

Universal Health Care in Argentina: Fact or Fiction?
An Analysis of Bolivian Immigrant Women's Access to
Health Care in Buenos Aires, Argentina

by

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In the introduction to Contours of Citizenship: Women Diversity and Practices of Citizenship, Margaret Abraham, Esther Ngan-ling Chow, Laura Maratou-Alipranti and Evangelina Tastsoglou (2010:1) discuss citizenship in contemporary society stating:

Traditional conceptions of citizenship have been challenged. Political changes, the expansion of social rights and movements, shifting migration patterns, the consolidation of the European Union, transnationalism globalization, new information and communication technologies, and the growth of multinational corporations have stimulated debate on what constitutes citizenship.

Despite the fact that these global trends are challenging conceptions of citizenship, nation-state citizenship still forms the basis for access to rights. This has created a situation where more and more immigrant groups remain in statuses of ambiguity with regard to their rights, a reality that has caused some scholars to call for a complete change in our definitions of citizenship.

It is in this context that Argentina emerges as an important space to study citizenship that can greatly contribute to our understandings of possible ways to address global trends. In 2004, Argentina approved an immigration law that created a unique situation for the country's immigrants. Although not considered citizens with civil or political rights, this law granted immigrants the ability to access all public services in the country regardless of legal status, rendering them "social" citizens. However, up to today, many immigrants still remain without these social rights, as is exemplified by the case study of Bolivian female migrants' access to health care in the city of Buenos Aires and the metropolitan area surrounding the city (often termed the Greater Buenos Aires). Understanding why access remains limited for these Bolivian women, despite this change in the law is essential if we are to look to

Argentina as an experiment with new forms of citizenship. It forces us to recognize that citizenship goes beyond legal status and question what factors other than law work to inhibit an immigrant's access to rights.

I focus this analysis, therefore, on identifying the main factors that contributed to the limited access Bolivian female migrants had to public health care in the immediate aftermath of the law change and what kinds of improvements were made in the seven years that followed. More specifically, I will situate this debate between proponents of multiculturalism who argue that assuring equal access to rights requires a politics that recognizes cultural difference and liberal egalitarians who believe the best way to insure access is to keep rights universal and difference-blind while working to improve structures from within. The challenge of this study, therefore, is to evaluate to what extent these barriers represent exclusion from full citizenship on the basis of being Bolivian migrants and to what extent they can be attributed to other factors that apply across ethnic lines to women living in poverty anywhere, whether they are native born Argentines or immigrants. In addressing this question I hope to gain insight into the more general question of what is required of a state if it wants to move beyond rights based on nation-state membership and assure that rights are made universal in both theory and practice.

To address this question, in the first section of this paper I provide a historical look at Bolivian/Argentine relations, the situation for immigrants in Buenos Aires, an overview of Argentina's immigration policy, as well as a brief overview of the health care structures in both Bolivia and Argentina. This section sheds light on why health care centers are particularly tense places of contact for immigrants and Argentines.

After a brief discussion of methods, I continue with an overview of the major problems identified by the subjects analyzed in this study, the interviewees and the non-profit organization CAREF. These problems are structured into three categories: institutional misapplication of the law that occurred when doctors and administrative staff continued to refuse access, limited access due to social isolation, gender, and poverty, and the role of “culture” and how different medical practices as well as norms of communication influenced Bolivian migrants’ decisions to go to the hospital. I conclude the study with an analysis of what these challenges imply for our understanding of immigration and citizenship as well as a few suggestions for future work that could increase access to rights for immigrant groups no longer denied access by legal barriers.

NICE NEIGHBORS? THE RELATIONSHIP BETWEEN ARGENTINA AND BOLIVIA WITH REGARD TO POLICY, HEALTH CARE, AND LABOR

Argentina/Bolivia Relations

Argentina is a country that has always been shaped by a consistent stream of immigration. While the magnitude of immigration has not changed drastically over the past century, the demographics of the immigrant population have (Rockefeller 2010: 233). Starting in the late 19th century, a large wave of immigrants from Southern Europe, particularly Spain and Italy, migrated to Argentina in search of job opportunities. This wave of immigration continued until the economic crisis of 1930, but evidence of this immigration still remains today in Buenos Aires, a city filled with Italian and Spanish influence in the city’s art and cuisine. Along with this immigration, Argentina has also typically been receptive to immigration from

neighboring countries, specifically Bolivia, Paraguay, and Chile and this immigration has remained fairly constant over the past fifty years. Following global patterns, immigrants have become increasingly clustered in cities, and in particular Buenos Aires, a trend that began after World War II (Cacopardo 2005:31-34).

Bolivian migration has been consistent with these broader trends but also has its own unique characteristics. The relationship between Argentina and Bolivia is shaped by a large disparity in the standard of living that leads many Bolivian immigrants to view Argentina as a country where quick money can be made. Despite Argentina's economic crisis of 2001, it remains one of Latin America's leading countries in terms of human development as well as gross domestic product, while Bolivia's indicators consistently rank as some of the lowest in Latin America (United Nations Development Program 2011). Furthermore, Argentina's media and culture has a significant influence in Bolivia, adding to the lure of the country for migrants who see Argentina as a place of cultural prestige and opportunity (Lucia, 2011). In addition, Bolivian migration is fairly fluid and includes both those who migrate temporarily as well as those who remain as permanent residents. In Starting from Quirpini, for example, Stuart Alexander Rockefeller reports on a village of mostly campesinos in the highlands of Bolivia and documents the trips that they take in search of economic opportunity. In a survey he conducts in the village, he discovers that more than four-fifths of the men surveyed had migrated at some point in their lives and close to three-fourths had worked somewhere in Argentina (2010: 223).

As a receiving country, Argentina does provide economic opportunities, but not without sacrifices. Rockefeller points out that on the receiving side of the

migration, Argentina has a complicated understanding of its own identity. Despite its history of immigration, the notion of Argentina as European has remained, even as European immigration has significantly declined since the Second World War.

Rockefeller (2010: 233) explains that this shift in immigrant demographics has meant that:

Two elements of the Argentines way of thinking about themselves and about immigration conflicted for the first time: Is Argentina a country of immigration or a country of Europeans? Whereas immigration had once made Argentina European, it now seemed likely that it was making the country multicultural and South American.

While it is difficult to generalize an entire country's sentiment towards a certain group of immigrants, Bolivian immigrants have been targets, along with Paraguayans and Peruvians, of discrimination and xenophobic sentiment. This phenomenon may have only worsened with the crisis of 2001 that led to job scarcity and a fear that immigrants would take the few available jobs (Rockefeller 2010: 233). In addition, due to the fact that the nature of the migration is chiefly economic, Bolivian immigrants tend to occupy a lower economic status and are more vulnerable to labor exploitation, as exemplified by statistics about employment. "The majority of immigrants from Bolivia and other neighboring countries occupy a position of underemployment and generally make 30% less in salary than the native labor force"¹ (Caggiano 2008: 32). Not too distinct from the relationship between Mexico and the United States, therefore, Bolivian populations in Buenos Aires are characterized by poor living conditions, low wages, and reliance on personal connections for survival.

¹ Text translated from Spanish to English by the author

Another important trend within Bolivian migration is that it has recently undergone a feminization, as more and more Bolivian women are migrating by themselves or with only their children (Varela 2005: 37). Historically, Bolivian men were usually the first to migrate in search of jobs and women tended to follow with the family a few years later. For women, then, the main driving force for immigration was family reunification. The recent increased feminization hints that women have begun to migrate alone in search of their own economic opportunities, a pattern that is consistent with global migration trends (Ehrenreich and Hochschild 2003). The increasing feminization of Bolivian migration also brings into question the role that gender plays in adding to an already vulnerable status with regard to issues such as single motherhood, sexual exploitation, and domestic violence. Female Bolivian immigrants in the city often lack high education levels and therefore are very limited in their job opportunities. According to a survey done in 2003, of all Bolivian immigrants living within Buenos Aires, more than half had not completed high school and a little over 15% had not completed primary school (INDEC). For this reason, job opportunities for Bolivian women tend to be concentrated in the garment industry and domestic sector, jobs that are generally in the informal sector and therefore less likely to adhere to regulations for safety and work hour limitations (Bastia 2007). The Bolivian female migrant's situation, therefore, is shaped by both the nature of being a Bolivian migrant in Argentina as well as being female, both of which assure a certain vulnerability in the job market.

