

A Season in Hell

MSF Report on the Conditions of Migrants employed in the
Agricultural Sector in Southern Italy

January 2008

PREMISE

Médecins Sans Frontières (MSF) chose the title “A Season in Hell” because it reflects the experience of thousands of migrants as they make their way between regions in the southern Italian countryside seeking employment as seasonal workers in the agricultural sector. To find gainful employment, migrants have no choice other than to accept miserable pay, poor living conditions and exclusion from the surrounding community. The plight of these migrants is a skeleton in the closet of mayors, state forces, labour departments, protection associations and ministries who are aware of the situation yet keep quiet on the subject. The use of low-cost labour, illegal recruitment, the denial of acceptable living conditions and the lack of access to medical care are all known and tolerated; national and local institutions turn a blind eye to the massive exploitation of foreigners in the agricultural sector in the south because their labour is required to sustain local economies.

The aim of this report is two-fold: to express MSF’s dissatisfaction with the deplorable state of affairs that harms the dignity of migrants and to safeguard the fundamental right of access to healthcare.

METHOD

From July to November 2007, a mobile Médecins Sans Frontières (MSF) team conducted a survey on health and the living and working conditions of migrants employed as seasonal workers in southern Italy. The survey sought to evaluate the living and working conditions of the seasonal foreign workers in agriculture, as well as assess potential improvements to their conditions with respect to a previous survey conducted in 2004¹.

MSF examined **643 immigrants and distributed 600 questionnaires** for the survey. The reference population was estimated at several thousands of migrants employed in the fields and in the greenhouses of various localities in southern Italy.

The chart below shows the locations the MSF team visited, highlighting the regions, localities and types of crops grown in the area.

Period	Region	Locality	Crop
9-20/07	Campania	Piana del Sele	Intensive agriculture: tomatoes, peaches, strawberries, courgettes, etc.
22/07-01/08	Lazio	Province of Latina	Intensive agriculture: tomatoes, kiwi, courgettes, melons, etc.
6-22/08	Puglia	Province of Foggia	Tomatoes
22-25/08	Basilicata	Metaponto (MT)	Melons
30/08-22/09	Sicilia	Valle del Belice	Grapes
23-30/9	Puglia	Province of Foggia	Tomatoes, grapes
1-4/10	Basilicata	Palazzo San Gervasio (PZ)	Tomatoes
5-20/11	Calabria	Piana di Gioia Tauro	Citrus fruits

¹ In 2004 MSF conducted an initial survey of seasonal migrants, the results of which were published in the report: *The fruit of hypocrisy*. Sinnos Ed., Rome 2005.

GENERAL INFORMATION

Gender and age

Almost all the interviewees were **young men** (97%), aged between 20 and 40 (84%). Women accounted for only 3% of the sample and were mainly citizens of new EU member states such as Bulgaria and Romania.

Countries of origin

The migrants examined and interviewed were from:

- Sub-Saharan African countries including Sudan, Eritrea, Ethiopia;
- North African countries including Morocco, Algeria, Tunisia and Egypt;
- South-east Asian countries, particularly from India;
- New European Union member countries, particularly Bulgarian and Romanian citizens² of the Romany ethnic group;

Juridical status

- **72% of those interviewed did not have a regular residential visa**³;
- **28% had a residential visa** for working or humanitarian reasons, had obtained refugee status or had filed for asylum.

Asylum seekers and refugees

Once their application has been examined, asylum seekers⁴ leave the identification centres with either a refusal, a permit of stay for humanitarian reasons or refugee status. The lack of a proper reception system for refugees contributes to the exploitation of migrant workers in the southern Italian countryside and of those fleeing war and persecution. In Italy, the reception network for refugees, asylum seekers and holders of humanitarian protection, which is overseen by the Protection Service for Asylum Seekers and Refugees (SPRAR), are, as of 2006, allotted approximately **2,500 spaces**⁵, to accommodate the approximately 10,000 requests for asylum presented each year. This is in addition to the thousands of refugees and humanitarian protection holders already recognised in the territory. These people, who lack housing and a stable income, are often forced to move from one part of the country to another, thus becoming easy prey on the circuit of illegal labour.

Period of stay on site

66.5% of those interviewed declared that they had been in the location where MSF visited them for less than 4 months; this data highlights the seasonal aspect of migrants who travel following the periods of harvest. In the Eboli and Battipaglia localities in Campania and in Latina in the Lazio region, a more permanent population, which claims to have been living and working in the area for more than 12 months, has been recorded. This data is explained by the year-round harvesting possibilities in the area.

