

## Book Reviews

Lara Marks and Michael Worboys (eds), *Migrants, minorities and health: historical and contemporary studies*, Studies in the Social History of Medicine, London and New York, Routledge, 1997, pp. xii, 299, £50.00 (0-415-11213-3).

The old wine in new bottles approach to immigration studies tends to offer the experience of one or two major immigration groups as universal, assuming that while the nationality or ethnicity or race of immigrant “others” has changed over time, social and cultural tendencies to associate them with disease has remained constant. In such analyses, “foreignness” becomes a shorthand for race, nationality, minority and immigrant status, and a simple key to understanding complex problems of discrimination, aspersions of contamination, and confinement or exclusion.

Lara Marks and Michael Worboys, in their edited volume, bring together a variety of studies that seek to understand “how health issues around” groups in a variety of different societies and times “have interacted with developing ideas of ethnicity and race” (p. 1). In so doing, they seek to lay bare the complexity of the notions of race, minority, and ethnicity and, indeed, lay out a broad framework of analysis that can serve as a useful guide for future studies. Thus, while Marks and Worboys organize the essays in this volume along seemingly traditional lines—stereotypes and disease, race and health, ethnic advantage and disadvantage, and culture and the meaning of health—the essays quite successfully underscore the futility of drawing generalizations or treating complex identities as transhistorical notions or medicine as presenting a “perennial” problem.

Key to the success of this work is the editors’ willingness to draw together essays from diverse disciplines and countries. Essays on the Chinese, Aborigines, the Irish, Jews, Italians, Bengalis, Greeks, Bangladeshis, African Americans, Africans, and Indians show the different ways in

which particular groups were associated with disease and how cultural assumptions regarding group identity, needs, and civilization shaped health policy promulgated by the politically and culturally powerful majority. But while reinforcing common themes, the authors and editors resist simple formulations.

For example, while essays by Desmond Manderson and Lenore Manderson demonstrate how the Chinese were linked to disease in Australia and Malaya, each makes clear that such a perception is a product of historical context. Thus, labour and economic concerns were key to the linkage in Australia while prostitution provided the connection in Malaya. The case of Malaya further helps to dispel notions that associations between the Chinese and disease were inevitable. Migration patterns, in particular, helped to distinguish Chinese prostitutes from Japanese, Malay, Tamil, Thai, and European prostitutes.

The essays in *Migrants, minorities and health* also help to challenge long-held assumptions about the relationship between migrants, minorities, and health. Demographic essays strikingly demonstrate the surprising health advantage that different immigrant or minority groups have gained, over time, in different locales. Lara Marks and Lisa Hilder, for example, demonstrate this—in two different periods—amongst Jewish and Bengali immigrants in East London, underscoring the protective effect, not of race or ethnicity, but of maintaining traditional cultural and religious lifestyles. Like the essays by Alan Kraut, and by Maggie Brady, Stephen Kunitz, and David Nash, which demonstrate how minority groups resisted western notions of health and western models of health care delivery, they reinforce the autonomy of immigrant groups, helping us to understand them as an important force that makes the relationship between

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minorities and health dynamic, unpredictable, and fascinating.

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**Peter Godwin** (ed.), *The looming epidemic: the impact of HIV and AIDS in India*, London, C Hurst, 1998, pp. xvii, 190, £25.00 (1-85065-424-7).

For cultural as much as administrative reasons, India has been slow to acknowledge the extent of its “looming” HIV/AIDS epidemic. Between 1986 and 1998 only 73,481 HIV positive and 5,181 AIDS cases were officially reported, but, as the essays in this timely and illuminating volume demonstrate, this grossly understates the numbers involved. It has, conversely, been estimated that by 1996 India had 1.5 million people who were HIV positive, and it has been claimed that India is now the HIV pandemic’s global epicentre. Such claims, in their turn, have been vigorously contested, and precise information has been lacking. One of the tasks of this volume is to try to provide more reliable data and to assess India’s imminent needs in facing a major HIV/AIDS epidemic. Not surprisingly, given the paucity of Indian studies and statistics, many of the authors draw upon data from Africa and Thailand, where more accurate information is available, but it is also acknowledged that Indian conditions may be very different (a point well made by Tony Barnett in comparing the epidemic’s impact on rural communities in India with the African experience). It is elsewhere argued by Peter Godwin and Lalit M Nath that the epidemic itself is likely to assume a different character in India than in the

West, with, for example, more individuals dying at a relatively early stage of infection, without the expensive drugs and intensive health care to enable them to survive longer. It is also clear from several essays that the epidemic is no longer confined to one region of India or to those formerly identified as “high-risk” groups (prostitutes and drug users), or even the urban poor, but has begun substantially to infect industrial workers, the rural population and the middle class. The stigma attached to AIDS none the less remains an obstacle to accurate reporting, and to the willingness of employers and the state constructively to address the problems involved.

The volume as a whole is less concerned with past mistakes, however, or with the origins of the Indian epidemic, than with trying to assess its present extent and future impact. This is done through case-studies as well as policy-orientated overviews. Emmanuel Eliot investigates changes in mortality in Bombay, the “AIDS capital” of India, over the period 1986–94 in order to gain a more reliable insight into the extent of the epidemic: the data indicate a significant increase in the number of deaths in teenagers and young adults and from causes (tuberculosis, diarrhoea and hepatitis) that reflect the underlying spread of HIV. Indrani Gupta examines the socio-economic impact of the epidemic and the need to plan appropriate measures, not just for those infected by HIV/AIDS but also for their families and communities. She significantly points out that in India not only are treatment costs very high compared to low income levels but also that at present health insurance is “virtually non-existent” and even if more widely introduced would be unlikely to cover HIV/AIDS. Despite the resolute search for substantial data and the urging of practical responses, the tone of the volume remains understandably gloomy. As Nath (a former head of the All-India Institute of Medical Sciences) remarks, India is now entering a period “of steadily increasing death rates”.