



THE FRUITS OF HYPOCRISY

History of who makes the agriculture...Hidden.

Survey on life and health conditions of foreign workers employed in the Italian agriculture.

March 2005

31st March 2005- Unacceptable life conditions for a civilized country, lack of any kind of assistance or protection, risk of abuses and injustice, health conditions more than precarious.

Here is the framework described in the Report written by the international association Médecins Sans Frontières (MSF) about immigrants employed as seasonal workers in the Italian agriculture.

Millions of young men (and sometimes women) who escaped wars, persecutions and misery, long for a more dignifying life once in Italy. These workers prove to be more and more indispensable to the Italian agriculture. However they remain “invisible”, totally ignored and deprived of the most essential rights. All this is the result of the collective hypocrisy that involves The Government, local administrations, association of producers, trade unions, ASL*, administrative tutelages and finally consumers that buy fruits and vegetables collected after a lot of injustice and law violation.

The project's genesis

Since 1999 MSF has been managing sanitary and legal assistance projects to help immigrants and asylum seekers in Italy. During summer 2003, MSF operators were faced to the dramatic reality around Foggia (Puglia), where an estimated 1400 asylum seekers were employed as seasonal workers in the tomatoes crops. When they didn't work in the fields, these people would live in a crumbling, half-destructed, overcrowded building, without the basic sanitary facilities (water, electricity, toilets, etc.). MSF has decided to inquire thoroughly on the immigrants reality employed in the agricultural sector and help all the people they could.

Methodology and organisation

During the season 2004 (from April to December) an MSF team -made up of 2 coordinators, 2 sanitarians, 1 humanitarian operator, 2 cultural mediators- went to the South Region of Italy (Calabria, Puglia, Campania, Basilicata, Sicily) with a mobile hospital reaching locations where many people were seeking for a job whatever the culture was.

* ASL: Azienda Sanitaria Locale i.e. Sanitarian Structures depending from the Italian National Health System

It has been possible to determine a sort of "seasonal workers trek": many immigrants explained that they lived and worked in Campania during winter because fruits and vegetables could grow thanks to greenhouse cultivation. At the beginning of summer, there is a massive population movement towards Foggia where tomato crops require millions of workers every year. When harvesting is finished, many immigrants remain in this region to reach another agricultural area: Andria and its olive groves. Sicily (Alcamo) attracts many immigrants because of grape picking in September. Finally, the season ends up in the Piana di Gioia Tauro, in Calabria, where orange picking offers a job from November to the end of Spring (February-March).

MSF has offered medical assistance and legal counselling to immigrant workers. Each person MSF has seen, was asked to fill in a questionnaire in order to state what the humanitarian and work conditions were like for these populations.

Main Results

During this project, MSF saw and interviewed 770 people (out of an estimated 12,000 immigrants seasonal workers employed in the agricultural sector in South Italy):

- 23% of interviewed people were asylum seekers. Asylum seekers, as far as the Italian legislation is concerned, have a regular residence permit that doesn't allow them to work. Therefore, they require a particular tutelage and the Law sets that asylum seekers must receive assistance within the *Servizio Centrale* structures or must at least get state allowance. In fact, only 10% of asylum seekers have access to such legal assistance¹. The 90% left have to find a way to survive and most of the time, they end up doing black labour;
- 6.3% are refugees who obtained a political refugee status (they have a regular residence permit in Italy which allowed them to work);
- 18.9% has a residence permit for reasons other than "seasonal work" (study, another kind of work, family reunion, etc.)
- 51.4% doesn't have any kind of valid permit
- None of the immigrants seen by MSF had the regular work contract that seasonal workers, employed in the agricultural sector, were meant to have.

91.4% of the interviewed immigrants were male, 67.7% were coming from sub-Saharan Countries. Examined women were all from Eastern Europe.

Most of the workers MSF has met, live in hygienic and housing conditions which are unacceptable and do not meet the minimum standards established by the UN High Commissariat for Refugees (UNHCR) regarding refugees camps in trouble zones²:

¹ This remains a dramatic reality although in Italy- according to UNHCR- the number of asylum requests in 2004 is one of the lowest in the EU, with 0.12 requests for 1,000 inhabitants against a European average of 0.6. Among European countries – after Cyprus, Luxemburg and Malta, received a limited number of requests- peaks of 3 requests for 1,000 inhabitants in Austria, and 2.6 in Sweden have been registered. In 2004, Italy hardly received 7,408 asylum requests, against 61,600 in France, 40,200 in Great Britain and 35,600 in Germany (see www.unhcr.it).

