



We believe that medical treatment is a fundamental human right and as such should be granted to every single individual. For this reason, we want to see healthcare that is:

- 1 Public**, because it should be the state's responsibility to provide its citizens with medical treatment.
- 2 Universal**, so everyone can be treated regardless of their gender, nationality, wealth or religion.
- 3 Nationwide**, to get the same levels of treatment everywhere.
- 4 Fair**, so people with the same needs get the same treatment.
- 5 Free**, so it really is accessible to all.
- 6 High-quality**, because people's health should be protected in the best possible way, in line with medical progress and scientific evidence.
- 7 Not for profit**, because it is a right for all and should therefore be a source of profit to no one.
- 8 Secular**, because it should comply with the laws of the state and not the religious persuasions of those who provide it.
- 9 Welcoming**, to grant people their right to dignity in moments of difficulty and suffering.
- 10 Integrated**, because health is not just the result of good healthcare policies but also of choices, actions and policies to reduce inequality in communities.



EMERGENCY
MEDICINE, HUMAN RIGHTS AND EQUALITY

MANAGING DIRECTOR

Roberto Satolli

DIRECTOR

Gino Strada

PRESIDENT

Rossella Miccio

EDITORS

Simonetta Gola, Caterina Levagnini

CONTRIBUTORS

Lorenta Carpentieri, Paolo Tagliabue, Camilla Cecchini, Marco Latrecchina, Sandra Manzolillo, David Lloyd Webber

PHOTOGRAPHS

EMERGENCY archive, Sergio Agazzi, Francesco Giusti, Alberto Mesirca, Elena Nebiolo, Andrea Simeone, Eleonora Stevani

GRAPHIC DESIGN

Francesco Franchi, Davide Mottes

GRAPHICS

Angela Fittipaldi

ENGLISH VERSION

George Cowie, David Lloyd Webber

DISTRIBUTION

175,700 copies, 150,000 of them delivered to supporters

EDITORIAL TEAM

Via Santa Croce 19
20122 Milano
T +39 02 881 881
F +39 02 863 163 36
info@emergency.it
www.emergency.it

CONTACTS

Via Santa Croce 19 - 20122 Milan — T +39 02 881881 - F +39 02 86316336
CAN Mezzanine, 49-51 East Road, London, N1 6AH — T +44 207 250 8302
31 West 34th Street, Suite 8138, New York, NY, 10001 — T +1 212 912 0105

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EMERGENCY is a non-profit humanitarian organisation, created by doctors, nurses and technicians with experience of humanitarian work in war zones.

EMERGENCY's aims are to:

- provide free, high-quality medical and surgical treatment to victims of war, landmines and poverty;
- promote a culture of peace, solidarity and respect for human rights.

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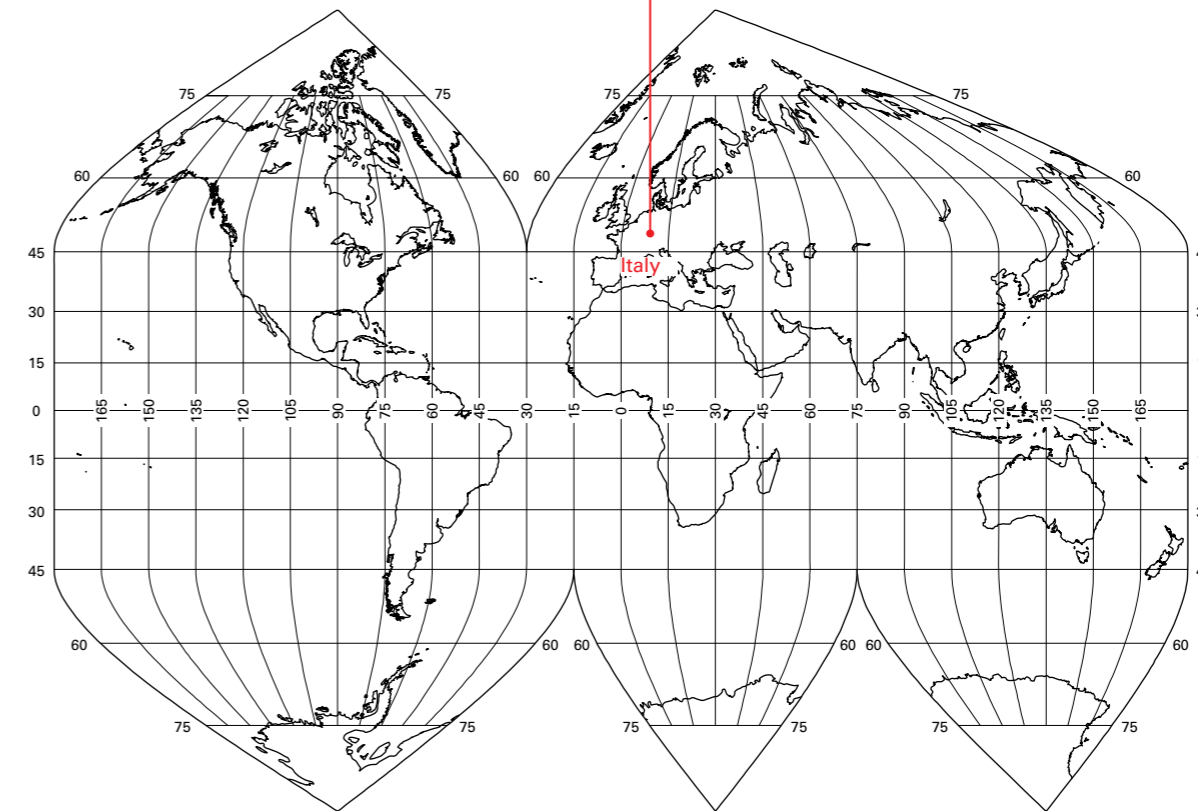
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OCTOBER
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IDEAS that do GOOD

