

Available online at www.sciencedirect.com

Public Health

journal homepage: www.elsevier.com/puhe

Themed Paper – Short Communication

Migration, justice and health: Reimagining the earth as one country and humankind its citizens

F. Tahzib ^{a,*}, N. Davidovitch ^b, R. Labonte ^c^a Public Health Ethics Committee, UK Faculty of Public Health, St Andrews Place, London, United Kingdom^b School of Public Health, Faculty of Health Sciences, Ben Gurion University of the Negev, Israel^c Canada Research Chair in Contemporary Globalization and Health Equity, University of Ottawa, Canada

ARTICLE INFO

Article history:

Received 20 September 2018

Received in revised form

13 February 2019

Accepted 19 March 2019

Available online 20 May 2019

Keywords:

Migration

Public health ethics

Cosmopolitanism

ABSTRACT

Migration is a significant feature of the political discourse around the world. It is bewildering and polarizing policy makers, leaders and communities, grappling to address the questions raised. The growing body of empirical data on migrant health have profound ethical relevance for example around risk-benefit-analysis, justice and discrimination at the individual, micro, meso and macro levels. The policy decisions and actions to address the issues appear to be often guided by self-interest and increasing pressures to protect national interests, and the current structures and systems. This paper briefly outlines and reflects on the ethical dimensions of migration, diversity and health and implications for policy, and practice.

We argue that there is a case for new paradigms of global solidarity, social justice, and health equity in an interconnected world. Health care for migrants should be built on values of equal human rights and of shared humanity and the health and wellbeing of migrants and citizens should be promoted and protected alike.

Migrant health is of global concern and international strategies for global governance are required. Migration policies it is suggested should be based on the understanding of interconnectedness of our societies and founded on shared humanity, and health equity for all. There is a case to reimagine the earth as one country and humankind its citizens with its implications on policy and practice and the organized efforts of society.

© 2019 Published by Elsevier Ltd on behalf of The Royal Society for Public Health.

Background

There were estimated to be 258 million international migrants in 2017, with some 66 Million people forcibly displaced worldwide as a result of the armed conflicts in 2016.¹ Migrant

health is a major defining issue of our time, with more people migrating worldwide than any other time in human history.² Migration is tied to the human spirit and has always been vital in the story of humankind and civilization, with opportunities, challenges and hazards for human and societal

* Corresponding author.

E-mail address: farhang.tahzb@gmail.com (F. Tahzib).<https://doi.org/10.1016/j.puhe.2019.03.016>

0033-3506/© 2019 Published by Elsevier Ltd on behalf of The Royal Society for Public Health.

flourishing.³ People move to survive, search for food and security, move away from danger and death, and move towards opportunities for life, including employment, technological advancement and curiosity. Such movement affects the communities migrants leave and the communities that receive these migrants, with significant potential opportunities, challenges and hazards to health and well-being.

The organizers of the first World Congress on Migration, Ethnicity, Race and Health (MERH) held in Edinburgh, Scotland from 17th to 19th May 2018 noted that the Congress was a deliberate attempt to bring together scholars and practitioners who focus on classic ‘migrant health’ issues (such as health disadvantages of recent migrants or their descendants), with those who focus on classic ‘minority health’ issues (such as health disadvantage associated with skin colour, ancestry, culture and indigenous status).⁴ Such an approach, it was suggested, would advance a unified, global effort to address health disadvantages associated with migration, ethnicity and race, and that “the Congress symbolizes the promise of what migration and diversity can give the world when the associated and often momentous challenges are overcome.” Migration is one of the significant features of the political discourse around the world today, bewildering policy makers and leaders grappling to address the complex questions and issues it raises.

At the World Congress it was clear that health related issues are not merely technical challenges in provision and management of services. The need to examine the ethical dimensions and for profound and collective reflection on the underlying conditions that are causing the mass movement of populations, and implications for migrant health was shared by many. The significant number of people who are forced to migrate due to war or conflict, economic deprivation or environmental degradation at this time calls for the examination of current structures, systems and attitudes that perpetuate the current order.

In this paper we briefly outline and reflect on the ethical dimensions of migration, diversity and health and implications for policy and practice.

The case for new paradigms of global solidarity and social justice

Smith and Upshur,⁵ while analysing the various detailed reports highlighting the lessons learned from the 2014 Ebola outbreak, argue that, “despite not being recognized as such, the vast majority of lessons proffered in this literature should be understood as ethical lessons stemming from moral failures.” They also argue “that any improvements in future global public health emergency preparedness and response are in large part dependent on acknowledging this fact and adjusting priorities, policies and practices accordingly such that they align with values that better ensure these moral failures are not repeated and that new moral failures do not arise”. They conclude that “We cannot continue to fiddle at the margins without critically reflecting on our repeated moral failings and committing ourselves to a set of values that engenders an approach to global public health emergencies that embodies a sense of solidarity and global justice.”

Such an argument can also be applied to issues around migrants’ health, in considering it as potential tip of the iceberg of issues in a changing world. It calls for new mindsets for us as individuals living in an interconnected interdependent world, and new paradigms in the organisation institutions and governance of society, oriented towards solidarity, global justice, and health equity.