² To implement a refugee camp in a trouble zone UNHCR recommends among other things: 30m² as a minimum surface for each person to walk, 3.5m² per person in the living areas, 1 lavatory for 20 persons, drinking water supply

- 40% of the examined people live in abandoned buildings;
- 36% live in overcrowded spaces, 70% is obliged to share the sleeping space with other 4 people, 30% must share the mattress with another person;
- more than 50% do not have running water in the living area; 30% do not have electricity; 43.2% do not have toilets;
- most of immigrant workers can eat just once a day (mostly for dinner), also when they work in the fields 8-10 hours a day. They have an extremely poor diet;
- Under Italian Law, the employer should provide immigrant seasonal workers with an accommodation: among the interviewed people, only 3.4% of the people could enjoy an accommodation;
- 48% of the interviewed workers stated that they earned 25 euros or less per workday (as an average, a workday is more or less 8-10 hours); most of them can find a work only for three days a week and as a consequence their wages are considerably low; 30% of these workers have to pay the *Caporale** out of their pockets to get to the fields (approximately 5 euros a day). So it's obvious that 53.7% cannot send any money to their native country;
- 30% of the interviewed people has declared they have been victims of some forms of violence, abuses or maltreatments during the past 6 months. In 82.5% of the cases the abuser was Italian.

These life conditions obviously induce dramatic consequences on immigrant workers' health conditions. Even if it is a young and strong population (30 years old), among the 770 people that MSF has examined just 41 of them (i.e. 5.6%) had been diagnosed as "good health conditions". All the other ones had at least one health problem, more or less serious. At the same time, it's impossible to deduce that among the entire population the percentage of sick immigrant people is so high³. Among the Italian population of the same age, 70.7%⁴ people are in good health.

- Among all the pathologies diagnosed by MSF, 50% of them were infectious⁵: most of them were dermatological (23.6%), intestinal parasites and oral cavity diseases (15.5%); respiratory diseases (14.3% of them included 12 cases of tuberculosis);
- We can find more serious diseases among immigrants who have been living in Italy much longer (18-24 months)
- 73.6% of interviewed patients had chronic disease;
- the so-called "well-being laps" (time passed between the arrival in Italy and the illness onset) is getting shorter and shorter. 10% of the immigrants need medical

locations not further than 150 meters from the accommodation. (see *Refugees Health. An approach to emergency situation* by Madecins Sans Frontières –MacMillan Education, 1997)

* The *Caporale* is the broker, Italian or foreigner that finds work to immigrant workers and takes them to the fields.

³ Obviously, by the very nature of the MSF intervention, the association got in touch mostly with migrants feeling bad physically or psychologically. But we can notice that in very many cases the request of sanitarian assistance was totally appropriate. Very few asked for medical help that then didn't reveal a real disease.

⁴ According to Istat data (Italian National Institute for Survey) for 2000, in Italy the level of people (aged between 14 – 64) in good health is 70.7% and 72.4% in south Italy. Even if immigrant people were all young adults aged around 30, among them only 5.6% resulted sound, i.e. with a diagnosis of "good health".

⁵ The heavy presence of infectious diseases has been an obvious indicator of the living conditions of immigrants because the origin of these diseases are agents (virus, parasites) that should be controlled if the hygienic conditions were better. The spreading of these pathologies among immigrants is a consequence not only of a lack of prevention strategies and promiscuity they are compelled to but also of a lack of access to treatments (like antibiotics) that should stop these diseases.

care one month after their arrival in Italy; 39.7% of them show this need within a period that varies from 1 to 6 months.

Access to Medical care seems to be a mirage for these workers. As far as the Italian legislation is concerned, asylum seekers or refugees should be registered at the *Servizio Sanitario Nazionale** (Ssn) under the same conditions as the Italians. Illegal immigrants, when needing medical treatments, can access public structures with the guarantee of anonymity (i.e. without running the risk of being ejected) thanks to the issue of a digital code called *STP (straniero temporaneamente presente*- foreigner temporarily present). These rights remain only on paper for most part of the immigrants employed in the agriculture: despite the law, 75% of refugees, 85.3% of asylum seekers and 88.6% of illegal immigrants examined by MSF were not entitled to any kind of medical care.

Conclusions

The Médecins Sans Frontières -mission Italy- report about seasonal workers employed within the Italian agriculture highlight all the problems due to the presence of immigrants beyond the simple sanitarian field including social, legal and work aspects. If we considered these factors altogether taking in account also their interaction, we get an absolutely dramatic framework, unbearable for the conscience of those who believe in the right to respect the human beings' dignity. It is clearly necessary that the whole work access system and basic rights for seasonal workers in Italy shall be deeply changed: MSF doesn't intend to give instructions to Institutions. The followings are just conclusions about the work we did and useful considerations to face the immediate emergencies that are going to take place with the imminent beginning of the new crop season.

Living conditions

In the popularly held belief, there exists a tacit acceptance (or maybe also an approval) that immigrant living conditions don't have the same standards as the Italian citizens. So many people think it's absolutely normal that they live in humble conditions without superfluity. But what we saw during this survey has nothing to do with "humble" living conditions, it's closer to total degradation.

It would be difficult to be in living and sanitarian conditions like those set up by the UN High Commission for Refugees⁶, that are thought for refugee camps and justified by the dramatic emergency. But the data we collected show that we are far below this minimum.

