provided with clothes or individual protection and, in particular, without receiving any health care. Those who arrived during this period never underwent a medical examination at the moment of entry, as thus they could not be evaluated for hypothetical conditions of incompatibility with imprisonment. According to the testimonies of people who were in the vicinity, and who somehow managed to communicate with the boys inside the Viola area, twice a week groups of dozens of people were forcibly taken by the Celere, the riot police, during the night, to be loaded on two buses and transferred to an airport for deportation. In the days before, those who were to be deported were taken to a room where they were beaten, restrained by the guards and finally forced, under torture, to be swabbed in order to be repatriated. The swabs were only ever carried out after the summer and in a forced manner, for the sole purpose of repatriating those who could be deported. In fact, in November 2020, a person imprisoned in the "Bianca", White Area described through a telephone call yet another injustice that imprisoned persons were subjected to in order to be deported:

*“They are swabbing the other guys, always in the purple area. Yes, as usual, those who want to be swabbed get swabbed, those who don't want to be swabbed are swabbed by force! They are beaten, they are roped around the neck, understand? They take them to the empty room and turn them around like wolves and tell them to take the swab. If you don't do the swab they start screaming, they start terrorizing him, understand? And then if he doesn't go like this they take him by force, they stick him near the wall with their hands in his throat, and they turn his arms around his back, and make him put the tampon by force”.*

In the CPR the execution of a medical procedure turns into yet another act of torture.

<sup>22</sup> <https://borderlandscapes.law.ox.ac.uk/sites/default/files/2020-06/>

[CPR%20Torino%20and%20Covid%20%2812%20March%20%E2%80%93%2027%20April%202020%29%20%28CILD%29.pdf](#)

<sup>23</sup> Sugli accordi con la Tunisia sono state dedicate delle riflessioni nel paragrafo Ragionamenti e conclusioni.

## Family interviews and visits

In terms of communication with the outside world, the situation, already critical before the pandemic, only worsened. Personal telephones, which had always been allowed inside the facility, were confiscated in early 2020 as a punishment and repercussion following a hot period of revolts in autumn/winter 2019<sup>24</sup>. Since then, people can communicate with the outside world only through the telephone booths installed inside each area. Although GEPSA claims to have given people the possibility to consult their contacts in their phones, this has been strongly refuted by the inmates and their lawyers. As for the telephone booths supposedly active in the areas, the lawyers stated that they could only reach the phone in the Blue area, but they did not know neither the number nor the existence of the other phones. Since March and during the whole period of confinement, visits with family members were completely suspended. To overcome the impossibility of conducting face-to-face interviews with family members, the management installed an audio-visual system in a special, isolated room. In addition, during this period, mail was severely delayed and letters arrived at their destination weeks later than scheduled.

Since April, the hearings for the validation and extension of detention, as well as specific interviews with psychologists, cultural mediators and the Centre's legal staff, have been conducted electronically. The lawyers interviewed often complained about the poor quality of the connection and of the audio, which made correct mutual understanding problematic, especially between the judge and the detainee, and sometimes made the recording of the hearing imprecise. This has very often led lawyers to go in person to the facility in order to talk to their clients, but even in these cases the reservation of the visits proved to be difficult and at the risk of being interrupted arbitrarily by the management.

This context forced the people imprisoned in the CPR to an even greater isolation compared to the rest of

the world, making the conditions in the centres more and more brutal.

## The legal framework

Although we do not believe in an idea of freedom contained in laws and directives that we consider to be the pillars of a capitalist, racist and classist order, we believe it is important to outline a minimum legal framework, highlighting how the state contradicts and belies itself by violating the very laws it enacts.

According to Italian and European legislation, administrative detention is legitimate since it is aimed at repatriation, if this is not possible any detention must be considered illegitimate and detention itself without legal basis when international mobility is effectively suspended. Article 15(4) of the EU Directive concerning repatriation 115/2008/EC states: "When it appears that a reasonable prospect of removal no longer exists [...] detention ceases to be justified and the person concerned shall be released immediately"<sup>25</sup>.

This legislation has been implemented in our legal system with d.lgs. n. 286/98 c.d., the consolidated text on immigration<sup>26</sup>, which is substantially aligned with all the European directives. Both regulations then direct the States towards alternative measures to detention, which in the case of the Italian legal system consist of:

a) consignment of the passport or other equivalent document in course of validity, to be returned at the moment of departure; b) obligation to reside in a previously identified place, where the person compelled to return can be easily traced; c) obligation to present oneself, on days and at times established, at an office of the territorially competent police force.

