

Doctors should not declare anyone fit to be held in immigration detention centres

A campaign by Italian doctors aims to raise awareness of the harmful conditions and health risks associated with immigration detention. The campaigners explain why in this open letter

On 4 February 2024, Ousmane Sylla, a 22 year old Guinean man died by suicide in Ponte Galeria detention centre in Rome, Italy; in the previous weeks he had been transferred from another immigration detention centre, despite his poor mental health and the risk of self-harm extensively documented.¹ This case illuminates the urgency of denouncing the inadequate and unsuitable conditions within these facilities, which expose people detained there to serious health risks, or premature death.²

In 2022, the World Health Organization (WHO) Regional Office for Europe published a document describing the health risks for people subject to immigration detention.³ The WHO confirms that detention sites across Europe constitute a substantive risk for the mental health of detainees, risk the spread of infectious diseases, and adhere to low-quality standards in managing noncommunicable diseases. Studies highlight how immigration detention erodes people's health status by exposing them to unsuitable conditions and barriers to access to healthcare.⁴ In 2024, the WHO also endorsed a joint-advocacy brief on ending immigration detention for children, calling for the adoption of explicit legal prohibition of detention of children.⁵

In Italy, despite the administrative nature of immigration detention, these facilities are prison-like environments, but without the basic safeguards usually guaranteed in prison in many European countries, including the right to healthcare access. Immigration detention centers are managed by private for-profit organizations that sign memoranda of understanding with Prefectures (local branches of the Ministry of Interior) and local health authorities, who should guarantee the rights of the detained people. Health management in immigration detention is contracted to healthcare personnel employed by private contractors, without requiring specific qualifications or training for working with migrant people and/or in detention contexts. Numerous independent reports and investigations, including by the Italian National Guarantor of the rights of persons deprived of liberty, have highlighted the degrading hygienic and sanitation conditions of detention sites and suboptimal healthcare provision. Detained individuals often face serious physical and mental health challenges, exacerbated by confinement, as well as by the

¹ Camilli A. "Una morte annunciata nel centro di detenzione di Ponte Galeria". *Internazionale*, February 6, 2024, <https://www.internazionale.it/notizie/annalisa-camilli/2024/02/06/suicidio-cpr-ponte-galeria-roma> [accessed on 18.02.2024]

² Peterie M (Ed.). *Immigration Detention and Social Harm - The Collateral Impacts of Migrant Incarceration*. New York: Routledge, 2024.

³ WHO Regional Office for Europe. *Addressing the health challenges in immigration detention, and alternatives to detention: a country implementation guide*. WHO Regional Office for Europe, Copenhagen 2022, <https://apps.who.int/iris/handle/10665/353569> [accessed on 18.02.2024]

⁴ Van Hout MC, Environmental Health Rights and Concepts of Vulnerability of Immigration Detainees in Europe Before and Beyond COVID-19, *Journal of Human Rights Practice*, Volume 15, Issue 2, July 2023, Pages 621–645, <https://doi.org/10.1093/jhuman/huac063>

⁵ United Nations Task Force on Children Deprived of liberty. *End Immigration Detention of Children*. Advocacy Brief. New York: February 2024, <https://www.unicef.org/media/151371/file/Advocacy%20Brief:%20End%20Child%20Immigration%20Detention%20.pdf> [accessed on 18.02.2024]

barriers in accessing care as per standards guaranteed by the Italian national health system.⁶ Abuse and misuse of psychotropic drugs prescribed by healthcare staff for security purposes have also been largely documented within these custodial sites.⁷

At an international level, a recent analysis of existing qualitative evidence highlights how, alongside degrading living conditions, people subject to immigration detention endure the burdens of communication barriers which make it difficult to navigate legal systems, or understanding what is happening, the trauma of having their life projects disrupted, and the abuse of psychotropic drugs.⁸

In Italy, when entering a detention centre, people must undergo a clinical assessment performed by a doctor affiliated to the national health system. Over the years this medical assessment has increasingly taken the form of an administrative *nihil obstat* to the detention, just excluding the risk of communicable diseases, without a thorough evaluation of the overall person's health status.



Lips sewn together in protest at the CPR in Milan, Italy, November 3, 2022.

From the archive of the Network "Mai più lager - No ai CPR"

This procedure raises substantial concerns:

Firstly, from a public health perspective, multiple reliable sources have demonstrated that immigration detention is pathogenic and a risk to people's health, yet doctors are tasked with certifying the

⁶ Of particular note are the reports from the Network "Mai più lager - No ai CPR" ([Punishments without crimes. Snapshot of the CPR of Milan](#)). Report on access to the Permanence Center for Repatriation in Milan, via Corelli n. 28, by Senator Gregorio De Falco on 5 and 6 June 2021, and [Punishments without crimes. Snapshot of the CPR of Milan – One year later](#)), of the ASGI (see <https://www.asgi.it/tag/cpr/>) and the Milan ambulatory for migrant people "Naga" ([Beyond that door](#) - One year of observation from the keyhole of the CPR in Milan). For the most recent reports from the National Guarantor, see https://www.garantenazionaleprivatiliberta.it/gnpl/pages/it/homepage/dettaglio_contenuto/?contentId=CNG15448&modelId=10019. All the mentioned documents are in Italian [accessed on 18.02.2024].