WORKING CONDITIONS

“The typical day of a migrant employed as a seasonal worker starts at about 4.30 in the morning when they go to the recruitment spots. Squares, junctions and roads are the places in which the supply and demand of underground labour meet. Tens, sometimes hundreds of migrants wait in the hope of being recruited by a charge hand or by the landowner himself. Those who are not chosen go back “home”, to wait for another “opportunity”.

² Citizens of new EU member states have been present in the area since January 2007, as a result of no longer being subject to expulsion measures, except for reasons of safety or public order, and can remain freely in Italy for short periods of time (less than 3 months) without formalities.

³ Legal migrants also include asylum seekers and refugees but those who were denied refugee status are counted amongst the illegal migrants. For a brief outline on Italian immigration laws, see the Enclosure *Notes on national legislation on immigration* pg. 28

⁴ People fleeing from war and personal persecution who file an application for protection with the State of Italy.

⁵ The data in the “Annual Report on the Protection System for Asylum Seekers and Refugees – year 2006”, by Census – Anci Servizi edition, shows that SPRAR has witnessed the involvement of 95 Local Bodies with more than 100 projects, that have made available 2,428 reception spaces, making it possible to give protection to 5,347 people, 440 of whom in projects destined to vulnerable categories.

Riccardo, MSF project coordinator

- **90% of the sample interviewed declared that they did not have a work contract**, nor did they enjoy any legal protection in terms of pay, accidents in the workplace or social security. This is a massive phenomenon of exploitation that also affects seasonal workers with a permit of stay;
- On average, seasonal workers are employed less than 4 days a week, as 67% of those interviewed declared. The length of the working day tends to be between 8 to 10 hours;
- Half of the workers earn a sum between 26 and 40 euros a day, whereas slightly more than **a third earn 25 euros or less per day**. The pay is agreed upon at the place of recruitment and may be calculated per day or per job, i.e. by the number of cases of fruit or vegetables collected. In the Foggia area, for example, MSF operators found that a foreign labourer **earns between 4 and 6 euros for collecting a crate of tomatoes weighing 350 kilos**;
- 37% of the migrants interviewed declared that between **3 and 5 euros were taken** from their daily pay **to be handed over to the charge hands**.

“A., a young man of 22, fled from the dramatic Darfur situation three years ago. He was recently treated by the MSF team for a contused wound on his lip; the result of an assault by the charge hand. A few days earlier, he had complained to other members of the community about the poor pay for his work. The charge hand, for demonstrative purposes, beat him up in front of the entire community to set an example against speaking out”.

The labour of seasonal workers contributes to the sustenance of the agricultural sector that is crucial to southern Italy's economy. However, the working conditions discovered in the study areas relegate these people to conditions of extreme poverty.

Although the common goal of migration is to financially support one's family at home, **38% of the seasonal workers interviewed by MSF do not manage to transfer money to their country of origin because they are barely able to survive**.

LIVING CONDITIONS

“Here, as you can see, we are in an awful state: we have no water or light, we go the bathroom in dirt, we often lack food to eat and during the winter months we risk dying of cold. We really need help. Living in these conditions, I cannot begin to imagine having a future.”

A., 20 years old from Mali, lives in the Foggia countryside

From the data collected by MSF, the shocking picture found in 2004 emerges once again: most of the migrants who are employed as seasonal workers live **in deplorable sanitary conditions, in a state of extreme poverty and social exclusion**. These conditions expose the seasonal workers to acts of violence and intolerance and, once again, confirm the almost total lack of measures aimed at ensuring minimum standards of reception.

- **65% of the immigrants interviewed live in abandoned structures**;
- 20% live in rented spaces;
- 10% live in tents or in a reception camp set up by the local authorities;
- 5% of the sample has no other option than to sleep on the roadside or in town squares.

The data concerning conditions of over-crowding and the poor quality of housing structures is just as alarming. 21% have to share their mattress with one or more people and **53% sleep on the ground, on top of a mat or piece of cardboard**.

The following data reveals the lack of services for guaranteeing minimum conditions of health and hygiene:

- **62% of those interviewed do not have facilities for human waste** where they live. In these cases, they are forced to use the fields;
- **64% do not have access to running water** and must travel substantial distances to reach the closest water point. To get water for themselves, 44% use **makeshift sources such as irrigation pipes and outdoor taps**;
- **69% do not have electricity** and use candles for light;
- **In 92% of cases, the housing does not have heating.** Due to the poor thermal insulation of the rooms, the immigrants suffer from cold and dampness during the autumn and winter months.

“And then at night I cannot go out because of the Italian guys who beat us up with glass bottles, who insult us. There are guys here who have been beaten up and we are scared to go to the hospital and to the police. I have also been beaten up twice, once with a stick and the second time they threw bottles at me from a car.”

