

Addressing Health Disparities Among Migratory Communities: Overlooked Diseases in Underserved Populations

Schistosomiasis is a disease of neglected populations – a disease of poverty. In the last decades migrations from schistosomiasis endemic countries to Europe have increased. The migrants' arrival in Europe presents a potential opportunity for screening and treating schistosomiasis to avert its severe consequences. Is it regularly done? However, despite its significance, schistosomiasis is only a drop in the sea of difficulties encountered by migrants!



Dr Chiara Montaldo - Head of Medical Unit with *Médecines Sans Frontières* (MSF)

In this month of December, a month of festivities and time to spend with family and dearest friends, we talk about health and migration with Dr Chiara Montaldo, who has served as a humanitarian volunteer with MSF for almost twenty years. Her missions in Sicily, Serbia, Libya, Greece, and other regions have involved responding to the complexities of migration, among other critical issues.

Chiara, could you please share with us the overall health situation in the refugee camps where you have worked or are currently providing support? In the absence of humanitarian organizations such as MSF, would these individuals receive adequate medical assistance upon their arrival?

It is difficult to generalise about the health situation of migrants arriving in Europe, because it depends a lot on the migration route, the departure situation from the country of origin, and from individual conditions.

In general, people who have transited from Libya show signs and symptoms of an extremely traumatic migration path and of the violence they have suffered in Libyan detention centres. Signs that range from traumatic skin and osteoarticular injuries due to beatings or trauma suffered during the Mediterranean crossing, infectious diseases such as scabies or tuberculosis due to the very poor hygienic conditions to which people were forced, to consequences of sexual violence. The violence suffered, the bereavements and the risk of death often lead to psychological symptoms, especially post-traumatic stress syndrome, anxiety, depression, sleep and eating disorders, and in some cases even psychiatric symptoms.

Unfortunately, we also see similar symptoms in people with migration routes other than Libya, such as those coming from Tunisia or Turkey or in people crossing the so-called Balkan route. All these routes have become obstacle courses, Russian roulette, that thousands of people continue to cross in search of a better future. The health systems of transit and host countries are often unprepared to respond to people's needs. Their access to health has so many administrative and bureaucratic, cultural and linguistic obstacles and NGOs often are the only, if not one of the few points of access to health for them.

What are common health problems migrants are routinely screened for at their arrival in Europe?

There is no real screening on arrival in European countries. In general (with differences among countries), the diseases that are given the most attention are infectious ones, including scabies and tuberculosis, due to the fear of spreading among the local population. Often, however, the diagnostic tools are limited to a cursory clinical examination and the management of any suspected cases is often very poor, with the result that the majority of the persons continue their journey without receiving the necessary treatment. Hardly any attention is paid to the 'invisible' wounds, the physical and psychological consequences of the violence suffered during the journey. Moreover, almost nothing is done in terms of prevention and the living conditions in transit and host countries often only worsen people's health situation.



Mytilini (Greece) 2016 – MSF rescue mission for migrants

Do you think that the lack of screening for schistosomiasis is because this is not a human-to-human transmissible disease? Do you agree with this policy?

I believe that in general very little attention is paid to everything that does not have an interhuman transmission. Moreover, I believe that in general there is a lack of knowledge of some diseases including schistosomiasis, which are little known in European countries. As I said, prevention services are very scarce and diseases such as schistosomiasis are diagnosed at an advanced stage when the symptoms become evident and when a definitive treatment is often no longer possible.

In the field of global health, we hear more and more about the mental health dimension that is even more severely neglected in resource limited settings. Is this also the case for migrants?

I believe that mental health issues are among the most neglected health conditions in general, not only in resource-constrained countries but also in those with greater resources. In most European countries, public mental health services only offer treatment for serious psychiatric conditions, while minor psychological disorders are the preserve of the private system. For migrants, access to these types of services is even more difficult due to economic problems, but also due to language and cultural barriers, as these symptoms, even more than in other areas of medicine, are greatly influenced by people's cultural background, and often mental health services in Europe do not take these differences into account with a consequent lack of the capacity to respond to these kinds of needs. There are few ethnopsychiatric centres, but they represent a minority of the services and are not able to cope with the needs that are unfortunately growing due to increasingly traumatising migration paths.

Chiara, being a first-hand witness to the daily tragedies faced by these women and men who risk their lives leaving their homes for the unknown, what message do you believe you are conveying in this month, known for resolutions for both the present and the future?

Too often migrants are instrumentalised by increasingly inhuman and short-sighted political agendas. Even calling them 'migrants' is often a way of dehumanising them, men and women with such extreme traumatic experiences that we often prefer not to see because it hurts even to witness them.

I believe that medicine teaches us something that should be intrinsic to human nature and yet often is not: health is a good unlike any other. It is a right that should belong to everyone. It cannot be sold or bought; it cannot be denied.

The health of all depends on the health of everyone, and as long as there are people without access to health, no population can call itself healthy.

So, I wish a change of politic direction, I wish a stop of the laws that force such a traumatic and often lethal migration path and I wish health becoming a real right for all.

Chiara, thank you very much for your time! Time dedicated to critical reflection on the humanitarian crises in our world is invaluable, and we are honoured to have had the opportunity to engage in this conversation with you – an inspiring and dedicated example for many of us!

Wishing everyone happy holidays and a peaceful New Year!

The LabGroup Fusco