After this brief overview, certain considerations arise spontaneously:

1) No release in Turin took place on the basis of a declared lack of legitimacy of administrative detention. As previously written, the releases from the CPR of Corso Brunelleschi took place after the maximum days of detention limit and with a notice of

<sup>24</sup> <https://macerie.org/index.php/2020/01/14/gli-aguzzini-si-vendicano/>

<sup>25</sup> <https://eur-lex.europa.eu/legal-content/IT/TXT/PDF/?uri=CELEX:32008L0115&rid=1>

<sup>26</sup> <https://www.camera.it/parlam/leggi/deleghe/98286dl.htm>

expulsion from the Italian territory within 7 days. At a time when the borders are closed, mobility is limited and externally staying at home is professed as the only real protection from an extremely contagious virus, the notice of expulsion is an approximate and grotesque measure, which easily brings people without a domicile back into the circle of administrative detention in case of failure to leave within the prescribed time.

2) In Turin, the illegitimacy of detention has not affected at all some Giudici di Pace ( Judges of the Peace), who have on the contrary prolonged the stay in the Cpr for some detainees who had finished the 180 days detention period.

3) The State has not even considered alternative measures to detention: in addition to the fact that they are absolutely marginal in the management of migration flows, they continue to be a fundamental part of a rotten, coercive, racist and colonialist system of migration management and only consolidate a restrictive mesh that leaves no possibility to escape. These measures are aimed at the control of the person and the limitation of his/her movements, in a regime that is of a precautionary nature.

4) The memoranda of the Ministry of Interior dated 18/03/2020 and 1/04/2020 define the prolongation of detention in CPRs - and in reception centres - as a form of protection against Covid-19 infection, since it prevents unnecessary movements. Detention is therefore considered beneficial to the health of the detained persons, in conflict with the unlawfulness claimed in Article 15.

a - una forma di tutela contro il contagio da Covid-19, poiché impedisce inutili spostamenti. La detenzione viene quindi reputata utile alla salute delle persone recluse, in contraddizione all'illegittimità sostenuta nell'articolo 15.

# Considerations and conclusions

In the previous pages we tried to recount the real sanitary situation inside the Cpr of Corso Brunelleschi. The testimonies of the detainees tell us not only of the impossibility to receive adequate care for their needs, but also of mockery, humiliation and harassment. From those who are treated inappropriately and suffer the repercussions, to those who can receive nothing more than a Tachipirina. Health care in Repatriation Centres is not only medical negligence, disregard of health problems, but it is rather one of the elements of control over the bodies of those who are imprisoned. The power to decide if and how to cure, whether it is to administer psychotropic drugs to quell any kind of protest or to threaten a person not to medicate him if he does not stop his hunger strike, clearly becomes domination and disciplining of bodies and minds. These dynamics of control develop in two further linked directions: the first is the falsification of medical reports, which allow deportations if the health situation is deemed suitable for deportation; the second is the actual inaccessibility of the medical records attesting to the state of health of the imprisoned persons. In this totally bureaucratic world, where having certain types of documents guarantees one's presence on the territory, the possession or not of one's medical reports can determine the outcome of one's asylum application or appeal. These are just some of the factors that contribute to the objectification and dehumanisation of prisoners through the management of health care, as fundamental parts of a system that organises the death of prisoners on a daily basis.

The arrival of the Covid-19 virus has only consolidated an utter absence of health care. In an extraordinary moment of global epidemic, the Deportation Centres have proved to be places where the State can manage life or death as it pleases. Its actions have been limited to a few measures that are not always feasible, in complete contradiction with the structural conditions of the centres themselves.

The same physical distancing - one of the most important preventive measures professed outside the walls of the CPR - could not exist where detainees are crammed into few and small available rooms. While Prefects and managing bodies were invited to follow health prescriptions structurally impossible to implement, the continuous functioning of the Centres and the confinement of those who could not be effectively repatriated was not questioned. On the contrary, the circulars of the Ministry of Interior dated 18/03/2020 and 1/04/2020 recommended the prolongation of detention in the CPRs and in the reception centres, as the limitation of mobility would have represented a form of protection against contagions. As if the game of preventing contagion throughout Italy could be played on the skin of the imprisoned people. Not only scapegoats of the emergency, but living bodies on which the State carries out violence on a daily basis; even more so with the pretence of thinking that the management of contagion can be administered through the deprivation of liberty, in unhealthy and unsafe places where not even the basic security measures are implemented. The security that is here called sanitary becomes in reality synonymous with the management of public order: only data to be administered, contagions to be enumerated and contained, repatriations to be carried out. The extension of detention is considered legitimate because the health emergency consolidates and justifies security policies.

