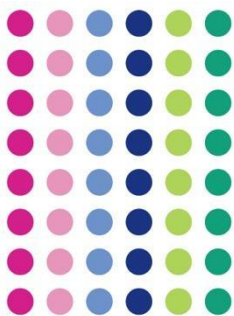




# **RISE-Vac Reaching the hard-to-reach: Increasing access and vaccine uptake among prison population in Europe**

**Title:** The vaccination clinic in “San Vittore”  
remand house, Milan: a RISE-Vac Project  
*Brief report of the activities carried out by  
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**April 2024**



This project grant number '101018353 — RISE-Vac — HP-PJ-2020' was funded by the European Union's Health Programme (2014-2020). The content of this document represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the European Health and Digital Executive Agency (HaDEA) or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

My work in “San Vittore” remand house in Milan was affected, especially in an initial phase, by media influences linked to the debate on the COVID-19 pandemic.

The transition from a vision of oneself as a powerless subject who passively suffers, to a vision of oneself as a subject capable of choosing and assuming his/her responsibilities has been crucial. Keeping the focus on the objective of promoting health literacy even before the vaccination proposal was the priority. During this period and in conjunction with the activities linked to the Project, the main objective was to dismantle the preconceptions linked to the infodemic and bring the attention of people living in prison to the holistic concept of health and prevention of diseases, despite all the limitations of the place: the bars, the cultural, linguistic and religious differences, etc.

I have always met people individually, preferring the one-to-one relationship and establishing from time to time a dialogue that took focused on the singularities of the person with whom I was entering into a relationship at that moment. I learned a few words of Arabic, as I realized that a simple “*salam aleikum*” or “*shukran*” totally changed the facial expression of my interlocutor. I noticed a great opening, thanks to two simple words. At the same time, always remaining in the example of the relationship with people of Maghreb origin, I have often accepted the reticence of the latter regarding vaccination administrations for preventive purposes; reticence undoubtedly linked to religious and cultural conditioning.

I will refer as an example the dialogue I had with a thirty-year-old boy of Moroccan origin. He had shown to me the small graze on his arm, a sign of the smallpox vaccine, thinking that that vaccine given to him as a child protected him from all diseases and that God had made him born in a hard and difficult land, so much so as to make him immune to any kind of illness. I did not limit this belief, but shifted the attention to the migratory path that had inevitably put him in contact with a new country, and therefore with new diseases due to different, changed lifestyles, just as the body changes when faced with new environmental factors and with the age. This approach allowed me to create a relationships of trust and empathy.

And in this regard, a fundamental prerogative for my work was that I was always tried to establish communication channels based primarily on listening and dialogue, not only in terms of method, but in particular on the continuous recognition of the importance and

respect of others. Listening is often linked to the natural rhythms of the person, their beliefs and mindset, their way of seeing themselves in the world, also with respect to their state of health. I clearly perceive how much a person in prison needs to feel that he exists in someone's mind, to know that he occupies an emotional space inside someone's heart, to be seen and recognized! After the space dedicated to listening, which I also often had to contain in the face of the general tendency to shift attention to the crime and therefore to the sense of victimhood or manipulation, simply saying "I don't know your crime, I'm here for you as person and to think together about the importance of prevention and health".

In this way I lead the dialogue towards a sense of personal responsibility towards one's own state of health, especially with people suffering from pathologies who often refuse treatment. I could remember many examples, but I will briefly tell what happened with an inmate of the female ward, a patient known for often aggressive behaviour and little inclination to listen. That day we had a vaccination session scheduled and she was on the list of patients who had expressed consent; the officer, however, told me that she refused to go to the clinic, even though I had reminded her of the appointment the day before (as I always do with all people in prison). I asked the agent to leave the patient for last and that I would have gone and talked to her at the end of the session. And when I went to the cell, I found her in tears. I knew the reason for his emotional state, as I had asked the staff. Therefore, I said goodbye to her, telling her that I was very sorry to see her in that state of suffering, that I knew about the argument with her cellmate, but that I would be leaving with the medical team five minutes later. I concluded my speech with an invitation to reflect on the fact that the next day the sadness and anger would pass, but the team and I would no longer be there for that vaccine: it was her choice. Five minutes later she was in the clinic, sulking, but she came. I believe that the fact that we made her responsible, after giving importance to her personal story, triggered something in her.

Another example of responsibility is linked to my habit of always notifying people the day before about the place and time of the administration, which we often organize not in the ward, but at the vaccination clinic located in a neutral area of the prison. This method meant that on the day of the vaccination session we did not receive any refusals. I am very demanding regarding punctuality and a sense of personal responsibility; people in prison who know me know this well, as do the department and roundabout inspectors with whom I have also built relationships based on respect, trust and empathy. It was very tiring at the

beginning to organize the time of the people, the spaces, the involved professionals, even though prison is a place where time appears as a corpulent thing.

Time is a variable I use a lot for the purposes of building loyalty with the person. I try to make people in prison reflect on the temporal dimension of prison itself: a place where time often vanishes with the risk of falling into a spiral where space and time are consumed together with confinement and where one often feels paralyzed. Occupying this infinite time by allowing yourself a small space for self-care is an excellent starting point for my awareness work.

In the end I can only reiterate the importance, for the purposes of my work within the RISE-Vac Project, of active and participatory listening, a substantial moment for approaching, knowing and understanding people living in prison. Positioning myself in front of the other in a "familiar" way which does not mean confidential. The person in prison feels whether there is truly an absence of judgement, whether the relationship that is established is truly based on the authenticity of the relationship. These and other fundamental ingredients have certainly facilitated the work of raising awareness and organizing the vaccination sessions that I deal with. Unfortunately, being the only project operator in the field, I am unable to carry out detailed work across the entire institute, but here too I had to give myself a method, starting from the most fragile people due to pathology or risk category. Over the last year, we have significantly increased vaccination coverage for HBV, HPV, and DTP booster. The collaboration and cooperation with the infectious disease specialists with whom I have organized the vaccination sessions in recent years has been precious and fundamental.

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