The word "house" can't describe the situation in which more than 70% of the interviewed workers live. About 40% of them take refuge in abandoned houses, 37% of them are obliged to pay a rent for these makeshift shelters. In many cases it deals with structures that are totally unfit for human habitation: garage, storehouses and even crumbling rooms under a bridge. At last 5% of them have no place to live.

* National Health System in force in Italy;

⁶ To implement a refugee camp in a trouble zone UNHCR recommends among other things: 30m² as a minimum surface for each person to walk, 3.5m² per person in the living areas, 1 lavatory for 20 persons, drinking water supply locations not further than 150 meters from the accommodation. (see *Refugees Health. An approach to emergency situation* by Madecins Sans Frontières –MacMillan Education, 1997)

The overpopulation is another serious problem. The only makeshift spaces where they can stay have to be divided into an incredible number of people: more than ten people in a room (normally these rooms would be occupied by two people, a maximum of three people). There are one hundred people in a building where there are only two toilets.

The ones who don't sleep on the floor, would often share the bed with somebody else with everything that it entails from a sanitarian point of view.

Hygienic conditions are mostly influenced by the water access.

For the ones who can, they have to share the toilets with many room mates, but for many people, water is difficult to obtain. For example, workers who live in factories don't have running water and they have to walk miles to get it. With this water they do everything even if it is probably undrinkable (makeshift cisterns opened to contamination, irrigation water used to drink, etc.). in fact there are many cases of verified diarrhoea. But when you don't work much, there is not much money to buy bottles of water.

In those situations, when there is few little water and few available toilets and bathrooms, personal hygiene is totally precarious and creates the ideal conditions to pathologies otherwise avoidable.

Another neediness factor that has some consequences on seasonal workers' health conditions is underfeeding. The weak caloric intake becomes even more worrying for those who face hard work even during 12 hours a day. During the examinations, we saw different pathologies clearly due to the poor alimentation.

Health

Who are these immigrant seasonal workers? They mostly are men aged between 20 and 45 years-old, that is to say, in normal conditions, healthy people. On the contrary, more than 30% of them get sick during the first six months stay in Italy, after 19 months stay in our Country, the percentage of persons who need a doctor rises to 93%.

More common pathologies are infectious, strictly due to precarious hygienic conditions. These diseases should be solved easily. As citizens of the First World*, thanks to a medical examination and an antibiotic treatment, such diseases are cured.

For seasonal workers not only is the prevention possibility really weak but also these diseases get chronic. The fact that we encountered many cases of diseases that are getting chronic because of infections, highlights how serious the problem of the lack of access to treatment or diagnosis and the mistaken therapies for immigrant workers is.

More than 40% of the seasonal workers examined in Puglia and Basilicata are affected by pathologies strictly due to poverty⁷ conditions, suffering from dermatological, respiratory and gastro enteric diseases. The absence of hygienic facilities and water, sharing beds, promiscuity, are factors that seriously amplify the possibility to spread these diseases.

Other pathologies are due to mistaken or unsuitable food. Poverty, efforts and deprivations have an impact on the non respect of food requirements.

But one of the most worrying data is that about 40% of the 565 patients examined show clear troubles from a psycho-affective point of view. Not all of them were aware of it. Just 15% of them referred to a state of psychological discomfort. Loneliness, distance from your beloved, distance for your point of reference, no recognition as a Human Being, negation of the basic rights, can only bring someone to a profound uneasiness without any perspective of solution. The only possibility is for them to change their

* Opposite to the Third World

⁷ Pathologies due to poverty are immediately linkable to hygienic conditions, potability of water and habitation conditions. These pathologies are mostly dermatological, respiratory, gastro enteric.

living conditions, but many immigrants don't have the least possibility to change things, therefore it makes them feel frustrated and helpless.

All immigrants have the right to public medical care. The law allows regular immigrants, and also asylum seekers to register as Italian citizens at the SSN*. Illegal immigrants can access to medical care thanks to a digital code called STP (*Straniero temporaneamente Presente*- foreigners present temporarily) that guarantee their anonymity. But most of the time, this right remains on paper and it is just another bitter joke. Very often, on the investigated area there were no ASL* consulting rooms and no medical examinations. When medical examinations take place, it is carried out in emergency ward or by a hurried doctor.

- MSF would like ASL to promote a better medical care access to immigrants in compliance with the law in force by bringing a sanitarian answer thanks to free health centres and, when it is possible, by offering opening hours that are compatible with the workers'needs.
- At the same time, MSF is asking all the associations the civil society is made up of, to be meticulous when encouraging agricultural workers to use the facilities implemented by the National health system.

Legal Status.

More than half of the interviewed people have a state permit, 23.4% of them have a permit for asylum purposes, 18.9% of them have a permit for other reasons (work, study, family), 6.3% of them already got the refugee status or humanitarian protection. The concentration on irregular people is important depending on the contexts, and even if the massive presence of workers is still constant, according to the rules, they shouldn't work⁸.