A fairer society is
a healthier society.

In partnership with
L'Espresso

The Covid-19 pandemic has shown how extraordinary but also how troubled our healthcare systems are. We cannot take them for granted any longer.

Covid-19 has also laid bare the general state of health in our society. Even where access to medical treatment is guaranteed, not everyone can be equally well protected from infection. Overcrowded housing, unsafe work and social isolation expose some to the virus more than others.

The illness does not affect everyone in the same way and not everyone in the world has the same opportunities to receive medical care.

'Ideas that do good. A fairer society is a healthier society' is an online event run by EMERGENCY in partnership with L'Espresso, an Italian magazine, at which to reflect on the importance of universal, public, free, integrated healthcare.

This event gave us the ten words you see on the cover of this edition: ten simple but essential words on which to base the kind of healthcare that revolves around people in need.

'Ideas that do good' involved Gino Strada, surgeon and founder of EMERGENCY, Marco Damilano, editor of *L'Espresso*, Rossella Miccio, president of EMERGENCY, Roberto Saviano, writer and journalist, Riccardo Iacona, reporter, author and presenter of *Presa diretta* on Rai 3, Michael Marmot, professor of Epidemiology and Public Health at University College London and father of social epidemiology, Francesca Mannocchi, journalist and writer, Luca Liverani, journalist at *Avvenire*, Andrea Sparaciari, journalist at *Business Insider*, Federica Cacciola, actress and author, Andrea Pennacchi, actor and author, Dario Vergassola, author and comedian, Roberta Villa, scientific journalist, Massimo Cirri, journalist and writer, Gabriele Rabaiotti, social and housing policy assessor for Milan council, Marianna Aprile, journalist at *Oggi*, Giampaolo Musumeci, presenter of *Nessun luogo è lontano* on Radio 24, Sara Manisera, journalist, Giulia Pompili, journalist at *Il Foglio*, Rebecca Gasperi, grant manager for EMERGENCY in Afghanistan, and Zerocalcare, cartoonist.

Recordings of all these events, which took place in Italian, can be found on our Facebook page, YouTube channel and our website en.emergency.it, and as podcasts on our Spreaker channel.

HEALTHCARE

A FAIRER SOCIETY IS A HEALTHIER SOCIETY

In the historic archive at Maggiore Hospital – the first public hospital in Lombardy, Italy, which was founded in 1456 – Gino Strada and Marco Damilano discuss health, healthcare and solidarity, ranging from the constitution to daily reality.

We're here to talk about healthcare, and public healthcare especially. We need to reassert that value. What's going on?

The pandemic has cast a spotlight on the great weakness of our health systems, not just in Italy. We've seen they're not ready to deal with all that a medical crisis does to the health of citizens as a whole. The tragedies we have seen in the last few months are hard to stomach. I'm thinking for instance of all the people left to die in their beds at home without seeing a doctor. That happened because local healthcare structures and basic healthcare have been gradually weakened and, in some cases, dismantled.