⁷ Rondi L, Figoni L. "Rinchiusi e sedati: l'abuso quotidiano di psicofarmaci nei CPR italiani". *Altresconomia*, April 1, 2023, <https://altresconomia.it/rinchiusi-e-sedati-labuso-quotidiano-di-psicofarmaci-nei-cpr-italiani/> [accessed on 18.02.2024]

⁸ Van Hout MC, Lungu-Byrne C, Germain J. Migrant health situation when detained in European immigration detention centres: a synthesis of extant qualitative literature. *Int J Prison Health*. 2020;16(3):221-236. doi:10.1108/IJPH-12-2019-0074

health status of individuals during a short consultation, often without sufficient information on their personal backgrounds; the conditions of the detention sites where they will be held; or the availability and quality of healthcare services offered in detention.

From an ethical perspective, physicians need adequate time and medical settings to thoroughly evaluate a person's health status. Additionally, informed consent to undergo a medical examination is essential according to international norms, but currently not required in Italy for migrants destined for detention. More importantly, there is the deontological duty for medical doctors to protect vulnerable people (such as undocumented migrant people), in particular when they believe the environment in which the person lives is not suitable for protecting their health, dignity, and quality of life.

From a medical-legal perspective this process is problematic. If detainees develop health conditions, the health assessment issued could be contested and the doctor signing it could become involved in legal proceedings.

Based on these considerations, and in line with existing WHO guidelines for the protection of the health of people subjected to detention (WHO, 2022), the Italian Society of Migration Medicine (SIMM), the Network *“Mai più lager - No ai CPR”*, and the Association for Legal Studies on Immigration (ASGI), have jointly released a call for action for all healthcare personnel to be aware of the harmful conditions and health risks associated with immigration detention. On the basis of the aforementioned public health, ethical, and legal issues, the campaign aims to increase awareness and provide documentary and organisational support to doctors in order to encourage them not to declare any migrant person suitable for administrative detention.⁹

Immigration detention centres are invisible settings where the right to health and access to healthcare are systematically neglected. Bearing in mind the fundamental principles and ethics of the medical profession, healthcare practitioners should be firm in saying that no one should ever be considered fit to be “locked up” in pathogenic environments where health is disregarded and fundamental human rights are at risk. Ultimately, as Ousmane Sylla's recent death sadly reminds us, people in these sites are exposed to group-differentiated vulnerability to premature death.¹⁰

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⁹ The Campaign documentation is available on the websites of the three associations: [SIMM](#), Network *“Mai più lager - No ai CPR”*, [ASGI](#). All the mentioned documents are in Italian [accessed on 18.02.2024].

¹⁰ Gilmore RW. *Golden Gulag: Prisons, Surplus, Crisis, and Opposition in Globalizing California*. Berkeley, CA: University of California Press, 2007.

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Attachment: draft form for the assessment of unfitness for life in the CPR

The undersigned Dr....., employed by the NHS body..... and charged by the latter with producing a certification of suitability for life in a restricted community for Mr. ./Ms..... Following the interview with the patient and the clinical evaluation, on the basis of which I am asked to produce the aforementioned certification:

- Taking into account the objective incompleteness of the outcome of the checks carried out above, conditional from unavailability of a documented medical history and the very short time allowed to carry out a clinical investigation which is worthy of much more time, skills and diagnostic means, including multidisciplinary ones;
- Considering that the patient is destined for detention at the CPR of _____, a facility which only has a 24-hour basic healthcare facility and which, therefore, lacks the possibility of promptly accessing specialist medical care;
- Considering the structure and organization of the Permanence Center for the repatriation of _____, characterized by the absence of adequate prevention and treatment measures for pathologies and psychophysical conditions that hinder life in a restricted community;
- Having considered the articles. 3, 6 and 24 of the Code of Medical Ethics relating to the appropriateness of the technical-professional services of doctors, as well as art. 32 of the same Code according to which doctors are required to protect vulnerable subjects from remaining or being placed in an environment that is not "suitable for protecting their health, dignity and quality of life";
- Considering the Law of 22 December 2017, n. 219 ("Regulations regarding informed consent and advance treatment provisions"), which prohibits diagnostic tests, as well as treatments, in the absence of information and collection of consent from the interested party;

within the scope of an overall evaluation, of the clinical outcome of the assessment carried out by me in light of the evidence illustrated above, **I express in science and conscience the assessment of the patient's UNSUITABILITY for detention in the aforementioned CPR.**

Place and date

The certifying doctor