An exploration of the well-being and health status of Roma living in a "nomad camp" in Scampia, Naples

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Abstract

This study focuses on health and well-being amongst the Roma community in the "Old Camp" settlement in the Neapolitan Municipality of Scampia. The research is based on long-term ethnographic fieldwork carried out in the camp, amongst Romani residents and non-Romani people who played a role in the life and health of the camp's inhabitants.

The study is informed by the World Health Organization's (1946) holistic definition of health, and by work on the social dimensions of health which has grown following Marmot and Wilkinson's (1998) seminal volume. These approaches see health not just in clinical terms, but rather understand well-being as including physical, psychological and social dimensions which are inextricably linked.

The study argues that Roma communities should not be perceived as unique "monolithic" populations, but as being composed of individuals, with personal thoughts, feelings and perceptions, different ways of leading their lives and different life experiences including recent migration histories; struggles to exercise their right as asylum-seekers; and conflicts resulting from being born in a territory that does not easily recognise their right to citizenship.

During fieldwork, Roma explained their personal perceptions of wellness and illness and of the impact of state and local policies on their well-being. Key-findings were that Roma's sense of well-being is affected by racism, discrimination, and intercommunal mistrust which has adverse effects on relationships between Roma communities and government agencies. A further significant finding was that there are generational tensions within the Roma community, opening the possibility of changes in communal customs and structures.

By presenting the perceptions of the Romani themselves regarding their well-being, and their congruence with a holistic approach to health and well-being rather than a narrowly clinical one, the study may inform effective health policies at a local, national and international level.

Contents

Dedication

The pursuit of 'happiness'

"We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness."

Thomas Jefferson,
United States Declaration of Independence

Acknowledgments

Postovisar ce Da ce Dades
"Honour the Father and the Mother"

This work would have not been possible without my "family", to whom this thesis is dedicated and, in particular, to my beloved mother Liliana who fought intensively against cancer but, during the course of my research development, passed away. My deepest and unconditional gratitude goes to her for having been my shore and my pillar, for her continuous encouragement to set my ambition high in order to pursue my happiness and for having motivated me "to keep walking head up" despite the numerous adversities and obstacles encountered during "the trip on this road".

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Declaration

I declare that this thesis and the work presented in it are my own and have been generated by me as the result of my own original research.

I confirm that:

1. This work was done wholly or mainly while in candidature for a research degree at this University.

2. Where any part of this thesis has previously been submitted for a degree or any other qualification at this University or any other institution, this has been clearly stated.

3. Where I have consulted the published work of others, this is always clearly attributed.

4. Where I have quoted from the work of others, the source is always given. With the exception of such quotations, this thesis is entirely my own work.

5. Where elements of this work have been published or submitted for publication prior to submission, this is identified and references given at the end of the thesis.

6. This thesis has been prepared in accordance with the Coventry University and Buckinghamshire New University Academic Standards.

7. I confirm that if the submission is based upon work that has been sponsored or supported by an agency or organisation that I have fulfilled any right of review or other obligations required by such contract or agreement.

Elisabetta Vivaldi

Chapter One: *Introduction*

SUMMARY OF CHAPTER 1: This chapter presents the reasons behind the decision to embark upon research centering on health and well-being (and its reverse, ill-being) among the Roma in Naples. It explains some of the author's personal motivations in undertaking this study, describes the preliminary work that underpins the study and explains the choice of the specific setting. The chapter goes on to provide a summary of the aims and objectives of the research and the central arguments made and an outline of the thesis with a brief explanation of the contents of each chapter.

1.1. Why Roma, Why Naples? Motivations for Undertaking this Study

This study originated in a personal aspiration to bring to light Romani points of view that too often remain inaccessible to members of non-Roma society, but the understanding of which may be crucial to effective policy making. This aspiration derived from long familiarity with the specific Serbian-Romani community located in a camp in Scampia, in the city of Naples, where I grew up. A history of friendship with some members of this community over a period of two decades stimulated me to embark upon research aiming to bring to public awareness the points of view expressed by these individuals during numerous private conversations. These views included important discourses and concepts which were little understood outside the Romani community, but which I came to realise could be vital in designing policies to improve the condition of this marginalised group.[1]

The idea behind this work, then, was to gather data to organise and analyse these perspectives in a formal, academic way through the production of a doctoral manuscript. The purpose of this study was thus to show how the research participants could, if given appropriate scope, effectively contribute to addressing important issues impacting their lives, such as *health* and *well-being* (as opposed to the *ill-being),* which are often

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[1] The term "Roma" used at the Council of Europe refers to Roma, Sinti, Kale and related groups in Europe, including Travellers and the Eastern groups (Dom and Lom) and covers the wide diversity of the groups concerned, including persons who identify themselves as Gypsies (COE 2012:4). In this work, I generally use Roma as a noun and Romani as an adjective, in keeping with common English usage. Reasons for the marginalisation of Roma in Italy will be explained in Chapter 4.

ineffectually targeted by policies and policy responses (Clough Marinaro 2003; Sigona 2011; Jovanovic 2015; Rossi 2016).

Roma settlements in Italy, both officially sanctioned "Villages of Solidarity" and illegal "nomad camps", have generated considerable political controversy, having been severely criticised for their inhuman, segregated, substandard living conditions and for the impact living in such environments for extended periods of time has on Romani communities and individuals (ERRC 2000; Muiznieks 2015, De Bellis 2016; Associazione 21 Luglio 2016). These places of residence have been condemned for being a waste of public funding and also for entrenching control mechanisms which make their inhabitants dependent upon externally imposed models and practices which are detrimental to their life development and ultimately reinforce their subordination (Monasta 2005, 2011; Sigona 2006; Berenice *et al.* 2013; Tullio Cataldo 2015; Associazione 21 Luglio 2016). Whilst considerable political and academic discourse has been generated about the Roma from non-Roma viewpoints, academic contributions placing the Roma at the centre of their own discourses are still very limited. This is a gap that this work aims to fill and this theme will be further developed in the following chapter.

During the informal conversations in which I engaged before formally beginning this project, many Romani individuals from the "Old Camp" in Scampia, even those born in the Italian territory, told me that they felt "trapped" by "camp-life" and expressed discomfort and intermittent lack of hope in finding "a way out" (see also Halilović in Avoicomunicare 2012; d'Alessandro in Spinelli 2016:15; Spinelli 2016:142; Tullio Cataldo 2015). These feelings of entrapment were related not only to the physical environment of the camp, but to other types of difficulties such as dealing with complicated and often costly bureaucratic procedures connected with naturalisation processes, when these were possible), including the statelessness procedure (*apolidia de jure* vs. *de facto*) necessary to apply for citizenship (Bonetti 2011; Perin 2011; UNHCR 2012). Descriptions of ill-being varied from person to person and included a range of factors ranging from the frustrations of everyday survival without adequate amenities to the exclusions generated by impersonal bureaucratic systems of control.

As a result of these conversations, which frequently focused on ideas of well-being or its opposite, the study moved from a general interest in the Roma in the Municipality of

Scampia, Naples to a specific concern with health, well-being and ill-being as perceived by the participants (see OECD 2011, 2011, 2015; Currie *et al.* 2012; EUROSTAT 2013; Matrix Knowledge *et al.* 2014, WHO and Funacao Calouste Gulbenkian 2014; Helliwell *et al.*, 2015; Tullio Cataldo 2015; Associazione 21 Luglio 2016).

The work conceives of health and well-being holistically, because individuals function as a "whole" and their well-being cannot be fully understood by considering only their "component-parts" (WHO 1946). Health and well-being, then, cannot be only identified with physical and medical conditions, but also with other elements that are not always simplistically connected with clinical health status, a view explored in depth in the work of specialists such as Marmot and Wilkinson (2005) in their influential edited volume on the *Social Determinants of Health* and developed by both authors in works for both academic and wider audiences (Marmot 2004, 2015; Wilkinson and Pickett 2009).

Because factors impacting on the well-being and health status of the Roma, and the interaction between the two, are personal and subjective, only the Roma participants could point out and prioritise the factors impacting them within the specific context of the Old Camp of Scampia, and consequently the research design envisaged personal narration as a key element of the study (Drew *at al.* 2010; Drumm 2013; WHO Regional Office for Europe 2015:14).

There is a limited literature on health and well-being in the Italian nomad camps which is fully discussed in Chapter 2. Existing studies tend to include little material regarding Romani respondents' narration of their personal experiences and subjective views (See Okely 2014; Matache 2016). The insufficiency of research material pertaining to Romani respondents' own experience of well-being or ill-being, rather than outside views of the Romani situation, may be connected to difficulties in access encountered by previous researchers which limited their opportunities to deepen their investigations in this field. In Italy, some Roma-related issues may also have been neglected due to lack of interest in these topics resulting from scarce financial support for such studies (ANVUR 2016; CRUI 2016; Il Sole 24Ore 2016; Research Italy 2016). In-depth ethnographic data collection can be a high-cost methodology because the researcher is required to stay with the community for an extended period of time (Hammersley and Atkinson 1995; Whitehead 2005; Marsh

2007; Okely 2014). This was not a problem in relation to this study as a result of the researcher's long-term contact with participants in her home city.

A further difficulty in accessing the description of personal feelings connected with the status of well-being or the lack of it might be that such information is not always easily divulged to strangers, since revealing such information often requires opening up sensitive personal and family spaces and revealing personal insecurities and vulnerabilities (See PEER 2007; Trevisan 2008; Dickson-Swift *et al.* 2008, 2009). Consequently this "unfolding" involves ethical concerns, and should preclude an individualistic "hit and run" research approach. In this regard, my long relationships with members of the Scampia community made me ideally suited to undertake sensitive long-term research of this type. Engagement in this form of in-depth, engaged and participatory anthropology requires a researcher to live alongside vulnerable individuals located in dysfunctional or deprived settings that lack fundamental services. For a researcher who is not already a member of the community, this entails sacrificing significant personal time, space and privilege. As an external guest, in order to access information on how the Roma participants *feel,* the researcher must seek their collaboration, build links of trust and gain the respect of the directly involved participants. Many scholars cannot spend such a lengthy period building confidence and in-depth relationships, hence they prefer to embark upon different and quicker research methods in order to meet their "milestones" and to comply with their work duties and personal circumstances.

Just as in long-term ethnographic fieldwork, within the medical field, a holistic, humanistic approach to patients implies mutual complicity, trust and respect and thus marrying this technique to the content of this study has been critical to the success of this research (Iphofen 2015a, 2015b; Huljev and Pandak 2016). The "building-relationships phase" served to create a link between the parts of the study, and often was not automatic but required researcher and participants' to get to know each other. In the case of a medical practitioner in relation to their patient, this might demand dedicating some quality moments through a lengthy timeframe. Here, the in-depth approach allows the practitioner to understand not only what pathological conditions exist but also what other circumstances or factors may impact on the individuals, hence enabling determination of conditions of ill-being which potentially accumulate across the passage of time, leading to psychological or physical impairments or suffering. Both in ethnographic research and health-medical

practice, this in-depth longitudinal approach, based on knowledge-sharing, may be seen as consistent with the WHO (1946) standards and guidance which describe health not only as lack of physical disease but a complete condition of well-being.

This idea of investigating health and well-being, and their opposites, through the words of participants, thus constituted the basis of the study and motivated the researcher to cross informational and disciplinary fields, moving beyond explanations of tangible causes of ill-health and ill-being such as the pollution of the area, the difficult environment, the lack of personal documents or economic hardships which act as determinants of possible physical and psychological conditions. The research design was therefore intended to provide freedom of expression to participants in order to allow the possibility of moving into unexplored areas of discourse within the specific ethnographic setting. This was done by agreeing the prioritisation of topics to be explored during discussions with contributors, utilising classic coproduction techniques (Campbell and Vanderhoven 2016).

A further motivation for the study was the fact that the direct participation of the Roma in policy-shaping in areas such as human-rights, including health-rights, and their way of life, including their well-being, has been controversial, for example, in the shaping of National and Local Strategies on Roma, Sinti and Caminanti,[2] as it has been suggested that a lack of non-mediated involvement frequently results in slow or scarce improvement in their situation (Commission to the European Parliament 2016).

If unmediated Roma participation has been unproductive, mediated representations can also be problematic. Roma in Italy are not yet a recognised minority (Italian Parliament 1999; Benedetto 2010-11; Palermo 2011) and although the autochthonous historical communities of Roma and Sinti can vote, many members of the groups settled on spontaneous settlements may lack documents giving them permanent residence and consequently may be unable to exercise electoral rights (see Camera dei Deputati 1998).[3] Many Romani inhabitants that contributed to this research reside in the illegal Old Camp of Scampia, Naples. Residence in such locations, as well as lack of documentary evidence necessary to fulfil bureaucratic procedures, frequently precludes access to Italian political

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[2] In the Italian language, the word "Camminanti" is written with a double "m", while in Sicilian with one "m": "Caminanti".
[3] Camera dei Deputati (Chamber of Deputies), Law decree 25 July 1998 n.286 "Law concerning disposition on the discipline of immigrations and norms on the condition of foreigners".

rights and consequently political power. Without Italian citizenship, even if they were born in Italy or have a temporary visa allowing them to stay, they cannot exercise their right to vote at local or national level due to their lack of a legal address or adequate documentation. It is therefore very hard for them to make their voice heard without "guarantors" – often politically affiliated NGOs or religious charities – mediating for them. These groups may have their own agendas, and it can be hard for Roma residents to avoid manipulation by social actors and forces, often external to the local Romani communities, which may be able to use the vulnerability and lack of effective agency of the Roma to gain economic, political or publicity benefits for themselves.

Whilst Roma in Italy have seen little benefit from either mediated or unmediated representation in policy-shaping (COE 2009; 2011; Babha 2017:11-13), they also have little control over information which is gathered about them, and often disseminated widely by the media, that is too often conditioned by prior prejudices (Special Eurobarometer 2007; ISPI 2008; Rizzin and Bertellini 2011; NET-KARD Project 2014; Senato della Repubblica Italiana 2011:30). When data is collected for institutional and policy-making purposes, this is mainly undertaken by non-Romani people acting on behalf of their clients. It is through these "guarantors" and "gatekeepers", therefore, that the Roma become recipients of services resulting from the enactment of policies, national and local, which are too often established without full and fair consultation with them. As a result, many sections of the Romani population remain excluded and cannot easily be heard regarding enactments and policies which impact their lives. This system thus increases the risk of long-term policy failure and consequently promotes wasteful expenditure of public funds (Naydenova 2016).

A further obstacle to the voices of Romani people being heard in regard to policies affecting them is that the concerned institutions require activities to be delivered in compressed and rigid timelines which are too often discrepant with the time-flows and needs of people living in the "nomad camps". For these vulnerable people, their first priority must always be to fulfil their primary needs. As a result, most are unable to dedicate personal time to shaping social or human rights policies according to a schedule imposed from outside.

Although often effectively silenced as a result of the circumstances outlined above (see also Chapter 2), Roma people have a huge amount of useful data gained from lived experience to share, and may offer excellent direct observations and enlightening commentaries which usefully contribute to the discourse on (and for) them through providing personal insights and descriptions of their daily lives. My motivation in this study then, was to foreground the voices of respondents, thus bypassing the logic that allows single, often locally prominent, individuals to respond in the name of an entire community on specific themes which are sometimes extremely sensitive and personal subjects. Rather, I seek to permit more contributors to share their views on significant topics and to discuss their motivations and desires either individually or through small group discussions amongst families and extended families.

This study, therefore, seeks to play a mediating role that foregrounds Romani testimonies, avoiding both the failures of communication that plagued direct Romani contributions to policy-shaping and the potential conflicts of interests that have arisen with many non-Romani mediators, and thus to present Romani voices in a way that could be heard and effectively responded to by policy-makers.

1.2 Before Ethnography: **The Personal Decision to Embark upon Research with the Roma**

The roots of my personal decision to embark upon research with Roma people lay in the mid 1990's when I was transitioning from school to the University of Naples "L'Orientale". During that time, Italy became the destination for migrants from various sources, including significant numbers of refugees and asylum-seekers fleeing the horrors of the civil war in the former Yugoslavia (1991-1999). Amongst these asylum-seekers were many Romani people, usually complete families who had fled together.

My first contact with the former Yugoslavian Roma occurred in the streets of Naples. I was almost eighteen, living on the outskirts of Naples in an isolated area lacking infrastructure, but attending school in the city of Naples at the closest scientific lyceum to the provincial areas of Marano, Mugnano, Scampia (the locality of this study), Piscinola and Secondigliano. The educational services in the city were seen as superior to those in the province, but the subway which now serves the area was still under construction, and no public transportation stopped nearby. The bus services on the nearest main road were

always late and dangerously crowded. I remember students with their large back-packs squeezing in to buses at these peak travel times. My high-school friends who travelled by bus were often late, already tired upon arrival, and sometimes even wet from the rain. To avoid this situation, my mother would drive my sister and I, together with other young people residing in my building, 10km from our homes in Naples province to school before she went to work, and then drive us home at the end of the school day.

Every day, coming from the commune of Mugnano, we drove through Scampia and Piscinola. Passing behind the "Old Camp", we reached the Fire Department Building and turning right towards "Le Vele" (the Sails): infamous housing projects shaped like huge parallel triangles, before turning right towards a vast roundabout with a bridge passing overhead. The new subway station of Piscinola-Secondigliano was under construction there, causing seemingly everlasting traffic jams.

During these morning delays, I observed from my car window that there were Roma people living under the bridge in Piscinola. Every morning as we passed through, they were out of their shelters: the women emptying buckets, cleaning, hanging clothes, always busy. Sometimes when the weather was clement, girls of my age or younger would come and knock at the vehicle's window to ask for a coin. Their faces started to become familiar and by the end of the school year I even knew some of their names. The presence of the Roma on the territory where I lived is thus part of my memory of my schooldays, but so is the remembrance of my mother, who was a teacher, who always asked the same questions of the children who knocked on the window: "Hello, what's your name? Do you go to school?". With a smile, she offered them candy while the drivers queuing behind us nervously blew their horns and cursed us for wasting their precious time by communicating with the street beggars. The beggars we spoke to told us that they were "Yugoslavians" and that in their country there was "the war", hence they were *profughi:* refugees or asylum-seekers. I only later realised that there was a legal difference between the meanings of these two terms (see Chapters 4 and 6). Due to the intense traffic, sometimes there would be time to chat and after a few sympathetic smiles the children quickly relaxed enough to politely ask for something they needed or desired: "If you have younger children could you bring me one of their extra toys?" they asked my mother.

I often wished to stay around these Romani people from Yugoslavia longer, to speak about their beautiful country which we used to visit every year when I was a child, travelling by caravan with my parents, and visiting the area where my grandmother had once lived and where my great-grandmother still lived with my extended family members. Yugoslavia was a place dear to me and my family, and, perhaps like the Roma there, I could still not imagine it undergoing violent separation. I had beautiful memories of every Republic of former Yugoslavia, and it was impossible for me to decide what side I should have taken between the factions in the war, or what place I would have preferred to live. Bosnia and Serbia-Montenegro, Sarajevo, Mostar or Belgrade, Novi Sad, Bar? Perhaps Istria, where my grandmother came from? The on-going conflict was more sensitive for my family than for many other Italians, because we had links with that land and family members living there.

All the Romani people I saw in the streets were former Yugoslavians, and whenever I crossed their path, my thoughts turned to my grandmother and her sister who had fled Yugoslavia and come to Naples to escape an earlier war. At the time my grandmother had arrived, they had been classed as *Profughi Istriani* (Istrian refugees) as they were fleeing Istria, now part of Croatia. Many inhabitants of Istria had witnessed the cruelty perpetrated on civilians by both Italian Fascists and their Croatian *Ustasha* allies and also by Tito's partisans who accused some who did not flee of having colluded with the Italian military. I heard many tales from my grandmother and my oldest uncles about the massacres carried out in that area: of tortures and deportations by the Fascist guards; and stories of *infoibare*: throwing people, dead or alive, into the *foibe* (karst sink-holes). I heard little, however, as to the situation and history of the Roma in the region. The Roma were also persecuted, but this was little spoken of by non-Roma people, although the memory remained within the families of the Roma victims (Levak 2010).

Whilst Roma in Italy, as in other places, are widely seen as "other" by the majority population, the fact that my family also included war refugees from the former Yugoslavia meant that I could not look at them without some degree of empathy and compassion, as I felt that they had experienced personal journeys similar to those of my own family, and probably had a lot to share.

Whilst I was I was enrolled in Serbo-Croatian studies at the University of Naples "L'Orientale", my encounters with the Roma remained sporadic. Roma people are familiar to the city of Naples where the Napulengre group have been an integrated part of local society since at least the 15th Century (Dalbono 1866; Miele 2012:16; Piasere 2013; Pontrandolfo 2013). I was particularly fascinated by the recently arrived former Yugoslavian Roma however, both due to the similarities with my family history and because I was familiar with the geographic area from which they came.

During the following academic years, I felt a need to embark upon studies that could help me to reconnect with my partially lost roots, but this wish was difficult to fulfil. Although I was able to enroll in the department of Serbo-Croatian studies, Yugoslavia was undergoing separation wars, making first-hand research impossible. On the other hand, whilst there were "Yugoslavian" Roma in Naples, there was no Romani Studies department within the institution I attended. Although the institution, formerly the *Istituto Universitario Orientale di Napoli,* now the University of Naples "L'Orientale", is famous for its long tradition of studying languages and cultures of the world, Romani studies is a very marginalised area of study in all Italian universities, despite the fact that there are academics of different disciplines undertaking research on Roma in their respective disciplinary fields (Rossi 2012:51).

After several failed attempts to find a supervisor, Professor Claudio Marta, anthropologist, activist and member of the Committee of Experts on Roma and Travellers of the Council of Europe agreed to supervise a dissertation for an LM (*Laurea Magistrale*/Master's Degree) comparing the situation of Roma from former Yugoslavia, in particular Bosnia and Herzegovina, given "temporary protection" in Italian nomad camps and those still living in Bosnia and Herzegovina after the Dayton settlement. Whilst "temporary protection" in Italy was perceived to have failed, the new constitution, post-war treaties and new minority law (*Zakon o zaštiti prava pripadnika nacionalnih manjina*) brought into force in Bosnia and Herzegovina did not appear to give Roma the same rights as Bošnjaks, Croats and Serbs. For example, at that point, a Roma person could not run for the presidency of the country (ECHR Case Sejdić and Finci vs. Bosnia and Hercegovina 2013; Pasic 2013).

The data for my LM thesis was collected during several months working for the Italian Embassy in Sarajevo on the framework of an agreement between the Italian Rectorates

and the Ministry of Foreign Affairs (CRUI-MAE). This work allowed me to make contact with numerous institutions, U.N. agencies and organisations operating at local level and internationally but also allowed me to travel often between Bosnia-Herzegovina and Serbia-Montenegro. While at the Embassy, I discovered that although both Italians and Roma held the legal status of "minorities" in Bosnia-Herzegovina, Roma citizens, unlike Italians, did not have representatives from any nation-state to represent their interests. The Italians of Bosnia-Herzegovina could rely upon institutional affiliation with "their" embassy, as could other minorities, but the Roma had no such powerful allies to whom they could turn.

The practical issues faced by Roma returnees to Bosnia-Herzegovina who approached the Italian Embassy offered me a lot of precious hints that stimulated my desire to undertake further investigations into the issues faced by the Roma people whom I was encountering and to whom I was listening from one day to the next. Important matters often emerged in their spontaneous oral narratives.

Following my return to Naples, after completing my fieldwork in Bosnia-Herzegovina, I met someone who would make a significant contribution to the development of this project: Zora, a Romani girl the same age as myself. I used to sit with her on the stairs in front of the Dome of Naples near the university building every day before attending classes and supervision sessions.[4] We developed the habit of sharing a coffee or some food and having a chat about our lives. I spoke about school, my trips to Belgrade and Serbia and Zora told me about her family and her daughter who had the same name as me. She was curious to hear my fresh news from "the country" since I was often going to "Jugoslavia" while she could not leave Italy. Sometime she shared personal issues with me, such as the sadness of having had a miscarriage or the difficulties of living with a mother-in-law with whom she was not getting along. We became friends, but I started thinking that perhaps her need to share such sensitive issues with me, a person outside of her family, meant that she had few people to whom she could really open her heart, at least in the context where she lived. There was however a mutual interest in listening to each other which impacted on my research plans.

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[4] "Zora" is a pseudonym. Pseudonyms are used for all research-participants throughout this study in order to protect their anonymity.

This process helped me meditate on the possible implications of the methodology applied while carrying out previous research, as I started developing an interest in the importance of direct contributions provided by individuals in the specific settings explored. The description of the human aspects behind the facts recalled by policy reports revealed the need to go into more depth, and to immerse oneself in a context in order to grasp and partake of these particulars that otherwise would not be brought to light. The necessity to review the situations and contexts with which I was already familiar directed me towards descriptive anthropology and ethnography as a methodology and approach. This included the need to review data by examining and exploring it within a framework that allows the discussion of particularly sensitive topics through human engagement with the people who were directly involved.

As I built my friendship with Zora, representing one of my first attempts at *enclicage* (Oliver De Sardan, 1995; Piasere 2002; Trevisan 2008), I often had the impression that people passing by were giving us strange looks, scrutinising us, scanning us from head to toe, suspicious of what we were doing there, me in jeans with a school-bag, her in a knee-length denim skirt with a carton bucket, sitting on the dirty stairs of an abandoned historical building, chatting in another language and laughing, absorbed in our discussions. Rarely, some braver individuals would ask: "How do you know each other?", "How did you come to be friends?".

The feelings these intrusions stimulated in me developed my interest in exploring further some of the reasons behind attitudes displayed. Sipping a coffee on the steps, we were able to freely discuss almost anything, but had we attempted the same thing in a bar or café, the level of intrusion might have been even greater (see Tohani 2017:46-7). This made me further reflect on the role played by the non-Romani community in interactions with the Roma, and also on the lack of mutual knowledge and the role played by discrimination and prejudices in preconditioning responses.

There were also questions related to the Romani context flowing through my mind. Zora frequently expressed the wish to invite me over to the place where she stayed, but apologised, because in her opinion this was not really possible due to a number of impediments, including the fact that she lived with her in-laws and had a very bad relationship with them, so she had no real freedom to host guests. Zora felt that her

parents were well-off and lived in a better context, in a rural home in the Southern-Serbian countryside. Contrary to her expectations, after her marriage she had to move to Italy and familiarise herself with a new setting: "a nomad camp". Šikić-Mićanović (2015) describes similar experiences in a paper on Roma women's post-marriage migration from Croatia. Zora did not like the "nomad camp" and had still not really got used to it. This was in part because she had little independence there, not only because she was the most junior member of a large family with limited space in decision-making processes (including whether or not to invite guests), but also because there was not enough physical space to socialise. Furthermore, she thought that the camp in Scampia was not a place suitable for me, as "the guys there were going to be stupid". She seemed reluctant to invite me and also over-protective, themes which re-emerged with other respondents during my doctoral fieldwork.

After my graduation, I lost touch with Zora until, almost a decade later, I crossed paths with my friend again, during an unplanned visit to the side of the settlement where she still lives with her children and her extended family. On this occasion, she seemed positively surprised to see me after such a long time. The first questions she asked me concerned whether I had completed school and got married, indicating not only that she had remembered me but her interest in both my aspirations and gendered roles.

To conclude this discussion of the formative process which led to this research, the thoughts that followed on from these discussions with Zora opened my mind to how best to investigate other aspects of the experience of Romani "asylum seekers/refugees" placed in "nomad encampments" in my city. I became especially interested in the impact of "camp life" on their well-being or ill-being, as a result of stories my friend told me.

1.3. Preliminary Work

During the years following the completion of my LM degree, I spent most of my free time in the two settlements of Scampia and Secondigliano, known as the "Old" and the "New" Camps (see Chapter 5). At first, I attempted to work with a local NGO that had been funded to develop a number of projects for the local Romani communities. My decision to do so was taken on the basis of advice given by my former mentor, Claudio Marta, who often suggested that I should not rush into making judgments but needed *to partake, absorb, participate* before drawing conclusions. I accepted an offer from the president of

this NGO to work as a teacher preparing adults and youngsters that dropped out school or who had legal problems to take the III Media (lower high-school) Exam, during extraordinary sessions organised at local public schools for private students. This license exam is a mandatory educational step in Italy and every person has the right (and duty) to accomplish this educational level.

Within this NGO, I organised events, translated documents and accompanied patients to medical or legal consultations. I accompanied another "social operator", who was in charge of escorting some Romani patients to the local district medical services, and sometimes to hospitals where they could seek the advice of specialists.[5] I also worked with Romani community members who were hired as bus-drivers or "social-operators". In carrying out this work we received equal salaries, and we were constantly struggling to have our working hours and contracts recognised. During that early period, I established important links that proved fundamental for the development of this ethnographic research.

Eventually, however, I decided not to continue any sort of collaboration within the local NGO setting because I felt that their employment practices were unethical. Unlike many of my Romani co-workers, I did not need to work to obtain a temporary visa to stay in Italy, or to achieve any sort of legal status. Unfortunately, some former Yugoslavian Romani workers in similar situations were effectively compelled to remain with an employer and to accept disadvantageous conditions.

I decided to continue my experience as an unpaid volunteer with two different charities, both Catholic-oriented, one of which operated a pre-literacy school project for children and undertook activities aimed at the "integration" of refugees and the other which delivered humanitarian supplies such as food and medicines and sometimes arranged specialist consultations for patients (especially children) with health issues who had scarce economic resources to pay for urgent treatment.

Both charities were declared to be volunteer-based and self-supporting through private donations that were sometimes also used to provide economic support to individuals in need. According to the research-participants, the grantees were chosen on the basis of their needs. The majority of people in that context lacked a stable income, lived in a

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[5] See Chapter 8 (8.4) for a discussion of the role of "social operators".

nomad encampment and had very intermittent access to money. This state of deprivation often impacted even on the possibility for them to fulfil their primary needs, however, some individuals were able to sustain themselves and their families by obtaining donations through personal friendship links they established with members of the "non-Romani" community, not only in the neighborhood of Scampia, but also in suburbs elsewhere located in the city area.

Finally, there were other NGOs carrying out activities with the Roma in the locality, sometimes even clashing with one another in carrying out similar tasks and competing for public funding when it was available, or funding from private donors. Many of these organisations embarked on collateral activities with local communities, sometimes bringing together Romani and non-Romani people, through activities such as theatre, cooking classes, practising arts and crafts, video-making, dancing and religious-based activities. Some of these projects were short-term whilst others were of longer duration, although intermittent, but they rarely provided official qualifications which could be useful in supporting access of Romani people to the labour market or in enabling them to achieve personal and professional independence.

In any event, for most of the Roma people in the camps, the achievement of nationally recognised professional qualifications was complicated by lack of personal documents such as birth certificates or naturalisation documentation and additional obstacles have emerged in registering at employment offices or on private employers' payrolls. A high percentage of camp inhabitants lacked essential documents needed to fulfill bureaucratic requirements, such as ID cards or up-to-date permits to stay (*permessi/carte di soggiorno*), and so they were unable to take up vacancies available on the open job market (World Bank 2014; FRA 2016). An additional factor mitigating against Roma obtaining legitimate employment is the general discrimination against Roma people which exacerbates the already unfavourable environment given the high unemployment rate in the Naples area and the wider Campania Region.

Roma issues have had quite a high political profile in Naples – on one hand, many organisations or individuals have taken an interest in the problems they face and place them at the centre of political and social battles for equality and inclusion. On the other hand, because many Roma lack citizenship and the right to vote in Italy, they have proved

an easy target for political groups seeking scapegoats for the problems of the region, whether to raise their own profiles or serve particular political agendas.

Having spent a period doing in-depth observation whilst working, volunteering and collaborating with various non-Romani organisations which operated on behalf of the Roma, I decided that, in order to ensure that it was the agendas of the Roma themselves that were foregrounded, rather than those of non-Roma groups, (whether hostile or supportive), this work would be oriented towards independent contributions from community members and families with whom I was able to form personal relationships.

Several years after my first visit to the camp, following my return from a subsequent period of political experience, during 2008, working as a personal assistant to Viktória Mohácsi, the second female Romani-Hungarian member of the European Parliament, and briefly as assistant to the Secretariat of the European Roma and Travellers Forum within the Council of Europe, I decided that, having familiarised myself with institutional approaches towards the Roma, both in the social field and in connection with human rights discourse, it was time to take a different approach. My intention was thus to return to the setting of the Romani community in Naples to start all over again: this time working from the bottom-up to give voice directly to affected individuals, by exploring in depth, what the Roma living in the nomad camps had to say and by collaborating in partnership with them in order to better understand their concerns and to report these findings to the public more widely. During this time, several important themes recurred in my conversations with Roma, which were also highlighted by non-Roma people working in the setting. Broadly-speaking, these themes can be grouped under the heading of health and well-being, or conversely, lack of health and ill-being. I therefore decided to make these themes central to this doctoral thesis.

1.4. Choice of Fieldwork Site

There are numerous Romani communities and settlements located in the city of Naples and the surrounding province, but in order to carry out the kind of long-term, in-depth engagement which I desired, I needed to select one on which to focus. I considered two communities located within a convenient distance from my home: the "Old Camp" of Via Cupa Perillo in the Municipality of Scampia; and Masseria del Pozzo.

The community settled in the ASI Industrial Area and Masseria del Pozzo was from Bosnia-Herzegovina and came under the administrative control of the Commune of Giugliano in Campania. There were some significant issues around these settlements, however, which made them problematic as a fieldwork location. A very high risk to health has been reported in Giugliano district, particularly where Roma were settled in the ASI Industrial Area and in Masseria del Pozzo (D'Ambrosio 2013; Fondazione Migrantes, 2013; Il Fatto Quotidiano 2013). This Roma group lived on contaminated land: a garbage dump, where experts and activists reported the presence of toxic gas. Moreover, at the time my research was starting, the Commune had been put under Special Extraordinary Administration and its mayor and local administrators had been removed and replaced by prefectorial commissioners (*commissari prefettizi)* following alleged interference in administration by organised crime groups in the area (Comune di Giugliano in Campania 2015). For reasons of "Health and Safety in Fieldwork" (USHA and UCEA 2005, 2011), both in regard to the issues of pollution and organised crime, I concluded that this was not a suitable location to pursue research.

The other potential location, the Old Camp of Via Cupa Perillo, was also not completely exempt from environmental pollution risks, or from dangers connected to the presence of the Camorra organised crime group, whose presence has made Scampia notorious (Saviano 2008). According to surveys carried out using questionnaires amongst the youth of the neighbourhood by the department of Criminology of the University "Suor Orsola Benincasa" (2015) the local situation had improved since the previous survey had been carried out seven years previously. However, violence and vandalism were still perceived as significant problems by residents, as was the presence of organised crime, which interviewees felt was more pervasive and deeply-rooted in the neighbourhood than state or church agencies, despite the increased presence of law enforcement squads on the territory (Chiesa di Napoli 2015; Universita' degli Studi di Napoli "Suor Orsola Benincasa" 2015). Despite these issues, the Old Camp seemed significantly safer than the alternative. Moreover, I had affinities with the Old Camp settlement deriving from my personal history – both in terms of my family origins and some cultural and linguistic similarities with the specific group, which are mostly Serbian and because the community was located close to my home and I had already developed familiar and friendly relationships with a number of community members. After an exhaustive evaluation, this location was assessed as being more suitable for academic research than Masseria del Pozzo for three primary reasons.

- The perceived lesser risks from pollution compared to the alternative;
- the presence on the territory of a medical service that dedicated its activities to the Romani community through the establishment of a "specifically assigned clinic" (*ambulatorio dedicato*) called "Ambulatorio dei Popoli" (Clinic of the People); and
- the strong links already established with several Romani and non-Romani "privileged witnesses" who would aid data-gathering.

1.5 Summary of Aims and Objectives

McKee (1997, cited in Clark and Cemlyn 2005:150), writing in a British Medical Journal editorial, remarks that there is more medical research information available on the Gypsy Moth than there is on Gypsy people. As Chapter 2 will show, there are few academic works on Roma health, especially in Italy (Monasta 2011:1090). This research aims to work towards filling this gap by producing a case study on one specific community in the Old Camp of Scampia, the majority of whose members have been living in Naples for over two decades. The exploration of the issues was modeled on a "policy and practice based approach", founded on my extensive pre-existing knowledge and contacts in the field with both Roma and professionals working at the Old Camp at Scampia, as well as my proficiency with community languages.

This ethnographic study deals with the themes of health and well-being in the broadest sense: not only as lack of clinical disease, but as a state of being which includes opportunities for full social engagement and a degree of control over one's life trajectory, which Marmot (2004:2) sums up in the word, 'autonomy'. The study of health and well-being must necessarily be concerned with their counterparts, illness and ill-being. The aim, then, was not just to list the environmental health factors which impacted on the community in its location under a city highway bridge, surrounded by rubbish and infested by rats, but to take a holistic view of the whole social context of factors that impact on "health and well-being" in the camp.

Nevertheless, the study takes as its starting point an exploration of the determinants of health, in a narrower sense: whether or not Romani residents accessed the services provided by the local health providers in the area where they live; and whether and how they benefited from preventive health services and follow-up care for pre-existing and new

conditions. The analysis of the data gathered enables an evaluation of the effectiveness of public health policies targeting this specific group in order to understand whether or not this community of Roma have benefited from the services granted to any other Italian citizen, with a focus on access to preventative health care and childhood vaccinations; public health and hygiene, particularly access to sanitary facilities and clean water; mental health; dental and sexual health services; and healthy eating initiatives. Following the analysis of this data, the study goes on to draw primarily upon the accounts of Roma residents themselves to create a broader understanding of health and well-being in the Old Camp by getting to grips with what Marmot (2006:2) calls "the causes of the causes".

1.6 Chapter Outlines

The study is divided into nine consecutively numbered chapters, each of which is further divided into numbered subsections. This Chapter, CHAPTER 1, has provided an "Introduction" to the work, setting out motivations and background to the research, explaining the choice of the fieldwork site, and setting out the aims and objectives of the project. Finally, in this section, it summarises the contents of each chapter of the work.

CHAPTER 2, "Literature Review" summarises key texts relevant to the thesis and discusses additional literature which has contributed to the shape of this study. It considers literature from the disciplinary areas of Medical Anthropology, Romani Studies and Epidemiology, and sets out the literature on social determinants of health as the overarching theoretical framework within which the work is developed. The chapter also discusses the concepts of "freedom", "disorder" and "coping": themes that emerge from the discourses of Romani informants and have also been the subject of academic attention.

CHAPTER 3 "Methodology" clarifies the empirical fieldwork methods used, including ethnographic participant-observation, ethnographic interviewing and documentary research. The chapter goes on to explore the significant ethical considerations which are relevant to this study, given its concern with vulnerable people and groups. Finally, the chapter sets out the analytic approach applied to the data, rooted in Grounded Theory.

CHAPTER 4 "Italian Health Policy, Local Health Services and the Roma" commences by introducing Italian national health policies and rights granted by law to Roma residents in

the camps, also pointing out the limitations on these rights, and the deleterious impact of ethnic stereotyping, in particular, the labelling of Roma as "nomads", on delivery of equitable outcomes across a range of services affecting health and well-being. The chapter goes on to detail a major EU initiative to tackle Roma marginalisation across Europe, and the Italian response to this initiative. The Italian National Strategy for the Inclusion of Roma, Sinti and Caminanti (UNAR 2012) is examined, the failure of the Italian state to implement the strategy in accordance with European and International law is scrutinised and the response of international Human Rights organisations detailed. The chapter notes that Italy remains in breach of EU law, particularly in regard to its discriminatory policies regarding housing, but that to date, no sanctions have been taken against the country. Chapter 4 then goes on to detail the local health facilities available to the Roma of Scampia.

CHAPTER 5: "From Limbo to Purgatory": The Environment of the Old and New Camps in Scampia and Secondigliano", describes the physical environment of the two camps in which the majority of fieldwork took place. The history of the illegal "Old Camp" is described, and the establishment of the government approved "New Camp", following a mob attack on the Old Camp in 1999, is detailed. The chapter draws upon Lee's concept of "nomad camps" as a limbo or purgatory (Lee cited in Montesi 2002) to describe the effects on the population of their ambivalent legal status: unlawful, yet temporarily tolerated for two decades, whilst constantly facing the fear of attack or eviction. The chapter also considers the environment of the New Camp, which although benefitting from official water and electricity services and not subject to the legal uncertainties of the Old Camp, in many ways provides an even more dangerous and unhealthy environment due to the unsuitability of the location and neglect of local government. The chapter includes a case-study of a preventable death at the New Camp, examples of environmental hazards to children in both camps, and an account of the medical conditions associated with the unhealthy environment.

CHAPTER 6: "Places of Ill-being: Coping with Camp Life", draws upon participant-observation and interviews with Romani inhabitants of the camps to document the ways the camps are experienced as places of ill-being. Narratives of arrival, and comparison with past lives in the former Yugoslavia and elsewhere are considered; differences in the experiences and attitudes of different generations are considered, and descriptions of

"coping" with camp life are used to explore the social determinants of ill-being. Finally, the chapter considers the feeling of "disorder" of which camp inhabitants complain, as a result of both their physical and legal circumstances.

CHAPTER 7: "Relationships in the Nomad Camps: Social Determinants of Well-being and Ill-being", begins by considering the relationship of physical and mental health, and the social dimensions of both. It notes the prevalence of discourses of stress amongst Romani participants and the roles of inter-generational and inter-gender power relationships within the Roma community in generating stress. The chapter goes on to consider Roma discourses of well-being, which focus on the idea of "freedom": of not being constrained by more powerful people or institutions, either within or outside the Roma community. The chapter then examines both the rewards and stresses that can come from relationships with those outside the Roma community, noting the value Roma people place on personal rather than institutional relationships, but also noting that Roma customary law may be considered important for the well-being of the participants, the chapter briefly describes the role of the Romani Kriss: a formal tribunal, in adjudicating disputes. Finally, the chapter moves to discuss an unavoidable aspect of relationships with non-Roma people: prejudice and discrimination.

CHAPTER 8: "Living with the Roma: Perceptions from Officialdom" considers interactions between Roma and non-Roma people from the perspective of non-Roma officials including medical staff, a social operator, and law-enforcement officers. The chapter draws upon ethnographic encounters which the author recorded during fieldwork, as well as two extended interviews, one with a doctor and one with a social operator. The chapter first considers the Municipality and the health-providers operating within it, including extensive analysis by a doctor who managed the health-centre primarily used by the Roma of Scampia for many years. The chapter moves on to consider the role of NGO's through analysis of an extended interview with a social operator who had worked with the Roma of Scampia for two decades. Finally, the chapter considers that attitudes of law-enforcement officers expressed during a series of encounters during fieldwork.

CHAPTER 9: "Conclusion", summarises the findings made in each of the chapters of the thesis and pulls together the arguments and common themes which emerge, drawing upon the theoretical framework set out in Chapter 2. The chapter discusses the academic

significance of the study, before going on to consider the policy implications and set out suggested policy directions which might improve the health and well-being of Roma communities, and in so doing, the well-being of Italian society as a whole. Finally, a brief epilogue describes the catastrophic fire which swept through the Old Camp at Scampia in late August 2017 during the final editing of this study, and which leaves the futures of the Roma inhabitants of Scampia in grave doubt.

In addition, this work contains the following materials incorporated as Annexes: a list of Illustrations: photographic materials, a Glossary of abbreviations and acronyms, and a Bibliography.

Chapter Two: *Literature Review*: *the knowledge background to the research*

SUMMARY OF CHAPTER 2: This chapter reviews the literature relevant to health and well-being amongst the Roma in Italy including earlier ethnographic studies conducted amongst Roma in Italy, theoretical approaches to health and well-being more broadly, and literature specifically relevant to health and well-being amongst Roma in Italy. The latter includes both academic sources, non-academic sources and the reports and other literature produced by government agencies or NGOs (grey literature). The chapter also introduces the concepts of "freedom", "disorder" and "coping", all of which are deployed in later chapters to interpret the ethnographic material collected for the study. In examining the literatures, the chapter identifies the need for using a broad-based, holistic approach to questions of health and well-being, and identifies the gaps in understanding which this study seeks to fill.

2.1 Justification for Selection of Materials included in the Literature Review

The literature reviewed for this ethnography comes from numerous different areas of research including medical anthropology, anthropology of the Roma, history, folklore studies, sociology and social policy studies, epidemiology and social determinants of health, and is hence as multi-disciplinary as "Romani Studies" itself. The type of study undertaken requires thematic analysis, and the emergent themes have often been associated with different fields of research and crossed several disciplinary areas. Therefore, whilst I am an anthropologist and my approach is fundamentally ethnographic, the decision was taken from the beginning to draw upon an interdisciplinary body of literature.

In deciding which themes were most important, the oral testimony of the Roma themselves (presented in Chapters 5, 6 and 7) was central. For the Roma in Scampia, this was the first time that they had the chance to take part in an ethnography on their own health and well-being, carried out in the place where they live, that gave them the chance to be involved and consulted directly. Despite their lack of formal literacy, they joined the process of drawing up research priorities, so that the topics they highlighted as significant became central to the literature review undertaken as part of this study.

The analysis of these themes, however, has to mediate between the needs of academic readers and the world of the Roma, and to thus draw on different resources, including not only academic works but also reports and legal and policy documents (grey literature) that bear upon the ethnographic context and on the health and well-being of the Roma living in Scampia. Each of the chapters, then, will utilise available literature to support the key points made, whilst seeking to always give the words of the Roma themselves priority in determining the direction of the investigation.[6]

This study seeks to understand the determinants of health and well-being (or their obverse, lack of health and ill-being), in both breadth and depth. Achieving breadth means paying attention not only to clinically diagnosed illness, but to broad perceptions of well-being or ill-being as experienced by the Roma. In this regard then, the most important "literature" is the oral testimony of the Roma themselves, which I present in Chapters 5, 6 and 7. In Chapters 2-4, however, I set such testimony in the context of academic and official literatures from a range of sources and disciplines. In reviewing the relevant literature in this current chapter, I start by focusing on literature from medical anthropology which emphasises the importance of culture in perceptions of illness or wellness. I go on to examine literature from Romani studies undertaken within various disciplines, including anthropology, sociology and social policy from the 19th century to the present day, which illuminates relevant aspects of the ways of life and cultural perspectives of Roma communities in Italy.

Achieving depth in the literature review, means paying attention not only to direct causes of poor health such as risk of traffic accidents or pollution, but also to the underlying relationships which place Romani people in situations where they are vulnerable to traffic accidents or pollution. The chapter (and discussion of empirical findings in subsequent chapters) draws upon literature on the social determinants of health (SDOH) and other publications which build upon the insights the SDOH materials have developed. Finally, this chapter will also examine literature which is specifically relevant to the health of Roma communities in Italy. This includes both publications emanating from health agencies at various levels and academic studies of Roma groups.

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[6] All translations are by the author unless otherwise stated.

2.2 Medical Anthropology: Culture and Health

In one of the founding texts of medical anthropology, Foster and Anderson (1978:2-3) asserted that this emerging sub-discipline of anthropology was concerned with the interaction of the biological and sociocultural aspects of human behaviour. Lieban (1977:15), writing a year earlier, noted that such interaction was a two-way process. Medical anthropology was not just concerned with cultural reactions to biological phenomena, as culture could itself affect biological phenomena, as in the case of a person whose health deteriorates as a consequence of stress caused by knowing that they have been cursed or have broken a taboo. Lieban (1977:13-31) noted that medical anthropology covered a broad range of concerns, from human evolution to the practical delivery of healthcare in diverse environments. In regard to the latter, Foster and Anderson (1978:8) observed that public health personnel saw the anthropological approach as unthreatening to medical models, because "it defined the problems of resistance to change as lying largely with the recipient peoples". Helman's seminal textbook, now in its fifth (2007) edition, notes that cultural perceptions of health and disease are inseparable from broader cultural beliefs and value systems (Helman 2007:13), as well as from the power-relationships that pertain in particular societies (Helman 2007:16). In a more recent publication, Waugh, Szafran and Crutcher (2011), focusing on the Canadian context, exemplify a move away from the idea that applied medical anthropology is primarily concerned with overcoming or bypassing indigenous resistance to western healthcare practices, emphasising that indigenous and non-western healthcare systems may have much to offer that western medicine lacks.

Accordingly, this doctoral study draws upon the central insight of medical anthropology, that disease or ill-being is defined, experienced and treated within a framework of cultural values, beliefs and power-relationships which make the biological inseparable from the sociocultural. This study takes a more challenging position in relation to the medical profession than the approach discussed by Foster and Anderson (1978:8), however, recognising that the medical profession, and associated social-care professionals, form part of the framework of power-relationships which may work to keep Roma people in Italy (and elsewhere) marginalised, and thus contribute to their ill-being. At the same time, the research approach bears in mind that anthropology has also been complicit in oppressive power-structures. This is especially true in regard to the Roma (Matache 2017). By paying attention to Roma conceptions of health, well-being and ill-being, I seek to avoid the

danger of stereotyping or stigmatisation which Matache (2017) has critiqued in earlier anthropological work.

2.3 Romani Studies in Italy: Contributions from Anthropology, Sociology and Social Policy

There is a very substantial anthropological and sociological contribution in both Italian, and written in English by Italian scholars, which both draws on the classics of western social anthropology and focuses on Roma in Italy. Perhaps the leading figure in the study of Roma populations in Italy is Piasere (2002; 2005) who with his colleagues (Portrandolfo 2013 and Saletti Salza 2003) produced a series of historical documents, cultural, anthropological and ethnographical studies called "Italia Romaní" starting in 1996, as well as being actively involved in reprinting hard to find older works. In Vol.III of "Italia Romani", edited by Pontrandolfo and Piasere (2002), there were historical articles on the Roma in Naples which make it evident that Romani people had been present in the city for many centuries (Piasere 2002:289-310; Dalbono 1866:337-342; see also: Viaggio 1997; Novi Chavarria 2007; Pontrandolfo 2013). Furthermore, according to Karpati's (1978) Italian translation of François de Vaux de Foletier's (1971) work, a historical record, the *Cronica di Napoli* by Loise de Rosa, included an annotation regarding an event occurring a few years after the death of Queen Joanna II of Naples (1373-1435). This text makes reference to the Roma in the following terms: "…*vide lo duca d'Egitto co la mogliere e li figlie andare pezzendo per Napole"* (...saw the duke of Egypt with wife and daughters going begging through Naples) (de Vaux de Foletier 1978:56). However, as pointed out by Viaggio (1997:15) toponyms such as *Giptocasta* or *Castrum Giptiae*, the old name of the small town of Jelsi in Molise Region, indicated a *feudo*[7] founded by "Gipti" in the XIV Century or earlier. Viaggio wrote about "The *Zingari* (Gypsies) in the Kingdom of Naples" (1997:50) and explained that the Kingdom included the entire south of the peninsula and also part of the centre. Under its jurisdiction, especially in the mid-1500s, measures were taken against the Roma, although, these were less severe than in neighbouring territories. Viaggio (1997:50) and Pontrandolfo (2013:7) note that it is difficult retracing the events of the past because the Neapolitan archives are not accessible, but significantly, during the 16th. century, there was an increase of orders and sanctions denying Roma entrance to, and permission to stay in the territory, alternating with concessions of licenses for the Roma to take such actions. This see-sawing institutional behavior resulted from a lack of

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[7] In the European feudal system, the *feudum* (Lat.) feud, fief etc./ indicated a tenure of land, a property or fee, granted by a lord to a vassal for its maintenance and on condition of the performing of certain services.

central control, which sometimes worked in favour of the Roma and sometimes against (Viaggio 1997:50).

Piasere observes that some historians have defined the Neapolitan government as "a despotism tempered by anarchy" (Piasere 2006:178 quoted in Pontrandolfo 2013:38) where the inefficiency of the injunctions towards the Roma were correlated with the fragility of the Spanish monarchy, but also with the protections offered by local barons (Pontrandolfo 2013:39; Novi-Chavarria 2007). In reference to the "Relationship with the populations", Viaggio underlines that in the South "the Gypsy is not …a (wanted or unwanted) occasional guest; or a nomad to be hosted; he/she is a tile of the local community…even when they live apart from the remaining population" as they carry out the work of *acconcia caldaie* (cauldron repairer)[8] and *maestro ferraro* (master blacksmith). Moreover, the image of Romani women was granted a particular connotation in popular religiosity (Viaggio 1997:59), despite a 1576 document from the Synod of Naples ordering parish priests to excommunicate all those functioning as sorcerers, fortune-tellers, charmers or anyone who pretended to predict fortune or misfortune, constellations, signs, images or dreams, or to heal people without using natural medicines by casting words or spreading superstitions (Viaggio 1997:62-63; Pontrandolfo 2013:39).

Roma in Naples were hence not "foreigners" to mainstream society. Dalbono (1866) points out that they also lived in the Neapolitan countryside in family-groups, almost tribes, that reached approximately 30 people in size. "Their jobs were considered traditional as they inherited them within the family, because no one, external, was interfering in their matters…They were 'a caste'", Dalbono (1866) wrote, that was maintaining a separate life from other social classes. Employment activities undertaken by the Roma were often associated with metal working they carried around small furnaces to fix pans, to repair trivets and small shovels as well as making hand-tools such as gimlets and also musical instruments such as *scacciapensieri* (Jew's harps) (Dalbono 1866).

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[8] In reference to the professions carried out by the Roma in territory of Naples and its provinces, Dalbono (1866, re-edited in Pontrandolfo and Piasere 2002:338-339) notes that the expertise of the Neapolitan Roma was based on the use of portable work-tools to be utilised in limited spaces and employed to repair utensils necessary to "nutrition" and "preservation", rather than to forge "weapons of destruction". In addition, Dalbono suggests the existence of other sub-groups, working as *concia caudare* (cauldron repairers), that are also *una specie errante* (itinerant) but are (arriving) from the areas of Principato Citeriore, Basilicata and Sapri.

Pontrandolfo (2013) provides an important contribution to the historical anthropology of the "Roma of South Italy" by putting together in her essay a number of significant heterogeneous sources. In particular, in regard to the period around the Unification of Italy in 1815, she points out that the Southern population showed severe resistance to the new central powers and to the impositions aimed at achieving its homologation to the new imposed order (Pontrandolfo 2013:63). Changes in conditions faced by the Roma thus cannot be understood without considering the implications of this historical moment (Pontrandolfo 2013:64). According to various sources cited in her book, the new political enactions were not aimed at understanding or taking into consideration cultural differences, but rather, to denigrate and assimilate the South, through repression and violence if necessary. The cultural differences identified as common to Southerners (or to the Roma), therefore, were assigned negative connotations (Pontrandolfo 2013:64-65).

Piasere (2002:289-307) discusses the racist anthropology of De Blasio; the dispute between Lombroso, who attributed criminal behaviour primarily to racial characteristics and Colajanni, who attributed criminality primarily to social and economic causes; and how these elements influenced the approach of the Ministry of the Interior to the *Zingari.* Piasere explores these issues through the analysis of some Circular Law Decrees issued over a century ago that were aimed at preventing additional arrivals from the Balkans, enacting expulsions but which also reinforced the image of the "Gypsy criminal" (2002:296-7).

The arrival of the Roma was also often claimed to be associated with the diffusion of pandemics, such as cholera (Piasere 2005)*.* As pointed out by Viaggio (1997:101), Colacci, at the *First Congress of Ethnography* held in Rome in 1911, took what could be considered the first "modern" stand for the Romani cause when he denounced intolerant and racist behavior by Italian institutions towards them, following a brief cholera outbreak in the Province of Bari, when the Ministry of Interior, pressurised by the public opinion, "quarantined" the *Zingari* leaving them isolated with no means of survival. The alleged risks of pandemics associated with the population was used by MP Buccelli who raised a parliamentary question, during autumn 1910, on how to discipline Romani immigration, with particular reference to the type of measures to be enacted by the government to guarantee the respect of civil and hygienic rules. Bucelli recommended following the

example of nearby countries, which had forbidden Roma to enter their territory (Viaggio 1997:101).

