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Migration: a core public health ethics issue

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ABSTRACT

Objectives: In this article, we outline the link between migration, public health and ethics.
Study design: Discussing relevant arguments about migration from the perspective of public health and public health ethics.
Methods: Critical review of theories and frameworks, case-based analysis and systematic identification and discussion of challenges.
Results: Migration is a core issue of public health ethics and must take a case-based approach: seeking to identify the specific ethical dimensions and vulnerabilities in each particular context. Public health as a practice, built upon the core value of justice, requires the protection and promotion of migrants' well-being (even if this produces tension with immigration services). Ethical analysis should take all phases of migration into account: before, during and after transit. We argue that migration policies, at least as they relate to migrants' well-being, should be founded upon a shared humanity, respect for human rights and on the idea that effective public health cannot and should not be confined within the borders and to the citizens of any host country.
Conclusions: We make the case for migration to be seen as a core issue of public health ethics.

The nature of migration and scope of this article

Migration is part of what it is to be human. We are curious and vulnerable creatures: seeking new opportunities and fleeing from potential threats. Migration has been constant since humans evolved, but it has been fuelled in recent years by increasing conflict, climate change and the opportunities and pressures of globalisation.

In this article, we focus on migration across international borders, including, for example, people moving from Latin America towards the United States, from Syria to Lebanon, Turkey and Europe or from Iran and Burma to Australia. Despite the importance of the issue, we exclude from our discussion here those who are internally displaced within states because we believe that a different ethical approach may be appropriate in the case of internal migration. We will not distinguish between migrants and refugees but will use the following International Organization for Migration definition of 'migrant':

> *'Any person who is moving or has moved across an international border [...] away from their habitual place of residence regardless of*

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their legal status, whether their decision to move was voluntary or involuntary, the cause for the movement, and the length of stay'.[1]

We take it as axiomatic that the reasons for migration are manifold and that any approach should take into account the different dimensions of migration. Of course, using this wide definition means that not all migrants are equally subject to the ethical and public health challenges that can arise during migration. Many privileged migrants will move without legal or other barriers, for example between two high-income countries (HICs). However, we will not explicitly exclude this group of migrants in our sketch of a public health ethics of migration, as even this type of population movement can result in ethically challenging situations.

Is migration a public health issue?

Before we move on to talk about migration as an issue for public health ethics, we need to establish if it is a public health issue. What exactly constitutes 'public health' is contested. However, we will make the bold claim that migration is a public health issue, whatever account of public health is defended.

Accounts of the concept of 'public health' can be split, roughly, into two types: narrow and broad. Such distinctions can be drawn in many different ways.[2] However, narrow accounts tend to focus on the prevention of disease through 'traditional' public health activities (e.g. clean water and sanitation, vaccination, etc). Whereas, broader accounts include other causal factors that impact on health (and often well-being—which will include health) such as socio-economic and political factors. On this latter view, we might focus on the determinants of relative disadvantage in a society or population. We prefer this type of account as many of the most influential definitions of public health[3,4] provide support for a broad account, and it is common for those working in the public health community to see the aims of public health reflected in this approach. For example, epidemiology often seeks to identify differences between groups and explain these differences. A key motivation for doing this is in fact an ethical one. Detected differences are often the result of an unequal distribution in the social determinants of health. A focus on responding to such determinants can bring about greater health equity as part of public health practice.

One thing to notice is that whilst the narrow/broad distinction is supposed to be about different definitions of public health, it is clear that the distinction is based on different normative ideals—in essence what public health *should* be about. For the purposes of this article, it ultimately does not matter which approach we adopt. This is because migration will count as an important consideration for public health for both accounts. Narrow accounts may focus on seeing migrants' diseases as a potential threat to the health of the host community and therefore focus on reducing the risk of communicable disease by encouraging treatment and prevention through vaccination, etc. Broad accounts may encourage a focus on a wider idea of health including chronic disease, mental health, etc. The motivation in the latter account will be one of seeking to bring about greater equity between host and migrant communities.

Is migration a public health ethics issue?

Just like the concept of 'public health', that of 'public health ethics' is also contested. The literature outlining accounts of public health ethics goes back at least to the late 1970s, but there has been an explosion of discussion in the last 10–15 years. One prominent account sees public health ethics as being defined in terms of the protection of the individual's liberty against state-based interventions.[5] However, this view has been contested right from the beginning,[6] and there is now a growing appeal to understanding public health ethics as primarily being focused not on liberty but on a broad account of social justice and health equity in particular.[7–11]

These debates will continue, but in our view, one of the many advantages of a primarily justice-based approach is that it allows us to see relevant relationships as not only being between individuals and the state but also as involving connections across the world. States are powerful bodies that can both threaten and promote public health, but they are not the only relevant parties. Globalised corporations are, in many cases, even more significant as influences upon health than states. Some charities (e.g. the Bill and Melinda Gates Foundation) and non-governmental organisations (e.g. Médecins Sans Frontières), for example, have significant impact on global health, precisely because they are not limited to one country. Many of the key health threats arise from conflict and climate change, matters beyond the capacity of action for individual states. Any focus on individuals acting within states fails to capture much of the real power shaping our lives in the modern world.

