

Adapting to migration as a planetary force

The spectre of hundreds of thousands of refugees crossing Europe and being turned away by nations, despite urgent and heart-rending appeals for safe haven, has disturbing historical echoes. In 1938, Hertha Nathorff, a Jewish physician living in Germany, wrote: "I'm counting the days until we come out of this living hell...Everyone has only one wish: to get out of this country. And they don't hesitate to say so openly." During 1938 and 1939, the world, including the USA, Europe, and Latin America, was reluctant to admit escaping Jewish refugees—with, as we know, horrific consequences. In July, 1938, an international conference took place in Evian, France, to address the migration crisis in Europe. It was led by US President Franklin D Roosevelt. But nations were almost universally unwilling to welcome migrating and vulnerable families in crisis.

Fast forward to today. High-level political discussions and reluctance to help those in desperate need echo that shameful Evian conference. Lives have been reduced to numbers, and basic humanity has deserted many of Europe's leaders, including David Cameron, although mood and policies are rapidly changing. 19·5 million refugees now exist worldwide, 51% of them children younger than 18 years. By late 2014, Syria had become the largest single country source of displaced people, replacing Afghanistan; 1·9 million Syrian refugees have since been taken in by Turkey, and 1·2 million by Lebanon. As well as moving to neighbouring countries in the Middle East, in the first 9 months of 2015, more than 300 000 refugees had crossed the Mediterranean by sea, with 200 000 landing in Greece, and thousands unaccounted for, presumed dead.

Strangely, health has so far been largely ignored, and the voice of health institutions has been disappointingly weak or non-existent. At the time of writing, the National Academies of Science, the World Medical Association, the Royal College of Paediatrics and Child Health, the Royal Society, and the Academy of Medical Sciences have been silent on refugee health, yet there is a moral obligation for health professionals to speak on this issue. We should see this crisis through the lens of health, focusing more strongly on the health and wellbeing of refugees. The WHO response to the crisis is grounded in the basic principles of humanity, and it has called upon health professionals to make a contribution, and to respond appropriately by providing adequate care and protection without any discrimination against race or background.

It acknowledges that refugees are not a homogeneous group, and that the health issues encountered will range from child and maternal health, through non-communicable diseases such as hypertension and mental health, and also emergency needs. The emotion of WHO's response is balanced with a pragmatic call to action. UNICEF's heartfelt plea, meanwhile, has emphasised the responsibility to protect children. But still, professional bodies have a duty to lead the health community with a much more muscular and engaged response.

Child health and our human responsibility are formalised by the UN Convention on the Rights of the Child, adopted in 1989 and ratified globally thereafter. The *Lancet* Series on child maltreatment examined the Convention and highlighted six provisions, including "special protection measures, such as for refugee children, those in the juvenile justice system, and those belonging to a minority group". And yet the essential rights to protection, participation, and provision are not being upheld. Europe is failing to protect these refugee children; we are not allowing them to participate in society, and we are not providing them with education and state support. The most basic principle that every child has a right to survive is simply not being met.

This is today's crisis. Migration isn't going away. It is going to be a major force shaping 21st century global society, as migration and climate change are inextricably entwined. The *Lancet* Commission on health and climate change, published in June, 2015, explored climate-related displacement, including changes in the environment due to natural and man-made disasters, and resultant unsafe water, food, and shelter for migrating populations. Conflict is a major factor; as the authors note, it "undermines the capacity of populations to cope with climate change, leading to greater displacement than might have been the case in a more stable environment". As people move from one poor country into another, already meagre resources are stretched. Urban areas need to be strengthened and expanded to accommodate waves of migration, and rural infrastructures need to be greatly improved. Wars, environmental flow, and climate change all influence migration and movement of people. Politicians can't change this. Displaced people are at the highest level since World War 2. This is our current and future existence. We need to accept it—and address its human consequences. ■ *The Lancet*



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For the **child maltreatment Series** see <http://www.thelancet.com/series/child-maltreatment>

For the **health and climate change Commission** see *Lancet* 2015; published online June 23. [http://dx.doi.org/10.1016/S0140-6736\(15\)60854-6](http://dx.doi.org/10.1016/S0140-6736(15)60854-6)

For the **WHO statement** see <http://www.euro.who.int/en/health-topics/health-determinants/migration-and-health/news/news/2015/09/population-movement-is-a-challenge-for-refugees-and-migrants-as-well-as-for-the-receiving-population>