Today, both Neapolitans and "Gypsies" still routinely suffer such negative stereotyping, which may condition different perceptions of, and policy approaches towards the Roma in Northern and Southern Italy. The regional dimension to discrimination is underlined by recent political developments including the growth of parties such as the *Lega Nord* (Northern League), whose members have been accused of incitement to ethnic or racial hatred (Rizzin and Bertellini 2011:678; ERRC 2000). The mayor of Naples, Luigi de Magistris once declared one of the Northern League party leaders, Matteo Salvini, "unwanted" in the Commune's jurisdiction, for being profoundly racist and anti-Southerner (La Repubblica 2017; Il Mattino 2017; ANSA 2017; De Magistris in Vista Agenzia Televisiva Nazionale 2017) due to his repeated speeches fomenting hate against immigrants and for having sung a disgraceful song at his party's rally:

> "...Feel that stink...even dogs are running away …Neapolitans are arriving…Oh, choleraic-s (cholera sufferers), earthquake victims…You have never washed yourselves with soap"[9] (Il Mattino 2017; Salvini in GubbyTube4 2009).

Similar racist propaganda was previously disseminated by party founder, Umberto Bossi, and also by another senior party member, Mario Borghezio, in his *Preghiera dello Zingaro* ("Gypsy Prayer") that was publicly declaimed at the Northern League's annual rally *Festa dei Popoli* (ERRC 2000:9; GFBV 2000)". The "prayer" according to ERRC (2000:9) invoked the word *gasati* (*gassare*: to gas) with reference to the gassing of Roma in Nazi gas-chambers. Gentiloni, Vice-Mayor of Treviso, affiliated to the same political party, in 2008, invoked the "elimination of the Gypsy children" (*bambini Zingari*) and invited "Neapolitans to eat their own rubbish" (Marinelli 2008; Padanialibera 2008). Similarly, only a few years later, Councillor Massimilia Conti, member of Civic list of the Commune of Motta Visconti, Milan, who was part of a coalition comprising Forza Italia, Northern League, NcD and Fratelli d'Italia declared: *Ci vorrebbero i forni... metto a disposizione la mia taverna. Se vedete del fumo strano che esce dal tetto non vi preoccupate'* (We'd need ovens…I can provide my basement. If you see strange smoke coming out the roof do not worry). (ANSA.it Lombardia 2014; La Repubblica Milano 2014).

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[9] "Senti che puzza …scappano anche i cani …stanno arrivando i Napoletani…Oh colerosi, terremotati, Voi col sapone non vi siete mail lavati".

Given pressures of space and the focus of this study, the discussion of the "Southern Question" will not be expanded here, but Pontrandolfo (2013:66) further points out: "It is interesting noticing that the negative image of Southerners and the equally negative (image) of the *Zingari* was constructed in the same time and according to similar modalities . . . In the same moment that the stereotype of the Neapolitan (as Southerner) was established was also established that of the Neapolitan "Gypsy" (*Zingaro napoletano*)" (Pontrandolfo 2013:66). As a result, Roma and Sinti in certain areas of Italy can be vulnerable to double, or multiple, forms of discrimination (Burri and Schiek 2009; EIGE 2017).

Different types of discriminations are mentioned by many authors (Colacicchi 1996; ERRC 2000; Cerchi and Loy 2009, Rizzin 2009; Clough Marinaro and Sigona 2011; Rizzin and Bertellini 2011, 2012; Solimene 2011, 2015; Rossi 2009, 2010, 2016; Spinelli 2012, 2016; Manzoni 2016). Stereotyping, particularly characterising Roma as *nomadi* or *Zingari,* or in limiting concepts of identity (Bíró, Gheorghe and Kovats 2013; Hancock 2001, 2004, 2008, 2015) provides a rationale for such discrimination even in policy-related regulation (Sigona 2002; Gheorghe 2010). Catalano (2015) identifies a number of authors who have investigated the susceptibility to discrimination of Romani people under current policies and social and economic conditions (Piasere 2004; Sigona 2002, 2003, 2005, 2006, 2009; Conte, Marcu and Rampini 2009; Vitale 2004, 2008, all cited in Catalano 2015:30). Two publications of particular significance are Sigona (2003), who focuses on the use of language in public discourse with particular reference to "labeling" and policy making, noting how this process of "othering" plays a role in the construction of bureaucratic identities (Catalano 2015: 30); and Costi (2010:15), who focuses on the "criminalisation" of the Roma in Italy through right-wing populism which stokes fear of the "other" to gain public support for anti-immigrant and anti-Roma reforms. In this way, political discourse and government policies have helped to (re)construct the electorate's needs, increasing hostility towards Roma people and further segregating them from mainstream society (Catalano 2015: 30).

Lapov (1998), Leschiutta and Marta (1990) and Marta (1996) as well as Pontrandolfo and Piasere (2004 Vol. IV) in their edited volume, all discussed the migration of former Yugoslavian Roma to Italy and the creation of new stereotypes on top of pre-existing

stereotypes, making them a minority which is hard to define. Monasta (2004:3-16), who mapped the presence of former Yugoslavian Romani people on Italian territory in 2001, encountered some of these definitional problems. In his research, he included some families that were not living in settlements but in rural homes, while he excluded some that were living in state housing or apartments, as well as, Italian Roma and Sinti. Sigona (2002:22), in a precursor to his later works (2008, 2009, 2011), examined television reports on the arrival of Kosovarian Roma to show officials asserting that "on these boats there are false refugees who want to exploit our generosity. They pretend to be Kosovarians while in reality they are nomads". Such attitudes, particularly when emanating from officialdom, seemed to place the fleeing Roma in a no-win situation, implying that they could not be seen as refugees like their compatriots.

The eclectic Italian ethnographic literature considers cultural issues as well as historical and political ones. Sacco's (2004:211-228) study of begging spoke directly to one of the themes introduced by my Romani participants: a theme also discussed by Trevisan (2008), Piasere (2000), Simoni (2000), Tauber (2000; 2008) and Setti (2013) in reference to the Sinti from Trento. Sacco (2004:211) describes the practice as both an activity of economic livelihood but also as oriented to consolidate family ties and interrelations with non-Romani people. Sacco (2004:228) further suggests that through this practice, the Roma renegotiate their cultural identities by using and symbolically overturning stereotypes.

Regarding questions of group identity and nomenclature, Vol. IV of "Italia Romaní" (Saletti Salza and Piasere, 2004:311-340) reprinted an article by Rade Uhlik (1955), translated from Serbo-Croatian to Italian by Dedić and Saletti Salza, on the names and dialects of several Romani subgroups from Yugoslavia and beyond. Some of these names, such as *Bojaša (Bbjaša); Bugarja, Kalderaša; Kotlarja (Kotlajra); Čergari (Čergaša); Bunkulješi (Bbunkulješti); Kalajdžija; Mršari; "Srpski Cigani",* were mentioned by participants in this study while trying to provide personal definitions of who constitutes a Romani person. Other sources refer to name-definitions such as *Dasikanè* or *Napulengrè* (Amadei *et al.* 1994:29; Karpati 1988) which anticipate more recent discussions by Marushiakova and Popov (2013a, 2013b, 2016; see also Marushiakova 1992).

Both Italian and international ethnographic literature also contributes to knowledge of internal Roma law and social regulation (Acton 2003; Weyrauch 2001, Karshan 2013; Barnes 2003; Spinelli 2012, 2016). Piasere (2005) in an interesting article on "The Peace men of the Xorahané Roma" discusses the "Gypsy tribunal", Romani customary law in regard to the *plešnóra* (peacemakers) and the reconciliation procedure to "calm the blood" (*te pajtisar o rat*) (2005:33) or to enact a preventive intervention to avoid the shedding of blood. The role of the "blood" for a community of Gitanos from the south of Spain was also examined by Manrique (2008) in regard to procreation and wedding-alliances and Gay y Blasco (2011) referred to the "Gitano law". Finally, Marushiakova and Popov (2015:217-9) discussed the importance of taking an oath of perjury in the context of the Roma tribunal, which reaches verdicts by "consensus" of its member on disputes within Roma communities concerning economic interests, family issues or moral or ethical concerns.

Similarly, discussion of youth issues for Roma in Italy typically draws on an international literature. Saletti Salza (2003) has investigated the lives of Bosnian Roma children in the camps of Turin. Barbuto (2014) and Daniele (2013) have explored issues, including frequent episodes of discrimination, faced by Roma youth. Vivaldi (2008) and Setti (2013), in considering education, formal and informal school participation, inter-relations between communities, and empathy contrasted with cultural (mis)-understandings have both drawn upon Clark and Cemlyn (2005), and Fader and Hussey (1990) in their discussions of Romani, Gypsy and Traveller children and their social vulnerability and poverty risks. Carlisle (2004) discussed sensitive cases of Romani minors taken into state custody (which she defines as "theft") by institutions for being "too pretty to be a Gypsy"; for living in "unsanitary living conditions"; or for being considered victims of "exploitation of minors" and "abandonment" by family members. Saletti Salza (2010) investigated the cases of Romani and Sinti minors declared "adoptable" by the Italian courts. Tosi Cambini (2008) wrote about stereotypical imaginings linking Roma to the image of the criminal "abducting children", noting that such rooted prejudices (emerging in narratives, complaints and even verdicts) can be dangerous as evidenced also in the incident report by FRA (2008) on the violent attacks on a camp housing Romani people in the Ponticelli district of Naples by a mob motivated by the unfounded allegation that a teenage Romanian Romani girl had attempted to kidnap a local Italian child.[10]

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[10] Angelica Varga was a Romanian Romani teenager tried in the Tribunal of Juvenile Justice of Naples and controversially sentenced to incarceration for 3 years and 8 months (Pizzuti 2009, Soccorso Legale 2009 a-b, Saudino 2009) The case is discussed by Pizzuti (2009), Soccorso Legale (2009 a-b), Saudino (2009) and

Rossi (2010) in her doctoral study, thoroughly explored a number of important issues regarding the literature on Roma/Gypsies/Travellers (RGTs) that proved useful for her exploration of the camp-settlements of the Italian capital. Rossi acknowledged the contributions of authors affiliated to the *Gypsy Lore Society*: an international association interested in Gypsy and Traveller Studies, founded in Great Britain in 1888 and based in the USA since 1989, that publishes *Romani Studies* (formerly the *Journal of the Gypsy Lore Society*) twice a year, as well as producing a quarterly *Newsletter* and other occasional publications.

Importantly, however, Rossi (2010:43) points out that these publications are too often external to the Italian context, and cannot be used to make comparisons between British and Italian settings, because "the Italian case (is) peculiar". Rossi's literature review, then, primarily considers sources on the Roma produced by Italian authors, regarding topics which are specific to Italy, or in some cases, to individual regions of Italy. I follow Rossi in treating work on the Roma outside Italy with some caution, because the significantly different legal, cultural, social and economic circumstances in each country mean that direct comparison is problematic and potentially misleading. Like Rossi, I therefore focus primarily on work produced in Italy about Romani communities situated in the Italian territory.

Rossi (2010:44) points out that when we consider the relevant Italian literature related to the Roma, we find that, in addition to "pure" academic literature such as that discussed in the previous section, there is an important supplementary production of publications circulated in Italy in regard to Roma and Sinti. This literature was mostly collected by *Don* Bruno Nicolini in the review *Lacio Drom*, published by *Centro Studi Zingari* of Rome. *Lacio Drom* was created at the University of Padova in 1965 and shifted to the capital a few years later (Rossi 2010:46).[11]

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also Del Gaudio (2012) who recalled that Angelica's appeal to the court was rejected due to her "Romani ethnicity" (*Fully inserted in the typical schemes or Romani culture*) which made her "incline to reiteration" (see the original verdict by Tribunale per i Minorenni di Napoli 2009a-b; see also: Fittipaldi 2009, Piasere et al. 2009). Furthermore, Del Gaudio (2012) reported Angelica's words following her release after serving her sentence when she was almost twenty years old. She said: "It hurts too much seeing again those places, for years I have rehearsed inside of me that scene, the gate that opens, the steps, the man that grabs my arm, someone asking me to sign papers that I rightly did not sign: because I, have never seen that little girl in the stroller one time in my life" (Angelica Varga in Del Gaudio 2012).

[11] Nicolini was a priest, 'Don' being his ecclesiastical title.

Nicolini was the founder of the Roma advocacy group, "Opera Nomadi": created in Bolzano as a local organisation in 1963, it became a registered Foundation in 1970 (Rossi 2010:46). During the same years, the pedagogist Milena Karpati, at the University of Padova, coordinated the first training for teachers involved in *Lacio Drom* special classes for Roma and Sinti and also the *Lacio Drom Review* (Rossi 2010:47). One particularly meaningful quotation is chosen by Rossi to clarify Karpati's position in regard to the issue of special classes:

> "…special classes had been adopted not because we think that Roma children are subnormal, psychologically ill or because they carry out handicaps…(but) because it is the formula which allows us a larger flexibility in the formation of classrooms" (Karpati 1989:9, quoted in Rossi 2010:49).

The adoption of special classes, then, appears at times to have been used innovatively to stretch the legislation in regard to students' ages, timetables and calendars for the teaching year.

Claudio Marta, my mentor at University of Naples L'Orientale, who passed away in December 2008, provided a further contribution on the role played by Centro Studi Zingari and Opera Nomadi in his final publication (Marta 2005). A local branch of Opera Nomadi was for many years, the dominant NGO engaging with Roma in Naples, where it still operates and occasionally produces some publications (e.g. Opera Nomadi 2003).

The Neapolitan branch of Opera Nomadi was founded by a teacher: Anna Maria Cirillo, also known as "Nanà", who passed away on 16th September 2003, and to whom a centre for intercultural dialogue, diversity and integration "Centro Interculturale Nanà" is now dedicated. This institution was established in 2004 by Nanà's work-partner, the educator Leonarda Danza. The Centro Interculturale Nanà is related to the social cooperative, Cooperativa Sociale Dedalus (2017). When Nanà passed away, the work of Opera Nomadi Naples was continued by some members of her original group, who embarked upon third sector activities or otherwise moved to placements with the institutional offices appointed to work on "Roma issues". Following Nanà's death, a limited-edition publication about her, including the final salutation of her political comrades, the former Mayor of Naples, Rosa Russo Iervolino and the city's Councilor for Social Affairs, Raffaele Tecce *et al.,* was circulated in May 2004, to commemorate and to pay tribute to her political and social contribution to Romani communities.

After Nanà's death, the board of the local organisation was put under the direction of a group led by the President, Marco Nieli, author of a collection of narrations (2011) *A Nuie ce Dispiace sul´ p´e Zoccole* (We are sorry only for the rats).[12] Nieli described his publication as being about "the last of the least...usually perceived as a brute and amorphous mass that it is necessary to defend against by using all means: legal, illegal or ultimate 'purifying' fire". By fictionalising actual events, the book effectively makes the point that the institutional policies adopted did not genuinely address the problems faced by Roma, but rather worked to reinforce the political consensus, occluding the more complex and disturbing realities which included pogroms and humanitarian emergencies in Campania Region and in the city of Naples (IBS 2011).

Finally, it must be said that in addition to the academics and professionals who joined the review *Lacio Drom,* and the contributors whose works were gathered by Piasere in his series "Italia Romani", discussed in the previous section, there are some other contributors that should be particularly noted. These include the sociologist of intercultural relations Roberto De Angelis (1990; 1991a, 1991b; 1993; 2008; 2009), who taught at the University of Naples *L'Orientale* and then the University of Rome *La Sapienza,* where he still works on extreme urban poverty and social exclusion, and the eclectic Marco Brazzoduro (1995; 2000; 2005; 2009; 2010; 2014; 2016) retired Professor of Social Policies at the Department of Statistics, University of Rome *La Sapienza*, who has been highly involved in pro-Roma activism at a range of different levels.

Following this generation of scholars, there are a number of academics, now migrated to different European countries, such as the sociologist Tommaso Vitale (Bezzecchi, Pagani and Vitale 2008; Vitale 2009a; 2009b; Vitale 2011); whose work is dedicated to institutional policy responses in reference to encampments (similar interests are expressed by his student Chiara Manzoni 2016a, 2016b); Nando Sigona (2002; 2006; 2008; 2009; 2011; 2014), former student of Claudio Marta (1990; 1996; 2001; 2005), Monica Rossi (2009; 2010; 2016), former student of Roberto de Angelis (1989; 1991a; 1991b, 1995; 1996; 2006). We find an analysis of camp reality (government, third sector and residents) also in

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[12] The title is in the Neapolitan language. 'Rat' (*zoccola*), in Neapolitan, is a derogatory term used to describe a filthy person, and is also used as a derogatory term for a woman, analogous to the use of terms such as 'bitch', or 'cow' in English. The title uses crude language to suggest that rats are seen as more important than Roma people.

Armillei's (2015) paper, which pinpoints the abnormality and uniqueness of the Italian experience. The author observes that:

> "…Italy is the only country whose official policy is to institutionalise its Romani population inside urban "ghettos" (Clough Marinaro 2009). Analysing this context reveals a series of anomalies resulting from the simultaneous interplay of several agencies. The growing attention to Romani-related issues, both nationally and internationally, led to the establishment of a complex system that a range of actors found appetising: private and public, left- and right-wing political alignments; Roma and non-Roma. The Roma's current situation has thus been produced by a mix of interrelated factors: a highly politicised issue characterised by bipartisan convergence; the CSOs' dependence on welfare and an incapacity to act in the interests of its Romani beneficiaries; and, finally, a failure to understand the attitude of the Romani peoples as an act of "resistance".

In a recent paper, Armillei (2016) develops the theme of resistance, but notes that resistance operates within an assistentialist framework which is accepted by both Roma and NGOs, which leads competition between different Roma families to become a significant motivating force.[13] Similarly, Provenzano (2014) notes that not only are Roma in Rome oppressed by the Italian state, but that the conditions under which the state forces the Roma to live facilitates the exploitation of some Roma by other Roma. Solimene (2013), in his study of Bosnian Roma in Rome, notes that they avoided open political resistance to the marginalising policies of the Italian state, rather using more subtle tactics to maintain a level of autonomy from state power. Piasere (2005:189-190), drawing upon Asseo (1989), characterises the "people of the dumps" as "resistant peoples". Solimene (2013:182), however, suggests it may be misleading to characterise such tactics in Scott's (1990) terms as "resistance" – the weapon of the weak, because the Roma do not consider themselves to be weak. On the contrary, they look down upon the foolish *gadje* who they believe they are manipulating.[14]

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[13] "Assistential" is a term that has been used to describe the *modus operandi* of governments or NGO's who provide assistance for vulnerable groups which is highly visible but largely ineffective, and which keeps service-recipients trapped in dependency mechanisms (see Chapter 5 for further discussion).

[14] The term "Gadje/Gadge (non-Roma) a gadjo (n.) gadje/gadge (pl.) gadje/gadge (adj.) refers to "Non-Roma" in Romani...This is the name which Roma apply to those outside their community" (COE 2014: 10).

Some of the academics interested in Roma and Sinti in Italy gathered in Bolzano on March 17th, 2014, at a workshop convened at the local University by Elisabeth Tauber, Secretary of the *European Academic Network on Romani Studies* as part of a European Union/Council of Europe Joint Programme (2011-2015) which produced a report written by Tauber, Trevisan and Daniele (2014). This was a significant event because it brought a number of the younger generation of researchers together with senior academics and non-academic practitioners, both Roma and non-Roma. This event may serve as a model for future engagements in its inclusive form, although such events also require the participation of Roma and Sinti academics to be fully inclusive.

Finally, it worth remembering that in the body of non-academic literature and literature that is not exclusively academic, some sources have been particularly important. These include the Roma Virtual Network (RVN) initiated by its editor, Valery Novoselsky (1970-2016) in 1999; ERRC, ERIO, ERTF; and Romani Criss. The Italian OsservAzione (http://www.osservazione.org/) of which Pietro Colacicchi, who died on 12 August 2014, was co-founder and first president, and with which several other academics including Sigona collaborated; and Mahalla (Sivola.net), set up by Fabrizio Casavola who died on 26 May 2015, are also highly relevant.

To sum up this section, literature from Romani studies going back well over a century in Italy shows a consistent pattern of Roma presence in the country, but also of discrimination and marginalisation based on remarkably durable stereotypes of Roma as criminal and potentially dangerous "others". Equally durable has been a pattern of Romani adaptation and resistance to, or circumvention of the overbearing power of the Italian state, as well as (increasingly), the development of collaborative academic/ community partnership engaged in the production of critical literature which challenges normative dominant stereotypes of the Romani population.

Having presented a broad overview of literature relevant to the Roma in Italy, I will briefly (in Section 2.5) consider literature specifically relevant to the health of Roma communities. Firstly, I turn to broader conceptions of health and well-being in academic discourse.

2.4 Social Determinants of Health: Freedom and Control

In 1926, Dr. Andrija Štampar defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease" (Huljev and Pandak 2016:13).

The WHO (1946) popularised Štampar's concept by using it for its official definition of "health", thus making it a constituent principle of the organisation. The recognition of social well-being as an aspect of health has led to an increasing interest in social determinants of health, which may be seen as converging with the insights of medical anthropology discussed above. Such an approach does not always fit easily with the classic western medical tradition which sees the body as a machine and illness as a defect to be fixed. Kleinman (1980:32) observes that:

> "The ingrained ethnocentrism and scientism that dominates the modern medical and psychiatric professions follows the paradigm of biomedical science to emphasize in research only those variables compatible with biological reductionism and technological solutions, even if the problems are social ones."

In considering what these social problems might be, Marmot, in the second edition of his pivotal work (Marmot and Wilkinson 2011), focuses on "the causes of the causes". For example, noting that smoking is an important cause of premature disease and death, he asks: what are the social determinants of smoking? (Marmot 2011:3). As Marmot and other researchers gathered evidence from a range of sociocultural contexts, they increasingly focused upon inequality as the key social determinant of health, underpinning many harmful health practices as well as outcomes of organic diseases. Crucially, this was found to be the case even when those of lower social status were not materially lacking in nutrition, shelter or other essentials of life. For example, British civil servants in Whitehall all enjoyed adequate salaries and middle-class lifestyles, and yet, statistically, lower-ranking employees suffered significantly worse health and died younger than senior managers (Marmot 2015:11). Marmot's collaborator, Wilkinson (2011:341) notes that:

> "Social status is linked to health not simply through the direct physical effects of exposure to better or worse material conditions. It is also a matter of position in the social hierarchy, people's experience of superior and dominant status versus inferior and subordinate status, coupled with processes of stigmatisation and exclusion of those nearer the bottom of the hierarchy."

Wilkinson (2011:342) goes on to observe that it is difficult to analytically separate the effects of material deprivation from those of social subordination because, amongst

humans, as with other animals, allocation of resources is a function of power. He draws upon Shively and Clarkson (1994) and Sapolsky (1999) to show, however, that:

> "experiments with non-human primates, in which social status is manipulated and high- and low-status animals get the same diet and live in the same compounds, have not only shown that there are clear stress effects of social position, but also that these effects are sensitive to the exact nature of the social structure" (Wilkinson 2011:342).

Wilkinson (2011:342) identifies the experience of lack of control, deriving from subjection to the power of higher-status individuals, as the crucial stressor in both human and non-human primates. He observes that natural limitations on our capacities, such as humans' inability to fly, are not in themselves stressful. "The stressful limitations are limitations on personal autonomy which reflect our subordination to others". Wilkinson's focus on autonomy is useful both in understanding the effects of an overbearing government bureaucracy on Roma people, and in understanding the value that Roma place on freedom and autonomy in their working-lives.[15]

Other work conducted within the paradigm of SDOH may also be relevant to the Roma in Naples. Focusing on the relevance of environment, Stafford and McCarthy (2011:304) assert that "Multilevel studies suggest that a run-down built environment is associated with poorer perceived general health" whilst investigating the impact of race in the UK and USA. Nazroo and Williams (2011:240) find complex but statistically significant variations in the health of different "racial" groups, and conclude that "an adequate understanding of racism is fundamental to an understanding of ethnic inequalities in health". The now extensive literature on SDOH, then, supports a broad approach to well-being and ill-being amongst Roma in Naples, that considers environmental, social, psychological and cultural aspects of health.

2.5 Health and Well-Being amongst Roma in Italy

The ethnographic literature reviewed in Section 2.3 does include some important descriptions of health behavior, especially by Trevisan (1996; 2004), who comes close to the concerns of the present work. However, most of the literature on health comes from a

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[15] The significance of "freedom" in relation to health will be considered in detail in Chapter 7.

very different perspective, either clinical or administrative, even though it tries, in its own way, to be holistic and not narrowly clinical.

Most descriptions of this holistic orientation start with the World Health Organization's (1946) preamble to its constitution, establishing that health is not only lack of physical diseases. Such an approach was echoed by the Roma participants in this study (see Chapters 6-7) and also some of the non-Roma (see Chapter 8). The WHO (1946; 1986; 2008; 2010) underlines that "health" (in a wider sense) should be always promoted and protected (WHO 1986) by ensuring that that the daily living conditions of individuals are ameliorated, because "health" in a broad sense, inclusive of "well-being", is affected by social determinants, as demonstrated above. Hence, due to disparities in social determinants, there are also disparities in health equity (WHO 2008). To limit these inequalities, it is therefore necessary to improve people's living conditions (WHO 2010).

Because the reasoning behind this ethnographic study is to approach health as including both clinical and non-clinical statuses which often correspond to the perception of "well-being" (as in being "well"), this section of the chapter first considers aspects of health that have to do with local community access to clinical healthcare. In so doing, I review regulations and policies enacted by national and local health providers, to see to what extent the former Yugoslavian Romani community from Scampia could access "clinical" health services with consequent impacts on their health status. At this point, the study intersects with literature on general health rights, (as applied particularly in Italy and in the local setting), for all citizens and non-nationals, including the poor, the homeless, and, in this case, the Roma living in an illegal but tolerated settlement, who are undocumented, poor and lacking permanent residence (similarly to the homeless, see Mareleo 2005).

The literature reviewed for this section includes official publications such as *Ageanas*, produced by the National Agency for Regional Health Services, (2011, 2013); *BURC*, the Official Bulletin of the Region of Campania (2014) dealing with payments of a contribution (or shared-participation in costs) or exemption by all patients and (AIFA, 2016) shared-participation in the costs/or exemption to obtain medicines.

At each geographical level, state organs produce their own regulations and reports. For example, the ASL (Local Health Provider) Napoli 1, of the Region Campania, and within

that Region, Medical District 28 to which this Romani community belongs, both produce their own reports (ASL online, n.d.) as do SASCI/*U.O Attività Sociosanitarie Cittadini Immigrati*, the Task Unit for Social-Health activities for Immigrant Citizens (Buondonno *et al.* 2015).

In Chapters 4-7, I compare the bureaucratic ideals set out in such reports with the lived reality of access to health services by the Roma. However, even within this official literature, there are contradictions between the idea of universal laws and regulations on human rights existing for all citizens, and the fact that in some cases, laws seem to be stretched or bent to legitimate access to services, including but not limited to health services, by Romani people that have specific problems. Academic reports in several fields about the situation of the Roma, Sinti and Caminanti play a key role in this legitimation as is pointed out by many of the authors gathered together by Bonetti, Simone and Vitale (2011) in a 2-volume collection, *On the Juridical Conditions of the Roma and Sinti in Italy,* which touches a great number of topics and multi-disciplinary issues. Between them, these authors present a devastating analysis of the role played by discrimination and stereotyping in the way policies regarding social problems faced by Romani people are framed and implemented, causing significant difficulties for Roma seeking to in avail themselves of already existing laws which should support service access.

The NIS and related Action Plans (especially in reference to health, also in a broader perspective) are an example of how an inter-disciplinary approach can be used to address issues which generate new policies (such as: Italian NIS 2012 Ministero della Salute/Ministry of Health 2015). The development of these new social policies, however, too often leaves out the voices of the Roma. Their views on what they need to improve these "determinants" of health and well-being in laws and social policies are accordingly largely absent from a general literature which contains very little on the Roma by the Roma, especially in the local context.

Monasta (2011) after conducting a thorough review of the existing literature on Roma health and well-being concludes that the results are scanty, and it seems to be not exclusively a problem related to "indicators" of health inequality and disaggregated data. The problems also relate to the fact that the emerging results, too often, do not identify

priorities and needs of these populations. These are identifiable only individually or in relation to small groups because they change from situation to situation and from time to time. This variability suggests the need for numerous case studies.

There is a social distance between those who carry out the research and those who are at the centre of the research and are supposed to be beneficiaries of its results. Thus, unless we allow full participation by the Roma in the entire cycle from research design to policy shaping, the literature on the Roma is likely to remain deficient (Mc Kee 1997; Clark and Cemlyn 2005) with evident "missing contributions". Indeed, despite the contributions provided by the Croce Rossa Italiana (2012); Fundacion Segredariato Gitano (2007); Geraci *et al.* (2007; 2011); Monasta (2005; 2011) and Ricordi *et al.* (2012), the health and well-being of individuals living in the Italian nomad camps still remains "a plight that worsens" (Lowenberg 2010). Serini (2011) suggests that this remains the case in Scampia. The issue of access for Roma to medical care for clinical conditions was raised almost two decades ago, but policies were implemented in an uncoordinated way with little knowledge of Romani-specific issues and little participation by Roma in the original decision-making process.[16] This is something that, after two decades and many suggestions from Romani and pro-Romani NGOs, academics, and international institutions, could now be improved. This study seeks to add to the body of evidence to support such calls in relation to improved collaborative practice around Roma health status.

The analysis provided by Serini, 2011 is particularly important because it collected quotations gained from service-providers: officials in charge of Roma issues in their respective fields, in the local area appertaining to Scampia "Old Camp". This source can therefore provide additional information supplementing that gained from interviews with service-providers during this research.[17]

Finally, and importantly, it must be noted that the discourses in the literature reviewed above typically revolved around clinical medical conditions whereas the discourses of the Roma themselves often addressed much broader themes. Trevisan (1996), in her anthropological work on the health of Croatian Roma living in a trailer-court in a northern Italian city, pointed out "methodological deficiencies" that emerged in the health studies she consulted. Trevisan (1996:207) underlined that the "Gypsies" generally faced

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[16] See Chapter 8.
[17] See Chapter 8.

"disastrous health conditions" due to a number of factors including health habits, consanguinity and marginality, accompanied by their scarce use of health services as a result of generic cultural differences, different approaches towards illness, and mistrust towards the *gadje*. But for Trevisan, "methodological deficiencies" in existing literature began with the understanding of "health", or its absence, as the starting point. In fact, no Roma recognise their group as particularly subjected to illness or poor health compared to the *gadje*, or that their community have a short life expectancy. On the contrary, Roma think that is the health of the *gadje* that is at risk because of their promiscuous behavior and yet deficiency in procreating children, a context in which health, fortune and well-being are seen to reside (Trevisan 1996:208-9). Similar issues have previously been raised with very different Romani groups in very dissimilar environments by Okely (1983) in the UK and Sutherland (1992), in the USA. Trevisan (1996:212) suggests that "the Roma were complaining that the medicines prescribed to them were "not working": that they did not produce the desired effect, because the doctors were unable to understand what was suitable for their bodies.

Tullio Cataldo's (2015:39) study of the suffering and interior pain faced by youths and adults residing in "nomad camps" pointed out that children coming from the settlements reported nervousness, agitation, shame, fear, physical pains, tiredness and even tendencies toward suicide or self-harm. The author concluded that:

> "isolation and difficulties in establishing socio-emotional connections external to the camp-reality make this space swallow up the identity of its residents that become unable to project an exit or other individual plans becoming passive in regard to his/her own life".

The Roma I interviewed in the course of this research made evaluations in similar terms, describing the difficulties they faced in terms of feelings of disorder, or disorganisation, firmly imparting this sense of ill-being to the conditions in which they reside.[18]

2.6: Disorder as Concept and Experience

Benda-Beckmann and Pirie (2007:1) observe that whilst anthropology had a long-standing interest in how societies maintain order, particularly in the absence of a "state", the focus

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[18] See Chapter 7.

had, in recent years, turned more towards relations of power, domination, violence and conflict: in short, towards processes of disorder. Benda-Beckman and Pirie (2007:1-2) note that "order" may have different meanings in different contexts, but may include the absence or containment of violence; the existence of shared norms; and a sense of security and predictability. Although all of these can be seen as relevant to this study in some ways, it is the last of the three – a sense of security and predictability – or rather, its absence – to which Roma research-participants are referring when they speak of "disorder". Benda-Beckmann and Pirie note that whilst "the state" may base its claims to legitimacy upon its capacity to maintain order, several of the contributors to their (2007) edited volume observe that the state may not live up to that responsibility and can also become the source of disorder (Just 2007; Meeker 2007; Spencer 2007). As we will see, in the cases examined in this study, it is the state's willful or careless neglect of its responsibilities to those living within its borders that produces most of the situations of disorder with which Romani people in Naples must cope.

2.7. "Coping" with Disorder

"Coping" is a concept which has been important in psychology since Samuelson's influential 1966 book, *Psychological Stress and the Coping Process* and has also been adopted by anthropologists in a variety of contexts (e.g. Bodruzic 2016; Boissevan 1996; Elman and Gilbert 1984; D'Amico-Samuels 1988). Samuelson (1966) sees *coping* as a process or set of strategies by which people deal with unavoidable stresses. A number of related definitions have been developed by Samuelson and others in later works. Samuelson and Folkman (1984:138) distinguish "coping" from mastery of the environment, pointing out that not all sources of stress are amenable to mastery and suggesting that strategies that allow stresses to be tolerated, minimised, accepted or ignored are just as important as problem-solving responses aimed at mastery. In an important related point, Samuelson and Folkman (1984:133) distinguish the process of "coping" from its outcomes – noting that coping is not always successful. Indeed, coping strategies can fail and produce more problems. An example of this which is found in this study and in many other studies of marginalised groups is the person who turns to self-medication: using alcohol or other drugs to help cope with stress, only for addiction to become an additional stress on themselves and those around them. Samuelson and Folkman (1984:141) go on to define "coping" as: "constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources

of the person". White (1985) defines coping similarly, but more simply, as "adaptation under relatively difficult conditions". Samuelson also acknowledges that there are cultural variations both in the ways that stresses or threats are perceived (1966:22-3) and in the ways that they are responded to (1966:202-3). Some of the stresses to which Roma people are subject may stem from attempting to challenge the peculiarities of Roma traditional law, whilst many others result from the ways that Roma are perceived and engaged with by broader Italian society. Moreover, different Roma people may respond differently to similar stresses as a result of their own particular kin-group traditions or personal life experiences. Acknowledging such variations is important in cautioning against any tendency to generalise about "Roma coping strategies". Nevertheless, the concept of coping is useful in understanding how particular individuals respond to the particular situations in which they find themselves. Much of the ethnographic material in this study describes Roma people coping with "relatively difficult conditions", but coping strategies are given particular attention in Chapter 6.

2.8 Where are the Gaps?

The most significant evidence that there is something missing from the frameworks being used to understand issues around Roma health and well-being in Italy is that the same complaints occur again and again in the literature. There is a gap between administrative understanding and the ethnographic approach. This lacuna manifests in the space between the holistic, preventative approach to health which is expressed in the higher policy documents, and the narrow application of clinical and professional practice, which leaves crucial broader issues unaddressed. In large part, I suggest, these gaps arise because the voices of the Roma are missing from the dominant discourses and thus the methodology within the present research was determined by the need to bridge these spaces.

Chapter Three: *Methodology*

SUMMARY OF CHAPTER 3: This chapter describes the research methodologies adopted in the study and explains the rationales for their selection. The chapter goes on to detail the ethical issues encountered in relation to working both with Roma and non-Roma participants who were potentially vulnerable in different ways, and the solutions adopted. Finally, the chapter describes the procedures used for data-analysis.

3.1 Qualitative Research

As explained in Chapter 1, the primary aim of this project was to allow the voices of the Roma themselves to be heard in regard to their own health and well-being. This goal could only be achieved through long-term and in-depth qualitative research, in which the initial building of trust is a crucial element. Qualitative research engages with the subject of study in a way that allows for the wide exploration of different dimensions of research and which gives space to the understanding and imagining of the social context of the object of study (Mason 2002). It is however difficult to establish a definition for "qualitative research" because these methodologies can encompass "any type of research that produces findings not arrived at by statistical procedure or other means of quantification" (Strauss and Corbin 1998:10-11). Such research may:

> "refer to research about persons' lives, lived experiences, behaviors, emotions, and feelings as well as about organisational functioning, social movements, cultural phenomena and interactions between nations. It is multidimensional and complex, intimate and very well able of producing … cross-cultural generalities, rather than aspiring to more flimsy de/contextual versions…Some of the data may be quantified as with census or background information, but the bulk of the analysis is interpretative" (Strauss and Corbin 1998:10-11).

The interpretation, the understanding, the construction of the social world can also be flexible and sensitive, and based on methods of data generation that might be totally abstracted from "real life" led by theoretical ideas or based on building arguments on the base of grounded and contextual understanding (Mason 2002:3).

Mason (2002:3) notes that "the range of traditions which have some kind of interest in qualitative research does not dovetail neatly into one uniform philosophy or set of methodological principles". Despite the existence of tensions, contradictions and fragmentation within different approaches to qualitative research (Denzin and Lincoln, 1998:31) such approaches allow the researcher to think broadly and creatively, without limiting the possibilities of gaining data that might help to provide details relevant to the intellectual puzzle (Mason 2002:27). In fact:

"There is no single, accepted way of doing qualitative research. Indeed, how researchers carry it out depends upon a range of factors including: their beliefs about the nature of the social world and what can be known about it (ontology), the nature of knowledge and how it can be acquired (epistemology), the purpose(s) and goals of the research, the characteristics of the research participants, the audience for the research, the founders of the research and the position and environment of the researchers themselves" (Snape and Spencer 2003:1).

3.2 Ethnographic Participant-Observation

The particular form of qualitative research central to this study is ethnographic participant-observation – a methodology which has been central to social anthropology since Malinowski's (1922) seminal work, *Argonauts of the Western Pacific*. In his early work in the Trobriand Islands, Malinowski noted that while he was able to gather "concrete data" such as genealogies and a village census (1922:5), by "statistical documentation" (1922:24), this data was no more than "dead material" as long as he was unable to "get the hang of tribal life" and had no real comprehension of how it was understood by the Trobrianders (1922:5). Malinowski (1922:5) soon concluded that information gathered from Europeans living locally was of very limited help, since their observations were coloured by their own prejudices and preconceptions. Malinowski concluded that if he was to "get the hang of tribal life", he needed to live amongst those he was studying, so that his presence was taken for granted, and those he was studying ceased to be "interested or alarmed, or made self-conscious" when he appeared. Only by daily interaction with the Trobrianders could Malinowski learn the meanings they attached to their lives and discover what was important to them, acquiring "the feeling" of Trobriand ways (1922:8) and an understanding of "the imponderabilia of everyday life" (1922:18). Whilst Malinowski's approach has been critiqued from various perspectives in the century since the publication of *Argonauts*, and

ethnography has had to evolve into a range of different forms as anthropology engaged with increasingly varied societies, including modern western society, the method of ethnographic participant-observation remains central to anthropological enquiry.

Hammersley (1990:7) emphasises the interpretive facet of ethnography, noting that human actions differ from the behaviour of animals, since they do not consist of fixed or learned responses to stimuli but involve their "interpretation" and the subsequent "construction" of responses. Hence, to explain human actions, it is necessary to understand the cultural context in which they take place (Hammersley 1990:8).

Ethnographers indeed argue that studying the social world in its natural setting avoids the disturbance of artificial settings of the kind that psychological experiments or statistical surveys and other quantitative methods can create, enables sensitivity and appreciation of the natural context in which things happen, thus respecting the social world of participants (Hammersley and Atkinson 1995:6). This can be done only through first-hand contact with the research site and participants, because the events and processes must be explained in terms of their relationship with the context where they occur (Hammersley, 1990:7). According to Piasere (2002:45) "the interpretation process in ethnography represents a particular type of experiment: an experiment of experience". This perhaps indicates that the gulf between qualitative methods and traditional scientific theory is not as wide as sometimes imagined. According to Hammersley and Atkinson (1995:8):

> "Naturalism suggests that in order to understand people's behavior we must use an approach that gives us access to the meanings that guide that behaviour …. As participant-observers, we can learn the culture or subculture of the people we are studying. We can come to interpret the world more or less in the same way they do."

Hammersley and Atkinson (1995:8) describe this form of understanding as *verstehen*: a term they derive from Max Weber, referring to the social scientist's attempt to comprehend both the intention and the context of human action. *Verstehen* means "to understand, perceive, know, and comprehend the nature and significance of a phenomenon. To grasp or comprehend the meaning intended or expressed by another" (Elwell 2010:39).

One significant change which has occurred over time, in ethnographic approaches to understanding the meanings of others, concerns the issue of approaches to objectivity. Whilst Malinowski (1922:3,6,9) emphasised the "scientific" character of ethnographic knowledge, implying objectivity, a number of influential anthropological works published during the 1980s, under the influence of postcolonial and feminist scholarship, (Marcus and Cushman 1982; Clifford and Marcus 1986; Marcus and Fischer 1986) questioned the extent to which the work of Malinowski and other canonical anthropologists had been objective and challenged the possibility of ethnographic knowledge ever being objective. As a result, anthropologists have rejected the idea that personal values and beliefs should be left out of the research process to respect the notion of objectivity (Ritchie and Lewis 2003). Rather, ethnography is seen as involving a practice of continual re-interpretation which supports the process of 'active-reflexivity', the constant critical thinking of the researcher in revaluing his-her own actions in the research process, accepting that researchers "cannot be neutral, objective, or detached, from the knowledge and evidence they are generating (Mason 2002:7). Rather than claiming detachment, ethnographers today are expected to "seek to understand their role in that process" (Mason 2002:7). In accordance with what Hughes calls "the humanistic model of social research" (Brewer 2000:33). Denzin and Lincoln (2005:3) assert that:

"Qualitative research is a situated activity that locates the observer in the world. It consists of a set of interpretative, material practices that make the world visible. These practices transform the world. They turn the world into a series of representations, including fieldnotes, interviews, conversations, photographs, recordings, and memos to the self. At this level, qualitative research involves an interpretative naturalistic approach to the world. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in term of the meaning people bring to them."

Whilst context and interpretation are central to ethnography, Brewer (2000:59) observes that ethnography cannot be defined as:

"a particular method of data collection but a style of research that is distinguished by its objectives, which are to understand the social meaning and activities of

people in a given 'field' or setting, an approach, in which involves close association with, and often participation in, this setting" (Brewer 2000:59).

Ethnography has been critiqued for the "subjectivity" of its data and findings (Hammersley and Atkinson, 1995:6) and has been accused of "accentuating the unusual at the expense of the mundane" and thus presenting "a less representative picture than a statistically-based project" (Brewer 2000:16). Greenfields and Ryder (2012) argue, however, that subjective, personal narrative, triangulated with supporting data from a range of sources creates a methodologically sound, nuanced picture of the circumstances impacting the daily life of subaltern groups which are not otherwise accessible to researchers using more empirical, quantitative methods. Moreover, as Malinowski (1922:5) pointed out, statistical data can be mere "dead material" if one does not understand the frameworks within which those concerned interpret their situation.

The ethnographer thus aspires to cultural interpretation while paying attention to two different aspects: the "emic" (the insider view of reality) and the "etic" (the outsider perspective) and becomes a translator that renders concepts significant to the insiders but intelligible also to the outsiders (Riemer 2008:205-206; Fetterman 1989:12). In particular, ethnography emphasises the importance of studying social behaviour and social relations in their concrete cultural contexts through participant-observation and the necessity "to consider the observable differences between norms and action; between what people say they do and what they actually do" (Malinowski, quoted in Porth, Neutzling and Edwards 2009). Thus, the method of participant-observation serves to elucidate the insider knowledge and the *emic* experience (Riemer 2008:207).

In undertaking this process, it is necessary to retain a reflexive stance and to review one's own motivations and actions as well as those of the people and circumstances observed (Aull Davies 2012). The most useful reflexivity process however is not the one that is merely based on self-observation, but a very introspective one that allows the ethnographer to call into question his-her cultural assumptions, retaining awareness that the description of the ethnographic encounter (and possible limitations in such descriptions and interpretations) are typically based on the imperfect connection between two different codes (Herzfeld, cited in Trevisan 2008:7).

It has been argued persuasively by a number of researchers engaged with Romani populations that qualitative methodologies are highly appropriate for exploring the stories and subjective experiences of these communities, particularly in relation to health issues and gendered relationships, in part because their social exclusion and subaltern status can make statistical data scarce, unreliable or difficult to interpret (Janević *et. al.* 2011; Aeillo *et. al.* 2013; Greenfields & Ryder 2012). Accordingly, for a scholar who is able to spend extended periods of time engaged in in-depth research with Romani people, the ethnographic approach to gathering data enables a nuanced picture to emerge which facilitates consideration of the wide range of factors impacting wellness and illness. Throughout the fieldwork process I have therefore practiced reflexive ethnographic observation as a core element of the methods utilised.

3.3 In-Depth Interviewing

In addition to participant-observation, in-depth semi-structured interviews with participants were one of the most significant sources of data. There are two contrasting reasons why interviewing, in various degrees of formality or informality, formed both a significant extension and counterpoint to participant-observation. Gubrum *et al.* (2012:1-2) point out that before Mayhew's (1861-2) pioneering use of interviews in *London Labour and the London Poor*, the poor were widely believed to be unreliable witnesses incapable of coherently describing the realities of their lives. For a group such as the Roma, who even today find themselves talked about far more often than they are talked to, the interview offers a space to tell their own stories and describe their situation as they see it – an opportunity of which many gladly availed during my fieldwork. At the same time, Hockey and Forsey (2012:71) use the example of Trow's (1957) research into American trade-unionists to show that people are sometimes prepared to say in the privacy of an interview what they would not say in the everyday contexts in which participant-observation takes place, particularly when to question norms might be seen as a lapse from loyalty to the group. This is also a significant factor in regard to the Roma, in which strong group loyalties are crucial elements of the social structure.

A semi-structured form of interviewing was selected in order to give the interview a starting point, and a framework to which it could return if necessary, whilst allowing respondents the freedom to develop the conversation along the lines that they found interesting and significant. Importantly, interviewing as a credible research practice was only made

possible by my history of previous involvement with Roma participants, during which, sufficient trust had been built for them to be prepared to discuss sensitive topics with me. Grinyer and Thomas (2012:221) note that:

> "implicit in the idea of meaningful trust between the researcher and the participant is the notion of positive relational continuity across a period of time – a period during which the individual or the community come to understand the researchers and their purpose and are willing to disclose private and personal feelings and contextual information."

These interviews and discussions were recorded on audio devices where possible, or otherwise notated in the ethnographic journal. I also made annotations *a posteriori* in the ethnographic journal, including in-depth descriptions of the development of a discussion, the unfolding of different sequences of topics, the surroundings in which the dialogue took place and the positions taken by contributors. Some people would not give formal interviews and I recorded notes either contemporaneously or as soon as possible thereafter. These annotations were also subjected to review and analysis in accordance with best practice in ethnographic field-diary recording (Fujji 2015; Walford 2009). Interactions with over 100 individuals were recorded in the ethnographic journal.

Table 1: *The Romani informants/participants*

	PSEUDONYM	M/F [1]	AGE [1]	PLACE OF BIRTH	COUNTRY/ CITY OF DEPARTURE	PRIOR HABITATION TYPE	RESIDENCE [1]	MARITAL STATUS [1]	INTERVIEW DATE	INTERVIEW TYPE AND LENGTH
1	ANTONIO	M	15	SERBIA	N.D., SERBIA	HOUSE	OLD CAMP	SINGLE	29/11/2011	audio 0:44:25
2	GIORGIO	M	14	ITALY	/	CAMP	OLD CAMP*	SINGLE	15/05/2012	audio 0:37:53
3	GIOVANNI	M	15	ITALY	/	CAMP	OLD CAMP	SINGLE	12/01/2012	audio 0:49:54
4	GLORIA	F	29	BULGA-RIA	VRACA, BULGARIA	HOUSE	OLD CAMP	MARRIED	01/12/2011	audio 0:38:28
5	LUNA	F	17	ITALY	/	CAMP	HOUSE	MARRIED	12/03/2012	audio 0:42:42
6	ROBERTO	M	15	ITALY	/	CAMP	OLD CAMP*	SINGLE	30/11/2011	audio 0:43:12
7	SABRINA	F	36	SERBIA	SMEDEREV-SKA PALANKA,	HOUSE	OLD CAMP*	SINGLE	16/12/2011	audio 1:10:41

				SERBIA						
8	SAŠA	M	19	GERMANY	N.D. GERMANY	HOUSE	OLD CAMP	MARRIED	21/01/2012	audio 45:37
9	SOFIA	F	36	SERBIA	NANOMIR, SERBIA	HOUSE	OLD CAMP	MARRIED	12/01/12	audio 1:12:21
10	MILENA	F	17	SERBIA	NANOMIR, SERBIA	HOUSE	OLD CAMP	SINGLE	12/03/2012	audio 0:9:53
11	GRAND-MOTHER	F	67	SERBIA	ŠABAC, SERBIA	HOUSE	OLD CAMP*	WIDOW	01/03/2012	Written
12	Antonio [1] and Giovanni [3]								02/04/2012	audio 0:58:48

Notes on the Table

* Data updated in 2016: (2-6-7) Moved to Germany, Hamburg via Belgium, Charleroi (11) Moved to Šabac, Serbia via Belgium, Charleroi. Habitation type updated to 2016 (2-6-7-11): *house*. (3-6-10): *married*.
 'Married': means according to traditional law.

** "Old Camp" Approximate number of inhabitants 800 individuals, of which around 200 are children (De Cristofaro in Senate of the Italian Republic 2015:3785). The Old Camp was divided into five minor settlements, each comprising about 100 families (Cavinato *et al*. 2013:8).

3.4 The Ethnographic Journal

Notes recorded in the ethnographic journal included information regarding particular situations, personal concerns raised by the participants, doubts or opinions and even suggestions for emergent themes and explanations. This material was then analysed in reference to the particular moments or events to which it related, within the broader ethnographic context. Sometimes analysis was in relation to contemporaneous events, sometimes in relation to memories of the past. Such memories were, however, connected to present situations by logical links, whether or not the significance was openly discussed, clarified and divulged in the unfolding discourse with the researcher.

The diary includes chronological entries, dated between Nov. 12th 2011 and June 19th 2012, as well as some later notes added during 2013 and afterwards. Themes and episodes were noted, mostly based on experiences recalled by the participants. Importantly, when participants described past personal memories, their narratives sometimes included events in which the researcher interacted with the community: occasions of shared-participation by the researcher in events, actions and experiences co-occurring with other community members. The perspective from which community

members spoke of such events was in the context of "sharing a memory" of common things undertaken by researcher and participants together.

This element of shared memories is deemed to be particularly significant, as providing "ethnographic moments" in which, through the words of the Roma, the distance between the observer and the observed, the researcher and the researched, has been drastically reduced and a familiarity, a confidence and an "intimacy"[19] has been created to the point that there is a direct involvement and participation of Roma individuals of families in the research project itself. Such direct involvement is highlighted by Aiello *et al.* (2013) as an egalitarian process which creates a method for social transformation.[20]

As a result, the research took a turn towards the concept of writing "with the Roma" (see Hammersley and Atkinson 1983:203-4). This might seem a challenging concept, since most Roma had limited literacy skills and some had none at all, but in practice, the Roma found practical ways to participate. Whilst it was me – as the ethnographer – who ultimately produced the text, Roma participants were able to make significant contributions by setting narrative priorities and offering suggestions of directions to follow. Many Roma demonstrated their desire to contribute concretely by collecting important data, such as photocopies of documents circulated by local NGOs and official representatives, which they saved from the braziers where such material was usually put to practical use, to be submitted for my attention and potentially be included in the study. Participants would proffer materials and ask "May this be useful to your work?". Indeed, some people attended meetings on the settlement, organised by local charities cooperating with the state institutions, to enable them to report facts that they believed beneficial for the research, especially in relation to schooling and housing and in particular the issue of possible relocation.

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[19] On "intimacy" see also Trevisan (2008:15-17).

[20] Trevisan discussed the concept of "Making a Book" (*Fare un libro*) with the Sinti from Reggio Emilia (2008:14-15). In regard to her work with the Sinti, the author pointed out the importance of interpreting/*reading* the "life- histories" (*storie di vita*), the "oral auto-biographies" or other categories used in the social-sciences "ethnographically" (2008:19). In addition, Trevisan "tried to describe, time after time, the multiple motivations of the Sinti and what they were trying to do/say through the writing (even though they were unable to write)" (2008:20). Drawing upon Lejeune (1986:23), Trevisan also explored the definition of *author: "*a real, social responsible person and producer of a discourse" and clarified that, in the specific case of her research, the Sinti were, in reality, the authors that delegated the writing process (*atto scrittorio*) to a non-Sinti person ("*gagia*") (2008:20). Accordingly, for the researcher, Sinti autobiographies often show that there is no coincidence between the narrators (the Authors) and the writer (seen as the person who is concretely carrying out the action of writing, which is always a *gagio/gagia*) (Trevisan 2008:21).

To some extent then, Roma participants became fellow researchers in the project, and while I retained a degree of "ethnographic authority" (Clifford 1983) I sought to place myself more as leader of an inclusive team than as an outside expert. Wimpenny (2013) has shown the effectiveness of what she calls "participatory action research" in clinical settings in the UK. In this project, I take a related approach to the ethnographic exploration of broad issues of health and well-being amongst the Roma of Scampia. Taking into consideration the role played by the oral tradition in the diffusion of Romani culture, these activities represent an important moment, demonstrating individuals' positive disposition towards "sharing experiences" with me as an ethnographer. Participants provided "thick descriptions" (Geertz 1973) in order to call attention to recurrent thematic tropes deemed important by them. They also provided an ethical explanation for the helping the researcher, explaining that the researcher was a person "cared for" by the participants and members of the community, therefore, also at the centre of their expectations in terms of completion of the research. This model is thus fully aligned to best practice in undertaking ethical participatory research (Durham Community Research Team 2011).

The Roma participants, in fact, inserted two types of expectations into the research. The first related to the diffusion of information. They wanted the "outsider", the "British Professors", to know what happens over "here" in Naples and also to ensure that the researcher, a trustworthy person, would underline that "they were not lying". They also showed a sophisticated awareness of the dynamics of knowledge as power, in a concern to ensure that the information gathered would be in such a form that it could not later be accessed and used by people external to the community in ways that might be damaging to the Roma.

But besides the didactic expectation aimed at the public world of the *gadje*; the fear that their status as Roma might discredit the data provided, resulting in them being labelled as "untruthful"; and their desire that the ethnographer would mediate with the "outsiders" to guarantee that they would be "believed", there was also a more profound, intimate reason for their participation. Participants articulated the expectation that their support would help the researcher reach a pivotal moment in her life: the accomplishment of a PhD degree. This qualification seemed to hold ambivalent meanings for Roma participants who were typically far more practically focused. They saw that obtaining the highest degree of education might help the "researcher" to find a well-paid job, perhaps abroad. Even more

significant, however, was the fact that I was not viewed by the Roma solely as a researcher, but, more importantly to them, as a woman: admittedly not born and raised in their community but nevertheless, seen as a person that they had come to know and care for, according to their own ways of expressing care.

In this respect, the achievement of a doctoral degree could signify cutting the strings with the researchers' past-life: the phase of completing education - and moving towards a "tardy" but nevertheless welcome transition into that stage of life considered by most Roma to be most important for a woman's well-being: attaining marriage and raising a family. The general opinion in the camp was that for me, at over thirty years of age, it was a case of "better late than never" when it came to completing my education and moving towards marriage. Helping me with my interviews and general data collection was seen as helping me to "move on": offering a personal contribution to my well-being, by providing all the possible documents and data I might need to conclude this "school moment" as soon as possible, and move into "real life" as a wife and mother. This motivation was frequently evident when participants spoke of the importance of making me happy by fulfilling my "school dream" as quickly as possible, so that I might "become reasonable" and start focusing on the things which, within their culturally congruent cosmology, really matter in life: creating my own family in order to find myself protected and cared for in the future.