Healthcare is increasingly being privatised and that means the very concept of healthcare is being negated. Health and disease affect all of us – albeit perhaps in different ways and at different times – and call for a collective response. We mustn't leave the gate open for those who want to step in and

speculate on, or profit from, something that is a simple human condition – feeling all right or feeling under the weather.

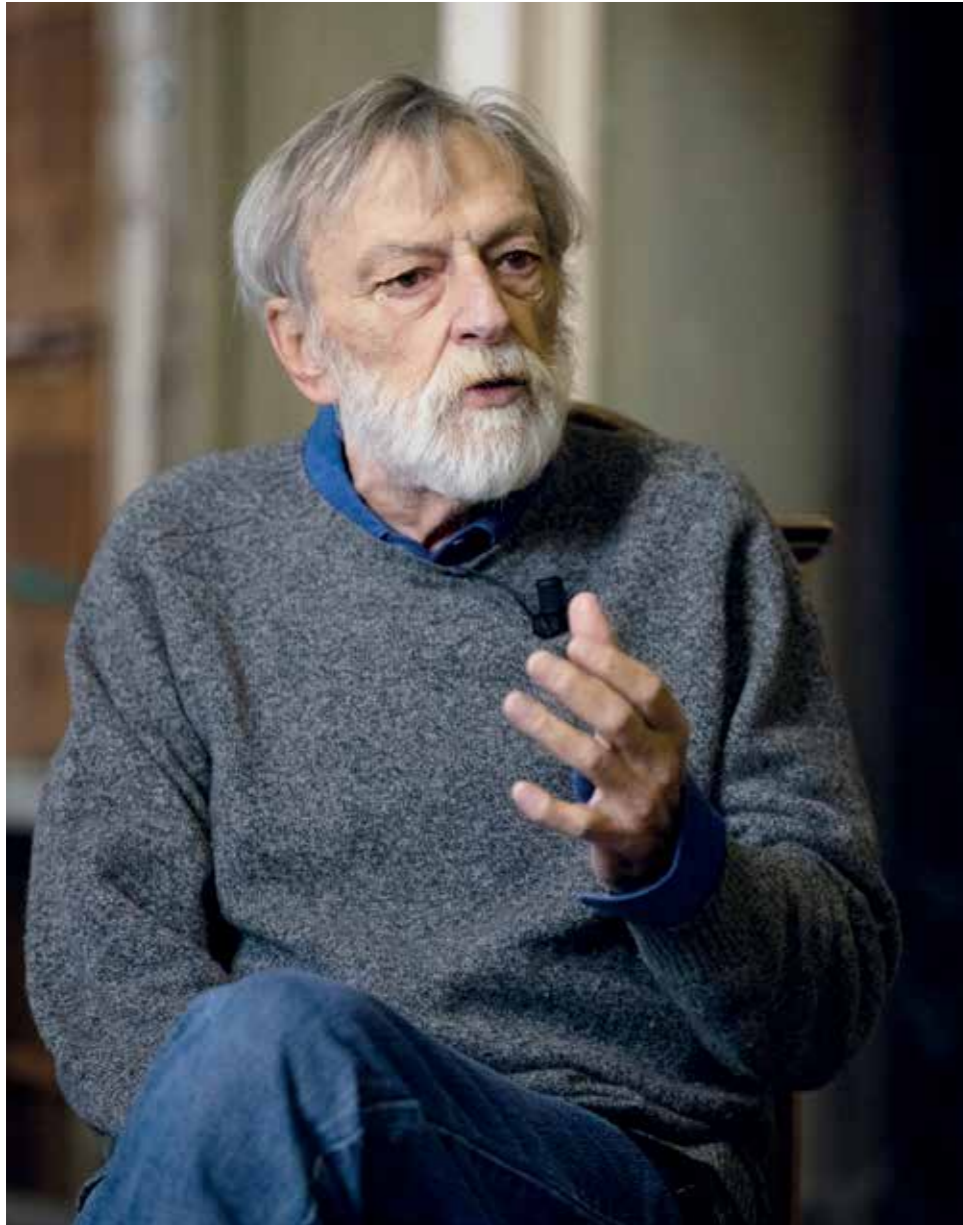
In Article 32 of the Italian constitution we read the words 'individual' and 'collective'. It stresses that being healthy and having access to treatment is an individual right but that protecting the health of citizens is in the interests of the collective.