Migration is a clear example of why issues in relation to health should not be addressed at the level of individual nation states only. A significant amount of migration is due to factors that push people out of a country. Think of the recent example of Syria, where the ongoing civil war has resulted in threats to the lives of non-combatants, destruction of water, sanitation, health care, opportunities for employment and even basic nutrition and shelter. Recent thinking in public health ethics might be used to justify responding to the diverse and real needs of migrants, following directly from an equity-oriented idea of public health.[12]

However, much public health ethics focuses on citizens within national boundaries, ignoring the case of migrants' altogether. Even theories of social justice in health often do not specifically focus on migrants.[7–10] In the few cases migrants are mentioned, only those issues are considered that are relevant within the host country, the time before arrival is largely ignored. The little existing better-developed ethics literature related to migration and health mostly discusses access to health care in the host country.[13–17] No richer understanding of the migrants' complex situation in relation to health is provided. In other cases, the responsibilities of HICs towards low- and middle-income countries are discussed, and hence expanding the focus from the national towards the global sphere.[18,19] However, in such cases, the focus is on the responsibilities of citizens in one country for those in other countries, not specifically for people who migrate.

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We see our approach to public health ethics as being a *global* public health ethics, in the sense that many of the key threats to health and well-being, as mentioned above, are beyond the control of individual states. The issues that are raised in thinking about migration within public health ethics are numerous, and a full discussion will have to wait for another occasion, but we begin to sketch relevant issues in the following sections.

Developing a public health ethics approach to migration: challenges

To reach a better understanding of the situation, a promising approach is to study migrants' routes and their stories as reported in the academic literature and in the media.[20] Such a case-based approach provides the opportunity to identify and discuss a range of challenges in relation to migration, health and ethics.

Challenge 1

The first, and perhaps central, challenge is how to justify why the health of migrants should be as equally important as the health of citizens and why health should be a global rather than a domestic issue. In philosophical debates, so-called cosmopolitans argue for the equal moral worth of human beings and thus for less or no focus on the significance of the nationality of individuals, but so-called statists provide arguments for prioritisation of citizens over non-citizens.[21,22] Resources for public health in any given state will be limited and derived mainly from citizens' taxes. Isn't a health policy that prioritises citizens over migrants reasonable?

Challenge 2

We stated that we will not distinguish between migrants and refugees and that we will subsume all categories under the term 'migrants'. But 'migrants' are not a homogenous group, and the diversity of their experiences in relation to geographical, sociopolitical and legal contexts requires a focus on each set of very specific dimensions of each case (e.g. as a refugee, migrant worker, migrant from HIC, undocumented migrant, etc). Furthermore, migration includes not just arrival in a host country but also preparation for departure and the journey itself. Each phase can have both short-term and long-term impact on the migrant's well-being (e.g. living in poverty; being a victim of violence, torture or rape). Is it possible to develop a public health ethics approach to migration that finds a way to be broad enough to include all relevant groups, and at the same time specific enough to truly capture many dimensions of migration?

Challenge 3

Migrants are not an isolated group but part of a wider sociopolitical and relational context. How should public health ethics focused on migrants deal with this issue? In many instances, diversity and exchange are seen as an opportunity and asset and are declared to bring cultural and economic benefits. However, tensions and challenges can also arise as a result of migrant–host interrelations. This is especially salient if certain forms of disadvantage seem to stand in competition with one another. If the well-being of migrants is (not) addressed, this might have consequences for the wider sociopolitical and relational context and for the background patterns of disadvantage. This challenge is currently accentuated in many host countries where concerns about threats to employment and feelings of economic disadvantage fuel protest. Some political groupings are disinclined to welcome migrants, and this is mirrored and reinforced in the voting patterns and/or xenophobic actions of some citizens.

Challenge 4

Health-related norms and policies can be in tension with, or even contradict, immigration norms and policies. International law is often ignored when a government chooses to prioritise their interpretation of duties to their own citizens over those towards refugees, resulting e.g. in detention in traumatising facilities or in (forced) deportation.[23] This can lead to a so-called dual loyalty conflict for health professionals who are under the general duty to respect national laws but who also have professional duties to promote the health and well-being of their refugee patients.[24] How should a public health ethics approach to migration position itself in the face of such immigration policies?

Developing a public health ethics approach to migration: responses

Ultimately, we are interested in developing a *reasonable* and *practically realisable* public health ethics approach to migration. To this effect, we develop ethical arguments that respond to the above-mentioned challenges.

