Migration and Health – Seeing past the hype, hysteria and labels

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In this month's special issue, we explore the topic of migration and its public health ramifications. We are indebted to our guest editors, Sian Griffiths (Chinese University of Hong and Imperial College, London), Roger Chung (Chinese University of Hong Kong) and George Ellison (University of Leeds, UK) who led on and compiled this excellent collection of articles on the topic. We also express our thanks to the numerous authors who submitted their excellent work. Indeed there was a strong response to the call, reflecting the importance and topical nature of migration, but unfortunately not all of the submissions could be included in this special issue. We present what we hope is a diverse selection of articles that will be of interest to our readers.

In recent years, migration has been a prominent issue and source of much public and political anxiety globally. For many years now, Australia has feared the 'Asian invasion' and Europe is currently convulsed in indecision as to how best to manage the moral and political morass arising from the mass migrations from Africa, the Middle-east and beyond. Politicians and the media have derogatorily described migration as 'swarms', 'floods', 'hordes' and 'marauders', [Shariatmadari,2015] and there has been a rise of isolationist nationalism in many countries including the United States, Britain, Holland, Austria and Germany.

Yet migration is not a new issue when one considers the full breadth of human history: the migration of the Semitic tribes and Indo-Europeans in pre-history, dispersal of the Jewish diaspora, the Mongol conquests, migrations brought about by slavery and the more recent colonisation of the Americas and Australia by the Europeans. What has changed in recent decades has been the pace and scale of migration, supercharged by globalisation and catalysed by political and economic events, conflict, environmental change and natural disasters. With continued global population growth and the accompanying socioeconomic pressures, over the next few decades migration is undoubtedly going to remain high on the political agenda.

But who exactly is a migrant? Go back far enough in time and we are all migrants. When does a migrant cease to be a migrant and becomes a 'native'? Indeed in some countries, certain ethnic, religious or tribal groups are still perceived to be 'foreign' migrant communities despite having been resident in the area for generations. The Rohingya crisis in Myanmar is illustrative of this. Similarly, North America and Australia are countries with deep migrant roots and yet have some of the toughest immigration laws and policies to limit further migration.

The public and political perception of migration is a kaleidoscope of conflicting ideas. Migrants bring skills, expertise, and resources. Migrants are unskilled, ill-educated and poor. Migrants are a boost to the economy. Migrants are a drain on society. Migrants are hardworking and entrepreneurial. Migrants are lazy scroungers and benefits cheats. Migrants make society more diverse, liberal and tolerant. Migrants heighten community isolation and generate intolerance. Migrants bring new ideas to their new homes. Migrants bring outdated anachronistic beliefs to their new homes. Migrants are job competitors. Migrants are job creators. And yet, migrants can be all these and more.

We, as public health policymakers, academics and practitioners need to be mindful of the dangers of over-generalisation, hyperbole and stereotyping of what is an extremely heterogeneous population of populations. We need to guard against creating a 'them' and 'us' mentality and contest superficial and reductive narratives that reinforce social barriers and prejudices.[Smith, 2016] Migrants are mothers and fathers, sons and daughters, friends and neighbours, husbands and wives, colleagues and compatriots.

Migrants face many challenges in unfamiliar health systems. Conflicting health ideas, beliefs and practices can contribute to health inequalities and adverse health outcomes. A lack of familiarity with health systems translates into poorer access to health care and public health services that are set up to provide a one-size-fits-all service.[Lee,2017] Indeed, they are often labelled as 'hard-to-reach', a label that suggests a problem with this group, rather than being seen as an 'under-served' population where the onus and responsibility lies with health policymakers and providers. Migration currently means marginalisation and health policies that facilitate integration are needed to tackle existing health disparities.[Giannoni,2016] Migrants are the 'canaries in the coal mine'[1], and how well health services cater for migrants is a barometer for how well it treats other marginalised groups.

In these highly charged times, migration is a heavily politicized and media-hyped issue, and isolationist views continue to gain traction. And yet, one of the key principles of the United Nations' Sustainable Development Goals [United Nations, n.d.] is that we should leave no one behind - be they a migrant, person with disability, the elderly or other minority group. This is a worthy aspiration and how we develop a fairer inclusive society is the challenge for our time.

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[1] An English idiom whose meaning is 'an early indicator or warning of potential danger'.