The individual's needs are subject to the laws of the market, which obscures the needs of the collective because the patient relationship is replaced with a customer relationship. We have almost become consumers of goods in a supermarket, where drugs and services are sold and where each of us can get a different level of treatment. We need to move beyond this concept and to put the culture and the universality back into healthcare. Treatment is a right and it should bear the hallmarks of all other rights. It must be shared and it must belong to all.

When millions of people can't get healthcare because they can't afford it, as happens in the United States and many other countries, that right is ripped up. It ceases to be recognised. We must reflect as a community on how a common good as important as health has come to be dictated by profit. I am talking about profit as opposed to earnings for people who work in healthcare. Obviously, all of us need to earn a living, but profit is another matter. It's the idea of going into healthcare to invest and make money, which leads to it having to be promoted like any other product. Healthcare becomes a promotion campaign for illness. It's no accident that promoting illness figures at the centre of the debate between doctors as well as between those in charge of health policy. It is nonsense to promote illness and not to promote health.

In the last few years there have been various movements fighting for common goods, from water to the environment, defending them from privatisation, the great destructive idea of the last few decades, under which what once belonged to everyone suddenly belongs to a select few. What does it mean to fight for public healthcare?

It means recognising that the right to treatment is a universal right and that it belongs to us as members of the community. It means stressing that, because it is a common good, it benefits society to protect it in everyone's interests. Private healthcare, provided by investors in the sector, may have its place, but it's a totally separate matter from public healthcare and should remain separate.



And yet, albeit to very different extents in different locations, an ever-larger wedge of the health budget is going on agreements with the private sector, which starts off a dangerous and harmful spiral. That is how investments start to fall, people stop being taken on, research stops being done, facilities go unmodernised and even shut down. All that is the result of the initial decision to allow profit into healthcare, to let investors into this sacred space that should be roped off to profit. Among other things, they are investors in a guaranteed market. You can choose whether or not to buy a car, but you can't choose whether or not to get ill. All reforms, all attempts to reform or impose new ideas on healthcare always come back to that same central point – is profit legitimate? Is it beneficial, is it useful to society? I believe that it is of great harm to society, although not to investors, that is for sure.

Healthcare is one of the facets by which we judge a society. It can give the same rights and equality to all, 'regardless of sex, race, religion, class or wealth', as Article 3 of the Italian constitution declares. Are those just words on paper?

Equality in healthcare means giving everyone the same quality of treatment. Giving everyone equal medical treatment is a giant leap for a society. We see as much in our work in low-income countries, war-torn countries, countries in the Global South. Those who go to work in these countries often say that healthcare in Europe is quite another thing to what is normally provided in Africa. It's shocking that inequality is practised like that in healthcare. Why should an Asian or an African child be treated in more of a rush or with less care than one of our relatives here in Europe? Public healthcare is suffering because it's constantly being drained of

resources. In the last ten years they've cut almost forty billion euros from Italian healthcare. Our health budget adds up to just under two thousand euros per person per year, about 115 billion euros a year. If there wasn't a sink under public funds draining into profit in the private sector, that could be enough to give everyone quality healthcare.

We should invest more in healthcare for local areas. Hospitals can't do everything, but they are having to because healthcare has vanished from society, which is the level we need to strengthen it at. That's what has jolted the health system back to a local level in this emergency. If we had well-developed local healthcare, intensive care would be less crowded.

A health facility should revolve around its patients and not its earnings. Patients' needs must be respected.

Taken from the conference 'A healthier society is a fairer society' by Caterina Levagnini.

A HEALTHY SOCIETY: IS HEALTHCARE ENOUGH?

A population's state of health is not just the responsibility of the health sector. From food to employment, from home to the environment, there are many things that can help alleviate 'unequal health', as Michael Marmot, professor of Epidemiology and Public Health at University College London and father of social epidemiology, explains in his lecture.

Health is a good measure of how well a society is working. If a society is managing to meet its members' needs well enough, then healthcare will improve too. Nelson Mandela once said that "Overcoming poverty is not a gesture of charity. It is the protection of a fundamental human right, the right to dignity and a decent life." If healthcare and equality significantly improve then disparities will shrink, and vice versa. That's the general idea.

The Human Development Index, which combines life expectancy, mortality, health, education, per



capita income and other factors, is an indicator used to analyse the living standards in all the world's countries year on year. Since 1990, when the index first appeared, there has been constant overall improvement, aside from a dip, quickly overcome, after the financial crisis in 2007 and 2008. Now, however, it's predicted that the pandemic will lead to a dramatic and shocking drop in life expectancy, education and income.

