

## Italy's Health Divide: Securitised Migration Policies and their Impact on Migrant Health during the COVID-19 Pandemic

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### **Abstract**

*Restrictive migration policies often have a major impact on migrants' access to healthcare services and their capacity to protect their health. During the COVID-19 pandemic, securitised migration policies in Italy led to a severe health divide that exacerbated the already acute living conditions of many migrant communities. This article examines Italy's migration policy with a focus on the Security Decree and its consequences during the COVID-19 state-wide lockdown. Over the last decade, the surge in support for anti-immigration parties has fostered the portrayal of migrants as dangerous vectors of disease. In 2018, the Italian government approved the Security Decree which curtailed the already poor medical and sanitary conditions of the state's healthcare services provided to migrants and asylum seekers. This study outlines the characteristics of the Italian health divide during the COVID-19 outbreak and suggests a link between securitised migration policies and increased vulnerability of migrant communities during the pandemic.*

**Keywords:** COVID-19; Italy; migration policy; healthcare; migrant health

### **Introduction**

In recent decades, scholars and researchers in migration studies have increasingly recognised the problems associated with implementing restrictive and securitised migration policies (Koopmans and Michalowski, 2017; Sanchez and Achilli, 2020; Doomernik and Bruquetas-Callejo, 2016; Geiger and Pécoud, 2012). In particular, there have been several issues related to the impact of restrictive policies on health protection and access to healthcare services for migrants and asylum seekers (Ambrosini, 2015; Devakumar et al., 2020). In Europe, the decrease and deterioration of medical assistance to migrants is strongly connected, amongst other socio-political factors, with the increasing influence of populist and far-right parties who see immigration as a menace to their national identity. The fostering of this political discourse, which has constructed and reconceptualised ideas and forms of securitised citizenship, has produced a hostile environment and a new generation of securitised migration policies (Rigo, 2010; Nyers, 2009). In 2018, Italy adopted the so-called Security Decree, which represented the political climax of its anti-immigration parties. These regulations had a severe socio-economic impact, which resulted in increasingly precarious livelihoods and health conditions for migrants and asylum seekers (Kluge et al., 2020). As such, before the outbreak of COVID-19, asylum seekers and refugees already faced growing social exclusion because of the Security Decree and its provisions, such as the cancellation of humanitarian protection and the overall reform of the reception system. Furthermore, the measures contained in the Security Decree involved the risk of severely inflating the current estimate of 533.000 of undocumented migrants living in Italy (ISMU, 2019; Villa, 2018).

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During the COVID-19 pandemic, the consequences of these restrictive migration policies exacerbated the acute living and health conditions of many migrant communities in Italy. Taking the Italian Security Decree as a reference, this paper identifies four factors that highlight the harmful impact of securitised migration policies on the living conditions of migrants during the lockdown implemented in early 2020: 1) precarity, 2) inequality, 3) vulnerability, and 4) hostility. Since the first implementation of measures to contain the COVID-19 virus, these four factors were reflected in a growing health divide between migrants and Italian citizens that accentuated migrants' deep-seated historical and structural vulnerability.

The Italian health divide produced by the Security Decree has exacerbated the already unequal distribution of rights and access to services for migrants and asylum seekers. The latest example of this process is represented, unfortunately, by the harmful impact of these securitised politics that led to an unnecessarily prolonged exclusion of asylum seekers and undocumented migrants from Italy's vaccine distribution plans against the SARS-COV-2 virus (Mukumbang, 2020; Crawshaw et al., 2021).

To reconstruct the origins behind the health divide, this article examines the Italian historical background that resulted in a highly securitised environment for migrants. Eventually, the growing support for anti-immigration parties led to implementing the Security Decree, which is analysed from the perspective of migrant health protection and access to healthcare services. To better understand this process, this paper carefully discusses the concept of the health divide and its four characteristics while keeping in mind the securitised migration policies and decisions the Italian government made during the lockdown. Finally, this study suggests that the Security Decree and the restrictive anti-migrant approach adopted during the lockdown ultimately risked counteracting Italy's efforts to contain and reduce the spread of COVID-19.

