Journal of Identity and Migration Studies
JIMS - Volume 20, number 1, 2026

Albinism: Environmental Migration And Protection

Bright NKRUMAH

Abstract: Each year, environmental crises compel many people to seek refuge in other states. While this is a legitimate reason, harms caused by the environment are not stricto senso eligible for international protection under the 1951 Refugee Convention. In the Southern Hemisphere, year-round exposure to solar ultraviolet radiation (UVR) has harmful effect on the health of human inhabitants. While the entire population near the equator bears the brunt of UVR, persons with albinism (PWA) are most susceptible. The lack of melanin in the eye, hair and skin makes this demography vulnerable to skin cancer when exposed to elevated UVR. Against this backdrop, it is likely that a disproportionate percentage may adapt by migrating to regions with a temperate climate. But, considering that a person fleeing environmental harm falls outside the conventional definition of refugee, the paper draws from existing literature to examine the eligibility of PWA for long-term complementary protection.

Keywords: albinism; complementary protection; cancer; melanin; refugee

Introduction

Each year, hundreds of women, children, and men flee from the Southern Hemisphere in pursuit of a better life in the Northern Hemisphere. Over time, a handful of these will become 'undocumented' migrants (Schinkel 2009).[1] Accordingly, they may be subject to enforced or self-removal (Park 2018).[2] In some countries, these actions are undertaken to free up economic opportunities for citizens, while reducing fiscal strain on public resources. Still, it is likely that some migrants will appeal their removal. Among these are persons with albinism (PWA). One of the reasons why this demography will be unwilling to return to the Southern continents (Africa, Latin America, Southeast Asia, and Western Asia) is the fear of deprivation of life. Unlike political refugees or victims of armed conflict, the threat faced by PWA is not triggered by (non)state actors. Rather, it springs from elevated ultraviolet solar radiation (UVR). Yet, the nature of this harm falls outside the remit of persecution, and by extension, the conventional definition of refugee. Against this backdrop, the paper explores the eligibility of PWA for long-term complementary protection.

Drawing from existing literature, international instruments, and case law, this article proceeds as follows: Beside the present 'Introduction', the rest of the paper is divided into four parts. In the section labelled 'Albinism and solar ultraviolet radiation', the paper examines prevailing environmental conditions in the Southern Hemisphere and how it impacts PWA. It pays considerable attention to the effects of UVR. It then guides the reader through the susceptibility of PWA to UVR. The section argues that whereas all populations are at risk of elevated UVR, the physiology of PWA makes them more susceptible. Such a discussion could be helpful in appreciating the distinct vulnerability of this group, and perhaps a consideration for international

[1] Undocumented migrants refer to people residing in a country without legal authorization.
[2] Self-removal implies the voluntary departure of an undocumented migrant. Enforced deportation is the formal removal or mandatory expulsion of non-citizens from the state.

protection. In the third section, christened 'Albinism and refugee', examines the eligibility of PWA for refugee protection. It draws from the jurisprudence of the United States Appeals Court and the European Court of Human Rights (ECtHR) to determine the eligibility PWA for international protection based on their medical condition. In the fourth section dubbed 'Complementary protection and albinism', the paper examines the scholarly debate around the former. It briefly explores the debate around the procedural and substantive rights inherent in complementary and refugee protection. The section further considers the (in)eligibility of PWA for complementary protection in Europe and North America. These regions were considered in light of their relative mild climate and quality health care. In the era of uncertainties around immigration issues, it is hoped that this section will inspire a global policy reform to respond to the challenges of PWA. The final section, 'Conclusion', provides suggestions on how complementary protection could serve as a tool for safeguarding undocumented PWA.

Albinism and solar ultraviolet radiation

The sun produces UVR that is felt by all regions and populations. UVR is an invisible part of the energy that is produced by the sun (McAuliffe & Blank 1991). It remains invisible because its wavelengths are shorter than light. UVR has both beneficial and detrimental (photobiological) effects on people. In terms of the former, a small quantity enhances the production of vitamin D. It is also used in medicine for the treatment of vitiligo, psoriasis, osteoporosis, rickets, and lupus vulgaris. However, excess quantity can be deleterious to human health.