Johnson and Rowlands (2012:100) note that:

> in-depth interviews develop and build on intimacy and in this respect, they resemble the form of talking one finds among close friends. They resemble friendship and they may even lead to friendship. But in-depth interviews are also very different from the talking one finds between friends, mainly because the interviewer seeks to use the information obtained in the interaction for some other purpose.

In this case, the depth of the friendships developed over time allowed those being interviewed to appropriate the purposes of the researcher, making it a shared project, even though the motivations of participants and researcher in engaging in the project were very different.

Implicit in the motivation of Roma participants to help me was the underlying belief that in the most important ways, it was not them, but me, that was deprived, or at least at risk of deprivation. I was seen as being in danger of loneliness, ageing without familial support, and deprivation of the experiences seen as most meaningful and joyful for a woman: marriage, maternity and motherhood. Saletti Salza analyses the concepts of "loneliness" in relation to Romani children, defining it as being "abandoned" (*abbandonato*) or "alone". Children are defined as "alone" or "abandoned" when adults do not adequately care for them. In such cases, a community reprimand can be used to re-establish the social norm. Whilst parents have primary responsibility, all the adults of the community are responsible for Romani children, even though they are not their own or part of their extended family, because they have the duty to protect them inside and outside the camp (Saletti Salza 2003:129-129). These perceptions underlay all out interactions throughout my fieldwork, despite the constant anxieties that plagued Roma women's own family lives, most significantly, the constant fear of eviction and displacement.

Whilst the field-notes considered matters such as those expounded upon above (for example, gender roles; the researcher's position), the materials collected in the journal did not only refer to the views expressed by the Roma themselves. Opinions, concerns, doubts and situations referring to the relationships between Roma and non-Romani social-actors were also noted throughout the course of the data-collection. In particular, I noted the views expressed by non-Romani people regarding the Roma, as an ethnic population, and the opinions expressed regarding numerous topics concerning their interrelations. The comments collected through note-taking hence were useful in better shaping the contexts in which Roma and non-Roma interacted and revealing how, behind the scenes, non-Roma participants constructed their image of their Romani neighbours.

If, for the Roma, the same system of data collection was applied, it must be however added that as well as the lengthy interviews recorded, the research material also referred to additional correlated situations, hence functioning as frame to the direct explanations provided by the participants. These records were therefore noted down in the personal journal as complementary commentary material to enable triangulation of data and reflective review and analysis.

The commentaries are the sole responsibility of the researcher and as such are personal and situated, as ethnographic material always is. It is worth noting, however, that they could not always be completely extrapolated from the context in which the researcher and the participants interacted and communicated on particular sets of values and events, and as such, comprise subjective interpretations which may or may not be in full accordance with those held by respondents (Hammersley, 1990:8).

3.5 Multiple Data Sources and Analytical Issues

Many diary and fieldwork notebook entries concerned indirect sources of data and a number of topics from the past re-emerged in narratives, while I was trying to put down on paper some present situations deemed of particular relevance. This occurred especially in relation to the data collected pertaining to the development of relationships between the two social components at the center of the discourse and their ways of interacting: the Roma and non-Roma.

Participants often mentioned third parties, individuals or organisations not present at the moment of conversation, but which featured as ghosts of the past in the history of the camp. Most of the time, during the course of data collection, it was not possible to invite these third parties to participate in direct interview, so as to confront and compare narratives, or even just to fulfill conditions of *par conditio* - equal opportunities for having their narrative heard.[21] This did not happen for two main reasons: either because there was no real response from these parties to an invitation to take part in an interview on Roma health and well-being or because the individuals contacted either declared that they had no detailed knowledge of the question, or showed no real intention of volunteering information on such specific topics. Most of the time, it can perhaps be assumed that there was a lack of motivation to collaborate in the research.

The NGOs and officials invited to contribute to the study were selected by using the "snowball" technique. The charity-workers participating in the daily life of the families located on the settlement, and constantly present in the field context in which I was fully

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[21] *Par conditio*: This concept derives from the Latin expression "*par condicio*" which means "parity of treatment" or "equal conditions". When this expression is referred to means of communication, it indicates the set of criteria provided for in law and therefore to be adopted by the communication media in order to guarantee parity of treatment and impartiality in relation to all political subjects. The protection of pluralism is one of the main tasks that the law instituting the Communications Guarantee Authority – AGCOM - (law 249/1997) assigns to the same Authority (Corecom, 2014).

immersed, were approached and asked to participate in a recorded-interview or a simple chat, to aid my data collection. All such interviews were undertaken in accordance with the research aims and ethical approval granted to the research project, with particular attention paid to processes of data collection, preservation of data and use of materials. This same system was applied in relation to non-Roma individuals who were approached outside the camp environment.

Chapter 8 includes a further discussion of concerns which arose in relation to obtaining permissions from agencies such as health authorities in terms of interviewing staff members working in clinical situations. The persons selected for interview who were working in the external context, outside the settlement, were those playing significant roles in the lives of the Romani inhabitants of Scampia, whether through their employment, volunteering or other associated activities, or simply by being neighbours that share public or private services and facilities in the same district of Naples.

Table 2: *The non-Romani informants/participants*

	PSEUDONYM	M/F	TYPE OF INITIAL INTERACTION WITH THE ROMA	PROFESSION	INTERVIEW DATE	ITERVIEW TYPE AND LENGHT
1	Doctor N.	M	work related	medical	19/06/2012 29/07/2016	audio 00:44:25 written/conversation
2	Chiara	F	work related	social operator	15/04/2012	audio 0:33:23 audio 1:02:20
3	Doctor M.	F	work related	medical	n.d. 2012	Conversation
4	Italian Mother	F	co-sharing public spaces dedicated to health and well being	n.d. (patient's parent)	n.d. 2013	written/conversation
5	Francesco	M	social and health support	volunteer	12/06/2012	audio 12/06/2012
6	Italian man	M	sharing public spaces	n.d.	n.d. 2012	Conversation

Notes on the Table

Data updated in 2016. In addition to the above-mentioned records, several annotations, regarding interactions between Roma and non-Roma with reference to shared spaces, particularly but not exclusively, in the context of health or general well-being, were gathered in the ethnographic journal through observation of daily life and interactions in the social context, such as records concerning law-enforcement employees and others discussed in Chapter 8.

The development of the research was interrupted by some periods during which study was suspended due to the researcher's personal circumstances. During these periods,

however, demonstrating the continuity of relationship with camp residents, Romani participants continued exchanging information with me, with the aim of assisting in the development of the research manuscript. They also provided updates on several pending situations including health status and evictions. Hence, the data and emergent themes were often reviewed with them, sometimes via Skype or through telephone discussions when face to face meetings were not possible.

In contrast, the less extensive data gathered with non-Romani individuals, presented in Chapter 8, provides an idea of the limited or intermittent relationships which were maintained with people living *outside* the camp. The small number of non-Romani individuals that volunteered lengthy audio interviews reflects the narrow circle of people of non-Romani origins, rotating around the settlement and its surroundings, and was also limited due to the availability of individuals outside office hours and other duties such as household responsibilities or family care.

In regard to "unofficial" interviews and data collected from individuals operating in the public sector, such as policemen or medical and paramedical staff, it must be clarified that that despite the official instructions to send researchers to the competent offices, many people volunteered informal opinions on the "Gypsies/*Zingari*", underlining that they were entitled to 'personal opinions' regardless of whether those opinions were representative of the viewpoints of the institutions to which they were affiliated.[22] Not infrequently, professionals, on one hand, refused, formal interview participation in their capacity as "public officials" but, on the other hand, were eager to volunteer trenchant comments and opinions, "as private citizen, tax payers or member of civil society".

Such 'professional' interviewees often adopted a paternalistic tone towards the researcher, in particular, aiming to "protect" the "newcomer" – the researcher, seen as a neophyte – from potential problems arising from not being fully aware of the risks connected with having to deal with the Roma. Two interlocutors, for example, one a patrolling police officer, the other a medical practitioner, suggested that the Roma were often to be considered to some extent dangerous, or in any case placed in a risky environment.

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[22] See Chapter 8 for further discussion of problems in accessing 'official' sources of data from non-Romani professionals.

In both cases, these professionals advised that it was impossible for a young female researcher to go "independently" to the settlement in order to meet local inhabitants, asserting that such access could only be safely gained by using government agencies or NGOs as gatekeepers. One doctor prohibited observing or talking to Roma in the medical offices, despite their explicit consent, without an authorisation from the "managing directorate" (Interview attempt with a District Medical Officer 19/04/2012).[23]

Despite the fact that there is only one long audio recorded interview provided by an institutional representative, (a person who had a leading role in the medical district serving the Roma community in Scampia), his views cannot be seen as representative of all the other individuals "working for" (or interacting with) the Roma in that context. Therefore, other data has been collected through participant-observation or conversations gathered during the talks carried out in a semi-structured way so that the involved individuals could freely choose their priorities and say what they wanted to say in a non-institutional, informal setting.

Divulging information on my position as researcher, during the course of the fieldwork and data collection with non-Roma, had a significant influence on the data collection process, by inducing perceptible changes in attitude by those with whom I was communicating. The responses to discovery of my role as a researcher largely fell into three categories summed up by exemplary quotes. Firstly: "I am not a racist.... I do every possible thing for the Roma, even if you should know that …". Secondly: "Why do you want to help them so much and write about them, they are simply 'unbearable' ...actually, if you want the truth… I hate them! (Neapolitan "*li schifo*"). Thirdly: "I pity them, they are human beings but I disagree with the way they treat kids, they do not wash them and use them for begging in the heat and in the cold. I would definitely take them away from them". Often, in front of an educated individual, non-Romani respondents assumed a defensive, bitter or aggressive position to support hostile opinions of the Roma. In consequence, the research topic was generally perceived of as a "pro-Roma" theme. It was therefore seen as contentious and was sometimes openly confronted by contributors (See also: Rossi 2010:43-44 on the hostility encountered as an academic working on Romani related themes).

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[23] Institutional approaches to the Roma are examined in detail in Chapter 8.

Other sources of data utilised in this study included not only conversations and notes, but also pictures (mostly of structures, bricks, pavements, objects or pets). For ethical reasons, despite the simplicity of this task, the decision was taken to respect the dignity, family unity and right to private life of respondents and to exclude images of human beings. Photographic images gathered as part of the study may be found in the Appendix.

In addition, the data collected included documentary evidence of different types which are treated to analysis, primarily within Chapter 4, such as: conference drafts and abstracts, documents related to official national and international meetings, materials from pro-Roma rights groups in Region Campania, particularly in the city of Naples and in Giugliano. Most of this published data was already in the public domain. Similarly, legislation or publicly certified communication, official newspaper and press agency releases were also reviewed and incorporated where relevant. Finally: statistical or quantitative data was acquired largely from official institutional websites, where available.

3.6 Ethical Issues

During the planning phase of this project, before commencing field-work, I undertook research methods training which included ethical issues, and engaged in significant discussions with my supervisors in relation to the specific ethical issues that arose in undertaking research amongst the Roma in Naples. Full ethical approval was granted for this study by the ethics committee of Buckinghamshire New University, Faculty of Society and Health and supervisors were always available for discussions during supervision as ethical concerns arose during fieldwork.

Following the guidance of the ethical codes of relevant organisations (PEER 2007; Association of Social Anthropologists of the UK and Commonwealth 2011; ESRC, RDI and IOE 2011), all participants were accorded full anonymity and are referred to by pseudonyms, usually chosen by themselves, throughout the text. Informed consent was sought and received from all participants in the study. Since many participants lacked, or had only elementary literacy skills, and since documentation had to be translated from English to Italian and used concepts with which participants were not familiar, it was often necessary to utilise audio-recorded consent rather than written consent when participants found this less oppressive. If participants did not wish to be audio-recorded, their wish was

complied with in order to ensure that the interview was based on trust and respect (DiCicco-Bloom and Crabtree 2006:317).

It was decided not to divulge the full content of the audio-recorded interviews and other data collected under guarantees of anonymity for two reasons. Firstly, making public the very personal quotations which could enable identification of specific respondents could have led to secondary negative effects for participants who were in vulnerable situations and subject to power dynamics both within and outside their own community. Secondly, putting the entire content of the interviews in the public domain could run a risk of voluntary or involuntary misuse of the contents by the researcher or subsequently by third parties quoting them. De Cicco and Crabtree (2006:319) note that interviewees may share information that could jeopardise their position in a system, and that "This information must remain anonymous and protected from those whose interests conflict with those of the interviewee". The ethical imperative included the necessity of responsible data preservation by the researcher whilst precluding possibilities of "data-manipulation" by any individual or agency that might not be fully familiar with the context in which the documentation was collected. For example, because participants switched languages during interviews, access to full transcripts could have led to wrongful interpretation of the contents not only through misinterpretation of the words used but also through misunderstanding of contexts or value systems.

Non-Roma professionals who participated in interviews also gave fully informed consent to be involved in the study, and were guaranteed anonymity. Outside the realm of formal interviews, however, different practical and ethical issues arose in regard to non-Romani participants in the research. For non-Romani people employed in official capacities, including law enforcement teams, medical and paramedical services and other forms of public service, the main concern was that their roles seldom allow them to give interviews or divulge work-related information of any kind, because they are subjected to protocols that forbid providing internal data or documents to outsiders without high level authorisation. (The Italian Penal Code, art. 326 on the *Revelation and use of office secrets*).

In addition, information referring to ethnic affiliation or health matters are considered "sensitive" by the Italian Data Protection Authority (Garante per la Protezione dei Dati

Personali 2017). As EU Council Directive 95/46/EC Sec.III Art8.1 proclaims: "1. Member States shall prohibit the processing of personal data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, trade-union membership, and the processing of data concerning health or sex life". All employees of statutory and other agencies were generally expected to adhere to internal work directives which required them to direct inquirers to address questions to senior management levels or to the "public relations offices". Individuals such as cleaners, building-security guards or other workers not directly involved in health and well-being delivery and discourse, but operating in the environment where the Roma are directed to obtain services or in the area where they live, could, however, even informally, contribute to the research by sharing their thoughts as "private citizens".

The informal solution, suggested by several participants, was not to present oneself "officially", in the name of a university, institution or agency because this would have signified "fishing for information" that could be released only by fulfilling authorisation procedures which were furthermore subjected to long approval waiting lists for access. The institutional employees, in particular, noted as well that "problematic" thematic questioning, on topics considered "sensitive" that imply providing an official stance, are often postponed, until someone is appointed to take on the burden of dealing with the issue. Therefore, the formal approach requires more time for the researcher (or for the service beneficiary) compared to the informal and may not ultimately yield results.

Government employees did not want to be inconvenienced or risk adverse impacts on their careers by volunteering personal statements that might diverge from official institutional positions. Nevertheless, a number of these individuals, who were fully informed of the nature of the study, made it clear that they were interested in participating. The suggestion some non-Romani respondents proposed was that I should be 'farsighted', and gain responses by observing situations, without asking direct questions: "rather reading between the lines on the basis of my experience".

This cryptic message, which recalled the stereotypical characterisation of Southern Italians' response to authority as *I do not see, I do not hear, I do not talk*, clashed with my preference for transparency and open ethical access. Nevertheless, I concluded that if I was to gain any participation at all from these individuals, the recommendations must be

followed as they made sense in the specific environment in which I and they found ourselves. Moreover, similar advice was provided by Roma participants, even if in a slightly different way. Such advice from Roma participants recalled more the quote: "Suck out All the marrow of life" (Thoreau 1854) by suggesting that I seize all the available moments in a Horatian way, in order to complete the doctoral thesis manuscript with their help in the quickest time possible: *Tu ne quaesieris . . . ut melius, quidquid erit, pati. . . Sapias . . . et spatio brevi spem longam reseces. Dum loquimur, fugerit invida aetas: carpe diem, quam minimum credula postero* (Horace 23 BC.).[24]

Although this may seem a potentially ethically problematic way of gaining data, The *ESRC Framework for Research Ethics* (FRE) (2010:30) says that:

> Covert research may be undertaken where it may provide unique forms of evidence or where overt observation might alter the phenomenon being studied. The broad principle should be that covert research must not be undertaken lightly or routinely. It is only justified if important issues are being addressed and if matters of social significance which cannot be uncovered in other ways are likely to be discovered.

Moreover, Iphophen (2015:20) observes that "in qualitative research, it may be impossible to maintain a neat distinction between covert and overt research". In this case, important information could only be accessed by a semi-covert methodology, in which my identity as a researcher was known to individual research participants, but engagement with official bodies was avoided where likely to prove unproductive or problematic.

The suggestion to "observe" proved particularly useful in the context of data collection with both Roma and non-Roma respondents in healthcare settings, and thus it is worth noting that given the discussions detailed above which had taken place, (although not explicitly articulated in the "professional" settings in which data was gathered), all parties were aware that I was observing.

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[24] Horace (23 BC.) Odes Book 1(11): Do not ask ...How much better it is to endure whatever will be...Be wise ...and scale back your long hopes to a short period...While we speak, envious time will have fled: seize the day, trusting as little as possible in the next day.

Italian law suggests *Nullum crimen sine poena, nulla poena sine lege* (there is neither crime, nor punishment without a [pre-existing] law). You cannot be accused, or even stopped from doing what you doing, if no-one has formal knowledge that you are undertaking a particular activity and no measure can be taken to prevent you from continuing observations, if you are "considerate" and not violating any established rule. In this situation, I sought to abide by ethical codes by ensuring that all individuals participating in the research had given fully informed consent, even if in an informal way, and were fully protected by anonymity, whilst the rights of both individuals and organisations were not legally infringed. Whilst the anonymity of individuals was protected in the study, the decision was made not to anonymise the location of the fieldsite, for reasons explained below.

3.6.1. The Decision not to Anonymise the Fieldsite

The name of the settlement was not anonymised for a number of reasons related to the particular history and development of the camp in Scampia in the city of Naples. This setting has developed in response to specific events, enactments, policy decisions and expenditures that are interwoven with the history of place and of its communities (both Roma and non-Roma) located in the territory. Furthermore, Naples, and the neighborhood of Scampia in particular, with all its peoples, has received widespread publicity in recent years, being the focus of press, political actors and even a fictionalised TV series: *Gomorra* based on the investigative journalism of Neapolitan writer Roberto Saviano (2006) regarding organised crime in Naples and beyond. In this context, the anonymisation of Scampia is both impossible, since it will inevitably be recognised by anyone familiar with the region, and undesirable, since it is important to be aware of the wider social context within which Roma from the former Yugoslavia co-exist.

If anonymising the area of Scampia was not realistically possible, the same was true of the particular Roma communities in which I worked. It was important to identify the roots of these communities in the former Yugoslavia, which not only condition their existence in Naples, but played a significant role in my decision to pursue ethnographic research with them. Identifying these communities as from the former Yugoslavia, however, rendered them immediately identifiable, since the nomad camps of Scampia and Secondigliano have been at the centre of political controversies surrounding the enactment of the *Nomad*

Emergency Decrees of 2008.[25] Indeed, issues around illegal census-information gathering and illegal fingerprinting of Roma residents (also in Scampia) played a significant role in the eventual court decision that the *Nomad Emergency* legislation was unlawful, and evidence relating specifically to Scampia led to questioning of the roles of both government institutions and NGOs (Colacicchi 2008; European Parliament 2008; ERRC *et al.* 2009; OSCE 2009; Storia 2009; Pierro, Ferulano and Baracsi 2014). Specifically, in relation to political and legal consideration of illegal data-gathering; a census form, only partly anonymised, identifying a "Serbian Orthodox Romani" man and including fingerprints, an identification photograph and an official stamp, was presented in a report by an NGO coalition (ERRC *et al.* 2008:3) as evidence, as such data related to ethnicity and religious belief is contrary to Italian law which forbids the gathering of such data.

These controversies attracted widespread media attention, not only within Italy, but internationally. Following the repeal of the *Nomad Emergency Decrees*, the Roma in Scampia again became the focus of controversy around an Open Society Justice Initiative briefing paper, "Roma in Italy: Camp Segregation is Racial Discrimination" (2014) which specifically used the example of the "Old Camp" in *Via Cupa Perillo* to demonstrate that Italy was continuing to fail its obligations under the EU law, in regard to: "Ongoing violations of the Race Equality Directive; Misuse of E.U. Regional Development Funds to build a "nomad" camp and Ongoing violations of the Data Protection Directive (in regard to the Roma Census Data)" (Open Society Justice Initiative, 2014: 2).

To summarise, the high profile of the settlements of Roma from the former Yugoslavia in national and international controversies renders anonymisation of these communities both practically impossible, since their identities are too well-known to be effectively concealed; and analytically undesirable, since the specific context in which the settlements exist is important to understanding Roma responses to the conditions they face.

3.7 Analytical Method: Exhaustive Key Thematic Analysis and the use of NVivo Software

The research data was analysed by using three stages and two different modalities to arrive at findings meeting the aims and objectives of the study. The first analytic process was a "traditional" one: reviewing the multi-language findings in order to select and arrange them according to a thematic analysis. The second was to utilise NVivo software

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[25] See Chapter 4 for a discussion of these controversies.

to organise the material, whilst the final process was a further manual review and analysis of the processed data.

NVivo is a tool, that acts according to a logical order, to help researchers with their qualitative analysis, in particular to organise and manage the data. My research project included a broad typology of data, especially the use of a number of different languages which interweaved and interconnected through several themes, which made the use of NVivo problematic in some respects. Whilst these records could have been organised and assembled in NVivo by coding them and creating nodes, this process would have required "translating" all the data in order to link texts and memos and this would have resulted in a procedure that was far too time-consuming to be practical. Seale and Rivas (2012:428) note that coding information gathered in interviews is a practice researchers were engaging in long before the development of data-analysis software such as NVivo, and in this case, more traditional methods seemed appropriate.

Consequently, the first level of analysis was undertaken principally by use of a systematic, meticulous review carried in a rigorous conventional, way, which required manually going through the records and the papers one by one to carry out several "layers" of analysis and to define the most recurrent themes, as identified by the participants, in essence using a form of 'grounded theory' (Glaser and Strauss 1967; Charmaz and Belgrave 2012).

NVivo was introduced as a second level of analysis. As a result of limited opportunities for undertaking formal training in NVivo within Bucks New University at the time when this study was commenced and extensive periods spent in my home country, the use of the software NVivo was learned independently, as self-taught user, by using guides written by Bazely (1999) and Richards (2000) recommended for users carrying out qualitative research and interested in analysing their data by using a pragmatic approach, applicable to different methodological choices, research strategies and types of data.

At the beginning, after having stored the data collected in the field including interviews transcriptions, diary entries and annotations together with articles, translations, commentaries, observations, memos, photographic evidence and fragments of rich-text data, the software was used to code themes in free-nodes (which do not initially assume any connection with other nodes). Nodes created hence represented the grouping of

several elements coded in a specific node that could be reviewed or edited several times according to the unfolding of the analysis. Nodes are in fact container-topics, themes or issues organised on the base of the "triggered-thinking" that happens while undertaking the analysis process. The term "in vivo coding" derives from Grounded Theory (Bazely, Richards and QSR International Pty Ltd 2000). Finally, nodes were connected into trees to gather and interconnect material on a particular topic.

According to grounded theory (Glaser and Strauss 1967) the observation and the analysis of data should be carried out together, at the same time, in accordance with a continuous interaction process between these two components, so that the researcher can allow a theory to emerge while carrying out empirical research. This process comprises a constant "reflexive" process, so that the author can reflectively-think, meditate and review the research process throughout its entirety. Charmaz and Belgrave (2012:348) note that since 1967, the following strategies have been become common: simultaneous data collection and analysis; early data analysis of emergent ideas; comparative methods; analysis of basic social processes within the data; the construction of tentative explanatory categories which are then refined; and the integration of robust categories into a theoretical framework. Hence, in view of this perspective, it is preferable to ignore the thematic literature related to the scenario and the argument under development, in order not to be influenced by existing theories and findings while carrying out the data analysis process. In fact, the researcher that follows this approach starts "bottom up", commencing with a general question or hypothesis, and then step-by-step, conceptualises the data and ideas that emerge in the form of a theory.

Whilst NVivo software was useful to store, assemble, select and analyse data during the first draft of the work, however, after the stages of "setting order" and "dividing in themes" I returned to traditional ethnographic review and analysis methods that allowed a personal, direct, non-technologically mediated approach to the emerging findings including a constant re-evaluation of the writer's positioning in the context of the work's development. This was necessary because the participant-observation, the "doing with" the people and the fact of being in a specific familiar setting creates the possibility for the researcher to detect and decode particular expressions (including those expressed by non-verbal communication and hence not noted in interview transcripts but present in the

ethnographic journal) that could not be detected by using software (DiCicco-Bloom and Crabtree 2006:318).

In addition, as highlighted above, the use of different languages, some, such as Romanes and Neapolitan which are not easy (for me) to reproduce in writing and which are filled with figures of speech and "between the lines" expressions, necessitate the directed intervention of the writer so as not to risk nuances becoming "lost in translation", especially while "publishing the intimacy" (Trevisan 2008:15; DiCicco-Bloom and Crabtree 2006:316). This is particularly important because the anthropologist-ethnographic researcher needs to consider the possible consequences of what they write and publish and take full moral responsibility for how they represent participants (Herzfeld 2006:14 in Trevisan 2008:15; DiCicco-Bloom and Crabtree 2006:319).

3.8 Summary

This chapter has set out my methodological approaches. In keeping with traditional anthropological practice, my primary method was ethnographic participant-observation. Participant-observation was supplemented and counterpointed by in-depth ethnographic interviewing, and by a range of other data-gathering techniques including photography and documentary sources of various kinds. Ethical considerations were a constant presence in the research. Formal ethical codes were complied with, but more importantly, the success of the project was entirely dependent upon the trust established by long-term commitment to working with the inhabitants of the Scampia "Old Camp" at Via Cupa Perillo, and the close and caring relationships established between researcher and participants. This commitment, itself, and the accountability to the community that it entails, subsumed almost all subsidiary ethical issues. Data analysis was based on approaches deriving from grounded theory, and included both digital and traditional methods. Having set out my data-gathering and analytical methodology, it is time to move on to apply it to the concrete realities of health policies as they affect the Roma in Naples, Scampia.

Chapter Four: *Italian Health Policy, Local Health Services and the Roma*

SUMMARY OF CHAPTER 4: This chapter introduces key national policies on health which are relevant to the Roma in Scampia and sets out the rights to health of residents in the Republic of Italy. In particular, the chapter describes the introduction in 2012 of the Italian National Strategy for the Roma (NRIS), focusing upon the health policy "pillar" and considers the failure of the programme to meet its objectives. The chapter goes on to describe the policies enacted and services dedicated to "foreigners" by the medical district of the Municipality of Scampia, Naples, with particular reference to the Roma.

4.1 Contextualising the Italian Situation: Introduction to Health Policies and the Health Rights of Roma

A number of legal instruments protect the health and well-being of citizens and residents in Italy. The primary source of legislation aimed at guaranteeing the right to health is the Italian Constitution (Part. I, Title II, Art. 32) which proclaims that "The Republic safeguards health as a fundamental right of the individual and as a collective interest, and guarantees free medical care to the indigent" (Senate of the Italian Republic, Italian Constitution).

This Article however has often been at the centre of jurisprudential debates at both the Constitutional Court and the Supreme Court of Cassation because the reference to "the right of the individual" and also to "the interest of the collectivity" has led to disputes over interpretation regarding whether the "fundamental individual right" is intended as a perfect subjective right, or a social right aimed at enhancing the health of the collectivity.[26] Such debates seek to suggest a dichotomy between "the interest of the collectivity" and the "rights of the individual" (Marleo 2005:20). Regardless of interpretation, the right to health is now constitutionally protected so that it is possible for an aggrieved person to take action against both public administration or private agencies over claims pertaining to detrimental behaviour impacting health. Such claims are undertaken on the basis that health is an element of the psycho-physical integrity of the individual which includes: the right to psycho-physical integrity, the right to living in a salubrious environment, the right to medical treatment, free choice of General Practitioner/family doctor and the place of care,

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[26] The Constitutional Court of the Italian Republic is the highest authority in relation to constitutional law (Che Cosa è la Corte Costituzionale 2002). The Supreme Court of Cassation is the highest authority in relation to criminal and civil law (Corte Suprema di Cassazione n.d.).

the right to free-care for the destitute and even the right to refuse treatments.

In addition, health as a right of individuals is also mentioned in the Charter of Fundamental Rights of the European Union (2000/C 364/01), after noting that "Everyone is equal before the law" (Art. 20) and that "Any discrimination based on any ground such as sex, race, colour, ethnic or social origin, genetic features, language, religion or belief, political or any other opinion, membership of a national minority, property, birth, disability, age or sexual orientation shall be prohibited." (Art. 21). The Charter asserts that "Everyone has the right of access to preventive healthcare and the right to benefit from medical treatment under the conditions established by national laws and practices. A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities (Art. 35).

The Charter of Fundamental Rights (2000), however, clarifies that despite the necessity to ensure health protection, it is up to Member States to decide how these targets are met by legislating for and controlling their public health system and its functioning. As a result, it is possible for individual Member States to limit particular types of treatment to particular categories of citizens, excluding migrants or those seen as ineligible under contributory welfare systems (Bruzelius *et al.* 2015: 4-5).

When analysing the impact of the Italian Constitutional guarantees associated with health protection and varying definitions of resultant health rights, and in the context of this study in particular, the Preamble to the Constitution of the World Health Organization (WHO) adopted in 1946 is extremely significant and will be taken as the gold standard for defining health. This is because it describes health not only as lack of impairments related to the body of the individual, but critically inserts the concept in a wider perspective which by implication, makes reference to the social determinants of health (Marmot and Wilkinson 2003) in order to take into account different factors that might impact on individuals such as living conditions; social status; and equality issues. Hence the WHO defines "health" as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." (WHO Preamble 1946).

The horatory tones of the *Universal Declaration of Human Rights* (UDHR 1948) also confirmed the importance of giving priority to a number of factors that if neglected might determine social exclusion with significant impacts on health and wellbeing. "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his

family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control" (Art.25[1]). In particular, the UDHR stressed that some individuals were vulnerable as a result of their life-course stage and would be subject to particular protections. "Motherhood and childhood are entitled to special care and assistance..." (Art.25[2]). Given the relatively high rate of childbirth and large families common amongst the Roma of Scampia (see Chapter 5), this Article is particularly relevant to the rights of Roma families. Individuals subjected to extreme poverty, which include many Roma throughout Europe, encounter great difficulty in protecting their health because their priorities are too often oriented to fulfilling even more primary needs, such as finding food and shelter. As a result, health prevention interventions or necessary medical care may be postponed due to the scarce possibilities of accessing such services (for example when they are not adequately covered by medical insurance, FRA 2013; European Commission 2014); multiple competing priorities, or individuals' lack of awareness of their personal right to healthcare (Marleo 2005:19).

According to the report issued in 2007 by the Fundación Secretariado Gitano "Comunitá ROM e Salute in Italia" (Romani Community and Health in Italy) the approximate number of Romani people in Italy in that year was between 120,000-140,000 individuals, of which 90,000 held Italian citizenship whilst roughly 30,000 had roots in the former Yugoslavia (2007:9). Other sources, such as the Italian Ministry of the Interior (2006); Comunità di Sant' Egidio and Anci (2010) and UNIRSI (Unione Nazionale e Internazionale dei Rom e dei Sinti in Italia) together with Opera Nomadi (n.d.) cited in Senato della Repubblica (XVI Legislatura) Commissione Straordinaria per la Tutela e la Promozione dei Diritti Umani (Extraordinary Commission for the Protection and Promotion of Human Rights) (2011:17-18) confirmed this approximation, but also underlined that the numbers might even be slightly higher, noting that the data may be statistically imprecise, because the Roma, Sinti and Caminanti often do not divulge their ethnic affiliation. Piasere, at the *Hearing of the Commission for Human Rights of the Senate of the Italian Republic* held 20th April 2010, explained that those who belong to these communities enact mimetic strategies, whenever possible, so as to be assimilated into the broader population. it is not a mystery, therefore, that self-declaring as Romani or Sinti is not regarded as a convenient behaviour, due to experience of prejudices and stereotypes rooted in common opinion (Piasere cited in Senato della Repubblica [XVI Legislatura] Commissione Straordinaria per la Tutela e la

Promozione dei Diritti Umani 2011:11).

As noted above, within the Republic of Italy, those residents who are legally citizens have the right to access health services (Senate of the Italian Republic, Italian Constitution, Art.32). Within the territorial jurisdiction of the state, however, there are many individuals that do not hold citizenship rights (Ministero dell'Interno 2015, 2016) and who are therefore not similarly protected in terms of health rights. These individuals include many of the Roma living in camps despite their long-term residence, or even birth, in Italy. Some of these residents who may be able to gain some access to health services, according to different modalities, include asylum seekers or stateless individuals; illegal immigrants; people with an unidentified or pending documentary situation; individuals born on Italian territory of parents that are (or were) not citizens of the state; and, sometimes - as in the case of many Romani people of former Yugoslavian origins, people who were citizens, or children of citizens, of a State that no longer exists (Ministero dell'Interno 2010; de Verneuil 2014; European Parliament 2007).[27]

Amongst the Roma, there are some who are Italian citizens, often living in housing, and who belong to families that have been residing on the Italian territory for several centuries (De Vaux De Foletier 1971 translated by Karpati 1978; Viaggio 1997; Novi Chavarria 2007; Pontrandolfo and Piasere 2002; Pontrandolfo 2013). These hold a health card and are registered for healthcare at their local medical authority. Furthermore, they have an assigned GP who is able to request specialist hospital consultations or specific checks by issuing prescriptions and referrals accessed through the payment system commonly known as a "ticket". All Italian citizens, in fact, in accordance with their wealth and individual/family income may either pay a fee for services, or might be partially or totally exempted from payment by the Italian social protection system (Braggion *et al.* 2015; Ministero della Salute 2008; 2013a). Indeed, this system can also apply to residents who are visa-holders depending on their legal status and right to remain in the country for certain periods of time. For non-citizens classed as 'aliens' (*stranieri*), however, there is far less certainty over access to healthcare which can potentially lead to discrepancies in levels and quality of care and service access, as explored in subsequent chapters of this

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[27] Professor of Labour Law, G. Loy (2009) cited in Senato della Repubblica, XVI Legislatura (2011) Commissione Straordinaria per la Tutela e la Promozione dei Diritti Umani, classifies Roma into three subgroups according to their employment rights: Italian citizens, citizens of other E.U. Members States and non-E.U. (*extra-comunitari*). To these could be added the stateless (*apolidi*) and refugees (*rifugiati*).

study. According to Marleo (2005:25):

> "The regulation in force envisages different types of assistance on the basis of compliance with immigration-related requirements. Immigrants holding visa-permits to stay can be enrolled in the SSN *Servizio Sanitario Nazionale* (National Health Service) together with their family members at the ASL *Azienda Sanitaria Locale* (Local Health Authority) where they hold residence. For foreigners that do not have a permit to stay, medical care, either outpatient or hospitalisation, is still provided on the basis of the right to urgent intervention or fundamental care, continuation of therapies for illness or injury, interventions aimed to preventive individual or collective health, protection of pregnancy and maternity, protection of minors' health, diagnosis and care of infectious diseases. Because too often, conditions of irregularity are accompanied by strong economic precariousness, health services are in this case free of charge".

Indeed, significant concerns have been expressed over the health status of precariously placed migrants who were suffering as a result of lack of access to healthcare or being refused treatment (Amnesty International 2005: 10-14, 17-23; Naga 2011:1; Emergency 2016:3), to the extent that a Circular letter was issued by the Ministry of Health (Ministero della Salute 2000), which specified that "urgent care" refers to those interventions that cannot be postponed without endangering a patient's life or determining damage to the health of a person; while "essential care" refers to health services, diagnostic, therapeutic treatment related to pathologies that are not immediately dangerous but that could determine larger risks to health or increase life risks. These larger risks could include complications deriving from multiple health conditions; chronic conditions or health deterioration (Ministero della Salute 2000; Baracchi 2017). Yet, despite this clarification, the right to access health services for irregular immigrants appears consistently limited when compared to nationals and regularised foreigners who are resident in Italy on a visa (See also Bormioli *et al.* 2014:14; Severino and Bonati 2010:50).[28] As a result, meeting the

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[28] Bormioli *et al.* (2014:14) underline that foreign Roma in Italy encounter problems similar to those detected in other parts of Europe but, in addition to the access to service issues, RSC and immigrants (who are usually more subject to vulnerability) also face difficulties related to different regional health systems that might diverge or even derogate from the LEA (*Livelli Essenziali di Assistenza*) which are the "Essential Levels of Assistance" that the State must provide. New LEA have been recently introduced by DPCM 12 January 2017, published in G.U. 18/03/2017 sup.n.15.

lacuna[29] in service provision is where NGOs and charities find space to operate: intervening and collaborating with local institutions in the provision of healthcare for those individuals at greatest risk of suffering poor health through lack of access to statutory services.[30]

In 1997, for example, Emilia-Romagna region together with the Commune of Bologna, the local medical districts, USL *Unità Sanitaria Locale* (Local Health Unit), and other partners signed a protocol of understanding to guarantee services to poverty-stricken citizens that could not otherwise gain access. In addition, on the basis of lists of names collated by the NGOs, temporary health cards (*tesserino sanitario di soccorso*), lasting three months, were issued.[31] These could be renewed if necessary, and allowed free access to specialised consultations and diagnostic checks provided by the public health centres located in the city (Ministero della Salute 2000). The protocol was used also to provide free medicines categorised as Groups A and B in the National Pharmaceutical Handbook, but it did not include drugs categorised as Group C, which are widely used and requested, such as anti-inflammatory drugs, painkillers, dermatological products or topical anti-parasitic drugs (AIFA 2016).

Following the first European Roma Summit on September 16th, 2008, in which both EU officials and members of several Romani organisations "participated and brought about a considerable mobilisation of civil society", leading to a declaration (Council of the European Union 2008:3), the European Commission, at the General Affairs Council of December 8th 2008, decided to establish an exchange of good practices in the context of an integrated European Platform (Ufficio Nazionale Anti Discriminazioni Razziali 2012:8-9).

The Platform was supposed to enable experiences to be shared and collaborations built between Romani representatives and organisations and all other stakeholders to bring about Roma inclusion across Member States, whilst providing analytical support and stimulating cooperation between all parties concerned (Ufficio Nazionale Anti Discriminazioni Razziali 2012:8). The first meeting of the European Platform for Roma Inclusion took place in 2009.

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[29] The Association Emergency (2016:4) in fact states that core point of their project is the complementarity of their intervention with the SSN, in order to integrate services and to focus on unfulfilled (health related) needs, not to replicate what is already provided by other organisations.

[30] See Chapter 8.

[31] The Unità Sanitaria Locales (USLs) were replaced by Azienda Sanitaria Locales (ASLs) following the Health Reform Act of 1993.

The situation of Roma migrants in Italy is an example of the kind of cases the Platform was set up to address. The majority of Yugoslavian Roma arrived during two migration waves. The first arrived in the 1960's-1970's, when several subgroups migrated from the Balkans to more industrialised countries. These included the Khorakhanè Roma, Muslim Roma coming from the southern regions of former Yugoslavia (*Čergarija, Crna Gora, Shiftarija, Mangiuppi, Kaloperija*) and the Christian Orthodox Dasikanè, mostly from Serbia (*Rudari, Kanjiaria, Mrznarija, Busniarija, Bulgarija*) (Bonardo, Nomis *et al.* 2008:20; Fundación Secretariado Gitano 2007:10). The second wave fled after 1989 to escape political changes and the conflicts which erupted in the former Yugoslavia. It is believed that between 1992 and 2000, around 16,000 migrated to and spread across the Italian national territory (Fundación Secretariado Gitano 2007:10). Furthermore, today there are over 15,000 youths, children and even grandchildren of Romani parents who migrated to Italy. All these people face particular difficulties due to their complex judicial status, in that they do not have Italian citizenship and cannot easily obtain identity cards as can other "nationals" (Senate of the Republic Commissione Straordinaria per la Tutela e la Promozione dei Diritti Umani 2011:23-24). Due to this documentary problem, many children and youths find that their fundamental rights, defined in the UN Convention on the Rights of the Child (UNCRC), which include the right to access public health and associated statutory social welfare facilities, are constrained, despite the European Commission's declaration that "Children's rights form part of the human rights that the EU and EU countries must respect." (European Commission 2016).

The Treaty of Lisbon (European Union 2007) aimed to promote children's rights, especially the rights of the most vulnerable children (including the Roma), whilst the Charter of Fundamental Rights of the EU guarantees the protection of children's rights by EU institutions and by EU countries that are required to implement EU laws through actions and policies (European Commission, Justice 2016). In practice, however, these protections have limited application for Roma young people, especially those without citizenship and particularly those resident in "nomad camps" in Italy. The European Commission (2014a:14-15, 2014b, 2014c) has established several programmes aimed at the protection and promotions of children's rights, including: "Promotion of Children's Health and Wellbeing"; "Healthy Environments"; "Injury and Safety"; "Health and Environment" (under the Directorate General for Health and Food Safety); "Poverty and Social Exclusion" and "Investing in Children" (under the Directorate General for Employment, Social Affairs and Inclusion). These programmes, however, have had limited

application and effectiveness in relation to improving the circumstances of young people resident in camps, as subsequent chapters show.

Perhaps most importantly however, in terms of placing concrete requirements on member states to enhance the circumstances of vulnerable Roma populations, the National Roma Integration Strategies, which are required to be developed and implemented by all Member States, offer, at least in theory, the most effective mechanism for improving the circumstances of children and families. National Roma Integration Strategies (NRIS) are subject to monitoring and review on a regular basis (European Commission, 2014b) in order to guarantee compliance and effective improvement to the situation of Roma populations across Europe.

The EU Roma Integration Strategy review of the situation in Italy, "The European Union and Roma – Factsheets, Italy" published on the European Commission (2014c) website, considered some key-steps which had been introduced since 2011 when implementation of the NRIS commenced.[32] One of the strands of activity required by EU agencies concerned improving the health of Roma people: The Factsheet noted that "The national health system provides universal access to healthcare (including Roma people), prevention and uniform criteria for quality services throughout the country" (European Commission 2014c). The document further noted the establishment of "Additional financial allocations in 2012 and 2013 to a national health institute, created to improve migrants' health and to fight poverty-related diseases" and concluded with a mention of "Project "TroVARSI" – Vaccinations for Roma and Sinti – which started in 2013, aimed at better protecting Roma children from diseases that can be prevented by ordinary vaccination". However, the document also identifies gaps and in particular that "The impact of these measures needs to be assessed and further targeted actions considered" (European Commission 2014c).

In reality, because many Romani people still face problems as a result of not being able to obtain Italian citizenship; a lack of literacy skills enabling them to engage with complex bureaucratic processes, or being settled in unauthorised camps as well as low or irregular income; deep social exclusion and frequently, institutional invisibility continue. In 1993, the European Federation of National Organisations Working with the Homeless (FEANTSA)

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[32] The NRIS was introduced in response to a 2011 EU document (European Commission Communication No. 173/2011, but the Italian NRIS document itself was dated February 2012.

provided a definition of "homelessness". According to FEANTSA, people should be considered "homeless" if they have "no accommodation", if they have "temporary accommodation" (for example due to the support of public or private sectors) or if they live in "marginal accommodation" which falls below accepted standards (Marleo 2005:18). Roma people clearly fall within this definition as they typically not only lack permanent lodging but often lack much that is necessary to fulfil their fundamental requirements, including access to social, economic and cultural capitals. Moreover, they are frequently targeted by intolerance and racism. In 2014, FEANTSA sent a strong message at the public hearing of the European Economic and Social Committee: "Better Roma inclusion through civil society initiatives: focus on education, employment, housing and antidiscrimination". The FEANTSA speech expressed their deep concern regarding the stigmatisation and persecution that had persistently marked Romani people throughout history and that too often led also to housing exclusion, a situation which, as will be demonstrated in the following chapters, has profound impacts on the health status of Roma living in nomad camps in Italy.

One particular issue, which has major implications for access to health, is a common presumption in policy and practice within many European states – and particularly in Italy – that Roma are "nomads". This assumed (largely fictitious) legal status impacts the reactions of state agencies to homelessness amongst the Roma, and tends to limit the resources devoted to dealing with housing problems, largely because public opinion tends to believe that if Roma live in caravans or slums, it is because this is their chosen way of life. Under the influence of this definition of the Roma, government agencies may feel absolved from responsibility to ameliorate the conditions under which Roma live through the enactment of immediate and efficient policies (FEANTSA 2014).

As already pointed out above, a Eurobarometer survey (2008) underlined that discrimination is one of the most consistent factors impacting on the exclusion of the Roma. This survey found that discrimination impacted housing conditions, condemning many Roma to residence in substandard accommodation or camps, whilst also preventing them from renting or buying housing in the open market. Indeed over 24% of interviewees (Eurobarometer 2008 cited in FEANTSA 2014) declared that having Romani neighbours would make them feel uncomfortable. In Italy, many Roma still live in insecure housing, in informal settlements. They may arrange makeshift accommodation or unlicensed housing on public or private land, thus all too often facing the risk of eviction, frequently without

recourse to court order or alternative accommodation solutions being offered (Amnesty International 2010:5-6, 2014).

Conversely, the definition of "adequate housing" provided by the UN Committee on Economic, Social and Cultural Rights (2015) asserts that accommodation should contain all the essential facilities to ensure health, comfort, security and nutrition, implying, that places of residence should contain the right to access clean drinking-water, energy for cooking, food-storage facilities, lighting, heating, washing, sanitation, sewage, garbage disposal and emergency services (Amnesty International 2010:5-6, 2014). Given the scarcity of these conditions in Roma camps it is unsurprising that residence in such locations (both informal and informal) impacts on the well-being of Roma participants in this study.

One factor which can both help and hinder those 'aliens' whose right to healthcare is precarious, is that unless there is a legal obligation "to report", health professionals are generally bound to respect the "professional secret" (which in Italy is introduced by Art. 622 of the Code of Penal Procedure). Health providers are therefore not compelled to notify the authorities when they treat aliens, and this may, depending upon the approach of the service provider, facilitate access to health services for irregular immigrants who might otherwise refrain from seeking help for fear of being detected and expelled. An illuminating joint document (ANAAO ASSOMED *et al.* 2009) "I Medici e gli Immigrati Irregolari" ("The Doctors and the Illegal Immigrants") was written by a coalition of trade-unions to whom members of the medical professions are affiliated, to confront an amendment presented by the Lega Nord party to a security bill (*Ddl Sicurezza C2180 art.45,1t*) which was approved by the Senate in 2009, and was under discussion in the *Camera* (Chamber) at the time of publication. The amendment would have made entering the country illegally or remaining without a permit a criminal offence. The joint document (ANAAO ASSOMED *et al.* 2009) raised multiple legitimacy issues in reference to abrogation of the previous law decree (DL 25 July 1998 n.286 art.35,5) "Testo Unico di Disciplina dell'Immigrazione" (Consolidated Act on Immigration) that granted anonymity to illegal aliens availing of health services. The medical unions pointed out that doctors are public servants and would therefore be obliged to report presumed "immigration" crimes to avoid penal sanctions. As a result, the previous law granting confidentiality would have been effectively abrogated, and doctors would have had no opportunity to appeal to the right to conscientious objection (ANAAO ASSOMED *et al.* 2009). In particular, the trade-unionists asserted the unconstitutionality of

this law proposal in reference to Article 32 of the Italian Constitution that ensures "the protection of health as a fundamental right of the individual and interest of the collectivity", because the debated measure, exclusively aimed at illegal immigrants, was likely to impact and potentially endanger collective health by marginalising non-nationals who, under circumstances of necessity, might have approached a parallel, uncontrolled and unregulated health system (ANAAO ASSOMED *et al.* 2009).[33]

4.2 From the EU Framework for National Roma Integration Strategies to the Italian National Strategy: "Health"

As outlined above, in 2011, the European Commission issued a communication to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions stressing the necessity of the establishment of "An EU Framework for National Roma Integration Strategies up to 2020" (European Commission 2011). This document highlighted that in Europe many of the estimated 10-12 million Roma face daily marginalisation through prejudice, intolerance, discrimination and social exclusion and hence one of the imperatives for the Union and its Member States is the improvement of their economic and social conditions.

The lack of adequate access to healthcare and poor standards of service for vulnerable people such as pregnant women, and the risk or poor health status being exacerbated by unacceptable living conditions, is particularly significant in regard to this population which is demographically atypical within the EU, with the population being, on average, significantly younger than the EU mean. 35.7% of Roma are under 15, compared to 15.7% of the EU population overall, whilst the average age of Roma people is 25 compared to 40 for EU citizens generally (European Commission 2011:2): a trend replicated in Italy as well as other EU countries.[34] According to the European Commission, non-discrimination enactments are not sufficient to address exclusion, therefore a full range of EU institutions have been required to embrace the EU Framework for National Roma Integration Strategies and use it to complement and reinforce the already existing equality legislation and policies found at a national level. Whilst member states hold primary responsibility in

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[33] See also Severino and Bonati (2010:50-6) on *Immigrants and Health: Between Rights (to care) and Crime (of illegal immigration).*
[34] See additional indicators regarding the Italian situation in 4.2.1. Since only "identified" Roma are included in these statistics, their precise accuracy is open to question.

this regard, they are also expected to support the involvement of national, regional and local agencies and enter into "dialogue with, and participation of, the Roma" on topics such as employment, education, housing and healthcare" (European Commission 2011:2).

Amongst mandated priorities for enhancing the status of Roma populations is "Access to healthcare", which aims to reduce "the gap in health status between the Roma and the rest of the population" (European Commission 2011:6-7). Indeed, such action is critically important as alarming indicators show that whilst in the EU generally, life expectancy at birth is 76 for men and 82 for women, for the Roma it is 10 years less (European Commission 2014a). Similarly, while the 'mainstream' infant mortality rate is 4.3 per thousand live births, for the Roma it is two to five times higher, depending on the country (United Nations Development Programme 2012).

Despite EU expectations that all member states will work to enhance the situation of Roma populations, many countries have been slow to engage with the requirements of the Framework. Indeed, after the EU Commission requirement for Member States to embrace the EU Framework for National Roma Integration Strategies, the Republic of Italy presented its National Strategy for the Roma, Sinti and Caminanti to Brussels on February 28th 2012: the last available day for submission (Immigrazione Oggi 2012).

4.2.1 The Italian National Strategy 2012-2020

The Italian "National Strategy for the inclusion on Roma, Sinti and Camminanti" was prepared under the coordination of the Minister for International Cooperation and Integration, Andrea Riccardi. The NRIS was required to engage with four main "pillars", or areas of intervention: education, employment, health and housing. It also established the central role played by the National Anti-Racial Discrimination Office of the Government (UNAR) in the coordination of a number of ministries – Labour and Social Policies; Interior; Justice; Education, University and Research – as well as Local Authorities, in working on Roma affairs. Moreover, the document clarified that the allocation of funding to tackle issues related to the areas of intervention, would be leveraged by using the remaining funding formerly earmarked for "Nomads' Plans" promulgated by Minister Maroni at the time of the "Nomad Emergency" (2008) as well as using other previously allocated government funds and European grants (Ufficio Nazionale Anti Discriminazioni Razziali,

2012).[35]

The Italian NRIS outlined, for the first two years, a number of interventions "to increase the institutional and civil society capacity building for the inclusion of Roma, Sinti and Camminanti" through the enactment of "Local plans for the community's inclusion…by using…resources derived from the past commissarial emergency in the territories of Campania Region, Lombardy, Latium, Piedmont and Veneto, today not yet employed" (Redattore Sociale in Immigrazione Oggi 2012).

The document also proposed the creation of permanent anti-discrimination territorial centres coordinated by UNAR which were aimed at detecting phenomena of discrimination and challenging stereotypes though information campaigns and by establishing a model of community participation in local and national decision-making processes to be achieved through the involvement of the most important stakeholders related to both institutions and associations sectors (Redattore Sociale in ImmigrAzione Oggi 2012; Ufficio Nazionale Anti Discriminazioni Razziali 2012).

The Italian National Strategy, as indicated above, aims to overcome, review and regulate the prior institutional approach to engaging with Roma as outlined in the "Nomad Emergency" provisions previously in force. It is worth reiterating that there are particular concerns pertaining to the demographic makeup of the Roma population and their age-related use of healthcare provisions. Indeed, the NRIS for Italy specifies that existing data sources suggest that there are between 120,000 and 170,000 Roma people resident in Italy (who are not protected by Law 482/1999 for the protection of territorial linguistic minorities), of which half are young: "a population of children" (Comunità di Sant'Egidio; Opera Nomadi and CRI in Caligiuri *et al.* n.d: 10-11). Focusing on Scampia, there are over 1500 Roma of Yugoslavian origins who have been recorded as living in the Italian territory since the end of the 1980s, including generations, born in Italy, who are still unable to achieve full equality in access to services (Ufficio Nazionale Anti Discriminazioni Razziali 2012:4-5). Bormioli *et al.* (2014:27) reviewed several statistics on the presence of RSC in Italy and pinpointed that data are "scant" and general official estimates on the regional diffusion of these communities do not exist, however by cross-referencing available data

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[35] Verranno utilizzati "fondi statali già stanziati sui capitoli di rispettiva competenza delle amministrazioni centrali per la realizzazione dei progetti previsti dalla normativa vigente", fondi nazionali e comunitari "afferenti a programmi operativi nazionali dell'Obiettivo convergenza di Calabria, Campania, Puglia e Sicilia finanziati con il Fondo sociale europeo e il Fondo europeo di sviluppo regionale e i fondi relativi al "Programma generale solidarietà e gestione dei flussi migratori per la gestione dei fondi per i rifugiati, per i rimpatri, per l'integrazione di cittadini di Paesi terzi e per le frontiere esterne" (Immigrazione Oggi 2012).

the authors considered that there was a presence of 9,500 Roma in Campania Region (of a total regional population of 5,769,750; 0.16%).[36]

Central to the Italian National Strategy for the Integration of Roma, Sinti and Caminanti as outlined above, are provisions pertaining to "health" improvements. Access to social and health services represent, in fact, a clear priority given both the NRIS compulsory strands, and the demographic profile of the communities. In particular, the NRIS stresses the necessity of focusing on the implementation of illness prevention and health interventions, with particular attention to the most vulnerable groups amongst the population: women, children, elders and disabled individuals. The Italian Strategy discusses the health-related situation of Roma, Sinti and Caminanti (RSC) groups in some depth across a number of pages (Ufficio Nazionale Anti Discriminazioni Razziali 2012:72-8). The document explains that in regard to Roma, Sinti etc. the literature on health all over the world underlines that this population faces high health risks and this is relevant to both "nomad" and "settled" communities facing poverty and substandard living conditions (Ufficio Nazionale Anti Discriminazioni Razziali 2012:74). The Italian Strategy suggests that people have to cope with a significant separation from host societies because of prejudices held by the mainstream population, and also discrimination, but that this separation also pertains to their perceived degree of self-exclusion. These complex conditions represent real impediments to the possibility of Roma in Italy achieving integration, and also impact on their access to healthcare and services (Ufficio Nazionale Anti Discriminazioni Razziali 2012:74). In the light of these circumstances, the National Integration Strategies emphasise the need for agencies to join forces and to work together with all stakeholders, including RSC associations and other civil society actors. According to the Italian Strategy, the ambitious EU mandated aims can be achieved only by enacting effective planning strategies and procedures to fulfil the health needs of this population and by adopting, at local public centres, targeted strategies aimed at prioritising the specific needs and peculiarities of these migrants and their most vulnerable components, especially pertaining to cultural habits and needs (Ufficio Nazionale Anti Discriminazioni Razziali 2012:74).

The text reminds stakeholders that in Italy, pregnancy and maternity occupy a particularly protected status; there is a guarantee of quality of treatment for Italian citizens (Law. 29/07/1975, n. 405 and Law 22/05/1978 n. 194, Ministry of Health Law Decree 06/03/1995 G. U. n. 87 del 13/04/1995); and that there are similar requirements in relation to the

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[36] In the term "Roma" the authors include RSC: Roma Sinti and Caminanti (Bormioli *et al.* 2014:27).

health of minors (in the respect of the Conventions of the Rights of the Child ratified and put into force with Law 27/05/1991, n.176) (Ufficio Nazionale Anti Discriminazioni Razziali 2012:74).