In a way the pandemic resembles a hurricane. Both are ominous, wide-reaching events. Hurricane Maria, for instance, which struck Puerto Rico in 2017, took its toll on mortality, leading to parallel differentials in deaths and income. The lower people's recorded income, the more likely they were to die.

Events like pandemics or hurricanes highlight the disparities in a society and exacerbate them.

In the report 'Health Equity in England: The Marmot Review 10 Years On' this year we analysed how improvement in life expectancy in England had slowed down, and how this was caused by greater social disparities and differentials in the mortality

rate. The differences in various social groups are obvious when you classify the areas where people live by poverty level. Richer, better-educated people living in areas that are not deprived are more likely to be in good health. People with less education and less control over their own lives are the ones who get ill more often, because poverty and social disadvantage are linked to more frequent individual risk, unhealthy lifestyles and living in dirtier surroundings. And here's the analogy with what's happening with Covid-19. The differentials in the mortality rate are reproducing the same levels of inequality in health as in the period before Covid-19.

In the same report we set ourselves to working out what was happening to different ethnic groups. Black English people had a relatively high mortality rate. Over two thirds of the differential in deaths between the categories of Black women and white women, for example, could be attributable to poverty. In fact, the wealthier the group, the fewer deaths there are. In the first few months of the epidemic the BBC asked me for my opinion on the Department of Health's worries about the high number of deaths among non-white Britons, whom it was advising to wash their hands and keep their distance from other people. I replied, "That's good advice, but we need to deal with structural racism, which is another cause."

In the 'Marmot Review', published in February 2020, I set out six goals and six recommendations. Every child must be given the best chances for survival right from the start. Free and continuous education are needed. Everyone must have a good work place. They must be sure of enough money to improve their living standards. We must create sustainable communities and work places. Finally, we need a community approach based on prevention. And yet that year the British government, a Conservative-led coalition, presented us with austerity as if it were a moral imperative and made cuts to public spending. It was 42 per cent of GDP in 2009 to 2010 but was cut from 42 per cent to 35 per cent by 2018 to 2019. Local spending per head was also cut, above all for the poorest people and in the poorest areas. Even recent cuts in response to Covid-19 follow the same logic. Benefits for adults have been cut by three per cent in the richest areas and sixteen per cent in the poorest. This is a policy that makes the poor poorer and the rich richer.

The lockdown brought about by Covid-19 was bad for everyone, but especially those living in the poorest areas. Food poverty doubled, especially for children. Two million children in Britain can't be certain of regular meals.

Environment is an important factor too. The concentration of PM10 in the air is a good measure of pollution. In London's poorest area, as in similar parts of other cities, people are more exposed to PM10 than in richer parts of the capital. Environment and air pollution are other factors in health disparities, which is why climate change plans need to go hand in hand with fairer healthcare.

According to Amartya Sen, winner of the Nobel Prize in Economics in 1998, we can define our approach to our wellbeing as "letting everyone earn the ability to live a life that is balanced and has meaning". As we slowly emerge from the pandemic, let's not forget to go for an approach that revolves around wellbeing and that follows the six recommendations, and to lay the foundations for building a healthier society.

Taken from the conference 'A healthier society is a fairer society' by Caterina Levagnini.



ITALY

Milan, Naples, Piacenza and Rome

WE NEVER STOP

After a few tentative signs of recovery, autumn brought with it a fresh medical crisis and above all socio-economic trouble for many, many people.

MARCO LATRECCHINA



keep going. I look for work every day but I haven't had any offers on the platforms yet, not even by word of mouth. I've not lost hope though. That would be terrible. Something needs to change. My worry is my daughters. I'm not on my own. I have to think about them." Or there was Rosanna, an unemployed single mother with an unemployed son. "Both my son and I are out of work. I've been unemployed for two years. My son was working a lot though, in entertainment. We weren't rich but we managed to make it to the end of the month. My son worked on call. No one's calling him now."

To meet the needs of all these people, we went on with 'Nobody Left Behind' in Milan, Piacenza and Rome – in six of the city's municipalities – and at the end of October we brought the project to Naples, too.

Then fresh alarm bells started going off. We thought we had peaked in October, when we were helping seven thousand people, but then we had some bad news. Infections and hospitalisations were up, as were deaths. Then there were the first restrictions, the early closures, the night closures, the curfew. As I write, Italy is divided into red, orange and yellow zones.

