



The University of
Nottingham

China Policy Institute

Discussion Paper 48

**HEALTHCARE NEEDS OF CHINESE MIGRANT WORKERS
IN ITALY:
A SURVEY REPORT ON CHINESE-OWNED WORKSHOPS
IN VENETO**

Bin WU and Valter ZANIN

May 2009

International House
University of Nottingham
Wollaton Road
Nottingham NG8 1BB
United Kingdom
Tel: +44 (0)115 846 7769
Fax: +44 (0)115 846 7900
Email: CPI@nottingham.ac.uk
Website: www.chinapolicyinstitute.org

The China Policy Institute, part of the School of Contemporary Chinese Studies at The University of Nottingham, was set up to analyse critical policy challenges faced by China in its rapid development. Its goals are to help expand the knowledge and understanding of contemporary China in Britain, Europe and worldwide, to help build a more informed dialogue between China and the UK and Europe, and to contribute to government and business strategies.

**HEALTHCARE NEEDS OF CHINESE MIGRANT WORKERS IN ITALY:
A SURVEY REPORT ON CHINESE-OWNED WORKSHOPS IN VENETO**

Dr. Bin Wu and Dr. Valter Zanin

ABSTRACT

Unlike other ethnic groups in Italy, few Chinese migrant workers have used local healthcare services. This paper attempts to shed light on the gaps between the provision of local healthcare services and the needs of Chinese workers. In particular, it is concerned with the following questions: How difficult is it for them to access local healthcare services? What factors constrain them from using these services? What lessons can be learnt for the local health authority in meeting the needs of Chinese migrant workers. The above questions were addressed in summer 2006 by an empirical survey in Veneto -- an industrial cluster and newly emerging region which is increasingly attracting Chinese ethnic entrepreneurs to develop their textile, garment and leather businesses there. The methodology of the survey included participatory observation in 28 workshops, questionnaire survey of Chinese workers, and interviews with Chinese owners, doctors, community leaders, and Chinese workers.

Several findings have emerged from this survey. Firstly, Chinese migrants are not homogenous in terms of needs and their access to local healthcare services. Special attention should be paid to migrant workers and undocumented workers in particular who have largely been excluded from the existing system. Secondly, there are many constraints faced by Chinese workers including language skills, working pattern, job mobility and attitude of Chinese owners, etc. In particular, this paper draws attention to the phenomenon of 'high wall of Chinese workshops', a 'total institution' in which all Chinese workers are confined within a limited space for extremely long working hours at the cost of their health and safety. Thirdly, the difficulties facing Chinese workers have also raised questions about the principles and arrangements of the local healthcare system for foreign workers, which has failed to recognise the particular healthcare needs of Chinese workers. This has led to the development of underground Chinese clinics which present high risks to the health and safety of migrant. Finally, healthcare needs of Chinese workers are not merely issues of local healthcare services, but reflect the uneven process of integration and interaction between Chinese and Italian communities. This calls for creating a new communication channel and social support network. Several policy recommendations are proposed.

Key words: working conditions, healthcare needs, Chinese migrant workers.

Healthcare Needs of Chinese Migrant Workers in Italy: A survey report on Chinese-owned workshops in Veneto*

Dr. Bin Wu¹ and Dr. Valter Zanin²

1. Introduction

Globalisation and deregulation in the western world have led to increasing concerns about the health and safety of precarious workers in general, and foreign migrant workers in particular (Quinlan *et. Al.*,2001). This is particularly true for Chinese migrant workers in Italy not only because there has been a rapid growth in Chinese immigrants in the last decade, making them a major ethnic group in Italy, but also because few Chinese migrant workers use local healthcare services compared with other ethnic groups (Wu and Zanin, 2007).

The healthcare needs of Chinese migrant workers cannot be separated from their poor working conditions (Wu 2008). While the public and local media have increasingly been paying attention to the latter, little research has been carried out on the former as well as on the relationship between them.

With respect to the impacts of poor working conditions in Chinese-owned workshops specialising in textile, garment and leather sectors, a survey was conducted in the summer of 2006 in Veneto, an industrial cluster and newly emerging region that had been attracting Chinese immigrants. The focus was on the healthcare needs of Chinese migrant workers. In particular, we were concerned about the gaps between the provisions of local healthcare services and the needs of Chinese workers which raised the following questions: How difficult is it for them to access local healthcare services? What factors are constraining them from gaining such healthcare services? What are the implications for the local authority, healthcare service provider, and migration welfare groups to meet the needs of Chinese migrant workers?

* It is acknowledged that this paper is a part of the research project entitled "Mobility and Impacts of Wenzhounese Entrepreneurs in Veneto" jointly sponsored by the University of Padova and local councils of Padova and Venice. This paper was presented at the International Forum for Contemporary Chinese Studies Inaugural Conference, 19-21 November 2008, organised by the School of Contemporary Chinese Studies at The University of Nottingham, UK.

1. Dr. Bin Wu is a senior research fellow at the China Policy Institute and School of Contemporary Chinese Studies at Nottingham. (Email: bin.wu@nottingham.ac.uk).

2. Dr. Valter Zanin is from the Department of Sociology at the University of Padova, Italy. (Email: valter.zanin@unipd.it)

The purpose of this paper is to report our fieldwork survey. It is organised as follows. The next section describes the survey methodology, followed by the working environment and profiles of sampled workers. Section four presents quantitative evidence regarding the access and needs of Chinese migrant workers while section five provides qualitative analysis of the relevant factors behind their healthcare needs and access to local healthcare services. Section six deals with the multiple roles of Chinese clinics in healthcare services while section seven focuses on vulnerable groups, namely undocumented and female workers. Section eight tries to deliver the voice of Chinese workers and doctors regarding the regulation and collaboration between Italian and Chinese doctors. We conclude this paper with a summary of survey findings and policy implications.

2. Survey Methodology

The focus of the survey was put on the textile, garment and leather sectors, the most popular area for Chinese ethnic entrepreneurs and Chinese migrant employment in Italy. With respect to healthcare needs, many methodological issues need to be addressed.

The first was to identify suitable access to Chinese workshops. At the beginning, we contacted local Chinese community organisations and assumed that they could provide a sample framework as well as the necessary support to help us access all the registered Chinese workshops in Veneto. This plan, however, did not work because local Chinese owner associations were actually run by a few successful and rich entrepreneurs, who hardly represented the large number of Chinese owners and could hardly mobilise businessmen to participate in our survey.

Differing from the top-down approach, we began by establishing a collaborative network within the Chinese community to carry out the following tasks: A) to collect background information about Chinese enterprises and business in Veneto; B) to identify the key informants, advisers and research assistants for the project design and implementation; C) to develop a 'pilot study' of several 'observatory points' in several Chinese workshops and underground clinics. Accordingly, we searched for and developed local collaborators through the following channels: Chinese-owned pubs/bars, restaurants and supermarkets; Chinese media workers; local and overseas Chinese university students; and Chinese doctors. In addition, we conducted three pilot observations in Chinese clinics and workshops respectively.

