Ethical Dimensions of Migration, Diversity and Health

Faculty of Public Health, 4 St Andrews Place, London

Report of proceedings of round table

Organized by UK Faculty of Public Health in collaboration with EUPHA ethics in Public Health section

19th January 2018


Our values
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ZONE

Ethical Dimensions of Migration, Diversity and Health

Organised by the UK Faculty of Public Health Ethics Committee in collaboration with EUPHA Ethics in Public Health Section

19th January 2018, 10 a.m. to 4 p.m.

Faculty of Public Health, 4, St Andrews Place, London. NW1 4LB

Background

Migration has been and continues to be vital in the story of the human race and civilization, with opportunities, challenges and hazards for human and societal flourishing. People move to survive, search for food and security, move away from danger and death, and move towards opportunities for life such as employment and technological advancement. Migration is tied to the human spirit, which seeks adventure, pursues dreams, and finds reasons to hope even in the most adverse circumstances. Such movement affects the communities migrants leave and the communities that receive these migrants, and significant potential opportunities, challenges and hazards to health and well-being.

With more people in migration today worldwide than any other time in human history, migrant health is a major critical public health issue. While the health literature has often focused on links between migration and communicable diseases and health service issues, there is need to appreciate the complexity of the issues and fundamental issues around evidence, ethics, human rights and links to the legal, social and cultural dimensions, and recognition of changing realities and case for new world order.

There is a growing number of empirical and technical studies on the nature, scale and the service needs and economic implications of migration, diversity and health. The large body of empirical data on migrant health and changes in the world though have profound ethical relevance for example around risk-benefit-analysis, justice and discrimination at the individual, micro and macro levels, in an increasingly interconnected and interdependent world, with significant health inequalities and injustice. The policy decisions and actions to address the issues though appear to be often guided by self-interest and increasing pressures to protect national interests and resources. There also appears to be a striking neglect from public health leaders to explicitly point towards and discuss ethically relevant issues; and from the discipline of public health ethics to engage more thoroughly with normative issues in relation to migration, diversity and health.

There are questions as to how migrant health considerations are addressed in light of public health values such as solidarity and interdependence of all people and their right to resources, and interconnectedness of people and their environments, and the responses of individuals,

communities and institutions of society - as key protagonists and chief stewards for health, through the organised efforts of society.

Smith and Upshur, while analysing the various detailed reports highlighting the lessons learned from the 2014 Ebola outbreak, and the industry of such exercises identifying lessons in the aftermath of various other major public health emergencies, argue that, "despite not being recognized as such, the vast majority of lessons proffered in this literature should be understood as ethical lessons stemming from moral failures, and that any improvements in future global public health emergency preparedness and response are in large part dependent on acknowledging this fact and adjusting priorities, policies and practices accordingly such that they align with values that better ensure these moral failures are not repeated and that new moral failures do not arise". They conclude that "We cannot continue to fiddle at the margins without critically reflecting on our repeated moral failings and committing ourselves to a set of values that engenders an approach to global public health emergencies that embodies a sense of solidarity and global justice." Such arguments could also be applied to issues around migrant's health. It is noteworthy that public health leaders have often considered migrant health issues as being around emergency preparedness, communicable diseases and health care issues in receiving countries and protection of local populations, rather than also recognising it as potential tip of iceberg of issues in a changing world requiring new paradigms in organisation of society, social justice, health and addressing health inequalities.

This meeting has been organised by the UK Faculty of Public Health ethics committee in collaboration with the EUPHA ethics in public health section.

The aim of this exploratory meeting will be to identify, reflect and consult on the ethical dimensions of migration, diversity and health and implications for policy, research and practice at local, national and global level, and options to advance the discourse, scholarship and practice.

