

Critical reflections and solutions for health problems of Italian refugees

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Abstract

Background. In recent years, the flow of migrants and refugees to EU nations is recorded in high amounts. By travelling through ships or nonhygienic boats most of them tend to have a high amount of risk in getting health issues. However, getting proper healthcare is a fundamental human right since refugees or migrants can actively contribute to the development of host countries and their native nationalities. Therefore, in this paper, we try to explore the common diseases that happened to migrants who travel to Italy in recent years.

Methods. We analyzed the Italian refugees' data provided by the Italian health ministry in the years 2013-16, and explore the key pathologies and their medical conditions. All the data correctly classified and analyzed depending on their age, gender, and pathologies that they possess

Results. From 2013 to 2016, in total, 455,912 refugees were travelled into Italy. 74% male, 12% female, and 14% of minor refugees were recorded during this period. In pathologies, rashes or skin diseases (scabies) were happening in often and after scabies pregnancy issues were observed on a considerable scale. Similarly, brain-related problems and surgeries were recorded at the lowest in number

Conclusion. In 2015, about 12% of all workers in the EU nationalities were migrants. As of this, it is highly recommended in the provision of proper health facilities to them without making any judgments. This paper is aiming to provide prevention methodologies that are in high demand for health care of refugees and migrants. *Clin Ter 2021; 172 (2):158-162. doi: 10.7417/CT.2021.2304*

Key words: Refugees and Migrants, Unhealthy ships, Pathologies, Sea rescue procedures, Healthcare provision

Introduction

From the beginning of the 20th century, migrants and refugees travel by sea to aboard through unhealthy ships and other crafts, risking their lives. Highest amounts of these people are in search of safety and protection and some to search work or to have right living conditions or educational opportunities and others were for international protection

against persecution, conflict or other threats to their life, to liberty or security (1).

In 2015, more than a million refugees and migrants arrived in the European Union (EU)(2). In Greece, there were 158,937 arrivals by sea in 2016 and 856,723 arrivals by sea in 2015(3). 90% of those arriving in Greece came from the world's top 10 refugee-producing countries, primarily from the Syrian Arab Republic (Syria), Afghanistan and Iraq. In the first week of July 2016, 258 refugees and migrants crossed the sea to Greece. During the same period in Italy, 6,437 refugees and migrants arrived in Italy by sea (4).

Access to healthcare is an essential part of the (re)settlement process in Italy (5). There is growing concerned about the healthcare needs of the 2,800 refugees and migrants arrived by sea in Italy in the first six months of 2019 of whom are women and children. Notably, around 32% from Libya, 28% from Tunisia, 24% from Turkey, 9% from Algeria and 7% from Greece reached Italy by sea. Thus, the primary nationalities were Tunisians (21%), Pakistanis (15%), and Algerians (10%). The principal nationalities arriving in Italy from Libya in this period were Bangladeshis (22%), Ivoirians (13%), and Sudanese (9%). In this paper, we are trying to assess the frequency of immigrants and perform pathology classifications that mostly happened in refugees (6).

The International Convention on search and rescue at sea, adopted in Hamburg on 27 April 1979, reiterated the duty to set up related with rapid intervention services and added that parties shall ensure the assistance is provided to any person in distress at sea, regardless of the nationality or person status or the circumstances in which the person is found. The operation to retrieve persons in distress provides: initial medical treatment and deliver to a place of safety (7). Health is a fundamental human right; for this reason, it is important to intervene effectively and promptly. After took into account various international conventions on the Law of the Sea, in this paper we analyzed data about medical conditions involving migrants, provided by Italian Ministry of Health between 2014-2016 years and we considered the main pathologies and medical conditions. During these periods, over 455,000 people were rescued, and about 33,500 have required medical assistance.