Based on preliminary observations and information, we held a press conference for local migrant control officers, healthcare provision authority, academic scholars, trade unions, Italian and Chinese media in order to disseminate research information and encourage public participation. The conference attracted a diverse audience from both the Italian and Chinese communities, including Chinese community leaders, journalists, and entrepreneurs. Through a local Chinese paper, the purpose and importance of this project was widely circulated within Chinese community, which has had a positive impact on our fieldwork subsequently.

The collaborative network provided a sound basis for the design and development of a survey methodology through a series of discussions and consultations with network members. When the draft questionnaire and outline of observation documents were completed, we contacted the local healthcare council, trade union, industrial health and safety experts for further consultations. Meanwhile, we made contact with the national statistics bureau to gain a comprehensive list of Chinese workshops registered in Veneto since 2002. The official data provided an objective base for us to avoid a sample bias toward big or successful Chinese workshops. In addition, it was also possible for us to develop a quantitative survey based upon this sample framework. However, there were limitations in the official data with missing unregistered Chinese workshops, which was estimated at around 20% of Chinese workshops.

The formal survey consisted of the following elements: (A) participatory observations and visits of Chinese-owned workshops; (B) a self-administered questionnaire for Chinese workers; (C) group discussions of healthcare issues with Chinese workers during workshop visits; (D) in-depth interviews with key informants. Tasks (A) to (C) were implemented simultaneously once a Chinese workshop was randomly selected and accessed. In order to reduce disruptions to production, normally, either task (B) or (C) was carried out within each workshop. In most cases, there was a job division between authors during the visit: one focused on observation and another on the questionnaire or group interviews. The questionnaire was used to focus on the health conditions and healthcare needs of migrant workers while the group discussion might widely include working conditions. The majority of interviewees were Chinese workers, doctors as well as Chinese business owners and community leaders. In addition, our interviews also included some Italian owners and managers as well as local officers (e.g. police detective, labour bureau officer, trade union officer, and local healthcare authority for migration service).

Table 1 provides an overall picture of all the workshops we visited. While the focus of our visits was Chinese-owned workshops, we also visited three Italian workshops which had recruited some Chinese workers. This allowed us to develop a comparison of working conditions between Chinese- and Italian-owned workshops. Interestingly, those Italian firms were neighbours to or located in the same area as Chinese-owned workshops because they worked for the same Italian contractor but were at different positions in the supply chain. However, we do not claim that the distribution of Chinese owners and products shown in Table 1 is representative of Chinese businesses in the Veneto region due to the constraints of time and sample size. Nonetheless, this does not impede us from establishing a framework for working conditions and healthcare needs of Chinese workers.

Table 1 Composition of Visited Workshops by Owner’s Origin and Product

Owner	No.	%	Product	No.	%
Wenzhou	13	46.4	Clothes	19	67.9
Qintian	8	28.6	Jeans	2	7.1
Fujian	4	14.3	Leather	3	10.7
Italian	3	10.7	Shoe	4	14.3
Total	28	100	Total	28	100

Neither was the questionnaire survey carried out in all, but part of, the workshops, nor were all workers in selected workshops willing to participate in the self-administered questionnaire survey. Among those who refused to participate in the survey, some were too busy to stop their work. Another reason for refusal was related to their education backgrounds. Table 2 shows the distribution of participants. In 12 out of 28 workshops including one of the Italian factories, the questionnaire survey was carried out. From the total 152 Chinese workers in those selected workshops, we received 46 valid questionnaires with a response rate of 30%. The response rate would have been significantly increased if the questionnaires had been completed by surveyors instead of workers themselves.

Table 2 Participation of Chinese Workers in Questionnaire Survey

Items	Total	Participatory	%
Selected Workshops	28	12	42.9
Workers in selected workshops	152	46	30.3
Skilled workers	46	37	80.4
Female workers	46	18	39.1
30 to 40 year old	46	23	50.0
Newcomers since 2000	41	23	56.1

Amongst those participants, furthermore, 80% were skilled workers (known as *Chegong* in Chinese whose jobs included tailoring, sewing, ironing). About 40% of these were female. In addition, half of the respondents were aged between 30 and 40 years old while newcomers who arrived in Italy after 2000 accounted 56% of total respondents.

In connection with the participatory observation and questionnaire survey, we also conducted a number of group and individual interviews in a range of places, including workshops, Chinese restaurants (or pubs), and Chinese clinics. Table 3 provides a detailed distribution of the interviewees. Special attention was given to vulnerable groups including undocumented and women workers. For instance, we managed to interview 13 undocumented workers whose comments would not have been easily captured by the questionnaire survey. In addition, women workers accounted for 26 of the total 72 (or 36%) interviewees. With respect to the job division or the social position of interviewees, nearly 60% of interviewees were workers, while one-third were Chinese business owners including community leaders (defined as chairmen or vice-chairmen of Chinese business associations). Not less importantly, we also had in-depth interviews with three Chinese doctors.

Table 3 Profiles of Interviews in Veneto

Division	Items	No.	%
Migration	Documented	62	86.1
	Undocumented	10	13.9
Gender	Female	26	36.1
	Male	46	63.9
Job/position	Doctors	3	4.2
	Business Owners	13	18.1
	Community leaders	14	19.4
	Workers	42	58.3
Total	--	72	100

3. Working Environments and Profiles of Sampled Workers

In terms of the working environment of Chinese workers, participatory observations were taken as part of our fieldwork. We distinguished visited workshops into three categories: good, fair and poor. Good conditions can be defined as having a large space in both absolute (e.g. m²) and relative (e.g. m²/person) terms allowing for the circulation of fresh air and reduction of the impact of polluted air. It is associated with light and airy conditions facilitating workers to work long hours. In addition, all machines and electronic equipment are properly protected to minimise the occurrences of industrial accidents. By contrast, poor working environments are not conducive for industrial production, or those which might have significant impacts on workers' health and safety. This category includes, but is not limited to, the following conditions: small crowded spaces, a lack of ventilation and lighting, full of polluted/poisonous/waste air, out-of-date machines which are poorly-maintained and lack proper safety measures. Lying between the good and poor categories, fair conditions are those that are not so good but are still acceptable.

Table 4 indicates that generally, nearly 60% of workshops have good working environments. While Italian factories are usually better than Chinese ones, we were impressed that many Chinese factories were comparable to their Italian counterparts. However, five out of 28 fell into the category of poor working environments. A typical example would be a detached house, crowded with 23 workers involved in leather production with the air in all rooms full of dense gaseous chemicals. Another example was seen in a closed garage housing eight workers without any fresh air and natural lighting because the owner did not want them to be seen and heard by local residents. Taking into account the sample bias towards registered Chinese workshops, the

proportion of Chinese workshops in the category of poor working environment is certainly higher than the Table 4 description.

