

Initial Care to Illegal Immigrants Who Arrive in Europe on Small Boats. What are Nurses Doing?

María Del Mar Jiménez Lasserrotte¹ and José Granero Molina^{2*}

¹Department of Health and Disaster Relief, Spanish Red Cross, Spain

²Physiotherapy and Medicine Department, Faculty of Health Sciences, Spain

*Corresponding author: José Granero Molina, Physiotherapy and Medicine Department. Almería University, Carretera Sacramento, S/Nº, La cañada de San Urbano (04120), Almería, Spain, Tel: +34 950 214589; E-mail: jgranero@ual.es

Received date: May 02, 2016, Accepted date: May 04, 2016, Published date: May 12, 2016

Copyright: © 2016 Lasserrotte MDMJ, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Editorial

More than one fifth of the world's population lives in extreme conditions, and the gap that separates the Northern countries, generally with more resources, from the majority of those in the Southern hemisphere, continues to be on the rise. Imposing a socioeconomic model based on consumerism as a basis for development, favors situations with severe inequality, where 80% of the resources is distributed amongst 20% of the population. The demographic boom, lack of resources and armed conflicts, all come together when it is time to explain the causes of the large migratory movements and the humanitarian crises that follow.

While one third of the total migrations are between developing countries, another third does so from young countries, with an elevated demographic growth and low standard of living, to developed countries with an aging population [1]. This situation, together with the crisis of refugees fleeing from war, as is the case of Syria, is creating serious problems in the receiving countries, mainly in the United States, areas of Southeast Asia or Western Europe [2,3]. In spite of the fact that these countries try to regulate the migratory influxes by closing borders, establishing extradition agreements or returning them to other countries, the phenomenon and its consequences are unstoppable [4].

The harder the impediments, the more illegal immigration increases. Since the end of the sixties, the European Union constitutes a priority destination for people who, originating mostly from Africa and the Middle East, have tried to reach its territory. Due to their geographic location, Mediterranean countries such as Italy, Greece and Spain, are primary enclaves of the illegal migratory movements towards Europe. The proximity of the African coasts, with a narrow strip of sea that separates both continents, represents a feasible goal for the arrival of immigrants on small boats (pateras in Spanish). This is an entry point used by migratory movements originating from the Maghreb, Sub-Saharan Africa [2] or the Horn of Africa, very depressed areas with poor health indicators [3].

The obstacles to "regular immigration", with residency and work permits and health insurance; leads to the rise of "irregular immigration", entering through organized mafias and lack authorized residency [4]. There are many routes used to access Europe, the West African Route bound for the Canary Islands (Sub-Saharan population), the Western Mediterranean Route bound for the Iberian Peninsula (Maghreb and Sub-Saharan populations), the Central Mediterranean Route bound for Italy (Syrian, Libyan and Horn of Africa populations) and the Eastern Mediterranean Route (Syrians, Afghans or Somalians).

While the route of entry of irregular immigration can be by air, land or sea; the latter presents a high humanitarian and health problem risk [5,6]. In the so-called "pateras de la muerte" (small boats of death) thousands of people try to go across the sea bound for Europe; those who do not die trying arrive in extremely precarious conditions, needing care. Be it in open sea or upon arrival to the coast [7], their basic health needs must be fulfilled by providing food, drink, basic hygiene measures, shelter or communication [8,9]. Although many studies highlight that in spite of the distances and the travel conditions, only a small percentage of the immigrants that arrive on small boats require urgent healthcare [10,11]; many of them carry chronic health problems, illnesses or endemic diseases, becoming healthcare subsidiaries [12-14].