We must also remember that during the pandemic period, the hot-spots and first reception centres located in the southern part of the peninsula were also saturated and overcrowded due to the numerous disembarkations. This situation has prompted a further new element, legitimised by the period of sanitary emergency, i.e. the introduction<sup>27</sup>, in April 2020, of a new form of administrative detention: the so-called "quarantine ships" or "floating prisons", requisitioned by the Italian State against a lavish payment to the shipping companies, used to detain

27 [http://www.protezionecivile.gov.it/amministrazione-trasparente/provvedimenti/dettaglio/-/asset\\_publisher/default/content/decreto-del-capo-dipartimento-n-1287-del-12-aprile-2020-nomina-del-soggetto-attuatore-per-le-attivita-emergenziali-connesse-all-assistenza-e-alla-sorv](http://www.protezionecivile.gov.it/amministrazione-trasparente/provvedimenti/dettaglio/-/asset_publisher/default/content/decreto-del-capo-dipartimento-n-1287-del-12-aprile-2020-nomina-del-soggetto-attuatore-per-le-attivita-emergenziali-connesse-all-assistenza-e-alla-sorv); <https://www.asgi.it/asilo-e-protezione-internazionale/diritti-in-rotta-le-navi-quarantena-tra-rischi-e-criticita/>.

hundreds of people who were moving also because of the emergency situation related to the Covid19. The "quarantine ships" thus became the first frontier, the place where the first identifications and, consequently, the first rejections from European territory took place<sup>28</sup>.

Hundreds of people have been transferred from the 'quarantine ships' or hot-spots directly into the CPRs located on the national territory and destined to become 'revolving-door facilities', as Interior Minister Luciana Lamorgese called them<sup>29</sup>, without any possibility to access international protection procedures. The attempt is clearly to make the detention-deportation system as efficient and effective as possible, speeding up identification and expulsion procedures. This desire was clearly expressed in the summer of 2020, when Ministers Lamorgese and di Maio met with President Kais Saied and signed a pact which, in addition to allocating 11 million euros to Tunisia to reinforce the control of its maritime borders, led to the arrangement of two charter flights per week starting from August, each with a maximum of 40 people on board, for a total of 80 repatriations per week<sup>30</sup>.

In October, after the Farnesina's requests to increase and accelerate repatriation procedures, charter flights were increased to 3, for a total of 120 repatriations per week. The data reported shows the systematic use of charter flights to Tunisia, which have in some cases quadrupled<sup>31</sup>. During the pandemic, therefore, hundreds of people were treated as if they were cargo, dumped thousands of kilometres away to be repatriated as soon as possible after a few days of detention. People who, since arriving in Italy, have only seen prisons, cages and guards. For this very reason, during the pandemic period, a long series of protests and riots broke out in

in Italian detention centres, also because of the brutal and unjust conditions in which they were forced to live. In the prisons, it was the courage of the detainees that stirred the situation. In March, they revolted and destroyed many prisons, a fact that had a considerable media resonance<sup>32</sup>. Even in the CPRs, despite the State's attempt to cover up the situations and despite the very little information the detainees had access to due to the lack of communication with the outside world, they sparked a number of protests and riots that involved the whole of Italy.

28 Per ulteriori approfondimenti sulle "navi quarantena" e hot-spot: <https://macerie.org/index.php/2020/02/23/il-sistema-dei-punti-di-crisi-gli-hotspot/>; <https://macerie.org/index.php/2020/10/22/le-navi-quarantena-e-lo-sviluppo-di-un-nuovo-dispositivo-detentivo/>.

29 <https://www.interno.gov.it/stampa-e-comunicazione/interventi-e-interviste/mio-piano-migranti-entrera-permesso-chi-viene-lavorare>

30 [https://www.repubblica.it/cronaca/2020/08/17/news/immigrazione\\_lamorgese\\_e\\_di\\_maio\\_in\\_tunisia\\_con\\_loro\\_anche\\_l\\_ue-264809620/](https://www.repubblica.it/cronaca/2020/08/17/news/immigrazione_lamorgese_e_di_maio_in_tunisia_con_loro_anche_l_ue-264809620/)

31 [https://inlimine.asgi.it/molti-rimpatri-poche-garanzie-unanalisi-dei-dati-sui-rimpatri-dei-cittadini-tunisini-degli-ultimi-mesi/#\\_ftn4](https://inlimine.asgi.it/molti-rimpatri-poche-garanzie-unanalisi-dei-dati-sui-rimpatri-dei-cittadini-tunisini-degli-ultimi-mesi/#_ftn4); <https://www.interno.gov.it/it/notizie/rimpatri-tunisia-ripresi-i-voli-charter-bisettimanali-dal-10-agosto-40-tunisini-trasferimento>

32 Sulle rivolte di marzo 2020 nelle carceri italiane vedi: <https://ilrovescio.info/2020/12/09/a-nove-mesi-dalla-strage-di-stato-nelle-carceri/?fbclid=IwAR1uAuVHfnuteYtpKdTE76oRTtledAAXTIPPnQgAIHJ5IXJco8LpYwxuGsY>; [https://www.inventati.org/rete\\_evasioni/?p=3834&fbclid=IwAR1BiLZMA6RzffadcOm6m-5aSR1FvBo-YSXFQ4XDLqsbV2TXwExZoK56imw](https://www.inventati.org/rete_evasioni/?p=3834&fbclid=IwAR1BiLZMA6RzffadcOm6m-5aSR1FvBo-YSXFQ4XDLqsbV2TXwExZoK56imw).



