

## Towards a specific field of studies on migratory and health processes within Public Health

Construction of an approach for comprehending the phenomenon of migrations over the course of human history, focusing exclusively on international flows, leads us to define them, in the way in which they are manifested today, as a consequence of so-called globalization, thought of as the current stage of development of the worldwide capitalist system.<sup>1</sup> International migratory flows constitute sociopolitical and economic changes with local and global consequences that are constantly brought into action and deepened under the sway of the globalization process.

Unlike the transatlantic migratory processes that occurred during the nineteenth century and at the beginning of the twentieth century, to Brazil, Argentina, Australia, Canada and the United States, among other countries, which were of “definitive” nature and took place in connection with population growth policies and the specific requirements of the local employment markets, international migration today occurs increasingly as a response to “temporary” demands for a labor force and to displacement of groups of people who are expelled from their communities and/or countries due to environmental factors, wars and other consequences generated through the worldwide neoliberal hegemony.

Since the 1980s, within the current migratory system in the “southern cone” of South America, Brazil and Argentina have become countries that attract and receive immigrants from countries along their borders, i.e. from Bolivia, Paraguay and Peru. More recently, immigrants and refugees from African countries, along with people from southern Asia, have come to form part of the immigrant groups in transit in the southern cone, thereby altering the routes that previously had been directed towards the United States and the European continent<sup>2-4</sup>.

A certain trend can be seen among these groups of immigrants who have been displaced from their counties of origin, in which a large proportion of these people become part of the informal economy of the receiving countries. They have become established and concentrated in precarious areas, under unsatisfactory housing conditions, in the cities of São Paulo (Brazil) and Buenos Aires (Argentina). This dynamic of inclusion in the labor market and in their physical setting has been determined especially by the shortage a material resources and political clout that these groups have. It therefore forms part of the structural inequalities that characterize the societies that these immigrants end up in.

We consider that it is necessary to address the processes of structural violence that exist in the urban centers that receive immigrants, along with those identified at regional level. Moreover, the relationship of these processes with different illness processes suffered by individuals belonging to these socioculturally subordinated groups need to be examined. These individuals' lifestyle, work and housing have developed in particular contexts marked by social vulnerability and by concrete situations of risks to health<sup>5-7</sup>.

From a public health point of view, the cities of São Paulo and Buenos Aires and their metropolitan connections have a prominent place in our observations, as analysis units. These regions present specific ethno-epidemiological profiles

for the various immigrant groups. Thus, different health indicators show that the consequence of the inequalities and the precarious ways of life and work has been greater inequity, with high prevalence of infectious diseases such as tuberculosis, transposition of endemic diseases like Chagas disease across borders and even barriers against access to healthcare, to list just some of the problems already identified. In addition, preliminary results from investigations have shown that in a general manner, the immigrants have maintained or resignified or changed their conceptualizations and practices relating to the health-disease-care process from their origins, with regard to those experienced within the social and healthcare context of their new location. However, the complicating factor within this is that they use public healthcare services less often than the "natives" do<sup>4-10</sup>.

We have observed that there is a relative scarcity of research on this subject, produced within the disciplines that form the field of public health. There is a need to make innovatory contributions that address the empirical, conceptual and methodological aspects of investigations on contemporary international migratory processes and on the health of these groups. The specific nature and the particular features of the historical, social and geographic contexts within which these groups develop need to be recognized.

The hypotheses in our investigations that have been concluded or that are still in progress relate to cases of South American and African immigrants and refugees in the metropolitan regions of Sao Paulo and Buenos Aires. Part of the process of becoming ill among these groups consists of complex results from these individuals' ways of life and work, within the contexts of social vulnerability in these two urban areas. Their ways of life and work frequently involve situations of material risk to health that are inherent to the way in which they have been included as immigrants in these societies.

Another hypothesis is that the processes of attending to the suffering and distress resulting from this are interdependent on the situation described previously. They are also influenced by the immigration situation and its administrative consequences, which has the result that immigrants and/or refugees in each of these cities experience varying capacity to exercise rights and have access to public healthcare services. The scope of relationships between healthcare professionals and patients and of the quality of care provided by the healthcare system is also a variable.

We propose that analyses on the sociocultural context of the health problems of this population (immigrants and refugees from Central and South America, Africa and southern Asia and, most recently, people coming from war areas in the Middle East) cannot simply constitute an additional variable to be incorporated into studies on migratory and health processes, thereby ending up as a reductionist interpretative model of these processes. On the contrary, these variables that indicate processes of becoming ill and specific pathological conditions are generally able to identify important situations of vulnerability and risk to health in these specific groups. Social inequalities that result in health inequalities should not be established just as indicators that relate solely to certain processes of becoming ill and/or specific pathological conditions. Rather, they should fundamentally be determined in relation to the access to public services, diagnoses and treatments that immigrants are subjected to.

The objective of adding contributions to the approaches towards international

migratory processes and health has to be directed not only towards finding out about these individuals' experiences of life (with evident episodes of violation of their fundamental rights and submission to processes of exploitation, discrimination, stereotyping and stigmatization) and specific problems (which will be unknown and, in many cases, invisible). Such contributions also need to make it possible to develop conceptual tools and methodological foci that innovate through transnational and interdisciplinary approaches towards the problem of immigrants' health, starting from the perspectives of the field of public health and the resource of comparative methods in regional studies within the southern cone. These efforts should have the aim of characterizing the clinical and sociocultural aspects of immigrant groups, thus making it possible to generate qualitative and quantitative information that, when joined together, can be transferred to healthcare policies and used for reorganizing the healthcare services, with reformulation of actions so as to provide more specific protection and to promote public healthcare interventions.

The medium-term objective should be to contribute towards construction public healthcare policies with a regional approach based on prevention. The pluralism of care existing within society and the immigrants' diverse cultural experiences should be recognized, so that these individuals are not considered to be a homogenous group, and so as to ensure accessibility to quality universal healthcare.

We invite researchers within the field of public health to take on the challenge of producing investigations on the complex processes observed in the relationships between migratory processes and health.

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