

THE WRETCHED OF THE EARTH

MAY 2018 DOCTORS FOR HUMAN RIGHTS

A report on the working and living conditions of the agricultural laborers in the Piana di Gioia Tauro region.

SUMMARY

From December 2017 to April 2018, the mobile clinic of Doctors for Human Rights (Medici per i Diritti Umani, MEDU) operated for its fifth consecutive year in the Piana di Gioia Tauro region providing socio-medical assistance to the migrant laborers who have returned to the area for the citrus harvesting season. Approximately 3,500 people, distributed amongst the various informal settlements peppered throughout the Piana, have once again been the supply of flexible and low cost labor to the local orange, clementine, and kiwi producers. Exploitative working conditions, illegal practices and marginalizing living conditions remain the characterizing features of this reality in which very little has changed compared to previous years.

The majority of the agricultural laborers continue to gather in the old tent-city (which hosts at least 60% of the seasonal migrant laborers in the area), in a warehouse close by and in an old factory in San Ferdinando's industrial area, located just a few feet away from Rosarno. Approximately 3,000 people find accommodation here amongst the piles of garbage, the vile and dilapidated bathrooms, the gas tanks used to heat water and food, the few gas run generators, the mattresses lined along the floors and the vile smells of burnt plastic and trash. The worrying hygiene and sanitary conditions, aggravated by the lack of potable water and frequent fires which on several occasions have burnt to ashes the shacks, few belongings and documents of the inhabitants (the last fire of the 27th January took the life of one victim, Becky Moses, and left around 600 people without a home) make life in these locations highly unstable and unsafe.

Institutional interventions have remained fragmented, partial and ineffective. A third tent-city was set up last year in August but this measure is not providing an adequate response - in terms of numbers, location and assistance provided - to the housing needs of the migrant laborers. The tent-city was built to provide only 500 places with no medical, sanitary, socio-legal or linguistic services when there were more than 3,000 people in need. Thus, this solution is once again a purely emergency-based measure which ultimately serves to confine these individuals in isolated areas far removed from any possibility of integration or social engagement.

A hardly quantifiable number of people are also distributed throughout the numerous abandoned farmhouses that populate the Piana countryside. In these farmhouses the walls are humid and cold, there is no electricity or restrooms, and the water must be gathered from nearby fountains and transported via bicycle.

In its five months of activity, the MEDU mobile clinic has provided assistance to 484 people over the course of 662 visits. Those assisted were primarily young workers, with an average age of 29, from west sub-Saharan Africa (mainly from Mali, Senegal, Gambia, Guinea Conakry and Ivory Coast). Also women are present, approximately 100 from Nigeria, who are all almost certainly victims of human trafficking meant for prostitution.

67% of those assisted have been in Italy for less than 3 years. Yet, there are also individuals who have been in the country for more than 10 years (4.4%) and who have ended up in the San Ferdinando-Rosarno ghetto after losing their jobs, in the factories up North, or their documents (most frequently because of insufficient economic resources requested to renew their work permit). More than half of the patients visited scarcely spoke Italian, which is symbolic of the serious insufficiencies within the Italian reception system where most of these individuals resided upon first arriving to the country. From a legal perspective, more than 90% of the workers met were legal residents in Italy (the exact figure is 92,65%, which is 13% higher than last season). The majority of these had a residency permit based on humanitarian grounds (45%) or for asylum request (41,4%, of which 33% were in the phase of appeal against the negative decision issued

by the Commission for the Recognition of International Protection). More than 7% hold international protection permits (refugee status or subsidiary protection).

Despite the legal residency status of the most of the migrants visited, less than 3 out of 10 were employed with a contract (27,82%). Although extremely low, this indicator was slightly higher than the previous years: in the 2016-2017 season 21% of migrant workers were employed with a contract whereas 11% were found to have contracts in the 2014-2015 season. In almost all cases, however, an employment letter or a formal contract do not entail a proper paycheck, a proper tally of the days worked, access to unemployment or the respect of working conditions as established by national and provincial laws. These are particularly alarming indicators as they shine light on the existence of severely exploitative working conditions and a lack of respect for the fundamental rights of agricultural laborers, which are a primary resource to the local economy.

From a medical perspective, the precarious living and working conditions severely affect both the physical and mental health of the seasonal laborers. Of the pathologies most frequently observed in the population, the majority were respiratory and digestive illnesses which can be tied back to the extreme state of poverty and precariousness in which these individuals live. A high incidence of osteo-articular disorders was also observed, which can be further explained by the physically demanding nature of the labor provided by these individuals. Certain individuals further presented signs and symptoms tied to past experiences of torture or inhumane and degrading treatment, most often undergone in Libya. As such, these individuals also presented signs of psychological distress. As for the social integration of these individuals into the national public health system, almost half of the patients visited were registered and in possession of a valid national health card (48,64%) but only 50% of these were actually assigned to a local general practitioner. As such, it is apparent that the rights related to the access of the public health system are not well understood by the majority of the migrant laborers. In fact, most of those assisted often did not know what a national health card was for and that they were entitled to register with a local general practitioner.

