

I have chosen to make this book review available by self-archiving – so-called ‘Green Open Access’ – as I do not have the funds to pay for proper Open Access. This is the final version of the manuscript that I sent to *Medicine, Conflict and Survival*. The published manuscript differs slightly as a result of copy editing by Taylor & Francis staff and is formatted differently. It is available here - <http://www.tandfonline.com/doi/full/10.1080/13623699.2014.961698>.

Book Review: ‘Migration, Health and Inequality’

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Thomas and Gideon (eds). Migration Health and Inequality. London: Zed Books, 2013.

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The last decade in England has seen a succession of poorly considered attempts to restrict access to healthcare for ‘overseas visitors’. These have been typified by slogans and assertion – ‘not an international health service’, ‘growing numbers’, etc - and little interest in quantifying use of the NHS by foreign nationals (or research that is laughably bad [1]). Regulations [2] introduced in 2004 restricted migrants’ access to most NHS secondary care in England.

Proponents of the regulations argue that exemptions for immediately necessary treatment and certain communicable diseases protect vulnerable individuals and the communities in which they live. This represents a complete failure to understand how healthcare is delivered. Many such conditions present with non-specific symptoms. For example, tuberculosis and ovarian cancer can both have insidious onsets and may be diagnosed late if patients cannot access routine investigations in NHS hospitals.

The regulations have undoubtedly led to individuals coming to harm [3]. This has come about largely because healthcare providers have misapplied the regulations [3] and because the threat of charging and perceived links with the immigration services have led to patients staying away [3].

I’m therefore pleased that Zed Books have produced a book of short essays [4] touching on many of these issues.

Some of the chapters are excellent, particularly those written by individuals who have been at the forefront of campaigns for more humane and better considered regulations.

Sally Hargreaves was one of the few people who bothered to examine use of the NHS by overseas visitors, finding that the limited burden visitors placed on NHS

primary care meant charging for GP services would not be cost effective [5]. Sally's chapter on use of health services by new migrants, written with Jon Friedland, is a solid introduction to the issues.

Sue Willman, Adam Hundt and colleagues at Deighton Pierce Glynn have successfully challenged some of the worst aspects of the new NHS charging regulations in the courts. Sue's chapter on the right to health in international law is probably the best account I have read of the subject. However, I remain unconvinced that more sensible policies will come about through legal action.

Ros Bragg and Maternity Action have fought hard over recent years to secure better access to maternity care for new migrants. These women suffer a disproportionate burden of maternal mortality [6]. Ros' chapter is great and, unusually for this book, discusses advocacy and practical means by which the harm the regulations cause might be partially mitigated.

Rebecca Shah's chapter, on health worker migration, and Sian Oram's chapter, on healthcare for trafficked migrants, are also good.

The other chapters I found less interesting. This may be more to do with me than the quality of the work. I come to this as a clinician and occasional activist. I am looking for evidence and useful ideas. I am not interested in finessing frameworks or abstract social science.

Take, for example, Elaine Chase's concluding sentence in her chapter on unaccompanied young asylum seekers.

'After all, as Douzinas also argues, 'human rights do not belong to humans: they help construct who and how one becomes human'. (pg. 107)

I don't find that very helpful but, if it's your cup of tea, you may enjoy this and similar chapters.

In summary, this book is a mixed bag of writing, mostly focussed on healthcare for recent migrants to Europe. It has a strong focus on the situation in England (Scotland and Wales have more enlightened regulations). It is not clear who the intended audience is. It contains five or so good summaries of important issues. These are summaries rather than new material and, for people who take an interest in the subject, there will be few new insights. It also contains a number of stodgy abstract chapters that you may enjoy more than I did.

The chapters stand alone, meaning there is significant repetition if one reads the book cover to cover. With another Department of Health consultation on access recently completed and on-going court action, some of this material will soon be out of date.

If you have an essay to write on these issues, this book, particularly the references, may be helpful. If you are a health professional or an activist, the

Internet, particularly the websites of organisations behind the *Overseas visitors and access to health care* resource [7], may prove more helpful. A luta continua!

1. *Prederi Ltd (2013). Quantitative Assessment of Visitor and Migrant Use of the NHS in England. Available from <https://www.gov.uk/government/publications/overseas-visitors-and-migrant-use-of-the-nhs-extent-and-costs> (accessed 10 May 2014).*
2. *National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2004 (SI 614/2004).*
3. *Kelley and Stevenson. First do no harm: denying healthcare to people whose asylum claims have failed. London: Refugee Council, 2006.*
4. *Thomas and Gideon (eds). Migration Health and Inequality. London: Zed Books, 2013.*
5. *Hargreaves, Friedland, Holmes, Saxena (2006). The identification and charging of Overseas Visitors at NHS services in Newham: a Consultation. Available from <http://www.lho.org.uk/viewResource.aspx?id=11948> (accessed 10 May 2014).*
6. *CMACE. Saving Mothers' Lives: Reviewing maternal deaths to make motherhood safer: 2006–2008. BJOG 2011; 118: 1–203.*
7. *See <http://migrantsandthenhs.wordpress.com> (accessed 10 May 2014).*