



# Limits and Obstacles of Migrants' Health in Italy, a focus on undocumented migrants

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## Abstract

The impact of migration in the hosting countries continues to perpetrate original differences in social groups. On the one hand, migrants' conditions in the hosting countries improve thanks to better working conditions; on the other hand, falling into an irregular status can deteriorate Health and Life quality. For instance, socio-economic conditions and the legal status of migrants, which often are not well consolidated, affect the Health of Migrants, especially those who are irregular. During the first year of the project of mobility, Migrants experienced precarious conditions due to the policy that each country grants to migrants. A general system that generates vulnerability for migrants that has already dealt with many other obstacles, such as cultural and linguistic barriers and separation from the original country. That obstacle may influence Health due to limited access in Public Healthcare. In this article, we are also investing health in CPR. This research aims to identify migrants' healthcare access through politics and policies by considering the current global challenges in Italy. This article focuses on migrants, starting from the idea of Wasteocene. This article points out how injustice and social differences continue to be perpetrated in Italian society. In conclusion, we suggest some recommendations for policymakers to implement a new idea of a Democratic society.

**Keywords:** *migrants; undocumented migrants; healthcare; Italian health services; Wasteocene; istitutional racism.*

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## Introduction

The percentage of the World's population living outside of their native country has remained stable at ~3.5% since 1960. However, the absolute growth of migrants outside their home country increased threefold to 281 million in 2020 (McAuliffe and Triandafyllidou 2021). Most of the population does not migrate across the border but stays

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in its own country. Despite this evidence, migration is one of the complex issues of our time due to an exacerbation of misinformation and politicization mixed with a long period of uncertainty.

While the COVID-19 pandemic (Malizia et al., 2021) may have decreased the number of migrants during 2020 and 2021, conflicts such as the war in Ukraine led to migration across Europe unprecedented since World War Two and continued migration, mainly from Syria, Venezuela, Afghanistan, and South Sudan. Recently, also from Ukraine (Cesareo 2023).

Despite the significant global economic growth, undeveloped countries mainly continue to register the same burden of the past, such as poverty and economic debt, with the only difference that seventy years later, in a globalized and connected World, human mobility is simplified and with so, multiplicate, Geographical distance no longer represents an obstacle to mobility in any remote territory of the World.

The impact of migration in the hosting countries continues to perpetrate original differences in social groups. On the one hand, migrants' conditions in the hosting countries improve thanks to better working conditions; on the other hand, falling into an irregular status can deteriorate Health and Life quality. For instance, socio-economic conditions and the legal status of migrants, which often are not well consolidated, affect the Health of Migrants, especially those who are irregular.

During the first year of the project of mobility, Migrants experienced precarious condition due to the policy that each country grants to migrants. A general system that generates vulnerability for migrants has already dealt with many other obstacles, such as cultural and linguistic barriers, separation from the original country etc.

Recognizing the legal status is crucial in terms of social consequences for the migration and hosting community. On the one hand, the receiving country exerts power, communication, and allocation of worth; on the other hand, the permit to stay acts as a Social Determinant of Health, especially for undocumented migrants. Social Determinants impact on the society.

Access to Healthcare is essential to achieve justice and a sustainable future for communities in the light of pursuing SDGs.

In this article, we have allowed an interdisciplinary flow by passing from Medicine, Sociology, Philosophy, law, Politics, and Culture. For the author, the interdisciplinary of work can help to better reflect on the current time in which we are living. In this paper, we addressed the challenge of investigating obstacles of migrants, wildly irregular, to highlight the need for a prominent engagement to pursue lesser inequalities, not only at the global level but also in the Global North, which is the most powerful and wealthy but still injustice.

This research aims to identify migrants healthcare access through politics and policies by considering the current global challenges in Italy. This article focuses on migrants, starting from Bauman's idea of *Wasted Lives* (2004), as a metaphor for the liquid modernity in which *Human waste* is produced through globalization and two other processes: order-building and economic progress.

