

The Rights and Health of Forced Migrants

by Veronica Merotta



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1. The supranational approach to refugees' health

Although the European Parliament and the European Commission have recently stressed the importance of providing healthcare to vulnerable groups such as asylum seekers, the application of this principle has ultimately been given to member states and in particular to the member states alongside the EU external border.

More specifically, both EU institutions have urged the Member States to adopt policies on health promotion and prevention by guaranteeing free, universal and quality healthcare – in particular, primary healthcare, preventive medicine, and access to diagnosis, treatment and rehabilitation (European Parliament, 2016).

The European regional office of the World Health Organisation (WHO) has engaged more directly by creating a specific task force on refugees' health, namely in the peripheral member states. The task force supports Member States by procuring medical supplies and equipment, training health and non-health care personnel working with refugees and migrants and producing information materials to defuse misconceptions about public health and migration (World Health Organization, 2016).

2. The reception system in Italy

Italy's reception and human rights system is complex and diverse, as it involves both public authorities (regional and local authorities) and private bodies from the social sector (Cesareo, 2017). It is also organised in different facilities that can work as alternatives or as complementary in catering for asylum seekers throughout the application process. These include hotspots (*Centri di primo approdo*), temporary facilities (*Centri di accoglienza straordinaria – CAS*), government centres for asylum seekers (*CPSA*, *CARA*, and *CDA* used as regional and interregional hubs).

While the reception system in Italy is traditionally framed in the SPRAR system (*Sistema di Protezione per Richiedenti Asilo e Rifugiati*), governed by the State and local authorities jointly with third sector organisations, first reception in crisis situations is managed by bodies that are selected through public invitations to tender promoted by prefectures on instruction from the Ministry of the Interior. Managing bodies with different legal status can respond to the calls so long as they employ personnel from the private non-profit sector to ensure integration services as per the calls. Services must be guaranteed in the field of administrative reception, personal care, primary goods (including 2.50€ pocket money), integration, cultural and language services, legal

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information on rights, psychological and social support, healthcare and generic guidance on local public services.

Public or private bodies managing temporary facilities (CAS) must provide healthcare services employing healthcare staff and providing social and psychological support. Recent studies highlighted a gap in the treatment and the services provided in hotspot and CAS (cf. next paragraph). Invitations to tender usually require reception facilities to provide care services and protect the health of asylum-seekers by employing healthcare personnel. However, a report compiled by Naga at the beginning of 2016 highlighted several disparities among different practices with regard to:

- The healthcare insure card, that is not always provided;
- The presence of medical staff, that can be either constant or guaranteed only on certain days;
- The psychological support, that is guaranteed only on certain days and at certain hours, and the psychiatric support, that is often lacking;
- The provision of medicines prescribed by general practitioners, that is not always guaranteed and is often at patients' expenses.

3. The health conditions of forced migrants; the experience of non-profit organisations

The health conditions and problems of migrants reaching Italy by sea or through other dangerous routes vary according the individual history and journey. In the on-going crisis-driven handling of arrivals, distribution and integration of forced migrant across Italy and the EU, it is hard to generalise and draw conclusions on migrants' health behaviours and conditions due to the lack of in-depth data.

The data provided by non-profit organisations and the public sector is by far the best source of information. These stakeholders indeed assist and work directly in contact with asylum-seekers upon their arrival and before integration programmes begin.

On the XIV National Congress of the Italian Society of Migration Medicine (*Società Italiana di Medicina delle Migrazioni, SIMM*) in May 2016 a number of practices were presented. The National Institute for Health, Migration and Poverty (INMP) has been working in Lampedusa since May 2015 and is involved in some activities setup in the *Centro di Primo Soccorso e Accoglienza* in Lampedusa (CPSA), mainly psychological support and the diagnosis and treatment of dermatological and infectious diseases. The staff is multidisciplinary and composed of cultural-linguistic mediators and anthropologists. Basic healthcare services are provided by doctors from the body managing the centre. Between 5th May and 25th September more than 2,000 patients were visited out of 3,700 migrants, mainly young people (22 y.o. on average) and men (more than 85%) from Africa (only 3% of them coming from Asia). The most represented countries are Eritrea, Nigeria, Somalia, Gambia, Mali, Senegal, Ivory Coast, Ghana, Guinea, Ethiopia, Bangladesh and Syria (INMP, 2016).