Immigration Legislation

Recent changes in Argentina's immigration legislation have significantly altered the situation for immigrants in the country from a legal perspective. Before the 2004 law change occurred, immigration policy was dictated by the "Videla Law," a law that was established in 1981 under the government of the military dictatorship. This law established different categories for admitted immigrants (permanent, temporary and transitory) that corresponded to different statuses and rights in the country. Illegal immigrants were granted no rights and could be expelled from the country at any time. While undocumented immigrants were denied access to education and health services, the process of acquiring legal papers was also extremely long and complicated, making a legal status fairly inaccessible (Varela 2005:24-26).

With the fall of the dictatorship and the transition to democracy, however, a new perspective towards human rights eventually came to affect immigration legislation in the country. The first evidence of this change actually occurred on a regional scale when the province of Buenos Aires approved a law in 1999 that guaranteed every child the right to go to school regardless of legal status within the country. In 2001, Buenos Aires also passed Law 664 that guaranteed all people access to public services regardless of legal status (Varela 2005: 35). In practice, these two laws proved hard to enforce and did not result in immediate change but they did represent an important shift in ideologies towards immigrants that soon came to be reflected on a national scale. In January of 2004, Argentina officially approved Law 25.871, (Ley de Migraciones de Argentina) the passing of which was seen as an important step forward by human rights activists as well as religious institutions,

human rights non-governmental agencies, and other immigrant associations, all of whom had been fighting for a law change for decades (Pacceca and Cuortis 2008: 43).

The Immigration Law acknowledges the right to immigrate in the first place, and as stated in article six, guarantees “equal access to immigrants and their families in the same conditions of protection, refuge and rights as those that Argentine citizens enjoy, referring in particular to social services, public goods, health, justice, education, justice, work and social security” (Ley de Migraciones 2004). Article 14 of the law also includes an explicit reference to multiculturalist policies where it says that the state will encourage initiatives that favor integration of immigrants into society. In addition to this law, in 2006 the Patria Grande plan was started to help regularize the status of the illegal immigrants and make the bureaucratic process simpler for immigrants from countries in the Mercosur. Argentina also ratified the United Nations Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families in 2007, all of which reflected that on a national scale, Argentine policy was making bold steps to prioritize the human rights of its immigrants (Varela 2005).

Despite these important steps in legislation, the drastic law change proved difficult to apply in the practice and the idea of universal access to public services, especially in the first years following the law change, appeared to be more of a theoretical milestone than one that led to significant changes in the practice. The case of Bolivian female immigrant’s access to health care services in Buenos Aires is particularly revealing of what occurred in the immediate aftermath of the law change

as well as the gradual changes that have occurred in the past ten years, thanks to the work of various human rights and immigrant organizations throughout the city.

Health Care in Bolivia and Argentina

To understand the problems that arose in the application of the Immigration Law with regard to health care, it is important to be aware of the health care systems of both Argentina and Bolivia. The health care system in Argentina is composed of a public sector, a social health insurance sector, and a private sector where participants voluntarily pay for an insurance plan. The public sector is responsible mostly for serving those who have no medical coverage and is completely free for patients, whereas the social health care plans are insurance plans supported partially by employers and partially by the salary of employees (Immigration and Refugee Board 2009). Under the law change, immigrants are also guaranteed access to health care in the public institutions of Buenos Aires regardless of legal status, which includes “12 general hospitals, operated by municipalities, and 21 specialized hospitals, operated either by municipalities or the federal government.” Unlike health assistance programs in the United States where those in need must apply and qualify for aid, participating in the public health sector in Argentina does not require demonstrated financial need (Immigration and Refugee Board 2009).

Despite the availability of health care for those who cannot afford it, it is important to note that the financial protection for health care is described as “fragmented and segmented,” (WHO) and public sector care tends to be overused and under-funded, limiting the quality of care. The public sector is supported by government subsidies and public taxes but since the 1990’s, the public sector has

become increasingly decentralized and quality of care tends to correlate with ability to pay. In “A National Health Insurance Plan for Argentina: Stimulating its Financial Feasibility,” a report by the World Health Organization, it is made clear that the public sector provides significantly worse care than the other systems (2010: 3):

The formal sector of the labour force is covered by, usually good quality, social health insurance (SHI)² funds. The informal sector, independent workers and those who are out of the labour force receive limited health benefits through a variety of under-funded, public sector schemes. These also do not include explicit rights to a health care package. As a result, one obtains a segmented two-class health care system with separate risk pools: one for the formal – and better off – population separate from that of the other pools for the rest of the population.

Therefore, Argentina’s health system is one of universal access but care quality is in no way universal. The health care system in Bolivia since 1998 is also a plan of universal access through its public sector and guarantees free access to a basic plan for all Bolivians. Whereas Argentina assures free access to certain facilities but does not provide plan coverage, Bolivia’s public health care reform has actually been focused on extending plan coverage to more Bolivians. In addition, a series of health policies have been initiated in the past decade with the goal of reducing infant and maternal mortality rates and according to a World Bank Bolivia case study, coverage has been significantly increased while mortalities have been reduced (2004).

However, despite these advancements, the quality of Argentina’s health care system still ranks much higher than that of Bolivia according to the World Health Organization reports and Bolivia still has some of the highest rates of malnourishment, infant mortality, and maternal mortality in the region (Franko 2007: 48).

The free access to public services in Argentina and the disparities in resources and standard of living in the two countries means that in some cases, immigrants cross over solely to utilize free public services. A blog focused on Argentina's health care system from worldfocus.org (2009) reports on this phenomenon, stating that: "buses full of patients come from neighboring countries for treatment, but many Argentinians complain that their tax dollars can no longer subsidize the overused and abused health system." Even as this trend of entering only to utilize public services mostly occurs close to the Bolivia/Argentina border, the fact that some immigrants are coming over only to utilize services has heightened resentment towards immigrants in public health centers throughout Argentina. Moreover, because the public health sector is mainly responsible for treating the poor and Bolivian migrants are more likely to occupy lower socio-economic statuses, Bolivians are often disproportionately overrepresented in public health care centers and hospitals. The fact that immigrants, who may not be paying taxes, are utilizing already overworked public services has meant that hospitals and health centers are now also centers of tension where immigrants are often recipients of xenophobic discrimination and mistreatment. In this environment, then, it becomes clear why after the law change, these health care centers became extremely important places to study. What occurred in these centers and hospitals exposes how a universal human rights approach intersected with anti-immigrant sentiment and how these conflicting beliefs altered the reality of health care access for Bolivian immigrants.

REVIEW OF THE LITERATURE

With an overview of the context surrounding Bolivian migration in Buenos Aires, it becomes apparent why Argentina's immigration law has such important implications, both locally and globally. The law brings into focus important themes such as the experience of immigration, adaptation/assimilation, and the meanings and implications of citizenship, all of which have been prominent topics in the sociological literature. Starting from T.H. Marshall's classic work on citizenship which emphasizes that "full" citizenship may not even be accessible to all peoples recognized legally as citizens (Marshall 1950), scholars have attempted to identify factors beyond law that influence an immigrants' experience in a new country and his/her access to rights. These include characteristics specific to immigrants themselves, such as the way that specific immigrant groups are perceived in a new country (Portes and Sensebrenner) and how segregated they remain (Zhou), but also more universal factors such as gender (Lister) and socioeconomic status that affect an immigrant's experience even though they are not characteristics unique to the immigrant group. These theorists bring into focus the more general debate between multiculturalists who argue that full citizenship is impossible unless rights are adapted for the specific needs of different cultural groups (Kylmicka) and liberal egalitarians who argue that the fairest way of respecting universal rights is assuring that they apply equally to every citizen regardless of difference (Barry).

T.H. Marshall defines citizenship as composed of many factors beyond legal status, including rights, participation, and a sense of belonging (1950: 8). An immigrant may be legally recognized in a new country but lack the resources

available to be recognized as a full citizen, examples of which include education and knowledge of the language. According to Marshall, citizenship has historically grown to include three groups of rights: civil, political, and social. Social rights were the last to be incorporated into citizenship and are defined as “the whole range from the right to a modicum of economic welfare and security to the right to share to the full in the social heritage and to live the life of a civilized being according to the standards prevailing in the society” (Marshall 1950: 11). In the case of Bolivians in Argentina who have not gone through the process of obtaining legal status within the country, the Immigration Law has created a situation where they are what Marshall would term “social citizens” because they continue to lack civil and political rights. However, even this partial status may represent nothing more than legal rhetoric and immigrants still may be unable to access their rights because they lack other necessary prerequisites for citizenship. For example, immigrants who remain “unassimilated” may lack a sense of belonging or the resources necessary for them to live a “civilized life according to the standards prevailing in society,” (Marshall 1950: 11) both of which are considered essential for full recognition of rights.