#### Constructing a securitised migration policy environment in Italy

The living conditions of migrants in Italy during the COVID-19 lockdown implemented in March 2020 represent a threat to many lives and are the result of a complex phenomenon still unfolding at the time of writing this analysis. In this scenario, the Italian political and legal frameworks played a significant role in excluding migrants from accessing necessary healthcare services and worsened the poor living conditions that characterise many migrant communities (Giammarinaro and Palumbo, 2020). This degradation of public health services was politically determined through a restrictive and securitised migration policy that resulted in a growing health divide between the regular assistance provided to Italian citizens and that which was available to foreigners.

To understand the underlying context, the following discussion examines how Italian politics came to construct and influence the current institutional behaviour, including the policies that regulated the medical assistance available to migrants during the pandemic. In fact, the hostile anti-migrant environment in Italy substantially determined the authorities' conduct and prevented much-needed action in the provision of health protection for all people living in the Italian territory. The regulations, which severely limited mobility and the exercise of personal freedom during the lockdown, caused a strong outcry among the public. Eventually, the government was eager to pursue a strategy aimed at appeasing public opinion and maintaining political support for its demanding measures during the COVID-19 pandemic (Carlotti, 2020). In this sense, the Italian government declined its responsibility to protect and



support one of the most marginalised parts of its society. This decision not only caused an unjustified threat to the health and lives of migrants but also represented a health hazard for the entire Italian population. However, what at first glance could seem like irrational behaviour by the Italian government conceals the politically determined and conscious choices involved in such actions.

In recent decades, Italy has experienced a steady growth of support for anti-immigration parties, which progressively created a hostile environment in which migrants and asylum seekers were stigmatised and marginalised (Ambrosini, 2020; Tomei, 2017). Far-right parties and populist movements produced a fictive narrative of migrants as dangerous criminals and ‘invaders’ whose goal was only to exploit the Italian welfare state. This all-pervading and continuous rhetoric represents an evident example of how migration in Italy has been subject to the so-called process of ‘securitisation’. The concept of ‘securitisation’, in fact, describes a discursive strategy used by the media and politicians to create a perceived menace in public opinion, which provides, in turn, a political justification for restrictive measures (Buzan et al., 1998). In this sense, proponents of more securitised policies have commonly portrayed migrants as potential vectors of disease and accused them of exploiting the *Servizio Sanitario Nazionale* (SSN), the Italian national healthcare service (Ambrosini, 2020; Geddes and Pettrachin, 2020). This uninterrupted rhetoric, which particularly targeted migrants originating from North and sub-Saharan African countries, created a dangerous and explosive socio-political context during the unfolding of the COVID-19 pandemic.

The arrivals of boats carrying migrants in the Strait of Sicily became a symbol of the securitised narrative that artificially portrayed a migrant invasion (Ambrosini, 2020). Nicholas De Genova (2002) effectively described this media technique as a rhetoric of the ‘border spectacle’, in which the confrontation between the border police and migrant boats on the high sea creates a visible and naturalised representation of migrants’ illegality in the act of crossing the border. This process, which is supported and inflated by populist political movements, enacted and produced a criminalised representation of the sub-Saharan migrant as an indistinguishable illegal subject. Soon, images of overcrowded boats became a constant in Italy’s political agenda, shifting the policy priorities of all parties towards a securitised and restrictive approach towards migration. This process, part of the general tendency towards criminalising foreigners, shifted attention away from the actual need for individual safety and protection and towards a singular focus on the illegalised or ‘irregular’ paths and methods migrants use to enter the country (Campesi, 2015).