Globalization contributes to increased mobility and produce "waste products" of globalization which are mainly migrants in all forms, such as refugee, asylum seeker, climate and economic migrants. Migrants represent a precarious existence of the liquid modernity that contribute to social transformation. Another author, Armiero, partially reviewed this idea in *Wasteocene* (2021); this concept idea takes its cues from the new anthropological era of the Anthropocene (Crutzen 2000). Conversely to the idea of

Crutzen, which declares that we live in an era of the anthropic impact on the planet causing Climate Change, and so it is a geological age, Armiero points out that in this era, as waste production is a cultural category, the Wasteocene is a planetary characteristic of the new epoch in which we are living. According to the author, the Wasteocene is characterized by the invisibility of injustice that becomes the central storytelling; in this framework, he represents migrants in current societies as a product generated in wasting relationships, wasting relations contrast with the mainstream, with the power, the capitalism, the exploitation.

As the author states, "The Wasteocene has not received much attention from scientists. Nonetheless, it has indeed become an important trope in the narratives about our collective futures" (Armiero 2021: 13); in this article, the author takes its clue on this framework to investigate in Migrants' Health. In the societies of our time's migrants are treated as wasting relationships, there is evidence in the healthcare access in many Wealthy and Growing Democracy such as the Italian one.

This article aims to point out how injustice and social differences are continuing to perpetrate in Italian society, moving away from the Sustainable Development Goals (SDGs) established among 193 countries in 2015 (United Nations 2015) ; indeed, on the contrary, according to data from the National System of Statistics in Italy (ISTAT 2022) concerning SDGs 10- Reducing inequalities, since 2020 it has been registered an increase of the indicators express an augmentation in terms of inequalities; the report specifies that the reduction of the permit of stay (-58,2%) due also the Pandemic had an impact in the result of the indicators.

This article explores healthcare access and its limitations among migrants, focusing on irregular migrants (IM) in Italy by describing politics, policies, and practices. It explores how Health and well-being of undocumented migrants affect their documented family members, communities, and society. It also discussed how the well-being of Irregular migrants is a consequence of the politics of securitization and necropolitics, or how governments decide who matters and who does not (Mbembe and Corcoran 2019).

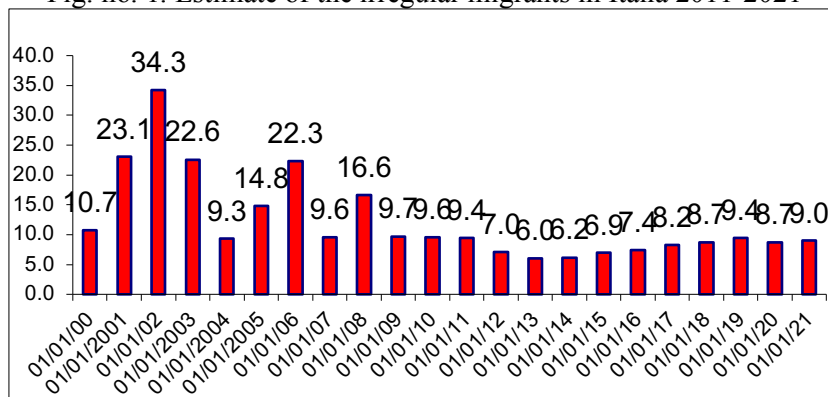
### **Migrants, a precarious existence among legal status and healthcare access limited**

In the last 30 years, within the EU, several countries have experienced the brunt of immigration flows, including Italy.

At the beginning of 2023, more than 3.700.000 foreign people were registered in Italy. In 2022, more than 449.118 new permits of stay for Temporary Protection, reporting an increase of 85,9% compared to 2021, and more than 148.000 permits of stay were issued to Ukrainian citizens, primarily women and children (ISTAT, 2023). This number of new permits issued testifies to a prominent rise of migrants in Italy in the last ten years, corresponding to a general increase in permits to stay in Italy for humanitarian reasons, work and study.