Table 4 Working Environment of Workshops

Grade	No	%
Good	16	57.1
Fair	7	25.0
Poor	5	17.9
Total	28	100

Limited to Chinese owned workshops, Table 5 shows the scale of sampled workshops. Four Chinese workshops we visited are not included in this Table because the factories were in a state of summer holiday during which only a few workers were still at work. Amongst 21 valid workshops, the vast majority were small- (<10 workers) or medium-sized (10 to 20 workers); only one was considered as large (40 workers). From the perspective of Chinese workers' employment, medium-sized Chinese-owned workshops accounted for nearly two-thirds of sampled workers, indicating that medium-sized enterprises played a key role in the Chinese labour market.

Table 5 Scale of Migrant Workers in Visited Chinese Workshops

Scale	No. of workshops	%	No. of workers	%
40	1	4.8	40	14.3
16 - 20	5	23.8	91	32.6
10 - 15	6	28.6	88	31.5
7 -9	6	28.6	45	16.1
4 - 6	3	14.3	15	5.4
Total	21	100	279	100

Note: Scale is the actual number of workers when we visited. It excludes those Chinese workshops which were quiet when we visited.

The mean age of respondents in our questionnaire survey is 36.2 years old with a range of 20 to 60. The mean age of females is 34.7 years old -- 4 years older than males. Table 6 gives a distribution of migrant workers according to age band, of which 70% are in the middle age bands between 30 and 45. Again, we do not claim that the profiles indicated in Table 6 represent all Chinese workers in this region. Taking into account the domination of skilled workers in Chinese workshops, nevertheless, Table 6 provide a useful reference for the age profile of the skilled workers who accounted for 80% of our samples.

Table 6 Age Profiles of Respondents

Age Band	No	%
20 to 25	4	8.7
26 to 30	7	15.2
31 to 35	10	21.7
36 to 40	11	23.9
41 to 45	11	23.9
46 or above	3	6.5
Total	46	100.0

In relation to their age profiles, 82% of respondents claimed that they were married with all of the females and 70% of the male respondents claiming they were married. Examining their marital status in detail, less than three-quarters of the respondents claimed that their spouses were in Italy. Even if their spouses were in Italy, not all of the couples were living together because many couples had actually separated from each other without going through the divorce procedure as we discovered during our survey. The implications for healthcare services to separate couples will be discussed in a later section.

4. Access to and Needs for Local Healthcare Services

With respect to the access and utilisation of Italian healthcare services, Table 7 shows that although 70% of the respondents have experienced seeing doctors in Italy, only 60% were registered with the local healthcare system, with a similar percentage of respondents having had experience seeing Italian doctors or visiting Italian hospitals. Whilst Table 7 confirms the importance of Italian healthcare services to the health of Chinese workers, it also indicates the gaps between the need of Chinese workers and the supply of Italian healthcare services. Firstly, a large number of Chinese workers (40% in this instance) have not yet registered with the Italian healthcare system, thus restraining them from using its services. Secondly, the gaps between the need and supply of healthcare services have been partly filled by Chinese clinics even though the latter have not yet been authorised to do so. Thirdly, despite the development of unauthorised Chinese clinics, there is still a large number of Chinese workers who have yet to see either Italian or Chinese doctors. As we will see later, this does not mean that they do not need any healthcare services, but that they have selected to take 'no action' or return to China for treatment instead of seeing Italian or Chinese doctors in Italy. Bearing in mind a sampling bias to resident permit holders, the difficulties in accessing Italian healthcare services are actually underestimated. This is particularly true for undocumented workers who are unable to register with a local Italian clinic

and also who were afraid of being found out by the police. This can be seen from responses to the the question: do undocumented workers have right to see Italian doctors or visit local Italian hospitals without incurring any penalties? About half of our respondents answered yes while another half said no. As a result of this lack of awareness, most of undocumented workers have been excluded from Italian healthcare services.

Table 7 Access to Italian Healthcare System

Items	Valid	Yes	%
Have you seen Doctor in Italy?	44	31	70.5
Have you registered in Italy?	45	28	60.0
Have you seen Italian doctor?	43	27	62.8
Do you know about the right of undocumented workers to see Italian doctors?	32	17	53.1

In order to understand why there is a large number of Chinese workers being excluded from Italian healthcare services, we asked our respondents to select multiple choices from potential barriers to access the Italian healthcare system including language competency, waiting times, information about the system, costs in terms of job disruptions and for interpreters, different approaches used by Italian doctors. Table 8 shows that the top two barriers are difficulties in communication with Italian doctors and long waiting times for treatment, listed by 87% and 61% of the respondents. A lack of accurate information about the local healthcare system and economic costs of job disruptions and hiring Italian interpreters are ranked in the third and fourth places, selected by around 40% of respondents. Only one quarter of the respondents do not like the approaches used by Italian doctors which are different from the styles used by Chinese doctors or practised by hospitals in China.

Table 8 Multiple Choices on Barriers to Italian Healthcare System

Potential Factors	Yes	%
Lack of Italian language skill	40	87.0
Too long to wait for appointment/treatment	28	60.9
Lack of information about local system	20	43.5
Costs to job and of language interpreters	18	39.1
Don't like the approach of Italian doctors	12	26.1

In order to learn about the healthcare needs of Chinese workers, we asked respondents to assess their health conditions. Table 9 indicates clearly that about 30% of respondents were concerned about their health conditions being bad or very bad, similar to the number of those who view their health as good or very good. In addition, over half (52%) of respondents mentioned that in the last 12 months they had taken illness leave due to serious illnesses, more than those who claimed no illness leave at all (48%).

Table 9 Self-assessment of health conditions

Status	No.	%
Very bad	7	16.7
Bad	5	11.9
OK	13	31.0
Good	7	16.7
Very Good	6	14.3
Don't know	4	9.5
Total	42	100

Regarding the major illness influencing the health and work of Chinese workers, Table 10 indicates flu/serious cold is the most common illness suffered by as high as 40% of respondents. It is followed by skin diseases or hay fever, which affect one-third of Chinese workers. In relation to the long hours and hard work in Chinese workshops, one-quarter claimed that they have had experience of stopping work due to exhaustion or overstress. Pregnancy and/or abortion rank fourth for all respondents and as the second most important issues for female respondents with one quarter of the female respondents having experienced it. Finally, industrial incidents, mainly finger injuries, are also an important issue for some Chinese workers and in particular for those unskilled and undocumented workers who mainly operate the machines that fix buttons onto clothes.

Table 10 Serious illnesses experienced by respondents in Italy

Major Illness	No.	% of N	% of cases
Flu/Cold	13	28.9	40.6
Skin/Hayfever	11	24.4	34.4
Exhaustion/Overstress	8	17.8	25.0
Pregnancy/Abortion	4	8.9	12.5
Industrial Incidents	3	6.7	9.4
Other	6	13.3	18.8
Total	45	100	140.6

Cases=32

In order to understand the preference of Chinese workers in accessing and using local healthcare resources, we asked respondents to make a choice amongst several providers, including Italian doctors, Chinese doctors in Italy, both of them, or others. Table 11 shows clearly, that access to the Italian healthcare system is predominant amongst respondents in spite of the many difficulties and barriers faced by them. Furthermore, with the emergence of Chinese doctors and underground clinics in Italy, nearly 30% of the respondents favoured Chinese doctors, ranking them in second place. Unsurprisingly, many people selected both because Western and Chinese were two different healthcare systems with their own advantages and disadvantages that complemented each other. The remaining respondents selected other as most of them return to China for treatment purposes.