In 2018, growing political support for Italian anti-immigration parties led to approving the so-called Security Decree, the latest reform of Italy’s migration policy framework. The Conte I Cabinet (in power from 1 June 2018–5 September 2019) adopted this law and significantly changed asylum law. Doing so involved a deep transformation of the Italian reception system and the services provided to migrants, asylum seekers, and refugees. The political rationale that led to the adoption of the Security Decree and determined its approach can be summarised as having three main causes: 1) the rhetoric that identified the welfare services provided to migrants as a ‘pull’ factor and an invitation to migrants; 2) the ‘excessive cost’ of the reception system that had been at the centre of constant debate; and 3) the need of anti-immigration parties to demonstrate their long-proclaimed ‘no tolerance’ stance towards migrant arrivals after many years of political campaigning about the need for a strong hand against migration.

The Security Decree embodied a new phase in the securitised approach towards asylum seekers, a shift especially evident in the abolition of humanitarian protection, which was an alternative form of international protection for migrants who did not qualify for refugee status. The reformed reception system limited access to its structures to people whose asylum claims had already been recognised and, thus, to those who officially possessed refugee status. This condition automatically excluded asylum seekers involved in pending procedures, which commonly involve a two-year wait. This decision may have represented a violation of the European Directive 2013/33/EU of the European Parliament, which obliges all member states to provide adequate living conditions for asylum seekers and to guarantee their health status (Corsi, 2019). The reduction of the available typologies of international protection, together with the progressive closure of legal migration channels, bears the consequence of increasing the number of undocumented migrants living in Italy. A current estimate suggests, as a direct consequence of the Security Decree, a figure of around 140.000 new undocumented migrants until the end of 2020 (Villa, 2018). Because of their status, undocumented migrants are forced to live in a permanent state of invisibility, which often results in unhealthy living conditions and overcrowded environments (Marchetti et al., 2020).

The diffused political and institutional anti-migrant hostility in Italy created a dangerous mixture of restrictive policies that worsened the average living conditions of migrants. In this fragile context, a disease such as COVID-19 represents a very serious threat for both migrant communities and Italian citizens. As the following sections examine, the fear of the 'other', translated into a policy framework, renders migrants and asylum seekers highly vulnerable to COVID-19. Specific migrant categories, such as undocumented migrants and farmworkers, suffer an institutionally constructed health hazard, so active policies aimed at including these groups in the country's response to the virus are urgently required (Chamie, 2020).

#### Italy's response to COVID-19 and the first lockdown

In the first months of 2020, the COVID-19 outbreak arrived in Europe after being initially limited to China and a few Asian countries. Soon after, it had a violent impact in Italy, which was one of the worst-affected countries during the early stage of the pandemic. The rapid surge of infections and deaths related to the virus led many politicians to openly blame Asian and Chinese citizens for having allegedly brought the infection to Italy (Carlotti, 2020). Consequently, the public opinion grew increasingly aggressive against people with an apparent Asian ethnic background. At the end of February and in the early stages of March 2020, public attacks and violent acts were carried out against foreigners across the entire territory, mostly against 'the Chinese' for having brought the disease to Italy. Exploiting the fear of the foreigner and the concept of a disease brought from 'outside' the country, populists and far-right politicians used the COVID-19 outbreak to fuel their restrictive and securitised rhetoric (Reny and Barreto, 2020; Gostoli, 2020). In Italy, the already hostile environment against people of apparently Asian ethnicity was then progressively directed to foreigners and migrants from African countries. In fact, in the early phase of the outbreak, it was common for Italian far-right politicians to attack migrants arriving via the Mediterranean for spreading the virus among Italian citizens. Notably, Matteo Salvini, the former Minister of the Interior



and leader of the far-right League party, declared about migrants: ‘they go where they want, they spit all over the place and spread the infection’ (Schoen, 2020).<sup>2</sup>

On 9 March, the surge in COVID-19 infections and the growing number of deaths led the Italian government to implement the first state-wide lockdown and enforce severe restrictions on the people’s freedom of movement. The most urgent necessity at that moment was to reduce and contain the pressure on the SSN and, in particular, on the intensive care units whose capacity was being rapidly exhausted in overwhelmed Italian hospitals. The lockdown measures urged people to not leave their homes and involved the shutdown of most economic activities, the closure of schools, and the imposition of social distancing and isolation. On 11 March, the World Health Organisation (WHO, 2020) officially declared the COVID-19 outbreak a pandemic. In an effort to contain the international spread of the virus, state authorities across the globe enforced strict border closures and implemented travel bans. These measures, however, were largely ineffective at stopping the spread of COVID-19 (Chamie, 2020).