In addition to this number, according to ISMU, each year, there are an estimated 383.000 Irregular Migrants in Italy. This number, as shown in the chart below (Figure 1), has been relatively stable in the last ten years, despite a slight increase in 2019, 2020, and 2021.

Fig. no. 1. Estimate of the irregular migrants in Italy 2011-2021



Source: ISMU, 2023

This general stability cannot be explained only by the new arrival in the Italian Territory. Still, the gap between Regular and Irregular migrants depends on many other factors, such as policies implemented to control and ensure Security in the Country.

Since the first law n. 39 in 1990 (c.d. legge Martelli) Italian law regarding migration policies has been over-legislated, which creates fragmentation in the discipline, basically devoted to satisfying the necessity of Security asked from the native people by political vote. Still, this fact has generated consistent uncertainty in migrants' life; indeed, legal status often granted by short-term permit of Stay affect mostly asylum seekers but do not exclude other migrants, such as those who hold permit to Stay for work or studying. Due to the enormous administrative acts implemented, migrants may be obliged to stay long without a permit of Stay and stay irregularly in Italy, causing many consequences for themselves and society as well.

The fragility of the juridical system contributes to creating a timeline buffer zone between documented and undocumented in which migrants are forced to live in. These precarious conditions impact not only migrants' life consequences, such as housing or work, but also their Health; in this sense, the juridical status becomes a determinant of Health. This article aims to show how inequalities in terms of Health are perpetrated and reproduced in the Wasteocene society in Italy. This phenomenon clearly contrasts Article 32 of the Italian Constitution: "The Republic protects Health as a fundamental Right of the individual and in the interest of the community, and guarantees free healthcare to the poor... The law cannot under any circumstances violate the limits imposed by respect for the human person" (Italian Constitution, 1948). Most undocumented migrants have limited access to healthcare, which is restricted to emergency care, while continuous treatment, such as Not communicable disease or prevention care, is systematically denied.

While undocumented migrants do not include asylum seekers or international refugees, asylum seekers who are denied Asylum may become undocumented. So those migrants that have not been recognized in the Asylum may live for a long time in a buffer timeline zone of back and forth among the documented and undocumented status.

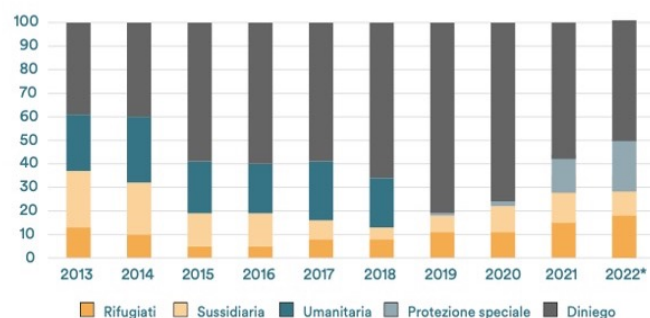
The Italian Constitution guarantees the Right to Asylum with Art. 10, which introduces in the law three different asylum permits of Stay that differ in terms of duration and rights, on each level corresponding to distinct social and access to healthcare rights.

The Refugee Status, which encompasses International Protection (IP) and Subsidiary Protection, is the most robust mechanism to guarantee Human Rights. Those provide a permit to stay for five years, and therefore, this status offers complete access to the Italian Health Service to Italian citizens.

In contrast, the third level of protection, Humanitarian Protection (Protezione Umanitaria), provides the fewest Social and Health rights on the IP; in 2018, the Government reformed Humanitarian Protection with law n.132 of the 1st December 2018; these reforms transformed the permit for Humanitarian Protection in permit of Stay for Special Cases (Casi Speciali), in addition the reform included the reduction of this Permit of Stay from 24 to 12 months; moreover, the reform also restricted the condition to obtain this level of International Protection. Before the introduction of this law, the permit to stay was recognized for humanitarian reasons, a residual category of other forms of International Protection (IP) in which vulnerable conditions were confluences. For instance, Humanitarian Protection was generally granted to unaccompanied minors who did not escape from their original Country for political reasons but for humanitarian reasons such as economic crises or lack of opportunity. Conversely, the new permit for Special Cases would be accorded just for specific causes: a) domestic violence, b) working exploitation, c) Health Care, d) natural disaster, and e) courage. All those categories are very specific in comparison to the complex reasons why people decide to migrate; moreover, it is complicated to demonstrate in a public committee for the recognition of the IP the existence of one of those conditions of needs, especially the need for Health Care, if we consider that migrants arrive in Italy mainly from undeveloped countries that do not have a system to certify the existence of a disease.

