

Review of: "International Clinicians and Academics Supporting the Refugee Journey- A Personal Experience and Perspective"

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Potential competing interests: No potential competing interests to declare.

Dear Clive,

Thanks to you and Qeios for the opportunity to review your article.

I appreciated very much the personal flavour of the piece, with your involvement made sense of within your life and work. I think it would add insight to health and especially medical professionals' consideration of similar forms of volunteering.

I think there would be potential to develop your intentions and reflections further. For example in the Abstract I read a desire to support dialogue between people who may respond to migrants and migrants' experience in very different ways. And I think there's a key paragraph at the start of the section headed 'Other Parallel African Initiatives', that I think invites further thinking.

You say "Refugees are often a product of economic or political instability. To a degree, this is difficult to predict and therefore prevent. However, a lack of education and the absence of health care can both contribute towards, as well as result from, the chaos that often precipitates the need for mass migration of people in an unplanned way. We therefore [sought to combine our health work] with an effort to understand and improve education, socio-economic conditions and health care provision in their locality." I think there are many structural processes in the way the world works, in the causes of conflict for example, that serve to contribute both to the need of people to flee their country, and to their hardships along the way, that are very much understandable. Unfortunately, people in the Global North are very much implicated, with many of these processes serving to our advantage. While the time and place of individual conflicts may be hard to predict, there may be many factors that could reduce them. Might you consider further qualifying your sentence 'To a degree, this is difficult to predict and therefore prevent.'

It would be really interesting to hear more about your negotiations with local authorities - for example with education systems in South Sudan and/or Social Care systems in Uganda - that helped your interventions 'mesh' with what was already going on.

Finally, I invite you to add some concluding thoughts about these questions. What understanding have you gained about education, socio-economic conditions and health care provision in these localities? What might people who remain 'back home' in the Global North be able to do that might reduce the 'root causes' of conflict and forced migration? What

messages do you think this article offers to help build dialogue?

With good wishes and appreciation for all your work

Tom Allport