# Who's responsible

As repeatedly stated in this booklet, we strongly believe that this system is not only made of oppressed people, but also of accountable people. A composite system of management and detention of undocumented migrants is fuelled by the broader immigration policies of states, but also by individual conducts that contribute to consolidate racist and classist mechanisms on a daily basis. In short, every cog in the wheel that makes this machine work is liable.

In a world where it is increasingly difficult to identify responsibilities, to give a name and a surname to the often deliberately anonymous roles of those who collaborate at all levels of detention and deportation (starting with the director of the Centre, hired by the French company GEPSA, about whom we cannot find any information), we firmly believe that it is important to identify the individuals or companies they represent, who not only collaborate with the deportation machine, but also profit from it.

What we know<sup>33</sup>: in September 2015, the Prefecture of Turin presented a tender for the management of the Cpr in Corso Brunelleschi, which was won by the multinational GEPSA (Gestion établissements penitenciers services auxiliares) and the cultural association Acuarinto of Agrigento. GEPSA has been active for almost 30 years in the management of prisons and administrative detention centres in France - it is currently supposed to manage 16 prisons and 10 detention centres - and is part of Cofely Italia, an energy multinational; the latter is part of the GDF-Suez group, which in April 2015 announced a name change, from GDF Suez to ENGIE S.p.a., which is also active in the energy market in Italy. ENGIE S.p.A. is therefore the "parent company" of GEPSA. Acuarinto, on the other hand, is a company that has been operating in the reception sector for about twenty years and has managed - together with GEPSA - the Ponte Galeria CPR in Rome. In the constellation of companies involved (certainly in the past) in the business of

expulsions, we also find the Italian Red Cross - which managed the CPR in Turin from 1999, the year in which the structure was built following the Turco-Napolitano law, to 2015 - white and red cooperatives such as Connecting People and Auxilium, and religious bodies such as the Misericordie.

Moreover, we know from the website of the Prefecture - Territorial Office of the Government of Turin, that in 2019 there was an open procedure for the assignment of the tender for the SUPPLY OF GOODS AND SERVICES FOR THE OPERATION OF THE CPR in the amount of 6.048.605 euros, of which the liquidated sum consisted of 2.030.549,81. GEPSA s.a. clearly appears among the winning bidders, while other participants include VERSOPROBO SOCIETA' COOPERATIVA SOCIALE, which together with Cooperativa Luna s.c.s. won the tender for the management of the CPR in via Corelli in Milan, and EDECO COOPERATIVA SOCIALE ONLUS, the cooperative from Padua which currently manages the CPR in Gradisca d'Isonzo<sup>34</sup>.

From these brief attentions we turn to the bodies, companies and associations that manage the administrative detention facilities, it is clear who is mainly involved in the expulsion business, and who profits from expulsions, from the beatings and even, sometimes, from the riots. Not only in Turin, but also in Milan and Gradisca d'Isonzo.

Thus, the effort to give a real face to the enemy, to those who collaborate at all levels of detention and deportation - from those who build the centres to those who repair them, from those who bring food to those who wash the sheets, from those who profit from internal transfers and deportations - is only the smallest part of a struggle, the one against the CPRs, which has been going on since the year of their establishment: 1998.

33 <https://www.autistici.org/distrozione/wp-content/uploads/2017/05/i-CIEli-Bruciano2.pdf>; <https://leorugens.wordpress.com/2018/09/05/perche-i-francesi-della-gepsa-cofely-gdf-suez-gestiscono-alcuni-centri-daccoglienza-italiani-da-gradisca-alla-calabria/>.

34 <https://hurriya.noblogs.org/post/2020/01/27/vercelli-8-febbraio-presidio-contro-i-cpr-sotto-la-sede-di-versoprobo/>; <https://www.difesapopolo.it/Media/OpenMagazine/II-giornale-della-settimana/ARTICOLI-IN-ARRIVO/Migranti-la-vita-ad-alta-tensione-nel-Cpr-di-via-Corelli-di-Milano>; <https://hurriya.noblogs.org/post/2019/12/15/centri-di-espulsione-rivolta-a-torino-apertura-a-gradisca-disonzo-e-rinvio-a-macomer/>

With regard to health, the main focus of this booklet, we feel it is our duty to mention some of the names of the people who every day are an active part of the abuses and harassment suffered by the people detained in the CPR of Corso Brunelleschi:

The doctor in charge of the health service at the Centre, **Fulvio PITANTI**, 82 years old, in one of the many trials related to the riots inside the facility, had the boldness to define the health service at the CPR as 'a front-line clinic', as well as admitting that in the CPR 'psychotropic drugs are used by the gallon'<sup>35</sup>.

