



BEYOND THAT DOOR

A year of observation through the keyhole of the Repatriation Centre in Milan SUMMARY

The dossier *BEYOND THAT DOOR, A year of observation through the keyhole of the Repatriation Detention Centre in Milan*, was born after a year of monitoring - with obstacles - of the CPR (Detention Centre for Repatriation) in Milan, by the Naga and the Mai più Lager - No ai CPR Network.

It was a complex and difficult work because observing a CPR is equivalent to looking at an obscure and at the same time invisible object hidden by high walls that are almost impenetrable by civil society and sometimes even by the people in charge of the work.

Data, testimonies, research, medical records, access to records, generalized civic access, inspections, verifications, messages to the dedicated call center ("SOS CPR") are the **main sources** of the survey; The observation **period** runs from May 2022 to May 2023.

The Dossier describes **the obstructionism** opposed to any attempt at access, whether physical or virtual, to the CPR and everything we have been able to glimpse: from the outside and from the inside.

We investigated different areas from the beginning to the end of the ordeal of the detainees: the fitness examination, access to the CPR, housing modules, internal living conditions, legal information, deportation, the right to health in the CPR, repeated detentions, the CPR tour, acts of self-harm, violence, deaths, economic management, the right of defense and guarantees, compliance with the provisions of the project with which the managing body won the award. **We found violations in all areas investigated.**

As soon as they arrive at the CPR, people are subjected to a **medical examination**, stripped naked and forced to do push-ups on legs to expel any objects from the anus, in the presence of medical staff and police officers. This ritual is preceded by the so-called fitness examinations carried out by ATS medical personnel, described, by the people with whom we spoke, as carried out in the presence of police officers, limited to a brief interview in which they simply declared that they were fine at that moment, in places without any possibility of performing any instrumental diagnostic tests.

The entry procedure involves the assignment of a **progressive number**, a number that is used in the CPR instead of the person's name, thus implementing an obvious process of **dehumanization**.

The story of the "**typical**" **detention** is characterized by the squallor of the **miserable housing modules and services**, passing through the **total lack of hygiene and privacy** of the bathrooms to arrive at the **unpresentable and worm-stuffed meals**. Paper sheets, walled cabinets without doors, **bathrooms and showers without doors** (only white plastic partitions, open at the top and bottom); running water, at times it is only frozen or only boiling, advertise of "non-potable water" appear and then disappear.

In the rooms and in the courtyard, the cold is biting or the heat is suffocating. The courtyard is covered with plexiglass that acts as a roof and this results in it being impossible to enjoy real open spaces and instead creates a "naturale" greenhouse effect.

And again, hunger, metal chairs nailed to the ground, a greasy and sticky metal table, pigeons feeding on the floor among the food scraps in the mess hall, bars bars, bars bars, the heavy metal door of the prison, which closes.

The Dossier leads into the abyss of the **zombification** of people who are detained, abandoned, unheard in their needs and in even serious health problems.

The routine is characterized by despair. Fists on the door, screams, calls for help, kicks at the door, people bleeding, others falling to the ground, epileptic seizures, **suicide attempts**, swallowing razor blades, batteries, plugs, fires, smoking, sleeping on the floor, feeling sick, no timely treatment, no attention, no help.

The desperation **of being in a place no place and being reduced to dehumanized bodies**, with no perspective or understanding of why they ended up in that black hole. Much worse than a prison.

In fact, the lawyers who collaborate with the Naga speak of the progressive "zombization" of the detainees. They have no activity to do: an empty wait for deportation. Young, healthy and strong people turn into pale and disoriented zombies in a few weeks.

According to the specifications, recreational activities should be organised within the CPR. There should be a list of weekly activities, displayed and accessible. This is not the case, despite the fact that the managing body won the tender also thanks to the offer of phantom sports and recreational activities. According to the specifications, the managing body of the CPR must also provide the legal information service. Detainees should be informed of their rights by in-house legal advisers, supported by cultural mediators, but this is not the case, according to those in detention. **They don't even receive information leaflets because the paper, which can be ignited, is considered dangerous.**

The Dossier also tells **how the deportation takes place**: people sedated with valium injections, tied hand and foot, lured out of housing modules under pretexts or lies, deluded to the last minute that the consul will be able to stop the deportation at the last minute, stripped naked again at the airport, loaded on the aircraft, and handed over, as soon as they disembark, to foreign police.