The entire spectrum of UVR can be grouped into three layers. First, ultraviolet A (UVA). This form of electromagnetic radiation makes up about 98% of solar UVR exposure (Dixon & Dixon 2004: 155). It has a longer wavelength, spanning 315-400nm. Its extended wavelength has two effects on the skin. On the one hand, it allows it to penetrate deeper into the dermis, resulting in aging, dark spots, and wrinkles. On the other hand, its long wavelengths reduce the amount of energy intensity that reaches the Earth. Consequently, it rarely results in DNA damage and skin cancer.

Second, ultraviolet B (UVB). In contrast to (UVA), this radiation has a shorter wavelength (280-315nm). For this reason, only a few of its electromagnetic radiation reaches the Earth. It accounts for less than 2% of the total UVR on Earth (Makgabutlane & Wright 2015: 1). Approximately 90-95% of its energy is absorbed by the ozone layer and cloud cover. As an illustration, the build-up of optically dense clouds in Sweden and the USA led to reductions of UVB by 70% and 50% in the countries, respectively (Makgabutlane & Wright 2015: 1). Then again, its shorter wavelength is associated with high-energy (radiation) that penetrates the epidermis, causing apoptosis (cell death) in skin cells. Accordingly, a large number of sunburns and skin cancers have been attributed to UVB.[3]

Third, ultraviolet C (UVC). It has the shortest wavelength, and thus, the most energetic, of the three UVRs. Its radiation spans 100-280nm. In view of the distance, it is almost completely absorbed by the atmosphere (ozone layer, oxygen, and water vapor). Since it is blocked from reaching the Earth's surface, its high energy rarely has a direct effect on human health. That said,

[3] It is important to insert here that arc welding and other non-solar UVR can also result in skin cancer.

one ought to exercise caution here. Bearing in mind that there is limited scholarship on UVC, one cannot conclusively declare that there are no (in)direct effects on humans.

Vulnerability to UVR is often associated with the UV Index (Fioletov, et al. 2010). The index is an estimation of the radiation wavelength and energy intensity that reaches the Earth. The wavelength and energy are intertwined, as the former informs the amount of energy that reaches the Earth. As discussed in Table 1, UV Index can be grouped into five categories (Sunray 2025). The Index determines the level of risk one will bear.

UV Index	Risk to Skin Cancer
0-2	Low risk
3-5	Moderate risk
6-7	High risk
8-10	Very high risk
>= 11	Extreme risk

Table 1: UV Index

Susceptibility to high UV Index (hereinafter, Index) is shaped by a region's proximity to the equator. A disproportionate percentage of countries in the Southern Hemisphere are in the tropics and experience yearlong high UV Index. Among these are Africa (Ethiopia, Kenya, Madagascar, Tanzania, and Uganda), South America (Bolivia, Chile, Ecuador, and Peru), and Southeast Asia (Indonesia and Sri Lanka) (Wright et al. 2013). As a consequence, Sirithanabadeekul (2019) suggests that people ought to avoid going outside between the hours of 0:00 and 15:00 when the Index reaches 3. The author further suggests that at an Index of 6, individuals ought to apply sunscreen. These recommendations are useful but fail to address two problems. If people are to stay indoors during business hours, what ramifications will it have on outdoor workers?[4] The question is pressing as a disproportionate percentage of people in Southern countries earn their living through small-scale trade and the informal sector. Again, with the cost of sunscreen averagely priced at $10, how will families below the poverty line sustain the use of the product? In contrast, a considerable number of countries in the Northern Hemisphere tend to have moderate UV Index with a temperate climate. Table 2 provides an excerpt of the average UV index experienced by countries based on their geographical location (Wright et al. 2012, 693; Schmalwieser et al. 2017, 1352-55; Bonneau 2022; Bone Moncayo 2024: 330).

Country/Continent	Average UVR Index
Norway	5
Sweden	5
Germany	5
Canada	6
UK	8 or less
USA	9-10
Ecuador	10-12

[4] Many people earn their income through outdoor occupations, as shoemakers, construction workers, carpenters, hawkers, gas attendants, and barbers.

