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Hannah Bradby, Margret Frenz & Stephanie Snow

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INTRODUCTION

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Hannah Bradby[a], Margret Frenz[b] and Stephanie Snow[c]

[a]Sociology Department, Uppsala University, Uppsala, Sweden; [b]Centre for Global History and St Cross College, University of Oxford, Oxford, UK; [c]Centre for the History of Science, Technology and Medicine, The University of Manchester, Manchester, UK

Ethnicity and health are contested terms that are difficult to define, arising from a moment in the development of public health where difference – both constructed and embodied – was recognised to intersect with inequalities in health. The complex, contingent nature of both ethnicity and of health mean that proxies are used as means of trying to capture key dimensions of these complex concepts (Bradby 2003). Any research involves sampling: even the richest of ethnographic accounts selects material and excludes other, while variable construction is always a sampling of all possible indicators. In setting the context for this special issue, we consider recent migration to Europe, and how the current political and economic concerns have delimited understandings of the wider links between health and ethnicity.

Throughout 2015 and 2016, migrants seeking entry to Europe have been in the news with the scale of the displacement through the summer of 2015 and the continuous arrival of people across national borders widely reported. Movements have continued over land and sea, despite winter weather, in unprecedented numbers with over a million people registered for asylum in Europe in 2015. According to Eurostat figures for 2015, more than 450,000 asylum applications have been lodged in Germany (35% of all applications within the EU), more than 150,000 in Hungary (14% of all applications within the EU) and Sweden (12% of all applications within the EU), more than 50,000 in Austria (7% of all applications within the EU), Italy (7% of all applications within the EU) and France (6% of all applications within the EU), with around 40,000 in the Netherlands, Belgium and the UK.[1] Behind the figures lie stories of migrant journeys that have involved significant dangers in order to achieve mobility for a range of compelling reasons.

In addition to registered asylum seekers, large numbers of refugees entered Europe by land and sea throughout 2015 and 2016. A boat overloaded with 800 passengers capsized off the Libyan coast in April 2015, resulting in hundreds of deaths. Images of Aylan Kurdi's (2012–2015) drowned body, washed up on a beach in Turkey, spread rapidly via social media in September 2015. Greek island beaches, marketed as ideal holiday locations, featured in news feeds strewn with boat wreckage, discarded life-jackets and wet clothing. Images of columns of people walking through the Balkans and Hungary to seek protection and shelter from war, civil war and persecution, and to attain the status of a 'recognised refugee' in European countries, demonstrated the desperation and determination that underpinned the movement. Images of families carrying children and supporting elderly and disabled relatives through long journeys, despite the new

border fences and border officials' deterrent efforts, gave a sense of an unstoppable flow of humanity.

The deaths of migrants seeking to cross the Mediterranean from North Africa and Turkey have been linked with calls to see migration as a humanitarian crisis. National and international responsibility for vulnerable migrants' well-being has been in competition with a sense of the challenges (real and imagined) that migrants present to residents and institutions of host countries along their journey. Discussions of the moral, legal and practical aspects of migrants' displacement, arrival and reception continue at individual, institutional and international levels.

National responses

The continued exodus of people from Syria, Afghanistan, Somalia, Eritrea, Kosovo and Iraq via land, air and sea became recognised as a humanitarian crisis, engendering a moral response from European governments. In the summer of 2015, German and Swedish government spokespersons made open-ended undertakings to receive Syrian refugees fleeing the war. Eastern European and the British governments refused to sign up to a European-wide quota system for accepting refugees. By the end of 2015, both Swedish and German governments retreated from an open-door policy towards Syrian refugees, in the face of ongoing political debates on the domestic front regarding the provision of services to new arrivals and at European level about a quota-system distribution of refugees across Europe, and the possibilities of stricter entry-controls to Germany depending on refugees' reason for flight and potential routes through safe third states.