Other research data indicates that most health problems can be ascribed to the poor travelling conditions (Abramo, Mancinelli, Buonomo, Palombi, 2016) and infectious diseases, namely respiratory and urogenital ones (INMP, 2016). Once migrants are taken

in charge and undergo the preliminary checks, the medical staff has to address a wide range of needs – general medicines commonly used by young Italians as well as medicines for viral hepatitis and latent tubercular infections (INMP, 2016).

There appear to be gaps in healthcare in the hotspots at national levels. Despite attempts by the Ministry of Interior to harmonise medical treatments within reception centres through a roadmap in 2013, discrepancies and shortcomings have been recorded. Criticalities include: 1) self-harm, often used as means to voice personal distress and draw attention; 2) massive use of psychiatric drugs in absence of medical trained medical staff and medical prescriptions; 3) lack of a doctor-patient relationship, as migrants perceive the medical staff as untrustworthy prison guards, while the medical staff suspiciously thinks migrants simulate their symptoms in order to be transferred to an hospital and abscond (INMP, 2016).

After arriving in one of the reception centres, migrants show diverse discomforts depending on gender. Men report primarily diffused pain (headache, gastritis), whereas women report issues linked to urogenital infections. The main critical issue in accessing therapies for both groups is language, followed by logistical issues in accessing clinics (opening times, venues, incompatibility with their permanence in the centre). The healthcare staff in the reception centres is the most reliable reference point for migrants, as it could provide guidance throughout the local services (Caldes, Delli Paoli, Mascia, Racialbuto, 2016).

In the city of Turin, a number of refugees who have benefitted from first reception programmes but who have not yet been included in programmes on labour integration often end up living in informal settlements with poor hygienic conditions. In addition, they do not have access to the national healthcare system (SSN) or to programmes on social inclusion. Not having access to a single practitioner, they rely on emergency care services and undergo the same tests, which indicates the national healthcare system is inefficient and the strategy to addressing migrants' health problems is ineffective (Di Prima, Mazzola, 2016).

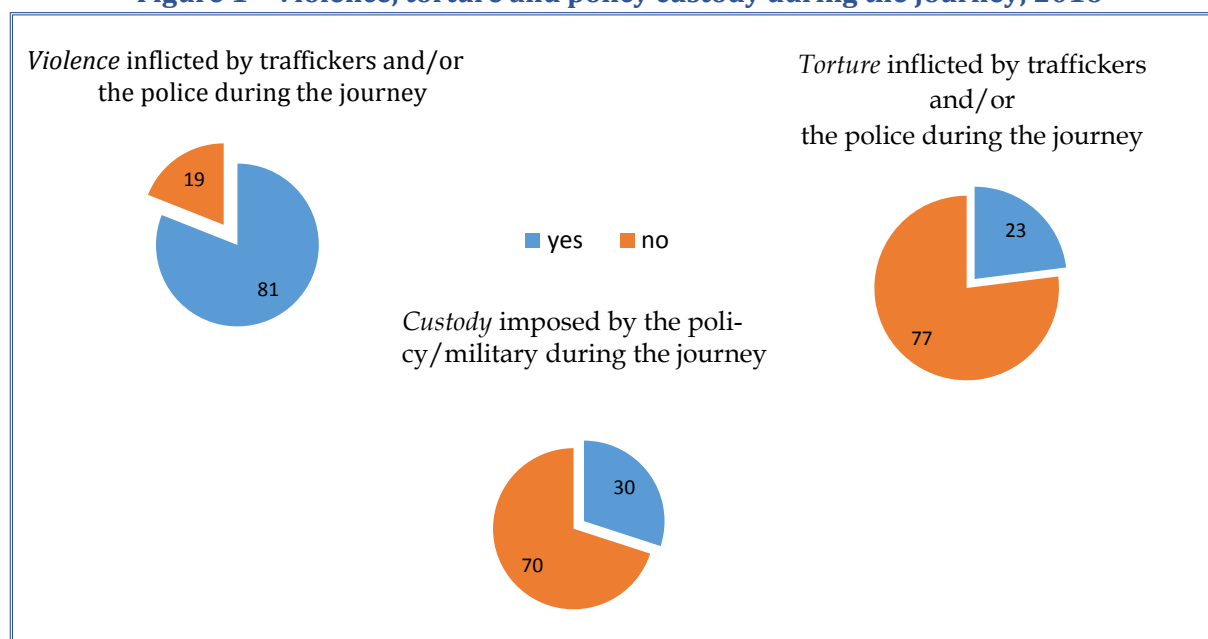
The humanitarian NGO MeDU (*Medici per i Diritti Umani*) reported that migrants in transit who are hosted in their facilities in Rome show a high degree of extreme vulnerability due to the traumas and violence experienced. The lack of institutional reception facilities and the precarious housing and hygienic conditions that characterise the informal settlements exacerbate their vulnerability further (Barbieri, Carriero, Ciccone, Corsaro, Nardi, Pallone, Peca, Trombetta, 2016).

