Migrant health is public health, and public health needs to be political

"No public health without migrant health" was the title of *The Lancet Public Health*'s June Editorial.[1] Indeed, migrants are the public, and the public are migrants. Having reaffirmed the obvious interchangeability between migrant health and public health, it is important to further explore what is required of the public health sector to challenge the largely unnecessary distinction between migrant and public in public health policy and praxis.

The perpetuation of a distinction between public health and migrant health has served to exemplify the health needs of migrants with mixed consequences. On occasion, academics and practitioners have used the opportunity to draw attention to inequities in access to health care and health outcomes for migrants, and politically mediated intergenerational disparities that persist within communities with a relatively recent history of immigration. Such intellectual and interventional engagement with issues of migration, ethnicity, race, and health speaks to the "quest for equity and social justice" that the editors of *The Lancet Public Health* wish to see define the discipline.[1]

However, other studies have served misguided narratives that see migration as generative of health insecurity, and specifically as a threat to communicable disease control.[2] Notably, the dependence of some public health institutions on funding from the very right-wing states that promote a narrative that intentionally others and demonises migrants, has drawn such institutions into the generation of so-called evidence for a predetermined policy purpose.[3]

All stages in the generation of evidence and the production of knowledge are political.[4] Who funds what research? Who designs the questions and shapes the methodology? Who interprets the data and determines whether findings will be disseminated publicly? To call for an evidence-driven agenda for migrant health, as was articulated at the May, 2018 World Congress on Migration, Ethnicity, Race and Health, runs the risk not only of oversimplifying the policy process by overlooking the many ways in which evidence-informed decision making for health is inherently political,[4] but also sees a technical, data-guided response as central to improved social policy outcomes.[5]

What if evidence suggested that migrants do not make a net positive economic contribution in the UK? How then would public health advocates seek to challenge racist, anti-migrant sentiment? If the public and policy makers were made aware that 13% rather than 32% of the UK population were immigrants (data that inadvertently still problematises the presence of migrants[1]), would the UK Government suddenly opt for more inclusive, pro-migrant health and social policies?

What is needed is not more evidence; frontline organisations, who have for decades witnessed and documented the negative health effects of oppressive, anti-migrant regimes, are aware of this point and are increasingly political in their public positioning. Instead, courageous public health advocates, unafraid to be political and to defend those political claims, not on the basis of evidence but on the basis of a moral commitment to solidarity and compassion, are needed.

I declare no competing interests.

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1 *The Lancet Public Health*. No public health without migrant health. *Lancet Public Health* 2018; **3:** e259.
2 Smith J. Thinking beyond borders: reconceptualising migration to better meet the needs of people in transit. *Int J Public Health* 2016; **61:** 521–22.
3 Grove NJ, Zwi AB. Our health and theirs: forced migration, othering, and public health. *Soc Sci Med* 2006; **62:** 1931–42.
4 Barnes A, Parkhurst J. Can global health policy be depoliticised? A critique of global calls for evidence-based policy. In: Brown GW, Yamey G, Wamala S, eds. The handbook of global health policy. Chichester: Wiley Blackwell, 2014: 157–73.
5 Parkhurst J. The politics of evidence: from evidence-based policy to the good governance of evidence. Abingdon, Oxon, UK: Routledge, 2017.