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In recent years we are witnessing to a full flow of migrants from North Africa to the EU nations with several significant incidents of boats capsizing, resulting in a massive loss of life, including women and children (8). Increased use of rubber boats has also been reported, mostly by sub-Saharanans (9) yet increased migrant influx risks importing diseases. All reported prevalence rates must be considered on a case-by-case basis depending on the disease in question, respective European Union (EU). Compared to fishing boats, rubber boats put migrants' lives at higher risk but offer the cheapest sailing option. On the other hand, when fishing boats or larger boats are used, they tend to be overcrowded, which also increases the risk of them capsizing. To prevent this, search and rescue operations are undertaken ever closer to the Libyan coast. However, the awareness of these measures among facilitators and migrants decreases their overall perception of risk taken when embarking on what remains a dangerous journey (10).

Despite these important initiatives that need to implement search and rescue at sea, is a priority. Telemedicine and remote health care can be a useful tool for emergencies or to support the operators of coastal ships, engaged in relief activities. In this paper, we are trying to explore the issues related to health and hygiene for refugees that travel by board ships (11) the ship's captain, or his delegate can contact a Telemedical Maritime Assistance Service (TMAS).

Methods

Data Collection

We have taken into account various international conventions on the Law of the Sea. Subsequently, we analyzed data provided by the Italian Ministry of Health between 2013- 2016 years (3), and we considered the main pathologies and medical conditions.

Data Analysis

We have analyzed the frequency of refugees that came to Italy in 2013-16. We grouped them based on gender, age, the period that they landed, and landing borders. Besides, the quantitative attributes like many migrants, age and sex were encoded and categorized. Refugees of each month in every year and landing borders were correctly classified and analyzed. Besides, we categorized the most frequent pathologies happened for refugees. The information retrieved from the Italian Internal Ministry classified into two groups 1. Migrants frequently and 2. Pathology Frequency.

Results

Frequency of immigrants

We perform data analysis based on three factors, such as the time that refugees landed, age, sex, and border frequency. We considered four years (2013-16) refugee data and performed pivot chart analysis. From Figure 1, it is

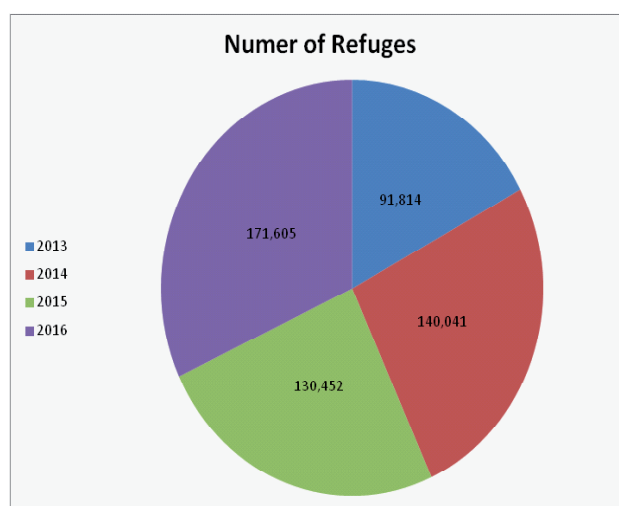


Fig. 1. Frequency of refugees each year

evident that 455,912 refugees have come to Italy. Highest frequency recorded in 2016 and the lowest frequency was recorded in 2013. The rate of increment in the refugees is gradually increasing each year which would be a great concern to take government initiative. Most of the travelers are male (74%), female (12%), and minors (under 18years) recorded as 14%.

Besides, we analyze the border areas that mostly refugees enter into Italy. From Figure 2, it is evident most of the refugees are open into the country through Calabria region, Augusta, Syracuse, and Catania and very few were entering from borders of Savona, Pescara, Genova, And Gioia Tauro.

Pathologies frequency

In a study, we tried to explore the refugee cases that exposed to different pathologies. From Figure 3, it is evident that rashes or skin allergies (scabies) most quietly happening on for immigrants, this might be caused due to changes in the atmosphere and tropical conditions. After that, pregnancies were highest in number happened in the four years' time. At the same time, we also found injuries and hospitalized cases are also observed in the right quantity. At the lowest possible scenario, pathologies related to neurons (brain-related), and surgeries were recorded.

