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Why we shouldn't use the term "illegal migrant"

Citation for published version:

Ingleby, D, Bhopal, RS, Gruer, L, Krasnik, A, Pace, P & Petrova-Benedict, R 2018, 'Why we shouldn't use the term "illegal migrant"', *BMJ (Clinical research ed.)*, vol. 363, pp. k4885.
<https://doi.org/10.1136/bmj.k4885>

Digital Object Identifier (DOI):

[10.1136/bmj.k4885](https://doi.org/10.1136/bmj.k4885)

Link:

[Link to publication record in Edinburgh Research Explorer](#)

Document Version:

Publisher's PDF, also known as Version of record

Published In:

BMJ (Clinical research ed.)

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VIEWS AND REVIEWS

Why we shouldn't use the term "illegal migrant"

Talking about migration requires careful choice of words

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Words have consequences, especially in situations where strong emotions, as well as social and political conflicts, are endemic. Raj Bhopal's rapid response in *The BMJ*, in which he objected to the use of the phrase "illegal migrant" on the grounds that only actions, not persons, can be deemed illegal, merits further reflection and dissection.

Some people think that those who protest against this phrase are taking sides with migrants in conflict with the law, in a futile attempt to cover up what is going on. On the contrary: the very idea that a person can be illegal is incompatible with the rule of law, which is founded on the idea that everyone has the right to due process and is equal in the eyes of the law. Labelling a person as illegal insinuates that their very existence is unlawful. For this reason, bodies including the United Nations General Assembly, International Organisation for Migration, Council of Europe, and European Commission have all deemed the phrase unacceptable, recommending instead the terms "irregular" or "undocumented." It would be appropriate for the medical profession, given its social standing and influence, to do the same.

While people cannot be illegal, actions can: but here, too, words have to be chosen carefully. For example, the overwhelming majority of irregular migrants have not entered the country clandestinely; they have either had their asylum application turned down or have overstayed a visa, or breached its conditions. Moreover, it is never correct to label someone's actions illegal before the appropriate legal authority has determined that they are. Until then, the presumption of innocence should apply. Due process must have been followed, including the right to legal advice, representation, and appeal—rights that the UK government, especially where migrants are concerned, has been only too willing to sacrifice on the altar of cost cutting.

Even after an official determination that a person is residing unlawfully, we must have confidence in the fairness of the procedures followed before it is safe to assume that the decision

was correct. This confidence has been badly shaken by the recent finding that almost half of the UK Home Office's immigration decisions that go to appeal are overturned. In their zeal to implement the government's policy of creating a "hostile environment" for people residing unlawfully, some Home Office officials appear to have forgotten that the rule of law still applies in Britain. People who had lived legally in the UK for decades have been suddenly branded as "illegally resident" and denied healthcare because they couldn't provide four pieces of evidence for each year of residence since they arrived—even when some of the evidence had been destroyed by the Home Office itself. Hundreds of highly skilled migrants, including doctors, have been denied the right to remain in the UK because minor tax or income discrepancies were taken as evidence of their undesirability under the new immigration rules. A recent case in which the Home Office separated a 3 year old girl from her only available parent, in contravention of its own policies, led to an award for damages of £50 000 (€57 000; \$64 000).

What of the medical profession's own involvement? The 2014 Immigration Act links a person's healthcare entitlement to their residency status. Health professionals in the UK are now required to satisfy themselves that a person is eligible for NHS care by virtue of being "ordinarily resident in the UK," the definition of which has been narrowed. In practice, this has meant that people who do not fit certain stereotypes are more likely to be questioned—a potential route to an institutionally racist system. They can instantly be denied not only healthcare, but also the ability to work, hold a bank account or driver's licence, or rent accommodation. It is unprecedented, and unacceptable, for UK health professionals to be conscripted as agents of state control in this way.

Given the unrelenting vendetta of sections of the British press against people who may be residing unlawfully, it should also be borne in mind that such migrants cannot "sponge off the welfare state," since there are virtually no benefits they can claim. They are routinely exposed to exploitation and abuse by

employers, while “free choice” has often played a minimal role in creating their situation. Consider, for example, migrants who lose their right of residence as a result of losing their job, or asylum seekers whose claim has been rejected but cannot return to their country because it is unsafe or refuses to accept them.

To sum up: abolishing the dehumanising term “illegal migrant” is an important first step, but the responsibility of health professionals goes further. In the UK, they are obliged to collaborate in the implementation of current immigration policy.

To be able to do this with a clear conscience, they need to know that rights to residence in the UK are administered justly and humanely. Regrettably, as can be seen from the above examples, this is not always the case.

Competing interests: none declared.

Commissioned, not peer reviewed.

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