Table 11 Preferred Provider of Healthcare Services

Provider	No.	%
Italian doctor	18	48.6
Chinese	11	29.7
Both them	4	10.8
Other	4	10.8
Total	37	100

5. Major Barriers to Chinese Workshops Accessing Local Healthcare Services

Having examined their needs and access to local healthcare services, we need to go further to understand: why is a large number of Chinese workers excluded from the system? What factors have impeded them from using the local system? Based on a wide range of interviews with Chinese business owners, doctors and workers, the

following factors should be taken into account, including: Italian language competence, working pattern, attitude of Chinese owners, job mobility of migrant workers, etc.

Language Skill has been commonly recognised as a key barrier to local healthcare services access for Chinese workers. The impact of the language barrier, however, varies greatly from one person to another, depending on many factors such as age, length of migration, education background, and social networks. Generally speaking, it has little impact on Chinese owners or their family members because the majority of them can communicate with Italian doctors without an interpreter. Even if some of them face language difficulties, either their family members (e.g. son or daughter who are studying at local schools) or relatives who are in charge of their public relations are able to help them overcome this difficulty. In contrast, for newcomers who have had neither a chance to learn Italian nor help from friends or family members (e.g. students), the language barrier is a serious one that cannot be overcome until they are prepared to recruit an Italian interpreter or find an alternative, such as going to a Chinese clinic. Below are quotes obtained from interviews at two Chinese workshops:

Q: Let us talk about something. You said you were not feeling very well recently?

A: I don't know. Maybe abdomen ache or stomach aches. I cannot understand Italian in the hospital. No communication.

Q: Did you go to the hospital with a translator?

A: No. I cannot find a translator. We are workers with a small social circle. It is difficult to ask others to accompany with me to hospitals. Everyone is busy.

Q: Did you employ a translator to help you?

A: No. I don't know how to employ one. I cannot always ask friends' relatives whose homes are far from here. It is not convenient to use the phone or mobile phone [Shop 2].

Q: Do you spend money to employ a translator?

A: Our boss can speak Italian. If we work for the boss, the boss will help us. However many bosses can't speak Italian. You have to employ a translator. It costs a lot of money.

Q: How much does translation service cost? For example, how much of the charge of 4 or 5 hours' service?

B: It can be calculated by day or by hour.

A: I think €30 to €50 is not enough; the lowest is €50 every time (to see doctor).

B. We need a translator when we see the doctor. But the working time of a translator does not coincide with mine. A common stomach illness can't be cured in six months [shop 4].

The above quotations seem to indicate that the language barrier is not absolute and totally independent but a variable of working conditions, social networks and management styles of Chinese workshops. Unlike the Italian factory system which sets a daily limit of only eight working hours, Chinese-owned workshops have charge over their workers for 24 hours a day every day of the month because a Chinese worker is assumed to give all of his or her time to work other than the minimum amount needed for sleeping and eating the moment he or she enters the door of the workshop. As a result, Chinese workers have little time to learn and develop their language skills, for which they are mainly dependent on their Chinese employers or their relatives. In this sense, Chinese-owned workshops are more likely to be "total institutions" which should be responsible for everything related to the welfare and health needs of workers.

Working Pattern in Chinese workshops. Whilst long waiting times, or having no time to wait, is listed as the second most important factors in Table 8 impeding Chinese workers from accessing local healthcare services, the negative impact of the predominant working pattern on the health of Chinese workers may be underestimated. The term "*working pattern*" here refers to arrangements for variations in working and resting periods. It includes the working hours and schedule of each day; number of working days each week; flexibility of working times; and any penalty for breakdowns in the working pattern.

There are big differences between Chinese-owned and Italian-owned workshops in terms of working patterns. For instance, workers in the former are more likely to work over 14 hours each day for 7 days a week without any provisions for paid sick leave. By contrast, workers in the latter are more likely to work eight hours each day for 5 or 6 days a week with a likely provision of of paid sick leave. Limited to Chinese-owned workshops, the variety in working pattern can be distinguished. For instance, some work during the daytimes only (e.g. jean washing) while others are more likely to work during the night times (e.g. clothing). In some workshops, there are no deadlines for delivery a batch of cloths, allowing workers to decide how many pieces of cloths to take and complete their tasks. In others, Chinese owners may accept too much work from Italian subcontractors and then set up tight deadlines. The harsh working pattern and its impacts on workers' health and safety can be seen from the quotes below.

Q: Is the factory busy?

A: Very! It is better for you to visit the Chinese workshops in the early morning or at midnight when you will find all their workers busy working very hard.

Q: Why work at night? Why not work in the daytime?

A: Daytime? The boss cannot bring in the job in the daytime, so the workers have to work at night after the boss brings in the job. If the goods are needed tomorrow morning, the workers have to work throughout the tonight.

Q: Can we adjust the working hours to the daytime?

A: No, you cannot [because] the Italian contractor finishes his designs during the daytime and wants to sell the products in the market the next day so you must complete the rest of the job during the night.

Q: Does your job involve one part of the process, or is it the whole process?

A: The whole process except the design stage. The design is with the Italian factory. The products must be given to them tomorrow morning. Even if he [Italian subcontractor] didn't ask for the job to be done by the next morning, the Chinese boss may still want to do so because the boss wants to earn more money. Suppose the products on the Italian side have to be delivered within 3 or 5 days but the boss thinks the job can be done by today, he will ask the workers to finish it today. If the products cannot be completed tomorrow, he will ask to finish them the day after tomorrow. The deadline is set by the boss so you cannot assess if it is real or not. This is the reason why you often hear of the story "Crowing in the midnight" (a classic story in Chinese which illustrated the terrible working pattern on a Chinese farm before 1949) in Italy.

Q: If I am a worker, why do I have to work like this? Can I do work which is not like that?

A: No. You could try to find. (Laughs) I say 99% of workshops are in the same situation while the other 1% makes a loss. If you cannot earn money at the workshop, you will not work there. It is simple. I do not want to work in a workshop which makes a loss. I have no time to see a doctor if I have a small illness. If I have a cold, I will sleep.

Q: Does anybody have a medium illness, which is not very serious?

A: The doctor in the hospital cannot treat this kind of illness.

Such a working pattern, according to above quotation, impacts greatly on the healthcare needs of Chinese workers. Firstly, it worsens the health of Chinese workers, and is responsible directly for the common occurrences of exhaustion, reported by one quarter of the interviewees as shown in Table 12. In addition, it also reduces the capacity of migrant workers to fight viruses, which lead to serious cases of flu and

colds -- the first complaint amongst migrant workers. Secondly, such a working pattern inhibits Chinese workers from seeing the doctor because of the working pressure. Finally, it leaves little time for workers to attend Italian language courses or to develop external social networks.