Since then, we've started getting dozens of phone calls a day again. They were from people we used to help, who had found work again, perhaps in a café or a restaurant, all of them barely hanging on. A lot of them were on a trial period at work and they would tell us over the phone, "I'm sorry. We're back where we started. They're keeping us at home again." Or they had been doing casual work but couldn't



anymore because they had gone into quarantine or tested positive. So, we had to double the places at our call centre and recruit more volunteers. We absolutely had to respond to all this.

The difference today, under this second wave of medical crisis, is that we have to factor in the socio-economic trouble already stirred up in the months before.

In late October we decided to start the 'Milan helps' project, at Milan council's request, delivering basic goods and medicine to people who were vulnerable, old, in quarantine or could not risk going outside. In the meantime, we gave two hundred thousand masks out to council houses in Milan.

This work was only made possible by volunteers from EMERGENCY, Brigate Volontarie per l'Emergenza and other organisations and companies we work with, who are defying fear and giving up their time.

They're here every day, going out to see people in need in their houses. Since 9 March, they've never stopped.

We will go on doing our bit because we all need to face these problems together. We need everyone's strength and help.



ABOUT 650 VOLUNTEERS ON THE PROJECT



ABOUT 200,000 MASKS GIVEN OUT TO COUNCIL HOUSES IN MILAN



OVER 37,000 PACKAGES DELIVERED IN THE 'NOBODY LEFT BEHIND' PROJECT

At one point, towards the end of summer, our hopes were high. About twenty per cent of the people we were helping with our 'Nobody Left Behind' project, delivering food and products for personal and house cleaning, called us to tell us they had new jobs. They thanked us for our help and said that now, luckily, they no longer needed our packages.

Whenever that happened they shouted it to the rafters at the call centre at Casa Emergency.

You would hear one of the volunteers raise their voice, to be heard above the crowd, and say, "Oh, really? Congratulations! And thanks for letting us know!" Who knows why? At times like these everyone likes to share a bit of good news.

But at the same time, some people are still asking for a hand. In Rome, Milan and Piacenza people are still calling us to get put on our list. And once again we're

finding ourselves listening to tragic stories. "I was working in a shop," said Elisabetta, from the distribution point in the Milan neighbourhood of Giambellino. She brought her two daughters, aged five and seven, with her. "It closed when the lockdown started and it hasn't reopened since. I rent a house privately and it costs me six hundred euros a month. The unemployment benefits I'm getting until December are seven hundred euros a month. It's hard to



OVER 7,000 PEOPLE HAVE BENEFITED FROM THE 'NOBODY LEFT BEHIND' PROJECT





ITALY
Milan

THE LONG AND WINDING ROAD

A growing number of migrants at our Mobile Clinic in Milan have come through the Balkans, journeying long distances on foot to reach the European Union.

LOREDANA CARPENTIERI



ABOUT 16,000
MIGRANTS ARRIVED
AT EU BORDERS
IN THE WESTERN
BALKANS IN THE
FIRST NINE MONTHS
OF 2020

ONE IN FOUR
WAS AFGHAN.

SOURCE: FRONTEX
(OCTOBER 2020)

Since this summer, our mobile clinic on Via Vitruvio, Milan, near Centrale station, has been visited by many migrants who have come through the Balkans.

We call them 'passers-through' because Milan is just one crucial stop on their journey. Their aim is to head off as soon as possible to other European countries, like France, Britain, Spain and Germany. They are often in the city for only a few days, and sometimes just a night, which is why they rarely get a chance to use the city's services.

We spot the ones who have taken that route straight away. They turn up at the clinic worn out, exhausted, destroyed. They are very young, around twenty years old, at the age when you find yourself in the prime of your life and full of dreams. There are also children travelling alone. They leave their home countries – Afghanistan, Pakistan, Morocco, Egypt – get to Turkey and then head off on their odyssey over the Balkans. They cross countries like Greece, Macedonia, Serbia, Bosnia, Croatia and Slovenia, often travelling for months before they get to the gates of

the European Union, and all of it on foot.

Their legs and feet often bear the marks of a gruelling voyage. Huge masses of insect bites and blisters cannot be washed, so they worsen and get infected. We often find foreign bodies in these people's feet, picked up on the miles they have tramped in shoes ill-suited to undergrowth, as well as walking injuries like microfractures.

