

Hate speech

Hate speech against migrants and foreigners during the pandemic



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From the very beginning, several international institutions such as **OECD** underlined that the pandemic would symmetrically affect **foreigners and migrants**. These groups are indeed more exposed to certain vulnerabilities. Living in larger groups with less room available, for instance, and in average more disadvantaged economic conditions, make them more vulnerable to the virus.

However, the pandemic also had another consequence on these people. As is often the case before events beyond human control, many sought a **scapegoat** in them. Several public personalities, even politicians, accused migrants or even regular foreign residents of constituting an epidemiological danger.



Covid-19 is not just a health issue; it can also be a virus that exacerbates xenophobia, hate and exclusion.

- Fernand de Varennes, UN Special Rapporteur on minority issues

This happened on several levels. In the first place, newly arrived migrants were accused of eluding controls and spreading the virus, sometimes even a more dangerous virus because imported from a faraway country. In other cases, their habits were put in the crosshairs - foreigners were often labeled as impervious or unable to abide by the social distancing norms. Lastly, some blamed authorities for allegedly giving them too many resources compared to Italian fellow citizens.

Migrants, the plague spreaders

Migrants were often accused of bringing Covid-19, as if they were **particularly contagious, infectious of a yet more dangerous virus from far away, or indisciplined** with regards to the rules introduced to contain the spread of the disease.

Many personalities who have covered leading political roles expressed themselves in these terms. Both the then Prime Minister **Giuseppe Conte** and the former Minister of the Interior **Matteo Salvini** argued that it was necessary, in order to prevent infections, to close the ports or even facilitate returns. While former Minister of the Interior from the Gentiloni government **Marco Minniti** highlighted “a clear correlation between immigration and Covid”.

As reported by Amnesty International in their “Hate barometer: pandemic intolerance”, hate against migrants oftentimes became a way to attack political adversaries.



Migrants and refugees are online haters’ favourite plague spreaders. The latter are facilitated, when they point their finger, by the fact that their target does not have a voice to defend itself. Not too seldom, they are encouraged by politicians: alongside the alleged fault of the migrants themselves, they add the blame directed against those who let them come, and ask to put an end to arrivals.

- Amnesty International

This is for instance the case of senator **Daniela Santanchè** who blamed Conte for allegedly confining Italians at home while not doing anything about the problem of Covid outbreaks in migrant reception centres. She also **criticised** the government for leaving “immigrants free to get off their boats and disappear” while forcing Italian citizens to quarantine at home.

Despite all these concerns about newcomers, **data collected during the first lockdown** (1 February-12 June 2020) **in migrant reception centres shows an entirely different reality.** Notwithstanding the fact that this was one of the most critical moments of the whole pandemic.

First of all, **the cumulative incidence of Covid** in the period in which the questionnaire was circulated (11 May-12 June) **was pretty much identical to that detected among the Italian population.**

400,68

positive cases for every 100 thousand guests in migrant reception centres (11 May-12 June 2020).

As for the Italian population, this figure is only slightly lower (396,21).

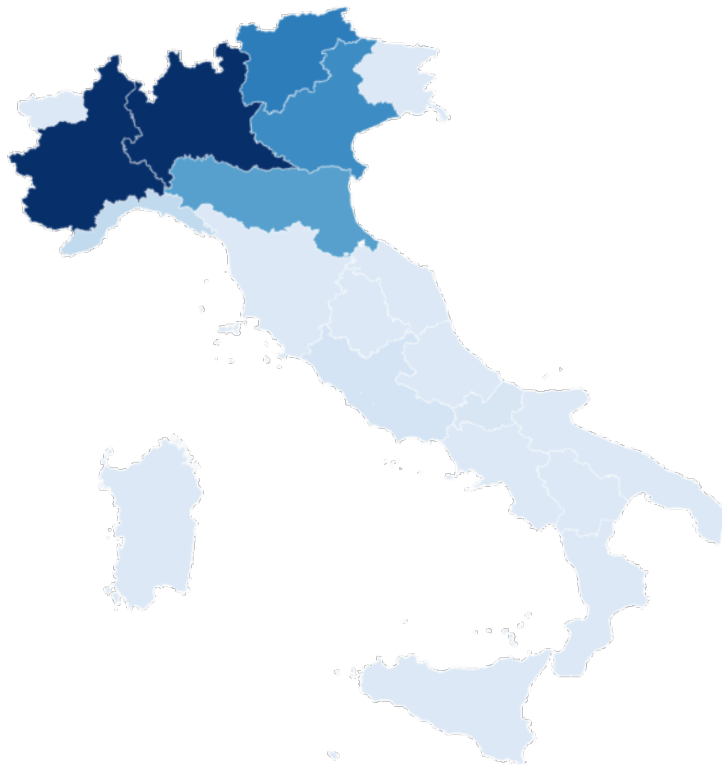
Most of the infections were recorded in reception centres located in the North of Italy.