The Dossier also tells extreme stories such as that of **a person deported to a country he had never visited before.** They are Mr. Smeraldo (not his real name), who in December 2022 was "repatriated" to Bosnia, a country where he had never been. On the first attempt to repatriate him, he had such an acute panic attack that the pilot refused to transport him. Born and raised in Italy, with a strong Venetian accent, and father of 4 children who are Italian citizens, but without documents, in fact stateless, he was detained in the CPR in Via Corelli in Milan and from there deported to Bosnia. And **it also happens, lawyers report, that there are people put on planes, headed to their presumed country of origin and... rejected at the border, sent back to Italy as they are not recognized as citizens of that country.**

Another issue addressed in the Dossier is that of the **right to defence** and how it is severely limited, or denied. It is difficult to appoint a trusted lawyer, lawyers are appointed for a single hearing and are not required to take charge of the defense of the person in a real way to defend his or her rights.

The substantial lack of information to detainees is described; during online hearings, the connection is bad; Interviews between lawyers and assisted persons are time-based, without any confidentiality and often without the possibility of using interpreters.

For what concern the **right to health**, the Dossier reports a disastrous situation from all points of view. **The right to health is systematically violated.**

Health documents are not given to the persons directly concerned or to their delegated lawyers. The Naga had to go all the way to the Regional Administrative Court and win two appeals to finally see the right of two detained people to have copies of their medical records respected. **The denial of such documents is all the more serious because they can, in many cases, lead the court to release the person on the basis of his or her state of health.**

The reading of the health documents, real skeletons in the closet, opens a window on the horror of and in the CPR. It is those documents that tell us about J.M., **who was held in the CPR even after he was diagnosed with a brain tumor and tell of many other rather questionable suitability for detention.**

Even just understanding the content of health documents is difficult. They are handwritten in barely legible handwriting, and the reports are partial, while the technical offer of the managing body provides for "*the drafting of an electronic health card for each guest which, in addition to containing all the data relating to the medical history of the detainee, will also report all the health services and drugs dispensed in his favor*".

Despite the difficulty on reading the medical documents, obtained through appeals, the reading of the medical records and the analysis of various cases followed reveal **the inadequacy of the checks and the difficulty (and often impossibility) of obtaining the necessary care.**

Specific stories are described and how, in some cases, the state of health of the detained person led to their release and how, on the other hand, cases of manifest unfitness for detention remained in the CPR until the maximum time of detention was reached.

J.M. is declared unfit for detention following an oncological examination of which there is no trace in the documents sent to us. His release took place only after his lawyer had requested the medical records, which were not sent to him, and thanks to the intervention of the National Guarantor of the rights of persons deprived of personal liberty. **After being released, the patient was certified as being so serious that, under current legislation, he cannot be repatriated.**

Another detainee, subject to panic attacks, **was freed by the Judge because the doctor had prescribed a psychological examination that** remained without follow up and the progressive worsening of anxiety received no other assistance than an increase in medication.

The Dossier tells of B.M. and his **altered psycho-physical state from day one.** Transferred to Milan from another CPR, where he was already threatening self-harm, and where he was sedated with valium injection, in Milan he received psychiatric drugs for months and remained in the CPR from May 2022 to July 2022, **released after fracturing some ribs,** all circumstances hidden from his lawyer and judges.

The Dossier tells of B.O. who from the first day shows scars of previous self-harm and who is "**treated**" **with a crescendo of psychiatric drugs** because "*he wants to get dizzy... and threatens suicide.*" B.O. was sent to the Emergency Room for a contusion to a finger on his right hand, according to the clinical diary of the CPR, while the report of the Emergency Room records an attempted hanging carried out at "*Villa Corelli*".

The Dossier tells the story of E.M. and the horror escalation that do exist in the CPR. Valium, orthopedic examination and ultrasound prescribed and never performed. Self-harm to a limb, prescriptions without doctors' stamps, therapeutic suspensions in the clinical diary that it is not clear what they refer to, recordings of drugs that come out of nowhere, **unrecorded neuropsychiatric therapy** that is decreased at some point, two episodes of self-harm on the same day, with recording only the second. There is a **suicide attempt** and the report from the Emergency Room which, finally, names the drugs he takes: two psychiatric drugs. This information is not recorded in the CPR clinical diary but is known to law enforcement. The Emergency Department adds that E.M. is already known for homologous accesses. **Discharged and referred to the CPR, the doctors recommend surveillance, given the risk of recurrence of similar gestures, a recommendation not reported in the clinical diary of the CPR. The next day, E.M. attempts suicide again.** New access to the Emergency Department, new discharge to the CPR, new surveillance recommendation and then? The curtain falls down.

The Dossier tells of B.A., met by the Naga delegation that on March 2, 2023 held a visit to the CPR, which is in the CPR in Milan for the second time. He, too, **receives an increase of psychiatric drugs and he too goes so far as to self-harm.** However, B.A. has two clinical diaries, each relating to the respective period of detention. Only one was sent to the Naga,

in response to access to the files, the last one, preventing a full assessment of the man's state of health. All that is known is that he was prescribed a psychiatric examination, which was never carried out.

