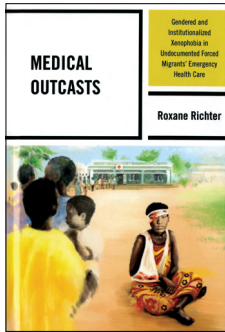


Book Voices of invisible women



Medical Outcasts: Gendered and Institutionalized Xenophobia in Undocumented Forced Migrants' Emergency Health Care
Roxane Richter. Lexington Books, 2016. Pp 232. US\$80.00. ISBN 9781498525442

Images of migrants arriving in Europe have caused much political debate in host countries about how to meet their needs. Recent estimates from the UN indicate that, in 2015, about 244 million people, representing the 3.3% of the world's population, lived outside their country of origin and increasing numbers are forced to migrate because of man-made causes, such as conflict, poverty, political persecution, or economic insecurity. Women, who represent just under half of migrants globally, are vulnerable to the dramatic changes imposed by forced migration. Gender inequity is the main cause of such vulnerability and it stems from women's limited or absent social, economic, and political power in their country of origin, which makes them more dependent on social services, local networks, and health-care provision. When this support system is disrupted by forced migration, the impact on women can be devastating because their needs become neglected. Thus, in many host countries migrant women, especially if undocumented, are unable to access health care, obtain social assistance, and may face arrest or deportation if they make contact with the police to report violence or abuse.

In *Medical Outcasts: Gendered and Institutionalized Xenophobia in Undocumented Forced Migrants' Emergency Health Care* Roxane Richter examines the specific problems faced by undocumented migrant women in accessing emergency health care in the host country. She uses a feminist perspective to assess the needs and real or perceived barriers to accessing this care among Zimbabwean women living in South Africa and Mexican women in the USA. Despite differences in the two populations, Richter identifies common problems. The main barriers in accessing emergency health care for these women are xenophobia,

high costs of medical care, fear of being deported, lack of information, language issues, and refusal of the personnel in the emergency departments to provide treatment.

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To contextualise the experiences of the women she interviewed, Richter undertakes a detailed analysis of the specific issues related to health-care provision in the two host countries. Although the South African constitution grants universal access to emergency health care to all individuals, independently of their legal status, the reality described by Zimbabwean women shows that undocumented migrants are denied emergency care in some public hospitals and they often have to resort to non-governmental organisations. Access to health care for undocumented migrants in the USA is even more difficult because universal health care is not available even for US citizens. Moreover, the US health-care system is the most expensive in the world. Mexican women reported that besides the fear of being deported, the main problem for them is the so-called "US wallet biopsy medical system" that imposes huge costs for medical treatment or medical insurance, therefore making access to even basic emergency treatment a luxury.

Even when access to emergency health care exists, women in both the Zimbabwean and Mexican populations expressed fears and misconceptions about what would happen to them if they presented at local hospitals, which

suggests that they tend to have serious health conditions when they arrive at the emergency department and are more vulnerable if they are unable to access proper care.

Reflecting on the differences in the health-care systems described in the book, it's clear how each nation views equity and justice. A tolerance of inequalities is evident in the treatment of undocumented migrants. The experiences of the women who feature in this book highlight how much more needs to be done to improve the capacity of host countries to meet the needs of undocumented women migrants. Richter constructively concludes the book with a list of specific recommendations for making temporary structures where migrant populations are hosted more suitable for the needs of women, including provision of female hygiene products and sexual and reproductive health services, having female doctors available, providing health information in migrants' local languages, having gender-separated facilities, and ensuring safety with good lighting at night. These suggestions may be helpful in any situation where large numbers of people have been displaced by natural or man-made disasters and they are pertinent in the current migrant crisis in Europe.

At a time when prejudice and fear seem to be dominating public debate about migrants, it is important to recognise that the public acceptance of inequality, such as denial of access to emergency health care, cannot lead to long-term stability in any society. As Zimbabwean Constance said in the book: "At first I was feeling welcome, but how they treated me in the hospital, I don't feel safe." It is time for the voices of the women like those interviewed by Richter to be heard.

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