In Italy, asylum seekers have to wait, on average from 14 months up to 19 months, to be interviewed by the Central Commission to get the Refugee Status, Humanitarian protection or even a refusal. In the meantime, they can just live by their wits or accept occasional jobs. Obviously they have no rights.

The world of seasonal workers is mostly made up of irregular immigrants and asylum seekers, people whose existence isn't recognized. How deep can disarray be when someone's identity is denied?

They don't exist as human beings neither as workers. No protection is provided even from trade unions for these ghosts that allow the agricultural economy of South Italy to go well.

Work

These workers are absolutely indispensable for an entire economic system. But 95% of the immigrants interviewed by MSF don't have a job contract. It is obvious that the quota system is deeply defective or even disastrous. This system is impossible to apply to South Italian regions. However, the immigrant stream system is well known: "*The distribution of immigrants stream is more significant in the province of Trento (5.600), followed by Emilia Romagna (5.300), Veneto (4.5000) and Bolzano (1.600)*

* National Health System current in Italy.

* Azienda Sanitaria Locale – Local Health Authority

⁸ Just remember that according to the Italian Law, neither irregular immigrants, i.e. without stat permit, nor asylum seekers are allowed to work.

expected arrivals (all those provinces are situated in North Italy). In fact the distribution is inversed in proportion to the unemployment level - it's possible to read in an article published in "Agrisole - Il sole 24 Ore" of February the 4th 2005 - But just in South Italy companies complain about the lack of workforce. Unemployment lists are full (...). The official high unemployment level blocks the "legal" entrance of immigrants. During the hot spot of the crop in South Italy - expose the employers- it's even more difficult to find employees. So, as the quotas are reduced for South Italy, we are just obliged to use "black" labour.

The impossibility to assert any kind of right leads to a general condition of heavy exploitation. Work time and conditions imposed to seasonal workers are totally inhuman. They work 12 hours a day, heavy hours' work, in the hot sun to earn a mere pittance hardly enough to survive. Fields are often far and workers are obliged to pay a disproportionately high price to get there. But work is accepted whatever the conditions are, they have no choice.

Finally to list among the failed rights: the nearly total lack of protection device. The consequences also at a sanitarian level are obvious. In some cases, seasonal workers operate in direct contact with highly toxic substances, very often without wearing simple latex gloves.

Rights

In the area that MSF has studied there was absolutely no kind of protection for immigrant seasonal workers. A clear policy is missing. The creation of a framework for the protection of these people is needed. As a proof, the non ratification of the UN Convention by Italy, adopted with the resolution 45/158 about the "Protection of the rights of all migrant workers and his family members". Ratifying such a convention would be a firm start. The UN Convention made clear that migrant workers have to enjoy Human Rights beyond their legal status and establishes equal trade union rights, salary and social facilities access with workers of the host State. The possible ratification of the Convention would oblige Italy to a constant monitoring of its application and as a consequence to a constant check of the respect of immigrant workers' rights.

Violence

Very often, seasonal workers are victim of violence since they are more vulnerable and easy to "exploit".

Especially in Campania the maltreatment phenomenon reaches a high level (46%) and in most cases the abuse is committed by an Italian. Social pressure in which immigrants live give rise to violence events inside the community itself.

The sample is varied: strokes and intimidations in many cases, but also attempted mugging with firearm. How could the outcasts defend themselves?

They are lonely people that cannot count on the protection of Institutions since they live in the fear of expulsion. They are the ideal victims of a world where cultural deterioration led to violence as a means of self-assertion.

Women are all the more vulnerable, because they are defenceless, they said to MSF they've been victims of sexual violence, they can't denounce it to the police for fear of being reported to the police.

Anyway, don't worry: also for 2005 crop is guaranteed.

"I spent my life between army and the profession of bricklayer and I arrived in Italy looking for protection. I've been waiting for the decision about my asylum request but I also need to work to live. I knew the situation and life in Europe wouldn't have been easy but I didn't imagine I would face such difficulties. If I am granted a refugee status I'll try to find a legal job to have a more stable life, if I don't manage to do it, I'll wait next year to go back to a field to pick tomatoes"

Rome, Eritrean asylum seeker aged 33.

The example of Cassibile

Cassibile is a little village in the Syracuse's region. There is a little more than 5,000 inhabitants in this village: during the harvesting season, hundreds of immigrants overflowed in the area. In July 2003, MSF solicited the prefecture to find a solution for these desperate people who were living on makeshift camps. It took the Civil Defence a few days to set up a city tent. What used to be an emergency solution changed into a normal thing.

In May 2004, MSF registered the presence of three camps in the small Syracusan village. The first one was set up inside the city stadium. The Civil Defence set up 14 tents, each of them can host about 10 persons. At that time -may 2004- MSF noted the presence of about 140-150 people mostly coming from Maghreb countries. These immigrants collected drinking water at the fountain of the village. At the entrance of the camp, the maghrebi community created a makeshift kitchen with a cooker and a gaz cylinder; and they prepare tea, pasta, rice one by one.