As recorded within the inquiry of the national institute for the promotion of migrant populations' health and the countering of poverty-related diseases (INMP), most Covid cases were recorded in the Northern part of the country - consistent with the general population. It is however important to underline that reception structures' participation to the inquiry was slightly higher in the North (75.3%) than in the Centre (72.5%) and in the South (70.1%).

In May-June 2020, positivity rates in reception centres were lower than 0.4%

Suspected and confirmed cases in migrant reception centres between 11 May and 12 June, by region

0  61



MUST KNOW: The inquiry was conducted between 11 May and 12 June 2020 and the results refer to 5,038 of the 6,837 reception structures surveyed by the Ministry of the Interior, with an estimated coverage of 73.7%. The estimated coverage of guests is about 70% since, according to the data by the Ministry of the Interior, the total number of people hosted in the reception system as of 31 May 2020 was 85,730. All types of reception centres were considered.

SOURCE: INMP and NIHMP

The regions of **Piedmont** and **Lombardy** reported the highest amount of Covid-19 infections (each with 61 cases), followed by other Northern regions (Trentino-Alto Adige, Veneto and

Emilia-Romagna). While in 12 regions, within the same time frame, no case was recorded. **The number of positive cases in relation to the total of guests stands at less than 1% in all regions except for Trentino (4.1%) and Piedmont (1%).** At the national level, the figure is 0.38%.

0.8%

confirmed cases on the total number of guests of reception centres located in the North of Italy (May-June 2020).

In the North of the country the **structures' saturation index**, by which the INMP indicates the ratio between total guests and availability of places, is also higher. Areas with more crowded centres (86.3% in the North, 84.2% in the Centre and 67.2% in the South) and those where the virus was more present, also recorded a higher number of cases among migrants.

Foreigners and the virus

From its onset, the pandemic was perceived in a xenophobic fashion. Because the virus was first found in **China**, its spread in the rest of the world caused, at first, numerous episodes of racism against Chinese nationals residing abroad.

According to "**Cronache di ordinario razzismo**" (Chronicles of ordinary racism), **between 20 January and 8 March 2020, there have been 61 racist episodes in Italy targeting Chinese citizens** - insults, discrimination, arson attacks, aggressions, at times particularly violent.

Initially, Chinese people were the scapegoat, then distrust was extended to all foreigners.

This had to be put in perspective as soon as the pandemic clearly manifested its global character, and especially for Italians as they started to be targeted by xenophobia in other countries. Something however remained constant: foreigners, no longer just the Chinese but all foreign nationals, were considered more contagious or unable to abide by the rules to contain the virus.

Even in this case though, the data made available by the **ISMU** foundation shows a radically different reality.