The result of this reform was a slight increase in the number of undocumented migrants residing in Italy in 2019 9,4%, in 2020 8,7%, and in 2021 9,0% (Figure 1) due to a) the reduction of the duration of the Permit of Stay for Special Cases, which has contributed to getting quickly Irregular conditions; b) the restriction of the categories for getting the lowest level of International Protection which has contributes to increase the number of Asylum denial, in all forms, of International Protection and with so facilitating the increasing of irregular condition in Italy recording more evidence from 2019 (Figure 2). By crossing data from 2019 and 2020, it is possible to explain that there is a confluence between the recent reform and this slight increase of irregular migrants in recent years.

Fig. no. 2. Result of asylum seeker 2013-2022



Source: ISMU, 2023

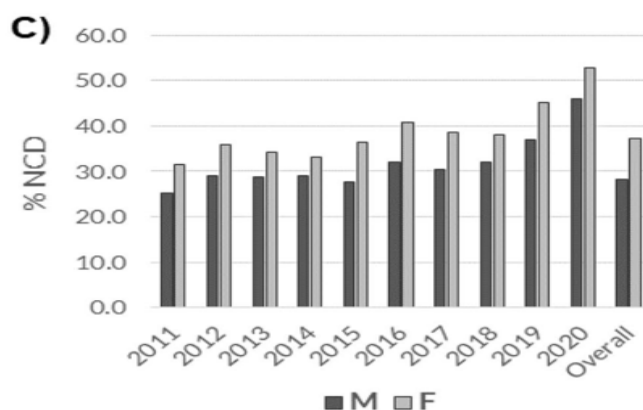
That juridical aspect acts as a social determinant of migrants. This evidence is also explained by research about undocumented migrants conducted with an NGO of medical assistance in Italy in Milan; this city was chosen because, as one of the wealthiest Italian cities chosen for attractivity, it has a railway intersection with the northern countries of Europe that explain a higher concentration of undocumented migrants compared other Italian cities.

Figure 3 below shows that the number of Undocumented Migrants that have been receiving healthcare assistance from NGO overlaps with the recent reform in migration, in the research is possible to note an increase during the years 2019 - 2020. The research shows that the main sickness registered in all Not Communicable Diseases (NCDs) is Diabetes, at 11.5% in 2020, and cardiovascular diseases, at 32.4%. Chronic respiratory 6.8%, and mental health disorders 22.1%. (Fiorini et. al. 2023). All those NCDs, such as chronic diseases, are not considered "emergencies" from the Public Healthcare, so access to hospital and other facilities is denied to migrants, drugs prescription as well.

Notably, there is a significant increase in the number of migrants affected by NCDs due to the hosting country's changing food consumption and lifestyle (Re & Russo, 2016). Indeed, western countries are characterized by high consumption of red meat, processed meat, and other processed food; the change in dietary habits and lifestyle, mainly more sedentary, contributed to the risk of an outbreak of type 2 Diabetes and other NCDs. This disease also depends on other factors but also due to psychosocial stress, depression, and socioeconomic circumstances (Agyemang et al. 2017), known as 3D (dirty, dangerous, and demeaning). As a vulnerable category, migrants are particularly predisposed to get Diabetes at an earlier age than native Europeans (Agyemang et al. 2021). All those factors explain why there is a high prevalence of type 2 diabetes among migrants.