The objectives will be to reflect and consult on ethical dimensions of migration, diversity and heath, in particular

- Identification and reflection around current evidence, thinking and issues
- identification of potential gaps in knowledge, key issues and "our moral failings"
- reflect and consult on ethical issues related to migration (for example implications of justice and cosmopolitanism) and how this relates to health and our ethical care practices; as well as ethical values (such as Justice, interdependence, solidarity and so on) and their normative scope in this context;
- potential areas of collaboration and networking to advance the discourse, scholarship and practice, including research, development of special interest group and other mechanisms
- prepare for the World Congress on Migration, Race, Ethnicity and Health in Edinburgh in May 2018, and other potential forums and meetings

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OUTLINE PROGRAMME

0930-1000 Registration and Refreshments

1000 – 1015 Welcome and introductions – Dr Farhang Tahzib, Chair, Faculty PH Ethics Committee

1015 – 1115 **Identification of key ethical issues, principles, values and concepts**

Dr Verina Wild – Oliver's story. Identification of key principles and issues.

Dr Elizabeth Such - Research issues

1115 – 1130 Refreshments

1130 – 1230 **Global justice and global health ethics**

Professor Angus Dawson - Case Study from Australia and South East Asia. Identification of further ethical dimensions, issues, values and implications for policy and practice

Professor Nadav Davidovitch - Human rights and issues of Justice, deservedness and discrimination

1230 – 1330 Lunch

1330 – 1430 **Health and Caring Service issues (including heath protection)**

Dr Elena Petelos - Access and development of compassionate services

Ms Karen Saunders – Reflections on local service issues

- Universal health care. Ethical tensions and issues around SDGs and local services

1430 – 1500 **Key questions, Gaps in knowledge and Potential areas for further development and collaboration and next steps**.

Closing remarks

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Themes from the discussion

The following themes were extracted via a thematic analysis of the discussion documented throughout the day. They have then been grouped in 'meta-themes'.

The detail of the presentations is not captured here except in so far as they generated discussion of themes. Comments have not been attributed to specific people as they reflect the group discussion.

The meta, and sub themes are as follows:

1. Finding common ground, including: terminology and definitions, language, communication and the media, different cultural perspectives, and historical perspectives
2. Current thinking on countries' duty of care, incorporating: migrant health considered via the perspective of social justice, migration as a public health issue, communicable disease, economic issues
3. Inter-sectoral issues, including: policy conflicts
4. Ethical and legal reasons for engaging with migrant health, including: reasons to help, specific ethical issues raised, clinical experience, education, research needs
5. Next steps: what we can do and what the immediate actions might be.

1 Finding common ground and improving communication about the need for ethics considerations in migrant health

Terminology and definitions

There are considerable difficulties in comparing studies or data sets to research migration issues due to the lack of agreed definitions.

The data available may not be collected or applied in a uniform way, thus impacting on the integrity of the outcomes, and the variety of local definitions and interpretations can result in a misinterpreted discussion.

There is a role for leadership in definitions.

Language

Language can influence the style of discussion, for example if using the language of vulnerability or conflict, concepts of 'Us and Them', or in the pathologising of migrant health which can result in stigmatisation.

The Trump administration's restrictions on state organisations regarding language used and perspectives presented can be impact on the breadth of discussion published.

The disciplines involved in understanding migration and migrant health are various. We need to ensure that social justice and ethics decisions can be translated into public language and thus into policy.

Language can enshrine concepts, instead of referring to natives or migrants we could refer to people on our territory. This might reflect the way our partiality is played out.

Care should be taken to avoid language which reinforces the 'individual deficit' model. Aim to find common ground and avoid polarization which can reinforce 'othering'.

Instead of stereotyping and stigmatising such a diverse group, it may be more useful to use the concept of disadvantage (rather than vulnerabilities). This is a relative term, universally applicable, and can also be used in a life course approach.

Communications, the media, presentation of the issues.