Country/Continent	Average UVR Index
Peru	11-12
Venezuela	11-12
Thailand	11-12
Tanzania	11+
Ethiopia	11+
Madagascar	11+
South Africa	11+
Kenya	13+
Nigeria	14

Table 2: Average UVR Index by country

According to Fitzpatrick (1975), adaptation to high UV Index is shaped by one's phototype. The author justifies his assertion through the classification of skin types and their differentiated responses to UVR. Table 3 identifies Fitzpatrick's six categories of skin types and their sensitivity to UVR. The classification evolved from an initial study of how 'white' skin responds to UVR. It begins with three categories of white skin: skin type I (fair skin, freckles, blue, or light eyes), skin type II (red or blond hair, blue, brown, or hazel eyes), and skin type III (brown hair, blue, brown or hazel eyes). Subsequently, brown skin was added to the Table. This section was subdivided into two: skin type IV (brown hair and dark eyes), skin type V (brown eyes, black, or dark brown hair). The final group is skin type VI (dark brown eyes, black, or dark brown hair). The scholar concluded that individuals with fairer skin have less pigmentation, and extremely sensitive to UVR. In the Southern Hemisphere, PWA stand or fall in this camp.

Skin type	Unexposed skin color	Core features	History of sunburn	Level of Sensitivity to UVR
I	White	Fair skin Blue or light eyes Freckles	Always burns on minimal sun exposure	Extremely sensitive
II	White	Blonde or red hair Blue, hazel or brown eyes Freckles	Burns very readily	Very sensitive
III	White/Light Brown	Brown hair Blue, hazel or brown eyes	May burn on regular sun exposure with no protection	Moderately sensitive
IV	Light Brown	Brown hair Dark eyes	Burns rarely	Relatively tolerant
V	Brown	Brown eyes Black or dark brown hair	Despite pigmentation, may burn surprisingly easily on sun exposure	Very variable

Skin type	Unexposed skin color	Core features	History of sunburn	Level of Sensitivity to UVR
VI	Black	Brown eyes Black or dark brown hair	Rarely burns Sunburn is difficult to detect on very pigmented skin	Relatively insensitive

Table 3. Skin type classification

Albinism transcends ethnicity, gender, and geographical enclave. The exact number of people is evasive (UN 2025). From the Latin word *albus*, albinism implies 'white' (Nkrumah 2021a). It is a rare medical condition, and non-contagious (Nkrumah 2019). It is passed on from parents to children through reproduction. The condition leads to mutations in genes responsible for the production of melanin. The suppression of melanin results in limited or a lack of pigmentation in the eye, hair, and skin (Nkrumah 2021b). There are two types of albinism. First, ocular albinism (OA). This is a relatively mild form of the condition. Persons in this camp have an insufficient amount of melanin. It is rare to find someone with the condition. The limited melanin only affects the eye, with no effect on the skin or hair. A person with OA often experiences photophobia (eye sensitivity to light) and blurred vision (Nkrumah 2021b). Given its inconspicuous nature, persons with OA tend to have similar hair, and skin complexion as the general populace. Second, oculocutaneous albinism (OCA). This type represents an acute form of the condition. Persons in this camp lack melanin in the eyes, hair, and skin. Besides vision problems, they have white hair, eye and skin complexion (Nkrumah 2021a). These features make one conspicuous in a predominantly black and brown communities. Arguably, their visibility in such communities tends to shape census in terms of the regional distribution of PWA. An example might help illustrate what has been said. The United Nations (2025) estimates that five percent (5%) of the world population is carriers of the gene. Of this demography, 1 in 20 000 individuals in Europe, and North Africa have albinism. But in Sub-Saharan Africa (SSA), it states that 1 in 5 000 people are carriers (UN 2025). This implies that an estimated 200 000 PWA are in SSA.

In the Southern Hemisphere, the limited amount or absence of melanin in the eye, hair, and skin makes PWA highly sensitive to extended UVR. Some have attempted to adapt to elevated UVR by wearing hats, protective clothes, sunglasses, and sunscreen. Yet non-melanoma cancer, and mortality rates are on the rise among the group. Nakkazi (2025) estimates that 87% of the global PWA diagnosed with cancer are in the Southern Hemisphere. In Africa, a PWA is 18-20 times more likely to be diagnosed with cancer than their melanoma compatriots (Kiprono et al. 2014: 3). This demography is plagued with different kinds of cancer, including squamous cell carcinoma, basal cell carcinoma, and cutaneous melanoma (Nakkazi 2025). Amidst these conundrums, the poor healthcare systems have done little to ameliorate their plight. Inadequate technology for diagnoses, and early treatment of skin cancer has resulted in the deaths of 90% of PWA before the age of 30 (Beyondsuncare 2024). Bearing in mind the environmental threat, it is likely that a section of this group may seek refuge in regions or countries with a moderate UV Index. This development raises a central discursive question: Is albinism as a medical condition eligible for international protection?

