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IMMIGRANTS IN ITALY AND THEIR RIGHT TO HEALTH SERVICES: THE IMPORTANCE OF HEALTH SERVICES FOR AN EASIER INTEGRATION

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Abstract: *This article aims to show how the legislator has outlined a regulatory framework putting forward a diversified regulation that goes from equal treatment for both citizens and non citizens to insuring a basic package of health services also to those people who are residing illegally (calling it a grading of health protection). And it is pointed out that an immigrant's right to health is a preferential case as regards the concept of "social citizenship" that goes beyond the status civitatis as well as beyond the workings of equality which is supreme principle for everybody.*

Key words: *right to health – grading of health protection – patchy services.*

1. Migration and Integration for Accessing Health Services

Migration from economically and socially underprivileged countries is a global phenomenon that registers millions of immigrants in many parts of Europe. In Italy, where there is no strong tradition of immigration, unlike countries such as France, England and Belgium, the problem of immigration has taken on significant proportions only after the 80s. There have been some closely linked factors leading to an increase in the presence of immigrants in Italy: geographical location, with extensive boundaries, in an area that has strong migratory pressure (close to the continents of Africa and Asia); a *flow plan* that is quantitatively weak and operationally ineffective, a phase of economic recession and of restrictive policies activated by Central-North European countries that are directed towards shifting the flow of immigrants towards the European countries in the Mediterranean region [2].

In the past ten years, in subsequent attempts, a *necessary* regulatory framework concerning immigration has been brought to perfection in Italy. However, this framework does not seem to be quite clear and defined and does not help the current circumstances as it states that even other European countries do not have a specific and satisfactory legal framework. Perhaps, even for this reason, in a report on the health conditions of immigrants in Europe and in a recent essay published by *Eurohealth*, it was underlined how little is known about the access to health services by 35-40 million foreigners living in Europe [3]. In all member States, immigrants are identified as subjects that risk poverty and social exclusion, but despite this knowledge, no country is able to provide a sufficiently detailed analysis of the factors that lead to these conditions.

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If health is a useful indicator to better understand the willingness to accommodate and to the degree of social integration that a member state can offer, in that case it is worth indicating the poor attention that Europe pays to the political policies for immigrants. It is a disregard that today is considered unacceptable from a European integration as well as from a human rights perspective. One must not forget that the phenomenon of migration, though controlled (more or less restrictively, keeping in mind all the political, social and economic elements related to each country), brings along with it social and cultural needs which institutions at every level have to face with adequate measures of social inclusion in different sectors and above all in the health sector [4]. Hence the rise in an interest in integration policies and especially in the legal framework which represents the starting point of every serious and long lasting system for receiving immigrants.

2. The Right to Health for Foreigners in Italy: is Care and Treatment Different?

Regarding immigrants' access to health services, only in 1998 was the total right to health provided to foreigners in Italy in two respects, as in art.32 of the Constitution, which states it as a fundamental right and of interest to society. The *constitutional vision* entails that the right to health cannot be limited to citizenship and that all those living on national territory have to be guaranteed the best health care in the safeguard of public health. Constitutional jurisprudence has always acted upon these lines which also states that health care has the role of public service and it refers to a subject's total and unconditional right: and as such, citizenship has no relevance to a user of the national healthcare system. Precise regulations, regarding procedures for foreigners to access the services provided by the National Health Service can be found in Law no. 40 of 1998 which has been merged with the Unified Body of law on immigration [5] and with the subsequent implementation act (Presidential Decree no. 394/99): immigrants, who have regular permits are included in the healthcare services with full rights which are at par with those of the Italian citizens. A part of these measures are likewise extended to those who are present in Italy without legal stay permits or are clandestine depending on the rules summarized later.

The present healthcare framework for foreigners is in the form of a package of measures that have been diversified according to the foreigner's *status*. Depending on the above-mentioned Implementation Rule, it is best to distinguish above all measures for *foreign citizens belonging to the European Community*, and among these it is worth pointing out the services provided to European citizens who are legally resident in Italy. Foreigners having European Union citizenship and who are legally residing in Italy are obligatorily registered with the NHS and are at par with Italian citizens. Registration with the NHS gives the right to freely choose a family doctor or paediatrician; to specialist treatment prescribed by family doctor or paediatrician (but unnecessary for dentistry, gynaecology and obstetrics, paediatrics and ophthalmology) paying, where required, a prescription charge; normal admission and day hospital; pharmaceutical drug assistance (for purchasing medicines). Registration is made at the Local Health Authority (basic public health offices, LHA) where the subject is resident and covers the entire time period of the residence permit or card for the holder and his or her family [16]. Special regulations also exist for the

so-called *brief stay period*: the European Union citizens can directly access health services by showing their "European health insurance card" [7].