Communications:

- The message, route and source of a communication can influence how a message is received.
- Rational arguments do not always receive a rational response.
- Different perspectives should be presented depending on the audience.
    - As an example, in Australia the concept of 'a fair go' is well understood and so using this language to introduce a proposal on migrant health may be received as more reasonable than one presented in an 'Us and Them' way.
- We can promote a message in a positive way – eg: it's in the host population interest to treat for TB
- How would a corporation communicate a message to its stakeholders to engender compliance?

The discussions on migrant health are required at a citizen level, including concepts of equity / equality, particularly in the current environment of increasing xenophobia and violence

The state is accountable to the public so what does the state do if the public do not agree with them in terms of managing migrants, (or AMR, or sustainability etc)?

The 'will of the people' that politicians work to may not even reflect agreed ways of working, eg: Geneva Convention of human rights. How is this managed?

How to hit the state / population dynamic at the right point to influence public and political opinion that generates support for human rights and health for all.

Some areas are seeing an increased interest in migration issues leading to an anti-immigration point of view

Who is responsible for this, what routes of communication do we have, and what guidance do we have to support our communications?

There is a potential to collaborate with DH behavioural insights team and tap into their work on market segmentation and social marketing about how we best communicate with people that have differing views or receive their messages from differing sources. (NB clarification this is not about nudge, but about communication).

Different cultural perspectives

Different countries experience of migration is reflected in differently perceived issues such that responding to challenges will need to vary to accommodate the range of perspectives, for example (although beware of stereotyping and generalisation):

- In the US there is a strong focus on race issues.
- In Germany the greater focus is on migration.
- In Switzerland, Yugoslavian migrants are subject to greater discrimination than Ghanaian migrants.
- Different cultural issues relating to the teaching of ethics and compassion. Teaching ethics in Greece is very complex as it ties into the Greek philosophical schools of thought. In Greece there is a conflict with the value of compassion being seen as a virtue and also linked to envy.
- Reaching Australian soil will afford a level of protection, and this translates into the modes of transport employed by migrants. People coming by air are protected, whereas people travelling by boat are not allowed to land. Those who arrive by boat account for only a minority of asylum seekers, however it is pictures of large groups

of people arriving by boats which is fundamental in shaping the perspective, not least because these groups are seen to be poorer and Asian.

- Australian refugee camps are squalid and seen as not 'Australian', thus leading to a lack of accountability with associated mental and physical harms, violence, local population victimisation. Criticism can result in a significant government response including imprisonment.
- In Israel, migrants are protected as a 'group' against expulsion, but not accorded any subsequent rights.
- In Wales areas with extremely low number of migrants appear more threatened by immigrants.
- Sweden does not prioritise the reunification of family which creates a disconnect with other areas of Europe

Historical perspective

- Migration has been with us for a long time, (forever?!).
- This has an implication for cultural perspectives and changing views: how has migration been perceived politically and by the public. What systems and approaches have worked or not worked previously?
- There will also be historical data available but to note that it is still subject to a range of definitions, groupings and anomalies.

2 Current thinking on countries' duty of care

Migrant health considered via the perspective of social justice.

The discussion throughout the day included many elements and principles of social justice as follows:

- Health for all as a global issue
- Global justice: a country's responsibility increases with its privilege
- A need to explore further the issues of global justice and human rights.
- Consider the variety and impact of different notions of deservedness and the hierarchy presented (children, pregnant women etc)
- The current refugee crisis in Greece shows individual families taking in refugees, in part because current agreements are very specific about who can be treated and who is left without treatment.
- A framework for ethics in migration health is difficult to come by.
- Countries which see themselves as having equal societies do not see that socio-economic status is that much of an issue.
- Concepts of disadvantage will generally include migrant populations and if within powerful and wealthy populations, can lead to racism

- J. Brock, et al - undertaking work on global justice and cosmopolitanism which we can use.

Migration is a public health issue

Because:

- Migration is part of human nature: looking for better opportunities.
- Asylum seekers and their needs are often driven by oppression, conflict, violence. These are background determinants to health.
- The harms and health benefits are related to structural population factors such as socio-economic and political factors, and also to environmental concerns such as climate change.