The health conditions of forced migrants are linked to their high psychic vulnerability stemming from both the poor life conditions in the country of origin and the pressure and traumas undergone during the journey (Affronti, Bonciani, Forcella, Geraci, Marceca, Russo, 2016). Not only can such distress take the form of pain, it can also lead to bewilderment and confusion (Santone, Madonia, Spina, Benedetti, Nayereh, Tekeste, 2016).

Difficulties in addressing asylum seekers' psychological conditions are further complicated by three factors. Firstly, they might not be fully aware of psychotherapy and its benefits. Secondly, cultural barriers and taboos might hamper the sharing of personal and traumatic events including sexual violence. Thirdly, they might have undergone a process of normalisation of violent and traumatic events. An anthropological study

conducted in the Lampedusa reception centre showed that a high number of asylum seekers were victims of violence before (40%) and during the journey (80%), in particular while being in Libya. The majority of respondents declared considering these events as an unavoidable part of the migration experience (Segneri, Castaldo, Fortino, Costanzo, 2016).

Figure 1 – Violence, torture and policy custody during the journey, 2016



Source: Segneri, Castaldo, Fortino, Costanzo, 2016; INMP, 2016b

A study conducted by Médecins Sans Frontières (MSF) on 387 patients in a number of CAS in the province of Ragusa between 2014 and 2015 showed that the occurrence of mental issues is directly proportional to the violence experienced and the permanence time in the CAS. 60.5% of interviewees (234) had mental issues. Of this group 35 refused to undergo any therapy and were transferred, while 199 were eventually treated. Among those who were treated – 42% had a depression or anxiety condition; nearly 90% declared suffering from health issues linked to the current life conditions; 53% declared having experienced traumas before they flee their country, and 86% during the journey (Mancini, Lodesani, Di Carlo, Barbieri, Rita, Deina, Quaranta, Montaldo, Decroo, Zamatto, 2016).

While reception capacity and redistribution are salient aspects in the frame of the ongoing migration crisis, the attention on migrants' mental health and on their traumatic experiences are not properly considered. GrIS Liguria conducted a study on the staff working in a reception centre as they were demanded to change their approach to migrants' health by taking special account of the psychological aspects. The study indicates that with an appropriate attention shown by staff in reception centres asylum-seekers are better equipped to express their distress, describe their symptoms and start therapies (Policicchio, 2016).

In order for patients with a traumatic past to be treated in the best possible way it is essential to ensure that the medical staff take better account of their psychological risks and that cultural-linguistic mediators specifically trained on health issues be included in

the staff. In 2006 the former local health authorities in Roma (ASL Roma A; Centro Astalli) signed an agreement on the opening of a centre aimed at newly-arrived asylum-seekers. This experience proved how ensuring the presence of trained professionals can facilitate the translation of symptoms and a more effective exchange between doctors and patients (Santone, Madonia, Spina, Benedetti, Nayereh, Tekeste, 2016).

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The ISMU Foundation is an independent research centre funded in 1992 promoting research and training activities on migration, integration and the ever-growing ethnic and cultural diversity of contemporary societies.

As an independent scientific body, it proposes itself as a service provider open to the collaboration with national and European institutions, local administrations, welfare and health-care agencies, non-profit organisations, schooling institutions, Italian and foreign research centres, libraries and documentation centres, international agencies, diplomatic and consular representations.

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