Secondly, the lack of care may result in complications in Health, registering a deterioration of the Health that can lead to further morbidities such as retinopathy, nephropathy, and peripheral neuropathy or affecting cardiovascular, renal, and nervous systems and lower extremities, especially the feet (Bailes, 2022). This causes a long period of deterioration of the life condition can result in death too, and with such a complete failure of the migration project in a developed and well-being society.

Fig. no. 3. Annual distribution of migrants with non-communicable diseases (NCD) stratified by sex (C)



Source: Fiorini et. al., 2023

In addition, it should be noted that irregularity migrants does not allow for the monitoring of Public Health with epidemiological surveillance of the population (Fiorini et al. 2023). The population of undocumented migrants cannot be explicitly documented due to the lack of data caused by the difficulty in tracking and following them for extended periods (Listorti et al. 2023).

Articles 3 and 32 of the Italian Constitution establish respective (i). the principle of equality (ii) the protection of Health... and guarantee free Healthcare service to needy persons. Beyond the core principle values, the adoption of Law 43/1998 clarified that undocumented migrants can have only urgent and emergency care. This distinction in health care access rights determines inequalities regarding the rights of habitats, enforcing inequalities among social groups. Undocumented migrants face a significant number of obstacles compared with documented migrants as well as native habitats.

In practical terms, this verifies with the expiration of the Foreign Temporary Present in Italy STP Code. Indeed, the National Health Service System provides a free code to the Foreign Temporary Present (STP), valid only for the Italian Service and has a length of 6 months, which corresponds to the permit of Stay is valuable (Luzi et. al., 2015). Therefor STP allows the prescription of drugs and medical visits. The sanitarian costs are supported by the Public Expenditure.

Conversely to what happened in documented migrants, expired STP, due to the irregular condition, but also for those that need to renovate the Permit of Stay, does not allow Prescribing drugs to IMs; consequently, the cost of drugs has a prominent increase for the IM. Generally, IM cannot afford drugs in Italy, so those people will assist in the deterioration of Health of their disease. The IMs are hospitalized when the health condition is already hazardous (Winters, 2018). This idea is also confirmed in a study in the literary review in Healthcare Access in Migrants. The study reports that undocumented migrants register a low utilization rate of primary healthcare services compared to documented migrants.

Fragile politics of Integration, such as Care, may have consequences for undocumented migrants, increasing the risk for local habitants regarding social and Health Security.

### **Main Risk on Health for Irregular Migrant**

Undocumented migrants provoke several social consequences in societies; the condition of undocumented contributes to impoverished life quality and Health in migrants and the hosting community; those conditions affect community wellness but also institutions such as Healthcare and Social Services, Prisons, and CPR.

Several factors, such as cultural linguistics, including institutional racism, in addition to the administrative requirements, contribute to a slow abandonment and caring for Migrants by harming Health, a reduction of life quality, and an increase in experience of the National Health Service and Public Expenditure.

For instance, the lack of translation services in healthcare has been identified as one of the principal barriers to healthcare access. It contributes to a form of discrimination in services access. On the other hand, the presence of professional translators can improve care quality and satisfaction, as well as Health itself.

Conversely, the lack of communication leads to the risk of misunderstanding and misdiagnosis, which can harm Health too (Flores 2005).

This issue is particularly relevant for migrants with chronic diseases (such as cardiovascular diseases and diabetes, indeed, the lack of communication contributed to a lack of knowledge and, with so, to adherence and correct lifestyle for preserving Health. Several studies suggest that migrants get more advantages from emergency services and hospitalization than preventive services. Findings of International Research among 10 European countries indicated that the migrant population reported higher levels of healthcare discrimination in Greece, Italy, Cyprus, and Austria than in Spain (Gil-Salmerón et al. 2021).