Health assistance in Italy is guaranteed through access to first-aid clinics or in accordance with specific regional agreements (Decree of the President of the Republic D.P.R. 394/99, art.43,8) and it is forbidden for health and administration personnel to report to public security services when illegal immigrants or those with uncertain legal status approach medical centres.[37] Furthermore, in accordance with this law, such patients do not have to present a copy of their visa in order to receive medical treatment.

Despite these regulations designed to protect health, Roma typically face multiple barriers to accessing care and treatment. Firstly, Roma must register with the *Servizio Sanitario Nazionale* (SSN): the National Health Service, as this is an obligation for all citizens associated with the state duty to provide equality of treatment arising under duties and rights. 'Aliens' (*extracomunitari*) that lack citizenship can still access health services on the basis of Law n. 40/1998 outlined above. However, according to the authors of the NRIS text, Romani and Sinti communities usually only consult healthcare providers when their illness is in flare-up phase or crisis and they are in need of urgent treatment (Ufficio Nazionale Anti Discriminazioni Razziali 2012:75). Furthermore, therapies are often disrupted and treatment stopped as soon as symptoms improve: a finding common to Roma communities throughout the EU (see European Commission 2014c). Moreover, on many occasions, family members are anecdotally noted as interfering with the suggested therapeutic advice, suggesting contrasting treatment to that recommended by health personnel.

Moreover, "The meeting between the *Rom/Sinto/Caminante* patient and the National Health Service usually happens at the Emergency Room, which is used in an improper manner for every health issue. The reasons are connected with lack of health education and difficulty in understanding healthcare as based on "prevention and therapeutic perseverance" (Ufficio Nazionale Anti Discriminazioni Razziali 2012). Accordingly, it can be seen that the theme of Roma patients accessing care through emergency rooms rather than through primary healthcare providers is common in Italy as in other Member States (European Commission 2014c), and is perceived by health-service personnel as

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[37] Note that Law Decree 286/98 (TU) art.35, 5 was not abrogated by Law n.94 15/07/2009, hence it is still in force. See discussion above in Section 4.1.

problematic in terms of ascertaining the general health status of patients as well as creating tensions between care-providers and Roma service-users. As a result, a toxic combination of prejudice, clashing convictions and false certainties in terms of health status and treatment, aggravated by communication barriers, increases the distance between RSC and healthcare providers. Moreover, healthcare professionals often have difficulty in establishing relationships of trust with Romani service users "because of the lack of knowledge of the different cultural interpretations of the concept of health, a defect that risks generating an altered interpretation of symptoms and a consequent inefficiency in terms of effecting a cure" (European Commission 2014c).[38]

The authors of the Italian Strategy document reiterate that RSC populations demonstrate a more precarious health status than other immigrants and that this is a result of their low socio-cultural status, accompanied by the poor living conditions of the camp-settlements. Even though little data exists on the heath situation of RSC in Italy, there are indications that Romani children tend to have lower birth-weights than other children; that children become ill with respiratory diseases more often than their non-Romani peers; and that they incur poisoning, burns and other domestic accidents more often than other children (European Commission, 2014c). Finally, alcohol and drug abuse, illnesses related to poor socio-economic conditions and diseases of poverty such as TBC, scabies, pediculosis and some types of viral, mycotic and venereal infections, are becoming more frequent when compared to the past.[39] Amongst adults, diseases of the digestive system, respiratory conditions, osteo-arthritis and connective-tissue diseases, hypertension and metabolic syndromes which are often related to lifestyle are frequently found, and in addition, high risks for maternal and children's health are routinely reported (European Commission 2014c).

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[38] See Chapter 8 for an account of tensions between Roma and health service personnel.

[39] Recently the alarming health condition of some settlements in Rome have been reported by a several journalists and NGOs (Il Tempo.it 2017; Bisbiglia 2017; Savelli 2017). The articles outlined that (in one location) not only the inhabitants, which included children, had caught scabies, but also that there was scarce medical attention available to them and even lack of "water". Marcello Zunirsi, legal representative of the Associazione Nazione Rom, published on Facebook the text of his letter to the institutional representatives, requesting the immediate relocation of 1076 individuals from Castel Romano camp (Associazione Nazione Rom 2017). According to Benignetti (2017): "The Roma attribute the diffusion of pandemics to lack of water and scarce hygienic conditions of the settlement. The camp in fact…is far from the main residential areas and it lack a permanent health centre". Furthermore, the journalist quotes the coordinator of the syndicate UGL-Police: "In 2015 - Milani explains - the ASL requested the Commune of Rome to establish it (health centre), due to the presence of insects, rodents and the diffusion of infectious diseases between the inhabitants of the settlement, but the Capitol (*Campidoglio*) did not fulfill it." (Milani cit. in Benignetti 2017). Finally, Drogo G. (2017) explained the situation recently faced by Roma families, resident at Camping River: they have no access to potable water and, in addition, recently received a water-tanker for washing, cooking and sanitation, contaminated by "worms".

In order to understand the impact, or lack of impact, of the NRIS, it is necessary to consider the context in which it was introduced. The European Roma Rights Centre (ERRC) identified "ghettoisation, spatial and racial segregation of Roma in Italy" as an issue almost two decades ago (ERRC 2000:17) This was not the only alarming report on the situation of Romani people in Italy. Many fact-finding missions were carried out in Italy generally and Campania Region in particular, during and after the Nomad Emergency Decree of 2008 and several reports were produced by governmental institutions and NGOs (European Parliament 2008; ERRC, Romani Criss, ACRR, COHRE, OSI 2008; FRA 2008; ERRC, Open Society Institute, OsservAzione 2009; Council of Europe Commissioner for Human Rights 2008, 2011). Some publications referred specifically to the situation of the Neapolitan encampments with particular reference to Ponticelli and Scampia: Ponticelli was particularly highlighted because of the mob attack which set the camp on fire (FRA 2008) and Scampia "Old Camp" because it was the site where fingerprints and identity photographs were taken of both adults and minors, by law enforcement officers who also collected data on ethnicity and confession that are generally not asked of other Italian citizens (Romani Criss, ACRR, COHRE, OSI 2008).

The Italian "Security Package" which included the Nomad Emergency Decree (referencing Roma settlements in Campania, Latium and Lombardy), enacted on the 21st May 2008, was extremely controversial.[40] According to Merlino (2009) this legal enactment should have been called, The Italian (In)Security Package, as it triggered criticism of the Member State that produced it, in particular because the nature, scope and implications of the measures introduced were argued by many to be incompatible with the democratic principles of EU law, including non-discrimination, individual freedom of movement and compliance with international human rights standards. The decree was eventually struck down by the Italian Supreme Court on May 2nd 2013. This decision established the definitive end of "Nomad Emergency season" (Associazione 21 Luglio 2013) and was declared "A great victory in the fight against anti-Roma discrimination" by Amnesty International Italy (2013).

In the debate over the decrees, Commissioner for Human Rights, Hammarberg (Council of Europe Commissioner for Human Rights 2008:11) expressed concern at "consistent

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[40] Decreto del Presidente del Consiglio dei Ministri del 21 Maggio, 2008, Dichiarazione dello stato di emergenza in relazione agli insediamenti di comunità nomadi nel territorio delle regioni Campania, Lazio e Lombardia, Gazzetta Ufficiale n. 122 del 6.5.2008.

reports establishing that behind individual incidents, occasionally very violent, there was a trend of racism and xenophobia in Italy targeting primarily Roma, Sinti and immigrants from EU or other countries". Hammarberg (Council of Europe Commissioner for Human Rights 2008:19) underlined the necessity "to reinforce the antidiscrimination legal framework". In his "Memorandum", he recommended the Italian authorities "to ensure a prompt reaction to condemn strongly and publicly all statements, irrespective of their origin, that generalise and stigmatise certain ethnic or social groups, such as Roma and Sinti or migrants" and added that "They should also see to it that their own initiatives, including new security packages, cannot be construed as facilitating or encouraging the objectionable stigmatisation of the same groups". (Council of Europe Commissioner for Human Rights 2008:20).

In March 2010, the United Nations Human Rights High Commissioner, Navenetham Pillay, came to Italy on the invitation of the Human Rights Committee of the Senate of the Italian Republic where she met the Ministers of Foreign Affairs, Interior, and Justice, the Under Secretary to the Presidency of the Council of Ministers, the President of the Chamber of Deputies, the Foreign Committee/Sub Committee on Human Rights of the Chamber of Deputies and the Human Rights Committee of the Senate (United Nations Human Rights Office of the High Commissioner 2010). After directly observing the conditions in one of the capital's Roma settlements, Pillay declared to the press that:

> "I am profoundly shocked by the conditions of the camps... For a moment, I thought I was in one of the poorest developing countries and not in one of the richest nations in the world .... I have raised the issues of fundamental human rights, such as access to health care and education, especially for those Roma living in informal Roma settlements, and the excessive resort to repressive measures such as police surveillance and forced evictions" (United Nations Human Rights Office of the High Commissioner 2010).

The intervention of some of the highest human rights representatives from the UN and EU appears to have had little impact upon the Italian government. The conclusions of a report by the Italian Senate's Extraordinary Commission for the Protection and Promotion of Human Rights the following year limited its aims to offering additional knowledge, in order to allow a more constructive debate (Senato della Repubblica Commissione Straordinaria per la Tutela e la Promozione dei Diritti Umani 2011:3). The intention of "getting to know" certain issues was seen as important, not only to "break a vicious circle" where ignorance

and prejudice foment each other, but also because:

> "…knowledge brings to light social sections and living conditions that are so dramatic that they can be only tolerated by deciding not to look at them...breaking this veil of ignorance, deciding to get to know and learn, is the starting point, without this no policy can be ever created. The authors of the report envisage a national project able to start from different observation points located on the territory but able to homogenise research methods of data and information gathering, to provide an elaboration integrating them; also appropriate quantitative and qualitative investigations in order to create a reliable national database…this project cannot be possible without the dialogue and the involvement, the direct participation of the people directly involved (Senato della Repubblica Commissione Straordinaria per la Tutela e la Promozione dei Diritti Umani 2011:3).

The report, then, whilst acknowledging the seriousness of the problem, called for more knowledge rather than concrete action. It justified this call by rejecting widespread criticism of the Italian National Plan on Roma and Sinti Issues, which was the precursor to the "National Strategy for the Roma, Sinti and Caminanti for "the lack of a national strategy, which limits or precludes using these European resources that are available for integration policies" because, it is asserted:

> …a National Plan cannot support the noxious illusion that there are univocal and homogeneous possible solutions on this question: only pragmatic, differentiated, concrete answers can lead to the right direction and these imply the organisation and decentralisation and the direct responsibility of the local institutions... Hence, the only possible national plan is a very articulated strategy able to respond to different queries and needs (Senato della Repubblica Commissione Straordinaria per la Tutela e la Promozione dei Diritti Umani 2011:4).

The report also emphasised that establishing a highly-articulated organisation should not mean leaving local administrations to tackle problems alone, resulting in the possibility that available resources remained largely unused. It therefore suggested considering the establishment of a "national task force" at the service of the local institutions, NGOs and existing Romani representatives, in order to help them to pass from the idea – and the project's intention – to its technical formulation, management and implementation. It also called for discussion on recognition of the Romani language (Senato della Repubblica

Commissione Straordinaria per la Tutela e la Promozione dei Diritti Umani 2011:4). Both these proposals, however are couched in terms of consideration or discussion: not of concrete action.

Despite its call for more knowledge, the report synthesised much existing knowledge on the situation of minors. It regrets that this knowledge comes from Ministry of Interior security records and also regrets "inhuman and degrading conditions" rarely paralleled in Europe. It therefore proposes "a program of gradual closure of the camps... an offer of different, acceptable and accepted, housing solutions...". It asserts, however, that one of the main problems is in fact "participation" seen as "a necessary condition for progress, because of the lack of homogeneity of the associations' groups and their diverging interests (Senato della Repubblica Commissione Straordinaria per la Tutela e la Promozione dei Diritti Umani 2011:6).

When the Italian National Strategy was finally delivered, it addressed four issues: housing, employment, education and also "health" (Ufficio Nazionale Anti Discriminazioni Razziali 2012 [2.4.5]:73-85). The Ministry of Health established a National Table on "Health" for the implementation of the National Strategy of Inclusion for Roma, Sinti and Caminanti (RSC) for the enactment of the EC Communication n.173/2011 (Ministero della Salute 2015).

During May 2015, the National Table on "Health" produced an Action Plan which averred that it is difficult drawing an epidemiological profile of the RSC population, even though literature generally agrees that these groups live in social marginalisation and are at high health risk (Ministero della Salute 2015:5). The Action Plan also declared that, separation between communities occurs not only because of prejudices and discriminations against these communities but also because "they self-exclude". This self-exclusion was presented as making real integration on an equal basis impossible and "precludes their access to protection of health rights that the Italian legislation guarantees also to immigrant populations".

The Health Strategy proposes three specific targets:

> 1.Favouring the analysis and the modalities of access to quality health services for RSC with particular attention to women, children and adolescents, elders and disabled;

> 2. "Favouring the access to social services and preventive medicine, with particular

reference to reproductive and maternal and child health";

3. Involving in the social services and in the programs of medical care qualified RSC, also through the participation of cultural mediators.

The National Strategy does recognise the damaging effects of the previous terminology and the use of the word *nomade* (nomad) and the real discrimination against people given that status, before the law was brought into conformity with EU non-discrimination regulations through Law *Turco-Napolitano* (L.40/98) and Law Decree n.286/98 *Testo Unico sull'Immigrazione.* The Action Plan still complained, (somewhat disingenuously) however, that there are not enough studies on RSC health as a result of difficulties in conducting a census due to Roma mobility, but also because investigations are usually carried out on small samples, hence generalisation is not possible and even data from records of access to health services are partial since they consider only the population that accessed them (Ministero della Salute 2015:9). The data considered by the report included principally investigations carried out since 1985 in the nomad camps, which produced findings common across Europe in such studies: low and shortening life expectancy, high infant mortality, poor reproductive health characterised by early marriages and low demand for contraception with a high frequency of abortions and scarcity of check-ups during pregnancy, lower weight at birth, more preterm births, smoking during pregnancy, low use of dietary supplements, and exclusive breast-feeding usually terminated around the 2nd or 3rd month (Ministero della Salute 2015:9).

Children present a higher percentage of congenital anomalies and other pathologies related to unfavourable living conditions, bad eating habits and general poverty; one in three hospitalisations are caused by respiratory diseases, intestinal infections, malnutrition and impetigo and compared to non-Roma there is a higher percentage of dental problems, lower vaccinations and higher percentage of domestic incidents, such as poisonings and burns. Moreover, children have inappropriate dietary habits, consuming inadequate quantities of fruit, vegetables, milk and derivatives, cereals, pasta rice, eggs meat and fish, and too many sweets; while adults abuse animal-fats and alcohol and report a high occurrence of metabolic pathologies, infectious diseases related to the living conditions, viral infections etc. Children also start smoking at an early age (Ministero della Salute 2015:9).

Having thus fleshed out their allegedly inadequate research knowledge base, the Action

Plan proposed a process of organisational transformations based on relational and correct communication with the beneficiaries in order to tackle complex social and health situations (*mediazione di sistema*); to provide equal opportunities to access; and to find strategies and methodologies of intervention in which communities can participate, not as passive objects, but with equal dignity, in defining and enacting adequate interventions for promoting health according to a "participative approach" (Ministero della Salute 2015:12). The model envisaged is the Ottawa Charter for Health Promotion, with particular reference to three essential activities: *to enable, to mediate and to advocate* (WHO 1986). The Charter also encourages the intervention of "cultural mediators" who could be trained to favour the "empowerment" of the RSC communities (Ministero della Salute 2015:12-13).

In addition, the plan suggested a division of activities into three macro-areas: 1. Training of health personnel; 2. Awareness of access to services for RSC; and 3. Prevention services, diagnosis and care (Ministero della Salute 2015:13). Finally, for the establishment of specific actions by the Regions, it proposed to seek the support of both the National Office against Racial Discrimination, UNAR (*Ufficio Nazionale Anti Discriminazioni Razziali)* and the Ministry of Health, because UNAR can participate through the establishment of partnerships (Ministero della Salute 2015:25).

Even though the Italian National Strategy claims to have moved away from the "Nomad Emergency" mentality, The *Fourth Opinion on Italy* issued by the Advisory Committee on the Framework Convention for the Protection on National Minorities of the Council of Europe, rather undermines that claim (Council of Europe 2016). While admitting Italy has continued its efforts to protect national historic linguistic minorities on its territory, it asserts that not all minorities have been treated in accordance with the Framework Convention. Rather, there is an asymmetric protection of rights resulting from the decentralised structure of the country (Council of Europe, 2016:1). In addition, funds were not allocated for the implementation of the National Strategy for the Inclusion or Roma, Sinti and Camminanti and the process has been generally very slow. Furthermore, no specific legislation has been adopted to protect these communities from discrimination even though Parliament has received abundant proposals, while RSC communities remain marginalised and are often residents of "segregated housing", in particular in the deplorable conditions of the "nomad camps", in spite of court rulings confirming that assigning housing in prefabricated containers surrounded by fencing constitutes discrimination" (Council of Europe 2016:1).

Finally, the *Fourth Opinion* points out that although, in general, in Italy there is openness and tolerance towards individuals belonging to long-established minorities, there has been an increase of anti-Gypsyism and xenophobia in recent years accompanied by the use of racist language by both political representatives and the media, in addition to episodes of physical and verbal attacks on asylum-seekers centres (Council of Europe 2016:1). Furthermore, the Office for the Promotion of Equal Treatment and Fight against Racial Discrimination (UNAR) has a "weak" mandate that does not guarantee its independence (Council of Europe 2016:1). It relies only on "its persuasion and moral authority...It ...cannot bring legal proceedings in discrimination cases and its intervention is similar to *amicus curie* briefs" (Council of Europe 2016:13).

The Advisory Committee on the Framework Convention for the Protection on National Minorities of the Council of Europe proposed some "Recommendations" for "immediate" legislative action to protect RSC, "with due consultation of representatives of these communities at all stages of the process", to make and sustain efforts to "prevent, combat and sanction" inequality and discrimination against RSC, especially women and girls; to improve living conditions in order to allow residents to move out of the "nomad camps", both "authorised and unauthorised" and, finally, to review the UNAR's statute and mandate without further delay, in order to allow it to work in an efficient and independent manner (Council of Europe 2016:13). The *Fourth Opinion*'s findings were based on the information provided by the fourth "State Report" that the authorities, submitted on March, 12th 2014, even though it noted, with concern, that the representatives of national minorities and Italian civil society were not consulted prior to the submission of the State Report" (Council of Europe 2016:13).

Perhaps the robustness of the *Fourth Opinion's* critique was partly stimulated by the fact that the Committee noted that the previous *Third Opinion* was not even translated into Italian, let alone minority languages, and at the end of the monitoring-cycle no follow-up seminar was organised to raise awareness of the rights protected by the Framework Convention (Council of Europe 2016:4). The *Fourth Opinion* concludes:

> No progress overall has been observed as concern the situation of Roma, Sinti and Caminanti...Moreover, the majority population and representatives of various public bodies both at central and municipal level continue, including State Reports, to refer these community as "nomads" perpetrating an outdated and discriminatory stereotype, which has little to do with reality today...Supposed nomadism...has been

used to justify the policy of settling these communities in camps for nomads (where often successive generations have lived in deplorable conditions for decades) away from the majority population, shifting the blame for poverty, hostility and systematic discrimination on the shoulders of the Roma and ultimately maintaining the inertia of the status quo..." (Council of Europe 2016: 5-6).

The *Fourth Opinion* asserts "the camps, in particular, the unauthorised ones, cannot be considered in any significant way to offered dignified living conditions to their residents" (Council of Europe 2016:7) and a particularly severe mention is made of the "Old Camp" of Scampia and the institutional decisions taken regarding the Roma living in that context:

> Worse still, in May 2014 the Municipality of Naples authorised construction of a "temporary" camp for Roma (*Cupa Perrillo camp, in Scampia*) to be funded from the European Regional Development Fund (ERDF) earmarked for projects to strengthen economic and social cohesion. The situation is even worse in unauthorised camps. The Advisory Committee finds it most surprising that the authorities tolerate a state of affairs where people continue living in undignified conditions, without access to basic amenities, surrounded by fencing and according to some sources "protected" by criminal organisations (Council of Europe 2016:15).

According to Rorke (2016a), ERRC advocacy officer and academic lecturer in Human Rights, the CoE Commissioner for Human Rights, Nils Muižnieks wrote a letter to the Italian premier to express his regret at the continuation of "past policies" associated with the Nomad Emergency. Rorke (2016b) also noted the remarks of CERD (2016:3) concerning racist hate speeches against RSC perpetrated by the Italian media and politicians but also the evictions, camp-segregation, substandard accommodation etc. (CERD 2016, 6-7-10). Furthermore, Rorke (2016b) highlighted responses to a survey carried out by Wike R. *et al.* (2016) which found that amongst Muslims, Jews and Roma, respondents viewed Roma least favourably. Rorke further observes that:

> "Despite damning reports from Strasbourg, expressions of concern from Brussels and copious submissions of documentation by different human rights organisations documenting the abuses, the Italian government remains "impervious to criticism... Such discriminatory policies are in clear breach of Italy's international commitments, run totally counter to the stated objectives of the EU Framework for National Roma Integration Strategies... It is clearly time for the European Commission, as guardian

of the treaties, to initiate infringement proceedings against Italy" (Rorke 2016a).

To date, however, no such infringement proceedings have commenced. Some sources assert that legal action has been blocked at the highest levels of the EU due to a desire to avoid confrontation with Italy at a time when there are already significant political tensions between the two polities (Robinson and Politi 2017).

4.3 Naples: Roma in the District of Scampia and their Access to Healthcare

Turning from national policy to local delivery of healthcare: in Scampia there is a "specifically assigned clinic" (*ambulatorio dedicato*) called "Ambulatorio dei Popoli" (Clinic of the Peoples) which is commonly used by Roma patients. Information on this clinic has been anonymously provided by one of the doctors who was responsible for the establishment, development and continuation of this specialist clinic over a number of years. In addition to primary information supplied by the physician, complementary data on the services provided were summarised in a leaflet given to the researcher at the time of the interview (in 2012). This leaflet "Ambulatorio dei Popoli" (ASL Napoli 1 Centro, n.d.) has been utilised as support material in the development of the research data analysis.

The "Clinic of the Peoples" is maintained under the coordination of the Local Health Authority: *Azienda Sanitaria Locale* (ASL), Napoli 1- Health District 28. It is an STP (*Straniero Temporaneamente Presente*/Temporarily Present Foreigner)– ENI (*Europeo Non Iscritto/* European Not Registered) health centre for Migrant Health and Intercultural Medicine. The leaflet explains that the beneficiaries of the services provided include "all immigrants, without regularised 'permission to stay'" (*permesso di soggiorno)* who can approach the clinic to receive a general medical consultation if they do not hold a health card. They are able to seek a consultation with a specialist in infectious diseases; to be tested and receive treatment for sexually transmitted diseases; or to receive guidance in regard to all the services offered by the healthcare provider ASL Naples 1 Centre. The clinic is open from Monday to Friday each week, and is located in the Viale della Resistenza, Scampia, within walking distance of the "Old Camp", although it is some distance further from the "New Camp" of Secondigliano located in Via Circumvallazione Esterna.

The clinic is a walk-in centre which does not require prior reservation or referral, and

provides both generic and specialist consultations. In addition to the services outlined above, it offers oncology surgery and other health related checks. The clinic is also able to provide heath certificates necessary to obtain an *STP-ENI* health card. Blood checks can be undertaken, but only upon prescription by a doctor. The clinic can also provide referrals for specialist hospital consultations that cannot be provided by the local health clinic. In addition, this clinical practice can provide prescriptions for essential medicines and refer and advise health-card holders who are able to obtain certain health services provided by the GP who is identified when the patient's health card is issued. For medication prescribed by the clinic doctor there are typically some costs payable ("tickets" to be paid at the pharmacy) in accordance with national and regional regulations pertaining to prescriptions for medication. The clinic premises consist of a waiting room, nursing room and a doctor's office.

The leaflet on the services provided by the clinic clarifies that the service specialises in the provision of care for Romani people (The word ROM is written in capital letters) but is also available to Ukrainian and Romanian caregivers (usually women); young African men resident in two local centres; seasonal agricultural workers that arrive from Castelvolturno (province of Caserta); and guests living in shelters administered by the Community of the Sisters of the Missionary Order of Charity. In addition to these groups, Russian, Belorussian and Bulgarian migrants and other marginalised or "hard to reach" patients use this service (ASL Napoli 1 Centro n.d.:4; Buondonno *et al.* 2015).

Of the Romani service users, the majority have origins in the former Yugoslavia, mostly in Serbia or Macedonia. According to the official report issued in 2015 by the *UO Attività Sociosanitarie Cittadini Immigrati* ASL NA1 Centre,[41] utilising data from the year up to December 31st 2014, the demographic profile of the service users comprised 3964 immigrants, holders of valid STP temporary health cards: an increase of 713 new service users compared to 2013 (2015:75). The percentage of patients according to nationality was 21% from Ukraine; 13% Sri Lanka; 11% former Yugoslavia; 8% Georgia; and 6% Nigeria (2015:75). All former Yugoslavians who used the service were located in Health District 28 (2015:80), the area adjoining the clinic's location, indicating that such service users were all residents of the Roma camp to which the clinic was adjacent.

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[41] Buondonno *et al's* (2015) report for SASCI (Servizio Attività Sociosanitarie Cittadini Stranieri), Dipartimento delle Fragilit – Department of Fragilities) of the Region Campania ASL NA1 Centro (Centre) is the latest accessible documentation published on the web-portal of the local institution in downloadable format.

The clinic is primarily a first assistance centre where some patients make use of services occasionally on a one-off basis, while others need ongoing treatment. The centre serves the Romani communities in both the Old and New Camps. Generally, it was pointed out to me, that patients inhabiting the settlements present themselves at the clinic with similar health issues to those of other local inhabitants, their cases differing only in the fact that they live "on the road" (i.e. in settlements and not in housing), in degraded living conditions that may frequently both cause and exacerbate health problems, and that their general health therefore tends to be more fragile than that of other local residents. Impoverished diets may sometimes require prescription of vitamins and supplements to enhance their general well-being (Doctor N. 2012).

The information leaflet and data provided by the doctor in charge of the clinic service (ASL Napoli 1 Centro, n.d.:4), furthermore reported that from 1998 "up to today" (undated leaflet published prior to the interview held on 19/06/2012) over a thousand medical folders/case-notes were compiled, and sometimes in overcrowded periods, especially in winter, over 25 people per day attended from the neighbouring settlements seeking consultations with the GP due to common conditions such as high temperature, 'flu, colds, coughs, etc.

The staff of the clinic included the doctor responsible for the practice supported by a medical colleague and a nurse. In addition, several specialists based in the locality and aware of the activities of this practice, sought to support the service by providing "care for the health of individuals without any distinction of sex, race, colour or documents..." (ASL Napoli 1 Centro n.d.:4).

According to the doctor, and as evidenced in the documentation and statistics shown to me during the interview, the main pathologies prevailing amongst Romani patients, especially youths and men, were: dyslipidemia (endocrine and metabolic disorders), ischemic cardiopathy (cardio-vascular conditions), chronic bronchitis, bronchial asthma, emphysema, dermatitis, hypertension and diabetes mellitus. Other significant problems observed were: childhood obesity and diseases of the female genital system (ASL Napoli 1 Centro n.d.:4).

The brochure thus pinpointed some critical aspects of their work and further suggested some important objectives to be reached in the future, for example through joining forces with other stakeholders, and by involving Third Sector agencies in support of the healthcare institution (ASL Napoli 1 Centro n.d.:4). One of the urgent goals was

establishing a refuge, a place to go for recuperation, for patients released from hospital who are unable to access health services provided at home either by nurses and paramedical staff or by doctors, because their housing is considered unhygienic and unsuitable for delivery of ADI services (ADI means *Assistenza Domiciliare Integrata*/Integrated Home Care).[42] Further targets included the development of a counselling centre and a system for the distribution of medication belonging to "Group C", such as paracetamol (acetaminophen) or other analgesics that are not prescription medicines, but are regarded as being of primary importance; and the development of a food centre – a canteen to aid the control of pathologies related to the metabolic syndrome, and hence also to improve the management of food-borne illnesses. Longer term aims included integration of services aimed at supporting employment and housing relocation; incorporating local anti-racism and cultural promotion campaigning groups into such networks; and promoting dialogue aimed at facilitating knowledge-exchange of information related to socio-economic situations faced by individuals and communities living in conditions of vulnerability and invisibility (ASL Napoli 1 Centro n.d.:4-5).

4.4 Summary

This chapter has shown that many Roma people living in camp settlements in Italy, especially from former Yugoslavian communities, may still not be able to fully avail of the rights to healthcare available to Italian citizens as a result of a number of conditions and multiple-discriminations, such as their ambiguous legal status, lack of socio-economic possibilities and co-location in health-endangering living contexts. It further shows the EU initiatives designed to improve the situation of Roma have in Italy, been paid lip service at best, whilst claims that Roma "self-exclude" from Italian society have been used as excuses to avoid concrete action. Moreover, it has shown that the Italian state has persisted with illegal discriminatory policies despite condemnation by human rights representatives from both the UN and the EU.

The chapter went on to examine the medical facilities available to Roma people in Scampia and consider the primary medical issues which affect them. Having summarised

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[42] The brochure was provided by Doctor N. the day of the audio interview 19/06/12, however, at the time of the second meeting with the interviewee (27/09/16) and during the numerous consultations with the other participants there was no confirmation that the aspirational target, a place of recuperation for Romani patients, was ever realised in the medical district of Scampia.

the policy enactments affecting the Roma communities in Italy and the local services which are available to residents in the fieldwork site, in subsequent chapters, the physical conditions of the nomad camps and the circumstances of individual respondents and participants to this study will be described in detail, whilst the role of medical personnel will also be further explored.

Chapter Five: *From Limbo to Purgatory: the environment of the "Old" and "New" Camps in Scampia and Secondigliano*

SUMMARY OF CHAPTER 5: This chapter is the first of four presenting the ethnographic data gathered during the study. It describes the physical environment of the Roma camps of Scampia and Secondigliano and details the risks to health that are encountered in these environments.

5.1 Scampia "Old Camp" Settlement: History, Socio-Demographics, Conditions and Interventions

The Roma settlement which forms the basis of this ethnographic study in Naples is located in the area of Scampia, under the jurisdiction of the 8th Municipality. The settlement is commonly known to local non-Romani inhabitants as *campo nomadi* (the nomads' camp) while residents and people working with the inhabitants define it as the "Old Camp of Via Cupa Perillo in Scampia". The camp itself consists of an area between Via Aldo Moro, the road leading from the town of Mugnano di Napoli, and the roads coming from Scampia called Via Galilei and Viale della Resistenza. The settlement is dominated by a massive flyover which carries the major road, Strada Comunale Asse perimetrale Melito-Scampia overhead.

The expression *Campo Vecchio* (Old Camp) is a descriptive term used only by those with sufficient knowledge of the development of Roma settlements in the area to differentiate between the two major encampments. Such people, primarily the Roma and those who work with them, know that there is also a "New Camp" in Secondigliano, on Via Circumvallazione Esterna. Both settlements are close to the original site where Roma settled when they arrived in family-related groups from the former Yugoslavia in the early 1990s or during antecedent waves of migration during the 1970s (Baracsi and Ferulano 2013).

Opposite, the "Old Camp" is the "New Camp", a *Villaggio della Solidarietà* (Village of Solidarity) created in 2000 in proximity to a highway, behind a prison and not far from electric pylons. Unlike the Old Camp, the New Camp is considered "legal" by local public institutions because it was built in conformity with an official decision to relocate Roma

families to this site.

On July 24th 2000, some of the Roma previously settled in a "spontaneous encampment", under a bridge, in Piscinola Via Zuccarini, were relocated to the first authorised camp in Campania Region built by the Commune of Naples (Cavinato *et al.* 2013:19). Today, this Village of Solidarity, located in Secondigliano, is home to 92 families numbering approximately 700 people (Calvinato *et al.* 2013:8). For some families, moving to the newly built settlement represented an improvement, even if the location was offering only emergency-type accommodation in containers with external toilets, they could benefit from water, electricity and gas services which were not found at their former location (Cavinato *et al.* 2013:8).[43]

The institutional decision to relocate families in the "New Camp" followed a traffic-accident during the summer of 1999, when a local Neapolitan girl died because of the negligence of a Romani driver (Cavinato *et al.* 2013:19). The death provoked resentment and in retaliation, a mob of Italian locals indiscriminately attacked the places where Roma were living, setting fire to their shelters, destroying their property and intimidating the population into leaving. ERRC reports that about 1,000 people were displaced to Rome or Salerno and that "victims affirmed that the police did not intervene to prevent the pogrom despite several calls to the emergency services" (ERRC 2000:73). This attack constituted racialised, collective punishment for an accident caused by one individual. Sigona (2002:37) and Cavinato *et al.* (2013:19) have both noted that local institutions too often adopt *laissez faire* policies when relationships between Roma and other communities deteriorate.

In response to the violent reprisal against the defenceless Roma, the local authority, with the support of some pro-Roma NGOs, created the "New Camp" to provide shelter for some of the former Yugoslavian Roma. Perhaps because of initial shortage of funds, political indecision, and reluctance of the municipality to provide wider services later, other family units remained in the Old Camp at Scampia. Rossomando (2007) provides a description of both the "pogrom" occuring the night of 18th June 1999, as well as the of the relocation of some Romani families that took place on the 24th July 2000, confirming Sigona's (2002:37-41) analysis of the events and the way the institutions handled the emergency. Rossomando (2007) confirms that before the arson in Via Zuccarini, there were approximately 2000 Roma in the area of Piscinola-Scampia, located in seven

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[43] In Italy gas is widely used for indoor heating, water heating and cooking purposes.

spontaneous settlements. The illegally built camps, at that time, were progressively growing due to new arrivals of former Yugoslavian Romani refugees *(profughi)*. After the attacks on the Roma carried out by local mobs, Roma scattered and the Commune's officials counted 750 people, just enough to fit in the new camp under construction behind the prison in Secondigliano. In addition, the Councillor for Social Policies (Incostante quoted in Rossomando 2007) affirmed: "The other (Roma) are gone...why create a problem for ourselves when there isn't one anymore?".

The Roma in Scampia have now inhabited the general area for three decades (Calvinato *et al.* 2013:11), in self-made houses, erected with light bricks and other available construction materials. The residents, while waiting to benefit from alternative solutions, developed their own shelters independently as best they could, largely using recycled or second-hand materials including used doors, windows and ceramic floor tiles, but also bricks and cement. There are significant disparities within the Old Camp in style and quality of construction. Some are well-designed and built. In the central "Roundabout" area, for example are a group of houses variously known as "The Little Switzerland" or "Pink Houses" well decorated and painted in pastel colours. Others appear, externally at least, to be less well maintained. These include houses on the sides of the camp close to and most distant from the flyover, and within the sub-camp known as the *Campo dei Musulmani* (Camp of the Muslims) which is inhabited by a group of Macedonian Roma. The camp is composed, in total, of five sub-camps (Cavinato *et al.* 2013:8). There are also a few recently arrived Romanian Romani families. Some homes are located at a little distance from the other structures, whilst some, usually comprising extended family groups, are gathered in dwelling-units arranged in circular or rectangular shape around internal courtyards.

5.2 The Old Camp as residential "limbo"

The Romani writer and journalist, Ronald Lee (cited in Montesi 2002), after visiting Camp Casilino 900 in Rome, declared that the camps' inhabitants too often live in a Romani "Kalisferia". Kalisferia is a term used by North American Roma to describe a place between heaven and earth: neither one place or the other – a "limbo" where the lost souls of unbaptised children roam in alienation for eternity.

If the Romani writer compared the camp reality to "limbo", this degrading situation could also recall the Catholic iconography of the "Purgatory", very vivid in the Neapolitan tradition of the "wretched souls", also called "*aneme do Priatorio*",[44] "*aneme pezzentelle*" or "*aneme abbandonate*" (souls of Purgatory, derelict souls or abandoned souls) discussed by Niola (2003). In the local Catholic imagination, Purgatory is a place where souls are relegated after death until enough prayers are provided to facilitate an exit, from the lower levels where the derelict souls are confined, towards a higher level. In Neapolitan folk belief, this *post-mortem* improvement can be obtained only through the prayers of individuals remaining in the world of the living: people who have a duty to take care of these souls of the deceased, assisting and providing for them. At the same time, the "adopted" penitent souls have to return favours and fulfil the expectations of the fostering individuals who have selected them for particular care. In exchange, the adopted souls must act as mediators between superior and inferior after-life stages by bridging between post-mortem worlds and those of living-beings. In this mythological world, such adopted souls appear in the fosterer's dreams to provide help or luck, for example, through identifying lottery numbers to be decoded from dreams. If a person is dissatisfied with the favour returned they can always abandon the previous adopted soul in limbo and exchange it for a more competent and fortunate spirit (Santaniello 2013). This iconography of semi-lost and partially cared for souls equates to the situation in which the Roma find themselves, often apparently lost and forgotten, cared for on occasion, only to be abandoned by others in the "mainstream" world.

I was reminded of Lee's theme of living in limbo during interviews, when participants were asked why certain families were not immediately moved to the New Camp along with other residents. According to those old enough to clarify elements of the history of the Roma settlements in Scampia and Secondigliano, this decision was not their direct choice but was taken by external parties. In sarcastic tones, respondents explained that the process of moving families to the New Camp operated as a "lottery": that the families were included in a census and categorised with the collaboration of local NGOs that were able to access information and to cross-reference data. These organisations, therefore, took on great responsibility in working with government institutions and especially in accessing,

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[44] Baracsi and Ferulano (2013), in their paper about the educational context into which Romani students in Scampia are inserted, used a similar concept*:* "The list of dead souls – as the operators of the project ironically called the list among each other contains names of students reported to social services by the school as students registered but not attending school "the dead soul cases". Baracsi and Ferulano (2013) pointed out that behind the "absence" of Romani students in Scampia there is a wide range of problems, some related to individual life histories and others to educational and immigration policy failures.

preserving and handling information aimed at numbering families and advocating for them in order that they might obtain services. The inhabitants were only partially aware of the process and only marginally involved in the decision-making process (Rossomando 2007), much as souls in limbo may be freed from that state only by the interventions of people outside that state.

Despite the "escape" of some Roma families from the original settlement, the relocation of all the Romani families from former Yugoslavia was not implemented. Therefore, according to the interviewees, based upon their remembrance of the division into two groups, there were some who were assigned new accommodation in an authorised place, and others, that were informed through the associations that had to wait "a little longer" for relocation (Sigona 2002:37). In the decades that followed, the families 'left behind' in the Old Camp were subjected to repeated delays and interruptions to their funding, stemming from political indecision and disagreements pertaining to where, when and how they would be relocated. Cavinato *et al*. (2013:11-12) explain some of the contradictions regarding the institutions and the organisations involved in the process of planning and building a state equipped village (*villaggio attrezzato*) for only 350-380 of the Romani people living in Scampia – less than half the population, and the reasons the funds were not used.

The supposedly short delay in moving the remaining families from the Old Camp extended to a limbo-like eternity and over fifteen years later, many families are still waiting for the assignment of a permanent residence in which to stay, an "official" and legally recognised location which would remove the insecurity of life in the legal limbo of the Old Camp: tolerated, but not lawful. Meanwhile, as the waiting period continues to extend, they remain in dire housing circumstances with very poor access to facilities.[45]

During the interviews, a general opinion was reiterated by respondents regarding the selection process, which was seen as too often based on favouritism, especially towards these individuals and families that know best how to interact with non-Romani people or who wished actively to support the role played by NGOs operating in partnership with mainstream institutions. By the time I conducted the interviews, however, some participants affirmed that such a long time had passed since the initial relocation had taken place, that they were too young, at the time of the events that split the original groups even to be aware of the initial justifications provided to explain why their families had not been

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[45] See Chapter 9.

relocated. They pointed out that there were, however, family links and marriages between individuals residing in both settlements, so that individuals sometimes shifted from one camp to the other.

Moreover, some interviewees pointed out that because the Old Camp, although technically illegal was generally "tolerated" by the authorities; public funding had been invested in different projects led by local CSOs and aimed at Romani inhabitants, to the extent that the settlement had become seen, by some, as a better location to live than the state-authorised New Camp. Despite being in a state of legal limbo, therefore, in which the prospect of relocation was always in the background, there were some advantages to living in the Old Camp, which some residents found more agreeable in that it at least had some surrounding green areas, whereas the newer, legal, state-built "Village", was located on an express-road. Furthermore, many people affirmed that they had "got used to it" after having spent such a long time on the Scampia site. Indeed, almost all of the interviewees highlighted that most inhabitants were either born in the Old Camp of Scampia or had spent over two decades of their lives there.

5.3 "Legalised doesn't make it better". Unrealised dreams: the physical terrain of the "New Camp"

Regardless of the legal status of the two camps, informants located on the old settlement repeatedly specified that their populations were closely linked and often moved between these two locations. Individuals living in the Old Camp visit the New Camp where they have family and friends, and *vice versa*. People from the two camps have also intermarried (see Table 1),[46] and so over the course of years, some inhabitants have moved from one settlement to the other. Participants frequently pointed out that although the New Camp is a "Village of Solidarity" and hence is "more legal" than the Old Camp, which is merely "tolerated", this does not make it a better place to live because this state-initiated solution presents a range of problems to residents, including some which may be categorised as structural. Moreover, it can be a cause of friction between Roma and non-Roma because it is seen as being a drain on public finances (Koveos 2013).

Was the New Camp really meant to be an improvement? Suggesting the opposite, the

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[46] Research participant "Luna" (see Table 1) for example, lived on the Old Camp but is now married to a Rom from the New Camp. They now live in a house in the area of Melito-Secondigliano.

report "Segregare Costa" and in particular the part dedicated to the "Case of Naples" written by Cavinato *et al.* (2013:8-20) argue that between the years 2005-2011, all activities connected to infrastructural support for the integration of Romani people in the Commune of Naples took an "exclusionary approach", deriving from an over-riding intention to construct accommodation creating segregated ethnic enclaves of Roma.[47] The researchers also underline that they found it difficult to obtain relevant documentation, because their requests were only partially fulfilled and that when financial data was available, it was difficult to interpret (Cavinato *et al.* 2013:11). From the report it emerges that since 2008, €7,017,995.96 available for the Roma that actually live in via Cupa Perrillo "Old Camp" (deriving from the Structural Funds for Regional Development-ERDF) has not been used. The total amount of funds for the Roma in Naples was €24,487,135.31; the planned allotment of funds for the infrastructural development consisted of €17,988,270.00 (€572,274 earmarked for refurbishing the former school "Deledda" in Soccavo, another municipality, for Romanian Roma migrants which was spent, the remaining amounts having been *suspended* or only *programmed;* €2,958,356.64 (for mantainance and management); €3.393,558.67 (for socio-educational) and €146,965,00 (for eviction policies) (Cavinato *et al.* 2013:19-20).

In addition, the researchers expressed concerns that educational and social services provided by the Commune of Naples were only adequate to sustain emergency type interventions or to provide basic social assistance in the context of the segregated housing conditions (*segregazione abitativa*) in which the majority of foreign Roma people live in Naples (Cavinato *et al.* 2013:11; See also Saudino quoted in Hermanin 2014).

The lack of transparency around the use of available funding is a significant ongoing issue. Koveos (2013) wrote that "in Naples even the funds for the emergency disappear" ("*A Napoli spariscono pure i soldi per l'emergenza*"). The article quoted the "Segregare Costa" report (2013) noting that of a total budget of €24 million designated for the Roma, approximately €17 million did not reach them.[48] The "Segragare Costa" report suggests that much of this money went to non-Roma organisations to pay for assistentialist projects

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[47] Cavinato *et al.* (2013:9) reported data also derived from previous research. See Saudino and Zoppoli (2012*).*

[48] €7 million (from ERDF) were allotted to build a "village" in the area of Scampia while in the camp of Secondigliano, from 2005-2011, less than €3 million were spent: €1,700.000 on water supplies, €761.000 to provide electricity, €450.000 for ordinary and extraordinary maintenance of the Village. Almost €4 million was spent on socio-educational intermittent interventions aimed at minors. In 6 years of these activities, there was only one public tender. Since 2008, the Commune has provided a service of school accompaniment which costs over €100 a month per child. In addition, €10,400,000 from the Ministry of the Interior was allocated for an "equipped camp" (*campo attrezzato*) in Via Delle Industrie (Koveos 2013*).*

which serve only to maintain the Roma in unhealthy and inhumane conditions.

Besides the doubts around the ultimate destination of much of the funding provided, Manzoni (2013:228-31) raises another problem with the assistentialist approach commenting on "the dependency effect of the time spent in the Romani settlements". Manzoni asserts that:

> "especially in authorised camps, the inhabitants' personal capacities to react reduces progressively, in proportion with the time spent under the condition of "being assisted", because people 'get used' to being assisted, hence, spending a long time in this condition makes Roma develop a dependency relation that is expressed both through the will to wait and through the personal perception of entitlement to receive (2013:228). This behavior is too often motivated by the process of raising expectations, that has an effect on people's decision making-process" (2013:230).

The provision, through the assistentialist model, is just enough for Roma to survive, but insufficient for them to develop, and tends to keep Romani people in "limbo". Work by authors such as Munoz de Bustillo and Anton (2011) in Spain, and Betances (2007) in Latin America, amongst others, implies that assistentialist models of assistance my serve to maintain established hierarchies and to keep marginalised groups subordinated, precisely by creating a form of dependency from which there is no easy escape. Viewed through such a lens, welfare-dependency does not appear as a parasitic strategy by those at the bottom of social hierarchies, as it is often portrayed in popular media, but rather, as a deliberate strategy of subordination operated by dominant groups. Such a strategy may have material, as well as symbolic rewards for groups such as the non-Roma NGO's who deliver assistential programs in Naples and for those who control their funding.

The conditions of the New Camp, despite having been purpose-designed by the local authority specifically to accommodate Roma households, are poor in terms of amenities. For example, if a person wishes to enter or exit the New Camp, to catch a bus or to go to the nearby shopping malls, it is necessary to walk along the main road alongside speeding vehicles. There is no bus stop outside the settlement and no overpass, underpass or pedestrian-crossing. There is insufficient space for storage of wheel chairs, baby strollers or carts and trolleys. Furthermore, there is an issue of illegal dumping of waste in the

proximity of the camp-sites, by local non-Roma people.[49] Often, this includes potentially hazardous material such as oil, paint, or old refrigerators which are dumped on the site to avoid paying for proper disposal. Rubbish piles up at the front gate as a result of inadequate garbage collection, and due to blockages in drainage pipes, when it rains heavily, the water eventually submerges the pavements, washing rubbish bags into the camp as well as into the middle of the road, where vehicles are forced to zig-zag to avoid the risks presented by unknown objects.[50]

There are numerous risks for residents of the camp because speed controls within the area are ineffective and there are no barriers to protect pedestrians from speeding cars, water or stones thrown up by vehicles passing along the roads. There is only a guard-rail to separate pedestrians from traffic, and there are no sidewalks because there is inadequate space between the perimeter wall and the main road. As a result, people must risk stepping outside the pedestrian guard-rail to walk on the main road so as to avoid the rubbish piled up on the narrow walkway.

The conditions in the New Camp, then, despite its status as a state-equipped village, endanger individuals through increasing potential risks factors and causing major detrimental impacts to public health and wellbeing. The planning and construction of the site did not take into consideration that inhabitants should have the right to move freely outside the settlement without incurring potential dangers, a common finding in relation to residential accommodation provided by statutory agencies to Romani families who are often reduced to living in substandard and dangerous locations with verifiable impacts on their health, as has been noted, for example, in the UK (Greenfields and Brindley 2016). From this point of view, the Old Camp, which is a "spontaneous settlement", unauthorised and developed initially by its inhabitants, is a more convenient location, where camp residents are subject to fewer traffic dangers and only have to walk a few hundred metres to reach a bus stop, shops, schools, post office and medical facilities.

5.3.1 Case Study of a Preventable Death Associated with the New Camp Conditions

Residents of the New Camp often exemplify the dangers of living there by mentioning the

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[49] Illegal dumping of waste is a problem in both settlements; it is concentrated mainly along the external perimeter of the New Camp and on the main road entering the Old Camp and on its two spurs, on the left and right sides of the site. See also interview with Sabrina in Chapter 6.
[50] See Vivaldi interviewed in Albert (2012) for further detail on health issues in Roma camps in Naples.

death of Slavica Djordjević, a 20-year-old woman, killed in a hit and run accident in 2009 (Sannino 2009). Slavica is remembered by inhabitants of the camp through the medium of a small votive chapel, conforming to typical Neapolitan tradition, housing a picture of the deceased which is always surrounded by flowers. During the *Ferragosto* (Feast of the Assumption) holiday on August 15th, Slavica walked out of the camp in the early morning, pushing her baby who was just a few days old in a stroller, and was hit by a car. The driver did not stop to succour the young mother, who died at the scene, or her child who was found several metres away, injured and in very serious medical condition. In Italy *omissione di soccorso* (failure to assist a person in danger or hurt) is a Penal Code violation, however the young mother with an infant and a baby stroller were not assisted and the perpetrator who drove away remains uncaught to this day. This young woman died because she was forced to walk with her baby stroller on the main road as a result of the location and design of the site outlined above. This accident could however have been avoided by providing more appropriate infrastructure to separate pedestrians and drivers.

Slavica's needless death underlines the structural problems and paradoxes related to the New Camp's status as a "legal camp". Ironically while it is named a "Village of Solidarity" discursively suggesting that it exists to support marginalised community members, it is surrounded by walls and divided in two sub-camps with a central "front gate", reminiscent of a prison gate, and an exit that opens directly onto the principal road, where undisciplined drivers speed past without any consideration for pedestrians. Such is the danger that some inhabitants, especially elders and those who are vulnerable, feel safer staying in the camp and rarely venture outside unless relatives can take them out by car, to avoid having to walk on the edge of the busy road.

A number of interviewees recalled that only a few weeks before the accident in which Slavica died, road-widening works had been implemented. The design failed to consider the rights of the camp's inhabitants to move in and out of the settlement without being endangered by traffic, or forced to imperil themselves and others by walking in the road if they were encumbered with trolleys, shopping bags, wheelchairs or baby strollers. Whilst the danger of traffic is a perennial problem, the camp of Secondigliano despite its legal status, also experiences continuous problems with piles of uncollected rubbish, rat infestations, and floods in the winter. In addition, it was built so close to the electricity pylons that some inhabitants reported that they could hear the hum of the electricity which they described as like a whistle or the sound of the wind, at all times.

In addition to the physical dangers associated with entering and residing in the "Village of Solidarity" it is a barren site in many ways. The area is an isolated flat space, with no green-zones for play or leisure. Youngsters must find – or invent – their own places to play within the settlement because public play-grounds are also far away from their home. An example of a child creating their own personal space to "feel well" with themselves within the bleak circumstances of the *New Camp* can be recounted in a poignant memory from my fieldwork. A little girl, aged perhaps four or five was sitting down between mud- puddles in the middle of one of the external areas, in a space facing the fences and the surrounding wall, looking towards the electric pylons in the direction of the Secondigliano Prison. Despite the uncongenial environment, she was completely lost in her thoughts, wearing a Carnival costume, although it was several weeks after the Carnival, dressed as a princess in a dress and gown made of yellow and golden iridescent fibres and veils. The child was fantasising, indifferent to her surroundings without even turning her heard towards us. She kept waving her magic wand in the air, like a fairy, and talking to herself constantly, absorbed in her thoughts although there was nothing but a wall in front of her and the asphalt beneath. Such self-created play spaces, however, incurred real dangers, described in the next section.

5.4 Narrative Example of In-Camp Environmental Dangers to Youth

In the year 2005-2006, I was working with students in the settlement who had dropped out of school, helping them to complete their compulsory educational level (lower-secondary "*licenza media*" – middle-school certificate). This was important as the government at that time proposed education at this level would be required to obtain documents such as citizenship visas, or other legal proofs of "social participation" if a defendant was involved in a court case. I used to travel to the camp with a Romani mediator and driver of the school bus. One day, while driving to pick up some students, resident in the New Camp, we passed through a narrow alley in the sub-camps, crushing a cluster of cartons abandoned outside one of the container-houses as the driver strove to squeeze the school bus through the narrow alley. Although the minibus crushed the cartons flat, the driver somehow had an intuition to stop his vehicle before hitting an abandoned wooden kitchen-cabinet, with two doors, which had been dumped next to a pile of boxes. As the tyres of the heavy vehicle slid to a halt the cupboard door opened and a child came out like a rabbit from a hat. The boy was so small and slim that he could entirely fit into a small piece

of old furniture. He had been playing hide-and seek outside his house. It was fortunate that the experience of the bus-driver, a former long-distance truck-driver who had owned a haulage business in Yugoslavia prior to the civil war, led him to stop the vehicle, or the child would certainly have died.

On the basis of my own experiences, supported by a review of press reports detailing accidents involving minors which had occurred on the settlements, I realised that the "nomad" camps offered significant environmental dangers to children who, without designated play spaces, tended to "invent" such locations for themselves.[51] The lack of properly constituted play areas with adequate protection even in state provided camps such as the New Camp placed children at significant risk of injury and death from vehicles or other forms of accident.

In addition, there are numerous other general risk factors: from the illegal electrical connections to the use of obsolete home appliances, sometimes amateurishly connected or repaired. Wires could be only partially protected from fraying or water contamination, as well as the risk of being gnawed by the ever-present rodents. During the participant-observation phase of this study, accidental fires occurred on several occasions, particularly on the Old Camp. Sometimes these fires had been deliberately set to burn uncollected rubbish which then burned out of control. Such fires were set in order to avoid other environmental risks related to the potential eruption of pandemic infections. On other occasions, fires started due to poor environmental conditions or as a result of other hazards or unpredictable circumstances.[52] There were a number of accidents involving vehicles. On one occasion, a vehicle hit the shack (*baracca*) where I was alone with a 6-year old child: a member of one of the families that I worked closely with throughout my research.

The failure of the local government to collect rubbish posed other dangers besides fire: with contamination or pollution by dangerous substances always a risk. Moreover, seasonal maintenance of sewage systems was not carried out resulting in sewage

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[51] UNICEF (2007:1) states: "The true measure of a nation's standing is how well it attends to its children – their health and safety, their material security, their education and socialization, and their sense of being loved, valued, and included in the families and societies into which they are born". Whitebread *et al.* (2012) describe the different types of play, the environmental and social factors supporting or inhibiting play and the consequences of play deprivation. Gleave and Cole-Hamilton (2012:5) review literature proving that playing is not only central to children's physical, psychological and social well-being but it increases children's quality of life across many areas. See also, European Parliament (2011).
[52] See Chapter 7 on additional dangers related to fire.

overflowing onto road and pavements.[53] A further hazard pertained to the fact that the site has no clearly demarcated areas for disposal, and no common areas, meeting places or green spaces.[54] The residential zone had been constructed without consideration of any human social dimension, conditions which the epidemiological literature recognises impacts on both physical and mental health of residents in such enclaves (Iavarone et al. 2012).

The only recreation points identifiable within the settlement were makeshift "bar-cafeterias" created by Roma people themselves where people, mostly men, could gather to drink a beer or a coffee with friends, listen to Balkan folk music (*narodnjaci*), gossip and play cards. It was not possible to detect public spaces for women as their socialising occurred primarily when they went to visit relatives and friends in their shacks (sitting inside in winter or outside, in front of the *baracca* in summer). Cross-gendered socialising outside the family space was not normally seen. Such gendering of space is reported by many other female anthropologists (e.g. Okely 1983; Sutherland 1992a, 1992b). In these gendered spaces, men and women seek relief in sociability from the stresses and dangers of everyday life in the camp.