Then, there is a category of *foreigners who do not belong to the European Union and, stateless people.* Among these there are foreigners who have regular stay permits and have requested renewal of their stay permits (art. 34 TU) [8]. They have the obligation/right to register with the NHS and are at par with Italian citizens as regards healthcare provided by the NHS (including assistance to their families legally settled in Italy) when they find themselves in the following situations: self employment, subordinate employment, enrolled on the unemployment list, family motives and family reuniting, political asylum, humanitarian asylum [9]; request for both political and humanitarian asylum [10]; awaiting adoption, in foster care and purchasing citizenship and health problems [11].

As regards providing *healthcare to foreign prisoners*, regulation no. 230 of Decree 22/6/1999 is in force, which states that all foreign prisoners (legal or clandestine) under part-time detention or those are undergoing alternative measures to their sentences, be registered with the NHS during their detention period. They are at par in terms of rights with free citizens and are exempt from paying the prescription charge.

The current regulation in force likewise provides for *a voluntary registration scheme with the NHS*. This registration can be requested by: 1. on payment foreigners with legal stay permits having a duration of more than three months but who do not come under those who by right are registered with the NHS; 2. from foreigners staying for study reasons and from those working as au pair, even if they hold a stay permit that is less than three months.

As regards *foreigners staying without NHS registration or rather foreigners holding a stay permit not above three months* and not registered with the NHS they are provided services by the NHS on full payment of related services [12]. For foreigners who are waiting for their legal stay permits, their case is entrusted to Regional regulations. Finally, there are rules for *foreigners without regular stay permits with entry and stay regulations* [13]. In these cases, whenever foreigners are not economically self-sufficient, healthcare is guaranteed by a card having an STP code (Temporary Stay Foreigners) which is issued by a Local Health Authority (LHA), General Hospital Authority, Italian scientific and education research activities (IRCCS) and the University Hospital. The card is issued on the condition that the subjects declare that they are not economically self-sufficient. They have to fill in a form provided by the Health Ministry which is then filed by the issuing authority. No identity card is required to fill in this form, and the information registered by the authority is protected under the current privacy regulation. In fact, as for Italian citizens, access to health services does in no way lead to any notification, except in cases where the report is obligatory [14]. Foreigners who do not have legal entry and stay permits are insured in public accredited health facilities, emergency or essential treatments in clinics and hospitals for illnesses and accidents even if continuative. Preventive medicine for safeguarding individual and collective health (art. 35 TU) is extended to them too. Except for the prescription charge, the following measures are particularly guaranteed by the NHS: social safeguarding pregnancy and maternity, at par with Italian citizens in terms of treatment; safeguarding the health of minors; health assistance for preventive

medicine; prophylaxis, diagnosis and cure for infectious diseases; vaccinations done according to regulations and, in the context of assistance and collective prevention campaigns authorized by the Regions which are carried out by NHS vaccine centres. Foreigners who have an STP card are exempt from paying their quota and are at par with Italian citizens in the following cases: first level and emergency health services; pregnancy; diseases exempt from payment; having an age below 6 and above 65 (if less than a certain income); serious incapacitating condition; clinical tests and medicines connected to pathologies according to Ministerial Decree DM 329/99 [15].

3. Implementation and Qualification of the Right to Health for Foreigners. A First Report Ten Years after the Issuance of the Unified Body of Law

Almost ten years after an organized regulation on the rights of immigrants was issued, many questions still remain unanswered. In particular, as regards the right to health, which is a guaranteed constitutional right, immigrant citizens face some difficulties in relation to their possibility of accessing health services. These regard difficulties connected to the interpretation of psycho-social discomfort in cultural terms that is borne by the immigrant, as well as difficulties having juridical origins. This probably occurs because health is the result of a series of factors - genetic, personal, social, cultural and environmental - and its safeguarding is influenced by different elements, such as: everybody's health needs and the consequent availability of resources, need for treatments, technological and organizational innovations and the political, institutional and economic context.