Dr **Enrico DONEGANI**, heart surgeon at the Maggiore Hospital in Novara. He has carried out several missions for Emergency in various African countries. He is also employed as a doctor within the organisation.

It is also important to report the names and surnames of those who are hiding behind idleness and the failure to provide minimum health services in the Centre, i.e. the people who make up the General Management of the ASL of the "City of Turin":

DIRECTOR GENERAL:

**Dr Carlo PICCO**

ADMINISTRATIVE DIRECTOR:

**Dr Eva COLOMBO**

HEALTH DIRECTOR:

**Dr. Stefano TARAGLIO**

Moreover, on 13/02/2021 a new memorandum of understanding was shared, entitled Agreement between the ASL Città di Torino, the Prefecture of Torino and GEPSA s.a. for the epidemiological control COVID-19 of migrants detained at the CPR of Torino<sup>36</sup>, with an expected cost of 0 euros. In fact, a team of volunteer doctors set up by the Order will be in charge of health care during the hours when the facility's doctors are not present, as well as providing their collaboration in a series of activities:

administering medicines and therapies, vaccinations, taking blood samples, collecting detailed medical histories, helping to compile and update medical records, translating foreign health documentation together with cultural mediators, preparing discharge forms for guests with health problems incompatible with life in the community and indications for treatment. This memorandum of understanding, on the one hand, certifies the state of mismanagement of health care within the facility, so much so that the Medical Association was obliged to set up a team of volunteer doctors to make up for the shortcomings and structural gaps in the Centre's medical assistance; on the other hand, it aims to reconsider previous agreements and the real responsibility of the ASL within the CPR.

<sup>35</sup> [http://www.ristretti.org/index.php?option=com\\_content&view=article&id=83700:torino-opsicofarmaci-a-litri-ai-migranti-del-cprq-la-testimonianza-di-un-medico&catid=220:le-notizie-di-ristretti&Itemid=1](http://www.ristretti.org/index.php?option=com_content&view=article&id=83700:torino-opsicofarmaci-a-litri-ai-migranti-del-cprq-la-testimonianza-di-un-medico&catid=220:le-notizie-di-ristretti&Itemid=1)

<sup>36</sup> [http://trasparenza.aslcittaditorino.it/TOAmministrazioneTrasparente/SeriesItem.aspx?IdSeriesItem=18378;https://omceo-to.it/wp-content/uploads/2021/03/Progetto\\_Medici\\_Volontari\\_CPR\\_Prot\\_3242-1.pdf](http://trasparenza.aslcittaditorino.it/TOAmministrazioneTrasparente/SeriesItem.aspx?IdSeriesItem=18378;https://omceo-to.it/wp-content/uploads/2021/03/Progetto_Medici_Volontari_CPR_Prot_3242-1.pdf)

# Testimonies of people imprisoned in the CPR of Corso Brunelleschi

June 2020

*"Man the situation is dramatic. There's no health care, the food is bad, that's the important thing. Besides, people here have not committed crimes outside. If you don't have a residence permit you can bring me here, you can do six months for free. In fact there are people who are brought here for the third time".*

*"How do you feel? I don't know how you feel either. You have to do six months here, without committing a crime. If you take half a year of my life, it's not easy."*

*"I feel terrible, I have to do six months for no reason. Besides, I have four children, I told the judge. All four of them are minors without their father around. I feel bad, I feel like crying when I think about it."*

*"Here it's too difficult, here you do six months like you do twenty years in jail. Worse than jail a hundred times here"*

*"You are a parking attendant because I don't want to do robbery, I don't want to deal drugs, I don't want to do things that I will regret later. I have chosen. It's better if I go and earn twenty euros, or at most thirty euros, I eat at Caritas, I sleep at the dormitory, but... quiet inside, when I put my head on the pillow I sleep. They don't want that! On the contrary, they say: "Did you choose this way? Come here!" Six months free and when you get out you do what you think. But when I go out without a family, without anything, what should I do?"*

*"There's a psychologist. I talked to her, but how does the psychologist help you? Psychologist is just to vent: tam tam tam tam and then bye bye! But nobody helps you here, brother. You have no family here. Nobody cares about anything!"*

November 2020

*"I don't care about anything anymore, on the contrary. These boys here who come from Tunisia and find themselves in this place without committing any crime, they treat them like animals. The food here is really bad, if you give it to an animal it won't eat it. Unfortunately we're surrounded by cops here, what can you do?"*

*"Even the phone, why don't they let it in? Here they give you €2.50 a day, and after two days you get a pack of cigarettes, because obviously if you're a smoker you have to smoke, right? Or after two days they give you a card to call your family. So they either give you a pack of cigarettes or they give you a card and if I want to smoke I don't call my family. If I want to call the family I can't smoke."*

*"Everything is full. There are people sleeping in the canteen where they normally have to eat. On the concrete, on the ground. There's no bed there! They sleep in the canteen because there's no room. Thank God they sent me sheets from outside because sheets don't exist here. They just give you a sponge mattress."*