Ethical assistance for the migrant

Rescue intervention must be carried out in a multicultural perspective, taking into account the ethical aspects of health care for migrants (12). Article 10 of the Universal Declaration of Bioethics and Human Rights states that "the fundamental equality of all human beings in terms of dignity and rights must be respected to be treated fairly and equitably (13-14).

For migrants, the application of the principle of autonomy will be even more challenging to implement. In fact, on this occasion, the linguistic difference between doctor and patient is a real problem for information and consent

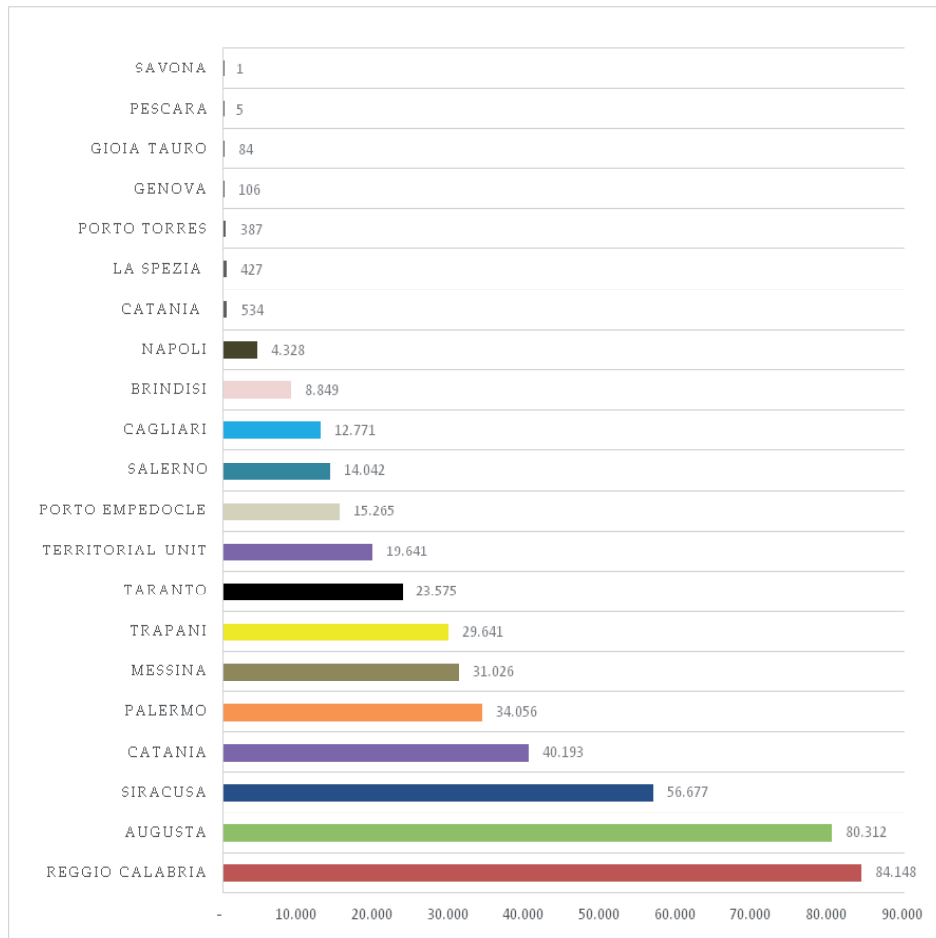


Fig. 2. Frequency of refugees at each border

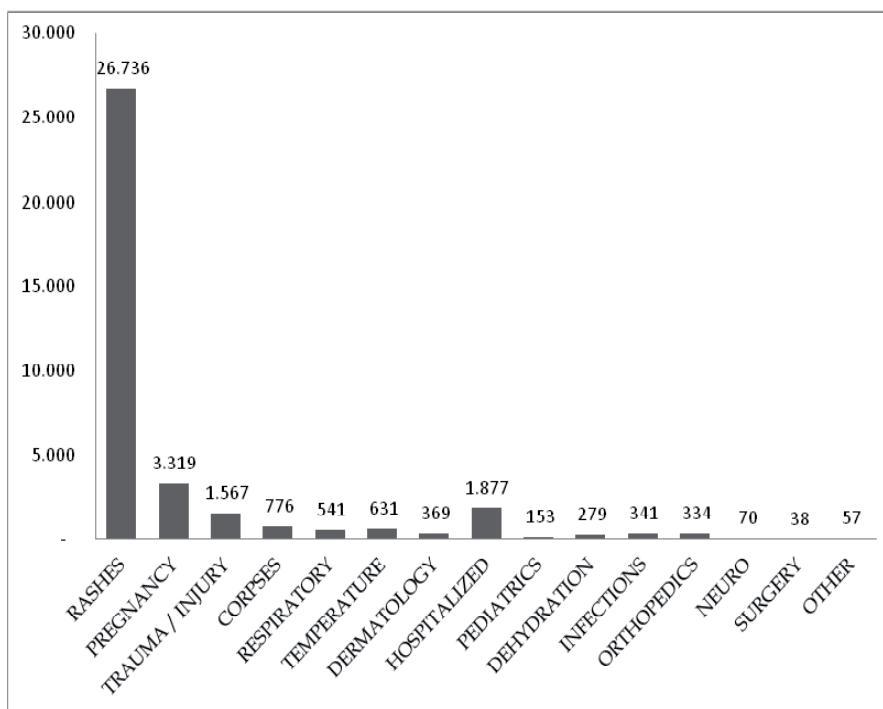


Fig. 3. Pathology classifications

to medical treatment. Linguistic mediation will be crucial. Furthermore, the different conceptions of health and values will influence the therapeutic choice while respecting the decision-making power of the patient. Principle of equality will be linked to respect for the specificity of each culture. The therapeutic policy that requires treating those who are in conditions of illness independently of cultural affiliation must not be underestimated together with the principle of solidarity, which requires assistance even for the weakest and neediest (15).

Discussion

The most happening pathologies in migrants or refugees travelling on the sea were recognized. Results mentioned that some of the problems shown by the refugees are related to the violence during the route (hurt and fractures) and the poor hygienic condition (scabies). It is also essential to consider the problem of pregnancy on board and pediatric diseases. The rescue operation can be challenging and risky. Therefore, staff must be suitably trained to understand the health conditions of migrants, take action to bring relief and at the same time, if necessary, take all the required security measures to protect both the migrant's health that of rescuers themselves. To avoid, all