### Health in Repatriation Permanence Centres (CPR)

In Italy, the Repatriation Permanence Centres -Centri Permanenza Rimpatri- (CPR) deserve special attention since they are the Governmental Centre of custody of undocumented migrants who received deportation decrees to their original Country. Those centers were introduced with the D. Lgs. 286/1998, and after many reforms, many denounce the violation of Human Rights will continue to be robust in the next few years. The latest Budget law includes a chapter on National Security, more than 42,5 million euros each year for those centers in the budget law for 2022-2025 to enlarge the nine CPR already existing in Italy, even though the general trend of repatriation attests lesser than 50%, indeed the percentage of repatriation in 2020 was less than 50.5 % (Borlizzi e Santorno 2021: 36) While in 2021 the percentage decreased in 45. 7% (Naga 2023). All migrants in the CPR do not hold regular permits of stay or STP; nevertheless, each center must have 5-8 hours of medical care in each CPR. There is evidence that the most consumed drug in the CPR is Rivotril drug (Naga, 2023), the main active ingredient of this drug is Clonazepam, which is anticonvulsant anxiolytic and muscle relaxant properties; this drug should be used in patients with epilepsy but is over-used in this not-place (Augè, 1992) for maintain calm migrants restrained, as is possible to note in figure 4, column “Spesa per psicofarmaci in euro” show a prominent number in Turin and Milan for the cost supported for psychopharmacological drugs.

Fig. no. 4.

#### LE PRESENZE ALL'INTERNO DEI CPR ITALIANI E GLI IMPORTI PER L'ACQUISTO DI PSICOFARMACI NEL 2021

Quella di Milano è la struttura in cui l'incidenza di questi medicinali sul totale della spesa per medicinali è più elevata

	Persone transitate	Capienza effettiva	Permanenza media (in giorni)	% persone rimpatriate	Spesa farmaci (euro)	Spesa per psicofarmaci* (euro)	Incidenza spesa psicofarmaci
Milano-Via Corelli	469	28	35,3	32%	16.995	4.919**	64%**
Torino-Brunelleschi	776	105	46,7	18%	9.191	2.100	23%
Roma-Ponte Galeria	468	173	34,7	45%	802	347	44%
Nuoro-Macomer	197	50	73,5	18%	695	114	16%
Caltanissetta-Pian del Lago	564	56	14,5	88%	1.094	109	10%
Trapani-Milo	180	24	15,8	68%	n.d	n.d	n.d
Potenza-Palazzo San Gervasio	845	98	22,7	64%	n.d	n.d	n.d
Bari-Palese	626	72	29,5	49%	n.d	n.d	n.d
Brindisi-Restinco	244	48	51,2	36%	n.d	n.d	n.d
Gorizia-Gradisca d'Isonzo	773	90	38,7	56%	n.d	n.d	n.d
<b>Totale</b>	<b>5.142</b>	<b>744</b>	<b>36</b>	<b>47%</b>	<b>28.777</b>	<b>7.589</b>	<b>31%</b>
Vercelli-Centro Isi	1.476	-	-	-	5.443	35	0,6%

\* si intendono antiepilettici, antipsicotici e antidepressivi - \*\* dato riferito a cinque mesi di spesa

Il Centro Isi è il servizio delle Asl che in Piemonte prende in carico le persone senza regolare permesso di soggiorno

Fonte: elaborazione a cura di Altreconomia su dati relativi alla spesa di farmaci forniti dalle aziende ospedaliere locali, 2023

Source: Altreconomia <https://altreconomia.it/dona/>



In the Italian Coalition Freedom and Civil Rights Report, Buchi Neri (Black Holes) were collected several interviews documenting Human rights violations by undocumented migrants in CPR in the ten Italian Centres. The prominent report that put light on the despicable history of the Italian CPR occurred due to suicide, self-harm, or “improvised deaths” by breaking the calm silence of the Country concerning CPR. The report tries to return justice to those six migrants who lost their lives in the Italian governmental centres due to a lack of stay permit. The report also focuses on the lack of Health Assistance, delay in primary assistance, and forced detention into CPR even in front of evident cases of necessary hospitalization, which often occurred with the complicity of professional agents that overuse their power against fragile people by exerting forms of cultural domination, violence, exploitation and, not at least, Human Rights Violation in well-advanced European Democracy (Borlizzi e Santorno 2021).

