

# Introduction: migration and health in social context

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While many argue that health is a universal human right,<sup>1</sup> global health equity has proven difficult to achieve.<sup>2</sup> The social determination of health systematically structures which people are made more or less vulnerable to sickness and disease.<sup>3</sup> Simultaneously, health professionals and health systems have discretion in terms of how and whether they treat people, and this discretion may compound or ameliorate health inequities. Such discretion exists in the midst of unequal power relations between patients and health professionals that can be immense in certain contexts.

The collection of Analysis articles, “Migration and Health in Social Context”, lays bare the ways in which social, political and economic structural factors impede or facilitate health among the most vulnerable migrants seeking care from clinical settings globally. The three articles consider clinical cases from around the world to define the social science concepts of *structural vulnerability*, *deservingness* and *flourishing* as they illuminate the care of transnational migrants who are unauthorised or undocumented in states that systematically marginalise such care-seekers due to increasingly anti-immigrant, xenophobic, racist or nationalist sentiments. We recognise that, for some immigrants, movement itself can enhance health outcomes; however, for others, who are the focus of this collective work, migration is one in a series of processes producing structural vulnerability in health.

Migration is a ‘core determinant of health and wellbeing,’ and many people receive differential treatment based on their migration status.<sup>4 5</sup> Salway *et al* argue in a recent issue of the *BMJ* that, ‘We urgently need to improve our understanding of, and responses to, the health needs of mobile and ethnically diverse populations’.<sup>6</sup> In response, these articles highlight the importance of social context to global health. Each article considers real clinical cases from around the world in order to show how medical social science concepts

are important and relevant to global health clinicians, policy-makers, and health system planners.

These papers consider cases of care-seekers reliant on public healthcare systems, seeking clinical medicine from the state for various conditions. The article focusing on *structural vulnerability* demonstrates how systemic social inequities undermine how clinicians are able to care for care-seekers who are unauthorised or undocumented. The cases emphasise the precarity in which people seek as well as provide care, particularly within contexts of transnational mobility. The article elucidating *deservingness* reveals how some patients are perceived to be and treated as *more deserving* of care because of their ethnicity, ability to pay, or nationality—regardless of their legal eligibility for a particular kind of care. The ethnographic case studies reveal that the structures that frame one’s deservingness are not only situated nationally but also framed by global factors that impact who gets sick and why. Finally, the article developing the social science concept of *flourishing* emphasises how clinical settings can move beyond the biological confines of disease to facilitate healing for unauthorised migrants. Drawing on three cases studies, the authors show how the capacity to flourish is influenced by cultural expectations, social relationships, and the structural determinants that shape and constrain migrants’ lives.

This collection is designed to bring social science concepts to bear on clinical contexts in order to unlock the importance of social forces to global health and equity. Combining social science with clinical cases, this collection serves as a tool box for clinicians, including those in training, as well as health system leaders and policy-makers who are concerned with caring for whole persons in contexts of migration. These papers seek to clarify the social determination of disease,<sup>7</sup> highlight how such processes affect undocumented or

unauthorised migrants, and centre whole persons in the pursuit of equity in global health and health care.

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