For Bolivian female immigrants, being mostly poor and female may have significantly altered their experience in Buenos Aires. Socioeconomic status plays a role in limiting recognition of full-citizenship that goes beyond personal skills and abilities, especially for the impoverished and indigent who lack basic resources available to exercise their rights. “Social and economic rights, sometimes referred to as second generation rights, owe their formulation within liberal thought to the recognition that first generation rights- classical liberalism’s rights to life, liberty,

property, religion and speech- are meaningless absent adequate standards of living, education, health care, work and housing” (Young: 2007:4) The right to health care, for example, is meaningless if immigrants do not have the means to get to the public health centers or access to information about their right to utilize them or even where they are located.

Gender also affects how “full” a citizenship status women can attain. Feminist perspectives on citizenship have emphasized the ways in which the public/private sphere divide inhibits women’s ability to realize their rights as full citizens. (Lister 1997, Abraham et. al 2010) Even though the private/public sphere notion has evolved, women continue to bear the majority of domestic responsibilities and therefore have less leisure time. Because leisure time is essential for active participation in the public sphere, having less leisure time means that women are less able to exercise full citizenship (Lister 1997). As feminists argue, the understanding of citizenship as a universal relationship between the individual and the state has meant that it virtually ignores the way that gender impacts individuals’ access to resources and political participation. In some cases, even as women are excluded from this male centered ideal of citizenship, women’s citizenship can develop its own unique definition centered around the image of women as a mother and educator to the nation’s youth, but even this understanding will exclude immigrant women who are not seen in the role of “mothering for the nation” (Abraham et. al 2010:4).

In addition to gender and socioeconomic status, T. H. Marshall also stresses that citizenship requires one to appear to be a contributing member of society, with not only rights but also a sense of responsibility towards the country. He states, “if

citizenship is invoked in the defence of rights, the corresponding duties of citizenship cannot be ignored... they do require that his acts should be inspired by a lively sense of responsibility towards the welfare of the community” (Marshall 1950: 70). When immigrants live in segregated communities, their separation and maintenance of difference can make it appear as if they still strongly identify with their home country and therefore are not actively working towards what is best for their new country. Understanding why some immigrants chose to live in segregated communities is important to understanding the trade-off decisions that they make. With the realization that assimilation is not a linear process, academics are increasingly recognizing that variance in adaptation is not only dependent on individual characteristics of the immigrant and personal preference, but also on the receiving country’s social structures. These contextual factors figure in the ways in which the receiving society is structured and will judge the individual characteristics of new immigrants within the framework of its own classifications of race and socio-economic status. Personal characteristics and preferences interact with environmental factors to shape different outcomes for different immigrant groups (Zhou 1999: 201).

When immigrants respond to the cultural clashes upon initial arrival by creating ethnic enclave communities, academics have found that these communities do provide important sources of economic and moral support (Zhou 1999; Portes and Sensenbrenner 1993), but also that they can isolate immigrant communities from outside information (Portes and Sensenbrenner 1993: 1340) and inhibit their ability to be recognized as contributing members of society (Zhou 1999: 200). Portes and Sensenbrenner identify two particular types of social capital that emerge when

immigrants remain in “embedded” societies -enforceable trust and bounded solidarity. These factors lead to the formation of a stronger community within that gives privileged access to resources such as loaning systems and altruistic support, encouraging entrepreneurship and economic advancement (1993: 1329). Ironically, these sources of social capital often emerge and are strengthened when the native community is not welcoming to the immigrant population (Portes and Sensenbrenner 1993: 1336).

Moving beyond specific characteristics to recognition that certain groups such as women, immigrants, and other minority groups have more limited access to their rights even within a democratic state, proponents of multiculturalism argue that difference-blind legislation is not enough to assure equality in the modern democratic state. According to Kymlicka, the principles of nation building are inherently opposed to difference because the concept of nation has historically demanded that all citizens integrate into common institutions under a common language. This process, however, does not factor in that many ethnocultural minorities lack the resources available to achieve such integration (Kymlicka 2001:1). Talking specifically about immigrant groups, he argues that it is necessary to create and implement policies that insure the equal treatment of immigrants in common institutions, such as educating health professionals about cultural diversity and providing certain services to immigrants in their mother languages, measures which will make institutions more accessible to these communities. (Kymlicka 2001: 163) He argues that making institutions more accessible is actually the most effective way to encourage eventual adaptation for the immigrant who will begin to interact with the new nation through its institutions. In

this way, failure to recognize difference and refusal to create special policies for immigrants actually encourages immigrant communities to remain segregated.

Critics of multiculturalism, however, argue that granting groups special privileges and changing legal measures to account for difference go against the core principles of universalism and a liberal egalitarian state. The fairest way a state can function, according to them, is to be difference-blind and assure that laws apply equally to everyone despite their differences. “The proliferation of special interests fostered by multiculturalism is, furthermore, conducive to a politics of divide and rule that can only benefit those who benefit from the status quo.” (Barry 2001: 11) In addition, multiculturalism can be counterproductive because it leads groups to misdiagnose the problem. As Barry states, “the culturalization of groups inevitably leads to the conclusion that all disadvantage stems from the 'misrecognition' of a group's culture. This way of thinking leads those who indulge in it to be blind to the most important causes of group disadvantage” (2001: 308). For Barry, if limited access exists it is not on the basis of cultural difference but rather on the basis of more universal factors that can lead to disadvantage such as race, gender, or socioeconomic status. The solution to current inequalities is to improve the structures and laws from within and assure “equality of opportunity” (Marshall 1950:32) instead of creating exceptions and special privileges for separate groups.

Furthermore, critics of multiculturalism argue that adapting structures to adhere to difference can discourage the immigrant from beginning to identify with the new country, which has negative consequences for both the immigrant and the nation. In many cases, if citizens do not at least acquire a new identity that identifies them as

working towards the common good in their new society (Barry 2001: 81), they will not be recognized as full citizens. While this identity acquisition can be “additive” (Barry 2001: 82) and does not necessarily require the abandonment of old identities, it is essential to achieving full access to rights and the sense of belonging required to be a full citizen. If this identity is never formed, maintenance of a distinct cultural or ethnic identity can also inhibit the building of class solidarity between ethnic groups, leading them to misdiagnose the source of their disadvantage (Barry 2001: 83). Like Marshall, Barry sees the ability to form a cross-ethnic class-consciousness as necessary for the proper functioning of social justice within a democratic nation (Marshall 1950, Barry 2001).

The either/or strategy employed by multiculturalists and liberal egalitarian theorists is unnecessary and obscures essential elements of the struggle for obtaining better access to universal rights. While liberal egalitarian theorists recognize the negative impact of “partial assimilation” and resistance to acquiring new identities, they are unable to reconcile how assimilation can be achieved when xenophobic beliefs prevail. Even as they point out that staying separate does not represent the ideal situation for immigrants who wish to obtain access to their rights as citizens, they too often attribute this separation to personal desire and “antisocial behavior,” (Barry 2001: 328) while failing to recognize that enclave communities are usually created in direct response to the negative reception and limited opportunities of the receiving society (Portes and Sensenbrenner 1993). Multiculturalists, on the other hand, recognize that assimilation is not initially possible for all groups, without assistance, but fail to recognize that sometimes their difference-specific policies may

backfire in that they do not put pressure on the immigrant to acquire necessary skills and adapt to cultural norms that will be important when wishing to exercise their rights. In addition, they may concentrate too much on the culture of the immigrant and ignore other factors such as gender and poverty that cross cultural lines and are essential to recognize when working towards better access.

It is now important to focus on the ways in which these theories can be bridged to form a “middle ground” and a more comprehensive understanding of the immigration experience. When looking at Bolivian female migrants’ access to health care in Argentina, I will seek to understand the way that both cultural differences specific to these migrants as well as unequal opportunities related to class and gender (elements that affect native Argentines as well) influenced limited access to health care. Acknowledging the way in which these two theories interact is essential to understanding what is required to assure social citizenship and make social rights truly universal in both law and practice.