Albinism and refugee

Each year, hundreds of people from the Global South flee to the Global North in search of good fortune (Nawyn 2016). Over time, a disproportionate percentage will become undocumented migrants. This happens, at least in part, because some have overstayed their non-immigrant visas. Others may have crossed the border discreetly or with forged traveling documents. Under any of these conditions, one is liable for expulsion. Article 33 of the 1951 Convention Relating to the Status of Refugees (hereinafter, '1951 Refugee Convention') stipulates that '[n]o Contracting State shall expel or return ('refouler') a refugee in any manner whatsoever to the frontiers of territories where his life or freedom would be threatened'. The provision, however, inserts a caveat. That, such a threat ought to be persecution 'on account of his race, religion, nationality, membership of a particular social group or political opinion' (art 1(A)(2) 1951 Refugee Convention). Scott (2020: 6) opines that although environmental disasters engender adversity, 'people displaced in that connection may appear to fall outside of the refugee law paradigm'.

Accordingly, any past or future harm that is neither tied to persecution nor a political event is ineligible for refugee. That is the dilemma faced by PWA. A disproportionate percentage fled their countries due to elevated UVR. This position is reflected in the landmark judgement of Australian High Court. In *Applicant A v Minister for Immigration* (1997: 248), Dawson J pronounced that '[b]y including in its operative provisions the requirement that a refugee fear persecution, the Convention limits its humanitarian scope and does not afford universal protection to' a person feeling 'natural disaster'.

In terms of medical condition, the opinion of the Court in *Applicant A v Minister for Immigration* (1997: 248) demonstrate that 'epidemic' or medical condition is omitted from the grounds for seeking refuge. This observation was underscored by the ECtHR in *N. v. the United Kingdom*. In this matter, the applicant was diagnosed as HIV-positive with considerable immunosuppression. Upon receiving a notice of removal, she appealed the decision by stating that her life expectancy would be dramatically reduced if she is expelled. She intimated that her home country, Uganda lacks the required medical treatment for HIV. The state countered her claim by asserting that she will not suffer acute physical, and mental suffering. It intimated that through donor-funded programs, antiretroviral drugs are available, and at reduced costs in her home state. [5] The Court cogently held that 'although the applicant applied for, and was refused, asylum', she has failed to demonstrate that 'her removal to Uganda would put her at risk of deliberate, politically motivated, ill-treatment' condition (*N. v. the United Kingdom*, para 46). It concluded that her claim of 'serious medical condition and the lack of sufficient treatment' in her home country is not adequate grounds for seeking international protection.

Similar reasoning was adopted in *Bensaid v. the United Kingdom*. The applicant was suffering from a psychotic illness. He was given a notice of removal on the grounds that his legal status was attained by deception. In his appeal, the applicant submitted that there is a high risk that he 'would suffer relapse of psychotic symptoms on being returned' (*Bensaid v. the United Kingdom*, para 16). He indicated that the action would place him at risk of inhuman treatment as his home country lacks efficient medical facilities for his condition. The respondent countered that

[5] Home state is in reference to country of origin. Host state implies country of resident.

Algeria has a hospital that could administer the prescribed medication for the applicant. In its decision, the ECtHR observed that the applicant failed to provide evidence to support the claim that there would be a relapse of his condition when the expulsion is carried out. It further reasoned that the claim of inadequate health facilities or family support is speculative. The plea of the state to remove the applicant was upheld by the Court.

Besides the above, the most compelling jurisprudence relevant to the subject-matter at hand is *Makatengkeng v Gonzales*. The primary applicant in this matter was a PWA. After overstaying his visitor visa, an immigration judge ordered his removal. He applied to the United States Court of Appeal to overturn the decision. He alleged that he suffers from visual acuity due to albinism. As a result, he 'would be unable to find a job' when expelled to Indonesia (*Makatengkeng v. Gonzales*, p.4). The Court observed that it is likely that 'his life will be threatened' when he is removed (*Makatengkeng v Gonzales*, p.18). It added that there is 'a well-founded fear' of being 'light-skinned Indonesians generally and albinos in particular' (*Makatengkeng v. Gonzales*, p.19). However, the applicant's claim of privation did not resonate with the Court. It maintained that even in the aggregate, the repercussions of unemployment 'do not rise to the level of persecution' (*Makatengkeng v. Gonzales*, p. 4, 10). The Court concluded that it cannot grant the motion to withhold removal based on socio-economic conditions.

