



## Migrants and displaced people: intentionally endangered and inconsistently visible

The *Lancet Global Health* Editorial published in the September 2022 issue<sup>1</sup> reiterates some of the challenges faced by migrants and refugees. Rather than neutral codifiers of nationality and relevant frameworks for legal protection, these terms are invariably manipulated for political gain. Diverse groups of people are also homogenised by these terms, which serves to disguise racialised and geopolitical inconsistencies in the treatment of certain subgroups within these categories.

Although these categories are problematic, they do serve a crudely descriptive function. However, in their persistently selective reference to categories, influential global public health institutions and individuals render other groups of people invisible; the *Lancet Global Health* Editorial does not make reference to internally displaced persons (IDPs), and the authors of the 2022 WHO world report on the health of refugees and migrants chose not to meaningfully include IDPs in their reporting,<sup>2</sup> despite IDPs representing the majority of known displaced people worldwide.<sup>3</sup> Experts at the intersection of migration, displacement, and health have perpetuated a similar obfuscation of IDPs with their analyses in early 2022 of displacement during the Russian invasion of Ukraine, which focused overwhelmingly on refugees rather than IDPs, despite IDPs representing a greater proportion of people displaced by the conflict.<sup>4,5</sup> These omissions obscure at best, and distort equitable priority setting and action at worst.<sup>6</sup>

The *Lancet Global Health* Editorial also amplifies problematic messaging that is typical of the predominant form of public health, characterisable as doggedly pragmatic, fixated on evidence, and seemingly less concerned

with the identification of positive societal values and the radical action required to realise these values. This pragmatic approach to public health has involved heavily investing in dispelling anti-migrant myths with economic analyses and epidemiological calculations, emphasising that migrants are economically beneficial and pose a minimal risk of transmitting infectious diseases. Where economic or infectious disease data are cited without reference to aspirational values such as borderless solidarity and care, this reinforces a narrative that migrants and displaced people are welcome provided that they generate capital and are pathogen-free.

Although migration and displacement can pose a risk to health, it is the politicised response to both processes that most markedly influence these risks and the lived experience of migrants and displaced people. Barriers to care are almost always the result of intentionally exclusionary political choices. Public health practitioners must reorientate frameworks for migration, displacement, and health beyond individual risk factors to the structural and systemic causes of exclusion and ultimately ill health. The *Lancet Global Health* Editorial<sup>1</sup> alludes to the persistent xenophobia characteristic of right-wing governance in the UK; however, much more prominently value-driven public health positioning is needed. Such reorientation requires interdisciplinary expertise found far beyond the field of public health: notably, fewer than 25% of commissioners who supported the UCL *Lancet Commission on Migration and Health*<sup>7</sup> had received primary training in specialties other than medicine, public health, or epidemiology, which inevitably narrows the parameters of analysis and associated calls to action.

Rather than “overexposed yet unseen”,<sup>1</sup> migrants and displaced people are intentionally endangered and rendered inconsistently visible. As socioeconomic conditions continue to

worsen in many countries worldwide, the risk of further blame being placed on marginalised groups, inclusive of migrants and displaced people, becomes increasingly likely in the years ahead. In the short term, intentional and subversive action is required from all individuals providing and shaping health services to ensure they remain accessible to all, while radically imaginative public health scholarship, policy making, and practice is needed to ensure an unwavering commitment to, and the sustainable inclusion of, all people in the pursuit of collective wellbeing.

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- 1 The Lancet Global Health. Refugees and migrants: overexposed yet unseen. *Lancet Glob Health* 2022; **10**: e1209.
- 2 WHO. World report on the health of refugees and migrants. July 20, 2022. Geneva: World Health Organization.
- 3 United Nations High Commissioner for Refugees. Figures at a glance. 2022. <https://www.unhcr.org/uk/figures-at-a-glance.html> (accessed Sept 13, 2022).
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- 5 Spiegel PB. Responding to the Ukraine refugee health crisis in the EU. *Lancet* 2022; **399**: 2084–86.
- 6 Roberts B, Ekezie W, Jobanputra K, et al. Analysis of health overseas development aid for internally displaced persons in low- and middle-income countries. *J Migr Health* 2022; **5**: 100090.
- 7 Abubakar I, Aldridge RW, Devakumar D, et al. The UCL-Lancet Commission on Migration and Health: the health of a world on the move. *Lancet* 2018; **392**: 2606–54.