We give them a little hygiene kit, complete with a few masks, a bar of soap, some hand wash, a toothbrush and toothpaste.

These little effects may help them keep themselves clean day to day and respect local rules for the Covid-19 epidemic.

They tell us stories of unimaginable physical and psychological violence, in both their home countries and the ones they have passed through.

On their journeys they are attacked, abused, blackmailed and mistreated by local police. Some young Afghan men told us they were beaten by Croat police. Another said the wounds we treated on his leg came from when he fell over while fleeing the same force. These people have been put to the test psychologically, too. They are scared, though some of them hide it behind a cocky façade. They are full of uncertainty about their future, but they are also extremely stubborn. They want to go on with their voyages. They want to reach their destinations.

Many of the young men and above all boys come from Egypt. Their route seems absurd, going as it does from Egypt to Turkey, then on to Italy, on foot. I remember one seventeen-year-old boy's weariness but also his determination. He had arrived in Italy a week ago and was staying at a children's shelter after walking for months. I also remember an Algerian man of forty-five who had come to Milan after stopping in Crete for two years. He had studied hard in his country, only to find no jobs available that would grant him a decent life. That is what pushed him to abandon his homeland for a better life, which is what we are all looking for at the end of the day. Our doctor diagnosed him with severe athlete's foot, which had grown on his long walk but also out of the conditions he was living in. He had been sleeping with his shoes on for weeks because



he was scared someone might rob them. When we told him what he had, he smiled, almost tickled at the name of the illness.

When we see and hear these stories every day, we are brought face to face with the trouble these people have to go through just to be free, even in Europe, with all its rights.

And yet, no matter how much their journeys put them to the

test, you can see so much hope in these young men's eyes. And all we can do is tell them they are brave and wish them a safe trip.



ITALY
Mediterranean
Sea

DOING THE RIGHT THING

EMERGENCY and Open Arms head off on mission number 76, spending over 20 days at sea and saving over 270 people in the Mediterranean

—
PAOLA TAGLIABUE



**694 MIGRANTS
HAVE DIED IN THE
MEDITERRANEAN SEA
SINCE THE START OF
THE YEAR**
SOURCE: UNHCR
(OCTOBER 2020)

On 28 August EMERGENCY and Open Arms joined forces once again and headed back out to the deadliest border on the planet – the Mediterranean Sea. We went to rescue men, women and children risking their lives to flee war and violence. With 694 migrants stranded in it this year – more than two a day – the Mediterranean has become a graveyard.

We set out one year after mission number 65, when we saved 107 people from the sea and kept them on board Open Arms off the coast of Lampedusa for twenty days. Our team, made up of a doctor, a nurse and a cultural mediator, were there to give medical aid to the migrants saved and to the crew. They enforced strict medical rules to stop the spread of Covid-19.

This year, after twelve days at sea in bad weather, on 8 September the time came for our first rescue, of 83 people. They were drifting, crammed

onto a wooden boat in the middle of the Mediterranean. There were fifteen children among them and four women, two of whom were pregnant. They had set out the night before from Libya and been abandoned by the traffickers after a few hours. They were alone and had no idea where they were going. I will never forget the joy we all felt on board at saving so many desperate people.

One of the two pregnant women was in her first month and was travelling alongside her husband. The other was eighteen years old and alone. She had left Somalia and got stuck for an entire year in Libya before managing to get on a boat. When I gave her an ultrasound and let her see her baby, her face turned sad and her eyes filled with terror. In tears she told me one evening how a man working with her captors had put a gun to her head and raped her. Now the fact of being a pregnant woman made her situation

even more desperate, difficult and unsafe.

On 10 September we got ready for our second rescue. This one was of 116 people who had been travelling for three days without food or water.

We had our third rescue before dawn broke. The boat we spotted was in imminent danger and had 78 people aboard, eleven of them women and two of them little children.

By the end of the voyage I had got close to two Somali girls. They were looking at the sea. They asked me if those were Italian waters they could see. They dressed elegantly, with little pieces of jewellery and handbags, as if they were on their way to a party. They were actually on the way to beginning the rest of their lives. Without me saying anything, one of them told me she had been three years in Libya. She showed me the scars of the beatings and the burns she had suffered. Suddenly she turned sad and terror-stricken. "I don't want to talk about it any more," she told me. "I want to see how nice Italy is and go to Switzerland." The next few days were hard. There were so many people on board and the medical rules for Covid-19 made it complicated not just to run things on the boat but also to make human contact with the men, women and children.