Faced with this situation, the Spanish Red Cross saw the need to organize this aid, signing an agreement with the Spanish government to provide care for the immigrants who arrive on Spanish coastlines on small boats. Within the Project of Immediate Emergency Response Teams (ERIES for its abbreviation in Spanish), the branch of Humanitarian Aid to Immigrants (ERIE-AHI for its abbreviation in Spanish) was created, equipped with teams who are available 24 hours a day, 365 days a year [8]. These teams perform different tasks by the beach or at the port. Humanitarian Support: they provide food and drink, items for hygiene, dry clothes or childcare kits (food, clothes and footwear). Healthcare: they dispense first aid, basic care and vital support or stabilization measures, preparation and transfer to a hospital if needed. Social Mediation: tasks of interpretation between the newly arrived immigrants and the healthcare team, psychological support, information and guidance, paying special attention to minors and women.

The participation of nurses in these teams is constant, being responsible for tasks of triage, mediation and healthcare on all levels. Although at times serious cases, severe pathologies in need of first aid or RCP are treated [15], most actions cover basic healthcare needs such as mild respiratory insufficiency, dehydration, malnutrition, hypothermia, urinary retention or burns sustained during the trip [16]. That is why the nurses themselves are considering the design and validation of the assessment tools that, based on the human needs described by Virginia Henderson, can give support to their tasks of attention and care for these immigrants that arrive on small boats.

On the other hand, while more studies on the problems of illegal immigration to European coasts are needed, there is a severe shortage of research projects that incorporate the point of view of all of those involved in the process of aid. The experiences of law enforcement, healthcare staff, volunteers, mediators and even that of the immigrants themselves need to be known [17], to determine which health needs

must be addressed, as well as to better coordinate actions in order to improve results.

In that sense, there are many factors to explore such as: basic first aid training, the detection of life-threatening diseases or the use of protection materials by the people providing care. The attention to the urgent need for hydration or the cultural adaptation of the food provided. The scarce attention given to needs of elimination. The attention to move and maintain postures, which is essential after an overcrowded journey with absolute immobility. The condition of extreme fatigue in which they arrive points to the need for sleep and rest as fundamental. To this hypothermia is added, the result of a long journey at low temperatures which can lead them to the verge of death. The bad health and hygiene conditions of the journey, which point to the need to assess the hygiene and integrity of the skin [18]. After a journey where they risk their lives, the need to communicate with their families or acquaintances, or expressing emotions and fears, cannot be forgotten either [19-21]. Their spiritual needs and values must also be taken into account.

In addition, other phases of the aid given to these immigrants that arrive on small boats are not known and should be explored. Such is the case of the attention to their healthcare needs during the phase of police custody, the cultural adaptation of the healthcare systems, or the improvement to protocols and care infrastructure both in the maritime rescue boats as well as in the port facilities where the Red Cross cares for them. To this is added that, the care provided to immigrants is a good moment to detect new public health problems, like human trafficking, especially of women and children, by organized mafias [22].

In a context of severe world economic recession [23], illegal immigration is a growing phenomenon which creates serious public health problems in Western countries [24,25]. Nurses are playing a major role in the aid and care provided for immigrants and/or refugees, which should be broadcast and valued before the international community [26]. On the front lines, the nurses make up a core pillar in the prevention, diagnosis, aid and care of great health problems of our time, such as the case of those created by large migratory influxes.