METHODOLOGY

I performed the research for this study through participant observation and interviews while living in Buenos Aires for a total of four months. The observation component included working closely with the non-governmental organization CAREF, regularly attending one of their training class initiatives, informal conversations, as well as attending various seminars and debates on immigration throughout the city. In addition, I conducted three formal interviews with Bolivian female migrants who were all self-identified leaders in various Bolivian organizations throughout the city and had worked closely as part of the CAREF team.

CAREF (Comision de Apoyo al Refugiado)² defines its mission as defending and strengthening the rights of refugees, immigrants, and displaced persons. Located in the neighborhood of Flores in the city of Buenos Aires, it was founded in 1973 as a civil ecumenical organization composed of five Protestant churches. CAREF has always been a proponent of universal human rights with regards to immigrants and, before the law change, worked in opposition to the Videla Law claiming that it contradicted the national Constitution and therefore was irrelevant. While trying to find ways around the Videla Law and get illegal migrants access to their rights on an individual level, it was also very active in lobbying for federal law change. Since the law change, it continues to work on these issues but focuses more on assisting immigrants with their legalization processes and providing support for immigrants when their rights are illegally denied. CAREF is composed of various components including direct attention to clients, as well as other projects that work more on the institutional level. It also has established links with CELS (Centro de Estudios Legales y Sociales), an organization that has been very active in the post-dictatorship era in working to defend and protect human rights in Argentina.

In 2009, CAREF initiated its project “Fortalecimiento del ejercicio de los derechos sexuales y reproductivos para las mujeres migrantes” (Strengthening female migrant’s ability to exercise their sexual and reproductive rights). Various studies conducted throughout the city and in the border area had made it apparent that Bolivian female migrants were not gaining access to their sexual and reproductive health care despite the law change and the project’s main objective was defined as

² Translated: Commission for the Help of Refugees

promoting the sexual and reproductive rights of Bolivian female migrants in Buenos Aires. The proposal divided the project into two parts, one aimed at the Bolivian women themselves and the other aimed at training members of the broader civil society about the sexual and reproductive rights of Bolivian women.

From the start of the project, the staff of CAREF made an effort to include Bolivian women themselves in the project. They formed a team that included three Bolivian female leaders of various Bolivian organizations throughout the city and together these women and CAREF worked to craft two campaigns directed at the Bolivian female community. Throughout both campaigns, workshops were conducted with women from various Bolivian collectives to assure that these women were engaged in every part of the process, asked to participate in the planning of various initiatives and then to provide feedback on the final projects. For the purpose of this study, I analyzed materials from the two years of this project including the campaigns, final reports, and seminars. In addition, I attended a course offered to members of civil society about improving health care access for migrant women and a workshop aimed at health care professionals in one of the public hospitals of the city of Buenos Aires.

The three women that I interviewed for the study, Eva, Lucia, and Rosa, were all contacted to join part of CAREF's team due to their years of experience working with Bolivian migrants in leadership positions. Each woman has a distinct history with regards to her migration experience, education level, current job occupation, and role within the Bolivian community. Eva, the oldest of the three, continues to live in a communal living center (similar to public housing units in the United States) where

she owns her own sewing machine and makes textiles out of her home. She migrated to Buenos Aires at the age of twenty-three with her young daughter and the intention of making quick money and returning to Bolivia to start a hair salon. However, she soon came to the realization that she could not make enough money for her salon and decided to stay in Argentina where she at least could maintain a job and not be judged for being a single mother. She feels lucky to now have her own space after having spent years living in textile factories, but she shares the space with many other Bolivian women and complains about the constant noise. She is most active in a group that she founded known as Q'uamasan Warmi, a group of mothers who meet to provide support for Bolivian women and their families, especially around issues such as domestic violence and child bullying.

Lucia is the most educated of the three and currently works as a radio host where she has done radio activism aimed at the Bolivian community. She initially came to Argentina only for a vacation at age seventeen. She was pregnant and confused about her life and decided to go to Argentina to reflect. Shortly after her arrival, unexpected complications with her pregnancy arose that forced her to stay in Argentina for longer than expected and eventually, she decided to stay for good. For her, staying and making something of herself was an issue of pride and she felt that she could not return home until she did so. She began to earn a living by selling small goods on the street but eventually got her Bolivian high school degree recognized in Argentina and began pursuing a higher degree while working as a domestic housekeeper. She enrolled in a private university where all the students were foreigners in order to get a nursing degree, and it was not until she was

supposed to graduate that she learned that the institution was a scam and that her degree was not valid. This situation brought her to radio activism because she wanted to prevent this from happening to other foreigners.

Rosa lives in the province of Buenos Aires and is currently a stay-at home mom for her newborn child. She is a second-generation immigrant and was born in Buenos Aires, although her older siblings were all born in Bolivia. She has always lived in a neighborhood in the province that is largely Bolivian but was not active in the Bolivian community until her sister-in-law and nephew were both killed in a hate crime on a train. She started getting more involved in the Bolivian community and eventually this involvement helped her realize that she was herself a victim of domestic violence. She left her first husband and, about a year ago, remarried another second-generation Bolivian. In June, she gave birth to their first child. She is very involved in an organization called Yanapacuna that works to help Bolivian immigrants learn about and exercise their rights.

I selected these women because they were the most accessible to me. Since they were in the third year of the CAREF project, their reflection proved to be extremely valuable in gaining a better understanding of the situation as a whole. I interviewed them in various public spaces throughout the city and the interviews ranged from thirty-five to seventy-five minutes. The interview included questions about each woman's personal migration, how they became involved in activism as well as in the project with CAREF, their reflections on the current situation for female Bolivian immigrants in the city, and their opinions on the work that had been done in the CAREF project. I conducted all of the interviews in Spanish, recorded

them, and later transcribed them. I translated all the direct quotations that appear in this analysis from the Spanish transcriptions.

It is important to note the various limitations of my research methods. The interviews in this project involve three Bolivian women, all of whom are active in various organizations that work in some way to promote the human rights of Bolivian migrants. Through their work, they have been exposed to the experiences of many Bolivian migrants. However, their experiences in no way can be used to generalize about the experiences of every Bolivian immigrant in Argentina because they were much more politicized and therefore had much more access to information and resources than their compatriots. In an effort to combat this limitation, I relied on secondary sources to confirm and add to these individual accounts. Nonetheless, the reader is encouraged to distinguish between the particularity of individual anecdotes used to enrich the analysis and the more widely shared experiences that were identified by both the interviewees and CAREF as larger, more widespread problems.

It is also important to note that this study was done almost entirely by interacting with people and organizations that strongly believe that all human rights should be universal regardless of immigration status. There do exist other opinions in the city, such as those who feel that access to public services should be limited to those who pay taxes, but those voices were not accessible. While it would have been valuable to work in a hospital or health center as well, time constraints and negative perceptions held by members of the medical staff towards immigrant organizations made these places hard to access. If this study had been focused on the debate between whether rights should be universal or limited by nation-state definitions of

citizenship, these perspectives would have been essential and excluding them would have caused serious limitations to the investigation. However, the focus of this study goes beyond that question to ask –“if a state wants to make certain rights universal, what are the barriers in actually assuring equal access to all peoples?” This means that focusing the study on those who advocate for universal rights is a logical decision as they were the ones working to identify and eliminate barriers to access. In addition, I do not simply accept CAREF’s analysis of the problem but instead analyze all sources with a critical lens and make my own conclusions.

IDENTIFYING BARRIERS: WHY AREN’T BOLIVIAN FEMALE MIGRANTS GETTING TREATMENT?

Institutional Misapplication of the Law

In the immediate aftermath of the law change, norms established in the hospitals and health centers proved difficult to change and posed legitimate challenges to access for immigrants. The blatant refusal of doctors to attend to immigrant patients and the administrative staff’s insistence on asking patients for Argentine documentation became the two most salient ways in which the health centers refused to acknowledge the law change. Possible reasons for this persistence included lack of knowledge about the law change, difficulty in changing the established norms of a work environment, and anti-immigrant, xenophobic sentiment among the administrative and medical staff.