Concrete measures to eliminate the above-mentioned difficulties exist and they can also be identified in all NHS' action plans issued in the past few years both at a national as well as local level. For further clarification the "National Health Plan from 1998-2000 can be consulted". For the first time, the health of the immigrants is recognized as a primary objective by the NHS with the effort to boost activities for the development of intersectorial policies that are meant to safeguard it. These activities involve: drawing up of systematic instruments of recognition, monitoring and assessment of the immigrants' health needs; health operators' training that is aimed at intercultural approaches for safeguarding their health; organizing assistance aimed to encourage the immigrant to turn immediately to health services and compatibility to their cultural identity. Attention given to these issues is evident also in the subsequent three-year Health Programs. There is a plan to make public health service visible and easily practicable for everyone. From this viewpoint, many planned actions are aimed at increasing the spread of information on health services actually offered by the health facilities in the country. Moreover, more effort has been asked for in the field of personnel training not only for an in-depth study of the legislation but also for acquiring competence in relationships with different cultural contexts. Then, with the objective of socio-health integration, identification of the right personnel is required in order to be able to relate with immigrants in each Local Health Authority. However, at a juridical level, it is important to note how the decisions of legislative policy regarding the health of a foreigner comes within a framework of revising the concept of "citizenship" that goes beyond the legal-formal notion of citizenship itself which is based on the assumption that the citizen belongs to the State (*rectius* based on a stable relationship with the country and its

institutions). Today, right to health (which practically is the same for all fundamental rights) seems to be bound to a concept of a more fundamental citizenship, to a *way of existence* of the individual, that is interpreted in legally attributing specific rights and duties following the idea of the citizen that the illuminists had in the 18th century: one was not a citizen just because he/she belonged to the population of a State, but because he/she held a wealth of rights and duties. From this angle, the rights *of the citizen* will always be more and more meant as the rights *of man*, in this way making less significant, within possible limits, the difference between citizens and non-citizens (foreigners) [16]. Closely examining the current regulation on the rights of immigrants leads us to affirm that the legislator definitely takes into account this new perspective [17]. We can take a look at the provision that "allows a foreigner at the country's border or within the national territory to have his fundamental rights recognized which are provided by the regulations of internal right, by international conventions in force and by the principles of generally recognized international right" (art. 2 1° comma, T.U.): where reference to "foreigners" is applied "to citizens of States who do not belong to the European Union and, to the Stateless" (art. 1, 1° comma, T.U.) [18]. As far as health services are concerned, we have seen in previous pages, how the safeguarding of a foreigner's health is disciplined by the legislator in different ways on the basis of the subject's *status*. Nonetheless, this protection must never go under a *basic package* for all, otherwise it damages the constitutional principle of human dignity. This differentiation in safeguarding is due to the fact that a foreigner's right to health, as that of the citizen, forms part of the other rights, and turns out to be "influenced" according to the resources available [19]. The legislator will therefore be able to legitimately treat a foreigner differently compared to a citizen, but only in the context of decisions that are politically reasonable without damaging his/her major fundamental rights. As such, we agree with those who affirm that an immigrant's right to health is a preferential case as regards the concept of "social citizenship" that goes beyond the *status civitatis* as well as beyond the workings of equality which is supreme principle for everybody [20].

4. Grading of Health Services and a Basic Healthcare Package: Effectiveness of Safeguarding an Immigrant's Health and Recent Proposals for Modifying the Juridical Framework

As seen before regarding the exercise of the right to health, the legislator has outlined a regulatory framework putting forward a diversified regulation that goes from equal treatment for both citizens and non citizens to insuring a basic package of health services also to those people who are residing illegally (calling it a *grading of health protection*). This is in consideration of the fact that the right to health, fundamentally unsuppressable, is a right of an individual. The possibility for immigrants to safeguard their health constitutes a significant aspect in the integration process and, giving value to human capital in the country [21] is an integrating part of a strategy. Putting into action this right implies that foreigners have the possibility to access and use health services at par with other citizens, taking account of the cultural and social peculiarities wherever possible. To this end, for some years the regulations have allowed administrators and other operators to adopt concrete measures for making the above rights effective. In quite a few instances investment has been made by

introducing cultural mediators and by opening counters or offices in local health facilities in addition to other ad hoc institutions [22]. Thanks to these kinds of initiatives, there has been an increased awareness among immigrants about what it means to safeguard their right to health and about the ways and means to access health services. This awareness has increased also because of the information that has been spread through health facilities and other immigrant get together public places[23].