In this context, international migrants often represent a specific category of people located at the very margins of society. As such, they may be the most vulnerable to COVID-19 because their socio-economic circumstances have a significant impact on their living conditions and their capacity to access healthcare services (ECDC, 2021). Often forced to live in overcrowded quarters, migrants struggle to respect social distancing measures and other hygiene-related recommendations. Furthermore, refugees and migrants represent a notable proportion of the homeless population of various countries (Kluge et al., 2020). The extreme income precarity of the homeless and their inability to self-isolate have caused them to become one of the vulnerable groups in terms of COVID-19 exposure risk.

As a particular category of migrants, undocumented migrants face specific legal and social conditions that negatively affect their capacity to protect themselves against COVID-19. During the pandemic, the increasingly hostile and xenophobic anti-migrant rhetoric in Italy exacerbated migrants’ social exclusion and limited their capacity to protect their health, making them particularly vulnerable to SARS-COV-2 (Chamie, 2020). Already presented as ‘plague spreaders’ coming from ‘outside’, the lack of support given to undocumented migrants living in the Italian territory had deep consequences for the health protection of the entire population. Moreover, the fear of being arrested and deported had a significant impact on undocumented migrants’ likelihood of seeking and accessing help from public healthcare services (Devakumar et al., 2020; Chamie, 2020). The overall circumstances affecting migrants, especially undocumented migrants, created an urgent need for direct intervention by the Italian state authorities to support their living conditions and provide inclusive access to healthcare services. However, as the following sections show, the Italian state opted to entirely ignore its migrant communities.

Migrants and the lockdown: closed harbours, emergency shelters, refused food vouchers, and vaccination plans

In the early stage of the lockdown, many countries closed their borders and issued strict travel bans. These restrictions on mobility, aimed at reducing the spread of COVID-19, were often implemented with the instrumental objective of enforcing and strengthening countries’ anti-

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<sup>2</sup> Author’s translation.

migrant border controls (Sanchez and Gabrielli, 2020). Among these policies, Italy used the COVID-19 pandemic to declare its harbours as unsafe and to close them to migrant boats in distress in the Mediterranean (Stierl, 2020). In fact, on 7 April 2020, the Italian government adopted Decree n. 150, which declared the Italian territory as 'unsafe' and, thus, made harbours unavailable to the ships that had carried out SAR missions outside of the Italian SAR region. The reasoning behind this decision was that because Italy was among the countries worst affected by the COVID-19 virus, the Italian territory could not be classified as a 'safe place' for migrants. While the government argued that closing the harbours was aimed at protecting the SSN and maintaining the country's capacity to fight COVID-19, this 'justification is inconsistent both as a matter of fact and as a matter of principle', as Giammarinaro and Palumbo (2020: 25) argued. First, the small numbers of migrants arriving via boat in Italy's territory did not represent a real problem for the Italian healthcare service. Second, claiming to protect migrants' health by not allowing them to disembark in Italy and face exposure to COVID-19 is highly paradoxical and deceptive in its reasoning, because it actively denied migrants their right to health by forcing them to remain on overcrowded and dangerous boats in life-threatening circumstances. This measure, adopted first by Italy, was implemented two days later by the Maltese government. The EU and its member states refused to intervene and took no responsibility during the COVID-19 emergency (Stierl, 2020). The political rhetoric of the European authorities justified their inaction by blaming the situation on human traffickers who carelessly endangered the health and lives of migrants. However, this narrative hid the fact that closing the borders not only decreased the need for migration travel services but could also have increased the demand for trafficking services. Italy and Europe's reduction of regular migration paths forced migrants to take more dangerous routes with less humanitarian support available and to search for services that were ultimately only provided by traffickers (Sanchez and Gabrielli, 2020).

