

Time to reconcile migration and health in Europe

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In many ways, the COVID-19 virus, as the HIV epidemic did it thirty years ago, has shaken global values and principles, stigmatising and excluding certain groups of population.¹ Migration management in Europe is also very illustrative of the capacity of our health systems to manage inequities.

On one side, the multiple global issues in terms of climate, epidemics, economy are pushing European governments for more regional collaboration. On the other hand, when it is about migration, governments have built physical and ideological walls, even if the Ukrainian situation has generated new European policies for Ukrainian refugees.^{2,3} The notion of national sovereignty and territory is at the forefront of political discourse when dealing with migration. The migrant becomes a faceless and identity-free individual whose presence is societally constructed as illegal and criminal, whose entrance to national territory needs to be pushed back at any cost.⁴

Migrants have been symbolically denied and disempowered of their right to health, right to talk, and to express choices. Detention centres contain people who have made arduous and risky journeys in their bid to reach a more secure life in Europe. On Greek islands, for example, the space built for this purpose, feels like an extraterritorial space with its own time horizon - an undefined and unpredictable time regulated by asylum administration- and a sense of criminalisation intensified by the overt presence of surveillance equipment and high walls. In that space, politics - defined as confrontation of ideas and disagreements⁵ - does not exist or has been confiscated by authorities. The voice of migrants has been denied by an armoury of instruments some being physical (walls, camps) and others structural (legislation). There exist additional tensions between different perspectives in migration and health.

As a healthcare professional, caring for people who have migrated is not questionable and belongs to the values related to universal health care, equity, or the Right for Health. Health is a common good that must be collectively protected.⁶ Most European governments, however, develop policies and

legislation that consider health as a commodity with a (huge) cost for their budget.

The tensions between universal health care versus commoditised health are doubled with the tensions existing between universal health care and health security. The health security agenda has gained prominence in times of epidemics, especially since the Ebola outbreak. The global health security agenda aims to build stronger and more responsive health systems to face future infectious disease outbreaks. The rhetoric combining health security and migration nevertheless transforms migrants into potential carriers of viruses in the eyes of host populations. However, there is growing evidence that refugees at the border of Europe do not represent major public health threats, and are more likely to acquire infections due to the living conditions they are forced to live in during their journey or on European soil.⁷

Universal health coverage for all people will only be achieved when all groups, including migrants, are fully included in European health policies and can get fully access to healthcare services. However, the various European policy agendas and legislation currently in place have created tensions between the values promoted by public health and current practice by national governments. Reconciling European migration policies with equitable access to healthcare in Europe will require new negotiations between governments, civil society, humanitarian organisations, healthcare professionals' associations. Putting back the individual who has experienced migration at the centre of our European health services will help reshape our health system and depoliticize the notion of care.

Contributors

K.B. wrote the full paper and submitted it.

Declaration of interests

I declare no conflict of interest.

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