The Dossier tells of B.A., a detainee and cardiology patient who, while he is hospitalized at the Monzino hospital, is **without clothes and shoes and the director of the CPR refuses to bring his personal belongings to the hospital. Despite his right to apply for a residence permit for health and/or family reasons, B.A. has escaped two deportation attempts.**

The Dossier tells of eight detained people who **came from other CPRs or were transferred to CPRs in other regions.** Among them is H.B., who has been in Italy since the age of 14, who cannot be deported to Tunisia as he was never registered in the Tunisian registry office, in fact stateless, and despite this he passed through the CPR of Bologna (years ago), Milan, Rome, Gradisca d'Isonzo. They tell stories about him, which led him to file a complaint for torture, injury, omission of aid and forgery - against agents, director and doctor of the CPR of Milan and Rome, for various reasons.

The Dossier tells of the **inhumane treatment** carried out in the CPR, often witnessed by videos. Among these, the most striking case is that of H.D., who in November 2022 **had sewn his lips together in protest**, after days of hunger strike and when his deportation seemed imminent. H.D. was blocked by a dozen agents intent on ripping the wire from his mouth to proceed with his repatriation.

Among the many reports are those of detainees in the throes of toothache who do not receive treatment. For one of them, the CPR infirmary scheduled a dental examination, which was never carried out, to take place almost eight months later.

The Dossier also tells of 4 **reports concerning detained persons to whom family members had sent money, which were not returned after they left the CPR.** Their repeated and insistent requests for restitution were of no avail. The amounts withheld are 500 euros; 2778 euros; 150 euros; 200 euros. **The Naga and the National Guarantor of the Rights of Persons Deprived of Liberty had to intervene.**

The Dossier also provides some data on the outcomes of the detentions of which it is aware, with **a majority of detainees released and a minority deported.** Among the reasons for the release are mainly health problems and the expiry of the maximum terms of detention.

Many cases have been reported to the National Guarantor of the Rights of Persons Deprived of Liberty. In 41 emails sent to the Guarantor, and containing multiple reports or continuation of previous reports, it is reported that 32 people were intoxicated, 26 health problems, 12 ill-treatment with consequent injuries to people, use of strong manners during repatriations, 8 cases of self-harm/attempted suicide, 4 cases of failure to assign lawyers or assignment of disposable lawyers, 4 detentions of money, 3 cases of environmental incompatibility due to sexual orientation, 2 cases of non-receipt of the asylum application, 2 requests for verification of minors.

The Dossier also describes **the information collected through various generalized civic accesses** sent by Naga with specific questions **to the Prefecture of Milan, the Municipality of Milan, ATS Milano Città Metropolitana, the manager of CPR Martinina S.r.l., the Police Headquarters of Milan and the Central Directorate of Immigration and Border Police of the Department of Public Security of the Ministry of the Interior.** Responses are incomplete and often denied because they are related to undue processing needs, data not in the possession of the entity or identified as inspection requests, or the answers are not received, without any justification.

Among the replies, it emerges that **the Prefecture would not be aware of the content of the register of critical events,** accesses to the Emergency Room, the number of people released from the CPR for health reasons, or following acts of self-harm, the number of TSOs.

The **request to obtain the technical offer of the managing body** faced with a clear refusal, only satisfied, months later, when an appeal against that refusal was already pending. **A technical offer that offers services and services that are not reflected in the evidence of observation, or that prove to be absolutely irrelevant to the context of a CPR:** recreational activities not implemented, activities of detainees to be carried out outside the CPR, software for the digital management

of health documentation (which is instead handwritten) and for the management and communication to the Prefecture of data that the Prefecture declares not to possess in the Response to civic access. An attractive technical offer, but one that earned Martinina S.r.l. only the third score of the race, recovering the top of the bidder list thanks to the lower economic offer.

The generalized civic access sent to the Police Headquarters in Milan, with eight questions, had no response.

Of 10 questions, the generalized civic access sent **to ATS** was answered only one, concerning the number of STP (Temporarily Present Foreigner) codes issued to people detained by the CPR that would guarantee access to care, in the absence of a health card. There are 203 codes issued, in a period that saw 544 detained. 341 codes are missing, not issued, while the technical offer clearly states that those codes must be issued to everyone upon entry into the CPR.

To the generalized civic access, the **Municipality of Milan** replied that there were two TSOs (Compulsory Health Treatment), concerning the same detained person. It is the same question to which the Prefecture has not answered, considering the data sensitive, and therefore not to be disseminated. Why should a numeric and anonymous piece of data be classified as sensitive?