As part of the lockdown efforts to provide relief to the socio-economically disadvantaged, Italian municipalities distributed food vouchers (Giammarinaro and Palumbo, 2020). This measure's target population was, for example, poor families and homeless people who could not afford to provide for themselves and were disproportionately burdened by the lockdown. Its subjects were citizens, regular residents, and long-term residence permit holders. The measure excluded foreigners and undocumented migrants, causing a wide range of protests by civil society organisations that argued that access to essential services must be guaranteed to the territory's entire vulnerable population, especially undocumented migrants. Following local courts rulings against the requirement for regular residence status to access support, municipalities could not discriminate between regular residents and foreigners without the required documents, as these support measures constitute a human right during an emergency (Giammarinaro and Palumbo, 2020).

Currently, another contested circumstance arose in relation to the roll-out of Italy's vaccination plans, as migrants living in Italy were excluded from the opportunity to receive the COVID-19 vaccine until a very late stage of their distribution. It is commonly asserted that in order to contain the spread of the virus, one of the first actions to achieve is to prioritise the vaccination of the most vulnerable and exposed subjects, such as the many migrant communities who fit this fragile condition (ECDC, 2021; Mukumbang, 2020). However, by instituting an unequal distribution and limiting access to vaccination services, until a very late stage of 2021, state authorities in Italy actively discriminated against undocumented migrants and asylum seekers (Crawshaw et al., 2021; Sofia, 2021). In February 2021, in a letter to the



Italian Minister of Health, several civil society organisations called for a revision of Italy's vaccination plan in order to consider and encompass the presence of the considerable community of undocumented migrants (ASGI, 2021; Logozzo, 2021). At the same time, also in February 2021, the *Agenzia Italiana del Farmaco* (AIFA, 2021), the Italian Medicine Agency in charge of regulating pharmaceuticals, issued a communication that listed the categories of people who were entitled to access vaccination services. By doing so, the AIFA officially included the so-called "out of reach" individuals, vulnerable subjects but excluded from vaccine access due their specific legal condition (Pasotti, 2021). Notably, the "out of reach" category includes undocumented migrants and people without shelter. Following the AIFA communication, however, no operational directive was issued from state authorities to implement a coherent and uniform strategy to regulate the inclusion of "out of reach" subjects. As a consequence, the eligibility of "out of reach" categories for accessing vaccination services remained under the independent authority of each regional healthcare administration. While some Regions begun to include undocumented migrants into their vaccination plans, their regulative action was fragmented, uncoordinated and delayed (Pasotti, 2021). Moreover, in this undefined normative context, rather opportunistically, many regional administrations opted to not extend eligibility and to wait for an official directive from the government. This general condition produced even more confusion, making it very difficult to develop awareness campaigns specifically targeted at undocumented migrants. As access to vaccines is still not fully granted in all regions and, furthermore, registration procedures may change sharply between each region, information campaigns, in particular, suffer this fragmented environment. Ultimately, this process worsened the unequal treatment received by migrants in Italy and led to harm the provision of the necessary awareness regarding the possibilities, and the benefits, of vaccination for undocumented migrants.

Health divide and restrictive migration policies during the lockdown: reception centres and detention facilities

As anticipated in the previous sections, the Security Decree reformed the Italian migration policy by implementing a highly restrictive reception system and curtailing international protections. The inherent rationale of this migration policy was to lower the cost of the reception system and to cut the services provided to migrants (Geddes and Pettrachin, 2020). Thus, for example, the Decree removed the provision for Italian language classes and psychological assistance for asylum seekers, and significantly reduced the number of hours of medical care available to them. The claim that most asylum seekers were 'bogus refugees', epitomised by the far-right rhetoric of former Minister of Interior Matteo Salvini, meant that these services should be limited to 'true' and 'deserving' refugees. However, in a health emergency such as the COVID-19 pandemic, severely reducing social integration activities and medical assistance increases the risk of providing insufficient services.