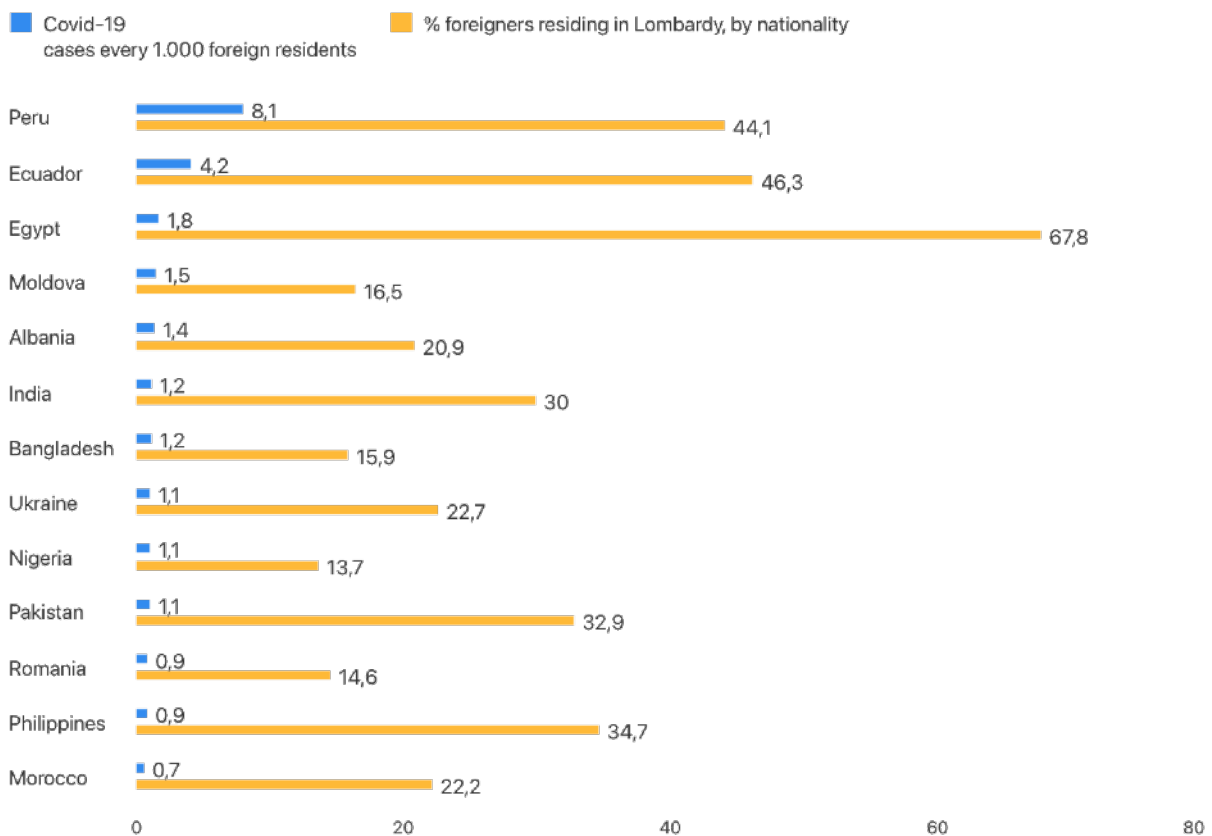
1.2

cases every 1,000 foreign nationals residing in Italy, according to ISMU figures.

In absolute numbers, 6,395 cases recorded between 1 January 2019 and 22 April 2020. **As for the Italian resident population**, in the same time frame there have been 117,809, namely **2.1 every 1,000 residents** (a much higher figure).

More infections among foreigners residing in Lombardy

Infections among foreign residents in Italy (by nationality) and the share living in Lombardy (2020)



MUST KNOW: The data refers to residents as of 1 January 2019 and to Covid cases notified to the national institute of health (ISS) up until 22 April 2020. The data compares the number of cases every 1,000 residents on the one hand and the share of people of the same nationality living in Lombardy on the other.

SOURCE: ISMU

Among the groups analysed by ISMU, **the highest number of cases was recorded by the Peruvian community** (8.2 infections every 1,000 residents) and by the Ecuadorian one (4.2). It is in any case interesting to highlight that **the first three nationalities for positivity rate (Peru, Ecuador and Egypt) were also the ones with the highest share of nationals residing in Lombardy**, the region that was hardest hit by the pandemic in 2020.

Foreign citizens residing in Italy weren't thus infected more than Italians - proportionally they were in fact less. Moreover, the differences between nationalities that were more or less affected, as with Italians, reflect their geographical location.

And yet, as we have discussed, many lashed out at migrants and foreigners, deeming them disproportionately responsible for the spread of the virus. **Stella Egidi**, medical coordinator for **Doctors Without Borders Italy**, answered to some of our questions about the impact of this phenomenon on the migrants who arrived in our country during the pandemic.

In the last two years, migrants' arrivals have been associated with the Covid-19 pandemic. Many times Doctors Without Borders, along with several other organisations, debunked the falsehood of "migrant plague spreaders". What has changed over the course of months?

At the beginning of the emergency, we also intervened in reception centres in order to help migrants: in Palermo for instance, where we also ordinarily operate. We thus have a sufficiently long experience to be able to tell that the approach has only marginally changed. We are not the only ones claiming this. Other organisations participating in the boards for asylum, immigration and health did so too. Along with them, it was possible for us to monitor different aspects of the pandemic and its impact on people hosted in reception centres.