5.5 Prevalence of medical conditions related to living in a poor environment

Monasta (2005) asserts that the situation of Roma and Sinti in Italy is worrying, particularly with regard to the living conditions faced by communities who arrived from south-eastern Europe in the 1990s and who have lived in the "nomad camps" ever since. In Monasta's study of the health status of Roma in Italy, he underlines that despite the fact that "official camps", (such as the New Camp of Secondigliano), are formally recognised and theoretically supported by Local Authorities, who provide basic facilities such as water, electricity and toilets which are lacking in unofficial settlements (such as the Old Camp of Scampia); the conditions in both types of settlements are precarious and negatively effect individuals. Lack of efficient inter-institutional planning within local administrations is

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[53] Overflowing sewage has been a problem in both settlements. Whilst the Old Camp is not legally approved, local government is under no obligation to provide services, but since the New Camp is an officially established settlement, seasonal maintenance is clearly the responsibility of the local authorities.
[54] Both settlements lack clearly demarcated disposal areas – the issue or responsibility is as for sewage. Both settlements also lack green spaces (such as gardens) inside their perimeters, however, there is a plot of land behind the New Camp, outside its surrounding walls, while the Old Camp is enclosed by fields, some parts of which are cultivated by a farmer.

particularly problematic, as are the extended waiting times for people seeking to regularise their legal situation in order to move away from such dangerous environmental contexts.

Monasta's (2005) medical study of Romani communities highlights similar concerns to those articulated by participants in this research, particularly in regard to the impact of the living conditions on children. When comparing findings from this study with that of Monasta's interviewees, it is clear that very little has changed for residents of such sites during the past decade. Concerns identified by Monasta which I also found in Scampia include the lack of cleanliness of areas surrounding residential sites; presence of rubbish and stagnant water, often associated with coughs and breathing difficulties; the precarious structural condition of the shacks in which residents live and the limited air circulation within them, also associated with breathing difficulties and asthma, particularly in polluted and over-crowded camps; problems with wood-burning stoves, including air pollution and difficulties in heating the shacks adequately; water purity and leakage and mould. Monasta (2005) found that cold and humidity issues were extremely important in terms of health of inhabitants. Monasta also commented on the health impacts of the absence of flushing toilets and the fact that, where WCs did exist, they were externally located, requiring going outside in all weathers. Cold bathrooms and lack of hot water and showers were particularly associated with poor health amongst children, as was the associated impossibility of being able to warm children by giving them hot baths. Again, I found all these issues in Scampia during my research. Finally, Monasta (2005) identified the wide-spread presence of vermin, high density over-population and polluted environments associated with ongoing chronic diarrhoea. To some extent, similar conditions were encountered in this study, and although such problems were partly mitigated by access to a medical centre, which most of Monasta's respondents lacked. The unhealthy environment meant that they tended to be recurring issues.

5.6 Summary

This chapter had described the physical environment of the nomad camps in Scampia and Secondigliano, based on observations made during the period of my fieldwork. Drawing on the words of Romani writer, Ronald Lee (Montesi 2002), I characterised life in the camps as akin to being in "limbo" or "purgatory": a liminal site from which escape depended upon the agency of others. Whilst the Old Camp at Scampia was a "spontaneous settlement" set

up in the early 1990s by the Roma themselves and technically illegal, although tolerated in practice, the New Camp at Secondigliano was constructed by local government as a "Village of Solidarity" in the aftermath of violent attacks on Roma settlements in 1999 (Sigona 2002), following tensions around a road-traffic fatality. Although the New Camp has legal status, the fact that local government has failed to use available funding effectively to improve camp conditions has resulted in many Roma remaining in the illegal Old Camp, which is seen by some research participants as a more habitable living space.

The failure of local government to properly service the camps has resulted in a range of risks to life and health. These include road traffic accidents; domestic accidents including fires; pollution caused by the exhaust fumes of the heavy passing traffic or by uncollected rubbish and dumped toxic waste; and disease spread both by uncollected rubbish and the rodents that it attracts; as well as risks from objects falling or thrown from the flyover. Children are particularly at risk, due to the lack of suitable play-areas for them. A comparison with environmentally-related health problems identified amongst the Roma in Naples in Monasta's (2005) study shows that there has been little identifiable improvement in the past decade. In regard to the failure of the Italian state to properly address the damaging conditions in which Roma people live, I have noted that the assistentialist mode of provision may function as an apparatus of domination to maintain the Roma in a subordinated state. Having described the physical environment of the camps and the health-risks it poses, in the next chapter, I move to examine Roma perceptions of life in the camps, which, I suggest, may be characterised as places of "ill-being".

Chapter Six: *Places of ill-being – Roma experiences of camp life*

SUMMARY OF CHAPTER 6: In this chapter, I introduce the concept of the camps as "places of ill-being". I explore how Roma inhabitants experience their lives in the "nomad camps" of Scampia and Secondigliano, their first impressions of the settlements and their decisions to stay or move on to another location. The necessity of "coping with camp life and "disorganisation and disorder" are key themes which enable consideration of illness and wellness through an exploration of the subjective world-view of residents.

6.1 The camp as place of "ill-being"

As illustrated in the previous chapter through the discussion of physical conditions in the New Camp, the Roma settlement can be conceived of as a place of "ill-being" for the majority of its inhabitants. By using the term "ill-being" in this manner, I am deliberately counter-balancing the concept of "well-being" which, as set out by the WHO (1946) constitutes a situation of physical and mental health, with adequate resources and decent living conditions, in which the social determinants of health are all maintained at a sustainable level.

Most of the people I met did not describe the camps at Scampia and Secondigliano as locations in which they were happy, but rather as physical localities with which they were forced to cope, possibly for a lengthy period of time, until better possibilities emerged.[55] Perhaps, in the best imagined scenarios, this might be until such time as they could gather enough money to build, furnish or maintain a house "back home" in the former Yugoslavia, or to settle in a better location in Naples or elsewhere.[56]

There were at least three main trends in findings identified when analysis was undertaken of discussion of quality of life and "ill-being" in the camps. These trends were conditioned by the age and generation of interviewees:

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[55] See also Manzoni (2013).

[56] See also the interview with trade-unionist Sead Dobreva, a Pristina (Kosovo) born Rom who had to leave Naples to find employment in the North (Clemente 2015). Dobreva asserts that he feels himself to be "a Neapolitan Rom" and underlines his deep attachment to Naples and its people but he also pinpoints, without hesitation, a number of "flaws" (institutional and also internal to the community) that determined his need to relocate outside the camp and far from Naples to better his life. Table 1 notes Romani participants in this research who moved elsewhere.

Firstly, elders: mainly former Yugoslav Roma from central and southern Serbia but also including some born elsewhere in the former Yugoslavian Republics. Many elders explained that prior to the Civil War, their families used to travel abroad from Yugoslavia to Italy, Austria, Germany and other Western European countries, as well as moving within the country to sell goods such as icons or pictures and postcards of Tito and his wife, at local parades, celebrations markets and fairs, or to repair pots in the villages of rural Yugoslavia.[57] A number of these older respondents had relatives abroad, especially in Germany, who were involved in buying used car components to sell to mechanics to fix the old vehicles in Yugoslavia.

The second, middle-aged generation, were typically born in the former Yugoslavia, raised principally in Serbia, and then fled the country with their relatives in the early 1990s due to the eruption of conflict. Some individuals escaped the country with their children to reconnect with extended family abroad such as those residing in Germany as mentioned above, or in Italy. Sometimes these respondents had first migrated from place to place, across borders and nations, ultimately ending up in the Italian nomad camps. The final group were the post-war generation, mostly born after 1990 and raised in the settlement at Scampia. These respondents had not experienced any other reality and had little knowledge of any possibilities other than life in the camps.

In the following section of this chapter, based on the accounts of Roma research participants, I deploy the concept of "ill-being" to describe living circumstances that produce distress which may eventually culminate in physical disease. Before exploring themes in more depth, it is important to indicate that participants clarified, most of the time, that even when they are feeling well in terms of their *physical* health or that they felt able to cope with physical diseases, their condition of "ill-being" is not linked merely to the presence, or absence, of physical illness as perceived through a clinical approach. Indeed, interviewees underlined that admitting to physical impairments, frailties or disabilities was a very sensitive topic to discuss and they were generally reluctant to publicly acknowledge any "disability" to others, either Roma or non-Roma, precisely because to do so would admit being "less able" to administer business, collaborate within their family and community, and fulfil their role as a Romani man or woman, thus potentially stigmatising the person who acknowledged such 'weaknesses' as being a potential burden to others.[58]

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[57] Interview with Grandmother (a pseudonym chosen by the research participant), 1 March 2012.
[58] See also Department for Work and Pensions and Office for Disability Issues 2014.

Some individuals pointed out that unless impairments can be discussed and recognised by health professionals as serious enough to warrant seeking health benefits, calling oneself "sick" and declaring a physical vulnerability is something of a taboo within the Roma community. This taboo can only be overcome if the person concerned is able to *use* the disability or health condition, for example, as a resource to help sustain the family. Whether or not a participant acknowledged having a specific health problem, therefore, was as dependent upon social factors as upon clinical factors and social factors could sometimes lead to the denial or minimisation of certain medical conditions.[59] Such attitudes challenge the mechanistic basis of the western medical tradition which views the individual body as a machine to be 'fixed', demonstrating that health, well-being or ill-being are not individualised phenomena but are profoundly social.

These factors which go beyond the clinical and which pertain in particular to broader social determinants of health (Marmot & Wilkinson 2003) may unbalance individuals, creating the experience of "ill-being" – not being well – even when specific clinical conditions may not be easily identifiable. Illness as perceived in this manner is therefore not limited to clinical disorders (WHO 1946) and may affect one or more aspects of the lives of particular persons, including mental, emotional, socio-economic and spiritual dimensions; with ill-being frequently associated with insecurity, social exclusion, stressful gendered expectations and poverty (Heady and Wooden 2014; Kumari 2016; Pickett and Wilkinson 2009). Camp life was repeatedly described by the participants as one of the main sources of potentially harmful and dis-equilibrating conditions which impacted them in both clinical and other ways.

In this chapter, processes and phases through which respondents came to experience ill-being in the camp are explored through their own stories. A number of case studies are presented to enable the reader to gain a longitudinal view of how individuals came to live

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[59] Miller *at al.* (2004:9) define "Disablism" as "discriminatory, oppressive or abusive behaviour arising from the belief that disabled people are inferior to others". They highlight the importance of language in the equality agenda in reference to terms such as 'disability' and 'impairment' and explained that, "Most people have an impairment, however minor – but they are not disabled unless there is a negative social response to them because of the impairment. For instance, a person with impaired vision requiring reading glasses would not see themselves as disabled if they lived in the UK. But if they lived in a rural area of Africa they may well be, as they might have been excluded from a proper education and would find it more difficult to find employment. Disability describes how society responds to people with impairments; it is not a description of a personal characteristic. A disabled person is not a "person with a disability" as the person does not own the disability in the way that you might be "a person with brown hair". The opposite of disabled is not able-bodied or abled – it is non-disabled or enabled." (Miller *at al.* 2004:28).

at the Old Camp and their subjective perceptions of the impact of living-conditions on their physical and mental health; well and ill-being.

6.2 The arrival: disenchantment

> "When I arrived at the camp I was 9 –I came by car, and when I entered it was like it is now, perhaps worse. I just wanted to go back where I was before, because I was not happy about it. It is ugly living in the camp". (Milena, born in Serbia,17 years old).

Milena's description exemplifies the sense of disappointment and disillusion expressed by many at finding themselves living in a place that was far worse than they expected.[60] In the case of women and children in particular, the reality was the opposite of descriptions of their wonderful new home and future provided by their husbands, parents and relatives. Most of the interviewees recalled their first memories and mentioned the feeling of squalor they felt when first entering the camp.

> "My husband (who had migrated before her to avoid conscription) called me and said: 'C'mon come, come to Italy'... And what will I do there in Italy? I heard that many of our people had been there and knew how life is. So, when he said 'What to do? Over there you can work and if you don't you can go begging...your kids don't have to, they can go to school, it will be easier for you and the children' . . . And they had not seen their father for three years, they were crying for him all the time, to see their father. I took the decision to come here. When I arrived, I came directly here; I did not even have a bedsheet. I asked what is this? Not even electricity, I was without electricity there for three years and here too! What is this?! Here, not only did I not have electricity, but also nothing to cover myself. Nothing at all!" (Sofia, born in Serbia, 36 years old).

Other women expressed similar dismay at the dreadful conditions existing in the camp which were contrary to their expectations of a better quality of life on migration (see Nann 1982 xi-xii). In a number of cases, respondents were motivated to travel to Italy to achieve family reunification (see European Union Law 2003; Benedetto 2011:19; Perin 2011: 380;

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[60] Similarly, Dobreva describes his escape from Kosovo and arrival in Naples though a personal childhood memory: "I was happy (to escape), I believed that all would have been beautiful, but when I arrived in Scampia I saw the Roma camp and I started crying. Only thanks to my auntie that was already there in that camp in a trailer, I find a way to distract myself because she gave me a remote-controlled car" (Clemente 2015).

ASGI 2013), often, for early arrivals, because their families had been separated by the war in former Yugoslavia.

Sofia frequently demonstrated a need to recount war-related memories throughout our discussion, expanding in depth on her motivations and the circumstances that convinced her to flee Yugoslavia and come to Italy.[61] These reasons, according to Sofia, were deep and hard to explain, but her decision to attempt migration abroad was a response to her inner feelings during the wartime, for example the anxiety she felt at being left alone by her husband, with three children to provide for, in a country undergoing continued airstrikes; the preoccupation of having to provide everything for her family, roaming around from one abandoned place to another in an attempt to find shelter, while facing the cold, hunger and fear of darkness.

Possibly the most distressing memory Sofia recalled was the darkness and the cold she had to endure when she and her children were living in the abandoned classroom of a local semi-destroyed school. She explained that whenever the sirens went off, she had to stay awake all night long, attempting not to let her children see her fear that they would die buried under the bricks. Throughout this time, she continued to maintain a fire, burning, very slowly, using leaves and wood collected at the local cemetery during the day, while counting and carefully preserving the remaining matchsticks at her disposal, so as to ensure a small amount of heat and light.

Sofia's daughters also remembered the war events and the life they had before the bombings. They described the schools they had attended and how they interacted with the local children, learnt Yugoslav folk-dances, played and were able to eat ice-cream in the schoolyard. According to Sofia's daughters, they had a simple life in a small village, where buildings were plain and basic and they were free to live a life in the countryside without having to cope with serious responsibilities, such as those to which they had to adapt

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[61] According to Asplund Ingemark (2013:7-17), "the verbalisation of experience is in itself therapeutic...This is the assumption underlying the practice of psychotherapy – that people can come to terms with their problems by speaking about them". However, Pennebaker (cited in Asplund Ingemark 2013) observed that simply describing (writing) the trauma in not sufficient to produce "the letting-go experience". "It is also necessary to express one's deepest emotions, to reflect on what one feels and why". For Rosenblum (2009) "Surviving a major historical trauma has consequences that are difficult to live with. Survivors who remain silent are often condemned to a desiccated existence, a dried-out life, a death in life. Survivors who speak out run an even greater risk. Telling their ghastly tale may trigger somatic consequences, psychotic episodes, or even suicide".

rapidly in Italy. After migration, they had to find a way to provide income to sustain the family, which grew rapidly once in Naples as more children were born on Italian territory. For these women, whose legal situation made legitimate work hard to access, the quickest way to gain the funds necessary to provide for the needs of a growing family was begging, or better still "seeking the support of local inhabitants though their private donations" (Milena, Sophia's daughter, born in Serbia, 17 years old).[62] Milena and her sister, clarified that they had liked attending school in Italy and had pleasant memories of school times, but they had no other way of meeting their family's needs other than by dropping out of education after elementary school in order to take on responsibilities to financially support the family.

> "When I was twelve, for them I was already too grown-up to go to school...I was attending intermittently because I couldn't, I had to go to work, to beg" (Milena).

This necessity of *working*[63] was connected to their father's inability to support the family as he was often in and out of gaol and faced a number of psycho-social issues, including substance dependencies, anger, depression and frustration. Milena told me:

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[62] Dobreva explained that he quickly adjusted to "begging", when he realised that people were returning to the camp in the evening with coins in their pockets. He first asked if they weren't ashamed to do that but "they responded that it was the only way to eat" so, he started too and continued during all his childhood, everyday, from 8.00am to 5.00pm, and only upon return to the camp, after dinner, he had the chance to play ball with his friends or ride his bike, but he added that his anger is related to the question of why no "social operator" asked why this child was in the streets instead of being in school (Clemente 2015). Dobreva furthermore said "I must only thank all these Neapolitans that helped me, through their offerings, so that I could live honestly" (Clemente 2015).

[63] Sacco (2004:211; 228) refers to begging as subsistence/livelihood but also to a renegotiation of identity. Other academics, such Tauber (2000, 2008) explain *mangapen/mangel* as asking, begging but also trading which does not imply a negative interpretation. For Del Sordo (2005:175) this activity can be seen as "*economia del dono*" (gift economy) Piasere (2000a, 2000b) asserts that the theme of mendicancy generally is discussed in reference to poverty and the gift but for Roma and Sinti in Western Europe it demonstrates how conventional economic categories can be dismantled and reassembled within different contexts of meaning.

> The most important element of Gypsy begging to consider is that it is based on a "relationship value" (typical of gifts) which tends to be non-existent, thereby maintaining a capacity for exiting from interpersonal interaction similar to that of commercial transaction. It is for this reason that some Gypsy groups do not distinguish begging from trade in their terminology, and it is through this activity, too - often unconnected to a condition of poverty - that they have historically constructed what has been called their "subversive economy" (Piasere 2000a:409-430).

For Ciniero 2016, however, who wrote about Romani people who arrived in Salento (Puglia Region) in the 80s and 90's from SFRJ and Kosovo, this activity was generally not carried out in their country of origin but was determined by conditions they encountered upon arrival, including lack of interest of local institutions, that was only in part overcome by material help provided by local charities. See also Marcu (2017).

"I had to drop out of school, I wanted to continue but my mother was alone, only us, who could help out if not my sister and I?" (Milena).

The sisters explained that they had to learn to travel around the surrounding towns independently from a young age, in particular "working" in Mugnano and Giugliano, where they knew the individual streets and the allotments, and local people knew them (See also Tauber 2000; 2008). Because they had spent years in the area, since the age of ten and eleven, they found it easier seeking material or economic support from people who were familiar with them and aware of their circumstances.

To sum up, Milena and her younger sister became caught in a cycle of low-level economic activity as a result of the limited opportunities available to them on arrival in Naples, their socio-economic exclusion and educational limitations and residence in a lone-parent household whilst their father was in prison. These young women articulated clearly that not only was their life in the camp very different from the type of life they had enjoyed in rural Yugoslavia but it was also very different from what they had dreamed their life in Naples would be like.

As well as refugees from the former Yugoslavia, respondents included individuals such as Gloria, a 29-year-old woman from Vraca, Bulgaria, who had travelled to Italy to seek employment. Gloria had moved to Italy when she was nineteen and had spent the last ten years living at the Old Camp. In her home country, she had attended high school and later undertook training to become a school assistant working with Romani children. She had been compelled to drop out of the course for financial and personal reasons, and had taken the decision to leave her village in Bulgaria and migrate to Italy in the hope of obtaining a better quality of life.

During the interview, Gloria explained the impact that ending up on the camp had on her. Firstly, she firmly clarified that she did not belong to the main "subgroups" of Roma living on the camp. Gloria thus felt like a minority among the minorities as she was not just the only resident from Bulgaria living at the settlement, but also the only one with a high school education. Some of her female neighbours had followed their husbands to Naples after their marriages.[64] In contrast, Gloria had moved to Italy to look for a job, travelling together

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[64] Šikić-Mićanović (2015) discusses some gender sensitive aspects of arranged marriage and migration among Croatian Roma in transnational context, which found justification in family solidarity, aspirations for social improvement, desire to respect tradition, a renegotiation of traditional gender relations as well as protection of cultural values. Marriage migration (which is predominately female) has been seen as

with her brother and sister who lived in private accommodation outside the camp and who worked respectively as a manual labourer and a care-giver.

Gloria later found a partner in Italy, is now married, according to traditional law, to a Muslim Rom from Croatia and has one child. Despite her dislike of the circumstances and environment, therefore, she stays in the camp to keep her family united. Gloria feels that she is trapped in camp life: her aged father is the only family she still has in Bulgaria and she feels compelled to stay, not only because she lacks an income and an alternative place to go, but also for personal reasons. Gloria specified that they (her family) were "EU Roma", hence they are required to "pay exactly as Italians do", but to leave the camp it is necessary to have a stable income to pay rent and other expenses.[65]

Nevertheless, there are some advantages for Gloria of being resident in the camp. She is able to use all the services available in close proximity. The school which her child attends is within walking distance, as are medical services. The presence of medical facilities is particularly useful as her son has a permanent orthopaedic condition. Moreover, she does not have to pay for medical services or indeed the cost of the operations for her child which were surgically resolved at the children's hospital. According to Gloria, her son was able to receive all the mandatory vaccinations and to access medical services in the local district, and when additional medical problems arose, they were directed to local paediatric units or specialist services. Despite the availability of such care, Gloria does have concerns about the environmental conditions impacting on her child's health.

According to Gloria, the most dangerous factors impacting the health of camp residents, especially children, arise largely as a result of the structural conditions of the location. In her opinion, these conditions have a worryingly detrimental impact upon children's health and development. Gloria further explained that despite the ability of camp inhabitants to

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controversial because it invokes numerous anxieties, strategies and ambitions as brides migrate to adhere to specific rules of marriage and post-marital residence generally negotiated by parents. Once in their new environments brides risk social invisibility and marginalisation as they are often unfamiliar with local customs, family traditions and often experience language barriers. (As reported for example in Chapter 1 of this work). See also Jovanović J. (2015) on human trafficking in Serbia.

[65] Manzoni (2013: 289-290) discusses the concept of "precariousness" that affects vulnerable people who should therefore be guided through a process enabling them to exit the camp. Some individuals might need to access housing or to find employment or other forms of additional support, while other need also to be supported in the reestablishment of competencies through self-determination to avoid returning to the same dependency context. Individuals that suffered chronic habitation exclusion, such as those born into camp-reality, or who have lived a long time in such conditions, fear encountering worse deprivation on exiting the camp, which disincentivises them to move-out. Manzoni (2016) also explores factors impacting on the routes out of formal and informal nomad camps, and in particular on the mechanisms (perceived as opportunities or limitations) that impact on the individuals' decision-making process.

see the general practitioner for medical consultations and to access prescriptions for simple health conditions or ongoing therapy, the most frequent problems for children were recurrent episodes of coughs and high temperatures, which she attributed to the harsh living conditions at the Camp. Gloria asserted that it would be better to improve conditions on the site rather than use medication to treat ongoing health problems resulting from the poor environment. In her opinion, preventive, positive health promotion measures should be enacted in the settlement, rather than reliance on clinical approaches to lessen the risks to wellbeing in general, especially for the vulnerable:

"Of course, this (ill-being) is related to the camp environment, because we live in the filthiness...surrounded by rubbish, perhaps this is the reason why" (Gloria).

6.3 "Who am I: The President?": Parental Influence on Residential Location of Adult Children; Residential Accommodation Expectations in Transnational Circumstances and Intra-Ethnic Residential Enclave Solidarity

According to Saša, who was 19, the decision to remain on the camp was taken by his parents, as was the case for many other young people living on the site. Saša was born in Germany and had travelled throughout Europe with his parents, selling craft-work.

"When I was in the European Union, I lived in apartments, I paid the rent and the expenses: water, gas, electricity but when I arrived in Italy all my fellow-countrymen (*paesani*) were living in the *baracche* (shacks). So, I said who am I: the President? not to live in a *baracca*? So, I did and I have a shack too" (Saša).

Although Saša was initially unimpressed with the conditions on the camp, over time he has settled down, married and recognises some benefits to living in Scampia. His parents, however, are now planning to return to Serbia, where they are building and decorating a cottage. Saša intends to move with his parents and take his young family to Serbia, even though he would prefer staying in Italy where his children were born.[66] Saša expressed some concerns about the transition because he has never been to Serbia and does not

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[66] According to UNICEF (2016:14) "Children have the most to gain and the most to lose when decisions are made about migration and displacement, and they deserve a place in every discussion on these issues. When children and their families have safe, legal routes for migration, it can offer tremendous opportunities for both the children who migrate as well as the communities they join. When safe pathways are not available, migration and displacement continue, but with much greater risk. In these situations, it is children who face the most immediate dangers and most profound consequences".

know what to expect:

> "Moving there is like buying a chicken in a black plastic bag, you do not know what they are selling you. However, the decision is still up to my parents to whom I owe respect and support" (Saša).

Saša discussed his own aspirations for his children, as well as his concerns and excitement about moving to a strange country where he knows few people and where he will have to make the transition from urban to semi-rural life. Despite this, he was eagerly anticipating the opportunity to live in a house rather than a shack at the camp. One particularly interesting theme which emerged from this narrative concerned the expectation that migrants who returned home should be able to demonstrate affluence, and the inappropriateness of living in Serbia in conditions which would have been acceptable in urban settings such as Scampia.

> "One day I will let my kids live where they want to, but first thing, I will send them to school to study because I do not want them to go through what I have been through (working from a young age). They must first go to school then they can choose what their path is, they do not have to walk the road we had been through...I would like them to grow up here in Italy where they were born. I have never been to (Serbia) I am excited but not scared...to live in a town, a couple of kilometres in its periphery. It will be better in a house. If you live in a shack in that country it is something that is just not right. All the people will laugh in your face. Some people do it, other do not. But the ones who got money to build a house will, while the others could not (build a house) because they are poor. There are many friends (of the family) who came from Serbia and they know me, but if I go there no-one will know who I am because I have never been there. My father and mother will be recognised because they go there often...But they cannot go there and live in a caravan because people know that they were not living in a shack when they left..." (Saša).

6.4 "Getting Used to It": Coping with Camp Life

Most of the participants affirmed that although they are Roma and thus equated in common public and policy discourse with narratives of "nomadism", such presumptions bear little relationship to their daily lived reality or their former lives. These respondents stressed that not only are they not historically used to living in camps but they also do not

consider themselves to be *Čergari*[67] – implying that they are not 'nomads' – they "do not travel from town to town and pitch tents or live in caravans".[68] For these respondents, their identity and cultural practices are closely bound up with their roots in the former Yugoslavia, in particular Serbia, and in every case, they used to live in houses prior to their migration to Italy. Whilst these families and communities stated that they sometimes travelled for leisure or seasonal work, they did not roam like "nomads", during their former lives and had not done so within living memory (Marta 1996; Sigona 2002; Bravi and Sigona 2006; Clough Marinaro 2009).

> "I was born in Yugoslavia when it was still a big country, in Šabac, Serbia... quite a big town, a mixed city, where Roma and other Yugoslavs lived together. It was an industrial town ...where there were "the poor" and "the capitalists"...My family was rich, they were selling at the markets, travelling and trading everything: pots, pigs, plastic goods, curtains. They used to travel all over Yugoslavia to sell, but mainly in Bosnia and Dalmatia. They used to put the pigs on the trucks to transport them, but before they used wagons or carts. However, I have been in Italy for 20 years now..." (Grandmother, born in Serbia, 67 years old).

Gloria, from Vraca, Bulgaria, whose narrative is given in Section 6.1.1 above, specified that she had previously lived in a house where she "had everything" but she had to leave such comfort behind on migration. Gloria had never imagined that she would have ended up in a nomad camp in such poor conditions. She explained:

> "I can't say that I feel well here, but I got used to it" (Gloria).

In her current circumstances, Gloria had to adapt through "forgetting" about her previous life in which she had access to home appliances such as a TV, fridge, washing machine and bathroom. Loss of such amenities is directly associated with the poor quality of life in the camps. Particular difficulties ensue because electric voltage in the camps is low and does not support use of washing-machines as both electricity and water are illegally accessed. Hence the further camp residents live from the energy supply source, the worse the service they receive. In consequence, clothes must be hand washed or, if too dirty, thrown away, impacting particularly on women attempting to maintain standards of hygiene in the camp. On occasion, it is possible to share a washing-machine with other people but

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[67] *Čerga* means "tent" in Serbo-Croatian (See also Chapter 2).
[68] Interview with Grandmother, 1 March 2012.

the wash is never as clean as is desirable due to the intermittency of power access. Hence as with all shared resources, access to clean linen has to be "arranged".

There are no public laundries in the vicinity of the Camp as such facilities are not common in Naples. As a result, Gloria explained, in order to hand-wash, a woman must first find a way to heat the water and when she has finished the gruelling task of handwashing a family's laundry, there is no other choice but to hang clothes "all over the shack", to dry them inside in front of the burner (*šporeto*). The fumes and emissions from such burners offer further challenges, as these burners are used to incinerate all sorts of materials, for example varnished woods. Alternatively, clothes are dried outside, but here they are vulnerable to dust thrown up by passing vehicles, or, for the shacks located under the flyover, grime from vehicles passing overhead, which can make clothing and bedding filthy again before they are dry.

In addition to these environmental and hygiene problems with which residents and households struggle to cope, Gloria mentioned one issue of primary importance for families: that of safe food preservation, which impacts particularly on physical health and requires the necessity of daily shopping, which is both expensive and time-consuming. Without fridge and freezer, Gloria explained that it is not possible to store food for long, particularly in the summer heat of Naples.

> "I must buy day by day. If I buy a kilo of meat, I eat it all today, as tomorrow is another day and I do not know what will happen" (Gloria).

Like many marginal settlements, such as the migrant camps in Calais, for example, there is a flourishing informal camp economy, as many Italians and foreigners come to the settlement to sell their goods or offer "underground services". These include food-sellers, hairdressers, junk-dealers delivering old wooden furniture for the burners, even tattooists and dentists who offer services to camp residents. There is also a small unlicensed shop located on the camp corner, which is run by a non-Romani man who lives with a Romani woman and often acts as a gate-keeper for visitors, institutional representatives, law enforcement officers, NGOs and business people. This man has also established his own pro-Roma association using his experience gained in former Yugoslavia, where he was a business man. If, as is frequent, these sources cannot supply all the needs of families at acceptable prices, then women must venture off the camp and go into Scampia to shop. This presents a problem with carrying grocery bags for those who do not have access to a

vehicle. Gloria, in the course of the interview, often underlined her pride in her survival skills, which are particularly important for a woman. She explained that, in her opinion, she faced difficulties mainly because of lack of real opportunities to improve her family's situation, not from lack of personal potential and ambition. Many other local inhabitants articulated similar opinions.

Gloria indicated how even simple activities, such as being able to use a car, were limited by her marginal living condition and the discrimination she experienced as a Romni. Lack of mobility was not related to her inability to drive, but the impossibility of buying and maintaining a vehicle despite being a European citizen. She pointed out that she had learnt to drive "any sort of motor" because, "unlike the other Romani women on the site, she had attended a technical high school for transport in Bulgaria". As a result, she was not only able to drive a vehicle but also to undertake its maintenance. She was confident she could tackle any technical task associated with vehicles if the opportunity was available to her:

> "I think I can even drive a truck if I try...All things can be done, it is just matter of getting used to it and being given a chance" (Gloria).

Gloria was very conscious of her unusual status and experience as a Bulgarian who had received specialist education, asserting in front of other women that:

> "I feel I am the only Gypsy woman (*Zingara*) on this settlement different from these "Slavs". I wear trousers...but it doesn't mean anything if I do it, because either with trousers or skirts we are still women. I just feel good in my jeans and uncomfortable with the skirt" (Gloria).

Gloria specified that she neither wanted, nor had to comply with, local rules and cultural practices which were associated with a different Romani group. Indeed, she felt able to assert her belief in the superiority of her own community's gender practices:

> "My nation is not like that of the Serbs. Let's say that I am Romani. I come from Bulgaria so I am Bulgarian Romani Kalajdži....My people do not marry when they are 14 years old or underage like they do here.[69] Ours marry when they are 20, 28,

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[69] In reference to early marriages, a campaign called Terni Bori (Young Bride) "Marry when you are Ready" was organised with the support of the E.U institutions in order promote empowerment of Romani and Sinti women. ERTF and Phenjalipe (2014:6) quoted ERRC research among Romani women in Italy in 2011 found that of 74 female Romani respondents, 47 (64%) entered marriage before the age of 18; 22 (30%) were

30 it depends. I got married when I was 19 but I could have been 30. Our practices are better, we are as you (the researcher) are" (Gloria).

Despite Gloria's association of opportunity with her cultural background, other women such as Sabrina (36 years old, born in Serbia, *de facto* stateless[70] and with four children born in Italy) explained that she had "personal potential" to go to work but in her circumstances, she had no other way of making money or opportunity to improve her family's situation than through begging[71] to survive in a manner similarly to several others of her neighbours:

> "I have not got many friends here on the camp, I am not here to make friendships, but outside I do, when I go to work...I beg, what should I do?! To gain €10-20 I wake up at 5.00 am with my baby-girl to go to work 50 kilometres away, and if I make €20 it is good: I go immediately to buy food" (Sabrina).

Sabrina pointed out that there are increased costs related to living in "adaptations" (non-purpose-built housing). For example, there were particular expenses and difficulties associated with use the *šporeto* (the stove) to cook and heat the interior premises although it was critically important to do so given the impact on children's health of living in such poor conditions:

> "Our children need it (heated accommodation) when they shower, because the shack gets cold and if we do not have the fire on all night they get sick because the place is not properly heated...As soon as they get out and it is cold, the wind blows in every direction under the bridge. They get pneumonia, fever, cough and children get sick all the time here...In addition many children, they get diarrhoea and continue having belly pain because here is too dirty. You can't live in this way!" (Sabrina).

Even washing dishes becomes difficult, causing unease about hygiene:

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below the age of 16 (the youngest were 12 at the time). Of the respondents that married below the age of 18, five women stated that they were forced to marry against their will. See also *CAHROM Ad-hoc Committee of Experts on Roma Issues* (2015).

[70] Perin 2011: 363-414 in her paper explains that former Yugoslavian Roma in Italy often face the issue of being *de facto* or (more rarely) *de jure* stateless (*apolide*) which represents a "precariousness without scope and without expiration date" (Battaglia, in Perin 2011:402) and this is also determined by the citizenship laws adopted by the states which emerged after the disintegration of the former Yugoslavia (Perin 2011:403). See also Bonetti (2011: 52;62-63).

[71] Begging as work has been discussed in Notes 61 and 62 and in Chapter 2.

"We wash them in a basin. We get the water outside from the cans –there is a lot of foam and we have to double-rinse" (Sabrina).

Obtaining materials to burn is itself fraught with physical effort and health hazards:

"The stove is a bigger issue because we need wood and we must fetch it on our strollers, so we go to search for it in the rubbish piles...We break it with our hands, feet, (anyone) who has a hammer uses it. We put it in there (the stoves) with the colour (varnish) on it. I know it makes smoke and stinks and all the black (smoke) comes out of the shack, while there is also food on the table...When you go out and it is windy all that soot falls on the table. This provokes breathing problems, but paper burns too quickly and doesn't maintain warmth enough" (Sabrina).

Sabrina and other respondents explained that buying 'clean' wood was the best solution to operating the stove in a safe manner, but purchase of such material was expensive for them. Instead, residents often resort to purchasing burnable materials from non-Romani neighbours in the area to avoid having to scavenge for wood. Indeed, non-Romani Italians often bring old pieces of furniture to the camp to sell:

"Mamma mia, wood costs so much...and it might last only two days or three, if you always keep the fire lit . . . Humidity and rain make it (wood) unusable so it must be placed near the stove" (Sabrina).

These limitations also impact on possibilities for basic personal hygiene such as washing hair, clothes, or floor coverings. The problem is particularly acute in the winter (Albert 2012).

"Long haired girls are compelled to do it (hair-washing) within given limits and restrictions once a week to avoid getting sick" (Sabrina).

Finally, the most challenging problem recalled by Sabrina are the ever-present rats and cockroaches found throughout the camp:

"I have mice in the house. This is no good because if a piece of bread remains on the table or on the stove they attack it and if you do not notice it and clean everything properly you can get sick. In addition, they also attack people!" (Sabrina).

This theme of people resident in the settlement being hurt by rats was recounted by several respondents:

"A man was attacked and his toe bitten by a big rat, here in the camp. He had to go get an injection to avoid catching diseases because the rat is pandemic. Children here have been bitten by these small mice that roam around the shack" (Sabrina).

Another health hazard is the proximity of disease-bearing insects:

"We had roaches here...they were coming from outside. We get the bleach and wash all the things. Powder (cockroach poison) costs a lot, every week I must get that...You just throw it and spread it all over, but this is risky for children because if it flies on the bread or on any type of food it is poisonous and may provoke death. It is extremely dangerous" (Sabrina).

In summary, according to several participants interviewed, living in a camp impacts severely on people's well-being in numerous ways. Not only in terms of the psycho-social concerns arising from having to get used to a life style based on coping with severe deprivation, but also the necessity of having to adjust to and tackle unpleasant situations, risk and episodes of direct and indirect discrimination.[72]

A number of participants explained that their tolerance and resilience levels are stretched to the maximum extent possible and that people often react by becoming depressed or passive about their circumstances:

"There are times that problems occur and people bother you and tell you certain things (discriminatory language), so I force myself not to think about their words, I just turn my back and fake I did not hear anything. It happens, I act as it is nothing. I got used to it so I do not reply" (Gloria).

This resilience, in the face of widespread deprivation and discrimination, is common to the majority of residents in the camp. Those individuals who had reached Italy fleeing civil war and who had settled on the camps over two decades ago had to "get used to camp life" and learn "how to cope with it" realising that there was going to be no simple solution or improvement in their circumstances. Their situation is similar in this way to that of many other displaced persons, resident in more formal refugee camps or informal settlements in

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[72] Discrimination is examined in detail in Chapters 7 and 8.

other parts of the world (Jacobsen 2005; Darychuk and Jackson 2015; Mattei 2016). Coping techniques and challenges articulated by respondents included having to learn how to handle feelings and emotions associated with remaining in a long-term situation of deprivation and the absence of fundamental services, as well as coming to terms with how to tolerate the spatial segregation of the camp setting.

Moreover, residents stressed that they had to learn to cope with the impossibility of accumulating personal possessions due to the lack of space and fundamental services.[73] Not only did they lack facilities to maintain and take care of personal items or materials collected, but they had also to live with the instability inherent in living with a constant expectation of imminent change. Respondents therefore had to be always ready to make significant life changes, including the possibility of eviction, or moving to another home in order to escape the problems associated with the camp. This made them reluctant to spend precious resources on possession that they might not be able to move at short notice.

> "You also travel (for work or family purposes, despite retaining a base in Scampia) and you must be more effective in how to handle your moves. You cannot pile up objects if you travel to Belgium, France or UK but take with you only what is necessary for your fundamental needs. Do not buy fancy clothes or furniture, be practical. You must understand that accumulating material objects will only culminate in stressing you out when you will have to relocate, because you will have to leave things behind. It will culminate only in a waste of time, energy and money. The most fundamental things you carry with you are the ones you can easily shift from one place to another and are essential to meet your daily needs. What you really need is the support of people who can help you out with that, such as your family. All the rest is unnecessary and replaceable, so learn to cope without it, be flexible and effective because you, as us, are unstable and still on the move but at the opposite end of the spectrum, there are times when you travel alone, which makes you insecure – unsafe. There will be a time and a place suitable for you too, now try to save up and plan before you organise yourself and choose your destination and start thinking about making your own family because you should not be alone" (Sabrina).

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[73] See discussion of freedom with Luna in Chapter 7.

In this section, I have described how Romani people in Scampia "cope" with camp life. Because many of the problems they face are irresolvable as a result either of bureaucratic double-binds or lack of resources, the Roma are reduced to "coping" in Samuelson and Folkman's (1984:141) sense of dealing with demands that "are appraised as taxing or exceeding the resources of the person". This leaves them in a situation of constant insecurity and instability. In the following section of this chapter I consider in more depth the impacts of this sense of fundamental instability described by a number of respondents.

6.5 Disorder: The Feeling of Being "Not Organised" (*non stare sistemati*)

According to some participants, many people on the camp experience feelings of instability, resulting from several factors: some related to the environment where they live and the difficulties of managing the living space, and others to the instability of being unable to plan their future while waiting for pending documents and having only intermittent income, often insufficient for their daily needs. Lack of legal status has a particularly destabilising effect on camp residents. Sabrina pointed out in her interview that even though she is stateless, she has no certificate to prove her status, significantly restraining her access to statutory support (Perin 2011). She explained that she was born in a Serbian village where she lived in a cottage with two rooms and a kitchen with toilet and washing facilities. Her parents were poor, so she shared the limited space with all her family members:

> "We used to sleep and eat all together" (Sabrina).

Being so poor, in comparison to other people in the locality, and unable to build a larger house to provide more space for the family, but principally to assure subsistence while living in a permanent base, was the reason they decided to relocate. Together with her parents, Sabrina moved to Germany where they had extended family members who dealt in used and recycled car parts, and lived off social support. She was only 12 when her family migrated in a group of fifteen people:

> "Mom and dad, brother and sister, another brother with his wife and their kids" (Sabrina).

A few years later, Sabrina met her husband "and started a life of her own" in Italy (Šikić-Mićanović 2015). Following her marriage, she never returned to co-reside with her family in Germany even though she travelled abroad to other EU countries such as France and

Belgium. She has never returned to former Yugoslavia either. During the interview, Sabrina recounted the life-style she had experienced before her family left Serbia. She shared memories of an enjoyable childhood related to a form of rural life that no longer exists in Western Europe. For example, when she was a child in Yugoslavia, Sabrina and her closest relatives travelled on a cart from town to town where her father repaired utensils and crockery in the rural areas of Serbia. Sabrina's family, then, was "itinerant", they owned a rural house in a Serbian village but they were often on the move to sustain the family. Sabrina indicated that in her childhood, they used to knock on people's doors in order to ask what tools needed to be repaired in exchange of money or food, because not all the people had dinars to pay. It was a combination of "selling and begging" (Tauber 2008:159). Sabrina's parents worked together in a household unit typical of the, now virtually extinct, traditional Romani itinerant workforce formerly common throughout Europe.[74] One family member would hold the pot needing repair while the other hammered and fixed it, making use of portable hand tools for tinkering pots, pans and cauldrons. At that time, Sabrina was so small that she remembers that sometimes:

> "while trying to lift and carry the crocks I turned them upside down on my head so that I could entirely fit inside the big pots" (Sabrina).

That she could fit inside large pots was unsurprising as Sabrina indicated that she was slim as a child because the family was poor and suffered food deprivation. Despite the evident hardship of this itinerant life, Sabrina's memories were pleasant to her, in comparison to the very different life in the urban camp, which she was facing at the time of the interview. For her the past was "poor but sweet", compared to her present condition, characterised by the necessity to be always "strong" despite her feeling of being trapped in a lifestyle that was not making her happy and impacted adversely on her well-being.

Sabrina often expressed her preoccupations about the stress of being an undocumented individual, as well as a woman spending most of her time alone, without the constant presence of her husband (who faced legal problems and spent much time abroad). In the course of research, Sabrina openly discussed her frustrations, caused not only by having to deal with deprivations, both material and emotional, but, principally, by bearing the burden of responsibility for caring and providing for four children and two elders (her mother and father-in-law), with virtually no economic resources. Moreover, the necessity to

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[74] I emphasise that these families were itinerant, not nomadic. They owned a house to which they always returned.

preserve her public image in front of the community was a source of additional psychological pressure. Lacking any support from her partner or her own family, physically distant, in Germany, Sabrina was falling into depression. Although the whole community knew how badly Sabrina was being neglected, nobody would intervene in an internal family matter. Like many brides who relocate, Sabrina's circumstances were particularly exacerbated by living in a foreign country without close kin to support her.

Furthermore, Sabrina suffered a visible physical impairment that she was unable to conceal because a prosthesis was not provided by the National Health Service, and she could not afford to purchase one. Sabrina clarified that while she was in Germany, as a young girl, this accessory was provided for free through their health service. Despite her awareness of different levels of service and facilities available in different Member States, Sabrina explained that, for her, all the EU countries she had visited were nice places. She did not really differentiate between them, commenting that:

> "They are all the same if you have money, but whilst in Germany is the state who provide certain necessary things, here you have to place hope in the organisations" (Sabrina).

Nevertheless, Sabrina explained that circumstances for migrants varied considerably from one country to another, although this still did not seem to impact particularly on her preference for any country or her future migration intentions:

> In Belgium, you must have a job, to pay your rent and to get food. You can have many things through employment but if you don't, then you must defend yourself and if you do not do it, you end up dying of starvation. Germany is a different thing. They used to give social support, free housing, pocket-money every month as if you work. They provided food, apartment, clothes and things to sleep on such as pillows, covers etc. In Belgium you have to pay for your own house and they do not rent to you if you do not have documents. So you have to adapt/find yourself a way out: arrange yourself (*arrangiarti*) in a manner such as to access services. (Sabrina).

These discussions pertained to memories dating back to childhood as Sabrina had spent the greater part of her life in Naples, living for almost twenty years on a camp settlement. All four of her children had been born in Aversa, Caserta, where the maternity hospital in

which she chose to give birth is located. All of her children were only partially documented, possessing a birth certificate but lacking Italian citizenship, although all of her family members had been included in the 2008 census along with many other inhabitants of the camp, during the "Nomad Emergency Decrees" when compulsory registration (since declared illegal) took place.[75]

Sabrina's explanation of the degree of social exclusion and reduction in life chances she experiences is largely focused on the fact that that she does not have formal Serbian citizenship (see above), while her children born in Italy only have birth certificates which do not automatically confer citizenship. In Italy, as in some other European countries, being born in the territorial jurisdiction does not make an individual a citizen of the country. If one's parents are not Italians, one is not considered Italian. Sabrina and her family also lack Serbian citizenship. Sabrina noted that there are problems with local institutions in Serbia because:

> "When they see you are Romani, they imply that you might be not a Serb, meaning not of Serbian parents – perhaps Bosnians or from somewhere else". (Sabrina).

She added that it could potentially have been easier to sort out her citizenship issues at "home" by returning to Serbia and approaching the Town Hall in her birth locality directly, with witnesses able to confirm her identity. She considered, however, that by remaining within the EU, in Italy, she was providing more opportunities for her family to make a living, even in the dreadful conditions of the Camp, than would have been the case in Serbia, where her children had never been and were not proficient in the language (Vivaldi 2008a). Sabrina's ambiguous legal status determined a cycle of problems and instability that impacted not only on her freedom and wellbeing but also on that of her children.

Being only partially documented significantly constrained Sabrina's opportunities to improve their circumstances as a household, as it became very difficult even to fulfil simple tasks such as depositing or transferring money, or buying a mobile phone SIM card. She was only able to deal with educational or medical institutions with the support of local

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[75] UNICEF (2016: 40) says about *Statelessness, lack of legal identity and legal status* that "Even after the immediate dangers of travel have passed, children can face a lifetime of discrimination and disenfranchisement if they are unable to obtain or prove their identity and citizenship. This can happen any number of ways: citizenship papers lost in the midst of travel; parents unable to pass their citizenship on because of national citizenship laws; or births not being registered during the migration process. Regardless of the cause, the consequences are damning for children. Without a legal identity or the right to one, children can be denied essential services including health care, social protection and education. They may be restricted in their future movements and unable or unwilling to seek protection when they need it".

NGOs acting as intermediaries.

Sabrina acknowledged that, despite the 2013 ruling that the state's actions were discriminatory and illegal, there were certain benefits to having been included in the 2008 "census". In order to comply with administrative procedures, she often presented a copy of the census-return with the identity photograph and fingerprint card completed when the "census" was taken to identify the camps' populations. In consequence of the general institutional confusion regarding the legality of the Nomad Emergency decrees, she was also able to obtain, from the local municipality, an ID card which however, was, not valid for foreign travel. Thus, while assisting Sabrina in engaging with Italian bureaucracy, the card offered no help in leaving Italy to work, or in attempting to sort out her Serbian citizenship. According to Sabrina, there was thus no other way to obtain what she needed from the administration other than attempting to use the papers containing her fingerprints and photograph, regardless of the legality or ethicality of these materials.

Sabrina pointed out, in a discussion which echoed the complaints of residents in relation to the original allocation of accommodation on the New Camp and the long-awaited improvements to residents lives, that despite fingerprints being provided by camp inhabitants in 2008 in the hope of obtaining housing, obtaining renewal of expired permits to stay and potentially obtaining citizenships for children born in Italy, as well as various other benefits which were promised to the Roma if they cooperated; significant time had passed, the emergency regulations had been invalidated, but still camp conditions remained unchanged as did the legal status of people such as herself who remained caught in legislative limbo.

> "Another two years passed and it is always the same – nothing related to living conditions got better, even more dirtiness – and now they even place a rubbish dump in the middle of the Gypsies. They will make us die and our children too. They never cleaned up, even though we have been living here for twenty years and they did not clean because they don't want to say that we are clean, and we have our kids going to school here nearby the camp. They throw the rubbish near us and then accuse us of being the ones that scatter it all over, but this is not true. No. These big black plastic bags are not thrown by us. They (non-residents who fly-tip) come at 4.00am, at 5.00am, discharge their trash here and blame it on us...And now they even open a rubbish plant at the centre of the place where the Gypsies

live (Sabrina).[76]

For Sabrina, the general disorganisation inherent in how local institutions relate to residents of the camps includes lack of information and consultation on factors which impact the well-being of all the inhabitants:

> They did not tell us anything, so we did not know. They did not ask us for permission to install a garbage yard. We thought that perhaps they would make a camp, for "nomads". Instead, they made a dump. The trash – It is difficult getting information on their real plans (Sabrina).

Sabrina's life had taken a different turn from the way she had lived before she had moved abroad, but she "got used to it too". She had to learn how to cope with the situation and her family responsibilities. The distance she had to travel, by foot, bus and train to reach her workplace was a problem. The worst part, she told me, was walking down the camp road that is often filled with garbage discarded and left there uncollected for several days. The effects of the rubbish are compounded when there is flooding:

> "There are rats...I go out with fear! When I walk out, there are also dogs, they both play outside, the dogs chase us, the rats get scared of me and I get scared of them! We all run away! . . . When we go out at night we have to walk through the mud, because the street is not fixed. They do not want to fix it, in addition water falls down on us from the bridge and sometimes when the rain is heavy it even passes through the shack!" (Sabrina).

Sabrina's worst anxiety, for her and her children, relates to the flyover passing overhead:

> "I fear, because at night I do not know what might happen. If some Italian decides to throw a bottle with gasoline on us, for example, when it is dark, around midnight, you sleep, and this is all wood! How you know what can happen? I saw that the camp was set on fire. Here we also are frightened, because people put all the blame on us, it is not true that the Gypsies (*Zingari*) commit bad actions. They (the non-Roma) do that, and then pass the blame onto the *Zingari.*"[77] (Sabrina).

Sabrina's fear is not related to mere imagination of dreadful events that could occur, but is correlated to the memory of the previous attack, when the Old Camp was set on fire by a

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[76] See Chapter 9.
[77] See Chapter 9.

mob of local inhabitants who claimed to be seeking justice for an alleged wrong (Sigona 2002:9).

> We were here, we did not know where to run away, in the confusion of fleeing we even lost our children...It was further down, the camp by the bridge, before we also had a site by Piscinola roundabout. They threw petrol bombs on top of the shacks, the Italians came to attack us because an ugly thing happened, one of our guys was speeding with his car – I do not know why – and all of a sudden, he hit two girls with his vehicle. One survived and one did not make it. But it is not everybody's fault, if one is guilty, not all are implicated too. Do they have to kill us all? Italians are not angels either. They immediately arrived with their scooters and things and burnt the camp. They were not even minding what they were doing! And in the confusion, we even lost our children... We went to Casoria to look for another place to stay, until they (the Italians) calmed down, but we knew that it would be some time before we could to return to our camp...We had an old *roulotte* (caravan) ...There was no toilet or water... so we had to go outside and find a suitable place...Here we built our own bathroom outside, we made a deep pit underneath and surrounded with wooden planks...but there is no proper sewage" (Sabrina).

The disorder of which Romani people complain, then includes diverse aspects ranging from difficulties in accessing, autonomously, legitimate work or government services due to deficiencies in documentation, to the fear of violent death at the hands of prejudiced Neapolitans. Such conditions leave Roma people in a constant state of insecurity.

6.6 Summary

This chapter has explored Romani perceptions of the environment in which they live in Scampia. The chapter observes that for the Roma, the "nomad camps" are a place of ill-being, which compares unfavourably both with former lives in Yugoslavia or other parts of Eastern Europe, and with experiences in other parts of the EU. The extent and ways in which this change is experienced varies for those of different generations, from those who remember rural life in Serbia to those who have never known any reality but the camps of Naples.

Factors which Roma respondents identify as contributing to their ill-being include:

dangerous and unhygienic living conditions; lack of basic amenities; lack of leisure facilities for either children or adults; a sense of "disorganisation" resulting from ambiguous legal status; and fear of violent attack by local non-Roma people. Some respondents also identified the inaccurate stereotyping of Roma as "nomads" (Colacicchi 1996 in Sigona 2002:27) as a source of ill-being. In the following chapter, I will explore other aspects of the ways human relationships within and beyond the camps may contribute to well-being or ill-being.

Chapter 7: *Relationships in the Nomad Camps: Social determinants of well-being and ill-being*

SUMMARY OF CHAPTER 7: In the two previous chapters, I described the physical conditions in the nomad camps in Scampia and Secondigliano and explored the Romani experience of living in the camps. One of the themes that emerged from Romani narratives was the way that ill-being could be a product of human relationships: either with the representatives of the Italian state, resulting from the ambiguous legal position of camp residents, or within the Roma community itself, which could cause hardships especially, but not exclusively impacting on women. This chapter explores such themes in greater depth, noting that the poor physical conditions prevailing in Scampia are the result of systems of power-relationships which produce behaviours ranging from bureaucratic indifference to latent hostility and sometimes overt discrimination, all of which work to maintain residents in a state of ill-being. In exploring these social determinants of ill-being, the chapter also illuminates its opposite, in Roma conceptions of well-being and in particular, ideals of freedom.

7.1 The Relationship of Mental Health to Physical Health

Whilst the previous two chapters have focused primarily upon the dangers to physical health posed by the environment of the nomad camps, the narratives of Roma research participants also include themes of stress, anxiety and depression which they associate with having to cope with constant feelings of insecurity and instability related both to economic stress and personal issues as well as dashed expectations of accessing legal status or anticipated improvements in their living conditions. Participants indeed often expressed their frustration in having to "cope" with a number of competing priorities and problems whilst having very few means and resources with which to tackle them.

Roma participants saw these mental health issues as also impacting on their physical health. A number of respondents said they associated high blood pressure and other heath related disorders with high levels of stress. When discussing these circumstances, they reiterated the impact of constant disappointment and their apprehension of having to "provide" economically so as to "satisfy" the needs of their families as well as needing to keep up "appearances" in front of the community.

The necessity of sorting out legal issues; struggling to save enough to invest in relocation, unrealised expectations or unfulfilled promises (Manzoni 2013) were noted as sources of continuous stress. Youths born in Italy who had spent their whole lives in the Camp often mentioned, in addition to these factors, their anxiety over personal economic and documentary insecurity impacting on their ability to make a living, preoccupations related to family expectations (including marriage) and in particular, emerging tensions between the request to respect implicit regulations related to community law, described as the "old mentality" on one hand, and "more open views" on the other. For young people born and raised in Italy, there was a particular fear regarding the intention some elder family members, usually parents, to return to Serbia.[78] Many of these young people, born and raised on Italian territory, with different language skills, attitudes and aspirations to their parents, wished to remain in the country they considered their home.

In contrast, elders typically expressed apprehension for the well-being of younger generations due to their perceived lack of respect for the rules of "good living". Respondents often asserted that such stresses over generational and cultural clashes could have a serious impact on the health status of older people. In cases of people with serious heart issues, including those who had died as a consequence of heart failures, it was said that "pain, provoked by the misbehaviour of a relative could tear the fibres of the heart apart, make it bleed, or create a hole in it such as to cause death".[79] Accordingly, it can be seen that there is a huge moral responsibility placed on family members not to bring misfortune or unhappiness on the household by adopting behaviours seen as unethical or uncaring which are contrary to the Romani family's codes of conduct and conventional perceptions of well-being.