Amidst the unfolding of the global pandemic, the Security Decree thus created the basis for a dangerous health divide in Italy that deepened existing inequalities in healthcare services. While already suffering intense structural and socio-economic disparity, migrants and asylum seekers saw a significant deterioration in their living conditions. Under these circumstances, the spread of COVID-19 caused a 'scissors effect' in the widening health divide. While the state authorities rapidly implemented measures to contain the virus and support the livelihoods of the most vulnerable parts of society, they actively decided not to act regarding migrants. During the lockdown, the growth of four factors highlights the dramatic hazard

encountered by undocumented migrants and asylum seekers as a consequence of the Italian Security Decree: 1) precarity, 2) inequality, 3) vulnerability, and 4) hostility. First, precarity refers to the outcomes of the economic shortfalls inherent in lockdown measures, which caused income uncertainty for many migrant families. Thus, the destruction of livelihoods created both economic and existential uncertainty threatening migrants and their families. Second, increased inequality was produced by the reduction of healthcare services and rights during a global health emergency. Further, the decree reinforced inequality by excluding migrants from emergency measures meant to support socially marginalised people in difficulty during the lockdown. Third, and deeply linked to the previous points, vulnerability to the virus has increased as a result of the combined action of the Security Decree and the political choices made during the lockdown. The incapacity to self-isolate or to find adequate shelter has affected both asylum seekers and undocumented migrants, entailing significant exposure to COVID-19. Fourth, public opinion immediately and hostilely focused on the 'foreign' origin of the virus. Successively, migrants from North African and sub-Saharan countries became the instrumentalised scapegoats of the pandemic. Aggressions against migrants continued, leading, as in the case of Mondragone, a town near Naples in the south of Italy, to local clashes between foreign and Italian residents (Del Porto, 2020). In other circumstances, migrants suffered discrimination and their employers refused them protection equipment, such as masks, while working in the fields, which reduced their ability to protect themselves against the virus (De Sena, 2020). In fact, institutional hostility towards migrants led to measures that further facilitated the spread of the virus, rather than reducing its spread or containing it, which could have been achieved by increasing vital medical support. The lockdown has been instrumental in the tightening of borders, as with the decision to close Italy's ports to rescued migrants, enabling further tightening of immigration control, particularly regarding refugees and asylum seekers.

Taken as a whole, these four aspects effectively summarise the impact of the redesigned Italian migration policy, which introduced a series of norms that complicated access to healthcare services, especially for asylum seekers. Among these instruments, asylum seekers were refused the right to be inscribed in the civil registry, which represents the official statement of residency in their municipality (Pitzalis, 2019). This apparently minor change created a severe obstacle to accessing SSN services because formal inscription in the local civil registry is a mandatory and non-automatic step that asylum seekers must take to register with the SSN. This is contradicted by Italian law theoretically assuring asylum seekers full access to the SSN and its healthcare services. The Security Decree, therefore, caused a short circuit that blocked access to health services for many asylum seekers. Currently, while the courts have begun to rule in favour of the asylum seekers' right to inscription in the civil registry, there are still municipalities that continue to refuse them this right (Azzariti, 2019).

The former reception system had a dual structure: the *Sistema di Protezione per Richiedenti Asilo e Rifugiati* (SPRAR) represented the ordinary structures designed to host asylum seekers and refugees, while the *Centri di Accoglienza Straordinaria* (CAS) covered the 'extraordinary' centres that were temporarily established when the ordinary SPRAR system reached full capacity (Ambrosini, 2020). The Security Decree transformed the SPRAR into the *Sistema di Protezione per Titolari di Protezione Internazionale e per Minori Stranieri non Accompagnati* (SIPROIMI), reducing its hosting capacities and limiting access to unaccompanied minors and those whose refugee status had already been recognised. Consequently, asylum seekers could only be hosted in the 'extraordinary' CAS system, which has become the *de facto* 'regular' reception system. CAS



structures, however, are often located in inadequate buildings that were not meant to permanently host a large number of migrants and were designed to provide only minimal services. As these structures were not designed to be adapted to such usage, they were commonly characterised by overcrowded living conditions and minimal hygienic standards. For example, in one such unsuitable CAS structure—a converted hotel in Verona—the inability to implement social distancing measures and other sanitary best practices caused the infection of around 100 asylum seekers hosted there (Bottazzo, 2020).