Communicable disease

A focus of migrant health for public health practice is in managing and treating communicable disease including the following issues:

- Access to healthcare for potentially illegal immigrants or people who feel vulnerable to deportation
- Moral dimension of ill health and sickness and lack of health care.
- Spread of disease among associates and the general population
- Compliance with medication regimens
- Whether a person is an undocumented migrant is of minimal consequence to the front line clinician (if they finally get to see a front line clinician. NB there are numerous places where the migrant status is of concern to the clinician though.

Economic issues

- The Economics of migrant health is linked with ethics. The pre-eminence of the economic argument was noted with the question: should the economists get their ethics right first?
- Can we make the economic case for medical care and public health responsibilities: that it is better for the country if the migrant is productive and healthy.
- The Israeli experience indicated that ethno-identity politics had a stronger influence than economic arguments. Perhaps other arguments of social justice might be influential?
- Physicians for human rights often present a narrow economic argument, just on the cost of no access to health care, but a broader approach considering the social

determinants of health brings additional issues of economic impact and population benefit into the discussion.

- It was noted that in making an economic case for acute care we have to show an increase life expectancy, whereas public health has to make the more complex case of evidencing money saved.

3 inter-sectoral issues

Policy conflicts

The discussion explored the tensions between different policy aims and how these linked (or didn't link) across policy areas locally and globally:

Public health tends to focus on populations within the country concerned and is less concerned with the health of people moving from one country to another.

Policy domains tend to be seen in isolation with minimal overlap and thus increased opportunity for conflict between domains such as health policy, migration policy, and social determinants of health. For example, the NHS Information Sharing memorandum of understanding (MOU), means that data are shared between health and migration services which may lead the migrant or refugee to fall foul of immigration policy and may act as a deterrent to access healthcare.

A way round this would be to enforce a 'firewall' between domains. For example, in Wales, health is a devolved function, so a refused asylum seeker will still have a right to healthcare. There is no information sharing MOU in Wales or Scotland so the deterrent for seeking care is less acute.

However, a firewall between policy domains conflicts with the understanding that improving the wider determinants of health for migrants (or indeed for all people – no need to discriminate) such as employment and education and housing, would benefit overall population health.

The question becomes 'how to separate human rights, health, and migration issues, while improving access to health care and wider determinants of health?'.

Australia - Deterrence is deliberate migration policy and allows for denial of basic services including health care. Uncertainty regarding processing and resettlement. Even refugees are not necessarily given right to live where they want.

The discussion suggested that we look for opportunities for linking migrant health and policy work eg: NHS taking over Immigration Removal Centres (IRCs) and developing the interface between primary care and public health

There is, in addition:

- Further tensions between global rights and the local requirement for individual countries to determine their own policies.
- A lack of policy focus on movement and transnational travel.
- An acknowledgement that the sustainable development goals may be useful to progress health and migration policy issues, specifically SDG3 ‘Good health and wellbeing’.

PHE may make a guidance on migrant health care, but ethics were not systematically included.

4 Ethical and legal reasons for engaging with migrant health

Reasons to help

It is clear that there are numerous ethical and legal reasons for migration and health care to be a focus for our work:

- There are international legal obligations.
- A shared humanity for others.
- Reciprocity – we may all need this support someday.
- Public health requirement for harm reduction, reduced inequalities, and increasing opportunities for human flourishing.
- Opportunity to translate research into practical action (theory into practice)

Specific ethical issues raised:

The concept of responsibility. The first port of entry is considered responsible for the welfare of immigrant. eg: Italy has a specific code for managing migrants in port, many areas do not want to engage with this as it might impact on their perceived responsibilities.

Access to abortion: Although in many countries woman can be refused an abortion, there may be opportunities for people to access other options (eg local gynae clinics, underground services etc) which refugee women may not be able to.