In a recent report, “Al di là di quella porta” (Naga, 2023), there is much other evidence of the systematic violation of the law of Human Rights as Health, for instance, according to the Art. 3 comma 6 of the Regolamento nazionale CPR of the 19th May 2022, each detained person must receive a copy of the clinical file once this is out from the managing authority of the system. Still, layers involved have denounced the impossibility of getting those files even with the compliance of Institutions such as Prefectura and Police Hearquake (p. 48). Some of those cases were finalized in the Court, at the end the Managing authority was obliged to provide the clinical files of the CPR to the lawyer, still, without any result.

The silence of the managing authority is a practice well consolidated all over Italian CPR. In addition to those denied access to the clinical file due to the administrative procedure, to obtain the clinical file, it is required expressly to add a copy of a valid identity card, which is mainly related to the permit of stay for those who are in CPR, which is clearly expired. The system, overall, acts as a loop to deny healthcare access and access to the information file.

For those who have experienced CPR, the lack of documentation is an additional obstacle to Health, both for those affected by mental health or NCDs. Access to the clinical file can reveal prominent information that may result in an immediate decree of the release on behalf of the judge due to the incompatibility of the sickness with the restricted condition of the CPR.

It is relevant to note that Health issues follow different timing of jurisdiction as well CPR times.

### **Migrants’ Health and COVID- 19 Pandemic**

During the COVID-19 pandemic, the attention to migrants registered scarcity; this is part of Wasteocene Culture. On the one hand, in Italy, the feeling of solidarity and identity increased; on the other hand, the community very quickly left behind migrants, especially undocumented ones. On the contrary, the reduction in new arrivals due to the pandemic was perceived as a general reduction in the migrant flow in Europe. However, as the previous graph shows, this condition was delimited in those two years.

Undocumented migrants living in poverty in Western countries have been identified as a high risk of respiratory disease due to COVID-19 as a result of overcrowded conditions in housing, inadequate water, lack of sanitization, and elevated stress. Those dwelling conditions are conducive to increased risk of infection transmission. Those

factors have also contributed to raising other barriers to access to Healthcare, such as administrative, linguistic, and cultural migrants (Fiorini et al. 2020).

The administrative aspect seems crucial as the irregular status represents the migrants as a threat of repatriation. The loss of trust happens because both hospitals and Jurisdictions are institutional features, and due to this, there is a prominent opposition to irregular migrants also receiving emergency care. This problem can be solved with adequate communication with migrants regarding their rights in Hospitals and other Clinical services. Indeed, the sanitarians are not allowed to inform the authorities of the irregular status of the migrants (DLvo 286/98, art. 5, comma 5). (Luzi et al., 2015) However, the fear of stigmatization and discrimination leads to not trusting the Health Sanitarian System. At the same time, appropriate information, and communication to Migrants regarding their right to Health can contribute to increasing Seeking medical assistance in Italy and, with so, improving the quality of Health and Life.

Other factors suggest that migrations do not have adequate attention in our society; for instance, a study on Epidemiological characteristics of COVID-19 cases in non-Italian nationals has confirmed that migrants disadvantaged groups are at a higher risk of morbidity and mortality from SARS-CoVid by finding that "compared to Italian cases, non-Italian cases were diagnosed at a later date and were more likely to be hospitalized (Fabiani et al., 2021). The later diagnosis had consequences for the deterioration of the health of migrants themselves but also in the Italian population because the lack of preventive diagnoses contributed to a SARS-CoV-2 transmission in the population living in Italy. Precarious working and social conditions force migrants to not take care of themselves and face hospitalization due to late diagnosis (Fabiani et al. 2021).

### **Conclusions and Recommendations**

In conclusion, our observations on the Health of Migrants in Italy underscore the pressing need to address the health challenges faced by undocumented migrants.; IR experience worse health conditions and are at risk of developing other serious, yet preventable, health problems.