The civic access to the Department of Public Security has produced a table containing a list of detainees who died in the CPRs of Italy from 2018 to 2022. Nationality, age, date of death, gender, CPR. That's 14, in 5 years. Average age: 33 years. 4 males and one female. 5 died in 2022. In the Dossier we tried to give an identity to these deaths, but 5 out of 14 deceased died without a name. For 4 of them, nothing is known, neither of their identity nor of the causes and circumstances of death.

The last part of the Dossier describes **the Naga's brief access to the CPR**: a two-hour visit that took place on March 2, 2023, after litigation that lasted over a year. "*In order to preserve the personal safety of visitors*" **access to the housing modules where the detained persons are staying** has not been allowed.

As soon as they enter, the delegation is invited to sign a commitment not to take video, audio, or photographs, under penalty of denunciation that could result in a prison sentence of one to three years, yet another obstacle to the transparency and visibility of the CPR.

Access, with all its limitations and denied or ignored answers, nevertheless gives some confirmation and some additional information on the deficiencies of the structure and management, as well as a series of blatant contradictions and inconsistencies in the answers.

The infirmary is not equipped to do urine tests on site. For safety reasons, the oxygen tank is missing. For safety reasons, the fire evacuation plans would be known only to operators in charge and only in a confidential place that is not easy to access, because this is very sensitive information which, if disseminated, could pose risks to the safety of the structure. When asked to indicate the location of the defibrillator, three people in the infirmary point in three different directions, none of which correspond to where the sign is placed, on a locker door.

The official of the Prefecture assures that the potability of the water has been verified by ATS, and that this verification would have been made following the report of a Senator who had visited the CPR in May 2022. **But the story and the information are discordant and lack coherence** with what was reported in the report of Senator De Falco to whom the director of the CPR had guaranteed that the Civil Engineers had verified the potability of the water before his visit to the CPR.

But then, is the water drinkable or not? Is there a drinking water certificate? Who carried out the checks, the Civil Engineering or ATS? Both? Nobody?

On the **provision of meals**, according to the Prefecture official, it would be directly the responsibility of the managing body. The director, on the other hand, speaks of subcontracting to an external company. There is no label on the trays with food.

When asked to view the register of critical events, a spiral paper notebook appears. Very different from the IT management system mentioned in the technical offer.

On **legal information**, the director assures that he takes care of it personally. When asked what information he provides, he replies "*the one required by law*". The brochure with the legal notice is not to be found in the CPR, anywhere. And it doesn't even arrive months later, even though it was formally requested. On the subject of *the one-off* mandate of court-appointed lawyers, the director is asked whether the detainees are informed of this. He replies that they receive all the information and that lawyers are there. On the type of appointment, one-off, it says nothing.

The attempt to understand how the psychology service's interviews take place has yielded contradictory answers. The coordinator of the psychology service stated that language mediators are not needed during interviews, while admitting that she does not speak any foreign language, only to change her version and claim that mediators are always present during interviews.

A part of the delegation held interviews with the detainees and obtained a waiver to request their medical documents. The Prefecture official freely interpreted the delegation's requests as "access to the records" and provided those documents a month later.

What we've seen is probably just the tip of the iceberg. We haven't seen everything, but we can draw conclusions with certainty.

All the evidence gathered shows that all this is not the result of *mismanagement* of the Centres, but of clear political choices that result in illicit and inhumane administrative and management practices and practices, financed by public money. All this is even more serious because the people who are taken to a CPR have not committed any crimes, but only an administrative offense, i.e. being irregular on the territory. In itself, therefore, the restriction of personal freedom is a disproportionate measure, but everything we have described in the Dossier, in addition to everything else that remains carefully hidden and that we dare to imagine, makes this measure intolerable, unacceptable and inhumane.

The evidence clearly supports the need to abolish CPRs and forced returns.

All the more so if **applied in a regulatory framework that does not provide for any possibility of regularization for people present on the national territory.** And within a framework within which **no regulation, no CPR, no repatriation has ever affected arrivals in the country: the desires, needs and wills of those who want to leave.**

If we were to start from Milan **to firmly demand the closure of the CPR in Via Corelli**, as it clashes with a conception of the modern, advanced and welcoming city as it claims to be, **it would be an important, if not perhaps even decisive, signal.**

With this report we have done our part, we have tried to shed light on what they want to hide.

We now appeal to all of you to take action to demand the abolition of the CPRs and at the same time we ask the Government, the Ministry of the Interior, the Prefecture and the Municipal Administration to contribute, each to the extent of their competence, to implement the only possible, realistic and necessary solution: to close all CPRs in Italy

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