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

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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 de la muerte). This is an entry point used by migratory movements originating from the Maghreb, Subsaharan 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 (Subsaharan population), the Western Mediterranean Route bound for the Iberian Peninsula (Maghreb and Subsaharan 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 coasts 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 emergency 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.

The route of travel of immigrants on small boats is the Western Mediterranean, which enters the Mediterranean Sea by the Strait of Gibraltar, where the proximity of the African coastline, with a narrow sea strip, represents a feasible goal. They arrive by the Western Mediterranean Route (South African and Subsaharan immigrants) and the Eastern Mediterranean Route (Syrians, Afghans or Somalians).
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 should be addressed. Also, 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