 Suffering associated with cardiovascular issues, particularly where this led to death, were sometimes seen as being connected to family members' disregard or rejection of community and family rules: challenging the wishes of elders, or not living in a manner consistent with customary notions of self-respect, which in turn impacted on the reputation of the entire family. Similar themes were found in narratives from respondents over a range of ages. According to Saša:

> "Everyone has his own problems... in their household..." (Saša, born in Gemany,

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[78] See Saša's contribution in Chapter 6 (6.3).
[79] Discussion with Saša's mother in reference to the death of her father and the behaviour of her sister-in-law.

aged 19).

Saša noted that it is important how individuals tackle problems as well as the role played by the wider family in such circumstances. He recalled having been seen many times at the hospital:

> "My heart was aching…It was only stress but I was worried because I was so young...and I did not know what I had and what stress means in regard to the heart and its muscles, so I went to the hospital" (Saša).

Dobranici *et al.* (2012:382) in their medical research pointed out that the "Quantification of the cardiovascular risk factors and their implication in the shortening of life expectancy in Roma population was a problem due to a paucity of reliable data. At this time, we should pay more attention to Roma health issues and the cultural concerns that might affect them in the context of borderless Europe". In particular "Bogdanović and collaborators analyzed mortality and population changes in the Roma and non-Roma population in Serbia in 2002 and 2005. The data show that mortality rates in the Roma population are significantly higher than in the general population, and morbidity structure of the most common causes of death significantly different from that of general population. Morbidity structure indicated that the most common causes of death in the Roma population were cardiovascular diseases" (2002:386).

Recalling the fear which led to his attendance at the emergency room of the Cardarelli hospital in Naples, Saša stated:

> "My heart was tightening – for two or three days, so I said to myself I got something and I was smoking cigarettes, so I thought these might have affected me so I quit smoking, but then it started hurting continuously and I went to the hospital where they gave me a diagnosis. I was placed in observation immediately: all these things were done to assess the heart function and to see if I am a heart patient. It was all good but they said I was affected by stress" (Saša).

Saša clarified that, in his opinion, his access to emergency services was good but he still retained a sense of distrust of the diagnosis, leading him to seek a second opinion:

> "They (emergency room personnel) immediately told me what I had and it was the truth, because I also consulted another private doctor that confirmed the same

opinion" (Saša).

Whilst stress was clearly implicated in his health scare, the cardiologists of the public hospital also indicated that there were problems related to Saša's nutritional habits which were oriented to unhealthy eating with a preference for "junk-food": a factor directly mentioned by Saša during the interview. As a result, Saša was overweight, placing further stress on his heart.

Loring and Robertson (2014:6), in their report on inequities in overweight and obesity for WHO, underline that "Significant socioeconomic, gender and ethnic inequities in obesity exist in Europe" and are even widening, as "women and children in low socioeconomic groups are most vulnerable and inequities in obesity are passed on from generation to generation". The investigation carried out by Dobranici *et al.* considered: smoking, family history, hypertension, lipids and lipoproteins, diabetes mellitus obesity and metabolic syndrome as cardiovascular risk factors (2012:383-384). In this context, it is important to note Beljić Zivković *et al.'s* (2010) suggestion that "Prevalence of diabetes in the Roma people living in Serbia may possibly be higher than in the general population of Serbia and needs further investigation".

Saša explained:

> "They gave me medicines for three days, aspirin for the heart. So, I took them and after that I did not do any other thing and now it does not hurt anymore – I feel relieved, lot more relieved, because now I know what I have: anxiety, just a form of anxiousness" (Saša).

Saša's linkage of the experience of stress to physical symptoms of ill-health resonates with Marmot and Wilkinson's (2006) study, which showed that even when physical deprivation was not a factor, stress could have an adverse effect on health and life expectancy. Whilst Saša may be considered very young to suffer stress related cardiac pain, he believed that he was not the only person living on the camp who was in such distress. He indicated that many other people living in the camp suffered similar conditions such as anxiety, short temper or depression:

> "If you have a problem to sort you get anxious, nervous. Only if you haven't any (problems) you can avoid these stress conditions, but this is impossible" (Saša).

The stress levels, rage and anxiety so common to residents of the camp were, according to Saša, increased by the problematic relations occurring between children, wife and parents over family issues deriving from internal frictions. These frictions could, on occasion, be calmed by the intervention of other relatives. Saša added:

> "I do not know other people's issues and how to intervene for them, but when there is a problem with my parents or wife my friends always help me – either friends or relatives" (Saša).

Saša spoke too of the importance of gender relations in relation to having an individual who can be approached for advice. For Saša, the most important person in the family is the mother:

> "I rather prefer the relationship with my mother because the mother is always a female, the male always acts like a male – issues of gender –(the mother) is always a friend, you can tell her everything. (The wife) is also a friend but she acts as a wife, while the mother is the mother, and a wife cannot ever love as a mother does" (Saša).

In Saša's opinion, there are many gendered expectations of young men which are experienced as limitations impacting their well-being. Saša's discourses may be seen as echoing some of the themes discussed in the previous chapter regarding gendered expectations of young women. Saša, notes, however, that there are avenues available for young men to cope with stress which are not available to girls, such as organising soccer games with camp-friends at nearby public fields, or even inviting their non-Romani Neapolitan neighbours:

> "We can invite all our friends we are affectionate to, we grew up with, to come play" (Saša).

Whilst young Romani men can interact with non-Romani youth on the sports field, other forms of recreation that are common among young Neapolitans are often limited for young Roma: in particular, women.

7.2 Gender, Respect and Cultural Practices amongst Romani Youth in the Nomad Camps

In stark contrast to non-Romani local teenagers, young Romani people living on the camp generally cannot go to clubs or discos:

"…unless it is a disco-pub, but only when you are an adult" (Saša).

This contrasts with the common practices of non-Romani Neapolitan teens, who often go out and party at local clubs, even prior to reaching the legal age for entry to such places. Saša clarified his view on this topic:

"For our law, that is not respect. If you go there, you betray the trust of your parents, therefore, you have to wait to be an adult to go, when you are free and your mother cannot ask you any longer where you have been. That might correspond to the Italian legal age of being eighteen but, even though we could go out too, we choose not to. Personally, I did not go out because I intended to pay *respect* to my father and mother" (Saša).

Young women experience greater limitations on their leisure pursuits, as discussed below. In particular, adolescent women must guard their gendered "honour" which is closely associated with respect for and within the family group. Spinelli (2016:251-252) provides a personal interpretation of this concept by affirming that "In Romanì society, male prestige and inter-gender relations are strongly linked. Male prestige passes through the control of female sexuality that is carried out through a series of cultural institutions. Female virginity (*śuśipe*) is one of the primary values of male prestige: it is fundamental for the honour (*pativ*) of the patriarch (*phuro*), of the father (*dat*) and of the future husband (*rom*)". In Saša's opinion, there are not many pleasant things to do for girls:

"According to our tradition not much is allowed. Because our tradition is not the same as of the Italians, Germans etc. We got rules – certain types of rules" (Saša).

Thus, for young women limitations on exercise and on socialising outside the camp and family context have potentially significant implications for both physical health and emotional well-being, As with cases of young Muslim women, these limitations may constitute both a public health concern and a community well-being issue (Human Rights Watch, 2012; Arab-Moghaddam *et al.* 2007).

Antonio, aged 15 years, was born in Serbia but moved to Naples when he was two months old. He expounded further on the gendered constraints on women's movement and autonomy, as well as those on young men, found within his culture:

> "Rule number one for females is: you cannot go out without permission. Rule number two: you cannot hang out with a guy. Rule number three: you must always help your mother, listen to her advice and learn certain things from her. Rules for the boys: You should never get into fights with people, you should not be aggressive, you must always respect your father. Rule number four: you can go out but with your parents. Rule number five: when you turn eighteen and reach legal age, you do whatever you want" (Antonio).

Saša and Antonio phrased this concept in two different ways in order to allow a comparison with non-Romani people and their practices: they first said "when you become an adult", and then clarified "when you turn eighteen and reach legal age", to facilitate the understanding to people external to their community by comparing what is understood, in their opinion, as "becoming an adult" for the *gadje*.

For Saša when you are married:

> "You are always free...and you can go out with your wife" (Saša).

Antonio, however, felt it important to reflect upon the differences in how, in his opinion, young Romani men related to girls depending upon their ethnicity, and offered perhaps a not entirely tongue-in-cheek comment on how Italian girls might be available for socialising.

> "But you cannot go out with the *Zingare* (Romani girls) ...You can go out with an Italian girl but not with a Romani one. When you are unmarried you can't go out (on a date) otherwise you have to pay what we will call a fine. You can go out with an Italian because with them you don't have to compensate, but you get in trouble with your wife!" (Antonio, born in Serbia, 15 years old).

Both participants affirmed that there are cultural differences between Neapolitan locals and Romani people.

> "…mainly related to women, the rules change. We can live as the Italians do but there are differences between living and being" (Saša).

These young men also highlighted the intra-cultural differences between Romani sub-groups including Muslim, Romanians and Sinti who not only speak differently but amongst whom there are variations in the way community law is established and applied.[80]

> "Every group has its speech as the Northern Italians differ from the Southerners...The words can be grasped but I do not know their traditions because I have never had to deal with them – unless speaking about the Muslims (on the camp), they differ from the Serbs, but they grew up with us so they are aware of our rules. They are still Romani people as we are" (Saša).

This passage, in fact, highlights the risks of generalisation and importance of paying appropriate attention to the fact that these discussions express the thinking of individuals, that might (or might not) reflect on their sub-group or family but are not generalisable to all Roma.

Giorgio, a 14-year-old male, born in Italy in a hospital close to the Camp, expressed his anxiety about having to leave Italy, the day after the interview, to reunite with his father in Belgium:

> "I will miss this place, because I was born here and I grew up in this camp. I would stay. On one hand, I would remain and on the other I would leave. Actually, I do not know what to do. Here I would remain for my sister and there I would go for my father and brother, even though we grew up more without my father than with him. My sister will have to stay here because she is married and will surely remain with her husband" (Giorgio).

Giorgio, despite his reluctance to leave his home, and concern about the break-up of his family and sudden dislocation from all he knows, thinks that he will have to learn to handle his fears about relocation because it will be too difficult arranging personal documents to achieve a better living and, one day, perhaps to find work in Italy, even though he was born in the country. Moreover, not only does his mother appear to accept the necessity of moving to rejoin her husband (Šikić-Mićanovic 2015; Jovanović J. 2015) even though he has been absent from the family's life for most of Giorgio's existence, but because his mother is also legally stateless, having no certification to secure her rights, he accepts that there is no real chance that their circumstances will improve if they remain in Italy (Perin

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[80] See also Chapter 6 (6.4) interview with Gloria and Chapter 7 (7.5).

2012). Indeed, Giorgio is resigned to the fact that in Italy things will probably stay the same because the bureaucracy is so slow. He says:

> "It was easier arranging a dog-passport for our pet to travel abroad than for me who was born in Aversa" (Giorgio).

The boy also shared his feelings on the imminent departure contrasting the loss of his current life with anticipated improved circumstances:

> "Despite there (being) a little fear to move to another country, it will be surely better living in a house, in an apartment" (Giorgio).[81]

He further explained that today, relationships with friends and extended family can be preserved by using phones and social media. These technical innovations, according to the teenager, are important because in the past, people were illiterate and had no way to communicate with their loved ones, whereas now, through new technology, they can speak and even see each other on a web-camera (without necessarily having to write).

> "If I go on *Facebook*, I can check if my friends subscribed and store them in my list so, perhaps sometimes, we will see each-other via computer. In Belgium, there are public computers – here there might be too, but I have no clue where. You need to have a computer to communicate. On the camp yesterday we did not even have electricity, we had to go fix it" (Giorgio).

Giorgio's meditation on the possibilities of communication, therefore served to remind him of the limitations of life in Scampia, where even if there were publicly available computers, he was unable to access them. In addition to his reflections on the improved material quality of life which will accrue to his family on moving to Belgium, the teenager concluded with a reflection on the public health situation and squalid environment surrounding the family indicating another important source of consolation which motivated his acceptance of the move initially to Belgium, and then subsequently to Germany, upon which his family was about to embark:

> "In addition, there is so much dirtiness (in the camp) that we can catch some type of disease. I will have to accept that that this is not a place for us anymore." (Giorgio).

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[81] Regarding relocation aimed at living in a house, see also the interview with Saša in Chapter 6 (6.3).

7.3 Romani Conceptions of Well-Being

As can be seen from the interview data above, Romani people who participated to the interviews and discussions described the concept of well-being as being associated with a complex blend of socio-environmental and health circumstances equating to the full range of the social determinants of health. Well-being was not merely equated to physical strength or absence of disease, but also often explained as a feeling connected with "not having to deal with preoccupations".

Feeling well, for these respondents signified being able to freely enjoy personal liberties without having to cope with a sense of constant instability and fear related to the physical and social "disorganisation" of their surroundings. In particular, analysis of data indicated that 'disorganisation' was associated with the following key themes: residence at the camp location; being a foreigner/partially documented individual or having family members with similar problems; limited or no fixed income; feeling discriminated against and general insecurity. This insecurity could be related to economic factors; to prospects of having to move back to Serbia or to somewhere else in Europe; to compliance with traditional rules of conduct for young people; or to changing cultural norms causing stress for older generations.

One of the principal worries, reiterated repeatedly by respondents, concerned the problem of fulfilment of primary needs, such as ensuring food on the table, tackling legal issues and meeting other necessities. It was also important, however, that extra funding was available to ensure the family could participate in events considered important for the community (Spinelli 2012: 173-174), such as annual celebrations of *Slava* (Saint's Days), *Krečuno* (Orthodox Christmas) and that families could properly fund wedding preparations. These events have massive cultural and social significance within the Romani group and reflect the status of the family, of which its corporate wealth is an important component. Without a fixed income, community members are pressurised to satisfy personal and community expectations with very limited resources, circumstances which have been noted in other contexts as leading to the necessity of taking out very high-interest informal loans, running the risk of unsustainable levels of debt (Hrustić 2015; OSF 2012).

On many occasions participants mentioned that their well-being was closely associated both with the fulfillment of personal needs and the achievement of a respected status within the community:

> "I got married...It was beautiful...We celebrated with lambs, pigs – It is hard explaining our tradition because people do not understand it. They do understand the feast, because they also celebrate in a similar way, but they cannot understand the rest. For me, the most beautiful thing is getting married because it makes you become a man. You turn more into a man and start thinking only in-front of you (of your future) and of your family's life. You must take your responsibilities – to take care of your children, the money, in order to have a future" (Saša).

For the woman, Saša explained there is also a change of status when she becomes a wife:

> "She becomes more a woman when she gets married" (Saša).

This status change associated with marriage for Serbian Romani girls usually happens, according to the participants, at a young age, in the majority of cases, before turning eighteen. Whilst marriage increases personal prestige, the most important experience in life for both males and females is believed to be becoming a parent:

> "The most beautiful thing in life are my children, I love them more than Jesus Christ, I love them they are mine" (Saša).

Becoming a father:

> "Is the most significant experience – I was so excited! I was allowed to remain in a waiting room but I was not scared" (Saša).

Saša described the entire experience of his wife's first pregnancy and his involvement in it in a very emotional way:

> "I remember the first scan when we saw if it was a boy or a girl, because before the fourth month it is not possible finding out and they told us it was a ...(female) we hoped for a male but they said it was a little girl...I said she is always 'welcome'" (Saša).

Saša explained that becoming a father was:

> "…the most beautiful moment in life. I was expecting it to happen because I already knew she was pregnant. I was having that feeling – I was not feeling 'a father' yet, but I was feeling something like an emotion" (Saša).

During the entire pregnancy, he remained close by the side of his young wife:

"I was always next to her, together with my mom" (Saša).

Indeed, it was through this experience that he became familiarised with pregnancy related health services available to camp residents. In Saša's opinion, it is not complicated for Romani people to access medical services available in the locality, regardless of their legal citizenship status. Certainly, in the case of pregnancy:

"It is not difficult and it is as being Italian. You go for blood checks and they give you an appointment and let you know when you can or cannot go in for your meeting, and they let you know everything. If you go private you must pay but if you use the public service it is free of charge" (Saša).

Saša further explained that he himself had used public health services in the past and that he had no complaints in that regard:

"Everything they said was the truth" (Saša).

Saša further elucidated that later, his family had consulted the paediatrician provided by the public health service and again:

"They always said the truth" (Saša).

For Saša, one significant aspect of well-being is related to relationships with family and friends. He added:

"Yes, family members, but more a friend, because with a friend you can vent, talk and joke while with your parents you cannot, you must be always serious" (Saša).

Giorgio perceived his well-being as related to the possibility of accessing youth and leisure services, particularly those which allowed him to use sport related infrastructures available in the surrounding area, as well as those pertaining to cultural activities promoted by local organisations such as theatre, acting classes or youth projects. He particularly valued these services as they allowed him to exit the camp and make new friends in his spare time, instead of staying:

"…locked in (his) hut in the nomad camp" (Giorgio).

Giorgio also highlighted that on the camp there is not much to do other than perhaps playing video-games or attempting to use the internet through "dongles" but, most of the time, the low and insecure electric voltage does not guarantee the functioning of such electronic devices. Moreover, there is a high risk that expensive appliances such as laptops or tablets could be destroyed through power surges, because, as described in the previous chapter, the electricity is provided through a long cable that is illegally connected, untested and unsafe.

Giorgio also pointed out the effect of ambiguous legal status on access to leisure activities. For example, it becomes complicated even to buy a SIM card for a mobile phone when a person has no legal documents and no bank account. For a minor, even one like him, he emphasised, who was born on Italian territory, the issue is also related the fact that he is under the authority of his parents, but since his mother is only partially documented, he cannot follow the normal processes in the same way as other Italians. In order to acquire a SIM card, then, he must seek the support of someone who is fully documented and willing to help him by, for example, providing a data-card. Whilst Giorgio saw this as a minor problem, it is an example of the constraints of ambiguous legal status which consistently impact on the personal freedom of Giorgio and other camp residents, limiting their ability to act independently and placing them in a different situation from their local non-Romani peers.

Even at his young age, Giorgio is already aware that these problems are exacerbated by the fact that so many Italians are unaware of the issues Roma face around citizenship and documentation, which, when coupled with general lack of trust towards the Roma, means that Roma survival strategies can appear suspicious to non-Roma, increasing the risk of reciprocal misunderstandings and potentially leading to hostility and discrimination towards Romani people:

"The Roma have always to justify themselves too much in public" (Giorgio).

For Giorgio and his peers, then, well-being is in part conceived of, in a negative perspective, as *not* having to constantly deal with these problems, or *not* having to ask for other people in more privileged circumstances to assist them in what should be simple tasks. Conceived of in positive terms, such simple access to services is seen as "freedom".

Giorgio, for example, mentioned that during his trips to Belgium, France and Germany he was able to stay in a house where he did not encounter such problems, allowing greater autonomy for individuals and families. Furthermore, there were internet centres he could easily access during his travels, where it was possible to use the computers for a small cash payment.

Giorgio contrasted this "freedom" experienced in other EU countries with being "locked in a camp" and having nothing to do (see Tullio Cataldo 2015). At age 15, his boredom and depression is exacerbated because he has begun to feel uncomfortable about participating in the activities organised by the local youth associations which he used to enjoy. Now that he is "growing up" Romani peers often ridicule him for partaking in events that involve younger children and which promote interaction with non-Romani people during such an important period of his life, as he is reaching adulthood.

Giorgio emphasised that as he becomes an adult in his community's terms, there is an internal community demand for increasing participation in the group's life and more involvement in family activities. Hence, despite the fact he wishes to join in pastimes that he enjoyed before reaching this age-stage, he is subject to peer pressure to separate from the activities other Italian teenagers enjoy. Rather, he is expected to make a life change and be proactive for the benefit of his family's well-being and wealth, leaving behind activities that are seen as unproductive and childish. Giorgio, like other Romani youth, is expected to grow up quickly and despite his wish to continue with youth-related activities, he feels the pressure of his family's requests and the anxiety to "make them happy", therefore has an impact on his own well-being.

7.4 Freedom isn't free

The narrative of Luna, another key respondent, similarly explores both the complex migratory histories and legal status of young people who are second generation migrants to Italy. In this case, Luna and her partner have made the transition from living in the camp to accommodation elsewhere, albeit retaining very strong links to camp residents. Luna, 17 years old, born in Aversa, in Caserta province, Italy, is not yet an Italian citizen and lives in a legal limbo. The only documentation she has pertaining to her legal status is a certificate declaring that she was born in Italy and some associated documents that prove

affiliation to the Serbian refugee population. She does not have either a Serbian or Italian passport, however Luna is preoccupied with trying to get the Italian bureaucracy to recognise her rights, and those of her mother, who is a stateless individual (*apolide de facto*) but because of bureaucratic complications, has never received a statelessness certificate to legally ratify her situation, (*apolide de jure*).[82] Luna's father, in contrast, has a Serbian passport, but as he is married to her mother only according to the traditional law, the marriage is not recognised by either Italian or Serbian law and thus does not automatically confer Serbian citizenship on his wife and children.

Luna grew up on the camp and she achieved the lower secondary school certificate through attending education on an independent basis "with many sacrifices".[83] Given the circumstances on the camp and the lack of educational support available from her family, this demonstrates a remarkable achievement by this young woman, indicative of the growing opportunities for, and commitment to, education amongst Roma youth in Scampia. Luna affirms that within the camp population:

> "There are many people who attended school and that know how to read and write but also many illiterates. The elders, who were in Serbia did not attend schools but the younger ones that have been a long time in Italy did" (Luna).

Luna had a great deal to say about her pride in her ethnic identity; stressing that ethnicity and affiliation to the Roma community should be never hidden from wider society:

> "There should be no need to hide: on the contrary, I am proud to be (Roma) because we are all equal. There are some *Zingari* (Gypsies) that are even cleaner, more educated and organised (*sistemati*) than 'important' individuals and populations, the fact we live on a camp, surrounded by rats and rubbish, does not imply that we are dirty, impolite and whatever else..." (Luna).

Despite her pride in her heritage, Luna recognises that the physical circumstances of the camp give the impression to non-Romani people that the Roma are something that, in reality, they are not. The public perception that Romani people are responsible for their environmental circumstances, which feeds into a cycle of discrimination and prejudice foregrounding notions of Roma as "dirty, anti- social people", is a theme which has emerged from a number of studies in international contexts (Clark & Taylor 2014; Picker

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[82] The topic of citizenship is discussed in Chapter 4.
[83] See also Vivaldi (2008a).

et. al. 2015; Sigona 2014; Bancroft 1999).

Luna has already formed a domestic unit of her own, in that she is married according to community law, which she clarifies means that "she lives with a boy" in a house, in a common-law marriage. Her marriage has taken her away from living in Scampia and she misses "her camp, her girlfriends and her family". Not living on the settlement makes her feel isolated from the community and her previous life, however she acknowledges the greatly improved circumstances she experiences having moved from the Old Camp into a more mainstream residential location:

> "Everything is better living in a house. You can have your privacy, everything is neat, everything in the right place – the opposite of the camp where things are lot more difficult since you do not have all you need" (Luna).

In her interview, Luna analysed the advantages and disadvantages of living in a settlement, noting firstly the feeling of deprivation associated with residence in conditions which lack basic amenities, as described in Chapters 5 and 6:

> "…your spaces, your objects because in a *baracca* (shack) you cannot – You can have your family, but not your space, your room, as not all the people can have this possibility" (Luna).

The poor facilities make it awkward for individual residents of the camp to carry out daily routines, with considerable difficulties associated with simple but necessary tasks such as cooking, washing and dying one's hair (see Albert 2012). In addition, there is nothing to do for leisure and fun:

> "you have to wait for weddings, feasts, when we are all together" (Luna).

In the absence of more formal entertainment, camp residents sometimes enjoyed opportunities for music, singing and dancing, if the weather was clement, even though the narrow, rutted alleys do not allow much scope for such activities.

> "We were gathering there: the old ladies were coming too so we were turning the music up and dancing together in the *girotondo* (a round dance). We were out there with my granny and the old ladies dancing – also the guys. We were making

competitions on who dances the best *kolo.[84] Kolo* is actually our tradition!" (Luna).

For Luna, family unity is important, and a great benefit of residence in the camp is that relatives can be near one another because they are more or less concentrated in the same space:

> "The fun is constituted already by being together, but things could be improved by reorganising (*sistemare*) the camps a bit, though fixing the houses and pavements, because there are many potholes and the road is not done. There is nothing but earth (no pavements or roads). If you want to have fun where do you go in the mud?" (Luna).

Whilst Luna recognises significant benefits for camp residents afforded by having family around to support them, she also identifies negative factors impacting on the wellbeing of individuals on the camp, in particular, but not exclusively, on girls.

Luna described in some detail the gendered impacts of cultural practices, exacerbated by the poor environment of the camps, indicating that these coalesce to determine ill-being and malaise associated with girls "being always locked in", something also highlighted by Tullio Cataldo (2015) in the report "So Dukhalma" which explores aspects of the inner distress and suffering felt by Romani youth and their families living in camp-settlements. In particular, Luna noted that there is too much attention by community members to what extended family and neighbours think and say and the rumours they spread with regard to appropriate gendered behaviour:

> "Being always locked in and not being able to do what you want, not being allowed to go out and wear what you like because there are "gossipers", so you have to dress a certain way, if you wear a shorter skirt they will say "*Mamma mia* what a whore", sorry for the word, if you wear a low-necked shirt: "look at that one!" (Luna).

Burgio (2015b), in particular, describes the interconnection of gender relations within Roma communities and relationships between the Roma and the dominant society, but it can be clarified that this type of social control, undertaken by women of girls and other

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[84] *Kolo* is a collective folk dance often performed in a closed circle.

women, has been noted already, in particular in UK studies, in which gendered dimensions of life in caravan sites or housing estates, with a high density of Romani residents, are explored (Smith and Greenfields 2013).

Luna noted, however, that the rigid control over her social interactions had now been loosened, and that this problem of gendered expectations does not concern her any longer because she is married. Before her marriage, however, she was subjected to a strict dress code. Until puberty, she specified that it was possible to wear trousers but "only until you grow up" but after puberty, she was expected to dress in a manner considered suitable for her age. The extent of gender control and indeed religio-cultural expectations, depending on the origins of the Roma community in question, as well as parental will, also impacts on whether or not young women are allowed to continue in education post-puberty.

Luna clarified that:

> "I am a married woman and I can wear what suits my husband, even jeans if he agrees with that, but if a girl is not married her parents will impose on her certain rules, to wear a very long skirt or, in the camp, at least below the knee. I have never seen any girl wearing shorter clothes...However if the husband is Muslim (*Khorakhane*) they have another tradition and culture so it is a different thing. It depends on people's mentality. If a family is more young-minded, open-minded, it is allowed but if they are old- fashioned – let's say – there are also other things that are not permitted – you cannot go out and you cannot go to school" (Luna).

As indicated within this interview there are many impediments impacting on the life of young women. Depending on the husband selected, marriage according to Luna can become a way to achieve more freedom, or can result in further limitations.

> "Freedom is very limited. Freedom to do what you really want to do, the things you prefer, to behave as you want" (Luna).

Whilst Luna indicated that with marriage she had achieved more freedom, she was clear that this did not equate to total liberty because there were still many activities that were precluded. These limitations are summed up in her definition of freedom which in many way accords with the WHO (1948) definition, going beyond mere physical health but also incorporating well-being and autonomy:

"For me freedom is to live – to live well and health is everything. If you don't have health you cannot live. You feel ill – Health is well-being, how you live, do you understand? It is not only related to physical illness but to make you feel good. To be at peace – without people breaking your balls!" (Luna).

7.5 Relationships with Other Roma Groups and Non-Roma People

In this section of the chapter I turn to the relations with Roma groups which are seen as separate from the Serbian Roma community in Scampia. This element follows on from the above discussion of how Giorgio is increasingly expected to turn away from inter-ethnic socialising and focus more on his own community. Thus, there are both intra- and inter-community tensions and stressors which can pertain in relation to relationships between Roma and non-Roma people in the vicinity of the camps.

The participants related to non-Roma people in different ways, with the quality of relationship and trust varying from one respondent to another. Generally, respondents divided people according to a familiarity-scale: this ranged from other Roma (or Sinti) who are somehow "Gypsies" (*Zingari*) but not part of the extended family group to which the respondent belongs; through *gadje* who were acquired family members of a Romani person through marriage; then individuals that enjoyed a degree of friendship with the Romani family group; then the neighbours that interact with the Roma; and finally, at the far end of the continuum, *gadje* in general: people who are external to the group and unaware of Romani practices, traditions and life style. Institutions and their representatives could be fitted into this scale, in that they might be partially aware of the way Romani people live their lives, but only interact with them within in relation to political or institutional guidelines and goals rather than through personal relationships.

The Romani conceived of relationships primarily in terms of kinship. Kinship could be conceived flexibly, however, in terms of blood relationships, family connections, affiliation with a group, or through mutual understanding. Relationship quality and depth was assessed in relation to the acceptance of practices, rules and traditions of the community concerned and with established empathy. Whilst deep relationships were primarily expected to be with other Romani people, shallower relationships which still required a certain degree of trust could also be important, for example, in obtaining good or services

such as firewood or hairdressing in the neighbourhood and in accessing help with a variety of issues from NGOs and government agencies.

During the interviews, several respondents explained that they have established communication and forms of relationship with other Romani people in the region, describing these connections as "familiar" as a result of their ethnic affiliation but underlining the distinction between their own family and kin-group and other Roma groups.

I have already noted Gloria's distinction between the customs of the Bulgarian "Kalajdži" group from which she originates and the Serbian Roma amongst whom she now lives.[85] Saša asserted that whilst his kin live with the other subgroups such as "Muslims" (*Khorakhane*) on the camp and that they are especially familiar with those settled in the Macedonian area of the camp known as the "Muslim camp", members of that group are very different from his own community. He indicated that the Muslims "make troubles", hence the communities have, over time reached a degree of mutual tolerance and interaction but usually remain respectfully distant so as to maintain peace between the different cultural groups. Saša underlined that he knows that there are other "Gypsies", in Italy that are autochthonous (he always calls them "Sinti" no matter to what group they belong) as well as the Muslims whom he grew up alongside, and a small number of recently arrived Romanians, but he has no deep relationships with them although he does have a clear understanding of the cultural traditions of his near neighbours. For example, in the case of his Muslim Romani neighbours, he explained that he knew that they do not eat pork and that "they see the things their own way". In regard to the Romanian Roma, Saša makes a linguistic distinction, explaining that whilst he is able to understand them, the Romani dialect that they speak sound to him, "different" in the same way that northern and southern Italians vary in accent and dialect.

Another factor distinguishing Romani communities who came from the former Yugoslavia from Romanian Roma, according to Saša, is the common experiences that Roma from the former Yugoslavia share. Their members, especially the elders, have shared common paths, are familiar with the geographic settings from where they moved, and also have shared memories of similar experiences of the traumatic events which led to their forced migration. Many of the Roma from former Yugoslavia now in Scampia came from the same cities or regions, primarily in Serbia, and relocation to Naples was organised

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[85] See Chapter 6 (6.4). Marushiakova and Popov (2013a:81) explain that *Kalajdži* is an ethnonym/profesionym meaning "tin-smiths".

primarily by kinship units, so ties established in Serbia were preserved in Naples.

To Saša, the "Serbian" (*Srpski Cigani*) group to which he belongs are "the Roma", whilst all other *Zingari,* are something else: "Khorakhane" or "Sinti".[86] Saša uses this terminology to maintain the distinction between those he regards as his own people, and others he sees as separate even if related. Similar distinctions were made by Grandmother[87] (See Chapt.6.4) who distinguished her family and subgroup from "other" Roma, that she referred to derogatorily as *Čergari* or *Muslimani*.

Sabrina noted that during the past decade, with the arrival of Romanian Roma in Naples and the camp, that there was an increase in communication with other "Gypsy" groups, especially in the places where "people go to work". She explained that her work consists of begging, selling flowers or 'gadgets' usually near to a cemetery that is located several miles away from the camp in the area of Torre del Greco in the Province of Naples.

For a number of years, since her arrival in Naples when her children were very young, Sabrina had been travelling together with her children to work by the cemetery over the weekend. She explained that she was aware of the Italian law that makes it illegal to work or beg with children. One Turin judge, Rossella La Gatta, in May 2017, sentenced a Romani couple found guilty of begging with their weeks-old baby in the harsh winter of Piedmont to 10 months' imprisonment without parole (Leggo 2017; R.it Torino 2017). According to the press, the court ruling affirmed that "embracing a certain type of life-style, even though rooted in the culture and customs of a community, cannot exclude the criminal relevance (of an action) especially if the fundamental principles of human being are involved. Even though the ethnic affiliation "does not exculpate the conduct", it consents however to benefit from mitigating circumstances" (R.it Torino 2017).

Yet Sabrina, in her interview, highlighted a contradiction in the legal interpretation of "begging" with children. In her case, it was not a "mistreatment" of her children, or an activity done with the intention of using them in order to gain personal benefits to their detriment, but rather of keeping them in her care. She pointed out that abandoning a child in the camp would not only be hazardous, but was also illegal. She added that a mother, in general, has the duty to safeguard her children and to look after them and that no one else can fulfil this role and replace her in this task. Therefore, in her opinion it was better to

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[86] See Uhlik (1955) cited in Saletti Salza and Piasere (2004:311-340) on term *Srpski Cigani*. Marushiakova and Popov (2013a:81) furthermore explain that ethnonyms, such as "Serbian Gypsies", can change rapidly.
[87] "Grandmother" is the pseudonym chosen by a participant interviewed on 1 March 2012.

keep the children within her sight rather than leaving them behind with someone else while she works. For Sabrina, it is not a matter of using her children to gain money, as the social services might suggest, but a simple necessity of care.[88] The law, she explained, is often blind in Italy because it implies that parents must sustain the family but many Romani people who are undocumented like her, have no opportunity to obtain legitimate employment and consequently provide adequately for their children (cf. Saletti Salza (2010) on cases of minors officially declared adoptable).

Therefore, the least problematic way of obtaining an income is through seeking financial support through begging or selling flowers. Begging, for Sabrina, is asking people directly for help without the intermediation of NGOs. She made it clear that she saw little differentiation between begging, fund-raising in other ways, or asking for contributions during church services. For Sabrina, the latter is also a sort of "begging" but one which is tolerated and regulated and thus seen differently from an individual asking for support.

Drawing on this parallel, Sabrina sharply remarked that it is not a coincidence that there were cases of Romani people being chased away from churchyards where they were begging, because, she suggested, their independent practice was clashing with the interest of the religious institutions, putting the person in need in direct contact with the patron and thus eliminating the need for an intermediary: in this case, the church. Sabrina saw this conflict of interest as another reason to bring her children with her, so that the "supporters" who provided her with money could directly see the need and verify how their funds were being spent, hence in her opinion this practice was more direct and transparent.

Sabrina's begging activity had become more complicated over recent years, not only because the financial crisis resulted in previous donors no longer being willing or able to give, but also because with the arrival of Romanian Romani groups, Romanian Roma women had also started begging in the area, in direct competition with Sabrina. Despite this competition, Sabrina showed a degree of tolerance and a disposition to share her space with other women because she recognised them as other Romani people in need, despite the clash in interests. Since Sabrina only worked in the vicinity of the cemetery on weekends, she was happy to allow other Romani women to take over her pitch during the week, allowing them to access patrons and financial support. Sabrina explained that she

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[88] See also Chapter 2 (2.3), with particular reference to Carlisle 2004, Tosi Cambini 2008; Saletti Salza 2010 and related Note 4.

did not feel economically threatened because she had already built strong relationships with members of the non-Roma community:

"They know who I am and keep me and my children in their thoughts" (Sabrina).

Therefore, Sabrina explained, it was still worthwhile for her to take such a long trip to reach her patrons near to the cemetery, because the community in the area where she sells flowers or "asks for compassionate help" (*manghel*) had become familiar with her and her family, with the way she treats her children and carries herself. During the interview, she often remarked that:

"I am not a trouble maker and people are happy to see me and my children" (Sabrina).

Sabrina asserted that taking her children with her was like "going to visit her friends with her family" and showing her grantors that she "really used the funding for the well-being of her relatives". Sabrina told me that local people had become attached to her and her children and some of them were even called *zio* or *zia* (uncle or auntie) by her children because these *patrons* treated them well. The children felt free to ask them directly what they need and they provide goods that are useful for their daily routine, including pencils, notebooks, school-bags or toys.

Sabrina explained that when undertaking her economic activities, people with whom she is familiar will ask her how she feels, and indeed Sabrina calls them "friends". Moreover, she explained that sometimes it might be better to establish a friendship with non-Romani people than with her Romani neighbours on the camp, because those within the settlement sometimes compete with each other and may be animated by jealousy and internal conflicts arising from conditions of vulnerability and need. Sabrina recalled that on one occasion, food that she had stored in an old fridge for her family had been stolen.

For Sabrina's adolescent neighbours, Milena and Sara, who were born in Serbia and had witnessed the bombing of their city, their relationships with non-Romani people was fundamentally important, and had been built up day by day, "when people get to know you", because it might take years to establish lasting relationships.

During their interview, these young women clarified that for years, local inhabitants in the areas where they begged crossed their paths regularly, spoke with them and became

familiar with their stories. Now many had become affectionate towards them (Cfr. Dobreva in Clemente 2015).

These non-Romani people are used to having them around, not infrequently save things for them, and try to sustain the family with what they can spare. Milena, underlined that:

> "You cannot be persistent and molest. You have to understand if a person can or cannot help and not humiliate individuals for not having (items to give) – Many people with the (economic) crisis do not even have so much for their own families, therefore it is not kind being insistent when someone tells you that he/she cannot!" (Milena).

Milena further pinpointed that now, with more recent immigration flows, there are refugees at every traffic light, stopping in front of the most frequented shops and they all beg, so people feel oppressed by the increased demand for economic support and tend to have a worse disposition towards all Romani beggars, including them, despite their familiarity of many years. Sara explained that she is aware of some charities that are helping the refugees, for example hosting them in local shelters and she also indicated the important role played by local Catholic and Evangelical churches. Milena, however, stressed that people in need prefer to build personal bonds with other people that may be able to help them, because it enhances and develops human relationships. The establishment of such relationships she saw as better than charity received through institutional routes. Milena observed that although begging was technically illegal, it was well known that such practices were often tolerated on a local level and thus according to her, institutions such as churches and the police would not intervene unless beggars were perceived as "molesting" potential donors.

Significantly, then, some Roma see relationships with non-Roma people as making important contributions to their well-being, but the consequent desire to engage with non-Roma people can sometimes conflict with traditional Roma conceptions of correct behaviour. This issue can be exacerbated by the fact that other Roma, even within the same community, are not always mutually supportive, but may be in competition in various ways. Such issues are sometimes resolved through the formal mechanism of the Romani *kris*, described below.

7.6 The *Kris*: Conflict Resolution within the Romani Community

Sabrina discussed several cases where the Romani *kris* was called to establish a verdict on whether the conduct of an individual was in compliance with customary law of the community. Similarly, Saša, in his interview, pointed out that every sub-group has its own law, therefore generalisations provided by academic sources might be not always be applicable to every context. This topic is, in fact, discussed by several authors in regard to different Romani communities (Acton *et al.* 1997; Cahn 2000; Piasere 2005; Spinelli 2012 and 2016; Marushiakova and Popov 2015) [89]. According to Cahn (2000) in some Romani communities the family and the *kris* are the strongest traditional institutions, even though it must be highlighted that "Not all Romani communities employ the *kris*, in fact most do not". Cahn (2000) explains that the *kris* is a tribunal-based court system, called by members of the Romani community in instances of internal disputes, adjudicated by elders, called in some communities *krisnitori* (plural: *krisnitoria*). It must be specified, however, that there numerous disparities between sub-groups therefore it is impossible to generalise, for example: "In the Kalderash *kris*, it is the tribunal, a collectivity, which includes all the disputing parties, which calls the judges to chair it. It is the *kris* which is the authority, and the *krisnitoria* who in presiding over it, help it to find its collective voice...The ultimate legitimacy of the decision of the *kris* is that it re-establishes consensus: it is a remarkably democratic institution" (Acton in Cahn 2002). The most common form of punishment handed down by a *kris* is a monetary fine.

To further expand the discussion on varieties of traditional Romani law Acton (2003) expounds the specifically Vlach Rom variant while Piasere (2005:26-46) focuses on the *Xorarahané* Roma. Piasere, quoting Liegeois (1976), emphasises that despite the vast number of authors discussing the role of the "Gypsy tribunals", a legal-anthropological study is required (2005:27) .

In regard to the Romani community of Scampia, with particular reference to the families of some of the interviewees, Sabrina had suggested that the *kris* is employed by her sub-group, as it is sometimes convened by the appellants as consequence of gossip spread by individuals who were adhering to the same set of values, therefore part of an extended family or members of the same sub-group or, that were appealing for the intervention of "judges" in reference to moral concerns or other situations of internal conflict. The court

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[89] See also Chapter 2.3

was convened by the tort receiver.[90]

Sabrina's own experience of the Kris had been unhappy, having lost a trial and had to pay a fine, and she expressed some doubts about its costs. Nevertheless, Sabrina recognised that the Romani *kris* can be an important instrument to peacefully resolve disputes:

> "You have to pay the judges that are coming from Serbia or Austria, your witnesses, to build your defence. If you lose, you are guilty and you must compensate those who received a tort. It is like a normal trial, but it happens in front of the community when it is established when there are serious matters. Everyone can participate and hear what happens but cannot talk. Women speak if they are called for an opinion or if they have been investigated. You have to swear in front of a candle and this procedure is done to reach an agreement between the parts – to "calm the blood", otherwise, it can turn much for the worse" (Sabrina).

Fourteen-year-old Giorgio also mentioned that the Romani *kris* can act as an instrument for resolving disputes around customary marriage. Even though he seemed to have a clear idea about the age he wished to get married (over eighteen) and the expectations in regards to his future wife, he added that:

> "You must not be that rich or poor to marry as long as you pay (a dowry)...(but) ..I want a nice one (bride), not like those ugly girls that do not know how to behave and run their mouths to their mothers-in-law and their moms. When I get married I will never allow her to say a bad word to my mother. To be "good" for us means a lot" (Giorgio).

Giorgio further asserted that if she "lies" he will "return her to her father" and explained that divorcing a bride is very easy but also that a pending divorce is a serious matter, because if the parties to the dispute do not reach an agreement the situation can result in physical fights between family members, which is deplorable:

> "If we do not get along (as a married couple), my father will pay compensation and if we don't get an agreement this will result in a fight. There have been cases where the girls make mistakes – for example they 'look' at other men – I mean they do not

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[90] The word "gossip", used in this context, may be related to the concepts expressed by Luna discussed in Section 7.7.

simply look, they smile. If it happens to me, I just send her away, I do not care. (In such cases) 'they give you half back (of the dowry), but you still have to undergo a judgment (of the *kris*) and pay for it" (Giorgio).

Obviously speaking from observation, Giorgio stated:

"It is easy, you can have a *kris* here, there are judges in the camp. However, it is not nice, judging. There is a reunion, elders, friends, and also people chosen by the person who is calling for the *kris*. One family chooses some judges and the other family others – they all must be paid. Women are not called, cannot be judges – (it is) impossible: they cannot talk but keep silent. Men talk, children and youths cannot, it is a thing for adults, but if (as a interested person) you want to attend, they will not send you away, you can enter and listen" (Giorgio).

7.7 Discrimination as a Source of ill-Being

Relationships between Roma and non-Roma people cannot be addressed without considering the issue of discrimination. In almost every interview and discussion in which I engaged, Romani participants recalled episodes of discrimination which they had experienced. Sometime it was openly debated and critiqued whilst at other times it was passively accepted, with a sort of resignation, as though it was unavoidable and so common to become something one simply had to deal with. Discrimination incidents were reported by respondents of every age. Youths reported racist acts, experience of prejudice, physical and verbal attacks by peers and even by adults. They described the motivation of the aggressors as being simply their Romani ethnicity. Bullying in school was a common complaint, exacerbated by the fact that it frequently happened in front of teachers or other school personnel. Mothers often recalled how children were mocked, bullied or called names in the Neapolitan dialect (such as: *Zengara/Zingaro*, *zuzzus/a*, or *perucchius/a*.[91] The very real difficulties in accessing adequate laundry facilities could indeed lead to Roma children appearing less well-groomed than their non-Romani peers but this kind of slander is used in a range of contexts to humiliate Roma. Amongst Roma parents, teachers were widely regarded as being too tolerant in regard to the mistreatment

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[91] Gypsy female/male; Dirty male/female; Lousy male/female respectively.

of Roma children by other pupils; for example, by not acting firmly against the perpetrators or by minimising acts of discrimination which occurred in an educational setting. Mothers of school-children frequently recalled having had deeper problems with school-teachers who perceived Roma children as lacking desire to actively participate in school-life and allowed this perception to affect the way these children were treated. Such attitudes showed no awareness of how discrimination and racist bullying could impact on educational attainment and retention, and could lead teachers themselves to engage in damaging discriminatory behaviours, such as segregating Roma children from their non-Romani peers in the classroom, making them sit in marginal positions, such as next to the rubbish bin or by the window, which intensified the bullying by other children on the basis that they were "dirty" or "smelly".

Gloria was one parent who reported the mistreatment of her child in school:

> "Since the first school-day, I went to school and informed the teacher that my child was not familiar with any notion (had no prior educational experience) because I could not enrol him in pre-school. It could have been easier if he had the chance to attend nursery, because he did not even know how to colour-in. The teacher said it was OK because he was going to learn, so after a week it was better, but on the second week my child returned home and said "Mom the teacher comes always near me and yells, she asks me to stand by the wall". I did not think about my child's words, but that it was good to learn how to write and read, but he did not want to go to school anymore. He was just saying, "Mom the teacher shouts ...I don't want to go to school". So, the next day I went to speak with her and she told me "He is hard-headed (intransigent), I tell him to write and he stares at me and turns his head to the other side and refuses to write". So, I replied "Of course, if you scream or you scold him in front of his peers he will never learn". They have two teachers, that do not know how to teach. After that, I ask (my child) everyday how the teacher behaved and he says "Good, mom!" and when he brings me his exercise-book I always read "*Bravo*!" (well done)" (Gloria).

Romani children also complained of exclusion from social activities, such as rarely or never being invited to parties by their schoolmates, or not being visited at the camp by their peers. Finally, teenagers and adults reported numerous distressing episodes of false accusation, slander, name-calling and even physical attacks by individuals or small groups based on the claims that Roma young people had tried to commit illicit acts such as

stealing goods from shops or markets, pick-pocketing or even, in a well-worn discriminatory slander, exacerbated by media such as that associated with the case of "Angelica" (See Note 4) or the "Blonde Maria" case, (McGarry 2013) attempting to abduct children (See also Tosi Cambini 2008).

Romani adults also felt the pressure of discrimination. Several individuals reported that they had felt the need to modify or constrain their behaviour in front of, or near non-Romani people for fear of Romaphobia and the dangerous effects of politically fomented anti-Romani prejudices and stereotypes. Gloria, for example explained how she felt Roma people were perceived in public space, even in the context of engaging with professionals in healthcare settings:

> "...when they see us, perhaps because we are foreigners or because we are Romani, they keep us at a further distance... there are *buoni e malament* (good and bad individuals), as we say too, but I am a person that seek personal justice. I demand it and I can move through these things, when I have been called a "foreigner", a "Gypsy" I did not like it, so I responded to the doctor "I am a patient, an ill person...and you call me a 'Gypsy'?" I must wait two or three hours outside and then when I start shouting and making a bit of trouble (only then do) they call me and say "The girl must enter, come in please, get comfortable – how do you feel? what hurts? let's do this and let's do that..." (Gloria).

Gloria added that she had no complaints about the medical competency of the doctors, only their attitude towards Romani people:

> "The doctors are good but when they see us Roma, they distance themselves, because they think that we are a kind of population that – but they do not even imagine how we really are" (Gloria).

Gloria's willingness to confront discrimination and prejudice, both in relation to school-teachers and doctors, and the impact of her interactions, shine an interesting light both on how non-Romani professionals regard Roma people and the ways that challenging such behaviours may result in improved service from professionals tasked with working with camp residents.

Seventeen-year-old Luna recalled that she was only ten when she first experienced discrimination after being falsely accused of stealing and repeatedly pulled around by a

woman in her forties. Luna was at the street-market shopping with her grandmother when the woman started screaming loudly: "Give me my money and my documents back! You stole my wallet!" The degree of unwarranted aggression traumatised her:

> "I started crying. Why if someone stole a wallet and I am a Gypsy it must be me? Couldn't be a Neapolitan? There was such a crowd that it could have been anyone. When I returned home my father got upset" (Luna).

Luna expressed her distress and sadness over the episode of racism she encountered as a small child:

> "Being considered as unrespectable people hurts. We are not like that, we try in every possible way to be civilised but people do not give us a chance, they always think we are ogres, thieves and totally different from what we really are and this is untrue" (Luna).

Following that incident, Luna also reported being chased by a man while returning home from school with her brother. The man called her *Zingara zozzosa* (filthy Gypsy girl). She explained:

> "I do not accept being treated differently just because I am a "Gypsy" (Luna).

Luna also referred to specific negative episodes while accessing medical services but was not prepared to go into detail regarding these. She did describe a physical confrontation when she refused to accept what she felt was discriminatory behaviour:

> "Once I beat up a girl by the sea. She was giving me ugly looks. It is for my visible skin tone, for the way I speak because I do not have a perfect Italian accent or better it is possible understanding that I am a "Gypsy". There are people who make differences over few small things. So I gave her a great lesson. When I arrived to the seashore, I laid my towel and she started giving me intrusive looks and called me names. I was with the school. The other people saw that, but no one interfered. The other kids were Italians, the only Romani people were my cousin and I. There were other foreigners, tourists, and they all said I was right because she started doing things I did not like. I arrived there peacefully, I minded my own business and she asked for it!" (Luna).

Luna was eager to make clear that she is not a violent person but being constantly

confronted and publicly humiliated raises her aggression levels leading to retaliation. In particular, she profoundly dislikes being called by the name *Zingara* (Gypsy). In response to this statement, I asked how she preferred to be called and she smiled genuinely and replied:

> "Luna, simply with my name...That Romani girl...They are not compelled to call me a "Gypsy"! (Luna).

7.8 Summary

This chapter and the last have sought to take the reader into the lived reality of some of the Roma of Scampia. Many of the issues I have discussed may also be found in other ethnographies of Roma people, some of which I have cited, but I have deliberately avoided overloading this account of *these* Roma's world with endless citations from the tired discourse of Romani Studies, which has tended to present the words of Roma people to illustrate academic generalisations regarding "what Roma are like" as though they were in some way essentially all the same. This study has a different focus. Rather than seeking some essential Roma qualities which explain their behaviour, it focuses on the ways that Roma lifeways and identities emerge in interaction and relationship with other human-beings: both Roma and non-Roma. Whilst the power-dynamics of many of these interactions place Roma people at a disadvantage, they are not without agency. The Roma people I interviewed had clear understandings of the causes of their ill-being as social causes. They coped with the challenges they faced in diverse ways, ranging from resignation and endurance, to active assertion of their interests or even physical confrontation with abusers in order to move towards a state of well-being.

Whilst the literature of Romani Studies may have little to offer in understanding these interactions, there is a literature that does: that on the social determinants of health (e.g Marmot 2004; Marmot and Wilkinson 2006; Wilkinson and Pickett 2009). The Roma of Scampia have not read these works, indeed some of them struggle to read at all, but their conception of ill-being or well-being as encompassing not only physical conditions but mental conditions, such as stress, which are largely socially determined, echoes the arguments of these authors for a broad-based conception of health, for the crucial importance of social determinants of well-being or ill-being, and in particular, for the social

origins of stress: a condition which Marmot and Wilkinson (2006) have shown can have physical effects which damage health and shorten lifespan. In short, the Roma I interviewed showed an awareness, rooted in hard experience, that just as Marmot and Wilkinson (2006) argue, health or its absence is very largely a product of power-relationships.

This chapter showed that in some cases, the power-dynamics which impact the well-being of Roma people arise in internal relationships between Roma people themselves, for example, in the restrictions placed on the behaviours of women and young people by the customary law of certain Romani subgroups and enforced through informal or formal expectations and demands by the family, that might obviously differ even within the same Romani community. Examples of this were the informal peer pressure exerted on Giorgio to give up socialising with his non-Roma friends or described by Luna in regard to difficulty in continuing her education, and the formal mechanism of the *kris*, invoked to settle family disputes or to sanction behaviour considered ethically inappropriate.

Saša also spoke at length about the stress caused by gendered expectations of young people's behaviour. What is totally missing in the interviews and discussion with Romani participants (unsurprisingly, since it is a very sensitive topic) is any narrative intersecting the burdens of gender, race, nationality, class and minority experience, as discussed by Kurtić (2012). Interestingly, homosexuality, only briefly discussed by authors such Burgio (2015: 141) and Spinelli (2012:178), is described as taboo. Spinelli (2016:252), for example, explains it as "mellipe-merime, a weakening of the virile capability and loss of prestige position" *(pativalipe)*. Similarly, Kurtić (2012:1) agrees that "the existence of women who are both Roma and lesbians...represents subjects which have been historically taboo". For Kurtić, the problem highlighted is, in fact, the role of patriarchy in the Serbian Romani communities and the impact on Romani lesbians, since patriarchy has been the base for control of women's production and reproduction for centuries, even though this practice is not exclusive to the Roma (2012:8-9). Kurtić (2012:10) courageously explores directions that are seldom discussed, saying:

> "If we consider only practices such as: punishing women for loss of virginity outside wedlock, for adultery or for lesbian relations; classifying women either as 'clean' or 'unclean'...controlling women's reproduction...denying divorced women custody of their children; withholding access to healthcare; preventing women from accessing education...prohibiting women from leaving the home; reducing women to the roles

of wife, mother and homemaker...we begin to see that we have created a strikingly accurate depiction of the daily lives of many Romani women" .

At the same time, however, all within the Roma community feel the weight of relationships with non-Romani people, particularly representatives of the Italian state (and CSOs), in which they are in a situation of structural disadvantage. The Roma depend upon non-Roma people in a variety of ways for their survival, from those who donate when they are begging, to those who sell products on and off the camp. These relationships of dependence, however, leave the Roma vulnerable to all kinds of abuse, from open racism of the kind experienced by Luna and Sabrina to more subtle but pernicious stereotyping and discrimination of the kind that characterised Gloria's interaction with health-service providers and had a negative effect on the education of her son and, at a deeper level, influence decisions about the allocation of resources which keep the Roma in Scampia in conditions of legal marginality and material deprivation.

In articulating their resistance to the social imposition of ill-being, Roma research participants also articulated positive visions of well-being. In so doing, they focus attention on two concepts which are central to the literature on the social determinants of health. The first of these is *relationship*. This was particularly clear in Sabrina and her adolescent neighbour Milena's account of their begging practice. Sabrina stressed the importance of building long-term relationships with donors, whilst Milena emphasised that it was better to establish personal relationships with individuals than to depend upon disbursements from churches or charities, which Sabrina saw as mediators with their own agendas.

 Both women preferred to actively engage in relationship-building, a process over which they could exercise control, rather than to depend upon government agencies or associations, over which they had no possibility of exercising control, but to whom they were consequently subordinated. Wilkinson (2006:342) emphasises the importance of feeling in control to the experience of well-being, and conversely, he identifies lack of control resulting from the actions of higher-status individuals as the most crucial determinant of health-threatening stress. This issue of control brings us to the second theme which emerged from Roma participants in regard to well- being: freedom.

Freedom was a significant theme in interviews with both Luna and Saša, both of whom found greater freedom in marriage, in part because of the increased status and respect that it brought them. The linkage of freedom to status again resonates with Wilkinson and

Pickett's (2009:342) finding that harmful stress is strongly correlated with being under the control of higher status others. It is appropriate to leave the last word in this chapter to Luna, who identifies the social determinants of health more powerfully than any academic:

> "For me freedom is to live – to live well and health is everything. If you don't have health you cannot live. You feel ill – Health is well-being, how you live, do you understand? It is not only related to physical illness but to make you feel good. To be at peace – without people breaking your balls!" (Luna).