Attitude of Chinese Owners. The healthcare needs of Chinese workers are influenced by not only the working pattern adopted in their workshops but also by the attitude of their bosses. This is because the former is more or less similar amongst Chinese-owned workshops. By contrast, the attitudes of their employers vary greatly depending on many factors such as personality, business objective, length of time since enterprise establishment, region of origin, moral standard, trust, and working relationship with workers.

There are three reasons why the attitude of Chinese owners is a key factor. Firstly, as a 'total institution', Chinese owners are responsible for providing food and accommodation for all their employees. Under such living arrangements, workers are actually part of the owner's household together with the owner's family members. In this sense, the Chinese owner is just like the head of a big family having both legal and moral responsibilities for the health and safety of all his workers. Secondly, Chinese owners usually face fewer language barriers compared with their employees. Even if some do have such difficulties, it is easier for them to overcome such difficulties because they have the means or resources (e.g. their children or relatives can provide a language backup anytime). Thirdly, Chinese owners are usually more familiar with, and have more informal channels to access the local healthcare system due to the long period they have lived in Italy and their wide social networks. Finally, Chinese owners have key means like cars which they can use to drive Chinese workers to see the doctor. This is not the least important because according to our observations, a large number of Chinese workshops are actually located in the countryside where it is almost impossible for migrant workers to go to the urban hospital or clinic using the public transport system.

The differences amongst Chinese owners can be illustrated from the quotes below reflecting a worker's perception of a "good boss."

Box 1 Criteria for a “good boss”

When we visited a small leather factory located within a garage of a semi-detached house, four workers were busy doing their jobs. Among them, a couple from Wenzhou had migrated to Italy in 2002 while two female workers have just arrived last year without “proper papers.” As their boss was sleeping upstairs, all workers were very relaxed about giving their working experiences and opinions of Chinese owners. According to Mr. Hu, the only male worker there, a good or bad employer can be distinguished by the following indicators:

- ❑ Respect of workers’ rights to reasonable pay and proper rest. Some Chinese bosses are evil who exploit workers without any consideration of their workers’ contributions and health;
- ❑ Quality of food for workers. Food standards and quality are significantly different amongst Chinese owners. This is mainly because of the background of the owner’s family (e.g. whether they are rural or urban residents in China) and the region of origin. Some owners try to force workers to follow their family eating patterns [which lack nutrition].
- ❑ Help provided to workers to sort out their difficulties. It is particularly important for the boss to take care of workers’ health issues as they are so vulnerable when they fall ill because they lack the language skills, a car to see the doctor, and also find it difficult to cope with their heavy workload. A bad boss does not respond to requests from workers to see a doctor and does even not allow workers to stop work or reduce their work load when they are ill.

High Mobility of Chinese workers. This is related to both intense competition amongst Chinese owners and the shortage of skilled workers in Italy. The median length of time respondents to our survey have been working for their current factory is 4.5 months. Table 12 below provides an insight into the variety of the length of time respondents have been working in their current workshops. It indicates that over 40% of them have been working for their current employers for three months or less, 30% for four to eight months, while only one quarter have been working more than eight months. Each

worker has on average changed employers more than five times since they came to Italy.

Table 12 How long have you been working at this workshop?

Months	No.	%
<= 3	13	43.3
4 to 8	9	30.0
>8	8	26.7
Total	30	100

The high rate of job mobility of Chinese workers has had a negative impact on their access to and utilisation of local healthcare services. As shown by Table 7, only 60% of our respondents have registered with the local healthcare system while the remaining 40% are outside of the system. Registration with a private doctor however does not mean that they have effectively used local healthcare services because of two reasons. Firstly, few Chinese workers change their healthcare registration when they change jobs. As a result, they cannot use the local healthcare service unless they also transfer their registration to their new location. Secondly, they find it difficult to wait for an examination or treatment due to uncertainty, or short period, of job retention. To cope with urgent healthcare needs, it is quite common for Chinese workers to see Italian doctors in the emergency department although their symptoms may not be considered as “emergency” cases. Below is an extract reflecting their difficulties and coping strategies.

Q: How long have you been here?

A: We have been here for six or seven years.

Q: During these years, have you ever gone to see the doctor in an Italian hospital?

A: Yes, I have. There was once when my ears felt very painful. I suffered the pain for a week while working.

Q: What happened then?

A: I couldn’t bear it any more. I asked an Italian-speaking person to take me to use the emergency call.

Q: Do you always choose the emergency call?

A: Yes, because we don’t make an appointment in advance. In Italy, an appointment is needed for everything, and you have to wait very long hours.

Q: Is your local doctor in this neighbourhood?

A: We are working here, but our healthcare treatment certificate is registered in Bologna [located in another region outside of Veneto].

Q: Is this situation common?

A: Yes, it's usual. Many people do not regularly stay in one place, except those people who have family. We follow the job opportunities, where the work is, that is where we will be.

Q: This means medical treatment certificates are useless.

A: Yes, they are useless. When we can't bear the pain, we have to make an emergency call.

6. Roles of Chinese Clinics: Contributions and Issues

The gaps between the needs of Chinese workers and the provision of local healthcare services have resulted in a rapid growth of Chinese doctors and Chinese clinics in all Chinese communities in Italy including Veneto. Because the qualifications gained from Chinese medical universities and hospitals have not yet been recognised by the Italian authority, Chinese doctors are not allowed to register as local doctors. In order to meet the needs of Chinese customers, large numbers of Chinese doctors have opened Chinese herbal shops to sell Chinese medicinal products and also to treat Chinese patients. There are also many Chinese doctors who treat patients in their homes. For the Chinese migrant workers, it is impossible for them to verify the qualifications and experience of these Chinese doctors in China.

In relation to the growth of the Chinese population, many Chinese clinics have been established in major cities of Veneto in recent years. In a city we visited for instance, three Chinese clinics have been established since 2000 and all are located near the railway station, where there is a concentration of local Chinese residents. The location also makes the clinics easily accessible by Chinese workers who work and live outside of the town. Interestingly, all those clinics had been inspected and closed by local police just before this fieldwork began. Whilst it is undoubtable that all those clinics have broken Italian regulations, we were told surprisingly that the authority's action had been a result of anonymous letters sent from the local Chinese community which claimed that some of these Chinese clinics had conducted risky operations like abortion. Some local informants suggested that the anonymous nature of the letters seemed rather to point to the nature of intense and vicious competition amongst Chinese clinics. During the period of our fieldwork, we had the chance to meet with all the Chinese doctors and their partners and to learn about their experience, opinions and requests. Meanwhile, we had also managed to visit other Chinese clinics for the

purposes of conducting observations of and interviews with patients. We collected comments and suggestions from Chinese workers regarding the standards and future of Chinese clinics.

Taking into account language barriers and working patterns which restrain Chinese workers from using local healthcare facilities, Chinese clinics offer many advantages to Chinese patients. These include: no communication issue, flexibility in diagnosing and treatment (no time restrictions even at midnight and during weekends and holidays); familiarity with working, living, physical and psychological conditions of patients, and also their combination of Chinese and western medicines. Below is an account from a Chinese doctor who spoke about the reasons why Chinese doctors were important for migrant workers.