The overall attitude is to single out migrants as if they were responsible for the spread of the virus and thus adopt policies that protect residents rather than newcomers. This however happens in absence of scientific evidence. In the first months of the emergency, the national health institute pointed out that the migrant population runs a greater risk of suffering disproportionately because of the pandemic, from the sanitary as well as the socio-economic point of view. However, as for arrivals - traditionally linked to the idea of migrants

spreading the disease - public data is limited, and what we do have shows that new arrivals contributed with less than 2% of total cases.

Did institutions give directions on how to handle this phenomenon? Has it come to definite, operational and effective guidelines?

At the institutional level some valuable work has been done by the national institute for the promotion of migrant populations' health (INMP) which has given broad directions on how to handle the epidemic from the point of view of prevention, testing and tracing. The limit was that the directions were a bit too broad, so the managing bodies had the huge responsibility of having to find a way to apply these guidelines in a coherent and effective way - especially considering the structures' logistical limits.

In your experience in quarantine centres and in the Lampedusa hotspot, did you observe any difference in treatment between Italian citizens and asylum seekers in the approach to the pandemic?

There have been discriminatory aspects to the way in which quarantining was managed. Although the necessity of confining a newcomer in order to safeguard collective health is understandable, sometimes this can entail a breach of some individual rights. For instance confinement can entail a series of delays in accessing reception procedures and asylum requests.

Even the quarantine itself can constitute a risk for individual health, because structures such as hotspots or quarantine centres often have structural limits and are clearly ill-suited for safeguarding individual health. This means that quarantine itself, if done by a group of people, can be a moment of exposure to contagion. This is what we observed last summer both in Lampedusa and in the area of Agrigento, where we intervened.

In this respect, are there differences between newly arrived migrants and those already living in our country?

The approach towards newcomers and migrants already living in Italy seems rather incoherent. I am thinking for instance about access to vaccination.

A more precautionary approach is used with newcomers compared to those who already live in Italy.

Despite the many appreciable attempts made by some local institutions to facilitate access to vaccination, the process is still extremely complicated and difficult. There are indeed double standards: a precautionary, hyper careful approach at the moment of arrival, fearing who knows what kind of outbreak caused by newcomers, while at the same time much less attention is given to migrants already living here.

Fierce criticisms have been raised on many sides on the use of “quarantine ships”. Why don’t we use some of our recently opened mainland centres for this purpose?

Doctors Without Borders along with several other organisations has always expressed a negative view on quarantine ships. To us, it seems like yet another expensive attempt to externalise borders and keep the problem away, remove it from the eyes of the public opinion without any real advantages. Very likely, the same type of service could be offered in other kinds of centres, but it is not up to me to discuss this.

What is the impact of quarantine ships on people?

Although we need to acknowledge that they do offer many services (medical and psychological assistance, cultural mediation services, etc.), we believe quarantine ships are not appropriate, especially for certain categories of more fragile people. I mean those who are vulnerable from the physical or psychological point of view, like minors or pregnant women, but also people in mental distress, who survived shipwrecks or other traumatic events that are unfortunately rather common at sea. For the latter, especially, we should avoid causing a second trauma, by forcing them to get off a watercraft and immediately get on another one - something that can evoke unpleasant experiences.

However, I want to underline that many people who are labeled as vulnerable (and thus not sent to quarantine ships) undergo the same sufferings in mainland quarantine centres. These can be equally re-traumatising, because they were created according to an emergency logic, without proper services, from contracts lacking explicit indications on which services should be offered, created a bit randomly out of pre-existing ones for example. The structural

limits are therefore often the same, if not worse than those of the quarantine ships. About the necessity to improve these structures, it is crucial to put pressure on the institutions.

In the light of the pandemic and the anti-contagion policies, how important is the size of reception centres?

Very important, because as I was saying, being in a large, crowded centre with little respect for social distancing (which cannot be granted) is dangerous for the individual health. The pandemic has brought to light historic issues of the reception system that we have always lamented. We were already familiar with these problems when we dealt with other issues such as tuberculosis, which were favoured by precarious life conditions and overcrowding. The Covid-19 pandemic thus confirms a generalised condemning of this type of reception system, which has been established not in order to safeguard people and is dealt with in a sloppy way, as if it were a permanent emergency. This is no longer justifiable after decades.

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