For the moral imperative to allow refugee claims, refugees and those seeking asylum must be presented as victims of circumstances beyond their control: war; persecution. Among those arriving, unaccompanied children, mostly teenage boys, have been presented as particularly in need of help and support: can humane societies rebuff parentless underage migrants? For those making the case against welcoming men of North African and Middle Eastern background, a perceived propensity towards criminal activity is a key and emotive consideration. At New Year Eve's celebrations in several German cities, including Cologne, Hamburg and Stuttgart, groups of men committed a variety of crimes such as theft and sexual harassment by surrounding and isolating women in crowded city centres. Among the men who perpetrated sexual harassment, rape and theft were recent migrants and asylum seekers. During the celebrations, the police response was inadequate, but in early January, a major investigation into the crimes was launched and is still ongoing. So far, more than 1000 criminal complaints have been registered in Cologne alone, of which approximately 50% relate to sexual harassment.[2] Other incidents of sexual harassment and assault in Sweden and Finland at New Year[3] and during the summer of 2015[4] have also been reported. In the context of fraught European politics of migration, the assertion of women's right to free association without being subject to assault became allied with an anti-immigration, anti-Islamic sentiment, suggesting that immigration of Muslims necessarily threatens women's rights, particularly among right-wing groups. The events of New Year's Eve in Cologne and other cities were followed by a debate on whether a convicted perpetrator would lose his right to lodge an asylum application or an application for refugee status under the 1951 Geneva Refugee Convention and should be returned to his country of origin. Fatal

attacks in Paris in 2015 have supported those who would link anti-immigrant, anti-Islamic ideas to the arrival of people from Muslim societies to Europe.

The controversial legislation adopted by the Danish government in January 2016 to strip wealth and possessions from new arrivals seeking asylum represents an anti-immigrant sentiment that has gained some profile in Europe and that has repercussions for the political debate about distributing refugees more evenly across Europe. The French Prime Minister announced that the whole political, economic and social project of Europe was jeopardised by immigration of the scale seen in 2015; immigration control has been a key topic in the politics of the UK's referendum on whether or not to remain in Europe; the ultra-conservative party, Alternative für Deutschland, which positioned itself against welcoming high numbers of refugees, made significant gains in Germany's regional elections in March 2016. In contrast, the German Employers' Association (Deutscher Arbeitgeberverband) emphasises the importance of welcoming refugees and promoting integration of refugees into the economic and socio-cultural life. The fences built at the Schengen borders stand in contrast to the achievement of free movement within Europe. The expression of uncertainties about Europe's future as a political and economic entity is not novel and does not deny pro-migration solidarity among labour organisations and citizens' movements. Nevertheless, the extent to which the politics of migration features in Europe's consideration of its own future suggests that current movements are unprecedented.

European countries face different challenges. The UK's difficulties in meeting new arrivals' need for accommodation, housing, health care and employment have been reported as evidence of the attraction of leaving Europe. British politicians claim that the NHS and the country's welfare system are overburdened, and therefore negotiated the exclusion of Europeans from social welfare rights they enjoy in other European countries. A major concern is the NHS which is not in a position to cope with current patient numbers. In Germany, a new social housing programme has been launched to meet the need for adequate accommodation. Across Europe, politicians and planners seek to predict the changes that new arrivals will bring and the demands that will be presented to existing structures and services, not least health care. While anti-immigration parties suggest that the difficulties are evidence of excess and unsuitable arrivals, another view suggests that migration bringing about ethnic and cultural diversity needs to be properly conceptualised in order to understand its many consequences, not least for health care and medicine.

Rich European countries with well-developed health services and welfare systems have tended to assume their status as desirable targets for migrants. With a focus on new arrivals to Europe during the so-called migration crisis, this idea is apparently supported. However, in global terms, the United States remains the most sought after location for migrants and South–South migration continues to be the largest scale movement. The war in Syria has displaced people towards Europe, but of the estimated 11 million Syrians who have left, most are in neighbouring countries including Turkey and Lebanon, not to mention the estimated 6 million who are internally displaced. While wars are important in understanding global movements of people, ending an armed conflict does not imply an end to migration. People have a determination to migrate that respects neither national borders nor natural barriers and survey work suggests that hundreds of millions of people aspire to migrate (Esipova, Ray, and Srinivasan 2010). The

movement of people is hard to police as scholars of irregular migration have noted: and while countries may be legislatively and politically distinct entities, they are porous in terms of mobility. Attempts to regulate the movement of people while promoting the mobility of goods and capital is the dilemma of globalisation that Europe currently faces.