health authorities should cooperate closely with all actors of health, governmental partners, private partners and not, to intervene effectively in an emergency. Search and rescue activities in the Mediterranean seas require an essential effort of all EU states, but this activity can be strengthened by telemedicine services, that can be representing support and an integration of institutional rescue at sea (16).

The year 2015 was also the deadliest year for migrants: increased levels of forced displacement globally were tragically accompanied by record-high numbers of people perishing or going missing while trying to cross international borders. Over 5,400 migrants around the world are estimated to have died or missing cases in 2015. According to IOM's Missing Migrant Project, migrant fatalities during migration to Europe increased by 15% compared to the previous year, reaching at least 3,770 (17). The highest majority of these people are in search of safety and protection or some to search work or better living conditions or educational opportunities and others seeking international protection against persecution, conflict or other threats to their life, to liberty or security. Migrants and refugees travel by sea to aboard through unhealthy ships and other crafts risking their lives. In the Mediterranean, the riskiest route is between Libya and Italy. In 2015 there were 2,892 deaths against 152,864 arrivals (3). Unfortunately, since 2000 at least 23,000 people are estimated to have lost their lives trying to reach Europe (6).

Several incidents, in which people were trying to reach Europe in the sea have lost their lives that have highlighted the gaps in the current regulation of search and rescue at sea. It is required by international conventions on the Law of the Sea that each State obligate the masters of vessels to assist, if possible and "without endangering the ship, the crew or the passengers" castaways found at sea, or to provide first aid immediately to people in danger in case of news of their need of assistance (7).