However, if on the one hand it is true that in the course of the past few years the conditions for accessing health services have improved, it is also evident that there is a "patchy" situation where some areas in Italy are well equipped while others are less or poorly equipped. In the latter case, poor awareness of regulations, complexity regarding distribution of services and the presence of strict rules on access to health services, makes it difficult to even inform the users on the services that are being made available. The socio-health operators themselves do not know the provisions and lack training and professional support necessary to face users who come from diverse cultural backgrounds.[24] It is therefore clear how the impact of immigration on health services at medium term depends, and will always depend more and more, on the ability of the local operators to integrate health, environmental, town, work and social policies, even though the competence of laying down the general rules and measures in terms of immigration is entrusted to the State [25]. Moreover, it is on the effects of the actions of public/local dichotomy that significant incongruence can come to pass. As regards the growing demand for health services by foreign citizens, on the one hand local health authorities are notably sensitive, i.e., in a local health authority, the quality and access to services for foreigners depend more and more on the work of the managers and on their ability to put forward effective actions locally and admirable results have also been seen. But on the other hand one cannot deny the fact that there is a widespread feeling of refusal and fear towards immigrants whose presence is growing together with their increasing demand for services. This *refusal* has been perceived by some political forces (that are presently in majority and therefore in power), and has been translated into legislative proposals such as the much discussed amendment i.e., the so-called "security package" (a series of measures in order *to oppose the widespread phenomena of widespread illegality linked to illegal immigration and organized criminality*) that no longer prohibits doctors and other operators to report to the police foreigners without legal stay permits who come to the health facilities: a prohibition that factually translates into a limitation to access medical treatment for illegal foreigners and therefore to actually exercising their right to health [26]. As such, it does not surprise us so much when we talk about the effectiveness of the right to health for immigrants in Italy. We use the expression "patchy" to mean services that are available only here and there but not everywhere. Differences from area to area exist depending on the way the regulations are implemented and on how provisions, policies, organization and human willingness are concretely composed. We can neither ignore the fact that with respect to the overall efforts made at local level (i.e., those who are mostly in contact with the world of immigrants) to improve integration between Italian citizens and non Italian citizens, the presence of an opinion change by the public legislator can negatively influence the progress of integration or the slowing down of its implementation. It is certain that our

system – the Constitution first of all – has overcome the distinction between citizens and foreigners and has recognized the exercise of fundamental liberties and basic social rights (healthcare and education) to the individual irrespective of his or her nationality. However, the management of health policies for the immigrant requires concrete actions and no backing out. They definitely have to start, even for reasons of subsidiarity principle, from the local level which will always have to look more to the type of immigration that involves the local area along with its level of total wellbeing because health cannot simply mean medical treatment results but is made up of different elements that are strictly related to each other, such as the subject's history, social structure, culture and country of origin, social position and exposure to risk or protection factors.

Notes

1. Dipartimento di Scienze sociali, Facoltà di Economia "G. Fuà", Università Politecnica Marche, Ancona, Italy.
2. To get an idea of the impact of immigration in our country, it is sufficient to note that, according to ISTAT data updated to 1 January 2006, in the last 10 years, foreign resident population has increased to about 2 million people. ISTAT estimated that at the beginning of 2008 there would be 3.5 million foreign nationals residing in Italy (5.8 per cent of the total residents), an increase in the last year of over 454 thousand, the highest value recorded so far in our country (Source: ISTAT Report 2007).
3. European Commission, DG Employment and Social Affairs, under the European Observatory on the Social Situation, under the project Health Status and Living Conditions (VC/2004/0465);. Mladovsky P in http://lse.ac.uk/collections/LSEHealth/pdf/eurohealth/VOL13No1/Mladovsky.pdf. At Community level, it should be remembered that, in early 2005, the Commission drew attention to immigration with the Green Paper on EU approach to managing economic migration.
4. See De Angelis M., Gli immigrati e il diritto alla salute tra effettività e problematiche giuridiche, in Passaggi di liberazione. Atti dei seminari formativi del progetto "Diritto d'accesso", a cura di Mancini R., EUM, Macerata, 2008, *passim.*
5. Decreto Legislativo 25 luglio 1998, n. 286, in Gazzetta Ufficiale n. 191 del 18 agosto 1998 - n. 139.
6. For registration, an EU citizen must submit: the permit or residence card, the residence certificate, the tax code to the LHA. It is important to point out that from 11 April 2007 (d. lgs. February 2007, n.30, accomplishment of Directive 2004/38/EC on the right of EU citizens and their family members to move and reside freely within the territory of the Member States) EU citizens who wish to settle in Italy, or in another state of the European Union, no longer have an obligation to ask for a residence permit. Three months after the entry, the person has to go to the General Registry Office and submit documentation indicating his or her activities regarding work, study or training. Otherwise, the individual has to demonstrate whether he/she has necessary funds to stay and have health insurance.
7. Refer to Community Regulation n. 631/2004. on the right to registration with the NHS for EU citizens. Recently the Ministry of Health issued a ministerial memorandum: in http://www.stranieriinitalia.it/briguglio