Inside the stadium, was also housed a little group of sub-Saharan citizens, mostly Eritrean, Sudanese, Nigerians and Ghanaian.

The relationships between Maghrebis and sub-Saharans were often tense because of the coercive cohabitation and cultural differences. In may 2004, these difficulties encouraged the organisations present in the area to implement a second camp.

Indeed, it had been set up on a road that is parallel to the entrance of the village. In may 2004 six tents of Civil Defence hosted about 70 people, all asylum seekers, mostly from Sudan. However, the tents were the only service available: There was no water, electricity or toilets.

Finally, a third camp had been set up spontaneously in another suburban zone of the village. In open countryside, some sub-Saharans had created makeshift tents with plastic bags and tarpaulins. The humanitarian situation for these people is dramatic: lack of any type of service, they sleep on the ground, they cook with wood fire, they don't have any water, neither sanitation nor garbage disposal. They all are asylum seekers.

The implementation of such camps with the establishment's consent highlights the hypocrisy of a system that pretends until the end to be unaware of the existence of immigrant workers. In extreme cases or when the public opinion rallies against this

situation, some emergency solutions prove to be totally inadequate to guarantee humanitarian standards and to give an answer to this deeply rooted phenomenon.

The example of Stornara

In the Stornara suburb, situated in the province of Foggia, MSF had worked in a building half constructed. For many years, the structure, a 4-level block of flats, has been squatted by seasonal workers who came during summer for the tomato crops. Here workers were living in extremely precarious conditions: without running water, sanitation, electricity or gas. Among the people interviewed in this building, 60% were asylum seekers or refugees. After many warnings from MSF about this unbearable situation, the building got finally evacuated, in August 2004, when the tomato crops season was already ended and the workforce wasn't useful anymore. At the same period, another evacuation took place in Metaponto (in the province of Matera, Basilicata region).

"In a few weeks, thousands of immigrant workers are going to flood the camps of South Italy -says Andrea Accardi, study coordinator of MSF-. We can no longer ignore the situation. Institutions will have to make sure that immigrants are given proper accomodation conditions (decent accommodation, drinking water, enough food, etc.). These emergency solutions, even if necessary, can't be considered an effective solution to such a problem. It is a serious issue. The mechanisms that regulate the entry and stay of immigrant seasonal workers in Italy need to be rethought".

" Italian Institutions and Italian Civil Society can no longer allow that thousands of peoples still work themselves ill in ours fields - adds Loris De Flippi -. We can no longer accept that infectious diseases that should be prevent thanks to appropriate hygienic conditions still strike most part of immigrants that crop fruits and vegetables in South Italy. We can't let on that we don't see this multitude of human beings that arrives in Italy escaping for wars and poverty and that fall sick after a six months stay in our Country. We can no longer bear the negation of a basic right to these persons: the access to medical care".

Stories

"In the garage where I live the cell phone doesn't have a good reception, so I went out to phone when two guys came close to me. The guy took out a gun and shot me three times. The bullets went through my hand and damaged the left forearm. I didn't see my aggressors' faces because of the helmet. I think they wanted to kill me otherwise they would have targeted the legs or the wall, I am very lucky to be alive".

Campagna, G.B. aged 25, Liberian asylum seeker, bullet wounded.

You asked me what I usually eat? Unfortunately I don't have enough money to buy food, so I eat now and then, most of the time when somebody has left-overs.

Calabria -Ugandan asylum seeker, aged 33, in Italy since 2003

A 27-year old Bulgarian patient, examined by MSF in Calabria, had been raped by an Italian man. During the interview, she revealed to MSF social worker that she didn't have the courage to report the violence because she was afraid of being deported (the young woman didn't have a residence permit). After the rape, she contracted a sexually transmitted disease, that is why she got in touch with MSF.

Story of A.

Many seasonal workers are asylum seekers, people escape from Countries at war, from situations of widespread danger. Unfortunately in our Country they don't obtain decent accommodation conditions and they enter the seasonal circuit.

A is 33 years old, he comes from Sierra Leone. MSF met him in July 2004, in Campania. He lives in a rent apartment in the middle of the countryside next to Naples together with other 102 Africans. Mostly they come from Ghana and Liberia, he is the only one from Sierra Leone. That is his story.

"I left Sierra Leone on March 7th 2002. I went away because of the insecurity of my Country when many men, women and children were escaping to get a safer life. Regrettably, Sierra Leone is not as secure and democratic as Italy, it was destructed for years by civil war.

On March 2002, I left my house and saw my family for the last time. I started a long travel to reach North Africa and from there embarked to Europe. Along the road, I met many people escaping from wars and starvation, like me.

It was the beginning of an Odyssey such as an hallucination in which I remember thirst, hunger and the unbearable heat.