Nevertheless they told us their dreams of the lives they wanted in Europe, and with sad, lost expressions asked us what to do. It is hard even to try to reply without feeling a little shame, knowing what most of them have gone through. Meanwhile Malta and Italy decided not to evacuate nine of them for medical reasons.

The weather went on getting worse and things on board got ever harder. The people we had rescued were in a bad way physically and mentally. They had health problems and symptoms of trauma after violence and abuse in their home countries and the countries they had passed through, not to mention the sea voyage itself. Some of them even leapt into the sea to try to swim to the coast.



When we were finally assigned a safe harbour, we were all exhausted but happy. After so many difficulties, so much struggle, we managed to get all the 270 and more people onto dry land, where they were transferred to another boat to be quarantined.

I will never forget their terror-filled eyes when they were crammed onto that little boat in the middle of the night, or how their expressions lit up with recognition and hope when we arrived in Italy, or their care for the few personal effects they had with them.

It was a challenging and tiring experience at times, but thanks to all the crew's efforts, we never lost the feeling that we had to be there, simply

because it was the right thing to do.

We will be back at sea soon to help people fleeing war and poverty. We will do it for Abou, the fifteen-year-old who spent the journey unfurling a map of Europe and dreaming of his new life, only to die in a Palermo hospital after the quarantine.

Because every single life, every single story, deserves saving.



**3 RESCUES
IN LITTLE OVER
20 DAYS AT SEA**

**277 PEOPLE
RESCUED
ON MISSION 76**

EMERGENCY'S WORK IS RECOGNISED ON THE GLOBAL STAGE

EMERGENCY took part in three high profile international events, sharing its work and experience with delegates from around the world.

—
DAVID LLOYD WEBBER

The World Health Summit, World Innovation Summit for Health and Paris Peace Forum are some of the most important stages in the medical, humanitarian and peacebuilding arenas. EMERGENCY took part in and was recognised by all three of these events in 2020, confirming the organisation's commitment to engaging with stakeholders from around the world in order to share knowledge, raise awareness, advocate for health as a human right and spread a culture of peace. These events looked a little different this year, with all of them moved online due to the coronavirus pandemic. Nonetheless, over 20,000 delegates registered and attended the three conferences, and EMERGENCY was proud to take part.

World Health Summit, 25-27 October 2020

The World Health Summit is one of the leading strategic forums for global health. Dr Gina Portella, a member of EMERGENCY's Medical Division, took part in a panel discussion on cardiovascular health alongside experts from this field. This was a valuable opportunity to share insights from the Salam Centre for Cardiac Surgery in Khartoum, Sudan, which has operated on over 8,000 patients from 30 countries since opening.

Paris Peace Forum (PPF), 11-13 November 2020

The Paris Peace Forum is a flagship international event which aims to mobilise all stakeholders for collective action, with the aim of building a better world. We were honoured to have been selected as one of this year's 100 'Solutions for Peace', which highlighted the work EMERGENCY has done to build and share safety and protection protocols throughout the Covid-19 pandemic, enabling hospitals, clinics, shelters and other crucial facilities to stay open and operable in these challenging circumstances. Rossella Miccio, EMERGENCY's president, spoke to the Forum about EMERGENCY's experience this year and the important contribution the organisation has made, supporting over 300,000 people during the virus' first wave alone. Her speech is available to watch on the news section of our website, en.emergency.it.

World Innovation Summit for Health (WISH), 15-19 November 2020

WISH is a global healthcare community dedicated to capturing and disseminating the best evidence-based ideas and practices. EMERGENCY was selected as a Premium Partner at the event, with a dedicated Booth for delegates

to learn more about the organisation. President Rossella Miccio took part in a panel discussion on the topic of Medical Excellence in Africa alongside experts and decision makers from the global healthcare community. EMERGENCY also hosted a panel discussion focused on providing quality healthcare and clinical training in Afghanistan, sharing the organisation's decades-long experience of working in the country.

Participating in international events like these is crucial as knowledge of EMERGENCY's work grows on a global level. By contributing, we are able to share the experience we have gained providing free, high-quality healthcare since 1994. Together with actors from around the world, EMERGENCY can play an important role advocating for health as a human right, sharing medical knowledge, and building a better, more peaceful world.



WHATEVER HAPPENS, EMERGENCY IS THERE

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