



## Mediators help migrants access health services in Italy

Cultural mediators can help migrants, asylum seekers, and refugees to face what can seem an insurmountable wall of cultural difference. Amanda Sperber reports from Polistena.



Wes Bruer

Ousmane Thiam in his office

Since 2014, more than 600 000 people, mostly from west Africa, have taken rickety boats, overcrowded to the point of sinking, to the Italian shores. They are traumatised, sick, and frustrated from an arduous crossing. Once they arrive, they do not speak the national language, they do not know their rights and they are nervous about engaging with the Italian Government.

With this distressed population in flux in a completely new environment, cultural mediators (sometimes called intercultural mediators) such as Ousmane Thiam have become crucial players in the humanitarian space in countries such as Italy that have seen a massive increase in migrants, refugees, and asylum seekers. Mediators are a relatively new type of humanitarian professional, and are often the first point of contact as boats hit land, a touch point as the arrivals are processed through a reception centre, and later act as liaisons between the informal settlements, where migrants, refugees, and asylum seekers often live, and the hospitals, clinics, and various government entities.

“Cultural mediators act as a liaison between migrants and the Italian health system. They can understand the patient’s cultural and linguistic background and they can decipher their linguistic and cultural code to transfer information to the medical doctors”, explained Alessia Mancuso a coordinator and cultural mediator with the humanitarian organisation EMERGENCY.

In addition to speaking English, French, and Italian, Thiam speaks Wolof, allowing him to connect more colloquially with fellow Senegalese—the sense of shared experience and culture adds a layer of comfort.

Thiam works with Mancuso at the EMERGENCY clinic in Polistena, a small

town in Calabria, Italy’s southernmost region. EMERGENCY opened its clinic in the area specifically for migrants, asylum seekers, and refugees.

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The Italian constitution grants medical services to all, but it is often difficult for migrants, refugees, and asylum seekers to understand their rights if they do not speak the language, if no one informs them, or if no one can drive them to a hospital. Even if they are empowered with knowledge and transport, the newcomers are often hesitant to give their information to the state. They fear harassment, questions, or being sent back home.

“Migrants, foreigners, and more and more Italians are now in a precarious situation and they often do not know that health services exist or that they can have access to them”, said Andrea Bellardinelli, EMERGENCY’s Italy coordinator. “That’s why cultural mediators are crucial. For example, it’s really hard to find hospital doctors able to speak languages other than Italian. Cultural mediators are a vital link between patients and doctors. They know that different approaches to medicine and health treatment exist, in the west and around the world.”

EMERGENCY has been lobbying the Italian Health Ministry and other related government departments to hire more translators and cultural mediators. The Italian Health Ministry, contacted to comment, provided no answer.

As of Dec 31, 2017, there have been 4491 patients and 23 395 visits to the EMERGENCY clinic. Most of them come from the *tendopoli*, or informal settlement, in this case made of tented barracks on the outskirts of a village neighbouring Polistena where migrants, asylum seekers, and refugees from west Africa are gathered. Depending on the time of year, there are between 1000 and 3000 people in the *tendopoli*.

Thiam makes two trips a day in a white minivan to the *tendopoli* to pick up and drop off patients.

More than 80% of those he works with have never been to a doctor before, Thiam estimates. Getting blood taken is often an issue, for example. Thiam remembered a man from Mali who needed a blood analysis but was shocked at the idea that it was required his blood be taken. “I don’t want to give you my blood. I prefer to die than give you my blood”, he said, according to Thiam.

In response, Thiam often begins by asking the patient to explicate the concern: why do you not want to give blood? Generally, there is confusion, with fear of getting sick or it leading to death from loss of blood. Thiam then leverages his trustworthiness and explains what a doctor is. “A doctor is a person who learns all his life to help people and they understand that if they take your blood nothing will happen to you”, he explains.