It has to be admitted that from the aforesaid decisions, albinism as a standalone medical condition is ineligible for refugee status. This phenomenon inspires a discursive question: can undocumented PWA invoke elevated UVR to seek complementary protection? To respond to this question, the next section examines the meaning of this mechanism, and the prospect of PWA in accessing it.

Complementary protection and albinism

In defining the concept simply and without equivocation, complementary protection is a care that is provided to emigrants who fled their country due to reasons that fall outside the protected grounds of the 1951 Refugee Convention. In the recent past, the notion has gained substantial scholarly discourse. Much of this discourse has been about the *procedural*, and *substantive* aspects of the mechanism. In terms of the former, the discourse mainly revolves around who or what conditions fall within the realm of the mechanism. McAdam (2007: 2-3) succinctly defined it as a protection that is offered to individuals that are outside their home state, but the conditions for leaving fall 'outside the formal legal definition of refugee'. Lister (2019: 212) affirms McAdam's (2007) account by framing complementary protection as 'international protection' afforded to a migrant whose reason for fleeing 'is not covered by the Refugee Convention'. The author elaborates on this definition by mooting that this demography includes those fleeing 'environmental' harms (Lister 2019, 212). If one draws from McAdam and Lister accounts, the threshold for complementary protection is fourfold: (i) the individual has fled her home country; (ii) the reason for fleeing was *not* persecution; (iii) the individual requires protection for a duration of time; and (iv) the individual is unwilling to return to their home state. Conceivably, complementary protection and refugee regimes share similar attributes. In both cases, the applicant ought to have fled their country, sought protection, and been unwilling to return to their home state. Both regimes offer protection to non-citizens upon arrival or at the frontier of the host state. The distinctive feature between the two is 'persecution'. The environmental harm faced by undocumented PWA is not persecution. But, considering that the source of the harm cannot be

easily averted, the group ought to be eligible for complementary protection on a long-term basis, with eventual access to full citizenship. Now that the question of eligibility has been cleared, it is imperative to consider what kind of protection they may be afforded by the host state.

On the substantive aspect, the question of how recipients of complementary protection ought to be treated has been much rehearsed in contemporary literature. Lister (2019: 214) moots recipients of complementary protection do not deserve similar treatment as conventional refugees. He contends that since the circumstance of complementary protection falls below the threshold of a conventional refugee, treatment ought to be on a sliding scale. The author contends that refugees deserve special treatment since: (i) the threat in their home country is long-term; (ii) there is no remedy to that threat; and (iii) granting them permanent residence is economical or ethical. In sum, beneficiaries of complementary protection are not eligible for the same status as a refugee. However, for recipients of complementary protection, Lister (2019: 214-15) asserts that: (i) the threat in their home country is short-term; (ii) that threat can be remedied through aid; and (iii) refoulement is economic and ethical.[6] To be exact, Lister (2019: 214) succinctly posits that 'aid in place may be cheaper, at least in the long run, than providing complementary protection'. The fault in this reasoning is readily apparent if one examines the actual cost associated with the removal and subsequent aid for PWA. There are two expenses to consider. First, the cost of removal. As demonstrated in Table 4, the estimated cost to arrest, detain, and remove an undocumented PWA is rather costly (GOVUK 2013; Lewis 2024; USDHS 2025). Second, the total amount of financial aid that will be required for the purchase and shipment of resources could be exorbitant. This includes funding the cost of sunscreen, sun protective gear, equipment for diagnosis, and treatment of nonmelanoma skin cancers. But complementary protection could yield gains for PWA and citizens. Social assistance program for the former could create employment opportunities for the latter. This aspiration could be better realized when the home state elects to share the cost of maintaining its citizens abroad. The former could assist by partially covering the cost of food, housing, healthcare, or utilities. Cost sharing between the states will 'ensure the fair and equitable allocation of' responsibilities between states, hence, benefitting PWA (Foster 2006: 224). This approach is not 'an attempt to minimize state obligations', but to reduce the material burden on the host state (Foster 2006: 224).