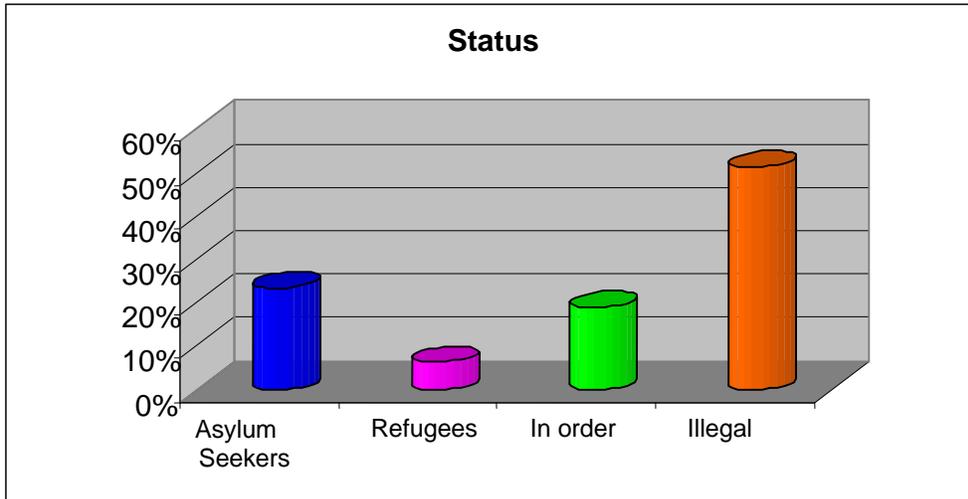
Once I've found a boat, we had navigated for at least six days, the crossing wasn't easy. We got lost and we were running out of water and food. Finally, we arrived in Italy. I have no idea where I was, I just know that after 48 hours in a first care centre they took us to a reception centre in Crotona. I stayed there many weeks. When they let me go out I took a train and arrived here where I found a place to sleep together with other Africans.

This house is not very big and we are 102 of us sleeping in here. They all come from Ghana, I am the only citizen from Sierra Leone and I often feel alone.

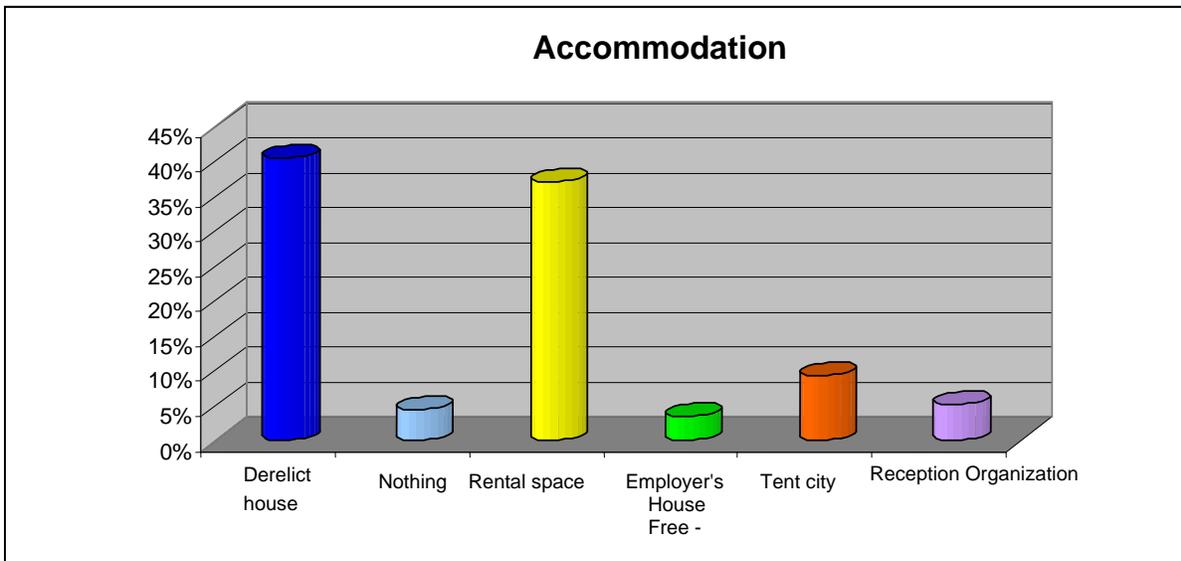
Here the life is hard: I get up at 4.00 am every morning and I go to the crossway waiting for someone to offer me a job for the day. Unfortunately, my situation at the moment is as precarious as it was in Africa. The environment around us is very poor and needy, the Government does nothing to help us. I asked for asylum before Italian Government, I have a residence permit but I can't work according to the Law even if I've been waiting for the commission for one year.