Ahmad Al Rousan, intercultural mediator manager for Médecins Sans Frontières in Italy, said that many of the intercultural mediators on his team help new arrivals with non-verbal cues. For instance, Italian doctors have expressed frustration at patients not making eye contact, which they find disrespectful. In this case, the

intercultural mediators will explain to patients the importance of eye contact in Italy, and will likewise explain to the doctors that this is a cultural difference, not a sign of contempt.

At the clinic, Thiam sees people in his office before they meet with a medical provider. "It's a very complex job", he explained. "It's not based on translation; the cultural mediator has the role to understand, first, why the patient is coming to EMERGENCY. Sometimes there is a hidden reason. Maybe they have no health problems but other kinds of problems." Thiam said that often people staying in the *tendopoli* will just come to talk in an attempt to ease their mental suffering.

Al Rousan says that much of the anguish comes from the experiences that the migrants, asylum seekers, and refugees have had making their way over to Italy. "Of course, for me it is absolutely clear, talking with hundreds of people everywhere I work, that people face trauma during the journey: during the desert crossing in Libya, detention in Libya where they are forced to work and forced to call the relatives for money. This has a huge impact on their mental health", he said.

Life does not get easier upon arrival. Migrants, asylum seekers, and refugees stay in reception processing centres that often do not meet basic living standards. Once they are released after months or even years, they can deal with racism from locals, struggle to find work, and have to live hand-to-mouth. Thiam comments that all this compounds the previous trauma: the men and women can see all they have gone through to have their hopes dashed and the situation can be worse than they imagined. This can put many in a state of total agony. "I just come to ask for help because I need to talk to someone", Thiam recalls a man saying to him recently. "Talk to me. You are my brother. I have big desperation and I want someone to help me."

That man came to the clinic in mid-February, needing a sympathetic ear more than anything else. Originally from the Ivory Coast, he is from a political family that was targeted during the Ivorian civil war in 2011. Five rebel soldiers made him watch while they gang-raped his wife.

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She fled to Togo, not wanting to risk the journey up the Sahara through Libya on foot and bus. Libya is the jumping-off point for the boat crossing to Italy, but while in the country, the migrants, asylum seekers, and refugees are commonly treated as chattel, jailed, and tortured for money. They are beaten and given electric shocks. Torturers will call their victims' families while abusing them, telling the family to send money to stop the suffering.

The man made his way to Italy. Once he had reached its shores, he was placed in a reception centre in Sardinia, an island off the coast where many migrant boats land. He found the reception system in Italy to be wanting. In Italy, it has been reported that government funding for private reception centres to create liveable facilities has been known to be siphoned off, notably by the mafia.

In the reception centre, with help from a social worker, the man amassed paperwork to apply for asylum. The social worker helped him to file newspapers articles about what had happened to his wife and to documentation that showed he had a job in the Ivory Coast and was forced to leave it anyway, to prove that he could not go home under any circumstances. Eventually the people staying in the reception centre revolted and the man was forced to escape. When he had to rush out of the reception centre, all of this work was lost.

Thiam cannot do much for these men who have just come to talk. He

listens. He empathises. He does not judge. If it seems as though the patient is a danger to himself or others, he refers them to a social worker or other mental health professional, and helps the patient to get comfortable with the practitioner.

Save the Children started working with cultural mediators about 10 years ago. More than 70 000 unaccompanied minors have crossed into Italy since 2011, according to Save the Children.

Niccolò Gargaglia, head of Unaccompanied Children Integration, emphasised that this is a particularly vulnerable group, and the mediators work within a chain of protection and field officers to ensure that every child is getting a comprehensive response. The cultural mediators support field officers to profile unaccompanied children so that they understand each story: where the minor came from, what he or she went through along the way, and any personal risks they might face now that they are in Italy.

The need for mediators has only increased. Training programmes have been created with some Italian universities even offering Master's degrees in the field. As movement of people across countries and continents continues to soar, there will be a continued demand for those who can foster understanding.

Amanda Sperber



Wes Briner