Thus, in addition to providing medical assistance, the team of mobile clinic also sought to provide socio-medical orientation related to the services available locally in order to increase the awareness and ability of the population to understand and make use of their rights. Despite these efforts, the physical distance, the limited operating hours, and the complicated bureaucratic procedures of these services remain primary barriers to access and understand the whole system.

In the past years, there have been many occasions in which the local governmental institutions have promised to better the general working and living conditions of the seasonal agricultural laborers in the region: from the "Operational protocol for the reception and integration of migrants in the Piana di Gioia Tauro", signed in February 2016 by the principal local institutions (Prefecture, the Region, the Province of Reggio Calabria, the Municipalities of Rosarno and San Ferdinando) which outlined the objective on the signing parties to secure "an expedited definition and implementation of policies for the reception and integration of the migrant laborers [...]" to the recent Protocol signed in March 2018 for the participation of the City of Reggio Calabria in the interventions related to the social inclusions of migrant citizens and the development of new project aimed at the integration and work placement of foreign workers, especially of the agricultural sector. Furthermore, Calabria's regional body had adopted in December 2016 the "Collaboration convention against the illegal recruitment, employment and exploitation of agricultural workers", which was meant to favor a free market within the local agricultural sector and prevent illegal forms of recruitment and employment. The convention was also meant to promote "favorable living condition policies for seasonal laborers" as well as the implementation by local Employment Office of waiting lists and mobile information points in close proximity to areas

occupied by the migrant workers. Similarly, the Extraordinary Commissioner for the San Ferdinando area was elected in August 2017 with the task of implementing a recovery plan for the affected areas "aimed at favoring a gradual integration of the foreign citizens lawfully present..."

Nonetheless, what has transpired thus far has been a series of written commitments which have failed to translate into concrete actions capable of imposing a limit to the exploitation and promoting a new tangible process of inclusion with positive outcomes for the entire territory. Eight years after the "revolution of Rosarno", the large ghettos of migrant workers in the Piana di Gioia Tauro region continue represent a scandal in this country that has furthermore been removed from the public debate and from the political institutions, which seem incapable of any concrete and wide-spread initiative. Today, more than ever, the Piana di Gioia Tauro is a place where the overlap of the globalized economy, the contradictions in the management of the migratory phenomenon in our country and those unresolved issues of the south has produced its most devastating outcomes.

Given the absence of any concrete measures or actions required of the political institutions, MEDU must once again denounce the shameful conditions in which thousands of migrant workers are forced into.

MEDU further advances the following mid and long-term recommendations in order to help overcome the critical reality at hand.

MEDU recommends:

Living Conditions:

- The initiation of a multi-year social housing scheme, with the promotion of widespread housing solutions. Timing and funding available should be clarified in order to overcome the emergency state and contrast the marginalization – both physical and social – of migrant workers.
- That the logistics and timing of any possible evacuation of the informal settlements should be coordinated with the inhabitants and in consideration of any possible alternative (credible and realistic) solutions that seek to protect especially the most vulnerable.
- That the living conditions of the women present in the San Ferdinando area should be monitored in collaboration with other anti-trafficking agencies.

Working Conditions:

- The promotion of local employment centers, in order to act as bridges between the demand and supply of labor. MEDU further recommends the activation of waiting lists for agricultural employment.
- A strengthening in the oversight of local companies on behalf of local Employment Inspectors and the introduction of congruity indicators that allow for a more rapid monitoring of these sites.
- The activation of a Local network of quality agricultural work within Calabria along with the incentivizing of agricultural enterprises to guaranty employees their rights and to respect the contractual conditions dictated by the CNL and the CPL.

- The strengthening of the public transport system to allow the laborers to reach their work sites, as well as the implementation of the commitment by employers with reference to workers' transport.
- The guarantee of training opportunities for the migrant laborers.
- That the work unions reaffirm their role as aids to the migrant laborers who work in conditions of exploitation and unfulfilled contractual obligations.

Access to healthcare services:

- That the access to the local healthcare services be simplified and facilitated for the migrant workers. Such would foresee the opening of such services during hours and in locations that are reasonably accessible by the population.
- An overall upgrade of the STP/ENI outpatient clinic in Rosarno, currently in deplorable conditions, with an update of the facility that would allow for the clinic to become accessible to all foreigners (including those with national health cards issued by other regions) and capable of providing health related orientation with the help of cultural mediators and specifically trained physicians.
- An investment in the training of physicians and other health providers on the subject of health and migration.
- The provision of mental health based interventions and services, which is particularly needed in such contexts of extreme precariousness.

Legal Context:

- That the right to request asylum be guaranteed also to those who did not have the opportunity to submit an application upon first arriving in Italy, independently of the individual's nationality.
- That the bureaucratic processes for the renewal of permits to stay or asylum applications be expedited, as these currently force many into conditions of absolute marginalization.
- The concession of residence permit for humanitarian or other reasons for those who have been in Italy for many years but who have lost their documents.
- The implementation of a "virtual residence" scheme nearby one's actual place of residence.