From her experience working with organizations that assist Bolivian immigrant communities over the past ten years, Rosa told a few stories of patients who had been completely denied treatment by doctors. However, because this type of

violation of the law was so apparent, it proved to be both the most outwardly offensive to the Bolivian community and the most easily combatable. One of Rosa's stories told of a doctor who refused to treat a teenage Bolivian suffering from bulimia. However, her mother came to Rosa who was able to connect her to help. Finally, "a lawyer went to get the law, and he took a photocopy and took it to the woman in the hospital and then they had to treat her." Because refusal of treatment was so obviously illegal, even immigrants who knew little about their rights would be aware that they had been mistreated. Many of these women were able to find support for their grievances through organizations such as the organization Rosa was affiliated with at the time. Once it became apparent that blatant refusal to treat immigrant patients could lead to legal consequences, this problem became much less common.

Another form of refusing access, however, came not from the medical staff but rather from the administrative staff in the hospital waiting room. The administrative staff continued to demand Argentine documentation to register patients for treatment even though it was no longer required. According to the new law, documentation was still required to register a patient but it could be any form of document from any country. It remained fairly common, however, for administrative staff to continue to ask for Argentine documents and refuse to accept documents from other countries. This norm had been established under the previous Videla Law when the lack of legal status within Argentina was considered legitimate grounds for denying service. CAREF speculated that this practice remained because either the

staff was unaware of the law change or was just accustomed to the norms of the work environment that were hard to break.

In Dismantling Desegregation: The Quiet Reversal of the Brown vs. Board of Education, Gary Orfield demonstrates, in his analysis of the aftermath of the Brown vs. Board of Education ruling, that significant changes on the policy level do not inevitably lead to changes in societal practices unless there are plans made to enact and enforce them. He shows that it was not until President Johnson initiated a strict plan of desegregation enforcement, ten years after the ruling, that Southern schools actually began showing progress in desegregation. This proved much more effective than the mere ruling because “districts were told what they must do to eliminate segregation, how their progress toward unitary, non-segregated system would be measured and what would be done to force change if they resisted” (Orfield and Eaton 1996: 8).

There is significant evidence that a lack of legal clarity and follow through contributed to the persistence of norms that violated the Immigration Law. While the national Immigration Law made the underlying principle of equal access to all clear, it did not make clear how social service institutions would have to change their practices to accomplish this, resulting in the persistence of old norms. As stated in a report by CELS, an organization very active in fighting against human rights violations in Argentina, the federal law remained extremely hard to implement on a local level because it was never disseminated to local governments. They report that “one of the most important weaknesses in relation to the new Immigration Law is the absence of a state policy to disseminate this law, especially with regards to getting the

rights recognized and training public organizations on the legislative change and the obligations that derive from it.”³ (Chillier and Fava 2011: 4) According to CELS, then, an essential component of making the law effective would have been to have the federal government make specific state policies about how the law was to be understood and implemented.

As CAREF stressed in its training course for social service employees working with immigrant communities, if the problem truly came from lack of knowledge, this situation was easily remedied and simply required that directors of the health care centers to inform their staff about the laws and enforce rules that changed the work norms. When it became obvious that this was not happening on the government level, human rights organizations took over that role and worked to encourage medical staff members to learn the laws and enforce them correctly. Rosa believed that this component had been fairly effective over time:

Many things have changed. We are organizing meetings, with CAREF and also with UNIFEM and other organizations and people from various hospitals to be able to talk with them, or people from the health ministry to tell them that they also need to talk to the people who work in the hospitals and make them remember that the law has changed and that all people have the same rights, regardless of their identification. In this we have seen changes.

Even as significant progress has occurred, however, more subtle methods of intimidation by the administrative staff remain and all interviewees felt that these actions were, and continue to be, motivated by xenophobic sentiment. As Eva pointed out, health center staff members continue to ask for documentation without making it clear that this documentation can be from any country, stating, “for reasons of anger they say ‘document.’ Nothing more than ‘document.’ But we [in Bolivia] do

³ Text translated by the author from Spanish to English

not use the word document; we use DNE... in other words, they do not know how to express themselves. They do not say 'your document from your country,' it would be easier if they could just say it in a different way." Access, then, becomes completely dependent on the immigrant's knowledge of his/her own right. For recent immigrants who are less familiar with the law changes, requesting documentation can intimidate them and discourage them from staying for treatment.

The belief that immigrants take away social services from citizens, drain the economy and cause more harm than they are worth is a belief that is conveyed in the mass media and even in some cases by government officials. In December of 2010, Mauricio Macri, the current mayor of Buenos Aires known for his opposition to the more liberal federal government, was quoted in a popular city newspaper attributing the prevalence of violent crimes in a slum in Buenos Aires to "the out of control immigration" in the country (Clarín). Therefore, despite the national government's pro-human rights view towards immigrants, at least in its legal definitions, regional governments do not always share the same views and comments like Macri's only further encourage anti-immigrant sentiment.

The media's representation of crime also plays an important role in creating the perception that immigrants are a burden to native citizens. Lucia is very active in media production, specifically radio production, and she emphasized the role that the media plays in contributing to these negative perceptions of immigrants. "Every time that an article is published, especially police articles where there are more immigrants represented, they say 'a Paraguayan and a Bolivian were found with cocaine' or 'a Bolivian killed this person' and what we always ask is that they do not put the

nationality...do not put it in the title or in the subtitle.” As Lucia later pointed out, when a crime is committed by an Argentine, the nationality is not included which means that this type of representation overemphasizes the involvement of immigrants in crimes and reinforcing negative societal perceptions.

Workshops performed by CAREF and other organizations made a subtle attempt to address these types of issues. However, the discreet nature in which they arose made addressing them difficult. NGO’s and human rights organizations seemed to lack the authority to be effective in challenging those issues. They were found to result only in defensive responses and the further isolation of the medical professionals and administrative staff. In Buenos Aires, medical staff members are often seen negatively by social workers and human rights organizations that emphasize the ways in which they abuse their power and refuse to listen to the advice of others. For this reason, the first course initiated by CAREF aimed at medical staff ended up only enrolling a single medical professional even though invitations for the course had been sent to every big public health center in the city, and they ended up filling the rest of the class with social workers. While the medical professionals’ lack of interest was attributed to a variety of factors including schedule incompatibility, there were also implicit tensions between the social workers and medical staff members that rendered these spaces uncomfortable for the medical staff. The one doctor who did attend the class, for example, ended up missing the final classes after a tense class discussion where some of the other students accused her directly of being culturally insensitive. This example demonstrates that these classes may not have been as welcoming as CAREF would have liked for its intended audience.

For this reason, CAREF was most successful going directly to health centers and creating workshops that were easily accessible and in a comfortable environment. These workshops included videos about the experience of migration that encouraged an empathetic reaction. In addition, CAREF also worked to make sure that the Bolivian women themselves were aware of their rights. One tactic was to create radio shorts that offered information about what rights Bolivian women had in the city. These were all recorded by Lucia and were played on Bolivian radio stations and even eventually came to be played in the waiting rooms of some hospitals.

Isolation, Poverty, Gender, and Limited Access

One of the major indications that women were not utilizing public health services was the large number of women dying from gynecological cancers within the Bolivian collective. For the interviewees, this was evidence that their compatriots were not going to public health centers or obtaining access to health information, and that this limited access was leading to detrimental consequences for them. It was for this reason that the interviewees found CAREF's project particularly appealing.

The majority of Bolivian female migrants in Buenos Aires live in segregated neighborhoods in the city or province of Buenos Aires. These neighborhoods have become so segregated that train conductors arriving in these areas, before being told to stop because it was insensitive, used to yell out the capital of Bolivia instead of the name of the actual city. Living in segregated communities appeared to be both a mechanism for survival as well as, in some instances, a case of preferences. Lucia admitted that she preferred to live with Bolivians and that throughout her time in the city, "I always looked for that." Having connections to a community of Bolivians

also proved to be an important form of social capital. Both Lucia and Eva were initially connected to jobs and living situations through recommendations from other Bolivian migrant women. Not only did these connections prove essential for economic survival, but they also provided a significant amount of emotional support. In Rosa's case, it was not until she became active in the Bolivian community in Buenos Aires that she felt empowered enough to leave an abusive domestic partnership:

Before I lived only in between what was my house and my work. I was not as involved...and later yes, its like I started to see more, all of the problems that there were, and get more involved in that. Go to workshops, I also grew up through my experiences with these people, going to classes and learning more about the topic of domestic violence. I also changed a lot because I, without even really realizing it maybe, I myself suffered from violence in the home.