/immigrazione-e-asilo/2007/agosto/circ-salute-3-8-2007.pdf. As regards healthcare for EU citizens, it should be noted that at the moment a project of the directive is being discussed on a safer EU healthcare, high quality and efficient services.

8. See also Ministero della Sanità Circ. 14/03/2000, n. 5; D.P.R. 28/07/2000, n. 272.
9. In this category the following are included: a. residence permits for social protection; b. those underage; c. pregnant women and those during puerperium (up to six months); d. residence permits for humanitarian and exceptional reasons; e. foreigners accommodated in reception centres.
10. This category is exempt from paying the prescription charge and is therefore at par with the unemployed registered in the employment list.
11. These are foreigners who have obtained an extension of their residence permit because they contracted an illness or had an injury that does not allow them to leave the country.
12. It should be remembered that the rates of medical care are determined by Regions and Autonomous Provinces. Foreigners with special cards establishing their right to healthcare because of bilateral treaty agreements, signed between Italy and other countries like Australia, Brazil, Tunisia, Switzerland, are exempt from paying these fees. The LHA issues them a *Carnet della Salute* (health vouchers) which provides healthcare at the same level as Italian citizens (with the exception of having a family doctor and pediatrician). See Cilione G., Diritto sanitario, Maggioli, 2005, pag. 262 e ss.
13. D.Lgs. 25/07/1998, n. 286 art. 35; D.P.R. 31/08/1999, n. 394; Ministero della Sanità Circ. 24/03/2000, n. 5 and regional detailed regulations.
14. An STP card lasts six months, renewable in case of stay in Italy and is valid throughout the country. These provisions primarily are of use for public health: *health clandestinity* does not benefit anyone, as has been rightly emphasized in the "Decalogue for the healthcare professional" (http://www.sanita.interbusiness.it/sanita/bacheca/welcome/decalogo.pdf). Indeed, "if this happens, in a short time illegal people would not go to health facilities anymore and this is what we must avoid: there would be no other efficient way to check the health of those illegal people still present on our territory, to protect the health of the all community". However, regarding the provisions related to *health clandestinity*, at the moment, there is a project under revision, as you can read in the last §.
15. This decree states that whoever is affected by an illness is required to hold an exemption fee card for pathologies at par with Italian citizens. It should be noted that foreigners with an STP card who are unregistered or who are not able to register with the NHS can not have a family doctor or paediatrician of their choice. For essential care (first check up and requirements for specialized medical check ups) they may contact local health authorities surgeries, hospitals, etc.
16. It is the interpretation by the Constitutional Court that allows a reading of the concept of citizenship from a non-legal point of view. See M. Zana, Cittadinanza e tutela della salute: considerazioni bioetiche, in

http://www.tsd.unifi.it/cittadin/papers/zana.htm.

