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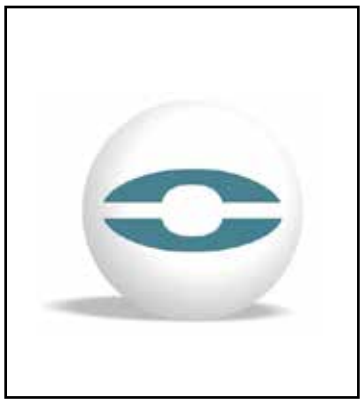

The medicine of migration as a social process: the Italian experience

Ardigò Martino[1]

1 Federal University of Mato Grosso do Sul

ABSTRACT

Migration processes and migrant health protection policies are, today, a global problem to be faced by National States. The humanitarian or social crises generated must be observed from the understanding of a production linked to the political facts and specific processes that do not necessarily have to do with the migrants, but with the countries of destination. Therefore, to analyze the health of migrants and understand the role of health of migration, whether in the Italian, European or Brazilian context, it is necessary to analyze the political and social context in which migration processes take place and the social determinants that these processes generate.

Descriptors: Emigration and Immigration; Health Policy; Social Determinants of Health.

The Mediterranean represents a great observatory of migratory processes and migrant health protection policies. Opposite worlds coexist in the same area: the fortress Europe, which lets people die at sea to protect their democracy; the large prison for migrants that Libya has become, where these migrants became sources of income and slave labor; countries, such as Turkey, that host the refugees only because of the massive European funding that serves to detain them outside Europe; and small countries such as Lebanon or Jordan, which, with their specificities, have had to cope with intense migratory flows for long periods.

Lebanon, for example, which has a population of about 5,000,000, has already received more than 1,000,000 refugees from neighboring Syria and has areas where refugees represent almost 40% of the general population. Jordan, in turn, has fewer than 10,000,000 inhabitants and is home to almost 3 million refugees and migrants (31% of the population). Its record includes refugees from the wars in Palestine, Iraq, the crisis in Egypt and now in Syria.

In Italy, where the number of inhabitants is less than 60 million, with an inverted population pyramid and a worrying low birth rate, migrants are just over 5 million (8.5% of the population). Moreover, it should be taken into account that individuals born in Italy by foreign parents are also considered foreigners.

These differences show that, in practice, migratory or refugee flows do not generate humanitarian or social crises, but that the production of migratory crises are political facts resulting from specific processes that are not necessarily related to migrants but to the countries of destination.

Therefore, in order to analyze the health of migrants and to understand the role of medicine in migration, whether in the Italian, European or Brazilian context, it is necessary to analyze the political and social context in which migratory processes are carried out, as well as to verify the social determinants that are generated by these processes.

In the Italian context, for example, immigrant processes begin to be visible when the processes of displacement of industrial production are formed, from Europe and the United States, to places where the labor cost is lower. These processes have produced a fundamental crisis in the labor market of the industrialized countries and a strong pressure on labor rights. Indeed, the pressure on wages in European countries has not been offset by policies to expand labor rights globally, but, instead, by the dismantling of rights in Europe.

Likewise, the production of goods and services that cannot be displaced (works, agriculture, and home care) has begun to attract low-cost workers, most of whom are in an irregular situation (to circumvent labor laws). This leads to the structuring of an irregular work niche in the productive manpower and makes the presence of undocumented migrants structural.

This scenario is extremely important in understanding the health determinants of the immigrant population in Italy because it helps us understand three parallel processes involved in xenophobia against economic migrants and refugees: (1) if the increase of the presence of cultural alterity in relatively homogeneous contexts culturally always comes accompanied by certain racism; (2) the restriction of the labor market may hinder interaction, and it is possible to construct an imaginary competition between immigrants and non-immigrants; (3) the progressive criminalization of irregular immigration, contributing to the construction of a climate of fear, but

without actually having any concrete initiative against irregular work. With the terrorist attacks in Europe and the economic crisis of 2008, this situation has been complicated due to the growing Islamophobia and increasing poverty in the general population.

From the point of view of social determinants of health, this scenario translates into very specific risk factors for the health of migrants: racism and xenophobia; social exclusion and restriction of rights; risk factors linked to availability and working conditions; low income; and increasing the difficulty of access to health services, social services, and worker protection services. In fact, even if the Italian Constitution defines health as a fundamental human right, this does not guarantee the enforceability of the right nor access to services. The lack of specific legislation, budget forecasting, training of professionals and evaluation tools are part of this limitation.

Moreover, the factors linked to racism have been a political obstacle to the process of producing norms to materialize care pathways. Even in regions with a tradition of integration, the political and social climate has enabled ambivalent and predominantly ambivalent inclusion policies focused on regular migrants. The strong restriction of the possibility of regular entry into the country and the difficulties in maintaining the work visa, even with a history of years of residence in Italy, has increased the number of irregular migrants and many of the regular have had to go through periods of irregular stay in the country.

In this context, it is important to emphasize the importance of medicine focused on technical, ethical and political migrations, engaged in training and information. In Italy, health professionals have been of fundamental importance in this regard. The constitution of an Italian Society of Migration Medicine has enabled studies, congresses, exchange of experiences, and guidelines. The Society has provided academic, vocational, and continuing training, and public information events. Finally, the existence of a Scientific Society has enabled "lobbying" in local and national institutions to guide the normative framework and the development of services. But in addition to the National Society, local associationism has contributed a large number of volunteer professionals who have guaranteed, and still guarantee, assistance to undocumented migrants who are the most deprived of institutional protection. This local associationism has made possible the protagonism of the migrants themselves, as well as the multicultural, multi-sectoral (universities, services, community) and multidisciplinary dialogue (health sector, law, social services, etc.), This allows the definition of care pathways at the local level, the follow-up of complex care cases and a very capillary relationship work with the communities.

What can be said, in line with what has happened in other countries, is that the medicine of the Italian migrations has made possible advances from the scientific point of view, in the organization of services, and the promotion of the health of migrants. This is due to a certain capacity to be involved in the political and social processes that act as determinants of health of the migrant population.

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