The local response to migration may change to be less accommodating when the numbers increase.

Different cultural approaches can be divisive

The use of photographs of refugees has become an ethical issue with most agencies now acknowledging that it is not ethical to display photographs of recipients of support. Some areas agree a policy of no pictures even with consent, in case people change their mind.

Ethical issues emerge in the practice and delivery of care, eg: where NGOs take over where the state does not deliver, and because they may have different codes of ethics and levels of transparency.

(Australia) Harms in camps are systematic and in clear contrast to human rights. It is illegal for border staff to speak about conditions at camps, with potential for two years prison.

In 2015 UN rapporteur on torture found that Australian immigration detention was in violation of the International Convention Against Torture. Current politics is veering even further to the right in terms of immigration rhetoric.

Is PHE seen as too left wing? How do we balance the fact that there is not a unified consensus, there is a voice that is not being heard. How do we combine a view acknowledging the rights of 'people of the world' with the acceptance that a nation state should be partial to its own population.

Childress et al: Justificatory conditions – to note that where the value of liberty dominates then there is a presumption of non-interference, rather than identifying needs of communities. Deviation from liberty requires strong justification. Potentially leading to no moral obligation to care for those in need.

The experience of initial treatment of migrants will influence their ability to integrate.

Clinical experience

- The clinical experience should be remembered in public health considerations.
- A person is a patient, clinicians do not necessarily see all the peripheral issues.
- There is an absence in the clinical discourse in rights-based discourse. Rights were not introduced in the discussion of why doctors are helping patients.
- No apparent conflict between the migrant patient and non-migrant patient waiting for treatment, but there was a recognition of the effect of one patient's health on the health of another patient.
- Issues of health care worker burn out

Education

- Health professionals are not taught Ethics particularly comprehensively. Does this impact on the rights of health professionals working in these situations?

- Keen to introduce ethics of migration health into the academic training of medical professionals. Good examples of countries which have started to introduce ethics and migration in medical training - see AMC Amsterdam. NB – can a virtue be taught? Yes / No? Always / Never?
- What should the ethical perspectives training be which can then support public health practitioners when sitting opposite ministers: what is the narrative that we want to develop?

Research needs

The discussion identified a number of areas for further research:

- Tools to help change behaviour
- Optimising primary care for migrants.
- Need to better understand the values that we start with, including 'who belongs' and 'who deserves'
- A need for careful detection of vulnerabilities, individual and context-based case analysis
- Climate change and migration.
- Rights based knowledge
- Life labs
- Normative groundwork is needed,

and also issues that researchers need to address: '

- How to include migrants in your study and co-creation.
- How to reduce stereotyping and generalization.
- How to do justice to each specific case or pattern.
- The need to reduce the potentially distressing requirement for repeated history taking which may reinforce trauma experienced eg: of torture victims.
- How we work with the different disciplines identified in our work.
- How to reconcile theory and practice.
- The need to create cohesion and develop leadership to be able to carry message to relevant actors.
- Need to consider different aspects of translation between academic and professional agency.
- From a marketing point of view, academia has to do a better job at marketing the messages.

5 next steps

What can we do?

- Document and discuss the issues - find the right arguments and get them out into the population
- Counteract the incorrect ‘Jingle’ or message repeated regarding immigration
- De-bunk the myths
- We (public health professional and academics) can bring a range of skills to this.
- Develop different ways of presenting taxonomies of what is going on in international migration.
- Work with people in climate change, as this field is well developed
- Framework:
    1. Describe the question or situation
    2. Understand it
    3. Consider how we might influence policy

Actions

- Establish an FPH special interest group on migration.
- Develop a statement to inform our work programme. (Can we draft an initial statement as a basis for discussion? Possibly use the Papal statement on migration, possibly ask Angus Dawson to develop an initial draft?
- Contribute to a range of international meetings: 19/20 March Copenhagen / May 2018 Edinburgh / EUPHA conference workshop in Ljubljana / WHO Ethics annual meeting.
- Contribute to a global code of ethics – see the APHA draft code of ethics
- Keep an email communications list.