*"They are unbelievable! The scenes here are really exaggerated. That's why they don't let anyone in from outside. There are people on strike who haven't eaten in over a fortnight, people who have sewn up their mouths! It's even worse, last time a guy slit his wrists and they didn't take him to the emergency room. And while he was cutting they were laughing because they don't give a damn. Two days ago a boy went really crazy, he was walking around naked and screaming in this cold weather. For two days they left him there, without sleeping. Then you know what they did? They arrested him and took him to jail. Yes, they took him to prison because he was walking around naked in front of the soldiers and this was considered an offence to public officials. They did that because here they are full of syringes, you know very well the TSO: compulsory health treatment, they do it also here."*

*they are insane!"*

*"They made me finish the last day of my end of sentence in prison, then they called me in front, I went out and found the patrol because they had to take me for a day in front of the Justice of the Peace. They brought me here under false pretences, I tell you the truth. For one day! "You have to go before the Justice of the Peace", I come here, and bye, handsome! Now I've been here for forty-seven days!"*

*"Yesterday they brought us food and turned off the light. "Here, now you eat in the dark like cats!" But I don't know, they don't even treat cats like that, they treat them better."*

*January 2021*

*I am in the expulsion centre of Turin. I don't call it a expulsion centre but a concentration camp because they treat us like animals. People are desperate. There are people who are in a situation that makes you want to cry if you see it. For example, when I came in, they left me in solitary confinement for twenty-four hours to welcome me. When you come in they give you a disposable mask and you have to use this mask for the whole time you are in the deportation centre. When it snowed, people were shivering because they didn't have jackets. When we asked, they laughed at us. Then, when a person goes to a doctor or a justice of the peace or a lawyer or anyone else, he has to go with about 15 policemen, carabinieri, financial police and the army. Do you think this is human? A person, who has risked his life at sea, has spent money and you come to Italy and they treat you like a criminal. We risk our lives to be in Italy and then we're in jail".*

*"The other day they burnt the area not for love, passion or fun. They burnt the area because there was a boy who was ill and they didn't want to take him to hospital. They had to do what they did to send him to hospital. Then finally they took him to the hospital and then they came in and beat the shit out of everyone."*

*"The most important thing I wanted to say is the right to health. Here there are people who need treatment but nobody intervenes. The police laugh, they watch you being sick and they laugh. Like a guy who has gone out of his mind, out in the cold and*

*nobody intervenes. I can't understand! I've seen things here that I didn't even imagine. We want our voice to be heard outside, to tell the reality of what is happening in the reception centres. Because, as my companion said, I wouldn't call it a reception centre because this is a concentration camp. Because what I saw gives me goose bumps. I can't tell you, I'm sorry but I feel like crying. Regardless of race, because for me the human race is one: whether you are German, Italian or African, the human race is one. But to see a human being treated like that, not even a dog or a cat can be treated like that. We hope that our voice can get out there and at least change things a little. We are not asking for a lot, we are asking to be treated as human beings. Then if you have to be repatriated or not, ualà! But if someone has the right to be treated, at least he should be treated! I can't believe that in the whole reception centre there is only one doctor. Because there should be doctors on duty. Instead there is a nurse who acts as a doctor, because the doctor never comes. There is this boy who has bullets in his foot and has been on strike for seven days and yesterday we called but he couldn't find a doctor, he only found a nurse. But excuse me, if someone is on hunger strike he should be examined by the doctor, not the nurse. And the nurse told him: "no, nothing will happen to you!" Then someone who is on strike has to be checked every day, but no, they don't call the doctor. Today we tried again to call someone but nothing, the boy came back with tears because they told him: "if you want to be examined, go back to your country and treat yourself there". I mean, it's unbelievable, I can't believe all this was said by a medical professional under oath! The boy hadn't eaten for seven days and then he goes to a doctor to be treated and he says if you want to be treated, go back to your country! Does that seem right to you? This from a doctor! We don't even know his name. They don't give the name of the doctor.*

*"They feel powerful, because they know that nobody can come in here to check, so they feel they can do whatever they want! This is the reality, because they say here we are in charge. We decide, so we do what we want because there's no one watching us. There is nobody watching us. Even the headmistress we have never seen because she is never here. She never comes. To talk to the headmistress? There is never a headmistress ! There is a headmistress who only*

*comes by name, by sight. I personally have never seen her".*



***For more information on the Cpr and the expulsion machine,  
partial and tendentious bibliography (IT)***

*in print:*

Appunti sul nesso tra guerra e migrazioni in Friuli-Venezia Giulia, *opuscolo*, 2020

Note sul decreto – parte “immigrazione”. Conoscere il nemico per contrastarlo. *Nemici e Nemiche delle*