For these women, settling in areas with other Bolivian migrants is a logical choice. Not only is it cheaper to live in these areas, but becoming part of the community also enables these women to utilize connections for economic opportunities and live in spaces where they feel welcome. As Portes and Sensenbrenner point out, "with skills learned in the home country devalued in the receiving labor market and with a generally poor command of the receiving country's language, immigrants' economic destinies depend heavily in the structures in which they become incorporated and, in particular, on the character of their own communities" (1993: 1322). While language specifically does not apply here as the majority of Bolivian immigrants speak Spanish (although some do speak only the indigenous language Quechua), "economic destiny" for many Bolivian immigrants is necessary for survival, meaning that these segregated communities provide essential networks for them.

Despite the advantages that living in somewhat “embedded communities” provided for these women, it also meant that they were detached from institutions in Buenos Aires. Rosa recalled how initially CAREF struggled with their initiatives because they would organize activities in parts of the city where Bolivians rarely went. Even though Bolivian migrants live in Buenos Aires, these embedded communities are clustered in areas that are often far away from central public institutions and organizations. “What we realized is that we have to go to them... and also to look at their schedules because the majority work and leave work really late. You have to go to the regions where they are.” The fact that even organizations with the specific aim of helping the Bolivian community members had trouble reaching them makes it clear how detached these women were from institutions of the city. In this sense, while the isolation and separation of the community provided economic support it also posed a significant barrier for the spreading information about rights, law changes, and unfair conduct.

In addition to living in embedded communities, these women also had limited access due to the nature of their jobs and responsibilities, which created both a lack of time as well as an unwillingness to take the time to prioritize their own needs. For the majority of Bolivian female immigrants, desperation for money to feed themselves and their families makes them extremely vulnerable to job exploitation. As mentioned earlier, Bolivian migrant workers are most often employed in the garment sector or in domestic work, both of which are rarely registered with the state and therefore do not have guaranteed standards for ethical labor practices. In a case study of a Bolivian

migrant community in Buenos Aires, Tanja Bastia (2007) provides a description of the work environment of garment factories.

Migrants describe workshops as overcrowded, with limited lighting or ventilation. The fact that these workshops are not registered with the national fiscal authorities makes the working conditions worse. Workshops owners, in their attempts to hide their activities, limit the size of the windows and lighting and often restrict workers' movements. Many workers live at the workplace, sometimes taking turns to sleep on a bed shared with co-workers. (661)

As demonstrated above, working in garment factories, often times clandestine ones, usually involves some sort of social isolation. Domestic work implies a similar type of isolation, especially for those who are live-in workers. These work conditions are made even worse by employers who take advantage of the vulnerability of these women and offer low wages while forcing them to work many hours. Evidence of this kind of work environment was present in both Lucia and Eva's stories of immigration. Lucia explained, "In the jobs that I took, I got them because I was Bolivian. In other words, being Bolivian, the employer understood that he could pay me less." Eva told about one of her first jobs when she arrived in the city. She was set up with a woman who needed her to cook and clean for her children. "The entire month of June I was there, working for free for this woman because she left me to watch her kids...she had three...and she did not pay me." The abundance of Bolivian migrants in this situation makes them almost disposable and it becomes nearly impossible for them to make demands on their employers. Lucia initially sold items on the street for money to feed her baby, while Eva moved from garment factory to garment factory, once getting thrown out at three in the morning in the rain because she asked for a higher wage. Both women were single mothers and found that their job opportunities were severely limited by having a dependent with them.

Gender also played an extremely important role in determining insertion into the labor market as well as these women's ability to attain social mobility within their jobs. Bastia also argues that differences between the social networks available to women and men due to migration and settlement patterns limits the diversity of jobs available to women as well as their social mobility within their jobs. The men she studied were much more likely than women to ascend in both wages and job stability in a wide range of jobs, even including the female dominated garment industry (Bastia 2007: 662). In addition, for those women who were mothers, job opportunities were further limited by finding jobs that were either flexible with or jobs where employers did not mind the child's presence during the workday.

It is also important to note that work opportunities are often distributed based on gender norms regardless of qualifications. It is not surprising that jobs such as drivers are more often available to men while domestic and garment work is understood to be a woman's job. The trend of immigrant women occupying jobs such as maids and nannies is not particular to Bolivian migration to Buenos Aires but instead consistent with global trends of transnational migrant patterns and has come to form part of what has been termed a "worldwide gender revolution." (Ehrenreich & Hochschild 2003:3) In *Global Women*, Barbara Ehrenreich and Arlie Russell Hochschild (2003:5) show that more and more women are migrating from poor countries to rich ones to fill the newly increased demand for nannies, maids, and in some cases, sex workers. This new demand has been created because it is no longer common or sufficient to have a sole breadwinner in the family, meaning that more

and more women in first world countries are in the work force and there is an increased need for other women to perform their domestic tasks.

Increased demand, however, is not the only factor that contributes to transnational women increasingly holding jobs as nannies and maids. In addition, transnational female migrants may be seen as particularly qualified for the job because vulnerability, in some senses, heightens a woman's ability to embody an ideal domestic worker. With regards to many transnational migrant women who come from poor to rich countries, "employers believe them to be especially gifted as caregivers: they are thought to embody the traditional feminine qualities of nurturance, docility, and eagerness to please" (2003:9). The characteristics of "docility" and "eagerness to please" are indications of socioeconomic and power disparities that support a clearly gendered notion of what it takes to nurture a child and a household.

As Saskia Sassen (2003: 260) notes, the result for migrant women has been a combination of empowerment and disempowerment. She states:

On the one hand, these women make up an invisible and disempowered class of workers in the service of the global economy's strategic sectors. Their invisibility keeps immigrant women from emerging as the strong proletariat that followed earlier forms of economic organization, when workers' positions in leading sectors had the effect of empowering them. On the other hand, the access to wages and salaries, however low; the growing feminization of the job supply; and the growing feminization of business opportunities thanks to informalization, all alter the gender hierarchy in which these women find themselves"

There is significant evidence from the interviews that this phenomenon was very much related to the immigration experiences of the interviewees. Both Eva and Lucia immigrated as single mothers and mentioned feeling stigmatized for not being in a

committed relationship with the father of their children, even as neither of their children's fathers were willing to take responsibility for their children. For Eva, getting pregnant again while in Argentina was an important factor in her decision to stay. She stated, "In my third year [in Argentina] I got pregnant. Therefore I did not return again to Bolivia for cultural reasons. Because in Bolivia, for example, one says what did you go to Argentina for, to have a baby? No, I could not go back." For these women, then, Argentina seemed to offer them a more expansive understanding of gender roles where they could be self-supporting mothers, an option that appeared to be less available for them in Bolivia. However, as Sassen highlights, having a situation that is comparatively better in some senses does not mean that having an invisible, low paying job in a foreign country is not difficult or does not lead to increased vulnerability.

Time is also an equally important component of the gendered vulnerability of these women. Whether married or single, female migrants are more likely than their male counterparts to perform the domestic work in their own households. As mentioned previously, the majority of Bolivian female migrants still migrate with spouses or to reunite with spouses, but there is also a new trend of single women migrating by themselves or only with their children (Cerrutti 2010: 36). Both groups, however, are affected by a lack of time associated with the additional burdens placed on women. Ruth Lister, in Citizenship: Feminist Perspectives argues that women take on a disproportionate amount of domestic responsibilities in the household even if they are in a coupled partnership, making them "time poor." This applies to mothers who live with partners and is even worse for single mothers in poverty who will not

have the option to not work and therefore will most likely be taking on all of the home responsibilities as well as working a full time job (Lister 1997).