Rapporteurs

Caroline Vass and Claire Mock-Munoz de Luna, Feb 2018

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Dr Verina Wild – Oliver's story. Identification of key principles and issues.

Dr Elizabeth Such - Research issues

Professor Bruce Jennings – Reflection on diversity and health and wellbeing

1115 – 1130 Refreshments

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Ms Karen Saunders – Reflections on local service issues

- Universal health care. Ethical tensions and issues around SDGs and local services

1430 – 1500 **Key questions, Gaps in knowledge and Potential areas for further development and collaboration and next steps**.

Closing remarks

Participants

Dr	Arild	**Aambø**	**Norwegian Center for Migration and Minority Health (NAKMI)**	a.aa@nakmi.no
Professor	Ibrahim	**Abubakar**	Director, Institute of Global Health, UCL, London	i.abubakar@ucl.ac.uk
Dr	Rob	**Aldridge**	Research Fellow, UCL Lancet Commission on migration and health	r.aldridge@ucl.ac.uk
Professor	Richard	**Ashcroft**	Professor of Bioethics, Queen Mary, University of London	R.ashcroft@qmul.ac.uk
Dr	Ines	**Campos-Matos**	Head of Travel and migrant Health, Public Health England	Ines.Campos-Matos@phe.gov.uk
Ms	Alison	**Crawshaw**	Migrant Health Scientist Public Health England	Alison.Crawshaw@phe.gov.uk
Professor	Nadav	**Davidovitch**	Professor public health;Director, School of Public Health	nadavd@bgu.ac.il
Professor	Angus	**Dawson**	*Professor of Bioethics, University of Sydney, School of Public health*	angus.dawson@sydney.edu.au
Ms	Lauren	**Ellis**	Senior Project Manager (Global Health)	Lauren.Ellis2@wales.nhs.uk
Dr	Ellis	**Friedman**	Consultant in public health ; Treasurer FPH	friedmanellis@gmail.com
Professor	Bruce	**Jennings**	Senior advisor, Hasting Center, and Centre for Humans and Nature	brucejennings@humansandnature.org
Dr	Claire	**Mock-Munoz de Luna**	University of Copenhagen Research Centre for Migration, Ethnicity and Health	cllu@sund.ku.dk
Professor	Elena	**Petelos**	Professor of Public Health, University of Crete	elena.petelos@med.uoc.gr
Dr	Emily	**Phipps**	Academic Clinical Fellow in Public Health	Emily.phipps@phe.gov.uk
Ms	Tara	**Piasetski**	Senior Public Health Intelligence Officer, London Borough of Hackney	Tara.Piasetski@hackney.gov.uk
Dr	Gill	**Richardson**	Assistant Director Policy, Public Health Wales	Gill.Richardson2@wales.nhs.uk
Professor	Sarah	**Salaway**	Professor Public Health, University of Sheffield	s.salway@sheffield.ac.uk
Ms	Karen	**Saunders**	Regional Programme lead, Public Health England	karen.saunders@phe.gov.uk
Dr	Peter	**Schroder-Back**	President, EUPHA Ethics in Public Health section	peter.schroder@maastrichtuniversity.nl
Dr	Elizabeth	**Such**	Health Equity & Inclusion Research Group	e.such@sheffield.ac.uk
Dr	Farhang	**Tahzib**	Chair, Public Health Ethics Committee, Faculty of Public Health	farhang.tahzib@gmail.com
Ms	Caroline	**Vass**	Senior registrar public health	caroline.vass@nhs.net
Dr	Verina	**Wild**	*Institute of Ethics, History and Theory of Medicine, LMU Munich*	v.wild@lrz.uni-muenchen.de

Further information contact: ukpublichealth.ethics@gmail.com