The case for founding healthcare for migrants on a shared humanity

We argue that migration should be seen as a core issue of public health ethics.⁶ While few question that migrants should receive some sort of basic healthcare, the central ethical challenge seems to lie in the question which level of health care is right. Should there be no difference between migrants and citizens? Especially populist narratives fuel the idea that there is no justification to treat migrants and citizens alike, but in order to protect national interests migrants should receive less. We argue against an approach that frames migration as a problem, as an obstacle to citizen well-being, and point towards the core idea of public health. One central concern of public health is health equity and well-being of all human beings. Built upon such values of equal human rights and of shared humanity, public health practice should thus protect and promote migrants’ well-being and citizen health alike, and explicitly consider the social determinants of health.

The case for more active leadership in bioethics

In many countries across the world, there is rise in nationalism and an authoritarian and exclusionary form of populism, with political leaders once considered on the fringe of politics gaining power and influence. Such populism is often due to the backlash against the emigration of displaced persons, austerity and other social and economic divisions, inequalities and injustices in society. These developments are a real threat to the health of migrants.

Solomon and Jennings,⁷ in considering how bioethics should respond to this rising populism, suggest that “bioethics need to place more scholarly attention on the common good, with greater emphasis on interdependence and the justice concerns that have fuelled today’s populism.” They also suggest that “bioethics should take those scholarly analyses into the public square far more vigorously, so that it does not become its own academic echo chamber”. Philosophers, it is suggested, need to rise to the challenge and provide more active leadership on such issues.

Implications for public health policy and practice

Health of migrants is often considered as a technical issue around emergency preparedness, communicable diseases and health care issues in receiving countries and protection of local populations, thus bringing a very narrow concept of public health – mainly as protecting “us” from “them”. As we

have argued, and in line with the idea of the World Congress on Migration, Ethnicity, Race and Health a reframing based on shared humanity and health equity for all, as the core ideas of public health, is required. This can build a lasting foundation for ethically acceptable migrant health policy.

Developing policy that fits the realities is not a simple task. ‘Migrants’ are an extremely diverse group, and implications for health vary from one geographical and legal context to the other. Furthermore, some very real difficulties cannot be anticipated or seen without empirical research. For adequate policy-making real-world settings and particular cases should be thus analysed in order to understand the vulnerabilities, deeper understanding of concepts such as solidarity and deservingness and diverse issues at stake better.⁸

Migrant health is of global concern and international strategies are required. Comparable issues on a global scale, such as climate change, antimicrobial resistance or pandemic emergency preparedness have shown that a domestic perspective is not enough. Furthermore, care for migrant health has ethical implications also in the countries of origin and during transit. Constructive solutions cannot be found by one country on its own. It is thus necessary to extend the focus of concern beyond the borders of host countries. There is an urgent need for a global solidarity that is reflected in policies.

The wide inequalities around the world, and the clear injustices they represent within and between countries, are regrettable features of our era. While there is beginning to be some discomfort and understanding that such inequalities are neither inevitable nor acceptable, and have impact on all in an interconnected world, there are underlying assumptions among leaders and policy makers which hinder resolution of the issue. This includes, for example, an acceptance of the supremacy of states, with wealthier and more powerful states seemingly more important than others, and that the lives of some people on the planet are seemingly worth more than others. Migration is, at least in part, symptomatic of wider socioeconomic inequalities and injustices, and political failures to address climate change and other ecological challenges facing planet earth; human (existential) crises which cannot be resolved by one country on its own. There is a case to reimagine issues around global solidarity in an interconnected world with growing common challenges, and reinventing a unity of purpose for the wellbeing of humankind, planet earth, and all that rely upon it for life. This is not an easy task and better understanding of the barriers is needed.

Migration policies, in contributing to such a grand and necessary endeavour, should be founded on an ethic of shared humanity. There is a case to reimagine the earth as one country and humankind its citizens, and its implication for structures, systems and attitudes in an interconnected world.

Author statements

Acknowledgements

Angus Dawson, Verina Wild and Peter Schröder-Bäck also contributed to the workshop on migration, diversity and health at the migration, ethnicity, race and health Congress in Edinburgh in May 2018 where issues raised in the paper were considered.

Ethical approval

Not required.

Funding

None.

Competing interests

None.

REFERENCES

1. United Nations. *Department of economic and social affairs, population division (2017). International Migration report; 2017.*
2. *UN International migration report 2015. Report no: ST/ESA/SER.A/384.* New York: United Nations. Department of Economic and Social Affairs, Population Division; 2016.
3. Segal UA, Elliott D, Mayadas NS. *Immigration worldwide policies, practices, and trends.* Oxford: Oxford University Press; 2010.
4. Krasnik A, Bhopal R, Gruer L, Kumanyika K. Advancing a unified, global effort to address health disadvantages associated with migration, ethnicity and race. *Eur J Public Health* 1 May 2018;28(Suppl.):1–2.
5. Smith Maxwell J, Ross E, Upshur G. Ebola and learning lessons from moral failures: who cares about ethics? *Publ Health Ethics* 1 November 2015;8(Issue 3):305–18. <https://doi.org/10.1093/phe/phv028>.
6. Wild V, Dawson A. *Migration: a core public health ethics issue.* Public Health; 2018. <https://doi.org/10.1016/j.puhe.2018.02.23>.
7. Solomon Z, Jennings B. Bioethics and rising populism: how should our field respond? *Hastings Cent Rep* 2017;47(2). XX-XX.
8. Wild V, Jaff D, Shah NS, Frick M. Tuberculosis, human rights and ethics considerations along the route of a highly vulnerable migrant from sub-Saharan Africa to Europe. *Int J Tuberc Lung Dis* 2017 Oct 1;21(10):1075–85. <https://doi.org/10.5588/ijtld.17.0324>.