Supposing -without actually maintaining it- that Lister's (2019) examination of complementary protection is from an economic standpoint, McAdam (2007) does so from a human rights perspective. The latter declare that beyond statuses, there should be no differential treatment between refugees and recipients of complementary protection in terms of safeguarding the right to life. Perhaps this debate could be better resolved through the lens of international and regional human rights standards. Article 2(1) of the ICCPR stipulates that '[e]ach State Party to the present Covenant undertakes to respect and to ensure to *all individuals within its territory* […] the rights recognized in the present Covenant.' As life is the fulcrum of all rights, Article 6 imposes an obligation on states to safeguard 'the inherent right to life' of 'every human being'. As a consequence, Article 9 of the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (ICRMW) codifies the 'right to life of migrant' regardless of their residential status (OHCHR 1990). That said, neither the ICRMW nor the ICCPR

[6] Refoulement implies the expulsion of asylum seekers or refugees to their home countries.

speaks to the duties of host states to beneficiaries of complementary protection. [7] The silence seems to suggest that international norms defer to states the mandate to decide for themselves the kind of treatment to afford this group.

State	Estimated cost of removal
United States	$17,121
UK	$20,000
Sweden	$34,000

Table 4: Cost of removal of an undocumented PWA

At the regional, Article 6 of the American Convention on Human Rights stipulates that '[e]very person has the right to have his life respected'. In the same breadth, Article 2 of the European Convention on Human Rights (ECHR) asserts that '[e]veryone's right to life shall be protected […] No one shall be deprived of his life intentionally' (Own emphasis). Strikingly, both instruments adopt indefinite pronouns in reference to the subjects. The use of 'everyone', or 'every person', demonstrates the intent of the instruments to safeguard the life of all individuals (in the respective regions) without reference to residential status. It is, therefore, not ironic that the right to life has remained central in jurisprudence relating to expulsion of (non)citizens. In Stubbings and Others v. The United Kingdom (para. 61), the ECtHR held that the potential impact of expulsion on the life expectancy of an applicant is a key determinant in retention or otherwise of undocumented migrants. This reasoning is affirmed in the landmark case, D. v. The United Kingdom. The case relates to the removal of a convicted immigrant drug courier who is undergoing treatment for AIDs. The applicant claimed that he would suffer irreparable damage in the home country. He submitted that his life expectancy will drastically decline as there is no adequate medical assistance in his home country, St Kitts. The ECtHR heard that 'lack of treatment with anti-HIV therapy and preventative measures for opportunistic disease would hasten his death if he were to be returned' (D. v. The United Kingdom, para 20). Bearing in mind the applicant's condition and lack of care in the home state, the Court held that the implementation of the decision to remove the applicant would infringe on his right to life. It concluded that, 'his removal would expose him to a real risk of dying under most distressing circumstances' (D. v. The United Kingdom, para 53). The judgment establishes a precedent that the removal of an immigrant ought to occur under conditions that will not result in (un)timely death or deprivation of the right to life. In this sense, the Court upheld the plea of the applicant to withhold his removal (para 41).

Again, a number of cases have upheld the right to life as a benchmark for withholding the removal of an applicant. In Bensaid v. the United Kingdom (para 40), the Court stated that the fear of the applicant is distinct from the threat to life in D. v. the United Kingdom. Similar reasoning was adopted by the Court of Appeals in Makatengkeng v. Gonzales. It stated that the applicant's claim of future economic hardship does not 'pose[…] a threat to life' (Makatengkeng v. Gonzales, p.18). As such, it is likely that the Court in Makatengkeng v. Gonzales could have arrived at a

[7] None of the 93 articles of the ICRMW guarantees the right of undocumented migrants to remain in the host state.

different conclusion had the victim grounded his argument on how the removal would drastically reduce his life expectancy.

In essence, American and Strasbourg's jurisprudence has established four precedents that provide credence for the eligibility of PWA to complementary protection. At the primary level, the source of their harm is natural. In N. v. the United Kingdom (para 43, own emphasis), the ECtHR held that the only reasonable grounds to overturn the decision of the state to remove the applicant will have to spring from a compelling argument that the victim suffers 'from a naturally occurring illness'. At this point, a careful examination of 'natural' is necessary to set a reliable boundary from non-natural illness. The prefix to 'naturally occurring illness' is natural. From its Latin origin, natura, natural describes a condition that springs from nature (Ducarme & Couvet 2020: 2). It connotes 'birth' or 'to be born'. Ducarme and Couvet (2020: 4) define natural as a 'a series of material things devoid of human influence'. As such, an illness that is natural ought to have been induced by a condition that is detached from human influence (Wilson 2019). Albinism fits this interpretation. In many instances, the transfer of (albinism) genes from parent to child is a natural occurrence, without genetic modification. It may have been passed on to an offspring under a circumstance where one or both parents were oblivious of their heredity. Thus, the passing of the genetic trait is biological, and not deliberately orchestrated by (non)state actors (N v UK, paras 29, 43).