This lack of time makes it extremely difficult for Bolivian female migrants to even get to the health centers in the first place, especially health centers that are infamous for long waits and poor efficiency. Lucia told a story about having waited all day at the hospital to get treatment for her daughter until “the doctor told me ‘you have to come back tomorrow.’ Okay but I work tomorrow. ‘I do too’ the doctor told me. Yes, but if I don’t work, I don’t eat.” This anecdote not only demonstrates being “time poor” but also how, as Lister points out “women’s financial poverty interacts with their time poverty, as they take on the main burden of managing poverty and debt and of mediating with welfare institutions, as part of their general responsibility for money and household management in low-income households” (1997: 143)

In fact, being both “time poor” and “money poor” interacts to limit citizenship status for these women because it inhibits their abilities to interact in the public sphere and through it gain access to information and resources. In addition CAREF discovered that the role of being a caregiver also often meant that these women were not accustomed to prioritizing their own needs over those of their family members. The “machismo” culture was also identified by Rosa as a contributing factor that made women less likely to prioritize their own needs stating “they do not have time to go to the hospital because they are working or maybe because their husband is a little ‘machista’ and says ‘why are you going to go to the hospital’” To combat this, one of CAREF’s main slogans for their campaign emphasized the importance of time and of making one’s own decisions. The slogan, “¡Es tiempo de decidir! Es tu oportunidad.

¡Que otros/as no decidan por vos!” (Its time to decide! It’s your opportunity! So that others do not decide for you!), stressed the importance of taking the time as well as taking control of their health.

The Role of “Culture”

Cultural difference and its relationship to health care also arose as a potential factor that that was discouraging women from taking advantage of health care services in the city. Cultural differences were discussed in relation to differing medical practices as well as differences in the norms of communication between the Argentine medical staff and the Bolivian patients.

Rosa was the only one of the three interviewees who is actually a second-generation Bolivian and was born in Buenos Aires. However she made a point to emphasize that she still identified strongly with the Bolivian community. “I always say when I talk to Bolivians that I consider myself one of them, I never say that I am Argentine with Bolivian parents, I always say that I am Bolivian also.” For Rosa, this meant that not only did she herself strongly identify with Bolivian culture but also that she made an effort to pass down the cultural traditions to her own children, such as learning Quechua and participating in the various Bolivian festivals practiced in the community. The importance of preserving the Bolivian culture for immigrants in Argentina is also made apparent by the numerous Bolivian cultural organizations throughout the city that organize traditional Bolivian festivals and celebrate traditional ceremonies.

This strong desire to maintain connections with the culture of the home country reflects a pride in one’s heritage but can also be an indication that the

receiving society is not very accepting. Portes and Sensenbrenner claim that a clash with a receiving society often encourages immigrants to develop a strong sense of identity linked to their home country. Using the case of Chinese immigrants in New York and San Francisco as an example, they emphasize that immigrants are more likely to form strong internal immigrant communities with a heightened sense of cultural connectedness when confronted with discrimination from the receiving country. This phenomenon can even go as far as to create a pride that did not even exist when the immigrants were living in their home countries. They explain this phenomenon stating, “the confrontation with the receiving society is capable not only of activating dormant feelings of nationality among immigrants but of creating such feelings where none existed before” (2011:1328).

The interviewees’ accounts support Portes and Sensenbrenner’s theory. Rosa’s main motivation to get involved in the Bolivian community came from a personal experience when her family members were killed on the train. “They killed my sister-in-law and my baby nephew for being Bolivian. In other words, they threw them off of the train because of xenophobia.” Later she added, “It hurt more because he [her nephew] was Argentine, he was born here but the people did not care.” As Rosa’s story emphasizes, often times, whether Bolivian immigrants choose to or not, they are identified by Argentines as Bolivian due to differences in physical complexion as well as different dressing patterns. This example also shows that while identifying strongly with Bolivian culture can be a personal choice it can also be an ascribed identity.

Maintenance of cultural identity has a distinct impact on Bolivian women's experiences in public health care centers. While there is not a singular, distinct view of medicine in Bolivia, some of the immigrants come from rural areas where indigenous medical practices remain in use. A fairly common complaint and one that CAREF attempted to address in their training courses was that Argentine doctors were not willing to adapt their practices to the wishes of their patients, often on the basis that these practices were "unhygienic." While this association can be attributed to the already existing discrimination towards Bolivians, it is also related to a more wide-ranging problem in biomedicine, "the common assumption that 'culture' is largely composed of non-rational and superstitious beliefs that inhibit the acceptance of scientifically grounded knowledge and practices, and that such beliefs must be circumvented in order to bring about patient compliance" (Lock and Vinh-Kim 2010:8)

The interviewees identified examples of specific cultural practices that caused tensions with regards to health care. The most common example was the preference to give birth in the squatting position as opposed to the semi-sitting position more commonly used in hospitals, but other differences include "the importance of the placenta for the mothers, the rejection of cesarean surgery, not wanting to have blood drawn, modesty causing discomfort for the women when having to undress and have a doctor look at their body, some 'inadequate' clothing, and hygiene habits"⁴ (Caggiano 2008: 39). Generally, doctors were unwilling to adapt their practices to the distinct wishes of their patients, causing many women to choose the much riskier

⁴ Text translated from Spanish to English by the author

option of giving birth on their own. As Lucia stressed, “the model of medicine here is not Latin American, it is European. So they think with regards to this model...not with regards to the social reality here.”

This issue raises important questions about culture and its relationship to biomedicine. While acknowledging difference was understood to be important and encouraged in the workshops that CAREF offered to medical professionals, in some ways emphasizing difference can lead to what Sergio Caggiano calls “cultural fundamentalism,” a practice that exaggerates difference to limit spaces of interaction and justify the separation of peoples (2007). The interviewees, for example, were careful to stress that preferred medical practices on the basis of culture could not be generalized to all Bolivians and that there were significant differences between the cultural practices of those coming from rural areas and those coming from cities. Still, by not acknowledging any difference and treating all bodies the same, doctors were clearly not correctly addressing the needs and desires of their patients.

In the introduction to An Anthropology of Biomedicine, Margaret Lock and Vinh –Kim Nguyen offer some insight into how to understand the role of culture in biomedicine. From their perspective, respecting cultural difference is important, but only when culture is identified in the correct way. “Culture should be understood as neither static nor totalizing; culturally informed values are subject to dispute, are never distributed equally across named groups of people, and are inevitably made use of in relationships or power, moral order, and the maintenance of inequalities” (2010: 7). Once we acknowledge this definition of culture however, we can begin to correctly understand how culture can interact with science and health.

Bolivian female migrants do not all possess the same cultural background and therefore do not all have the same wishes when getting medical treatment. There is a danger that emphasizing their different cultural practices can lead to an exaggeration of difference that justifies exclusion. However, the complete lack of tolerance for difference on a one-to-one basis with patients, and the doctor's tendency to dismiss Bolivian health practices altogether labeling them as unhygienic are related to broader problems in the way that biomedicine has been conceptualized in our society and is too often contrasted to local practices. While some practices may be unhygienic, dismissal of other practices may actually reflect ignorance on the part of the doctor. For example, women health advocates in the United States who claim that gravity helps the process of childbirth have actually supported the squatting position for childbirth and it still remains unclear among medical journals that the more traditional lying down position has the best outcome for the patient. Yet the potential benefits of squatting get ignored because the lying down position is more advantageous for the doctor who is most comfortable delivering when the mother is in that position. (Blaz 2011) While a doctor may dismiss this practice as unhygienic because it does not follow the traditional biomedical model, this refusal would be completely unrelated to a desire for the best health outcomes of the mother. In "La Multiculturalidad De La Biomedicina" an article from Salud E Interculturalidad en América Latina, Arantza Meñaca describes main characteristics of modern medicine as the "asymmetric and subordinate relationship between doctor and patient, the exclusion of the knowledge of the patient...and the schism between theory and practice that creates a system that

is insensitive to the large variety of needs of patients”⁵ (2006: 1995). According to him, all of these promote the hegemonic model of medicine where tolerance for different ideas is dismissed regardless of health outcome. For Bolivian female migrants, this lack of tolerance discouraged them from seeking medical attention.

Culture was also discussed in regards to different norms of communication between Bolivians and Argentines. Even though the national language of Bolivia is Spanish, some immigrants come over only with knowledge of indigenous languages and struggle to understand the advice of the doctors. In addition, difference in the customs of communication became a significant cause for discomfort. A common complaint among all interviewees was the different way of addressing people that was employed by both doctors and administrative staff in the health centers and hospitals. Argentines in the city of Buenos Aires are known for talking in a specific tone and always speaking very loudly. However, “speaking quietly or not speaking constitute for many Argentines, especially in the central region of the country, characteristics associated with being Bolivian, the shyness, the introversion... and the fact of being closed towards the receiving society”⁶ (Caggiano 2008: 39).