References

1. United Nations. International migration and development.
2. Amuedo-Dorantes C, Pozo S (2014) On the intended and unintended consequences of enhanced U.S. Border and interior immigration enforcement: evidence from Mexican deportees. *Demography* 51: 2255-2279.
3. Sabo S, Lee AE (2015) The spillover of US immigration policy on citizens and permanent residents of Mexican descent: how internalizing "illegality" impacts public health in the borderlands. *Front Public Health* 3: 1-9.
4. Kassari H, Marzouk D, Anwar WA, Lakhous C, Hemminki K, et al. (2014) Emigration flows from North Africa to Europe. *Eur J Public Health* 24 Suppl 1: 2-5.
5. Lafuente P (2008) Recent immigration in Spain and coverage information of this phenomenon in the Spanish press [Doctoral Thesis]. Pamplona, University of Navarra.
6. Locchi M Ch (2014) The Mediterranean Sea as a European border: trans-mediterranean migration, forced return and violation of fundamental rights. London, Elisabeth Vallet.
7. Ellyson RE, Callahan C, Lee YT (1996) Medical care of illegal migrants intercepted on the high sea (Operation Prompt Return). *Mil Med* 161: 616-619.
8. Cruz Roja Española (2009) Ayuda humanitaria a inmigrantes [Humanitarian aid to immigrants]. Madrid: Cruz Roja Española.
9. Rodríguez C, Núñez S, García P, Rodríguez I, Mahtany V, et al. (2008) Características de la asistencia sanitaria a la llegada de inmigrantes africanos a las Islas Canarias [Health care for African immigrants arriving in the Canary Islands a descriptive study]. *Emergencias* 20: 405-410.
10. Kassari H, Dourgnon P (2014) The big crossing: illegal boat migrants in the Mediterranean. *Eur J Public Health* 24 Suppl 1: 11-15.
11. Tsartsalis S, Mironidou-Tzouveleki M (2009) Provision of medical services to illegal immigrants in Greece. 1st EMUNI Research SOUK, 1-6.
12. Parrilla F (2016) El perfil del paciente inmigrante atendido en la unidad de urgencias del hospital del Poniente [The profile of the immigrant patient attended in the Emergency Department of Poniente Hospital]. Granada: Universidad de Granada.
13. Roca C, de Balanzó X (2006) [Imported diseases in immigrants: myth and reality]. *An Sist Sanit Navar* 29 Suppl 1: 139-144.
14. Mavroidi N (2008) Transmission of zoonoses through immigration and tourism. *Vet Ital* 44: 651-656.
15. Santana L, Rodríguez González F, Villanueva A, Sánchez Palacios M (2007) [Rhabdomyolysis due to hypothermia in immigrant illegal patient who arrives in small boat]. *Nefrología* 27: 394.
16. Lori JR, Boyle JS (2015) Forced migration: health and human rights issues among refugee populations. *Nurs Outlook* 63: 68-76.
17. Plaza F, Plaza M, Martínez L (2006) Historia de un extranjero. Vivencias de un inmigrante rifeño sin papeles [A foreigners story. Experiences of a rifian immigrant without papers]. *Index de Enferm* 15: 59-62.
18. Lumpkin MF, Judkins D, Porter JM, Latifi R, Williams MD (2004) Overcrowded motor vehicle trauma from the smuggling of illegal immigrants in the desert of the Southwest. *Am Surg* 70: 1078-1082.
19. Aroian K (1993) Mental health risks and problems encountered by illegal immigrants. *Issues Ment Health Nurs* 14: 379-397.
20. Maldonado CZ, Rodríguez RM, Torres JR, Flores YS, Lovato LM (2013) Fear of discovery among Latino immigrants presenting to the emergency department. *Acad Emerg Med* 20: 155-161.
21. Hacker K, Chu J, Leung C, Marra R, Pirie A, et al. (2011) The impact of Immigration and Customs Enforcement on immigrant health: perceptions of immigrants in Everett, Massachusetts, USA. *Soc Sci Med* 73: 586-594.
22. Gushulak BD, MacPherson DW (2000) Health issues associated with the smuggling and trafficking of migrants. *J Immigr Health* 2: 67-78.
23. Koser K (2009) The impact of financial crises on international migration: lessons learned. Geneva, IOM publications.
24. Glen P (2013) Health care and the illegal immigrant. *Health Matrix Clevel* 23: 197-236.
25. Hernández MJ, Segura J, Burillo G (2008) Papel clave de los servicios de emergencias en la tragedia de la inmigración ilegal por vía marítima [Key role of emergency services in the tragedy of illegal immigration by sea] *Emergencias* 20: 337-339.
26. McGuire S (2014) Borders, centers, and margins: critical landscapes for migrant health. *ANS Adv Nurs Sci* 37: 197-212.