Box 2 Why would Chinese workers like to see the Chinese doctor?

Specialised in traditional Chinese medicine, Mr. Xu claimed that he had had more than 20 years of consultancy experience at a state-owned company's hospital in China before he migrated to Italy. He touched on why Chinese migrants would like to see Chinese doctors even if they knew about the free medical treatment in Italian hospitals. Besides language barriers and limited waiting times, according to him, Chinese workers do not like the way Italian doctors pay little attention to the status of the whole body system and focus only on the physical symptoms. For instance, when Chinese workers feel very uncomfortable physically due to their long periods of hard work, Italian doctors may do nothing in terms of treatment but only ask them to have a rest. This approach is quite different from that of Chinese doctors. Being used to hospitals and medical staff in China, Chinese migrant workers desire that doctors remove their fatigue and any dysfunction immediately so that their work will not be interrupted.

As a Chinese doctor, his treatment covers three areas:

- A) The removal of "fire" (Chinese medical term) within the body to reduce the potential of serious illnesses (system imbalance). This totally dependent on Chinese medicines;
- B) The addition of "nutrition" to the body to remove fatigue or to restore energy. This can be done through injecting a bottle of solution which is available from Italian medicine shop;
- C) Anti-infections (e.g. high fever) by adding western medicine into the solution bottle. In the past, it can be easily obtained from other EU countries or sent as normal parcels from China. Today, such medicines are difficult to buy.

He felt upset and that it was unacceptable for the Italian police to treat him like a criminal by using physical force on him when they searched his clinic. They did not give any explanation prior to closing his shop. He tried to ask for help from local Chinese associations but got no response. Now he is considering whether the Chinese embassy could provide help because he believes that what he does is beneficial to the Chinese community and Chinese workers in particular who are actually excluded from the local medical system.

Box 3 Why I came to Italy.

Dr. Shan graduated from A Medical University in Zhejiang in 1989. His major was in western medicine. After graduation, he had worked at a County Hospital in Wenzhou Municipality until 2002. He had never considered migration because as a key staff member in the hospital, he enjoyed his career because of good working conditions and pay. Even in 2001, the hospital had sent him to Beijing for a one-year training course in traditional Chinese medicine in order to set up a new treatment programme within the hospital. He showed me many photos including those of all the graduates of the training course in Beijing, and also of all the staff of the hospital where he had been working at the farewell for his departure to Italy.

His migration was driven by his wife who had migrated to Italy since 1998. He had brought his daughter to visit Italy for half a year and wished he could return. In that period, his wife was working in a Chinese workshop and many patients and their relatives he had treated in China before came to him to ask for medical help. He found it difficult to refuse them. Gradually, more and more people visited him for medical help, and he found it more and more difficult to return. As a result, he began considering how he could help migrants sort out their health and medical difficulties.

He set up a clinic afterwards and has gained a good reputation within the Chinese community. Most of his patients do not have Italian language skills or have no time to wait for diagnosis and treatment at Italian hospitals. His practice is limited to small illnesses and he would advise several patients to see Italian doctors. While visiting his clinic on an afternoon, our conversation was interrupted many times by visitors and phone calls. During the two-hour period, three patients were undergoing various treatments -- two for flu or exhaustion and one for a finger injury. In addition, there were also visits by two patients seeking consultation on medical examination results - - one from an Italian hospital and another from a hospital in China because the patient had just returned from China.

Unlike Mr. Xu whose skills and knowledge are based on a long period of practice in traditional Chinese medicine, other Chinese doctors we met in Veneto belonged to the younger generation who have received a good training in China's medical universities with a couple years of working experience in local hospitals before they migrated to Italy. A common trait shared by Dr. Shan and Dr. Tong was that both of them had

migrated to Italy because their spouses had spent a couple of years in Italy and then persuaded them to go over. It was a hard decision for both because they had enjoyed good positions in their hospitals earning a decent pay with long-term career development prospects. They decided to migrate into Italy because they saw an urgent and increasing demand for healthcare services within the Chinese community. Box 3 gives another illustration by Dr. Shan.

It seems clear that the Chinese clinics perform some positive functions by satisfying the particular needs of Chinese workers. Otherwise, it is difficult to explain why so many people call on Chinese doctors even if they know the clinics have been closed. Besides directly relieving the suffering of Chinese workers, China-qualified doctors also provide support and advice to Chinese patients to use Italian healthcare resources and services in a more effective way.

It is undeniable that Chinese clinics face many difficulties and challenging issues. The big issue is the nature of Chinese clinics. Without legal protection and financial subsidies, Chinese clinics inevitably have expanded to gain profit, but at high risks as well. During our visits, many workers expressed their suspicions of and mistrust of Chinese clinics, which could be seen as quoted below.

Q: I wish to know the advantage and the disadvantage of Chinese doctors and clinics.

A: Chinese doctors have many advantages. The first is language. But they are selfish, earning the workers' hard-earned money. However if they can really treat patients, that is all right [Shop 3].

B: These private doctors are not good basically. They are not of the government, and they are there just to earn money from the Chinese. They can't diagnose your illness. When you tell them your symptoms, they prescribe some medicine for you right away. One box of medicine costs several tens of Euros. They don't care whether its effect is good or bad and whether you are dead or living [Shop 8].

C: For some illness, it can be treated at once in China. But it can't be treated until you have been to the doctor's three or four times in Italy. I suppose that Chinese doctors here earn our money intentionally [Shop 15].

D: Some Chinese doctors don't want to treat you at once. They would like to delay the treatment. You need to pay €50 for the first time, and then €100 the next time [Shop 2].

The second issue is the standard of Chinese doctors. This is important because the growth in the Chinese migrant population has resulted in an increasing need for healthcare services. Eyeing profits in this new economic sector, a lot of “Chinese doctors” have emerged. It is very difficult for ordinary workers to verify these so-called doctors’ academic qualifications, working experience, and professionalism in China. For many people, the purpose of their visits to Chinese clinics is not to see a doctor but to buy medicines, because as one person said: “I don’t know whether he is a real doctor or not. There is no evidence. This place is regarded as a clinic if there are medicines available. For example, when we catch a cold and have a cough, we have to buy appropriate medicines although they are expensive. We don’t have other choices” [Shop 4].

Taking into account the nature of “underground clinics,” unsurprisingly, all the Chinese clinics do not have the necessary instruments or facilities to perform any surgery. The same applies to key medicines which are restricted by the Italian authority because the main supplies of key drugs are outside Italy and likely from China. This underground channel is unfortunately unreliable and fluctuating which results in medical supply shortages. The consequence is that Chinese doctors prescribe medicines based on what is available in the clinic and not on the patient’s disease and symptoms. This is also the reason why many interviewees have complained that Chinese clinics sell out-of-date medicines.

Whilst Chinese clinics have become a new highly profitable sector within the Chinese ethnic economies in Italy, they also pose high risks to Chinese workers because of many factors mentioned above. Below is an account obtained during our fieldwork.

Q: What illness did you have?

A: It was not serious, but my stomach is not fine. After I saw a Chinese clinic and had an injection, it was even worse.