At the secondary level, the life expectancy of undocumented PWA will be drastically reduced when expelled. In D. v. The United Kingdom (para 53), the ECtHR granted relief when it found that the removal of the applicant would 'expose him to a real risk of dying under most distressing circumstances.' A similar fate awaits PWA in their home countries. Harmful environmental condition poses considerable threat to their life expectancy, considering that the Southern Hemisphere is an epicenter of UVR. As the group has inadequate pigmentation, continued exposure to elevated UVR will induce cancer and inflict irreparable damage on the skin. This experience will exacerbate their physical and mental suffering. In extreme cases, non-treatment of UVR-related cancer will dramatically reduce the life expectancy of victims. Put differently, incessant UVR and lack of medical care in the home country constitute future fears that ought to be considered when deliberating on the removal of PWA. It might be prudent that PWA are not returned, bearing in mind the unfavorable conditions in the home countries. This observation was affirmed in Airey v Ireland (para 26) when the Court mooted that the primary obligation of the state is to 'safeguard the individual in a real and practical way'. In contrast, the expulsion of PWA will not only reduce their life expectancy, but cause them to die 'under most distressing circumstances' (D. v. The United Kingdom, para 53). The granting of complementary protection for PWA will safeguard them from exposure to irreparable damage in the home state. A claim for complementary protection could be substantiated on their unique vulnerability and basic human rights to life. Accordingly, host states have a better prospect of safeguarding their life than when expelled. The ECtHR made a similar observation in Rantsev v. Cyprus and Russia. In this matter, the applicant complained of the failure by the Cypriot police to protect his daughter from irreparable damage. The Court intimated that states have an obligation 'to take positive steps to protect potential victims' from actions that threaten life and human dignity (Rantsev v. Cyprus and Russia, para 200). This decision brings to bear the dual duties of the states in the provision of complementary protection; to wit, positive and negative duties. The positive obligation of a state is engaged where it is cognizant that the victim will suffer harm in the home state. Under such

circumstance, an expulsion can only be justified when the host state has 'satisfied [itself] that the conditions awaiting' the victim in the home state will not endanger her life (Soering v. The United Kingdom, para. 85). Failure to comply with this guideline before 'removal would constitute interference by a public authority of' an individual's right to life (MP v Secretary of State for the Home Department, para 118). In the case of PWA, the prevailing harm is elevated UVR, coupled with inadequate cancer facilities to ameliorate their suffering. Accordingly, the ECtHR held that in cases where a condition inflicts 'sufficient adverse effects' on an individual, that condition rises to the threshold of persecution (Bensaid v. The United Kingdom, para. 47). The negative obligation of the state is engaged when it is evident that there are hostile conditions in the home state that will be detrimental to the victim. This observation aligns with the fears of PWA, considering that the environment or inadequate structural conditions pose a considerable threat to their life. Under such circumstances, the Court affirms that there ought to be a stay of deportation even if the intent to expel is sine qua non 'in a democratic society' (Bensaid v. The United Kingdom, para. 48).

At the tertiary level, there is inadequate medical treatment in the home country. The ECtHR has demonstrated that it could overturn a decision to remove an applicant under a condition where the home state is unable or unwilling to provide relevant health care. In N. v. the United Kingdom (para 43), the Court held that the victim ought to demonstrate that there is a 'lack of sufficient resources to deal with [her condition] in the receiving country'. In the case of PWA, Dos-Santos-Silva et al. (2022) observe that there are global disparities in access to cancer treatment. The expulsion of PWA will exacerbate their susceptibility to skin cancer or early death. Maatouk & Lucero-Prisno III (2025) add that skin cancer mortality disproportionately affects populations in the Southern Hemisphere due to several barriers. The authors linked the prevalence to the inadequate treatment facilities, dermatologists, and pathologists. Roky et al. (2025) affirm that in the Southern Hemisphere, the lack of technology makes it difficult for early diagnosis and treatment of skin cancer. Inadequate facilities and professional help in the home country ought to be considered in decisions concerning the return of a PWA.