Response to challenge 1

The question of prioritisation between migrants and citizens is an important issue. There will be disagreement between different ethical approaches, but there will also be significant overlap. For example, responsibilities to treat the health needs of people in a state's territory equally, regardless of their citizenship status, do not necessarily conflict with a state interest in such things as the protection of domestic public health, the maintenance of a healthier workforce in the country or even a reduction of costs for a national healthcare system.[14,16,25,26] Furthermore, overlap can be found when focussing on the widely accepted idea of a shared humanity and respect for universal, basic human rights. We argue that a narrow, domestic focus within public health that neglects the well-being of migrants inside and—importantly—also *outside* of borders does not respect this idea of a common human experience. In many instances, we see clear breaches of this approach along entire migration routes. Any reasonable approach to ethics will oppose unsafe, potentially deadly transit of migrants[27]; the inhumane treatment of detainees on Manus Island with damaging effects on health and well-being of the detainees[28] or the exclusion of undocumented migrants

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from access to basic health care once they have arrived in the country of destination.[29] Caring for well-being can either be realised through domestic health institutions or—if they are adequately funded—through support for international organisations which can then fulfil duties to assist in cases where no national institution is or can be primarily responsible.

Response to challenge 2

The second challenge is that our response to migration needs to be sensitive to the diversity of migrant experiences while also being able to discuss more general considerations. This can be tackled through an explicit effort to consider many different circumstances and phases of migration, including a special focus on the individual 'vulnerabilities' according to each case. Vulnerability has been much discussed in applied ethics and health in particular over the last decade.[30,31] An overly simplified labelling of groups has been criticised as providing insufficient guidance, potentially resulting in stigmatisation, and overlooking social and economic context.[32] More dynamic accounts of vulnerabilities that focus on situational factors, background conditions including structural and epistemic injustices and power relations have recently been developed.[33–37] These are useful in this context and point, once again, at the need to focus on the specifics of cases. This will help to detect specific vulnerabilities in the different legal classifications of migrants, e.g. as refugee or as a long-term working migrant. However, labelling a migrant with a legal classification alone will not lead to a proper detection of vulnerabilities and the corresponding values, rights and obligations. An approach that takes into account the complex situation, including socio-economic, political and relational factors, is necessary.

Response to challenge 3

The third challenge raises the question how the contextual embedding of an issue ought to be understood. We suggest that a public health ethics approach to migration, like any other issue relevant to public health ethics, should be understood in its wider historical, political and sociocultural context and aim at including the voices of those affected.[38–40] It is thus important to consider *everyone's* health and well-being who may be potentially affected by migration. For example, in Germany, an estimated 8 million volunteers support refugees, and this can result in unforeseen psychological burdens. A recent study showed that insufficient health care for migrants and lack of supportive institutional structures and regulations were important factors in the development of volunteers' distress.[41] Our suggested public health ethics approach to migration will be sensitive to such factors. Furthermore, refugee-supportive policies have fuelled frustration, xenophobia and even hate crimes among some citizens. This has to be taken seriously too as it can threaten the implementation of an inclusive public health approach. A public health ethics approach to migration will therefore also seek to promote policies and practices that help to support social cohesion and solidarity (instead of increasing polarisation in communities). Such an approach should take special care to be respectful and encourage participation and mutual understanding through dialogue. Given the complexity and the involvement of deep human emotions such as fear and hate, this will remain a difficult task.

Response to challenge 4

The fourth challenge is the tension between a state's right to control who remains in a country and the need to provide what is necessary for the well-being of migrants. The potential conflict of these considerations may mean that migrants suffer even greater disadvantage if they are visible to the immigration system within countries. Joseph Carens has argued that it makes no sense to formally provide a right (e.g. to whatever is necessary for well-being) in a situation where it is practically impossible to actually attain that right.[42] He argues for the need for what he calls a 'firewall' between the legal requirements for immigration status and the opportunity to gain access to satisfaction of needs, including health. We suggested above that a public health ethics approach to migration should be built on the idea of a shared humanity to achieve the aim of public health for all. Whilst there might be exceptional circumstances where migration policy and state sovereignty override the pursuit of public health, in general, the provision of public health should take priority, including the need to explicitly criticise immigration law enforcement, if the health and well-being of migrants (or other related groups) are at risk.

Conclusion

In this article, we have outlined the link between migration, public health and ethics. We have made the case for migration to be seen as a core issue of public health ethics and that we must take a case-based approach, seeking to identify the specific ethical dimensions and vulnerabilities in each particular context and during each phase of migration. We have argued that the aims of public health as a practice, built on the core value of justice, require the protection and promotion of migrants' well-being (even if this produces tensions with immigration services). We argue that migration policies, at least as they relate to migrants' well-being, should be founded upon a shared humanity, respect for equal human rights and on the idea that effective public health cannot and should not be confined within the borders and to the citizens of any host country.

Author statements

Ethical approval

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Competing interests

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