Q: Do you mean the injection had side effects?

A: I don’t know. I had this kind of symptom anyway. I don’t know whether the reason is my body condition or the medicine. But when I returned home, one layer of skin came off my hands. I don’t understand either.

Q: Was it caused by hard work?

A: It was not my first day being here. I came here three years, working every day. I worked even harder, but never had those symptoms.

Q: That means it was a result of seeing the doctor.

A: I don't know exactly. I guess it is there is a possibility of above 90%. In Italy because I have no money, it's convenient to see the Chinese doctor when I am sick. There is no medical treatment equipment at a Chinese clinic. Being a Chinese clinic, I tell the symptom, and then a doctor injects you. I have been feeling fatigue for a month since the injection at a Chinese clinic.

Q: You had a rest for a whole week for this reason, didn't you?

A: Yes. I felt tired and sleepy for the whole day. Basically I was unable to work, and had to lie in bed every day. I had been in bed for the whole week thinking about returning to my country everyday. But I am recovering slowly.

7. Impacts on Vulnerable Groups amongst Chinese Workers

Whilst all Chinese workers share common difficulties in meeting their healthcare needs to various degrees, this is particularly true for vulnerable groups such as undocumented and female workers.

Needless to say, undocumented workers suffer more in terms of healthcare needs compared with their colleagues who have proper resident permits. This is because neither can they register with the local healthcare services nor can they travel to China even when they contract a serious disease which cannot be treated by Chinese doctors. The vulnerability of an undocumented worker can be illustrated from an account given by her friends in a workshop. Below is an outline of this worker's case.

We had a babysitter (a post to look after boss' children) from northern China who had just left from this factory. She suffered from feet pain (caused by probably rheumatism) and was treated for three months in a Chinese clinic. She went to a Chinese clinic rather than an Italian hospital or return to China because she did not have a resident permit and cannot register with the local healthcare system. Bearing in mind her wages for babysitting are about €500 to €600 per month, she had spent altogether €1700 in that clinic. That was just the cost of the medicines (i.e. solutions plus some drugs) in addition to the cost of accommodation which had been exempted by the doctor. As she had run out of savings, the treatment was stopped and now she has gone to another city for work and treatment. [Shop 4]

The vulnerability of undocumented workers cannot be fully understood unless their working conditions are taken into account. This is because the vast majority of them are unskilled workers who cannot fit into any post other than that of a “miscellaneous worker” (*Zhagong* in Chinese) in Chinese workshops. In contrast to skilled workers, such workers are more likely to work two to three more hours to complete all remaining work such as cutting strings, cleaning the workshop, loading and unloading; earn a lower pay (may be 20% to 30% less) which is paid monthly; and lack the flexibility to take any break even if their bodies do not feel very well. Some of them may be involved in dangerous jobs such as fixing buttons through machines. According to some Chinese doctors, the operation of button-fixing machines is a major cause of industrial incidents at Chinese workshops each year involving hundreds of broken fingers. The frequency of these incidents are particularly high when workers have been working hard for too long and are suffering from serious fatigue. Worse still, injured workers may not receive any compensation and instead have to continue to do their jobs unless they want to quit. Below is a harrowing story which shows how badly some of the Chinese factory owners treat undocumented workers (Box 4).

Box 4 Who can help me gain justice?

Mr. Yuan, a cook from Hunan province, asked me for help regarding his finger injury. He came to Italy two years ago on a tourist visa and has yet to get a resident permit. One of the fingers on his right hand was broken during the period of *Ganhou* (busy season with so many contracts in hand which occurs usually from May to July) a year ago. He was sent to an Italian hospital for treatment. Despite this, he had to continue doing his job the next day without any stop. He was so upset when he was asked to leave that factory just after the end of the busy period while the boss did not mention anything about compensation for his injured finger. He did not intend to continue to work there but wanted an apology from the boss together with one month's salary for leaving. His request was refused. This made him so angry that he was prepared to kill the man. When he was ready to carry out his revenge one evening, he received a phone call from his daughter who was still in school from China who said she felt something was wrong because her father had not been calling home regularly as usual. This led to him suspending his plan because he needed to assess the consequences for his daughter. Since then he has been looking for legal assistance to penalise his former boss. If he is not successful, he is determined to take revenge on his ex-boss in the near future.

Whilst undocumented migrants refer to only a small proportion of Chinese workers, the issues of women's diseases cover the majority of, if not all, female workers. Furthermore, their healthcare needs are more complicated, involving many factors in both Chinese and Italian sides. Besides some of the common ailments shared by male workers such as cold/flu, fatigue, the most striking health issue for Chinese women is the high frequency of pregnancies and abortions. According to an estimate by Dr. Xue, a female doctor specialised in gynaecology, on average, all Chinese women working in Italy under 40 years old have had experience of going through at least one abortion either in Italy or in China. She listed the major factors for the high rate of unplanned pregnancies:

- Firstly, sexual relationships are very popular amongst Chinese workers. Among these, a large proportion is between non-married couples or casual partners. This results in a high chance of pregnancy. When that happens, women have no choice but seek abortion through whatever means.

- Secondly, although some pills are available for women to take before sex, it is difficult for Chinese women to access them because users are requested to take a test before the doctor can issue a prescription. Again, it will take a significant amount of time before the results of the medical examination are given. This process takes too long for Chinese workers even when language barriers are taken into account.
- Thirdly, many Chinese men do not like to use condoms. Meanwhile, many female workers depend on calculating their “safe sex” period. Taking into account their long working hours and intense work together with their irregular patterns of work and sleep, the convenient calculation method often fails, according to Dr. Xue.
- Finally, a vast majority of the female workers are from the countryside with low education backgrounds. These young women know little about the risks of pregnancies and abortions.

Once female workers find themselves having an unplanned pregnancy, they will try to see whether the local hospital could offer an abortion surgery within three months. In most of these cases, based on our interviews, this is often unlikely. In such cases, the women will have only two choices, which are to either buy a flight ticket back to China or seek the help of a Chinese doctor. Although the first choice is safer, a large number of women have to select the second choice (we cannot give an estimate of the number making each of the two choices at the moment). This is particularly true for those who are undocumented residents or whose applications for the renewal of their resident permits have yet to be approved. As a result, consultations for women’s diseases and in particular for abortions have become a highly profitable service in Italy. This can be seen from an interview with a doctor’s assistant below.

Q: Do you sell drugs to induce abortion?

A: No, we don’t sell this kind of drugs. But our neighbour [Chinese clinic] sells them. Why do they earn so much money? Tens of thousands of Euros per month! They earn money from selling abortion drugs. The marked price of one box of abortion drug in China is just 20 yuan (i.e. €2) in China. Here it is sold at €80 to €150 per box. You can imagine how much profit they can make. We don’t do that because we are afraid that the abortion drug harms patients. Do you know how many patients may have side effect when they take this medicine? You don’t know!

Q: Even if only one out of 100 patients suffers serious side effects, that is unacceptable.