This study was undertaken with the explicit goal of drawing attention to migrant health advocates for novel policies and practices that foster a more equitable society, not only in economic terms but also in healthcare access terms.

This work will help not only the migrants themselves but can also encompass Public Health and a more just society.

Undocumented migrants, compared to documented ones, face further challenges, such as the fear that seeking health care would result in their being reported to the authorities.

It is necessary to implement healthcare policies for foreign people who dive into the administrative process to overcome the obstacles and limits of managerial procedures to ensure art. 3 and 32 of the Italian Constitution, already quoted, to provide a more equitable and just society, but mainly to avoid the perpetuation of the Wasting relationships towards migrants.

Our aims were also put considering the Italian Health Service; our results show that particular goals are the way to achieve the Sustainable Development Goals (SDGs) 3 Health and well-being, which are still far away, and they need be accelerated.

More equitable and effective access to healthcare should be a high priority for all; Global North as more affordable should be prioritized to ensure a more just world, Health for all.

Our findings emphasize the persistent burden of specific diseases among migrant populations in Italy, such as Non-Communicable Diseases and Type 2 Diabetes with related complications, but also how the period of the COVID-2019 pandemic and some places, such as CPR, are contributing to rising inequalities, which are more appropriate with the idea of Wastocene referring to migrants. On the contrary, those people deserve equal dignity both in their lives and in their Health.

To avoid further complications, removing all administrative obstacles that do not allow health care means enforcing preventive care and screening and activating social transformation regarding a correct and Sustainable lifestyle (Cusumano & Ingrassia, 2023) is necessary. This change will help in understanding what Democracy, a deep and moral value, can be in the Global North; in other words, this means giving equal attention to the local habitants and migrants as a global community.

In contrast, maintaining administration perpetuates the Wastocene (not) culture, deeming migrants as societal waste and contributing to racism and violence.

Those policies veiled by Institutional and Political parties can have. As a result, there is an increase in racism and violence, which is already characteristic of our time's societies. Maintaining administrative obstacles means denying regular migrants and their Right to Health, which is a violation of Human Rights that cannot be tolerated in Wealthy and Democratic Societies such as Italy. A Democracy referencing the extermination of the Mediterranean, we may assume that we are turned toward necropolitics (Mbembe & Corcoran, 2019).

The current Italian law regarding Migrants was recently reinterpreted in juridical terms and now must be implemented, for instance, D.lgs 286/98, art. 35, comma 3 clarifies that it must ensure undocumented migrants' urgent care, emergency care, and outpatient care at public healthcare have particular attention to infectious diseases. The Court of Cassazione, the latest level of justice in the Italian System, has declared Sez. I Civile, Sent. n. 20561/2006 Cassazione civile, Sez. I, 24 gennaio 2008, n. 1531 Cons. Di Stato, Sent. n. 5286/2011 Cons. Di Stato, Sent. n. 4863/2010, Corte di Cassazione, Sez. Unite Civili, Sent. n. 14500, 10 Giugno 2013, healthcare rights are recognized to ensure the life of a foreign person. So, the blackness of Permit to Stay is not the core of the injustice in Undocumented care. However, it can be considered as a latent condition that would not allow undocumented migrants to have access to preventive and curative measures.

Particular attention should be given to preventing any forms of discrimination or stigmatization. Relevant is the Institutional Racism implemented in Italy, which is a perpetuation of discrimination on the Base of race or vulnerable groups such as Migrants.

In summary, our study underscores the persistence of healthcare disparities between migrants and non-migrants, which can be considered a form of Institutional racism which are part of the Wastocene. *It* is prominent in advocating policies that uphold the dignity of all individuals, particularly in the realm of Health.

This work recommends reducing disparities between migrants and IR healthcare services by providing dignity to all migrants, at least in Health, which should be preserved in our Democracies. We suggest to carry out more studies on Institutional Racism in Italy, particularly referring to Health.

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