H, who comes from Morocco, was interviewed in Campania

According to the testimony collected, in some cases migrants are subject to **acts of intolerance and violence**; 16% report having been victims of episodes of violence, falling prey to launches of stones and other foreign objects as well as verbal attacks.

ACCESS TO CARE AND CONDITIONS OF HEALTH

H. comes from Morocco, is 26 years of age, and lives in the ex-fruit and vegetable market in San Nicola Varco which is occupied by hundreds of migrants; MSF met him at 11 o'clock in the morning. He complained of having severe abdominal pain for the past three days. He had called 118 (Emergency Aid) and was waiting for an ambulance. He asked for a lift in the car up to the state road because the ambulance refused to drive into the area. At 5 p.m., MSF returned and found the patient was still in a state of severe pain- he reported having been treated with a blend of painkillers and discharged. The diagnosis of the Emergency Department was “painful abdominal syndrome”. The MSF doctor examined him and suspected acute appendicitis; the patient was accompanied to another Emergency Department where tests confirmed this diagnosis. H. was operated on urgently.

Since 1998⁶, Italian law guarantees access to care for **all migrants present in the territory, whether legal or illegal**. Legal migrants in possession of a regular permit of stay⁷ are obliged to register with the NHS, which will then issue a health card⁸. Illegal migrants are granted the right “to urgent and essential clinical and hospital care, even if continuative, for sickness or injury”⁹ and to preventative medicine. Irregular migrants may request an assigned TPM (Temporary Present Migrant) code, which is renewable and valid throughout the country for six months.

In relation to this legislative framework, the data collected by MSF brings to light a number of problems that are related to access to care by foreign nationals employed in the agricultural sector:

- **71% of the migrants interviewed do not have a health card;**
- **2 years after their arrival in Italy, 59% of irregular migrants still do not have a TPM card, while 47% of regular immigrants are not registered with the NHS.**

According to data gathered by MSF, the migrant population employed in agriculture is young, with 75% of people examined under the age of 30. 76% of the patients claimed to have reached Italy in good health.¹⁰ Nevertheless, at the time of the MSF evaluation, **at least one suspected diagnosis was formulated for 72% of the patients, 73% of those were found to be a chronic disease.**

⁶ Arts. 34, 35,36 T.U. 286/1998, Turco Napolitano Law

⁷ It is important to note that this group includes asylum seekers whose application decision is pending.

⁸ Art. 34 T.U. 286/1998.

⁹ Art. 35 TU 286/1998.

¹⁰ For the remaining 24%, ailments were mostly minor.

Main diagnoses:

- In 22% of cases, osteo-muscular conditions were diagnosed. Lumbago and/or lumbago-sciatica were the most frequent. Lumbago may be caused by a number of factors but there is a strong link between lumbago and strain from agricultural work such as heavy lifting, keeping a fixed position for long periods of time and repetitive movements¹¹;
- In 15% of cases a **dermatological ailment** was diagnosed. The most frequent were mycosis (32% of the diagnostic suspects) and dermatitis. 79% of these diagnoses were chronic. **Poor hygiene, overcrowding and work out of doors are risk factors**¹². Agricultural work involves contact with infectious, irritant or allergy-causing agents found on the ground or on the crops. The employers rarely purchase protective instruments (**barely 7%**) and, in most cases, these must be purchased by the migrants themselves. Moreover, working in a greenhouse environment exposes the skin to high temperatures and humid environments, encouraging the onset of mycosis;
- **Respiratory disease** was diagnosed in 13% of the patients examined. The most frequent pathologies are those classified in the ICD9-CM¹³ as infections of the upper respiratory tract, which include bronchitis (20%), colds (16%), pharyngitis (13%), tonsillitis (6%), sinusitis (2%) and tracheo-bronchitis (2%). Most infections were acute;
- **Gastrointestinal illness** was diagnosed in 12% of cases. The most frequent offenders were gastritis (35% of diagnostic suspects), 89% of which were chronic. The most frequent cause of chronic gastritis is infection by the bacteria *Helicobacter pylori*.¹⁴ The infection is aggravated **by overcrowding, drinking contaminated water, eating badly preserved and poorly cooked food, a low intake of fruit and vegetables and by precarious living conditions (stress, poor hygiene, low socio-economic level)**¹⁵. The living conditions of the patients examined not only favour infection by *Helicobacter pylori*, but also its progression to gastritis and respective complications;
- **Oral cavity ailments** were found in 11% of cases, mainly dental cavities (68%). The problem was chronic in 89% of the cases and the cavities were multiple and serious. Although these diagnoses are frequent even in the absence of precarious living conditions, it is clear that a lack of calcium and micro-nutrients, poor oral hygiene, the consumption of contaminated water and poverty increase the risk of developing and aggravating these conditions¹⁶;
- **Infectious disease** was discovered in 10% of cases. Of these, the most common was gastroenteritis (57%), which can be caused by bacteria, viruses and parasites. Infection can occur through contact

¹¹ Andersson GBJ. 1997. The epidemiology of spinal disorders. In *The Adult Spine: Principles and Practice* (Ed. Frymoyer JW) : 93-141, Lippincott-Raven, Philadelphia.