Chapter Eight: *Living with the Roma: Perceptions from Officialdom*

SUMMARY OF CHAPTER 8: This chapter examines the role of officials in government agencies and publically-funded NGOs in impacting Roma health and well-being, or ill-being. It presents findings from interviews with such official "actors" and "agents", consisting of medical staff, a social operator (working for an NGO), and law-enforcement officers. The data is presented both through their own words, (in formal or informal interview situations), and by presenting observations and analysis of their interactions with Roma people as well as their engagements with the researcher.

8.1 The Municipality

The Romani communities of Secondigliano and Scampia are located in the 7th and 8th Municipalities of Naples, where they have been living for over two decades. Local Municipalities are expected to embody the principles of decentralisation and organisational autonomy, allowing them to take independent decisions on matters that are important for the life and well-being of their citizens (Commune of Naples, 2016). For example, while the Commune is in charge of ensuring the uniformity of interventions under its territorial jurisdiction, the municipalities actually run all activities in the areas of schools; culture and sports: urban maintenance, including roads, sewage-systems, public buildings, green areas and markets; and administrative tasks pertaining to trade, handicrafts, demographic services, traffic and urban hygiene. The municipality therefore has a major influence on the well-being or ill-being of Roma resident within its boundaries.

8.2 ASL (Local Health Care Trust) Service Providers and their Interaction with the Roma

Residents at the camp of Scampia are dependent upon health services provided by the *ASL Napoli 1 Centro Distretto 28* (Naples 1 Centre, District 28).[92] ASL is the acronym for *Azienda Sanitaria Locale* (Local Health Care Trust). The trust's building is located right outside the camp on the main road: Viale della Resistenza. District 28 comprises several medical departments that are able to provide special consultations or to refer patients to

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[92] District 28 was previously designated District 48.

other local hospitals if a specialism is not locally available. The official website offers the public a downloadable document containing the list of medical specialties available in the District along with the names, specialisation and availability of doctors (ASL, *Ambulatori* n.d. accessed 12/05/16).

One of the departments is the *Ambulatorio Stranieri Temporaneamente Presenti e Europei Non Inscritti* (STP/ENI*)* (Temporarily Present Not Registered Europeans Clinic and 'STP'/Temporarily Present Foreigners). This department provides temporary STP-health cards through the *Ambulatorio Dedicato* (Dedicated Clinic) which is in charge of receiving Romani patients (ASL Napoli 1 Centro- Distretto Sanitario 28- Regione Campania (n.d.) *Ambulatorio dei Popoli* provided 19/06/12). Such cards allow holders (including Roma who as explained in Chapter 4 are often in limbo in relation to their legal status) to access health care.

The web-portal of the ASL also provides information which can help foreigners to access services and to become aware of their health rights. The official page presents some useful material but also points out there may be differences between the legal situations of different immigrants (and hence entitlement) and thus stresses that whilst individuals are invited to make use of the information resources available they should also consider relevant clauses in the immigration laws and, if necessary, examine their own immigration situation and other relevant publications.

Some of the documents on the website have been translated into other languages but none have been translated into Romanès or Serbo-Croatian, minimising the opportunities for Roma patients to become informed about their rights. The "Access guide to the health rights of immigrants" says that the *Sistema Sanitario Nazionale* (SSN - Italian National Health Service) guarantees health rights to immigrants. SSN-registered persons are cared for by the general practitioner (*Medico di base/GP*) or if below the age of fourteen, by a pediatrician chosen from a list of available doctors at time of registration. Registration allows a patient to consult a practitioner during clinic hours, to be visited at home, and also to receive prescriptions, referrals to specialists or hospitals, or specific medical investigations. After obtaining a referral issued by the GP, the patient must then contact the *Centro Unico di Prenotazione* (CUP - Central Centre of Reservation) or an accredited

centre delivering services. Furthermore, to obtain the service prescribed, the patient needs, unless exempted, to pay a "ticket" (fee).

If an SSN-registered person is temporarily out of his commune of residence, he can access SSN services at another location, but must pay a consultation fee to the GP consulted. Generally, when the GP is unavailable (between 8.00pm to 8.00am and on weekends and holidays), individuals can consult the *Guardia medica/Continuità assistenziale* (medical guard/for the continuity of care) an emergency/out of hours service normally provided free in the area of residence but which cannot be used for ordinary referrals or requests for special medical examinations (Ministero della Salute 2013b). The doctor consulted for an "out of hours" call can also provide home visits. For severe conditions and individuals who cannot be moved, it is necessary to ring 118, the Italian emergency number, and to request an ambulance (ASL, Napoli 1 Centro Distretto 28 2013).

Individuals lacking the documents necessary to register for national health service care, such as Temporarily Present Foreigners (illegal immigrants or people lacking residence permits etc.), may request STP health cards to enable them to access at least some of these services. As pointed out by the local health provider handbook: "According to the law, healthcare professionals cannot report the irregular foreigner: so you can turn to health facilities without fear of being reported to the authorities" (Ministero della Salute 2013). Even though these patients cannot register with the SSN, they have the right to:

> "…urgent or essential outpatient and hospital care… preventive medicine health service... protection of pregnancy and maternity, all the tests and inspections prescribed during pregnancy…screening for the prevention of cancers of the female genital sphere…Voluntary interruption of pregnancy - VIP (IVG) …Protection of the health of the child…Mandatory and recommended vaccinations in our country. The interventions of international prophylaxis…Prevention, diagnosis and treatment of infectious diseases" (Ministero della Salute 2013; ASL Napoli 1 Centro Distretto 28 2013).

In addition, STP patients have the right to a "ticket exemption" (meaning that they do not have to pay a fee to see a medical practitioner) having been issued with a Code X01

(which is not valid for receipt of "free" medicines) and an exemption for maternity and pathology services (ASL, Napoli 1 Centro Distretto 28 2013:6; Ministero della Salute 2013c). Ticket Code X01 is means-tested based on income-tax returns.

To obtain medical examinations, STP holders must contact their local Health District or the Immigrants' Clinic of the Ascalesi Hospital and, for specific situations, district hospital units offering direct access such as the vaccination centre, family counseling and drug addiction services (ASL, Napoli 1 Centro Distretto 28 2013:6; Ministero della Salute 2013). Finally, to obtain an STP temporary health card, valid for 6 months with a possibility of renewal, it is necessary to make a "declaration of indigence" at the selected health district. This is a self-provided declaration that the individual has no economic capacity to access medical care. STP cards are held by various categories of immigrants, including those awaiting the outcome of asylum processes, pregnant women who are illegally present on the territory, and children born in Italy to foreign parents without permission to stay (impacting many Romani residents).

8.3 Medical doctors' engagement with the health and well-being of Romani people in Scampia

Information pertaining to medical staff's contacts with Romani patients was collected both during the development phase of this study and also during fieldwork. In Italy, it is illegal to record the ethnicity of patients and hence there is a lacuna in the evidence linking health conditions and prevalence rates to ethnicity. However some doctors, particularly those who worked in clinics where services are provided to Romani communities, were able to provide personal opinions and perceptions based upon professional experience.

A gynecologist operating in the Scampia district was approached for comment, and he confirmed that the public service is often used by the women of the local Romani community. Roma patients also used the Sexual Health Clinic to obtain medical care for illnesses related to gynecological specialism, to seek advice on pregnancy testing and related maternity screening, referral for abortions, Sexually Transmitted Infection (STI) screening and treatment of such conditions as well as fertility related information and support. The medical staff working in the district are therefore used to the presence of Romani people and STP holders within the clinic, because the Sexual Health Clinic is included within the "maternal and child services" which STP card holding women can

access in anonymity, and free-of-charge. Women in this category of service user also bring their children to the Centre to obtain vaccinations.

Romani people can generally access services at a number of different hospitals after referral by a GP or by using the STP health card or directly approaching Neapolitan Emergency Rooms (Casualty services) such as that at the Cardarelli Hospital in Naples. Both Roma and medical-staff pointed out that Romani people living in Scampia also use the Hospital of Giugliano in Campania, even though that facility is located in a different medical jurisdiction. The Giugliano hospital is smaller, providing fewer services and specialities than the Cardarelli hospital, but it is nearer and more convenient.

Access to Emergency Room treatment is usually free for patients, although subject to long waits depending on the urgency of the specific case. Some patients, both Roma and non-Roma, may however use them to obtain an immediate diagnosis or response to a health issue and as a way of avoiding the long waiting times associated with a referral for specialist consultations. Recently, as a result of health reforms and budget cuts, hospitals throughout Italy have attempted to discourage such strategic use of emergency rooms by requiring users to pay for a "ticket" in non-urgent cases. In Campania Region, at the time of research, this fee was €25 (Bollettino Ufficiale della Regione Campania 2014; Quotidianosanità.it 2015). Some categories of people are completely exempted from making payment on the basis of their low income, however, and in these cases there is no disincentive to discourage their use of emergency facilities.

Despite the payment exemption provided to Romani people as a result of their low income or undocumented status, there may still be problems in accessing health services outside the district in which the patient lives. For example there may be disparities in local budgets and some institutions may operate policies less flexibly than do others. During interviews, Romani participants suggested that when they went outside their locality to other districts, or travelled to other Regions to seek health care "out of hours", the doctors on duty might ask for a fee to be paid. However much depended on specific situations connected with the STP, the patient's income and local arrangements. Moreover, empathy towards foreign or Romani patients might vary from one area to another. It was suggested that Romani patients might receive less sympathy in Regions governed by the far-right, anti-immigration Northern League, for example.

There was evidence that prejudice against Roma could cause problems in accessing care (see ERRC 2006:49) even within Naples, however. One doctor who was on duty out of hours in a downtown district where Romani people are settled told me of an incident which she felt was close to a violation of the Hippocratic Oath:

"I was on night-shift with two colleagues. One of them took a worrying night call from a Romani mother who was concerned for the health condition of her child who was less than a year old and had very high temperature. She asked if we could go see the baby because she had no car to drive the baby to a hospital, she did not know where to go or what to do in the middle of the night and was unsure whether she had to call an ambulance. So, she first asked us to intervene or to advise her. But the colleague who responded did not want to endanger herself by going into an illegal settlement 'surrounded by rubbish and rats'. This doctor claimed that it was a waste of time roaming around an illegal settlement, in darkness and risky conditions, to find a patient whose call could not even be tracked down. She suggested colleagues invite the lady to ring 118 (the emergency number) to ask for an ambulance and just forget about that call, to prioritise other patients located in more accessible domiciles. I got very upset, I was ready to go there to visit the baby, so I urged her to do her job too in a conscientious manner, otherwise I would have to report her to the authorities. I did not want to be complicit into what she wanted us to do – or not do" (Doctor M. 2012 and 2016).

Under this pressure, the duty doctor decided to go to see the baby. The interviewee clarified that her empathy towards Roma (and other marginalised) patients, derived from being in a racially mixed marriage and having children that could have faced discrimination due to "personal dislike" or "opportunism". She pointed out that she had a personal awareness of anti-immigrant feeling and disagreed with:

"the approach of some colleagues that see the medical profession only as going to visit patients at the Grand Hotels!" (Doctor M. 2016).

Problematic attitudes amongst the medical profession towards migrant and Roma groups was highlighted by ERRC (2006) in a report which highlighted that discrimination against Roma in healthcare is manifested both in exclusion from health services or by providing

health services of an inferior quality. This happens not only because the Roma might not be covered by health insurance but also because they are often physically separated from mainstream services as a result of marginalised residential locations (ERRC 2006:12). Similarly the Fundamental Rights Agency, in a multi-country study of multiple discrimination in access to health care, found abundant evidence of health staff holding discriminatory attitudes towards Roma patients which could lead to illegal refusal of treatment (FRA 2013:67), as well as lack of health insurance creating barriers to access to treatment.

In contrast to these negative experiences of institutional racism, during the course of fieldwork, and even before, while volunteering with NGO's, I encountered numerous doctors that offered free consultations to Romani people when appointments would not generally be granted rapidly by the public health service. Amongst these were specialists in diverse specialisms including gynecology, cardiology, orthopedics, ophthalmology and dental health. Both Roma and non-Roma observed, when reflecting on medical practitioners that "there is good (*o' bbuon)* and bad (*o'malament*) everywhere". Whilst the intervention of individual doctors could not entirely compensate for structural discrimination within the system, their efforts were appreciated by those they served, and demonstrate that the effects of prejudice can be overcome if the will to do so is present.

8.3.1 Interview with Doctor N.

For many years, (until he was promoted and moved to another medical district) Doctor N. had a key-role in the functioning of the STP clinic used by the Roma in Scampia.
Unlike other personnel, Dr. N. agreed to participate in a long, recorded interview (19th June 2012). A highly qualified clinician, Dr. N. expressed his sympathy for Romani families and shared personal memories of his first engagement with them on their arrival in the area over two decades previously. The interview ranged widely, including medical issues and problems encountered in working with the Roma throughout his period of time in Scampia, but also included reference to positive practices and experiences that had reduced the social distance between him, as an institutional representative, and the Roma community.

Doctor N. started his interview with a clarification that despite the good will of some professionals, public discourse pertaining to support for minority communities often did not reflect the reality of the situation:

"I strongly believe in my work, as I know you do too. Because the discourse was always about the Roma and doing a lot of beautiful and amazing things, to revolutionise the settlements. But ultimately, few results were accomplished" (Doctor N.)

Doctor N. also pointed out a sentence in the brochure (ASL Napoli 1 Centro- Distretto Sanitario 28- Regione Campania n.d.) provided during the course of the interview highlighting both a positive vision of health care services, and simultaneously providing a dark view of both some of the residents and the problems they faced. The text stated:

"In certain aspects, our territory of Scampia could be considered a happy island marked by peaceful cohabitation with foreigners. However, care is needed, too to keep moral consciousness awake in the face of exploitation, black market labour and extreme precariousness that can affect those (individuals) who are illegal" (ASL Napoli 1 Centro- Distretto Sanitario 28- Regione Campania n.d.).

During his interview Dr. N. provided a quotation from Alassane Ndaw, an author of whom he knew little, but imagined to be of African origins; which he found particularly inspiring:

"Knowing something corresponds to being in union with it…being inside it and to confront it from the inside, by remaining outside it is never possible getting to know a thing in its essence" (Doctor N.).

Doctor N.'s approach to his work, then, could be seen in some ways, as quite anthropological, and he went on to provide a "thick description" (Geertz 1973) of his experience with the Roma:

"These were my thoughts in '98 when, all of a sudden, I was granted the opportunity to interact with this world of which I was not aware. Certainly, there were numerous stereotypes: I was seeing them in the streets but I was curious, despite the rumours, about many things that you already know, hence I do not even want to further underline how ridiculous these are. The false beliefs that people have in regard of these populations, in a particular way, on the Roma….".

From the beginning then, Doctor N. identified racist stereotyping as a social issue that affected his work. He continued:

"Back then a decision taken was to establish an *Ambulatorio Dedicato* (Dedicated Clinic) and this implied that in order to organise it should have been inserted in the Primary Health Care system *(assistenza sanitaria di base)* within the general medical structure. To provide this service, however, it was necessary to make special arrangements. I remember we encountered some difficulties in interacting and understanding how to do it and, at the end, the Director and I organised the clinic inside the offices. People were coming, there were no tables or adequate medical instruments."

Here Doctor N. identifies material deficiencies which ultimately stem from the failure of the clinic to fit into the established structures of the health service. He went on to identify the difficulty around provision of prescriptions for Category C drugs,[93] (which were not supplied free to STP patients), as being a particular problem:

"So, they were starting to ask for money. How to access certain medications? The problem related to Category C medicines is that there are many that are absolutely fundamental, especially for people like them that are frail and need them. Imagine *paracetamol* for temperature or pain, it is necessary – you can't avoid prescribing that – it was – a moral obligation, so we started to support them also economically and to sustain them with what we could" (Doctor N.).

In this passage, it is clear that the problems Doctor N. faced stemmed as much from the structure of the medical system, which denied certain drugs to the disadvantaged STP group, as they did from purely clinical issues. Dr. N. went on to detail his concerns about the uneasy way the clinic fitted into the bureaucratic system, resulting from its origins, emerging not from policy but in a spontaneous response to need. In particular, he was concerned at the designation of the clinic as an *Ambulatorio Dedicato*: Dedicated Clinic (ASL Napoli 1 Centro- Distretto Sanitario 28- Regione Campania n.d.).

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[93] See Chapter 4.

"Precisely because it was *dedicato,* the thing did not sound right to me, it was that word "dedicated" that was re-echoing in my mind…This could have sounded discriminatory because – why did we have to ghettoise (the Roma) in a separate practice (*ambulatorio relegato*)? It was much discussed that the health service provided should have been non-discriminatory – as the Ukrainian goes to the clinic, so the Italian goes to the clinic. They also access using normal procedures. Conversely, we thought of placing a huge practice inside the District so that all the specialties would have converged in this clinic. We thought that we could have had a consultant dermatologist, a consultant psychiatrist, a consultant psychologist, a consultant pediatrician and then general medicine. (We) intended to provide a doctor that could collect the patients' queries, like the family doctor, in order to follow one thread of health conduct for the health of the beneficiaries. This for all the foreigners. However, the main part of foreigners, for us, were Serbs because we had the Roma camps" (Doctor N.).

Doctor. N went on to explain that with the support of both a pro-Roma NGO and the local Health District, he was able to establish a clinic that catered for all (STPs and ENI), rather than being designated exclusively for Roma:

"We are speaking about the years 1998-2000. During that period, Opera Nomadi was very involved with us and there was a person, a journalist, who was, well known, very *strong,*[94] so we started several collaborations with Opera Nomadi[95] and they were leading, guiding, accompanying Romani people and assisting them. In the end, the idea of a Dedicated Clinic somehow got lost because the District was always supportive, helpful, trusting about the intentions I wanted to realise, and bought me all the tools, so we did it for the paediatric part – that was the biggest – and for the adult sector. But eventually, everyone took their things and moved them in their medical care divisions so, after bringing the instruments, the tables and the desks, the *Maternal and Childhood* Division moved into their premises, so this paediatric clinic was established" (Doctor N).

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[94] Probably by the term "*forte*" (strong) the speaker means that this person had powerful connections or, that she was very determined and respected.
[95] Opera Nomadi Napoli is a non-profit organisation dedicated to the integration of Roma in Naples.

Doctor N. observed that this separation of different types of clinical services providing care for people from diverse background was not without problems, but that with effort, these were in part overcome. Thus the medical centre allowed Romani patients to continue to access a diverse range of services, but according to a "segregated" model.

> "The problem was the impact of a 360 degree reception and that we, the *Maternal and Childhood Department* and their schedule, also had to meet the needs of the Italian beneficiaries (coming to make use of paediatric services at the clinic). So they encountered some problems providing services, so for a period they were confined – first the Italians and then the Roma or first the Roma and then the Italians – they were not together, they were separated, for an organisational reason, upon solicitation of internal or external components. So also, the (children's) vaccinations were done according to time-schedules" (Doctor N.).

The segregation, in this case, was not motivated by racist discrimination on the part of the health providers, but was a humane and pragmatic response to enable Roma patients to access a full range of services. Doctor N. also noted that:

> "In the same building we had the Pediatric Division on the 5th floor, and this clinic. It was hard to liaise with the health centre (*poliambulatorio*) located on the 3rd. floor so I was allocated an 'assigned space' on the ground floor (to meet with Roma patients). In this way I avoided criticism, because it is not easy working with them: people saying that the Roma were roaming around the District littering chips, papers etc. So, I had to be careful and try to make our colleagues, personnel etc. stomach (*digerire* - digest, tolerate) and also make clear to the other (non-Romani) beneficiaries of the District's services that their presence was a peaceful attendance, and even enjoyable, particularly because of their ways of interaction, but it was surely lightening up and it was possible to tune in with them to establish a relationship (*entrare in sintonia*)" (Doctor N.).

Doctor. N. elaborated on the importance of personal relationships:

> "I remember that they (Roma patients) were reaching me at the 2nd floor because they knew where I was. I was working on the 2nd floor while the clinic was down

there, therefore, when they couldn't find me there, they were coming up to the 2nd floor. So, the process of getting to know these people started. The most important thing was that, since the beginning, we established a relationship based on the recognition of their difficulty in expressing themselves, in interacting: the complexity of being able to access the other services that we were starting to inter-connect" (Doctor N.).

A significant problem for the clinic bureaucratic processes, was that many of the Romani were undocumented or only partially documented, holding passports of a state that no longer existed: the Socialist Federal Republic of Yugoslavia, (SFRY/SFRJ – *Socijalistička Federativna Republika Jugoslavija*). ERRC (2006:31) has explained that often a lack of personal documents precluded Roma patients from accessing medical services due to their unsettled legal status resulting from various causes including displacement during wars; unregistered birth; lack of financial resources to pay application fees; illiteracy; lack of information about procedures; or often, simply rejection decisions by local officers. Again, this barrier to care was a problem stemming from the power-structures of the Italian state rather than a medical issue. Nevertheless, within the clinic at which Doctor N worked, this issue was also largely overcome in regard to the specific needs of these patients:

> "The registration was part of the compilation of personal details (*anagrafica*), which was always easy, because having the support for all these clinics of a service such as the one provided by the *Senza Fissa Dimora* Service (Without Fixed Abode Service), …it is called *Servizio Attivita Sociosanitarie Cittadini Immigrati e Senza Fissa Dimora,* directed by Bondonno, a sociologist – let's say that it gave them (Roma patients) the opportunity to receive a registration code: that is the STP. Through this they did not have to prove anything or to show documents. It was enough. Because they had a code, they could register and obtain a health card (*tesserino*), it is called the green health card for its colour. They were later coming downstairs and reaching us to access all the needed services. I was working with other medical staff, we were rotating together in shifts hence we could more or less stay open 5 days a week" (Doctor N.).

Doctor N. noted that other colleagues in the same District also collaborated in this project:

"They were simply flattered because they were somehow incentivised, even though the fact that it was commonly known that being a *dedicated clinic*, that was a bit particular. The connotation was that the activities were over at the end of the morning so in the afternoon personnel could remain on duty and work for the practice" (Doctor N).

This model of engaging with Roma and encouraging more mainstream health personnel to become more involved with their care was in fact many years ahead of its time. The recent National Health Action Plan for RSC (Ministero della Salute 2015:26) sent to local Health Departments in different Regions, indicated that training of all health personnel, (medical and non-medical), in regard to socio-cultural dimensions impacting Roma should be considered. Doctor N., in fact stressed that in the early days of the service there had been a general lack of awareness amongst medical staff, including himself, in regard to the issues faced by refugees and asylum-seekers:

"They had absolutely no documents, in fact this is one of the matters I never entered into the discussion about these things: for example, if they had problems in former Yugoslavia I was unaware. I knew that a person was coming to ask for a certain thing, so I was interacting, and sometimes, at the beginning, it was complicated, but later, step by step, you start to catch sight and understand, so you interrelate" (Doctor N.).

Highlighting the importance of building interpersonal relationships but also stressing the necessity of undertaking an in-depth exploration of social domains impacting vulnerable people, Doctor N explained that trust is required in order to make an informed evaluation of a patient's situation and also to develop appropriate institutional solutions:

"At the beginning, the problem seemed minimal because we thought that only a few would refer to us. We thought that they were scared to get involved with a public provider that was going to receive them by filling in a data-sheet to understand their way of living. We are speaking about the years 2003-2004 and the Department wanted to understand the social-welfare conditions related to their living etc., but this was always very hard to accomplish because to gain information, you must be accepted, otherwise they perceive it as persecutory: they do not open up and do not

show a disposition, they do not consider the thing feasible, therefore they don't provide answers. They do not trust and do not believe, and they are also sly (*furbi*)" (Doctor N.).

He observed that he was able to overcome such problems precisely because he had built a bridge and connected with the Roma with whom he interacted:

"I was lucky because, in some ways, they accepted me and every time I wanted to cross the limit, when a working-group was coming in to get information, if I was giving them the *nulla osta* (non-impediment) to expose (reveal personal information) themselves they were receptive, but I was always acting as guarantor so that the data was not used to cause them problems" (Doctor N.).

Although the children's vaccination programme was successful, Doctor N. noted particular issues in regard to HPV vaccinations and maternity care:

"The HPV (vaccination) was also done but the response was negative, there was not a great follow up. Still nowadays, we face difficulties, since 2000 to 2012, 13 years after the establishment of the clinic, we still hardly receive an adequate response (from the beneficiaries) in regard to pregnancy" (Doctor N.).

The doctor explained his perception of Roma attitudes which he believed influenced their approach towards accessing healthcare during pregnancy: In his opinion these were related to both limited sex and reproductive health knowledge amongst Romani women but also evident institutional barriers, which could culminate in refusal of treatment of a woman with a high risk or complicated pregnancy (ERRC 2006)

"There are several explanations: they do not have a deep knowledge of their last menstruation; they lack understanding of their body's evolution, consequently they often and willingly undergo interruption of pregnancy. They do not see the child as a resource that could be a "non-resource" and they do not even find support, they don't find help channels aimed to sustain pregnancy-keeping. There are problems with not taking responsibility (*presa in carico*) (by the medical district) because they reach the practice when they are already 5, 6 or 7 months pregnant, so there is no

responsibility-taking. The clinics, at least this practice – the 28, rejects a pregnant woman late in pregnancy. I think I can understand the logic related to the fact that if a pathology exists, it means taking responsibility for a baby that has problems, and this is difficult from a legal-medical point of view. But, in their case, since they are unaware of their last period and of the health-pathways during maternity, it should be justified. Similarly to the fact that they eat and drink in excessive measures. Because of this, they cannot be discriminated against" (Doctor N).

Doctor N. observes that Roma women's approach to maternity related services is influenced by their cultural expectations which, he suggests, are not dissimilar to those of other women in southern Italy:

"They go directly to the hospitals if they are in care there or, if they are lucky enough to access a public clinic, otherwise they walk in just to deliver. Otherwise they go private, a lot, because the relationship sought is like the one required by the Italian women, especially in the South, for the link established between the gynecologist and the patient. This is why the private sector here works a lot in this field. I think that it is easier taking decisions based on word of mouth – wherever they receive better treatment, they go there to deliver. We had an agreement with an affiliated clinic that was *convenzionata* (part of the state's health budget), where they were accommodated…" (Doctor N.).

Doctor N. noted that responses to Roma patients could vary from one region to another, but commented that:

"In Campania Region we have a tradition of great reception" (Doctor N.)

The doctor explained that Romani people tend to locate and identify friendly places to access services. On the basis of their personal experiences and word of mouth they rank the services provided:

"Aversa Hospital, and the STP clinic too. They locate a provider that is able to fulfill requests and just go there. Throughout the years, I noticed also that in regard to the

assistance provided by San Gennaro Hospital – when I direct them to San Gennaro Hospital to do certain things, they used to go there willingly" (Doctor N.).

Physical access is also an important selection factor in relation to health care:

"The problem is precisely this: distance! The issue of finding solutions that are suitable to them and are not too far away from this area. In reality, the truth is that they go on foot." (Doctor N.).

ERRC (2006:21-22), when considering the importance of enforceable health standards to enable Roma to access care, draws upon a number of sources of international law. For example the International Covenant on Economic, Social and Cultural Rights (ICESCR) and the UN Committee on the Economic, Social and Cultural Rights (CESCR) for stress that in setting health care standards the following elements should be taken into account: availability, accessibility, acceptability and quality. Importantly for our purposes, accessibility is described as having four dimensions: non-discrimination; economic accessibility, accessibility of information and finally, physical accessibility. Physical accessibility includes the expectation that: "health facilities, goods and services must be within safe physical reach for all sections of the population, especially vulnerable or marginalised groups, such as women" (2006:21). Accordingly, the Clinic's proximity to Scampia and cultural competency are important in engaging with diverse domains of accessibility.

During his interview, Doctor N. described the frequent occasions on which he had undertaken inter-institutional mediation in order to establish a "solution making" process for his Roma patients. This frequently involved important clinical issues:

"I had some patients undergoing dialysis, hence, we had to accompany them, in particular one patient on the *New Camp*… She later died. That is the issue, to force (the system) to be able to offer (services) and to push to be able to find solutions and this practice has always offered that. For the STP, I established a chain of solidarity and I was supported by the General Director to find solutions: the ambulance, with that I was going to pick them up and return, otherwise that lady on dialysis would have never found a way out!" (Doctor N.).

Beyond clinical observations, Doctor N. also commented upon the environment in which the Roma lived:

"If you notice the New Camp after it has rained – you see the desolation, the abandonment, even the community centre, and it is hard leaving that place. You spontaneously look inside of you for a way to find something positive and a way to provide a contribution in accordance with what you have. With electric pylons close at hand, at the back of Secondigliano Penitentiary, with the high voltage nearby, maintenance by the appointed provider almost zero. Inside, when I was going, the workers, the waste collectors, were not even going. You cannot heal in a context that is not proper, so I had to go check, and verify, how they lived. Do you realise why the dermatitis, cavities – actually toothpaste, drinkable water – the organisation of the residential space. It is ridiculous! Ridiculous!!" (Doctor N.).

If the conditions of the New Camp raised a lot of clinical practice issues for Doctor N., the settlement in Via Cupa Perillo was also described as problematic:

"The Old Camp, for example, it is just disconcerting! They burn all kind of things because they lack wood for this sort of stove. Imagine when there is a dramatic situation on the Old Camp and people are in prison: the abandonment they feel and even the organisation of basic assistance becomes extremely complex" (Doctor N.)

Later in the interview, whilst showing me some photos of the Old Camp on his laptop, he commented:

"These are some pictures (taken) under the bridge. It is a scandalous thing! This bridge, where the cars are driven! How could you not be impacted by this reality? I go there for them, it is for them that I seek solutions, because they must go to school. And look here, there are so many carpets, and the effect of the dust particles: the mites, the particles, the fumes from the vehicles, and it is their life here! And, perhaps, this is also why, I am convinced that I must do, it is a moral obligation, I must accept them and help them through their paths…Here chronic bronchitis, asthma, infections are everyday occurrences." (Doctor N.).

In these quotations, Doctor N. identifies that ill-being arises not only from the pathological physical conditions he describes, but also from the alienation or abandonment that Romani people may feel when faced with crises such as family-members being imprisoned, leading to women being left alone with children or unable to leave the camp due to lack of transport. Such crises exacerbate their already precarious condition, and can make it harder for families to access healthcare. Doctor N. thus underlined that:

> "Even if someone agrees to accompany (a patient from the camp) by car, there are lot of problems, such as driving license, flat tyres, insurance etc., in addition, some of them are housebound so they cannot easily access services" (Doctor N.).

He acknowledged however, that despite the environmental challenges, that the emergency services were effective in responding to emergencies in the camps:

> "Emergency services work well here, we have the 118, especially in Scampia, in the public park, because there are continuous overdoses (by non-Roma), so they have no problem to attend. As they intervene in Scampia they also come to the camp...."

Nevertheless, his experience had convinced him that further local facilities were necessary. He expressed a desire to have sufficient time to develop a project for the establishment of a "*Casa Famiglia*" (Family Home) to provide hospitality to Romani people released from the hospitals, for short periods of recuperation, in order to provide therapeutic continuity:

> "(Upon discharge from hospital), a moment of "decompression" is needed, you cannot return patients to the camps, the assistance cannot be provided there. Home-care cannot be provided! We have an integrated home-care (*assistenza domiciliare integrata*) but they do not go to the Roma camps, so it is not possible to give I-Vs, insert a catheter, care for bedsores etc." (Doctor N.).

In support of this idea, Doctor N. mentioned some specific examples in which access to such a recuperative facility could have significantly improved care. One was the case of a child who remained traumatised and suffered neuro-motor impairment after being involved in an accident:

"I believe that it is necessary to find opportunities based on shared-paths (*percorsi condivisi*) with the social sector, because at the moment the feedback equals zero. I had an 'assisted discharge' (*dimissione protetta*) of a child from Bambino Gesù (hospital). This disabled boy, after a long negotiation and strong determination of this hospital located in Rome, was finally accepted by a hosting place near San Gennaro hospital. This facility, however, had its own strict rules and regulations, so the uncle of this child who had always taken care of him, while his mom was here on the Old Camp, together with her other daughter, while her husband in prison, was excluded. So, when the child arrived here, the mother had to take all responsibility for the child. We provided a wheelchair but in the building, there were structural barriers to manoeuver it. His uncle was pushed away – because in that place only the mother was supposed to stay – even though the uncle had built a care-pathway, based also on closeness to the boy, hence, he was accepted by the child who responded by letting him do all the necessary things to clean him, take care of him, feed him. Returning here (to Naples) all of this was interrupted. He (the uncle) had to leave and the mother remained alone because the social services intervened only to accompany the other daughter to school in Scampia" (Doctor N).

This example provides evidence not only of the typical rigidity of health and social care service provision but also a lack of awareness or flexibility to engage with varying family structures and support, such as are often found within Romani households. Doctor N. drew on the example above to expand upon his vision of the kind of medical facilities that were required:

"That's why the problem consists in finding opportunities in order to change the situation of assistance on the camps. In my view, because of the nature of the settlement, there should be a type of first level medical unit (*presidio sanitario*), paramedical. That should be easily accessible because it is easy to get involved in accidents and get hurt (in such conditions), or feel sick due to the dietary abuse, especially after a day of drinking – and it is hard for a doctor on-duty out of hours (*guardia medica*/medical guard) going there (into the camp) because they will face difficulties – so they might not go – I mean they will encounter problems in entering

the place – and I understand, because it is dark and the road is not really easy to go through." (Doctor N.).

Doctor N's observations indeed recall the incident described earlier in the chapter, in which a doctor on night duty was reluctant to attend a child in another unauthorised settlement, where Romanian Roma lived.[96] Doctor N. elaborated further on the kinds of medical issues faced by Roma in the camps that could be addressed by a *Casa Famiglia*:

"Anyway, I think that a questionnaire should be circulated to understand if they (the Roma) appreciate and benefit from the local clinics. I believe this will be done. I deem it important to trying to deal with their problems. Their issues are connected with the way you interrelate with them, if you open up and show a good disposition, they also start interacting, they are a little rowdy but then they start to cooperate and understand. You need to be very good, if there is hypertension (for example) – and stay focused to see if they follow the therapeutic suggestions, if they do all the check-ups. There are big issues with hypertension, hypercholesterolemia, hyperglycemia and diabetes, overweight issues, and stress problems. These are all problems culminating in vascular accidents. I am not saying that there is a high percentage there, but the risks to develop vascular fatalities is very high. So you have to be very careful not to underestimate these factors. But also, how do you discharge them from the hospital after they enter (the hospital)?" (Doctor N.).

In relation to ongoing support after hospital discharge, there are regulations in place aimed at protecting minors and ensuring that they receive care, but for adults the situation is more complicated. Dr. N. gave an example of his experience:

"There was another girl, her name was C.: she was a great girl, she also was paralysed in the legs. I had the chance to be responsible for the rehabilitation. While for minors, the law is on our side, it is not always possible to provide that to adults – it was more difficult – but we always tried to sort things out, to find solutions. One of the lucky aspects was working in the Directorate - so that with a bit of pride I can say, because it is a really positive aspect - that we tried to give, to offer a decent service. It is so true that it was envied by the Italians too. Probably, the attention granted to the problems of the Romani population, was

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[96] See ERRC (2006:49;53) on broad issues of inadequate responses to Roma health emergencies in Europe.

even greater than provided to the Italians, someone said, but I do not believe it is exactly like that." (Doctor N.).

Despite these positive examples, Doctor N's conclusion to his interview mirrored the pessimism of his introduction in which he suggested that despite the period of time which the camps and the clinic had existed, nothing substantial had been achieved:

> "The true problem is the disinterest – the motivation is scarce, so scarce: this is a moment of high difficulty, because when I was there I could govern the rehabilitation part and the health part too and try to reach agreements and solutions, but at the present moment, there are two camps that are collapsing and there are no ways to find other possible solutions." (Doctor N.).

In fact, Doctor N.'s story suggests that he has succeeded in motivating many people, from medical bureaucrats to doctors and the Roma themselves, and has been able to help significant numbers of people in important ways. Yet, his pessimism is understandable in that the fundamental problems that he faced from the beginning: problems of deep-rooted institutional discrimination which manifest in ways ranging from no change to the unhealthy environment of the camps, and an ongoing documentary limbo in which many Roma survive, have scarcely improved at all. As a result, the same battles must be fought over and over again for every new patient.

8.3.2 The Hostile Doctor

Dr. N. is of course not alone in his committed, inclusive approach to the provision of health care for Roma patients. Serini (2011), researching the situation of *Dasikhanè* (Serbian Orthodox) Roma, in Secondigliano interviewed a Health Manager: Dr. Mazzella, whose experiences and attitudes echo those of Dr. N.. Despite these good examples, not all ASL health personnel adopted such positive attitudes towards the Roma, or indeed, towards those researching them.

On 19/04/12, together with a social operator whom had been working and volunteering for over 15 years with several local organisations supporting Roma, I went to the local Medical District in the hope of finding the director of the STP clinic. Instead, I found another doctor who was appointed to provide medical assistance to the Roma and other foreigners.

Escorted by the operator, I greeted the male-nurse (whom I had met before when accompanying Romani friends to consultations). As I sat outside the doctor's room, ready to enter and introduce myself as a PhD researcher conducting an exploration into Roma health and well-being, I saw a young Romani child kicking the door and I heard the loud response of a woman shouting "Who is that animal outside?!" (ERRC 2006:62-64). A few seconds later I entered the room with the social operator, followed by the Romani mother and her child, who had kicked the door. There was a woman in the office wearing gloves and a white coat, who I assumed was the doctor. The woman promptly addressed the child by the name "Marko" and smiled, but he replied, upset "My name is Darko, not Marko!". The mother asked some quick questions about some prescribed drugs and left with her child.

We were then alone: the social operator, the paramedic, the doctor, and I. Finally, the doctor turned her head towards us, indolently. The social operator then took the floor and introduced me politely. The doctor shook my hand, still wearing her plastic gloves and with an irritated demeanor. I informed her about my research project and academic affiliation, the ethical approval received for this research, and the importance, in my opinion, of her contribution, even if it were given anonymously. I followed all the steps suggested by my supervisory team and my university but, she sharply replied: "I have no time to waste with your research" and suggested that I "contact the Health Management Department" for an authorisation to undertake an interview, before inviting me to leave and let her do her job. She added: "You cannot approach patients here anyway, if you want to interview people go to the camp, but you must contact the NGOs first, because you don't know, it is dangerous!" (ERRC 2006:64). The others present were quietly chuckling, because they were aware of my long-term relationship with the Roma, but I found this totally negative reaction from a health professional both surprising and discouraging. Since she gave no indication of any disposition to participate in a discussion or interact with me, I left and returned to the camp with the social operator. [97]

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[97] See ERRC (2006:62) for discussion of similar episodes of discrimination across Europe.

8.3.3 Encounters with other medical and paramedical staff through the eyes of a participant observer

During fieldwork, non-Romani people who were aware of my research topic sometimes contacted me to inform me about their experiences involving Romani people while accessing medical services. Three episodes will be described here: the first regarding the experience of a man who overheard a conversation among a group of off-duty doctors; the second a description of occurrences at the pediatric unit of a city hospital; and finally, events that took place in the medical district, again regarding an approach made by a worker operating in a facility attended by Romani patients.

The experiences I report below are similar to those reported by the ERRC (2006:62) who also identified that Roma respondents reported feeling being treated with less care and respect than do non-Roma of in relation to encounters with medical professionals. Most commonly, the lack of provision of good quality services has been described in terms of doctors failing to pay attention to Romani patients, but there are also cases of overt discrimination.

Among the annotations in my ethnographic diary, one entry refers to information provided by a non-Roma Italian man, aged 67. He reported that on his way home from the Naples hospital-zone, in the overcrowded tube, he heard a group of trainee-doctors discussing their dislike of having to deal with Romani patients, who they described as always in "poor hygienic condition". These young doctors engaged in mockery which included pointing out to each other that they were not studying "camp medicine" and had they wanted to practice in such conditions they would have prioritised other branches of the profession that imply personal vocation such as "mission medicine in third world countries", "war zone" or "refugee medicine". Although noting that he lacked the courage to intervene in the conversation, the informant reported that the prejudice of their discourse disturbed him because it suggested that medical patients were subject to the prejudices of their doctors and could not be guaranteed "fair treatment".

The second instance is a description provided by an Italian mother who wanted to provide information and give her personal opinion about the discriminatory treatment of a Romani patient at the local Children's Hospital. The events she described occurred during 2013.

"I was at the Children's Hospital where my child was hospitalised when a Romani mother arrived with her sick baby. I was struck by the confusion that hit the Pediatric Emergency Department. Mothers were shouting at the doctors. I opened the door and I saw two nurses, all covered with protections, as if they were carrying an Ebola patient! The child was really dirty and they were taking him to a bathing-room but their ignorance made the other people believe that it was such a dangerous case! Obviously, I should discuss also their attitude. All the mothers thought the Roma should have left. "Let's take our children and go away!", a lady screamed and I thought "Please, do it ignorant people!" but I had no courage to say it loud. They would have tortured me. These fierce mothers were previously looking like angels while sharing their sorrow with each other for their children's conditions. So I did not care what that child had, I told one of the two nurses to accommodate him in my room, but even though there was enough space they put the child on a gurney and placed him in a play-room, alone and isolated" (Italian mother, aged 36).

This type of situation, reported by a sympathetic non-Romani mother, identifies a situation that is defined by ERRC (2006:55) as "segregation in hospital facilities". Indeed occasionally there might even be a separate "Gypsy-room" provided to keep Roma and non Roma segregated (ERRC 2006:56-57).

The last incident I recorded in the ethnographic diary occurred after a visit to the medical centre made for personal reasons. Two Romani children approached a cleaner who was mopping the floor by the toilets located at the entrance, not too far from the STP patients' room, and politely asked to be allowed to access the facilities to use the bathrooms. They were very young, the boy, around 6 years old, was holding the hand of his little sister and dragging her along: "Sir may we use the toilet? My sister and I need to do the *cacca"*. The cleaner, who towered over them, held the broom-stick in an intimidating way and replied:

"No! Go away! You cannot! You must come here (*già cacati*) that you already took a *shit* because you *Zingari* (Gypsies) always shit out of the pot on the floor of the bathroom!" (Italian cleaner, 22/10/2013).

The children promptly ran away, terrified. It is worth mentioning that that the cleaner's reply was uttered in the Neapolitan dialect and that the sentence "*cacare fuori dalla tazza*" ("shit out of the pot"*)* is also a Neapolitan metaphoric figure of speech conveying passing the allowed limits, being out of control and challenging someone's patience with actions that are out of place.

What these three ethnographic examples demonstrate is that racist prejudices against the Roma permeates the Italian health service system, at all levels from doctors to cleaners, and are also shared by many Italian patients. This means that even within medical facilities where a duty of care to Romani people exists, such locations can become places of ill-being, where Roma may encounter stigmatisation, segregation and open hostility.

8.4 NGOs and Charities: A Case Study of a "Social Operator"

This element of the Chapter comprises the analysis of two in-depth audio-recorded interviews with a female social-worker who operated for almost two decades with local NGOs. In particular she worked with the most prominent association, which was financially supported though public funding and donations, and for several years dominated all discourses and decision-making processes on Roma related issues, with a strong input to policy making.

This organisation, which I refer to as NGO X, was founded in the 1990s to address the plight of former Yugoslavian Romani refugees, mostly in Scampia and Secondigliano, Naples but also in other areas of the Province of Naples and in the Campania Region. Later, with the arrival of Romanian Romani immigrants, (in around 2006), the association, together with other third-sector organisations, embarked upon projects with these communities in other city areas, including Fuorigrotta, Ponticelli, Via Marina/Port of Naples and Central Station/Toscanella.

Chiara, interviewed on the 5th April 2012, worked for over 14 years as "Social Operator" for NGO X. The title of "Social Operator" is a vague one. The role seems similar to that of "community mediators" a role developed largely by EU-financed bodies in recent years, but does not require specific education, training or accreditation to any professional board. Social Operators are usually selected by local NGOs to ease relationships between Romani communities and local institutions by carrying out practical duties and providing

information. Many employed in this role have only a basic formal education. Such workers, especially those who are not Romani themselves, must build solid relationships of trust with the members of the communities with whom they are appointed to work, and are required to engage in advocacy associated with access to services including school enrollment, health services, legal consultation and assisting with the regularisation of immigration status. When the first group of Romani refugees arrived from the former Yugoslavia, there was a need to organise access to services and to inform various service providers of the legal decisions taken in favour of Romani families settled on illegal camps. Some organisations, to facilitate this work, embarked upon operations that included a census of the people present in the area, coupled with mediation to assist residents in obtaining necessary services. They could assist also in the provision of visas for people who could prove a case for obtaining permission to stay at a location, (even if temporarily), for reasons of health, pregnancy or other humanitarian grounds.

Chiara had only completed her basic education as a mature student after marriage and having had several children. A stubborn Neapolitan widow, she spoke the Neapolitan dialect as mother tongue and standard Italian as second language, and knew none of the languages spoken by immigrant communities. But although she had little awareness of Romani culture she succeeded in gaining the sympathy of the Roma because she had no fear of facing people and speaking her mind in an assertive way. She came to know all the people and their families' affiliations, she never avoided confrontation, or the necessity to challenge either Roma or non-Roma over matters she deemed were important for their well-being. Over time she became part of the community, simply because of her evident affection for the local Roma people and the trust she inspired.

Chiara provided a very long and heart-felt interview. The first words she pronounced regarded her "*englicage*" with the Roma and her first visit to the camp:

> "The first time I went to the camp in Scampia I felt demoralised…There was a little girl holding her child in her arms and she was giving milk (breastfeeding). I had that memory imprinted on my mind. She was barely 13 so I scolded her: 'What are you doing with your titty out and a baby attached to it?' And she replied: "That's my son!" "How? Your son?" I was shocked to see such a young girl with a baby, but

after many years I succeeded in understanding their culture. She is still there and she has six kids now" (Chiara).

Chiara was already working as a social operator in 1999, when the Piscinola camp was burned down. Indeed, she had specific first-hand knowledge of the individuals involved in the events leading up to the arson attack on the camp, which she described as a "war". Chiara explained that the traffic accident that sparked the attack had been caused by a Rom from Milan who had come to Scampia to ask for the hand of a girl in marriage.[98] Chiara described this period as a very frightening time for all. In the aftermath of the attack, police had patrolled the remaining Romani encampments, and Chiara, with other social operators, had stayed with the terrified Romani families, day and night, until they were moved to a place of safety in the New Camp, or in some cases, resettled in the Old Camp.[99]

Chiara had strong opinions about the kind of incident which sparked the attacks on the camp:

> "You have no idea how many times I have been warned because they were getting drunk and speed-driving inconsiderately through the neighborhood. And how many times I told them because there are even young boys who has been given vehicles to drive! How many times I scold their parents and they just reply "Excuse me, but my child knows how to drive!" What does it mean this?! Your son knows how to drive but if he kills someone what happens then?!" (Chiara).

For Chiara, a mother of four and also a grandmother, engaging with issues such as dangerous driving is not simply a matter for law enforcement, but is also a family responsibility:

> "It is the family. What should the police do – wait in the street until they see an underage Romani boy driving a vehicle? But if I see a boy, under the legal age, driving a car I start yelling: "Oh, are you crazy?!" This is an issue that we also have with our Italians, but it is better preventing (accidents) than having to tackle derived

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[98] See Chapter 5.
[99] See Chapter 5.

problems, and this is equally valid for both parts of the community (Roma and non-Roma)." (Chiara).

According to Chiara, the camp populations showed similar density and community patterns today as when she first started working as a social operator, as the area is still inhabited by the same families:

"I have been with them 14-15 years, but there are Romani people who have been in the surrounding areas for 30 years" (Chiara).

Chiara felt that relationships between the Roma and the surrounding (non-Roma) community had improved in the intervening years since the 1999 "war". She pointed out that Scampia is a difficult neighborhood ("but Roma aren't easy either", she added) as organised crime often interferes, and sometimes influences, the relationships occurring between the most vulnerable social groups located on the territory (cf. Saviano 2008). Nevertheless, the Roma are now part of the wider community, as people have known each other for many years and have established reciprocal relationships:

"Roma are also people of the neighbourhood! Local people do not even mind their presence anymore, they are aware that they are there and they live together. There is no more discrimination. Only if something happens – you know – "Roma have done this" – As when it happens in Scampia: "Oh my! Look what happened in Scampia – So there is a spark started. Now (the Roma) belong to them (*sono dei loro*), they are Scampia's citizens even though some of them do not hold legal residence – now they have been accepted – it is not that they did not accept them. If they (local non-Roma) did not want them (Roma) they would have chased them away, but they have been living there for over 20 years. How long would it have taken them (non-Roma) to make them (Roma) leave?" (Chiara).

On one hand, Chiara's statement suggests that a degree of toleration for Roma has indeed developed over the past two decades. On the other hand, her admission that there can still be discrimination "if something happens" suggests that racism is not completely absent. Chiara also observes, however, that intolerance can be found *within* the Romani camps as well as outside of them, noting that whilst the camp was predominantly Serbian,

it included Macedonians as well as a few Romanian and Bulgarian families that had arrived since 2000 and that these groups could also hold prejudiced attitudes towards each other:

"There are differences and even racism between them, and hate. They have different habits. They stay separated, the Muslims from Macedonia are settled in another part of the camp, separated from the Serbs, because they cannot get along. There are too many prejudices between themselves too. There are no strong relationships between them and, compared to before, when there was more brotherhood: if they had a piece of bread they would share it with the others, now they do not. There is also envy between them." (Chiara).

Chiara's long involvement with the Roma in Scampia gave her a deep knowledge of the history of the community. She explained that when the Roma had first arrived, they had lived predominantly from charity (reflecting a changing web of relationships and circumstances over time which is also captured in Roma respondents' interviews presented at Chapter Seven):

"In the morning, they were going out in groups, entire families, they were getting the children on the vans and going to beg. Later, in the evening, they were taking them home. Now, by contrast, many children go to school, they do not go to beg anymore because it was prevented: if your children go to beg the law will take them away, either for a foreigner or for an Italian it is the same rule. We parents must think of our children." (Chiara).

Chiara noted that when she first began to work on the camps there was only one non-profit organisation interested in Roma issues, but over time, that changed:

"Slowly, years later the Church intervened and other associations too, they got interested in helping them (the Roma). After such a long time, however, things seems even worse …Too many promises and you never see something done!" (Chiara).

She expounded upon her personal attitude towards the camps and the environmental conditions found there:

> "For me these are human beings, and to have entire families, especially children and elders in such conditions with rubbish, surrounded by rats and without bathrooms is unacceptable. They have water because the nearby school provides the connection and with electricity *si arrangiano* (they adapt)... Breathing the trash odours... They (local government) promise and promise – and in conclusion? Slowly, day by day, they (the Roma) sicken and die." (Chiara).

Regarding health issues, Chiara opined:

> "Illnesses? Tumours, there is an increase: cardio-vascular diseases, years ago we had fractions of the camp with hepatitis, one individual was infecting the others, however it is unknown if some issues were caused by (polluted) water. In addition, they have the habit of collecting expired goods. When this epidemic erupted in the camp in Via Cupa Perillo we did not know if it was provoked by water because their pipes pass under the ground and are self-made connections or, perhaps, it was because of the toilets since they make holes and use them to do their things." (Chiara).

Chiara was not sanguine about institutional interest and intervention, observing that there was a limit to what could be achieved in terms of improving Roma health when the underlying causes were not addressed:

> "The Commune, the doctors came to check several times: they vaccinated many people and due to these issues (medical interventions), some people, but not many, were even hospitalised. They were helped in a medical way but if you place a community in such conditions, today you heal a person, and tomorrow another four will be sick. Still now there are piles of rubbish, dead rats as big as cats, the stoves that burn up whatever is found: shoes, clothes, wood with glue and the air they breathe provokes what? Dark smoke!" (Chiara).

Nevertheless, Chiara noted that the Roma did have access to healthcare:

"They have a GP, but not a family doctor for which you have to have a 'pink card', like the Italians have. Those with visa permission to stay could get it, but the majority of them, even if they do hold such a visa, they still try to get an STP because it allows free services with nothing to pay for consultations".

Moreover, she had seen successful interventions occur with regard to vaccinations, particularly after there had been an epidemic in the camp:

"They were all assisted and they are 100% vaccinated – the doctor came to check the conditions – they took family units to the ASL and vaccinated them, especially children, so anyone who did not have it yet was invited to do it" (Chiara).

Chiara observes that (as discussed above by Doctor N.) the Roma also now have access to effective medical services in the Medical District:

"ASL 28 is located in a ten-storey building: there are offices and departments, as they assist both our community, the Italian, and EU and non-EU citizens. There is an out-of-hours doctor on duty and if a child has a temperature or someone is ill, they will even come to the camp: as long as you go to get him, because there are so many shacks that he will not be able to find the patient. If something happens he will come. I have contacted them many times and they came. Also the ambulance can come." (Chiara).

Chiara goes on to point out, however, that access to these services was only obtained after intense struggle:

"Before it was harder: around 2000 we had to fight to get a health service for foreigners. It was a struggle and slowly, while accompanying patients to the hospitals things changed. Sometimes, in some clinics, they were making it seem like they had to deal with plague. If they (the Roma) went alone they (the health providers) would not provide cures – but one of us had to escort them with paper in hand with the law written on it so they had to cure them and that's it. In the past, I personally struggled, argued, because the Roma were scared and they were telling

me "Chiara let's go, they will arrest us all". But I replied 'Shut up. This is the law and they must provide a medical consultation'. Also ultrasounds or other things, we fought for them".

Chiara told of successfully adopting a combative approach towards medical personnel on numerous occasions. For example when medical staff told her: "We know nothing, we don't have to accept them for health consultation". Chiara reflect that:

"I have a bad temper. I said to the Roma, who speak Neapolitan: 'Now, do not talk: just let me do it my own way, I know how to handle them'. Eventually we succeeded with the law-paper in our hands. I just told them: 'This is the law and you must do your duty and that's all'." (Chiara).

In common with other respondents (and my own first–hand experiences) considered above, Chiara observed that racism is not uncommon amongst medical and health personnel noting:

"There was more racism in the paramedics because they were saying 'Now you are again here?'" And the reply (she gave) was "Yes, and tomorrow I will come with another five. I will come here because this is the hospital I like and the service I want to use" (Chiara).

Like Doctor N. and many of the Roma themselves, Chiara observed, however, that there were both good and bad amongst the medical staff:

"There were also workers, as at the *San Gennaro* Hospital, that when, they saw me arriving with all the Romani patients literally stood up from their desks to escort us through the clinics to the needed specialist consultations – there are concerned and conscientious people" (Chiara).

Importantly when considering the dynamics of local relationships between Roma and health care providers, Chiara emphasised that the battles they had fought had now largely been won:

"Now they understood because there is a law and they cannot oppose it!" (Chiara).

Like Doctor N., whose account was given above, or many of the Roma themselves (see Chapter 6), Chiara sees the environment of the camps as a source of ill-being, particularly for the more vulnerable members of the Roma community:

"The ones that are most endangered and get more sickness are children…(but) they have a roof over their heads because some of them have self-constructed brick-homes. In addition, the majority of them are emancipated like us, they cook like us because they seek improvement. It is a very intelligent population. There should be no fear to live with them because they are like us – but you have to guide them, you have to repeat the same thing 50 times: 'You must do this. Yes (they say)'. The next day you repeat it again because if you do not guide them and they get an infection that needs a consultation. If you do not take care of them like school-children, they get lost!" (Chiara).