Mobility in global context

The European response to the 2015–2016 migratory movements has been about meeting (or resisting) migrants' immediate needs and, in the longer term, preventing the flow of people by intervening in Syria. The urge to prevent migration through enforcing existing laws, legislative change or military intervention, implies that the flow of humanity can be regulated. As long as migration remains such a powerful means of people seeking refuge from war or bettering their economic circumstances and protecting their family's interests, despite the sometime fatal risks involved, it will persist. The complexities of regulating such global processes in a progressive way (Collier 2013) are not the subject of this special issue. But we note that while the arrival of over a million people represents an enormous challenge for Europe, refugees (including internally displaced persons) are nonetheless overwhelmingly a feature of the Global South. Our concern is that the horror of migrant deaths and the urgency of coping with new arrivals' needs has, in Europe, obscured thinking about the longer term implications of these movements. Seeing new migrants as only an immediate problem prevents an appreciation of mobility as an ongoing state that is central to understanding how ethnicity and health play out socially.

To focus on meeting the needs of migrants and regulating their flow is to have migrant bodies at the centre of interest. Our interest is in getting beyond the migrant as a body with healthcare needs and beyond the framework of national interests. As a multi-disciplinary group, we wanted to explore aspects of mobility beyond concern for embodied movements across national boundaries, but nonetheless connected to health. In particular, we link the movements of technology, knowledge and expertise to that of people and examine how these are linked to markets and interests of different types. The so-called migrant crisis in Europe has demonstrated a bias in research around health, which focuses on the implications for rich host countries of receiving immigrants, rather than seeing the movements in a global context. Migrants are not only consumers of health services, but have also been key producers of welfare, as well as, potentially, educators, scientists, innovators. Understanding the inter-dependency of societies connected by movements of people and ideas in terms of labour, professions, markets and the spread of ideas, must be an inter-disciplinary project.

Our starting point has been to show how the migration of personnel, ideas and technology associated with the practice of medicine has been a crucial part of making the discipline and the profession of medicine across the world. The role of migrant workers in the development of health systems in post-Second World War Westernised countries is being explored with the significance of immigrant skilled labour for constituting the British NHS (Jones and Snow 2010) and the shape of medicine as a profession and discipline is being interrogated (Bornat, Henry, and Raghuram 2008; Bornat, Raghuram, and Henry 2011). While the co-constitution of migration and medicine through the colonial era is being explored (Pati and Harrison 2001) its implications for current times are less well documented. The influence of the colonial era can be seen in structures linking development

and medicine, shaping the implications of mobility for individuals and societies (Raghuram 2009a, 2009b). Understanding these structures is not simply about recognising previously occluded contributions to national projects, but offers new ways of understanding socio-economic structures (Raghuram 2014).

Indian doctors and Filipina nurses continue to staff health systems the world over and new bilateral agreements mean that post-colonial relationships no longer predict migration flows of skilled and unskilled health and social care workers (Connell 2010). Mid-twentieth-century concerns expressed by the governments of the Global North, around securing staffing for their newly established national health systems, gave way to the early twenty-first-century alarm at the exodus of skilled healthcare personnel from sub-Saharan African countries that were carrying a disproportionate burden of the HIV epidemic (World Health Organization 2006). Efforts to regulate and reduce the international recruitment of skilled healthcare workers and interest in 'task shifting' to replace 'missing' doctors and nurses has given way to recognition that holding migrants responsible for the 'global health workforce crisis' is inappropriate (Bradby 2014). Missing from the research agenda is an interrogation that is critical both of medicine, with its claims of a universally applicable epistemology and effective practice, and of migration, particularly when understood in crudely economist terms that are overly focussed on manpower planning in nationally bounded settings (Bradby 2016).