In Africa, people think that in Europe everything is easier. Unfortunately here in Italy I haven't found the protection I was hoping for as a refugee. The only thing I can do to survive is working as a daily fruit picker in the fields hereabout. It's a hard work, very little paid and precarious: today you work, tomorrow you don't know. Besides I have to live in that house with another 100 people and to pay a rent. In my room we are 10 of us: we share a mattress into three and the last person to arrive sleeps on the ground. What am I expecting from the future? In this moment everything depends on my asylum seeker condition, but I would like to go to school to learn Italian, maybe find a job, change house, make friends. I just would like some normality.

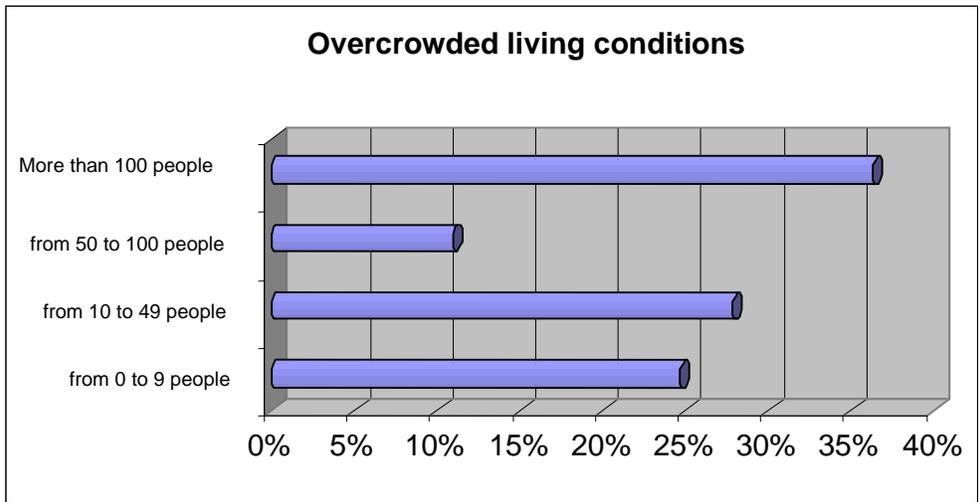
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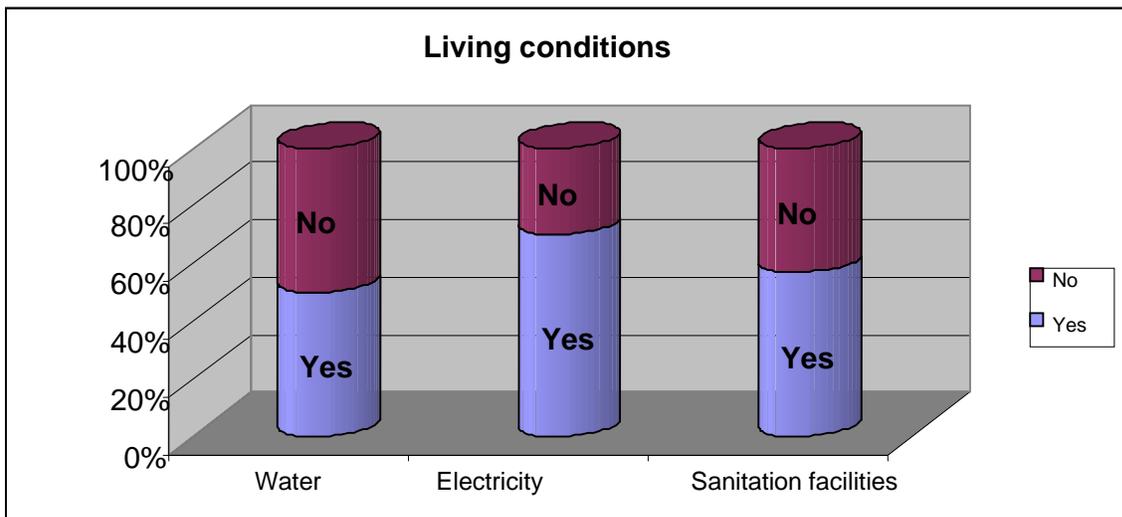
Legal Status of the interviewed people