Chiara's discourse here seems contradictory. On one hand, she says the Roma are an intelligent population and "like us", on the other she says they are like children needing constant guidance. The contradiction in her discourse may result from the contradiction of her situation: Like Doctor N., she is constantly working to improve a situation which is ultimately structurally determined, and therefore resistant to real change. As has been shown amongst indigenous populations in Canada and Australia, exposure to systemic structural disadvantage can also lead to lack of self-care amongst marginalised populations (Conway *et. al.,* 2016; CCSA n.d.) associated with a sense of hopelessness, and other self-destructive behaviours. Chiara focuses on the misuse of alcohol which she sees as being common from a young age:

"Cirrhosis of the liver is a problem because Roma drink a lot. Assistance is provided and some of them even went to see a specialist. I escorted them personally because they trust me, as a family member. They understand the Italian language well and they ask for explanations, but although they start taking care of themselves, they do not keep it up. And they have the possibility not to pay anything, to have doctors at their disposal, they have all possible help but they lose their path" (Chiara).

Chiara also notes that drinking is a gendered problem chiefly affecting males:

> "They drink a lot and when they do they are out of control. Mainly men, women are few – they occasionally drink a little if there is a celebration but it is limited to that event. Men drink too much beer, sometimes wine, but mostly beer and hard liquors like *rakija*. When you scold them for being visibly overweight, with big bellies, and suggest they get checked for therapy or prevention, they curse you out, but eventually, when they start feeling unwell, their blood pressure reaches high levels and some other health issues emerge, they come by themselves, they call you and seek help: 'Please explain to me. What do I have? Please help me, Go with me…'. They become like children that want to be guided even if they are 50 years old. At this point, I became affectionate to them like a family, I know them one by one" (Chiara).

It is not just in relation to drinking, however, that Chiara notes the Roma are resistant to preventative approaches to healthcare.

> "They lose the path because they do not listen, they seek help only when they are feeling sick but if you invite them to join prevention plans and explain that these steps are good for their health they come a couple of times only and then give up. For example, if you invite a pregnant woman that wants to be assisted, she comes for the first check-ups and then she drops out and later when she arrives in her 5th-6th month, is more difficult to arrange things because it is a risk not knowing the health condition of the person. Child birth is, in fact, a delicate process, but in reality they do have the opportunity to be taken on from the beginning of pregnancy and also to be followed up after childbirth and to undergo check-ups for both mother and baby." (Chiara).

There is no reason to doubt Chiara's account, but in attributing Roma behaviour to a childlike nature, she falls back on a prejudiced view which she herself has criticised. What she does not do is to seek what Marmot (2011:3) calls "the causes behind the causes". As Marmot notes, the causes behind the causes are usually social. In a social group in which sickness is stigmatised as demonstrating weakness, drinking is a central element of male

sociability and there are few other available leisure pursuits, it is unlikely to be easy for men to maintain a healthy relationship to alcohol. Similarly, when women are expected and required to undertake domestic work, beg and care for children, devoting time to extensive pre-natal and post-natal care is also likely to be challenging.

Alcohol abuse, however, was merely one aspect of a larger area of concern identified by Chiara: that of mental health. There is a centre for mental health at the nearby "SCIUTI" health presidium. Chiara had accompanied Roma women who had been referred to this facility by their GP, or who had requested a consultation there. She noted that she had never seen Roma men avail themselves of this facility. Chiara explained that:

> "Also in this case when they need help because they feel unwell they attend their appointments, but later after a couple of meetings they quit. Usually they just get the prescription for a therapy, even though, there are cases such as a lady who lost her son in a car accident who has been constantly attending for 5-6 years with recurrent appointments scheduled every 10-15 days".

Chiara recalled a couple of cases that caught her attention: one involving a woman who wanted to be considered "crazy", (mentally ill), especially in the presence of her husband but who, in the doctor's opinion was not mentally ill; and another involving a man "accused of stealing a car":

> "The police came and found a vehicle that was not his property. He started to act out of mind and he …to attack the officers and started a big mess, so the law enforcement took him to the mental health assessment. When I was called, they realised that his misbehavior was related to another type of issue: he had a drug dependency".

These incidents show that issues of mental health amongst the Roma may also pertain to underlying social issues or perceived strategies of response to underlying stressful situation. Thus from the Catch-22 situation of the clinically sane woman who wants her husband to believe that she is *insane*, to the erratic behaviour of a man engaging in criminality as a result of his drug dependency, these examples demonstrate that sanity or

madness may be as much a social as a clinical issue.[100] In reflecting upon the reasons why a person who was not mentally ill should seek such a diagnosis (the Catch-22 position of psychiatric patients), Rosenhan (1973:254) affirmed that mental-health workers and researchers should increase their sensitivity in regard to this topic but also noted that, "The risk of distorted perceptions…is always present, since we are much more sensitive to an individual's behaviors and verbalizations than we are to the subtle contextual stimuli that often promote them". Thus, it is important that clinicians and social operators seek to look at underlying social stressors and cultural control mechanisms when issues around mental illness (whether "real" or "fabricated") become prominent". In short, Rosenhan (1973:254) calls for practitioners to consider the social determinants of apparently insane behaviours.

For Chiara, drug dependency amongst the Roma was a major health issue because, unlike alcoholism, individuals with drug dependencies were reluctant to talk about their difficulty or to seek help. Like alcoholism, drug dependency was a gendered problem amongst the Roma in Scampia. Lash *et al.* (1998) carried out a research on Masculine Gender Role Stress (MGRS) occurring in men who are highly committed to the "male role", which conclude that high MGRS males had more severe alcohol dependence and, among drug dependent individuals, more severe drug dependence than did low MGRS men, and in addition, they were found to be more likely to abuse substances in response to negative emotions, physical discomfort or conflict. Chiara's reflections (below) appeared to confirm this opinion as indeed does the evidence of respondents elsewhere in this thesis in relation to the highly gendered nature of Roma society and expectations of male behaviours.

> "Women smoke a cigarette, but they do not use drugs, this is what I see when I go visit their homes. In addition, women stay in one place and men in another, when you discuss with the women, they, the men just stand up and go away" (Chiara).

Chiara also noted that domestic conflict or violence could be linked both to stress and to substance dependencies. Sinha (2008) observes that:

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[100] In Joseph Heller's (1961) satirical novel, *Catch-22,* an American airman based on an Italian island during World War 2 seeks to be excused from flying dangerous bombing missions on the grounds that he is crazy. The doctor, however, concludes that by applying to be taken off such dangerous missions, he has demonstrated his rationality and sanity, and therefore, he must continue to fly.

"stress is a well-known risk factor in the development of addiction and in addiction relapse vulnerability. A series of population-based and epidemiological studies have identified specific stressors and individual-level variables that are predictive of substance use and abuse".

As has been clearly evidenced throughout this study, residents live under a considerable burden of stress, which can on occasion spill over into physical fights.

"There are many domestic fights but aggressive behaviours occur only when people are drunk, otherwise, men are generally calm. In that case, they might become physically abusive. I always invite them to seek counseling, to discuss their issues with the social services or with the psychologist" (Chiara).

The stress which sometimes leads to domestic conflict derives largely from economic stressors. Chiara notes that in Scampia, both Neapolitans and Romani people are often unemployed. Lacking a fixed income, they are forced to find creative ways to improvise: "*arrangiarsi*". For Roma, their economic difficulties can be exacerbated both by discrimination and by lack of documentation. One solution recommended by Chiara was for Roma who had "permission to stay" to obtain a peddlar's licences which allowed them to work independently. She explained:

"It is not difficult obtaining that licence …many have, they have a VAT number and a book-keeper, otherwise who will hire a Romani person? If they wish to work, this is the only system. They can sell lots of things: woodcrafts – and scrape out an existence. Get leave to stay, then there is a foreigners' office at the Commune of Naples that in less than 15 days issues the licence as a peddlar.There are Romani people that obtained their first one over 15 years ago and they will never lose it!" (Chiara).

Chiara believes strongly in the notion of self-help and agency in seeking economic solutions, noting that whilst there are clear structural inequalities, Roma also bear responsibility themselves for taking steps to obtain documentation to avoid falling into dependency. She suggests that some individuals are misinformed whilst others fail to explore their options adequately:

"Excuse me, there are Romani people that have been here over 30 years. Do you know how many immigration laws changed in this time-frame about getting visas to stay? Anybody wise who wanted to stay in Italy (legally) and claim his or her rights could have arranged them. There were also people who had temporary permissions with the help of the Italians, and some that arranged permits using invalid addresses or fictional jobs and when they were investigated their permits were blocked. There is misinformation and often people take people's words for granted. There is also a problem with accessing information: if only three people out of ten know something, this later becomes a bigger issue. They have often been fooled by many people, and sometimes even by their own. Some individuals do not have genuine intentions towards their own community but are driven by personal interests" (Chiara).

Although Chiara felt strongly that Roma should take responsibility for improving their own situation, she recognised that the situation in which they found themselves was ultimately the product of political decisions and structures:

"It is their fault: the politicians. Because if the organisations are there it is because the Commune decides so, and you can do more or less what they want you to do or what you feel like doing, they see everything and just do nothing!"

Chiara's interview covered a broad range of topics informed by her long involvement with the Romani community in Scampia. As she moves from describing the 1999 attacks that traumatised the community to discussing prevalent health conditions and issues of access to healthcare, environment, substance abuse, mental health, legal status and economic survival, it becomes apparent that issues of physical and mental health and well-being cannot be separated from each other, or from the physical, social and economic conditions in which the Roma live, or ultimately from the exercise of power through the structures of the Italian state.

8.5 Law Enforcement Officials

Although this thesis is predominantly focused on health and well or ill-being, those ultimately responsible for enforcing the political decisions of the Italian state apparatus

(and with whom Romani people have contact in often stressful circumstances) are law enforcement officials. Accordingly, these contacts are important to reflect upon in seeking to provide a rounded picture of both the socio-political environment of the camps and to understand prejudicial attitudes articulated by agents of the state. ERRC (2000:23) have documented cases of police misconduct towards Roma in Italy ranging from verbal abuse to serious mistreatment and shootings.

During my fieldwork, I encountered officers from the municipal and state police forces as well as from the Carabinieri. No law enforcement officers were willing to give formal interviews without institutional authorisation, especially on sensitive topics such as Roma related issues. Many, however, were willing to anonymously express personal opinions providing that it was clearly understood that they were not speaking on behalf of the institutions of which they were members.

Some law enforcement officers explained that their viewpoint and attitudes towards Romani people had been influenced by contact with Roma from the camps, usually in the course of their work. The majority had never interacted with Romani people outside of the policing context and had never formed deep relationships with them or had Romani friends. Several indeed stated that they had formed poor opinions of Romani people, or had little sympathy for them, because during their work, they had encountered distressing situations related to Roma people that required their professional intervention.

Officers frequently expressed disapproval of stereotypical Romani traits such as lack of compliance with the law in general, or a perception of their common involvement in particular types of crime, including begging; breaking and entering; pick-pocketing; and trading stolen goods on the black market. In additon, they condemned what they personally understood as the exploitation of children and women. The majority of officers mentioned that, as reported by the media, children are often used by adults who claim to be extremely poor, whereas the jewelry and luxury vehicles found on the nomad camps show that they are far from poor.

Many of these officers reported that they saw "their (Romani) culture" as a problem. Romani culture was seen as patriarchal and officers were particularly hostile to what some of them described as the "big bosses of their families", that "are rich and do not mind using

their own children to gain more profit, even if this might produce negative effects on the health and well-being of their own children and youths".

This misuse of children, according to the officers, could include motivating minors to "skip school and beg", or, even worse, inciting them to carry out dangerous illicit activities such as "stealing wires or other materials to extract copper by burning the external coating". Individuals affiliated to law enforcement agencies who informally provided their personal opinions were particularly disturbed by this form of theft which they recognised as having significant health dangers as it involved engaging with toxic materials, both as a result of contact with the metals and the inhalation of fumes from the burning coating. Even though many officers seemed to generalise situations, without distinguishing from one Romani community to another, they also repeatedly highlighted that smoke and the stench of burning, was on the list of complaints often raised by the camp's non-Romani neighbours.

During the months spent on the camp as a participant observer, I interacted with law-enforcement officers on duty on a number of occasions. When driving to or from the camp, I was stopped several times for document checks by local police and once by the Carabinieri. Here I give an account of the occasion on which I was stopped by the Carabinieri, which enables reflection upon the officers perceptions of the dangers associated with the locality.

Officers in a service-car observed me driving out of the camp and followed me for few hundred metres, driving side-by-side, before using a lollipop sign to stop me and ask some questions, calling from car window to car window:

C. Where are you coming from?

R. The nomad camp

C. What were you doing there at 11:00 p.m.?

R. I am a researcher finishing my PhD interviews

C. Where are you going now? Where do you live?

R. Mugnano di Napoli

C. Be careful at the camp!

R. I am more scared outside, in this neighborhood, when I exit the settlement than there. People know me. They do no harm!

C. Well do not worry out here, we will escort you towards your home

(Date: 02/04/2012 C= Carabinieri R= Researcher)

On another occasion I was stopped, together with a Roma friend and her child, during the early afternoon, while going to collect a cake previously ordered from a pastry-shop in the nearby area of Giugliano in Campania, on the day of the *Slava* celebration of *Santa Maria* (Saint Mary). I was asked to show my personal and vehicle documents. by the police officers. Then, while the cake was melting all over my car seat, they asked what we were doing in that area and where we were coming from and going to. My reply was truthful: we were celebrating an Orthodox feast similar to the Catholic feast of the "patron saint" because these Romani families have a special devotion to the "Virgin Mary". We had a melting cake and half naked-child playing with it and a lot of guests waiting for the surprise we did not want to spoil. They could come and join in if they did not believe us! They then asked for the documents of my friend who was a passenger in the car, but she had no identification due to her condition of statelessness. She explained that all her available documents were at her house in the Old Camp of Scampia. Finally, they asked me what my job was and what I was doing with "them" (the Roma) as it was something uncommon, impossible and rare. I replied that I had a postgraduate level of education but I was unemployed. The lady in the car and her family were just "my friends". The stop appears to have been motivated by ethnic profiling of my friend, and my presence clearly challenged the preconceptions of the officers that the Roma were a segregated population that did not associate with well-educated Italian women. ERRC (2000:43) has documented:

> "numerous allegations that police single out old cars in bad repair for control on the road, because it is assumed such cars are owned by immigrants. They then reportedly directly ask whether the travelers are "Gypsies", or assume that the occupants are Roma if they are dark-skinned. Abuse often follows".

In the majority of such cases during my fieldwork when I encountered individuals affiliated to law enforcement agencies, they expressed paternalistic feelings of concern for the researcher, and in some cases also explicit disagreement with what they perceived as a "pro-Roma" research topic. More rarely, they expressed sadness regarding the conditions

that Romani people face, especially children. One informant affiliated to the Police, whom I had known since high school, told me that:

> "The crimes committed by the Roma are little things compared to some criminal activities committed outside. Roma (criminals) are the smallest fish in the net and a minor problem compared to bigger issues we have locally and nationally" (Official affiliated to police).

In all, I spoke to about 20 law enforcement officers, on and off duty. The vast majority of these expressed some form of suspicion or hostility toward Roma people. Such attitudes differed little from the wider preconceptions common in Naples and Italy generally. Their perceptions of the Roma, expressed both in interactions during policing operations, and in informal discussions, were often filled with stereotypes which appeared to be, at least in part, derived from the media. Their perceptions were also conditioned, however, by the limited vision of Romani culture and identities that resulted from working in the context of law enforcement, in which their chief contact with Roma people was with those who were committing, had committed or were suspected of having committed, illicit actions. These officers had little opportunity, in their working lives, to see any positive aspects of Romani life, and they rarely encountered the Roma in other contexts. It could be suggested, therefore, that the largely negative perceptions of the Roma expressed by the officers who provided personal comments, seemed to a large extent to be determined by the nature of their relationships in the work context, accompanied by lack of in-depth knowledge of Roma people leading to generalisations based on stereotypes. The nature of these Roma-police encounters and relationships, is in turn largely determined by the power-structures which require law enforcement officers to impose respect for the law on Romani people. Given that many Roma people they encounter are living in conditions of economic marginality and legal limbo, it is often very difficult for some Romani to comply with or relate to such expectations, exacerbating a vicious circle of misunderstanding and mutual suspicion which in some ways, reflects also the negative encounters between health providers and camp residents we have considered above.

8.6 Summary

This chapter has examined the experience of a range of non-Roma professionals who regularly interact with the Roma in Scampia, in some cases from the point of view of the professionals themselves (as expressed in formal or informal interviews), and in others through their interactions with Roma people or with the researcher.

Firstly in turning its attention to medical personnel, the chapter detailed the structures within which the Roma encounter medical professionals, before looking in detail at the experience of Doctor N. who had devoted years of his life to providing treatment for the Roma, and who held deep feelings of empathy for them. The chapter moved on to look at interactions with other individuals operating in the healthcare context, many of whom had prejudiced or overtly hostile attitudes toward the Roma and sometimes also proximate hostility toward those who research them.

The chapter then considered the experience of Chiara, a social-operator who has worked with the Roma in Scampia, and whose testimony, from her position as a working-class local resident as well as a social-worker, sheds further light on relationships between the Roma and the Italian health services. Whilst Chiara felt that Roma now had access to high quality services, she made the point that this situation was only arrived at after years of struggle and moreover involved complex negotiations of power structures, which she was able to understand and engage with as a result of her own social position.

Finally, the chapter considered the perspectives of law-enforcement officers, and examined contact between camp residents, the researcher and these officers. It found the attitudes of law-enforcement officers towards the Roma to be predominantly negative, and attributed these attitudes to a combination of widely shared stereotypes of the Roma and negative experiences resulting from frequent, superficial encounters, mainly with Romani presumed to be law-breakers coupled with a lack of any deeper positive engagement with Roma people in general.

Some significant themes emerged in the chapter regarding the causes of ill-being amongst the Roma. The prejudice and racism which is encountered throughout the chapter, from doctors to hospital cleaners and from medical patients to police officers, creates a social context which makes any kind of well-being very difficult to achieve. This difficulty is

apparent in the two in-depth interviews which were treated to detailed examination, those of Doctor N. and Chiara. It is worth noting that although Doctor N. is a highly educated professional whereas Chiara is from working-class origins and has a much less stable occupation, their accounts of the problems they have faced have much in common. Both have committed themselves over a long period to improving the lives of the Roma of Scampia. Both have had deeply challenging experiences as well as significant successes. Both identify the toxic physical environment in which the Roma live as a significant source of ill-being, and similarly recognise the detrimental social environment of the camps, which includes both racist attitudes extending from top to bottom of Italian society and even, sometimes, found amongst the Roma themselves. This complex web of toxicity is interwoven with an institutional indifference to the well-being of stigmatised "foreigners", an equally damaging element which impacts ill-being. Ultimately, both reflect that what they have been able to achieve in terms of improving the lives of those amongst whom they work is limited by the structural constraints of the context: the legal limbo of the nomad camps which works to keep Roma people physically, socially and economically marginalised. Both the doctor and social operator thus conclude that treating particular illnesses within this context can never resolve the "causes of the causes" (Marmot 2011:3): causes which are social and therefore, ultimately, political.

Chapter Nine: *Conclusion*

SUMMARY OF CHAPTER 9: This chapter briefly reprises the purposes and methods of the study before summarising the findings, considering the theoretical implications of those findings and suggesting policy directions in order to address the significant problems uncovered. Finally, a brief epilogue provides an update on the dramatic events that took place at the Scampia Old Camp as this chapter was being finalised, as a result of which urgent policy responses are required.

9.1 Purposes and Methods of the Study

This study set out to illuminate issues affecting the health and well-being of Roma people in Italy through an in-depth study of one particular Romani community in Naples which focused its attention on the voices of the Roma themselves. In this way, the study sought to fill a gap in the pre-existing literature, both academic and official, in which Romani voices were seldom heard.

The methodology adopted was one of long-term collaborative participant-observation combined with in-depth interviewing, and supported by documentary research. The data gathered was analysed in accordance with the principles of grounded theory (Glaser and Strauss,1967), in which observation and interpretation take place contemporaneously, and theoretical approaches are selected based on the themes emerging from the data. The theoretical framework adopted to interpret the data was that of "social determinants of health" (Marmot and Wilkinson 2005), which was chosen because its concerns echoed the concerns expressed by the Roma themselves in the course of the ethnography.

9.2 Summary of the Findings

Chapter 4 examined the situation of the Roma in regard to Italian law and health policies. It showed that the Roma were entitled to adequate health care under the provisions of the Italian Constitution (Part. I, Title II, Art. 32), which declares health to be a fundamental right and which guarantees free medical care to the indigent; and also under the provisions of the Charter of Fundamental Rights of the European Union, which asserts that:

> "Everyone has the right of access to preventive healthcare and the right to benefit
> from medical treatment under the conditions established by national laws and

practices. A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities" (Art. 35).

Furthermore, the right to health in a broad sense is also asserted by the Universal Declaration of Human Rights (1948) of the United Nations, which asserts that:

> "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control" (Art.25[1]).

The chapter goes on to note that in practice, many Roma have difficulties accessing the full range of healthcare due to their ambiguous legal situation. Many are not recognised as Italian citizens, or even as residents of Italy, and can therefore find their entitlements to healthcare are limited. This failure of the Italian state to fully acknowledge the needs of significant numbers of people living in the state has opened a space in which NGO's operate in an advocacy role and has led to various *ad hoc* solutions being put in place. These *ad hoc* solutions may enable some Roma to access needed healthcare but do not address the greater issue of the failure of the state to recognise long-term residents, including many who were born in Italy, as full citizens of the state.

Chapter 4 goes on to consider the National Roma Integration Strategy, introduced to comply with EU obligations, including specific requirements regarding healthcare, in 2012. The chapter shows that not only was Italy was slow to engage with this initiative, submitting its plan on the last day prior to the deadline, but that Italy has avoided effective implementation of the Strategy. In particular, official discourses claiming that Roma exclusion from the mainstream of Italian society is, to some degree, self-exclusion, and defining the Roma as "nomads", despite the fact that the vast majority of Roma do not, have not (recently), and do not wish to pursue a nomadic lifestyle, have been used to avoid effective implementation of the standards required by the EU.

Chapter 5 examines the physical environment of the Old and New Camps of Scampia and Secondigliano, showing that the Old Camp, a long-established, technically illegal, but

generally "tolerated" settlement, presents a range of hazards to health, including pollution caused by carcinogenic substances contained in the recklessly discarded waste and fly-tipping by non-Roma locals, poor hygiene, particularly for lack of proper sanitation (included access to clean water), accident hazards emanating from a range of sources including wood-stoves, gas-heaters and illegal electricity connections, risk of objects falling from the flyover above and physical attack by hostile locals. Nevertheless, it was generally seen as offering a better living environment than the legally established New Camp: an officially authorised "Village of Solidarity" which despite having functioning toilets and legal, albeit unreliable, access to electricity, presented a range of other hazards. Primary amongst these was the fact that access could only be gained via a dangerous main road without a pedestrian sidewalk. Additional dangers included flooding and pollution caused by uncollected rubbish placed in the proximity of its perimeter walls, whilst there were also concerns about proximity to high-voltage pylons and cables (electromagnetism pollution). In addition to these physical hazards, both camps comprised environments in which psychological well-being was difficult to achieve, due to the sensorially unpleasant surroundings, insufficient heating, lack of adequate leisure facilities and constant stress of dealing with physical hazards and hardships. A range of illnesses related to the poor environment were shown to be present in both camps.

This chapter shows that far from being a "Village of Solidarity", the New Camp was little more than an effort to warehouse the Roma in a completely unsuitable environment where they were out of sight and out of mind. Moreover, when, due to the *lasseiz faire* politics (Sigona 2002:37) adopted by local institutions, the New Camp proved unable to accommodate all the Roma inhabitants of Scampia, families were left behind in the Old Camp, continuing to live for over two decades in dangerous conditions in an illegal settlement, while the Commune demonstrated its incapacity to invest the usable funds to provide more suitable accommodation for the Roma.

The chapter further suggests that both Old and New Camps are experienced as places of "limbo" or "purgatory": a transitional place of hardship or punishment from which occupants are unable to extricate themselves by their own agency, leaving them dependent on others to facilitate an escape. Such a condition encourages the development of "assistentialist" relationships of welfare dependency, in which Third Sector Organisations come into play. In the meantime, all residents can do is "cope".

Chapter 6 explored Roma experiences of the camps as "places of ill-being" and considered the strategies Romani people adopted to "cope" with camp life. It noted that the concept of "coping" implies dealing with challenges which tax the resources available to respond to them. The chapter further notes that, beyond the challenges of the physical environment and the ill-being it causes, Romani inhabitants of the camps have to deal with with the constant feeling of being "disordered", which results largely from the ambiguous legal situation in which they are maintained by the actions or inactions of the Italian state, which tend to frustrate any attempt to make significant improvements to their situation. Again, this chapter shows health and well-being, or ill-being, to be largely a result of legal and social factors.

Chapter 7 explored the way relationships, and in particular, power-relationships, impact health and well-being amongst the Roma of Scampia. It examines the close relationship between physical and mental health, and the dependence of both upon socially determined factors. It goes on to consider pressures on mental health resulting from relationships within Roma communities, with a particular focus upon the restrictions placed upon women and young people, and the ways they are enforced, through self-discipline, to "respect" family expectations and ethical values that are generally recognised and considered central within their own sub-group. The chapter also notes that inter-generational conflict can be a source of severe stress and ill-being, sometimes affecting physical health, for older members of the Roma community. In regard to conflict resolution, the chapter noted that even though the patriarchal character of Roma society is embodied in the all-male *kris*, this instrument of conflict resolution was still valued, even by women whom it might disadvantage, as a better alternative to the violence which might otherwise result from unresolved disputes within the Roma community.

The chapter also consider the impact of relationships between Roma and non-Roma. It notes that positive relationships can be established with non-Roma people through the "work" of begging, and that donations from individuals with which particular Roma people have established long-term relationships are valued more highly than funding emanating from the state, which may to be subject to intermittency or even arbitrary withdrawal.

Whilst these long-term relationships of trust and affection may be a source of well-being, many interactions with non-Roma are characterised by overt or covert discrimination, and

are therefore experienced as sources of ill-being. Such pervasive discrimination can extend from bullying at school to a reluctance for state officials to effectively engage with problems affecting Romani people. The focus on human relationships as sources of both well-being and ill-being which emerges from Romani narratives in this chapter resonates with Wilkinson and Pickett's (2011:342) assertion that subjection to the power of higher-status individuals is the chief cause of health-damaging stress. Conversely, Wilkinson and Pickett (2011:342) like Marmot (2015:11) see personal autonomy as a crucial element of physical and mental well-being. This conception of autonomy as essential to health resonates with Roma discourses of well-being examined in this chapter, which focus upon the idea of "freedom" as the absence of debilitating restrictions on one's actions, powerfully articulated by Luna as:

> "… freedom is to live – to live well and health is everything. If you don't have health you cannot live. You feel ill – Health is well-being, how you live, do you understand? It is not only related to physical illness but to make you feel good. To be at peace – without people breaking your balls!" (Luna).

Finally, the chapter briefly meditates on the "unsaid words": those topics that were never discussed by any of the participants, such as homosexuality or lesbianism: forms of marginality that should be further explored in the context of intersectionality and multiple discriminations, as suggested by Kurtić (2012).

In Chapter 8, the study moved to consider perceptions of the Roma by non-Roma individuals who regularly interacted with them. The chapter provided numerous ethnographic examples of suspicion and prejudice towards the Roma from both health-service personnel and law enforcement officers, noting that these orientations mirrored attitudes shared broadly throughout Italian society which are nurtured by hostile media and by political parties: largely but not exclusively, those on the right. The central part of the chapter explored in-depth interviews with two very different individuals who have become close to the Roma in Scampia through their work: Doctor N., who ran the "Clinic of the Peoples", catering for Roma and other marginalised groups for many years, and Chiara, a social operator with working-class roots who has worked with and for the Roma of Scampia for two decades.

Although Doctor N. and Chiara came from very different backgrounds and had different life experiences and educational levels, a number of similar themes emerged in their interviews. Both talked first about racism as a crucial determinant of ill-being for the Roma. At the same time, both saw the reluctance of many Roma people to engage with preventative health-services and their tendency only to seek help when in distress, as a problem. Both noted the close linkage between physical and mental health and social and economic conditions. Both pointed out the ultimate futility of treating symptoms and diseases whilst doing nothing to address the unhealthy environment that was causing the symptoms and diseases, and by environment, they did not only mean the residential space, but also the wider social context. Finally, both realised that the failure to take any action to improve the Roma's living environment was a failure of political will. In Doctor N.'s words:

"The true problem is the disinterest: the motivation is…so scarce…"

Chiara put it even more bluntly:

"It is their fault: the politicians…they see everything and just do nothing!".

To summarise, the findings from all the ethnographic chapter's of this study demonstrate that the direct causes of ill-being, ranging from traffic accidents to pollution; from respiratory infections to substance abuse; from fear of contracting diseases to fear of eviction; from difficulties accessing legitimate employment to discrimination in healthcare; from being the victims of racist attacks to being imprisoned for breaking the law; all ultimately stem from social determinants – most fundamentally, from the relationship of Roma people to the wider society and specifically, to the Italian state and the Italian people. Furthermore, non-Roma institutions and civil society remain firm in the belief that the Roma and Sinti need to integrate and to do so they must "learn" (from the non-Roma), what they do not know, to improve their situation, and in addition, they should offer "thanks" for what they have been granted up to now. However, as Santino Spinelli pointed out "*L'integrazione è come l'amore: si fa in due*" (integration is like love: it is made by two) (Spinelli in Ricci 2016) hence, this discourse is detrimental and exclusionary in subordinating Romani contributions regarding their wellbeing to those of the *gadje*.

9.3 Theoretical Implications of the Findings

The Ministry of Health has a policy to promote the health of Roma in Scampia and a budget devoted to that aim. This thesis has demonstrated, however, that, despite the exertions of some of those involved, this policy has systematically failed to make significant improvements in health amongst this group over the past two decades.

The findings of this study suggest that this recurrent and evident policy failure results not just from a lack of co-ordination or synergy between policies, but also because of a failure in the conceptualisation of health itself. The WHO has fought a constant battle since 1946 to define Public Health not only "the absence of disease, but…a state of complete physical, mental and social well-being" (WHO 1946). Whilst Italian government discourses and policies sometimes pay lip-service to this understanding of health, it does not inform the implementation of policy in any discernible way. As a result, although the efforts of ambulance crews, social and health support volunteers, individual doctors, paramedics or the Clinic of the Peoples may offer some relief for individual Roma, there is a failure to transform the health situation of the Roma population in Scampia, because all their efforts take place within the context of a toxically unhealthy social and physical environment which is ultimately the product of the discriminatory policy of residential segregation and lack of education regarding the respect of the individuals.

Moreover, the discriminatory policies and attitudes that emanate from the state also inform the perceptions of some of those charged with implementing the policies, as a result of which, rather than seeking to change the unhealthy context in which they work, individual health-workers or law-enforcement officers may instead rationalise it by victim-blaming. Such counterproductive attitudes and policies can only be sustained because of a failure to listen to the voices of the Roma themselves. It could be suggested, given the appalling record of the Italian state in regard to discriminatory policy against Roma communities, that this failure stems less from neglect than from a refusal to hear.

This work has argued that listening to Roma voices can greatly enrich our understanding, not only of their specific situation, but also of our society more widely. The voices of the Roma are the unheard half of the dialogue in the interactions between them, the state and other forces external to the camp community. This study seeks to give voice to these neglected opinions on health and well-being, which frame their actions in seeking stability and protection from external harm. It is notable that the ways Roma people in Scampia talk

about health and well-being, as well as ill-being, mirrors the findings of theorists working within the paradigm of *Social Determinants of Health*, as set out in Marmot and Wilkinson's (2005) founding text and developed in a range of other works since.[101] This body of theory highlights the importance of social relationships in determining health outcomes, noting that those with high status control the allocation of resources; associating well-being and good health with personal autonomy or freedom; and ill-being and bad health with being forced to live within constraints imposed by higher status individuals. Introducing a perspective focusing on the social determinants of health brings an ability to investigate issues of power which, as pointed out in Chapter 2, has previously been lacking from medical anthropology.

Paying attention to Roma perceptions of health as unavoidably social, as well as to academic theorisations of such conceptions, could bring positive health-benefits, not only for the Roma, but also for many other marginalised populations who are forced to live in unhealthy environments under constraints imposed by the more powerful: not least, the non-Roma inhabitants of Scampia who suffer their own issues of health and ill-being, most notoriously in high criminality (Saviano 2008), associated with their subjection to the Italian state on one hand and organised crime on the other (Boriello *et al.* 2014; Morlicchio and Pugliese 2006).

Identifying the social determinants of health is one thing: addressing them is another. The "Nomad Emergency" was, in a way, a recognition of the severity of the problem, but the "security" response it sought to impose, eventually declared illegal, was a social sticking-plaster analogous to the clinical treatment of symptoms without addressing the underlying causes of disease. Making deep and permanent changes to the health status of Roma people, and other marginalised groups, will in contrast, require broad synergistic policy changes which place individual needs in a social context, and a recognition, so far lacking, that Roma rights are human rights and that the crucial context in this case is that of institutional and cultural racism and discrimination.

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[101] See Chapter 2 for a full discussion of this body of theory.

9.4 Towards Policy Solutions

Although a number of individuals and institutions have put a great deal of work over the past decade into trying to better the lives of Romani people in Scampia, they are usually the first to admit that they have struggled to make progress in the face of the structural constraints they face.

The first policy advice that this work can offer is to take seriously the criticism raised by several European institutions and international NGOs regarding the rights of the Roma, not only by working directly to improve the clinical health of Roma people, or simply seeking to fix what is broken, but by planning how to avoid the need for such clinical interventions in the long term by *taking Roma people out of the toxic environments and unhealthy social contexts which are the source of their ill-being*.

Taking people out of these contexts means addressing both physical and legal environments. The most significant single step that could be taken would be to provide the Roma with habitation fit for human-beings in compliance with the European laws. Building more "nomad camps" (or, providing other forms of mono-ethnic, temporary or semi-permanent accommodations), is not a housing solution: on the contrary, it merely perpetuates the context of segregation and discrimination which has plagued relations between Roma people and the Italian state since Mussolini's fascist regime initiated its first anti-Roma pogrom in 1926 (Reale 2011). The provision of proper housing solutions would enable Roma people to move out of the situations of ill-being and risk which are inescapable in the "nomad camps" (or similar de-humanising solutions) and to feel more "organised".

The second most significant step towards the same end would be to regularise the legal position of Roma people in Italy, providing them with long-term residential permits and opening a path to (active) citizenship, particularly for those born in the country. This would not only allow Roma people to move out of the STP category and access healthcare in the same way as any other citizen of Italy, it would also allow access to legitimate employment, lessening the economic precarity of their lives with its associated risks of exploitation, and providing them with routes away from the confrontations with the legal system which can result from begging or other illegal or unlicensed activities engaged in for purposes of sustenance.

The National Health Action Plan for RSC communities (2015) includes many positive proposals. However, there has has been little progress on implementing these, in order to address particular local issues. Technical tables involving the Roma have not been yet established at local level to support the achievement of the objectives and actions suggested by the national Health Action Plan for RSC communities (Ministero della Salute 2015:26) which included some significant proposals such as: specific training for all health personnel; mandatory inclusion in the post-graduate curriculum for Doctors of General Medicine and Paediatricians of specific training on the protection of fragile peoples; the mapping and empowerment of Romani communities in reference to their health rights; and the promotion of health prevention to discourage the inappropriate use of emergency rooms. A serious move to implement the suggestions provided by National Strategy for the Inclusion of Roma, Sinti and Caminanti Communities (2012) on health, housing, education and employment could make significant improvements to the situation of Roma people in Italy. This, however, should not be done through a paternalistic approach which infantilises Roma people. Such attitudes, encountered in Chapter 8, are only likely to lead to misunderstanding, resentment and failure. This study rejects the paternalistic idea that we must train the Roma to learn. Rather, in offering the insights of the Roma themselves into the problems they face, it seeks to empower them to play a full role in overcoming those problems. On the other hand this study also suggest to invest resources in order to allow the Roma to train professionals operating in the health sector, but also, more widely, to educate non-Roma, by providing them with notions appertaining to Romani culture and themes related to Roma anti-discrimination issues. Such programs would allow Roma to act as educators, rather than always finding themselves in subordinated positions.

Whilst Roma contributions will be vital to the successful transformation of their situation, the need for participation and the diversity within RSC communities should not, as in the past, be used as an excuse to avoid taking any action at all, and the inaccurate and damaging claim that RSC communities "self-exclude" themselves from Italian society must be rejected.

Finally, because several of the issues pointed out by the vast majority of participants provided various typologies of discrimination, policies should strengthen anti-discrimination in every sense, starting from the reinforcement of the UNAR office mandate, which needs to be the focal point for many different activities and actions to be undertaken. Since, as this study has shown, most of the problems the Roma face, in Scampia and elsewhere,

result either directly or indirectly from racist attitudes within non-Romani Italian society and government, effective transformation of the future situation will require anti-discrimination programmes to be introduced at every educational level, paying particular attention to nursery and primary schools which have significant intakes of Romani children. These programmes should target both staff and pupils. Furthermore, professionals working in the medical and social fields, including doctors, paramedics, nurses, social assistants and mediators should also be trained in anti-discrimination and Roma themselves should be involved in delivering these programmes. In order to make such programmes effective, the mandate of UNAR needs to be strengthened from its current, merely advisory, role.

A further need is for Roma to emancipate themselves from NGO intervention in order to be able to claim their own rights independently, without dependence on "guarantors" who may have their own agendas.

These are ambitious targets, but given the seriousness of the current situation, in which the treatment of Roma people in Italy has been identified as unacceptable by the highest Human Rights officials within both the UN and the EU, an end to the endless calls for "discussion" or "more information" and a move to take concrete action is essential. The urgency of the situation is highlighted by events in Scampia which occurred as the last corrections were being made to this study.

9.5 Epilogue – Fire and Displacement: Where Now for the Roma of Scampia?

On Sunday 27th of August 2017 a fire erupted in the Old Camp of Via Cupa Perillo, Scampia (Crimaldi 2017). The fire destroyed several homes and properties and several gas tanks for the stoves, TVs and fridges exploded. Thanks primarily to the Romani local inhabitants, a catastrophe was avoided and there were no fatalities. Nobody died. Romani people, in fact, risked their lives to evacuate their children and other vulnerable individuals. Firemen and authorities were, however, promptly called, even though, according to Romani narratives the fire-trucks took a long time to intervene. The fire station of Scampia is very close to the camp, but those directly involved said that their unit was already employed elsewhere, so a truck was sent from another station.

As a result of the fire, several trucks belonging to the rubbish removal company "ASIA" (which has a plant on the camp) were destroyed (Di Costanzo 2017a). Some roads and

highway exits were closed due to the thick smoke. Local inhabitants, Roma and non-Roma, inhaled toxic fumes of combusted materials for hours. The pollutant levels reached dangerous levels.

Both Domenco Pizzuti, Professor Emeritus of Sociology and eminent Jesuit, who has followed the situation of the Roma in Naples for decades, and the Mayor of Naples, De Magistris affirmed that this incident was an intentional act of arson (LaPresse 2017; Di Costanzo 2017; F.Q. 2017). Whilst investigations are ongoing, however, the reasons behind the incident remain officially unknown as do the perpetrators. This incident recalled the past events which occurred in 1999 (Sigona 2002) and the "fear of fire" recurrent in the narrations provided by several participants in this research (eg. Sabrina, Gloria, Chiara, Doctor N. and others).

As in 1999, Romani people are occupying an area that is required for construction. In 1999, this was a new subway station, in 2017, a new ramp connecting to the flyover passing overhead. Moreover, shortly before the arson attack, participants reported that they had received an eviction order dated 11 September (A3F 2017) which was not accompanied by alternative agreed solutions to relocate residents.

After the 2017 fire destroyed some of the shacks located in the area under the bridge, several CSOs and institutions intervened. The Romani families that lost their homes were hosted in the Auditorium of Scampia. ARPAC (Campania Regional Environmental Protection Agency) conducted an evaluation of the soil from the surrounding environment, declared the area polluted and suggested an immediate decontamination (Corriere del Mezzogiorno 2017, ANSA Campania 2017). The stench of combusted toxic materials remained for several days and was perceivable in and out the camp, also where non-Roma live (Il Mattino.it 2017). However, a few days later on 5 September, ARPAC communicated that the results of the tests demonstrated that indicators of the air quality had returned to normal and that, therefore, the crisis was over (Funaro 2017), even though some of the Roma had lost their homes whilst the remainder, inhabiting the central area and area furthest from the flyover, have remained in the same location, in the proximity of the area destroyed by fire.

Within a few days, an assembly was convened by a local NGO called *Chi rom and chi no*. Several individuals and associations attended, including those interested in rights to

housing for all, Roma rights religious support, international monitors and people affiliated to European institutions that are carrying out projects locally. Many of those present at the meeting were totally unknown to the majority of us involved in the daily reality of camp-life. The principal of the local school where Roma attended classes joined the meeting and proposed a concrete solution, to move the Romani inhabitants to "Caserma Boscariello", a local disused army barracks located in Miano area. This proposal had been previously introduced by some institutional representatives but had also been strongly rejected by several Romani and pro-Romani exponents.

During the meeting, some directly involved Romani participants took the floor and explained that they were aware of the ongoing investigation into the fire, and that they could not confirm whether or not the fire had originated with their neighbour, the farmer, who might have lost control of a stubble-burning operation or, if it was a deliberate act of arson by unknown persons. Some individuals suggested that the motivation could lie in revenge for collaborating with the institutions and reporting the number-plates of vehicles belonging to non-Roma who dumped toxic rubbish in the camp. During the assembly, someone affirmed that not long before the fire started, a suspect vehicle, external to the community, approached some camp inhabitants to ask "where the Gypsies live".

Whilst the discussion was taking place, at 7 p.m. precisely, a host of mopeds entered the camp main entrance, which is right outside the private playground where the meeting was held, shouting and blowing their vehicles' horns. Romani people stood up, grabbed their kids and run towards their habitations to check that everything was in place. People were terrified (as I was too), as in a similar way, in 1999, youths on mopeds had thrown petrol-bombs that destroyed their homes. This action effectively disrupted the peaceful assembly. Police was called immediately and stayed until the end of the meeting, but according to informants, did not remain to patrol overnight. In addition, following that disruption, some pro-Roma activists noticed that the water company was also cutting the water service; according to some informants, because of damage to the pipes.

In the days that followed, the inhabitants of Miano demonstrated against the attempt to relocate 300 Romani people to the former barracks (Siano 2017; Di Costanzo 2017b), since such relocation would have disrupted an existing plan to turn the site of the barracks

into a Sports Village. Some of the Roma remained where they were, on the side of the camp that had not been burned, whilst others moved temporarily to the Auditorium. Only those who had enough personal funding to relocate were able to find new homes.

As I write, the Roma of Scampia still remain in *Kalisferia*….pending in "Limbo" waiting for a permanent solution to be provided.

Key to abbreviations and acronyms

ADI Assistenza Domiciliare Integrata (Integrated home care)

AGENAS Agenzia Nazionale per i Servizi Sanitari Regionali (National Agency for Regional Health Services)

AIFA Agenzia Italiana del Farmaco (Italian Medicines Agency)

ANCI Associazione Nazionale dei Comuni Italiani (National Association of the Italian Communes)

ARPAC Campania Regional Environmental Protection Agency (Agenzia Regionale Per La Protezione Ambientale Della Campania)

ASL Azienda Sanitaria Locale (Local Health Provider)

BIH Bosnia I Hercegovina (Bosnia and Herzegovina)

BURC Bollettino Ufficiale Regione Campania (Official Bulletin of Region Campania)

CESCR Committee on Economic, Social and Cultural Rights

COE Council of Europe

CPP Codice di Procedura Penale (Code of Penal Procedure)

CRUI Conferenza dei Rettori delle Università Italiane (Conference of Italian University Rectors)

CSO Civil Society Organisation

CUP Centro Unico Prenotazioni (Single booking system for medical consultations)

D. Lgs Decreto Legislativo (Legislative Decree)

DDL Disegno di Legge (Law Proposal/ Draft Law)

DL Decreto Legge (Law Decree)

DPCM Decreto del Presidente del Consiglio dei Ministri (Decree of the President of the Council of Ministers)

DPR Decreto Presidente della Repubblica (Presidential Decree)

EANRS European Academic Network on Romani Studies

EC European Commission

EESC European Economic and Social Committee

ENI Europeo Non Inscritto (Not Registered European)

EP European Parliament

ERRC European Roma Rights Centre

ERTF European Roma and Travellers Forum

EU European Union

FEANTSA European Federation of National Organisations Working with the Homeless

FESR Fondo Europeo di Sviluppo Regionale (European Regional Development Found, ERDF)

FRA European Union Agency for Fundamental Rights

G.U. Gazzetta Ufficiale (Official Gazette, O.G.)

GP General Practitioner

IVG Interruzione Volontaria di Gravidanza (Voluntary Interruption of Pregnancy, VIP)

L. Legge (Law)

LEA Livelli Essenziali di Assistenza (Essential Levels of Assistance)

MAE Ministero degli Affari Esteri (Ministry of Foreign Affairs)

MD Doctor of Medicine

NGO Non Governmental Organisation (Organizzazione Non Governativa, ONG)

NIS National Integration Strategy

NRIS National Roma Integration Strategy

RSC Rom, Sinti, Caminanti (Roma, Sinti, Caminanti) [or, Camminanti]

SDOH Social Determinants of Health

SFRJ Socijalistička Federativna Republika Jugoslavija (Socialist Federal Republic of Yugoslavia, SFRY)

SSN Servizio Sanitario Nazionale (National Health Service)

STP Straniero Temporariamente Presente (Temporary Present Forigner)

TEAM Tessera Europea Assicurazione Malattia (European Health Insurance Card)

TS Tessera Sanitaria (Health Card)

TSO Third Sector Organisation

TU Testo Unico (Consolidated Act)

UDHIR Universal Declaration of Human Rights

UN United Nations

UNAR Ufficio Nazionale Antidiscriminazioni Razziali (National Office against Racial Discrimination)

UNCRC United Nations Convention on the Rights of the Child

UNICEF United Nations International Children's Emergency Fund

UNIRSI Unione Nazionale ed Internazionale dei Rom e Sinti in Italia (National and International Union of Roma and Sinti in Italy)

USL Unità Sanitaria Locale

WHO World Health Organization (Organizzazione Mondiale della Sanità, OMS)

List of illustrations: *Photographic material*

PHOTO [1] THE " NEW CAMP", VIA CIRCUMVALLAZIONE ESTERNA DI NAPOLI, SECONDIGLIANO (AERIAL VIEW) . SOURCE: GOOGLE MAPS WEBSITE.
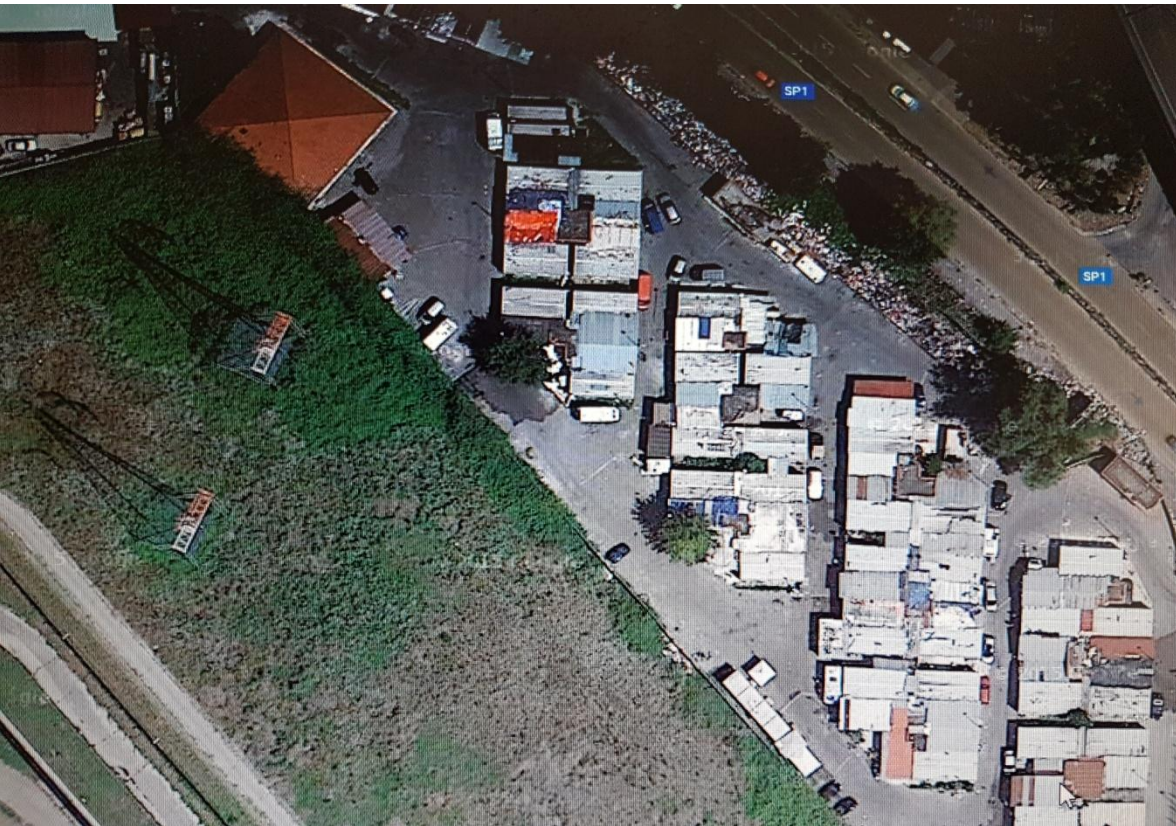

PHOTO [2] THE " NEW CAMP": PYLONS (AERIAL VIEW) . SOURCE: GOOGLE MAPS WEBSITE.

PHOTO [3] THE " OLD CAMP", VIA CUPA PERILLO, SCAMPIA (AERIAL VIEW) SOURCE: GOOGLE MAPS WEBSITE.
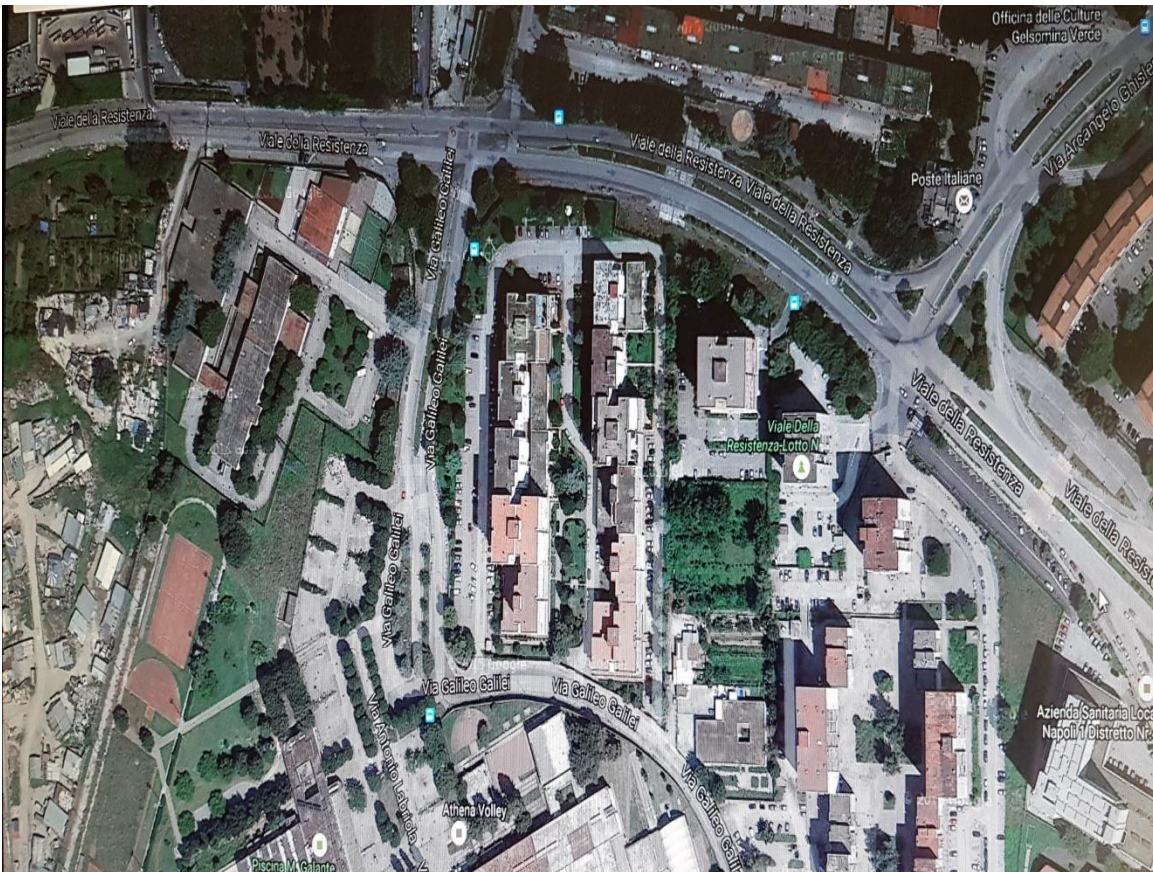
PHOTO [4] LEFT CORNER " OLD CAMP", RIGHT CORNER "AZIENDA SANITARIA LOCALE NA1 DISTRETTO 48 (now 28)" LOCAL HEALTH PROVIDER NA1 DISTRICT 48 (now 28) (AERIAL VIEW) SOURCE: GOOGLE MAPS WEBSITE.

PHOTO [5] OUTSIDE THE "NEW CAMP" , VIEW FROM THE MAIN ROAD WITH SECONDIGLIANO PENITENTIARY AT THE BACK.

PHOTO [6] OUTSIDE THE" NEW CAMP" , RUBBISH PILES AND PYLONS.

PHOTO [7] OUTSIDE THE NEW CAMP, IN MEMORIAM OF "SLAVICA DJORDJEVIĆ" EXACT POINT WHERE THE ACCIDENT OCCURRED AND SPACE BETWEEN SIDEWALK AND MAIN ROAD .

PHOTO [8] ACCESS ROAD TO THE "OLD CAMP".

PHOTO [9] "OLD CAMP", BURNT OUT CAR AND SCAMPIA "167, LOTTO P" AT THE BACK.

PHOTO [10] OVERPASSING ROAD AND RUBBISH.

PHOTO [11] OVERPASSING ROAD AND RUBBISH.

PHOTO [12] UNDER THE BRIDGE MUDPUDDLES AND THE ITALIAN FLAG.

PHOTO [13] MUDPUDDLES AFTER THE RAIN AND AN EXTERNAL TOILET.

PHOTO [14] EXTERNAL TOILET.

PHOTO [15] A "BARACCA"/HUT UNDER THE BRIDGE AND WOOD FOR THE STOVE-BURNER.

PHOTO [16] WOOD FOR THE STOVE-BURNER.

PHOTO [17] CHIMNEY

PHOTO [18] STOVE-BURNER "ŠPORETO".

PHOTO [19] FIRE BLAST: VEHICLE AND RUBBISH CAUGHT FIRE.

PHOTO [20] " ISOLA ECOLOGICA" (ECOLOGIC ISLAND) WASTE-SEPARATION AREA ON THE ACCESS ROAD TO THE CAMP.

Other documents: *Ethical approval*

bucks
new university

2nd August 2016

Ms Elisabetta Vivaldi
Bucks New University
Queen Alexandra Road
High Wycombe
HP11 2JZ

Dear Elisabetta

Ethical approval confirmation

I am writing to confirm that the Faculty of Society and Health Research Ethics Panel of Buckinghamshire New University met on 15th April 2011 to consider your project:

"Well-being and health status of Roma living in "nomad camps" in Naples."

After seeking clarity on some aspects of the project, ethical approval was awarded on 16 May 2011.

Yours sincerely,

Dr M. Nakisa
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ANAAO ASSOMED, CIMO ASMD, AAROI, FP CGIL Medici, FVM – Federazione CISL Medici - FASSID – FESMED – Federazione Medici UIL FPL (2009) "I Medici e gli Immigrati Irregolari. Documento Intersindacale. 11   Mar. http://www.stranieriinitalia.it/news/documento11mar2009.pdf (accessed 09/06/16).

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