Rosa mentioned that growing up she was taught that talking quietly and avoiding eye contact were signs of respect for authority. The image of the screaming doctors and administrative staff was cited often as an issue that made women uncomfortable going to health centers. During her interview, Eva imitated an administrative staff member asking a rural Bolivian “what is this document” in a fast, loud and almost unintelligible way and then assured me “that is how they talk, the

⁵ Text translated from Spanish to English by the author

⁶ Text translated from Spanish to English by the author

Argentines.” Often this type of cultural difference exacerbated perceptions of being mistreated and feeling unwelcome for Bolivian women who were not accustomed to a louder and more abrasive way of speaking. As one woman noted, often times it was misunderstanding more than actual bad intentions that led migrants to feel uncomfortable.

It is important to note, however, that while these differences were attributed mostly to cultural difference, respect for authority and unwillingness to argue with a medical professional may also reflect class differences. In Unequal Childhood: The Importance of Social Class in Family Life, Annette Lareau discusses the ways in which class influences how adults interact with different institutions. Talking about parents and teachers, she states, “working-class and poor parents often fear doing the ‘wrong thing’ in school related matters. They tend to be much more respectful of educators’ professional expertise than are their middle class counterparts.” (2003: 198) Applying this to medical professionals, Bolivian migrants may have been less likely to argue or defend their position due to a habit of deference dictated by their socioeconomic status, one that would apply even if they were interacting with doctors in Bolivia and may be the case of impoverished Argentines as well.

Most likely, then, both cultural and socioeconomic differences encouraged this kind of miscommunication, which remains one of the toughest to combat. Even after acknowledging the progress that the city had made in making health care more accessible, “humanizing” the employees was still seen as work that needed to be done. Rosa stated that

[Our hope] is not only that they are more flexible in their treatments. Also, that they speak calmly, slowly, and patiently because the person will

understand. Its not that they do not know the language, they know a little, but they need to speak slowly. They speak too quickly and they do not have patience, which scares the people. This is the problem. I think that changing the way of treating the people will lead to more positive changes.

REFLECTIONS AND IMPLICATIONS FOR OUR UNDERSTANDINGS OF CITIZENSHIP

The case of Bolivian women and their right to health care suggests that there was a diverse set of factors that compromised these women's status of "social" citizens. The challenge now becomes identifying what could have been done to eliminate the observed obstacles and linking those reflections to their broader implications for immigration and citizenship. Relating this back to the debate between multiculturalists and liberal egalitarians, our challenge now is to piece out which of these factors truly came from a lack of recognition of how the nature of Bolivian female migrant's specific "difference" was going to impact their access and which factors can be attributed to other causes.

The Immigration Law in itself had "multiculturalist" intentions but its application fell short in measuring up to these standards. In reality, very little was done to change the norms in the hospitals to become more flexible in their medical practices or even to assure that patients who have traditionally been treated with discrimination would be assured access. As demonstrated by Orfield and Eaton in *Dismantling Segregation* (1996), laws are often ineffective until they spell out clearly defined measures for proper implementation. As the Argentine organization CELS suggested, the law would have been much more effective if specific policies were implemented at the state level to encourage local compliance and regulation. Because this did not happen, it became the responsibility of human rights organizations to step

in and encourage these changes. However, these organizations' lack of authority over Argentina's medical professionals limited their effectiveness in forcing the centers to comply with the new legal regulations. While these organizations eventually did have a substantial impact in changing the routine practices of hospitals and encouraging doctors to be more flexible, situations in the hospitals are in no way ideal and subtle methods are still applied today to pursue xenophobic agendas that are not checked by the administrative staff of the health centers.

It was not only the health centers, however, that limited access. Factors that were specific to Bolivian female migrants, such as social isolation, definitely had an impact on their limited access to health services. Clustering in enclave communities and specific sectors of the job force meant that these women were hard to access even initially for CAREF, who had the specific aim of reaching out to them. This isolation not only made it hard to spread the word about information, but also meant that there was limited interaction between these Bolivian women and Argentines, causing them to sometimes misattribute a certain way of speaking to resentment when it really may have been due only to different norms of communication. It is problematic that the only interaction that many of these women have to Argentina's institutions is in utilizing public services, which tend to be places where anti-immigrant sentiment are extremely high and can create a skewed visibility. Immigrants are visible to the greater community when using public services out of desperation but not when working (often times in secret clandestine factories), which can add to the perception that they are taking without contributing.

However, even if we were to recognize that it would have been ideal for Bolivian immigrants to “adapt” more fully into Argentine society and not remain so segregated, we must ask ourselves if the current situation in Argentina makes this a possible alternative for these women. Portes and Sensenbrenner (1997) contend that groups tend to hold on to old identities and cling to their own communities when there is a strong clash in the receiving country. It would be wrong to attribute this large clustering of Bolivian migrants to their own choice alone when we know that discrimination and economic vulnerability made settling among Bolivians almost a necessity for survival. It would also be negligible to attribute their separation to multiculturalist policies when we see that Argentine institutions actually had very little to do with influencing Bolivian migrants’ decisions, as Bolivians rarely even interacted with them. Failure to assimilate, therefore, was not simply motivated by the cultural preferences of the immigrants but actually encouraged by the discrimination and limited job opportunities that encouraged them to stay isolated.

With all of these reflections in mind, then, what can be done? The most obvious yet challenging answer would be to work to eliminate anti-immigrant sentiment in the city and regulate immigrant job opportunities so that their jobs and communities would be places that encourage interaction with the greater Argentine society instead of places of social isolation. Lucia’s reflection about the media’s negative portrayal of immigrants sheds light on the subtle role that institutions such as the media have in contributing to anti-immigrant sentiment. This can be expanded to other media sources such as radio and television productions, as well as the government’s role in acknowledging the role that immigrants play in the economy.

The country's push to legalize immigrants, while still flawed in its application, also proves to be a promising way in which immigrants will become more visible.

In addition, institutions can be made more "multiculturalist" in their nature so that they are made more accessible to Bolivian migrants. For the health care sector, an obvious way of achieving this would be to provide Bolivian indigenous languages translators in medical facilities. Education is also a crucial institution and, as Eva and Rosa pointed out, has the broadest reach for accessing immigrants whose children are legally obligated to go to school. Schools are an important vehicle to provide information about rights and promote acceptance of difference to Bolivian women and their children. Even as schools may be sectioned off by province and still largely segregated, teachers and administrators will still tend to be Argentine and can be trained about the importance of their role in reaching out to the immigrant communities that they teach.

While it is clear, then, that characteristics specific to being Bolivian impeded access for migrant women, additional problems arose that demonstrated that these women are also affected by factors that go beyond immigrant status and may also affect native Argentines. These factors, such as gender, poverty, and the problem of power and authority within biomedicine reflect larger structural problems that, as Barry would emphasize, are not particular to a "culture" but actually reflect more universal structural problems. Issues such as clandestine work factories and discrimination towards "darker skinned" patients are issues that do not reflect cultural difference, but rather reflect an "inequality of opportunity" that would occur even within a culturally homogenous society. Ignoring the role that factors that go beyond

immigration status play is impossible, as the two are by nature interactive in creating and limiting opportunities for groups. Addressing these issues on a global and national scale is essential to assuring the universality of rights.

This study, then, shows that social citizenship represents a challenging way to expand rights. Due to the nature of social and economic rights, expanding only those rights can create the impression that immigrants who possess this partial status are receiving the benefits of the country without taking on the political and civil responsibilities that citizenship implies. This kind of status can actually heighten xenophobic sentiment and worsen the receiving environment for immigrants, rendering these rights essentially meaningless. Proper and clear enforcement of law changes, working to make public institutions more accessible, and working to improve inequalities built into the existing society are all essential to assuring that attempts at universality are successful within this new status change.

Even when successful, it is important to note that this partial citizenship is not the ideal ultimate status for immigrants. In Argentina, the Immigration Law was accompanied by a huge push to legalize all immigrants, and it was understood that this partial citizenship was only meant for the time of transition. As mentioned earlier, global trends have meant that more and more groups remain in statuses of ambiguity with regards to their rights and this kind of social citizenship can be an important way of protecting immigrants in that time of ambiguity. Ultimately, however, it is this ambiguity that needs to be addressed and the case of Argentina only further emphasizes the need to rethink traditional notions of nation-state citizenship to more accurately reflect the transnational state of the global world.

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