The relatively predictable patterns of ethnic group differentiation that characterised the slower pace of post-Second World War migration are giving way to increasingly complex patterns of global migration. Efforts to recruit health and social care workers (skilled and otherwise) in rich countries are important drivers of global migration, but the patterns and possibilities are complex. Medical training is undertaken for the express purposes of international migration in some settings, thereby undoing the old orthodoxies of gender and class, such that doctors in Nepal and the Philippines are said to be retraining as nurses to migrate, while nurse emigrants from India and Africa are supporting family dependents in new settings as sole earners. The heterogeneity of medicine and the interaction of its internal hierarchies with mobility and migrant status, and the consequences of changing patterns for global equity in terms of access to good quality healthcare and health outcomes, are all worthy of study. When these processes interact with the interests of capital, with the marketisation of healthcare provision and recruitment, the consequences of medical tourism and state-sponsored international recruitment are all relevant to understanding how medicine and mobility are remaking each other and relations between regions of the world.

This issue

By bringing together geographical, historical, anthropological and sociological perspectives, we hope to expand our picture of how mobility and health are connected, with consequences for forms of social differentiation coded by class, gender, ethnicity and profession. This special issue offers some indication of the connections that can be studied. In drawing on historical, anthropological and sociological analyses of previous migration, we see mobility as an ongoing feature of interconnected societies, which affect labour forces and individual users of welfare, knowledge systems and profit margins. The social, economic, political and historical consequences of movements of people cannot be appreciated until our analytic gaze takes in the context of individual

agents in their structural position and the multiplicity of social roles that they occupy. Knowledge, capital, policy and technology are involved in mobility with implications for the profession of medicine and practice around health care.

In their article '"Not Everyone Can Be a Gandhi": South Asian-Trained Doctors Immigrating to Canada, c. 1961-71', David Wright and Sasha Mullally offer a nuanced picture of the uneven effects of migration at various levels, with a range of outcomes for individuals and professional specialisms. In describing these differential effects, the authors contrast the Canadian context with the UK, to show the interconnected nature of mobility that has locally particular outcomes.

In 'Transnational Connections of Health Professionals: Medicoscapes and Assisted Reproduction in Ghana and Uganda', Viola Hörbst and Trudie Gerrits argue that their investigation of two private fertility clinics in Ghana and Uganda demonstrate the comparative freedom of doctors and clinic directors to suit their own interests, be they medical or entrepreneurial concerns. This freedom prevails because assisted reproduction in Ghana and Uganda is hardly regulated and not financially supported by state or health insurance systems. Since clinics have to come up with their own funding and expertise transnational professional contacts have been essential, including both South–North and South–South connections.

Migrants from the Philippines to New Zealand face complex emotional challenges in their employment as carers for older people, which combined with their uncertain residential status, renders them vulnerable. Care workers' own accounts of different gradients of affect are considered by Kirsten Lovelock and Greg Martin to show how moral worth and claim to citizenship are established in their paper 'Eldercare Work, Migrant Care Workers, Affective Care and Subjective Proximity'.

Anja Weiß argues that institutionalised and incorporated aspects of physicians' professional knowledge are characterised by 'local universality' in her paper 'Understanding Physicians' Professional Knowledge and Practice in Research on Skilled Migration'. She contends that this knowledge is ambiguous: it seems to be, on the one hand, globally versatile, and is, on the other hand, limited in its application by national education licence systems. This has consequences for the integration of migrant professionals into high-skilled labour markets – highly pertinent for physicians migrating transnationally.

Notes

1. http://ec.europa.eu/eurostat/statistics-explained/index.php/File:Number_of_%28non-EU%29_asylum_seekers_in_the_EU_and_EFTA_Member_States,_2014_and_2015_%28thousands_of_first_time_applicants%29_YB16.png.
2. http://www.welt.de/politik/deutschland/article152018368/1054-Strafanzeigen-nach-Uebergriffen-von-Koeln.html.
3. http://www.handelsblatt.com/politik/international/silvesternacht-in-finnland-auch-in-finnland-und-schweden-gab-es-uebergriffe-auf-frauen/12807022.html.
4. http://www.theguardian.com/world/2016/jan/11/swedish-police-accused-cover-up-sex-attacks-refugees-festival.

Disclosure statement

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