The general reduction of healthcare services is also reflected in the case of migrant detention facilities, the so-called *Centri di Permanenza per il Rimpatrio* (CPR). The structures used for CPR have increasingly been located in deficient buildings that do not correspond to their required functions and needs. Following the decisions implemented in the Security Decree, CPR today are characterised by endemic overcrowding, which makes quarantines and self-isolation impossible, and by a complete lack of basic hygienic goods (ASGI, 2020). Indeed, among the consequences of this migration policy, it is necessary to note the failure to meet the official health recommendations that aim to combat the spread of the pandemic.

Given the very bleak perspective outlined above, migrant communities, asylum seekers, and detained migrants represent some of the subjects most exposed and vulnerable to the risk of viral contagion in Italy. Characterised by small and overcrowded spaces, CPR have regularly been accused of inhumane treatment and lacking hygienic services (ASGI, 2020). Medical assistance in these structures is often absent and they are generally unequipped to reduce the risk of COVID-19 infections. These structures neither allow for social distancing measures to be respected nor provide the capacity to isolate infected inmates and organise periods of quarantine. Indeed, infections in CPR facilities could have dire consequences. In April 2020, despite this situation, the Ministry of the Interior, which is responsible for the CPR system, reacted only with an internal communication confirming the continued normal functioning of the detention facilities. However, following the example of other European countries, Italy gradually began to reduce the detained population over the following months. Besides this minor effort, the reduction measure did not ameliorate conditions inside the detention structures, which continued to be a high-risk factor for viral spread and constituted a significant health hazard for their inmates.

## Conclusions

The global pandemic posed the question of how migration policies influence efforts to contain the spread of the virus. Mobility restrictions, travel bans, and economic shutdowns constitute some of the most severe regulations implemented during Italy's lockdown. Such circumstances required active support for the more disadvantaged members of society, whose income and housing precarity represented a serious threat to their lives and health. Migrants, however, were generally excluded from these state-implemented aid provisions, such as emergency shelters and food vouchers. Moreover, while already suffering a long-standing hostile socio-political environment in Italy, migrants experienced a dramatic deterioration of their living conditions due to the country's securitised migration policies. In fact, the Security Decree had bitter consequences that negatively impacted migrants during the COVID-19 lockdown and strengthened what this article describes as a health divide between Italian citizens and migrants. As described, the Italian health divide is determined by the significant growth of four aspects that have characterised the condition of migrants during the COVID-

19 lockdown: 1) precarity, 2) inequality, 3) vulnerability, and 4) hostility. These factors exacerbated the increased viral exposure risk, particularly for the most disenfranchised categories of migrants, which includes asylum seekers and undocumented migrants.

The full impact of implementing securitised migration policies and reducing migrants and asylum seekers' rights and access to healthcare services is yet to be quantified during the COVID-19 pandemic. However, Italy's Security Decree undeniably reduced access to healthcare services and worsened the living conditions of many migrant communities. In particular, the government's curtailing of the reception system significantly affected the quality of the structures available to asylum seekers, forcing them into inadequate and overcrowded facilities that often lacked basic hygienic standards. Migrants detained in the Italian CPR system faced similar conditions, with overcrowding and an insufficient provision of medical assistance. Despite the negative impact of the Security Decree and Italy's migration policy on the health protection of migrants, the authorities did not react accordingly. The findings of this study show that the danger posed by COVID-19 should prompt the government, instead, to provide support to all people living in its territory to efficiently contain and diminish the threat of disease.

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