*frontiere*, *opuscolo*, 2019

No CPR, piccola guida ai lager contemporanei, *Assemblea No Cpr No Frontiere*, *opuscolo*, 2019

Migrazione e detenzione delle donne nel CPR di Ponte Galeria. *Nemiche e nemici delle frontiere*, *opuscolo*,

2018

Fuori Controllo (n.0, n. 1), *Periodico di lotta*, 2017 - 2018

“La carta è solo carta”: sulla detenzione amministrativa in Puglia, *opuscolo*, 2016

Dietro il volto umano – Uno sguardo sul sistema SPRAR, *opuscolo*, 2016

Accoglienza e detenzione: un anno di lotte contro il controllo dello Stato, *Hurriya -Senza frontiere*, *senza*

*galere*, *opuscolo*, 2016

I Cieli Bruciano: dei centri di identificazione ed espulsione e di chi ne permette il funzionamento, *opuscolo*,

2016

Gli hotspot: nuovi modelli di controllo e carcerazione, *opuscolo*, 2016

Frontiere e lavoro. Gli schiavi della filiera agroalimentare, *opuscolo*, 2016

Abbatere le frontiere – al Brennero e ovunque, *pieghevole*, 2016

Considerazioni sulla detenzione amministrativa in Italia, *opuscolo*, 2015

CIE e complicità delle organizzazioni umanitarie, *D. Cadeddu, Sensibili alle Foglie*, 2013

Tempi di Guerra, Corrispondenze dalle lotte contro le espulsioni e il loro mondo (n.1 – n.6), *periodico*, 2004 – 2006

*useful websites:*

<https://nocprtorino.noblogs.org/>

<https://hurriya.noblogs.org>

<https://transumanze.noblogs.org>

<https://macerie.org>

<https://radioblackout.org/?s=cpr>

<https://radiocane.info/tag/cie-cpr/>

<https://nociemodena.noblogs.org>

<https://nofrontierefvg.noblogs.org>

<https://campagneinlotta.org>

<https://www.antigone.it/tredicesimo-rapporto-sulle-condizioni-di-detenzione/OI-detenzione-amministrativa/>

<https://abaslescra.noblogs.org>

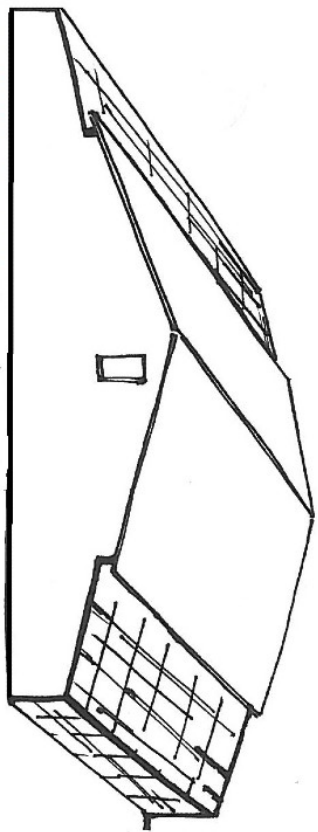
<https://sanspapiersnifrontieres.noblogs.org>

<https://www.statewatch.org/>

# CENTER OF PERMANENCE FOR REPATRIATION

## 'BRUNELLESCHI' TURIN - Via Santa Maria Mazzarello 31 - 10142

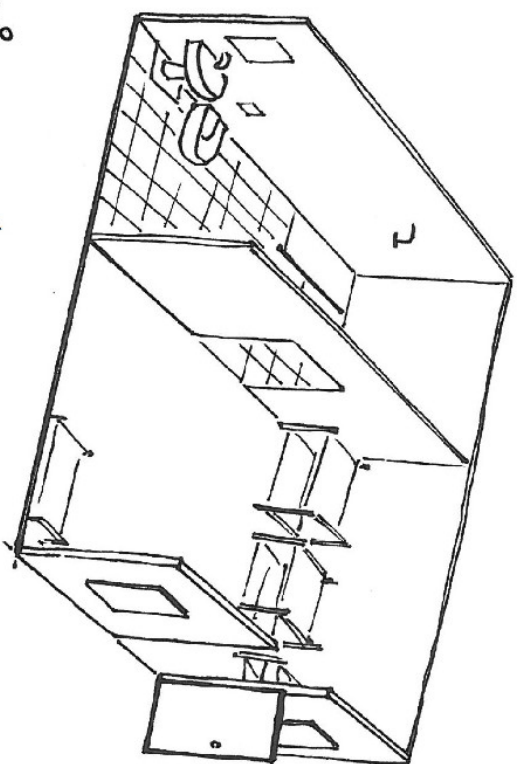
Opened in 1999, it initially kept 88 persons imprisoned (64 men and 24 women)  
 Today, in 2021, it is one of the biggest CPRs in Italy and can its capacity can  
 grow up to 210 places, at the moment only men.