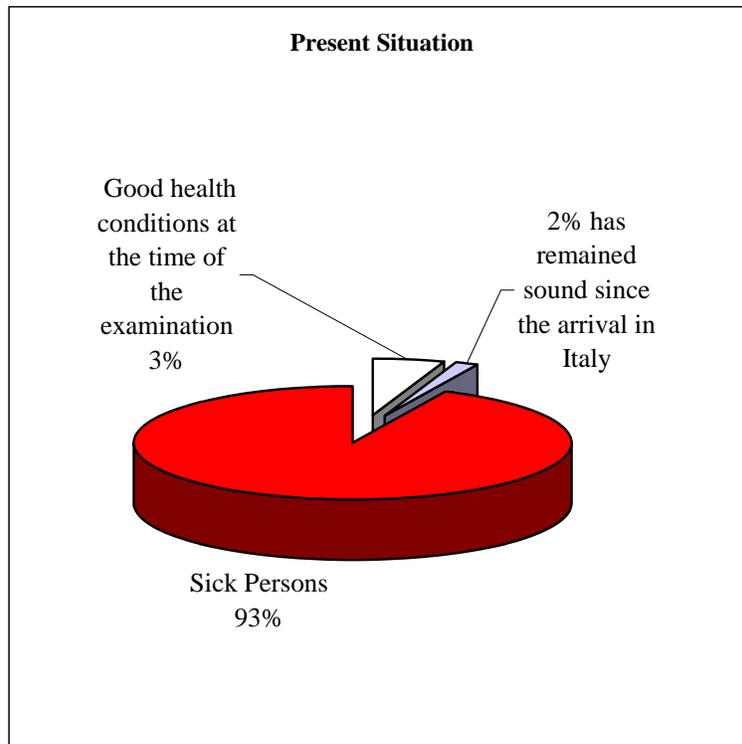
Place where interviewed people live during the seasonal work period (N.B. by "rental space" we consider all the locations for which the immigrants have to pay a rent, that often includes crumbling and overcrowded houses, boats, and outdoor spaces)



Overcrowded accommodation where the person interviewed lives.

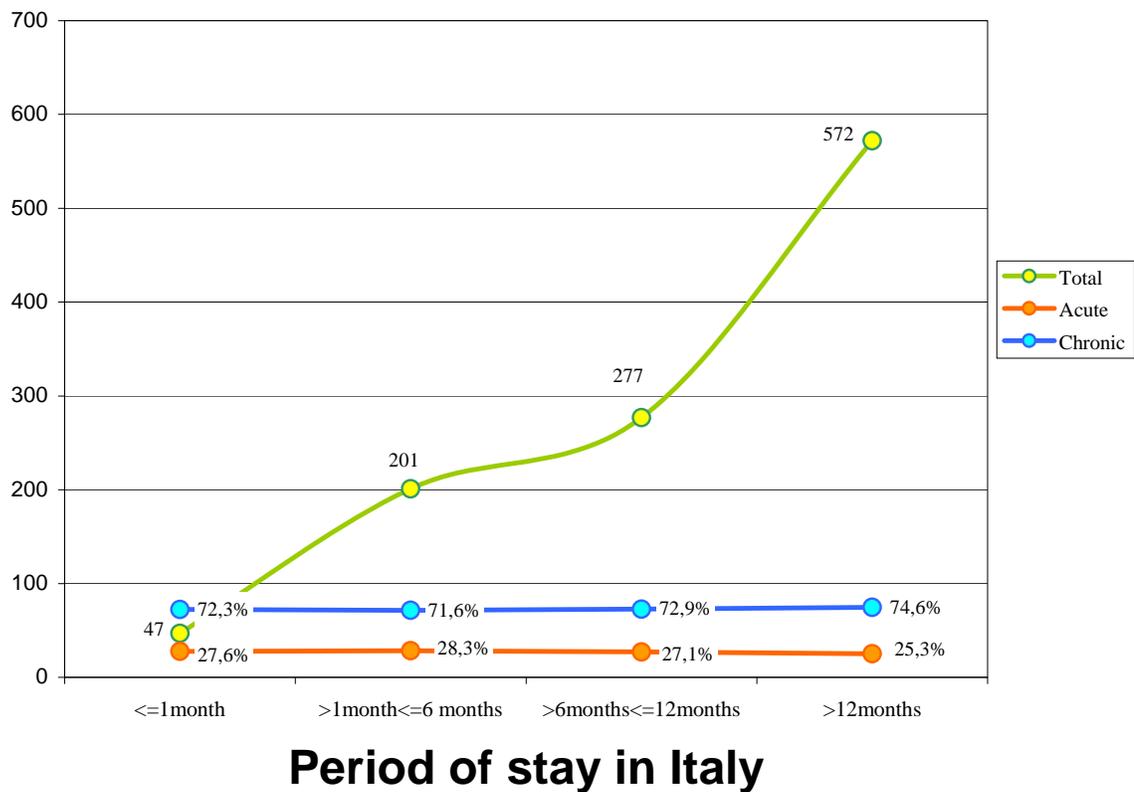


Water, electricity and sanitation facilities in the interviewed person's accommodation



After an average referring to 19 months of stay in Italy, MSF noticed that only 2% of the interviewed people have remained sound since their arrival. Besides, 3% of the interviewed people started to have health problems when arriving in Italy, but became sound after being examined by MSF.

Distribution (in percentage) of suspected acute or chronic diagnosis subject to time stayed in Italy
 . (total number of superimposed cases)



* As the MSF medical staff worked in a mobile hospital, they only could carry out first level examinations; That's why we use the expression "suspected diagnosis". Thorough diagnosis was carried out a second time thanks to specific examinations.
 The difference between acute and chronic is based on the time aspect: A pathology that has started one week ago or so will be considered acute. On the contrary, a pathology that has been lasting for one month or more is a chronic one.