17. For details about TU, see Bellagamba G., La disciplina dell'immigrazione: commento articolo per articolo al Testo unico 25 luglio 1998, n. 286 (come modificato dalla legge 12 novembre 2004, n. 271), 2005
18. Zana M., *cit.*, notes that when determining that "the foreigner regularly resident in the State has the same civil rights attributed to an Italian citizen" (article 2, 2nd paragraph, TU), there is a clear correlation between legal and non legal aspects of citizenship.
19. You can find this extensive guideline also in an important decision taken by the Constitutional Court: decision n. 252, 17 July 2001: see Patroni Griffi A., *La cittadinanza sociale e il diritto alla salute degli stranieri: alcune considerazioni*, in http://www.filodiritto.com/diritto/pubblico/costituzionale/cittadinanzasocialepatronigriffi.htm. About the right to healthcare as a financially conditioned right see De Angelis M., *Spesa sanitaria e prestazioni nel Servizio Sanitario Nazionale: profili normativi e organizzativi*, in Atti del Convegno "La spesa sanitaria: i controlli, le violazioni, la tutela penale e amministrativo-contabile", Ancona, Guardia di Finanza ed., 2007.
20. See Patroni Griffi A., *cit.*
21. Today, this framework has changed in comparison with the traditional points of view: for example, people who do not hold Italian citizenship can vote for the local elections. See G. De Francesco, *Riconoscimento della capacità elettorale e della cittadinanza agli stranieri immigrati: due possibili vie per l'integrazione e la coesione sociale in Italia e in Europa*, in Amministrazione e contabilità dello Stato e degli Enti pubblici, 2006, fasc. 5/6, p. 441-461 e i *dossier* su http://www.cestim.it/12cittadinanza.htm.
22. Like ISI (Health Information for Immigrants), facilities have come up in the Piemonte region that are characterized by high flexibility and less bureaucracy. See http://www.regione.piemonte.it/sanita/program_sanita/assistenza.htm
23. Just think to news that you can find on *web* like www.stranieriinitalia.it; http://www.salutemigrante.org; www.meltingpot.org e www.saluteeimmigrazione.it. Or to a new institution like Istituto nazionale per la salute dei migranti e malattie della povertà (Inpm). See http://www.governo.it/GovernoInforma/Dossier/istituto_salute_migranti/index.html
24. Moreover, many health organizations are not aware of the funding opportunities for illegal foreigners offered by healthcare institutions. Only some regions have started a National fund for migration policies which aims to finance policies in order to restore equality between foreigners and Italians. Several investigations coordinated by the Istituto Superiore di Sanità (Italian National Institute of Health, (www.iss.it)) show a substantial territorial differentiation in health services, with consequences for new health problems of the immigrant population. See *La salute è un diritto? Dipende da dove vivi* in http://www.epicentro.iss.it/focus/globale/diritto.asp. The situation in Italy, however, is not different from other countries. It was recently published "Taking Action on Health Equity" Report, a part of the project "Closing the Gap: Strategies for Action to tackle Health Inequalities (2004-2007)". This

report considers the health inequalities in many EU Member States. According to the report, even if European countries are among the most developed in the world from an economic and social point of view, there's a big difference between the higher and lower socio-economic classes everywhere. These inequalities differ in each country. As far as Italy is concerned, the report explains that medical coverage extended to the entire population is a key feature of the system, but the overall picture is very patchy, depending on the different regions. It is interesting to note that, in the past few years, to historical inequality to historical inequalities migration issues have been added and this fact seems to exacerbate differences. See Costa G. (a cura di), Rapporto sulle *Diseguaglianze di salute in Italia,* Epidemiologia e prevenzione *ed*.

25. See Geraci S., Martinelli B., Politiche locali per il diritto alla salute, in http://www.edscuola.it/archivio/handicap/salute_immigrati%20pdf.pdf. When you deal with a healthcare Government you also have to refer to the concrete measures of social inclusion introduced by the regions, the holders of the organizational and managerial role in the health sector. As regards the instruments developed by the Italian regions to manage migration at local level and to open opportunities in their territories and practices of social inclusion and economic culture for foreigners, see Attanasio P., *Le leggi regionali sull'immigrazione*, in http://www.labsus.org/media/Attanasio_immigrazione.doc.
26. Who does not hold a permit card and needs medical care can be reported to the authorities (Amendment n. 39.306 – bill n.733. The amendment wants to delete paragraph 5 of Article 35 of Legislative Decree n.286/1998). The amendment is currently under discussion. What would practically happen in case of its approval: when the foreign patient has to declare his/her identity for medical treatment, the hospital can file a complaint. No residence permit can lead to a procedure of expulsion in the police headquarters, as the afore-mentioned draft law calls it a crime of clandestinity. Hence, those who have no residence permit commit a crime and have to pay a fine of up to 10,000 Euro. They will then be sent to a centre of identification and deportation. Therefore, if there is a disease that requires medical treatment, the foreigner would then be persuaded to hide it and without running the risk of being reported and consequently expelled. In this way they are faced with the possibility of either seek treatment and later be expelled or remain in Italy hiding their illness. Or, immigrants may turn to their "trusted" doctors, perhaps their fellow countrymen, who do not have any appropriate knowledge or qualification to cure them but are ready to keep them safe without reporting them to the police. The result could be an increase in illegal procedures of care in health organizations outside the legal systems for public health monitoring and control.