¹² Hainer BL. Dermatophyte Infections. *Am Fam Phys* 2003;67:101-8.

¹³ The International Classification of Diseases (ICD) is a system whereby diseases and traumatism are ordered, for statistical purposes, into inter-related groups and translated into alphanumerical codes. Medical terms are expressed in this way, as well as other health problems and diagnostic and therapeutic procedures. The term "clinical" is used to emphasize the changes made: compared to ICD-9, strongly characterised by its orientation with the aim of classifying causes of mortality, the ICD-9-CM is especially oriented towards classifying data on morbidity. It has been used since the 1st of January 2001, for coding the information contained in the hospital discharge sheet (HDS), in accordance with the Decree of the Ministry of Health, October 27th 2000, no. 380.

¹⁴ These bacteria, particularly in developing countries, infect 50% of the population worldwide. Brown LM. *Helicobacter pylori: epidemiology and routes of transmission*. *Epidem Rev*;2000;22:283-97.

¹⁵ Chey WD. American College Gastroenterology Guideline on the management of *Helicobacter Pylori* infection. *Am J Gastroenterology* 2007;102:1808-25.

¹⁶ Selwitz RH. Dental cavities. *Lancet*. 2007; 369:51-9.

with infected faeces (oral-faecal route) and is therefore aided by poor personal hygiene in living spaces, by the lack of adequate sanitary services or by eating and drinking contaminated food and/or water. Of the migrants MSF encountered who were affected by gastroenteritis, 76% did not have running water, 79% did not have a bathroom, 66% kept water in jerry cans and 79% did not have a street cleaning and rubbish disposal service in the place where they live.

A. is 30 years of age, of Sudanese origin and has been legally living in Italy for 2 and a half years. He does not have a health card because he had no knowledge of them. MSF met him in Metaponto and then in Palazzo San Gervasio. During the first examination he had a cough and a temperature. He had had these symptoms for a number of months. He weighed 48 kilos: he had lost 17 kilos in 4 months. A week earlier he had gone to the Emergency Department where an X-ray had revealed a thickening in his lung. They had prescribed an antibiotic therapy and a pneumological examination the following month. The therapy had not resolved the symptoms and the patient had not dared to return to the Emergency Department. Suspecting TB, the patient was accompanied to hospital where he was admitted to the Infectious Disease ward where the diagnosis was confirmed.

CONCLUSIONS

The conclusions that follow are deemed useful in dealing with situations of an immediate nature which have elements related to humanitarian crises. They are not meant to provide solutions to the complex issue of seasonal workers.

MSF has witnessed a dramatic situation that should weigh on everyone's conscience, particularly politicians, local health centres, trade unions and civil society.

Despite political changes and repeated promises by national and regional institutions since the last study, MSF was unable to find any substantial changes in the unacceptable conditions of seasonal migrants. Therefore, it appears that the mechanisms in force for regulating migratory flows, based on the long-distance management of the supply and demand of employment, contribute towards generating irregularities.

In actual fact, the migrants entering Italy through this procedure only partially cover the requirements for seasonal labour. In the regions of southern Italy where the survey was conducted, employers mainly recruit migrants who are illegally present in the territory or migrants who have filed for asylum and have not found fitting reception in the territory.

Each year, in some areas of southern Italy, a massive flow of seasonal migrants used in agriculture takes place. Either this phenomenon is not dealt with at all by the local authorities or, in some cases, is handled by measures catering exclusively to legal migrants. This approach results in situations that are unacceptable.

- To overcome this situation, **MSF requests that, within the areas affected by the presence of seasonal workers, local institutions, i.e. community, provincial and regional administrations, prefectures and territorial health centres, guarantee minimum conditions of reception to all migrants employed in agricultural farming.**

Moreover, because of the conditions of marginality and social exclusion in which the seasonal workers live, and despite policies guaranteed by law, these people do not succeed in gaining access to health services. This is determined both by the lack of information services catering to the migrants, and to the lack of first-level clinics dedicated to irregular migrants.

- **Taking the above into consideration, it is MSF's wish that the National Health Service comply with the law in force, thereby guaranteeing adequate information to foreigners regarding their right to health care and by providing suitable medical response in the areas affected by the presence of seasonal workers by setting up dedicated clinics and cultural mediation services.**