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The Migratory Phenomenon in Italy- Access to Health Services

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Abstract

Immigration in Italy is a relatively recent phenomenon, with which our country has had to face starting from the early 70s. It has grown so much that the migratory flows recorded in the last decade are the highest in the history of our nation, which ranks among the top immigration country in Europe, after Spain and Germany. Unfortunately, despite the rights are clearly specified by Italian law, access to healthcare services can be hindered by lack of knowledge thereof by the foreign citizens.

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Blue-eyed Ali
one of the many sons of children,
will descend from Algiers, on ships
sailing and rowing. They will be
thousands of men with him
with little bodies and eyes
of poor fathers' dogs
on boats launched in the Kingdoms of Hunger. They will bring the children with them,
and the bread and cheese, in the yellow cards of Easter Monday
They will take the grandmothers and the donkeys on the triremes stolen from the colonial ports
They will disembark in Crotone or Palmi
in the millions, dressed in rags,
Asian, and American shirts. (...).
Pier Paolo Pasolini
Profezia, in Poesia in forma di rosa, 1964

Introduction

Immigration in Italy is a relatively recent phenomenon, with which our country has had to face starting from the early 70s. It has grown so much that the migratory flows recorded in the last decade are the highest in the history of our nation [1], which ranks among the top immigration country in Europe, after Spain and Germany.

The migration process is a phenomenon affecting the policies to be adopted in the host countries, to protect and guarantee fundamental rights for migrants. In this context, the WHO (World Health Organization) states that there is a need, not only to facilitate and promote access to health care of foreigners, but also to ensure adequate foreign assistance to the user, by encouraging language and cultural skills of health workers [2].

The Size of the Phenomenon

For more than twenty years Italy has been dealing with the phenomenon of international migration, but it is above all in the last 5 years that our country has become, among the European countries, the first landing place for many people fleeing the war, persecutions and famine. The number of people who have applied for international protection doubled, from 2014 to 2016, going from just over 63,000 to 123,600, reaching over 130,000 in 2017 [3].

Asylum seekers are traveling on land or air (for example, those coming from Ukraine), but migrants mainly come by sea. In most cases the applicant is a native of the African continent (in over 7 out of 10 cases) and male (84%) [4]. The prevalent age group is that from 18-34 years (77%) followed by 35-64 years (11%).

The top five countries of origin of asylum seekers were In 2017, Nigeria, Bangladesh, Pakistan, Gambia, Senegal and Ivory Coast, which overall correspond to more than 57% of the total. Also in 2017, however, it decreased the number of instances of migrants from Pakistan (-28%), Eritrea (-27%) and Nigeria (-5%). While the number of people from Bangladesh (+ 87%), Guinea (+ 29%) and Mali (+ 20%) has increased. An increase in the number of requests from those arriving from Syria, Sierra Leone, Kosovo, Georgia and Venezuela, has been recorded over the past year [3].

At 30 September 2017, 18,491 unaccompanied foreign minors were present and registered in Italy, of which 17,211 males (93.1%) and 1,280 females (6.9%). As for the age groups, 93% (17,178) are aged between 15 and 17 years, while only 0.6% are aged between 0-6 years [5]. The predominant nationality of minors is Gambian (21% of the total), closely followed by Nigerian (12%), Bengali (11%), Senegalese and Malian (respectively 8%).

Access to Health Services

Italian law in relation to immigrants is governed by Legislative Decree no. 286 of 25 July 1998 "Consolidated text of the provisions concerning immigration regulations and rules on the condition of the foreigner". According to this rule, regular foreigners must receive the same treatment as Italian citizens on condition that they are registered in the National Health System (SSN). However, irregular immigrants can access the services if identified and certified as Temporarily Present Foreigners (STP), regardless of their country of origin. Before being identified as an STP, they must produce a Declaration of Indigence, in an official form.

A subsequent law, n. 94 of 2009 "Provisions on public health", provided for a partial modification, in a restrictive sense, of the rules on immigration and citizenship [6]. This law, in fact, introduced the crime of illegal immigration.

The Italian penal code in force requires anyone who carries out the exercise of a health profession to report to the judicial authority or to another authority (Judicial Police), whenever he has assisted or works in cases that may present the characteristics of a crime prosecutable ex officio (art. 365 / 1st co., Criminal Code). This communication, which basically consists of a mandatory report, is made by transmitting or presenting the report, within 48 hours of the intervention, or, if there is a danger of delay, immediately, to the Public Prosecutor or to any Judicial Police Officer of the place where the work or assistance was provided, or, in their absence, to the nearest Judicial Police Officer (art. 334/1 ° co, cpp). This report was optional before the promulgation of the aforementioned law. This subsequent rule, seemed to connote an implicit repeal of the non-mandatory nature of the report and has sparked controversy for the injury to health law and the improper role that would be attributed to the health professions through the obligation to report with the report pursuant to art. 375 of the criminal code or with the complaint ex. art 361 of the criminal code. To clarify the situation, a circular was issued by the Ministry of the Interior which specifies that paragraph 5 of article 35 of Legislative Decree 286/1998 remains in force as the obligation of the report *"does not exist for the crime of illegal entry and stay in the territory of the State ".*

Unfortunately, despite the rights are clearly specified by Italian law, access to healthcare services can be hindered by lack of knowledge thereof by the foreign citizens.

Among the foreigners aged 14 and over, 13.8% say they have difficulty explaining in Italian disorders or symptoms from which he suffers and 14.9% reported difficulty in understanding the physician [7]. This difficulty is more pronounced for women and for over 55 years. It is apparent a variability between the different extra European-community in which the Chinese are those who claim to have greater difficulties of expression is that of understanding (43.3%) followed by the Indian community (34.8%), the Philippine (28 , 7%) and the Moroccan (21.4%) [8]. The difficulties are reduced as the length of stay in Italy even if in 10 years around the entrance remains a share of 10.7% of foreign citizens who still have difficulty interacting with the medical staff. The 12.9% of patients met the official administrative difficulties in gaining access to medical care. Unlike what happens with the linguistic difficulties that steadily decreases the passing of time spent in Italy, the share of foreign citizens who meet the bureaucratic and administrative issues remain around 13% for all entry cohorts [9].

The hours of access to benefits are often incompatible with the demands of work and family commitments, especially for men (19.6% with work commitments and 9.5% with family commitments) and among people in the age group 25-44.

Thanks to immigration policies, the figure of the intercultural mediator has been present in Italian healthcare structures for some years. They are professionals who work to facilitate interaction and coexistence between different cultures. In hospital the mediator facilitates the interaction between patients and health care providers. the age group 25 -44 years.

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