### 9. OSPEDALETTO

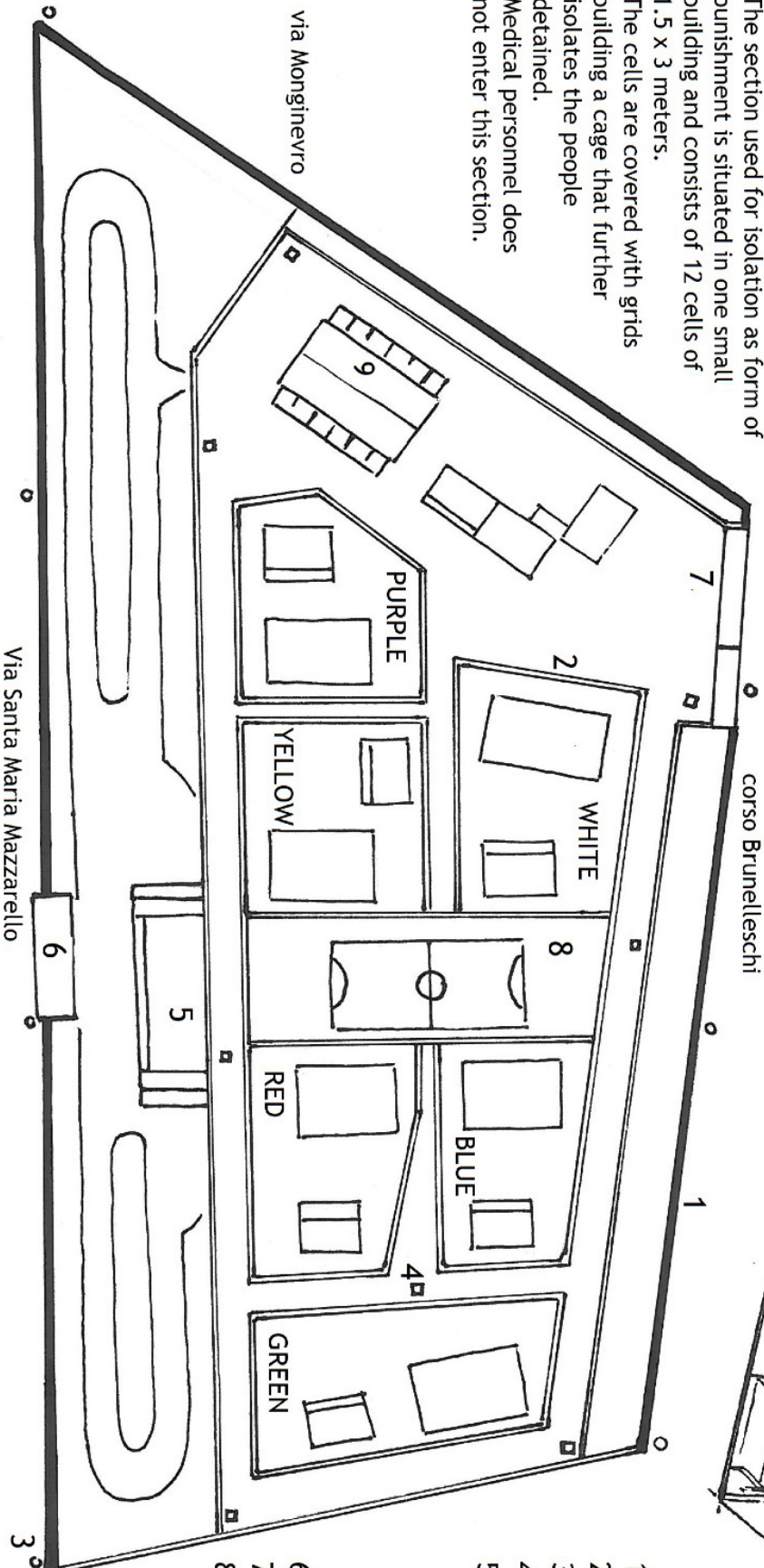
The section used for isolation as form of punishment is situated in one small building and consists of 12 cells of 1.5 x 3 meters.

The cells are covered with grids building a cage that further isolates the people detained.  
 Medical personnel does not enter this section.



The CPR of Turin consists of 6 detention areas.  
 Every area has been assigned a color:  
 WHITE, YELLOW, PURPLE, RED, BLUE, GREEN  
 Every AREA is composed of a building that is used as HOUSING UNIT and a small building used as community area or canteen.

Every housing unit is composed of 5 ROOMS with 7 beds and a bathroom with a toilet and the shower and no windows.



1. outer wall 4 meters height
2. grids 5 meters height
3. 360 ° surveillance camera
4. guardians
5. entrance building:
  - infirmary
  - interview room
  - room for validation hearings
  - immigration office
6. main entrance
7. former entrance
8. football field

Via Santa Maria Mazzarello