Finally, community integration. At the individual level, PWA have higher rates of social acceptance in the Northern Hemisphere than in majority-black-or-brown communities. Their physical trait (light skin and hair) of PWA enables them to integrate more quickly and seamlessly into majority-white communities. Even if they have been in the host state for a brief period, their new sense of 'invisibility' or resemblance to the majority of the residents reinforces their sense of belonging. In the Northern Hemisphere, it is conceivable that they are perceived as individuals instead of a fragment of a different race or foreign group. The building of relationships and social networks with people of similar appearance empowers PWA to embrace their condition and carve a new identity for themselves. The ECtHR reasons that how well a victim has integrated into the local community ought to be considered in the execution of the expulsion order. In PO (Nigeria) v. Secretary of State for the Home Department, para. 210), it underscored that the removal of an applicant who has built family or social ties will serve as an 'interference' in their life. The removal of an undocumented PWA could, therefore, be seen as a breach of their right to life and dignity. Similarly, in Sisojeva and Others v. Latvia (para 101), it held that the execution of an expulsion order would gravely interfere with the 'strong personal or family ties in the host country'. It is likely that some PWA may have built a family despite residing in the host state irregularly. Thus, expulsion not only severs such ties but deprives them of their new sense of identity and quality of life.

In sum, the paper submits that undocumented PWA in Northen hemisphere ought to be considered for complementary protection based on the following: (i) their expulsion to the Southern Hemisphere will drastically reduce their life expectancy; (ii) the environmental threat they fear is incessant; (iii) there is inadequate healthcare facility for cancer treatment; and (iv) some have established social ties. To that end, it is imperative that immigration judges and public officials takes into account these facts when drafting and interpreting immigration policies.

Conclusions

In the contemporary era, one of the pervasive remedies for containing mass emigration has been the expulsion of undocumented migrants to their home country. Although this action complies with the domestic law and values of the host state, in some cases, the execution of a removal order could drastically reduce the life expectancy of the victim. This is particularly so in the case of PWA. A disproportionate percentage of the group migrated from regions with elevated UVR. Exposure to year-round UVR, and ill-equipped health facilities makes the Southern Hemisphere unsafe for habitation. The unique medical condition of the group makes them susceptible to elevated UVR. The paper found that since this form of radiation has a shorter wavelength, it is biologically and photobiologically detrimental to the health and life of the group. UVR poses a considerable threat to life when there is continuous exposure. UVR has been responsible for erythema, sunburn, and skin cancer among PWA in the Southern hemisphere.

The paper found that both the ECHR and the American Convention on Human Rights codify the right to life, notwithstanding one's residential status. Undocumented PWA are entitled to this legal safeguard. The right to life imposes a positive duty on the states to withhold expulsion if such acts will result in endangering the life of the victim. It is from this safeguard that the paper argues for the eligibility of PWA for complementary protection. To satisfy this requirement, a victim ought to demonstrate that the expulsion result triggers events that will drastically reduce her life expectancy. Also, there ought to be evidence that she will suffer acute physical and mental suffering when sent back to the home country. But such a claim cannot be sustained simply by asserting that one suffers severe health condition. One ought to demonstrate that there is an inadequate health facility for treatment in the home country. That said, their fear for fleeing or unwillingness to return was/is neither tied to persecution nor any of the conventional reasons for seeking refuge. As such, they are ineligible for international protection.

The paper found that contemporary jurisprudence of the American and European courts has established a benchmark that calls for complementary protection for persons who fall outside the refugee regime (yet merit international protection). Transposing these benchmarks to the present discussion, the paper found that undocumented PWA meet the threshold. It found that the life expectancy of the group will drastically decline upon being returned to the Southern Hemisphere. In considering cases of expulsion, immigration judges ought to be cognizant of the threats that this demography faces in their home countries. Elevated UVR and poor healthcare conditions remain two hostile conditions that threaten their life in their home countries. UVR-related cancer and mortality rate of PWA underscore the urgency for the granting of complementary protection for the group. To that end, the paper entreats judges and policymakers and to consider the eligibility of PWA for complementary protection on a long-term basis, with eventual access to full citizenship.

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