A: But Chinese doctors can make a lot of money from selling this abortion drug. In Milan, Rome and Prato, there are many doctors who have become rich due to such sales. When patients come to a clinic to induce abortion, the clinic can earn a lot of money at little cost [Person 10].

Whilst Chinese doctors have helped a lot for women relieve their physical and psychological suffering, female workers have to bear a high risk once they choose to use a Chinese clinic which does not have the necessary equipment, emergency measures or even gynaecological knowledge and experience. The high risk facing Chinese women in Italy is illustrated by the following interview:

Q: Did you consult Chinese doctors?

A: Yes, a lot.

B: She has spent thousands of the Euros on Chinese clinics!

Q: Why do you want to consult Chinese doctors if you know they cannot treat illnesses?

B: Chance. Maybe they can.

A: We do not want to go to Italian hospitals. It is troublesome.

C: The main problem is time. We have to consult an Italian family doctor firstly before we can book into an Italy hospital.

A: There is no equipment to clean the uterus in Chinese clinics.

Q: Is that for induced abortion?

A: No, that's because my uterus often bleeds and the wall of uterus is thick.

Q: Who wants to do that?

A: Myself.

Q: Did you consult Chinese doctors?

A: Yes. Foreign doctors do not understand it.

Q: Is the problem solved after cleaning the uterus?

A: No. The ache was terrible, so I stopped doing it.

Q: No painkiller or anaesthetic?

A: No. I had to return to China to do it again [Shop 16].

8. Towards a Cooperative Institution: Response and Dilemmas Ahead

Having examined both the advantages and disadvantages of Chinese clinics in Italy, it seems clear that it is impossible to prohibit underground Chinese clinics in Italy unless the healthcare needs of Chinese workers can be met while their difficulty in accessing

local services can be removed. In spite of the variations in quality and professional standards, Chinese doctors have shown to perform some positive functions in alleviating the suffering of Chinese workers and in mediating between Chinese workers and the Italian health system. Rather than simply banning Chinese clinics in Italy, we are concerned about the possibility of regulating and restructuring Chinese clinics through cooperation between Chinese and Italian doctors. Such idea has received positive responses from not only from the Chinese community including Chinese doctors, workers and community leaders, but also from the local healthcare authority. Bearing in mind many factors are involved in the process, there is still a long way to go even if the above-mentioned idea was put into practice. The following paragraphs will examine responses from relevant stakeholders and some potential barriers and issues facing policymakers and local authorities.

When asked to comment on a proposal for a cooperative institution between Chinese and Italian doctors for Chinese patients, our survey shows (Table 13) that the vast majority (more than 90%) of respondents support the idea with half of them expressing strong support. It seems clear that the healthcare needs of Chinese workers can hardly be achieved unless Chinese healthcare resources such as traditional healthcare means and the experience and skills of Chinese doctors in Italy are fully utilised and regulated.

Table 13 Attitudes to proposed cooperation between Chinese and Italian doctors

Attitude	No	%
Doesn't matter	4	8.7
Good idea	8	17.4
Very good	11	23.9
Fully support	23	50.0
Total	46	100

9. Conclusions and Policy Implications

Based on intensive fieldwork carried out in Veneto -- an industrial cluster in northeastern Italy -- three years ago, this paper has tried to reveal the healthcare needs of Chinese migrant workers and their relationship with the working conditions of Chinese-owned workshops in the textile, garment and leather sectors. Through an examination of both quantitative and qualitative evidence, the following conclusions can be drawn from this paper.

Firstly, Chinese migrants in Italy are not homogenous in terms of healthcare needs. This paper has drawn attention to Chinese migrant workers who work in Chinese-owned workshops in the textile, garment and leather sectors, and who have experienced difficulties in accessing and using local healthcare services.

Secondly, the healthcare needs of Chinese migrant workers could hardly be understood and met unless their working conditions were taken into account. Our survey has shown that many factors hinder Chinese workers from using local services including Italian language skills, working and mobility patterns and the attitudes of Chinese employers. These barriers are furthermore related to the family production system, which is in effect a 'total institution' adopted by Chinese-owned workshops through which employers provide a total package of a job, food and accommodation for employees just like they would for family members (Wu and Zanin, forthcoming). This results in the workers being socially isolated from the local Italian community on the one hand, and creates a heavy dependency on their employers for access to local healthcare services on the other.

Thirdly, the gap between local healthcare provision and the needs of Chinese migrant workers has resulted in an increase in Chinese clinics in Veneto and throughout Italy. The survey evidence has shown that those "underground clinics" serve a positive function in addressing the particular needs of Chinese workers, while having a negative impact on their motivation and service quality. Without proper regulation, Chinese migrant workers have to bear any potential risk themselves besides being exploited.

Fourthly, amongst Chinese migrant workers, special attention should be paid on vulnerable groups including undocumented and female workers. Longer working hours and undocumented status have made it even more difficult for the former group to access local healthcare services, subjecting them to exploitation by some Chinese clinics. Among the latter group, unplanned pregnancies and abortions in Chinese clinics pose high risks for female workers, and in particular for those who are unable to go back to China for medical purposes.

Finally, the case of Chinese migrant workers in terms of their access to local healthcare services has raised the question of the particularity of Chinese immigrants and their integration into Italian society. There are many factors involved in this process including the rise of China, structural and functional deficiencies of local Chinese community organisations, limitations of the Italian healthcare system in understanding

and adapting to Chinese migrant workers, etc. Further research is needed to address these issues.

Several policy suggestions can be drawn as follows:

- Recruit Chinese interpreters in local healthcare service centres and Chinese students in medical Universities to provide services to Chinese patients.
- Create a special fund to address the particular needs of migrant workers including Chinese migrant workers, such as 24-hour services or mobile doctors;
- Set up joint Italian-Chinese clinics within Chinese communities instead of leaving irregular Chinese clinics to meet the special needs of Chinese immigrants;
- Establish a social support network for Chinese migrant workers, in particular undocumented and female workers.

References

Quinlan, M., Mayhew, C., and Bohle, P. 2001. "The Global Expansion of Precarious Employment, Work Disorganization, and Consequences for Occupational Health: Placing the Debate in a Comparative Historical Context", *International Journal of Health Services*, Volume 31, Number 3, Pp. 507 – 536.

Wu, B. and Zanin, V. (2007), 'Exploring Links between International Migration and Wenzhou's Development', *China Discussion Paper* No. 25, Nottingham: China Policy Institute (CPI), Online: <http://www.nottingham.ac.uk/cpi/publications/discussion-papers.php>

Wu, B. (2008), 'Vulnerability of Chinese Migrant Workers in Italy: Empirical Evidence of their Working Conditions and the Consequences', *China Discussion Paper* No. 28, Nottingham: China Policy Institute (CPI), Online: <http://www.nottingham.ac.uk/cpi/publications/discussion-papers.php>

Wu, B. forthcoming. 'Working conditions of Chinese ethnic workshops: An empirical study in textile, garment and leather sectors in Veneto, Italy', in *Forced Labour and Trafficking: The Role of Labour Institutions in Law Enforcement and International Cooperation in China*, edited and published by the International Labour Office.