Preventive methods that had performed

The international convention on search and rescue at sea conducted in Hamburg on 27 April 1979 (SAR Convention) (18) mentioned the duty to set up related rapid intervention services. It ensures that assistance is provided to any person in distress at sea, doing it despite the nationality or status or the conditions in which the person is found.

The Codex of Navigation, to articles. 69 and 70 on "aid to ships in distress and shipwrecked" and on "use of ships for rescue", states that the maritime authority, which knows a dangerous situation at sea must immediately give aid or, in case of need, give notice to the other bodies that could usefully intervene (19). The first healthcare in rescue operations at sea is an essential contribution to the relief efforts. On this assumption, it was issued the resolution MSC/Circ. 960 of 20 June 2000 (20). As of this, medical assistance in the rescue involves monitoring and reporting of situations of need, as well as medical advice, first medical aid, and medical evacuation.

In 2004, the International Maritime Organization (IMO) adopted a series of amendments to the SAR/SOLAS conventions (21), which were later summarized into guidance on the principles and good practices to be followed during rescue operations of migrants and refugees, published jointly by the IMO and UNHCR. The document refers to the policies and the international law on the law of the sea and the right of asylum, specifying the guarantees to be given to persons in need of international protection in the course of rescue Operations Sea (22).

The sea rescue procedures adopted by the Maritime Safety Committee IMO in its meeting of May 20, 2004, provided that the ship's captain, floating or domestic or foreign aircraft, who fails to provide assistance or to grope rescuing in cases where it is required under this Code, shall be punished with imprisonment (23). The search and rescue (SAR) at sea is held institutionally by the Port Captainty Corps, which provides health care through specific agreements with specialized institutions in the emergency room. The rescue operation can be challenging and risky. Patrol boats involved in rescue operations have onboard one or more doctors who can provide primary care and assistance.

A large share of those rescued show signs of physical exhaustion, resulting from the long journeys and factors such as malnutrition, lack of fluid (24) and it can happen that rescued by board boats without a doctor on board. In these cases, and in situations where it is not available in the immediate areas of a rescue craft, equipped, become of fundamental importance telemedicine and in particular of remote health care activity which performs by TMAS centers (25). The law 960/2000 IMO (20) puts the telemedicine as part of a rescue and as a search and rescue service and highlights the importance of Telemedical services for providing high-quality medical assistance to seafarers sailing (26). Telemedicine immediately responds to the needs of medical care who otherwise would not receive. The services offered by telemedicine represent support and an integration of rescue at sea, which is carried out institutionally.

Since 2005, Frontex operator, which is the European Agency for the management of operational cooperation at the external borders, is trying to coordinate joint operations

between member states on the foreign sea, land and air borders of the EU. It is also coordinated joint returns from member states to countries of origin, carries out risk analyses to inform its operational decisions as well as those of member states. Italy has expressed interest in strengthening existing mechanisms of research and rescue, to respond more effectively to incidents at sea and prevent deaths. Italy's "Operation Mare Nostrum" (OMN) described by the Italian navy as a military and humanitarian operation that aims to "safeguard life at sea and combat human trafficking," has rescued more than 40,000 people since its launch on 18 October 2013 (27), (28). In conclusion, it is evident that search and rescue activities in the Mediterranean seas require an essential effort of all EU Member states, but this activity can be strengthened by telemedicine services.

Limitations

The present study has some important limitations. First, in this study, only four years refugee information was considered to understand the trends of pathological information. This study aims to suggest the possible solutions for migrants with low better healthcare and hence we are drawn more general conclusions. However, by evaluating other statistical information such as individual disease and seafarer's distribution at every port helps to reduce the vulnerability of immediate medical support. Secondly, we evaluate only about common diseases of migrants which not reflects clear picture of medical suggestions as it creates the gap between health ministry authorities and refugee workers in provision of comprehensive care.

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GN: preparation and conception of the work, GB & M.M: preparation and elaboration of results, and LC & AS & RG: critical revision of the article and final approval

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