

Presidenza del Consiglio dei Ministri



Abstract

Migration and Health

23 June 2017

The opinion, as the title suggests, focuses on the relationship between migration and health. Drawing on a series of substantiated data, from epidemiological data to data regarding the number of landings on the Italian coast, the opinion calls attention, first of all, to the emergency which is putting under heavy strain the sustainability, not only in financial terms, of the various measures that have been commendably implemented by Italy in recent years to manage the migratory flows, from the rescue phases at sea and provision of initial health-care aid, to widespread reception throughout the various municipalities of the country. The phenomenon, however, is not only considered here in this perspective, as an emergency: there is in fact also migration that is now rooted and has become permanent, the proof being that there are over 5 million foreigners resident in Italy, of which, in 2015 alone 178,000 became Italian citizens.

The methodological choice to give particular significance, especially in paragraph 1, to statistical data and studies, deferring more specific bioethical considerations to the last paragraphs, is not random and stems from the belief that such a complicated and sensitive topic on a social, political and cultural level should be dealt with having, first of all, a solid basis of empirical knowledge. Such an approach also seeks to dispel some common myths (such as the one attributing to the presence of migrants an allegedly uncontrolled spread of infectious diseases) and unjustified alarmism, as a result of misinformation if not outright prejudice.

The focus of the opinion is the protection of “health” itself, a principle enshrined as a social right within Italian constitutional identity, that is, for the good of the individual and the community to be ensured in its essential and non-discriminatory content to everyone on national territory regardless of their having reached the country legally, be they illegal migrants, refugees, asylum seekers or so-called economic migrants. The opinion goes on to develop some basic considerations, briefly summarized as follows:

a) emphasis is placed on a fact and aspect that is important and often ignored regarding the psychological consequences of the events which bring migrants to Italy; they are often forced to endure abuses and other forms of inhuman and degrading treatment. In other words, the problem occurs frequently in terms of mental or psychological health, which is also included in the concept of health, but which is usually not the subject of due attention. In this regard, special attention is addressed to people, such as women and children, who are particularly vulnerable (paragraph 3);

b) as regards physical health, although the epidemiological data are not particularly worrying, it should be remembered that the hospitality offered to migrants in terms of protecting their health can not be dissociated from the affirmation of the principle of solidarity which also operates inversely, that is, as the source of duties for migrants themselves to participate in essential forms of collective health protection, by undergoing diagnostic investigations and prophylaxis that are indispensable in order to control and extinguish any epidemic outbreaks.

c) lastly, consideration was given to the care relationship and the need for this to develop from an intercultural perspective (paragraph 4), without, thereby, renouncing an understanding of health that is compatible with the public service and its broadest possible safeguard.

The various final recommendations:

- recall the responsibility of the international community on the phenomenon of migration and the causes at its origin, while at the same time calling on it to share the extraordinary commitment, exemplified by Italy in recent years, to saving innumerable lives and guaranteeing respect for the right to health as a fundamental and universal human right;
- highlight the criticisms raised by a very heterogeneous application of the State-Regions Agreement of 20.12.2012 (paragraph 2), proposing, therefore, to reinforce the role of coordination and direction by the Ministry of Health;
- propose to rapidly develop adequate accounting and reporting of the expenditure actually incurred by the NHS for the health of the irregular migrant population;
- propose to establish a dividend on the resources of the most industrialized countries to be paid into an institutional fund for the poorest countries;
- call for the introduction of the crime of torture into our legislation and that it should be suitably punished in order to counteract the dramatic experiences to which migrants and in particular women are subjected - arbitrary detention, inhuman treatment, repeated sexual assault, prostitution under blackmail - experiences that can also take place in Italian territory (for example, when perpetrated by the skippers in Italian territorial waters);
- suggest setting up special forms of reception for women who have repeatedly suffered violence during the course of their journey to Italy;
- advise increasing the commitment to health education, including strengthening the functions of certain services, such as family counselling and mental health services;
- recommend a progressive increase in the intercultural skills of those working in the NHS and appropriate enhancement, within the university training courses for future physicians and health professionals, of *Medical Humanities*, and studies and research regarding the therapeutic relationship within an intercultural perspective;
- invite the relevant Professional Orders to update their codes of ethics, with explicit reference to the duty of professionals to take into account the different cultural identities of patients.