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Articles

Regional migrants in Bahía Blanca, Argentina: Challenges in social rights access

Los migrantes regionales en Bahía Blanca, Argentina: Desafíos en el acceso a derechos sociales

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Abstract

This article aims at analyzing the social insertion of regional migrants in the Bahía Blanca municipality (Buenos Aires province, Argentina), focusing in their access to the social rights recognized by the Migration Law 25.871, in the period between 2010-2018. Through a qualitative research, this paper identifies the “key issues” in the access and usefulness of health resources and services of migrants, highlighting a set of institutional, cultural and social conditions that limit the practical exercise of citizenship.

Keywords: regional migrants, key issues, social rights, Bahía Blanca municipality, substantive citizenship.

Resumen

Este artículo tiene como objetivo analizar la inserción social de los migrantes regionales en el municipio de Bahía Blanca (Provincia de Buenos Aires, Argentina) con especial énfasis en su acceso a los derechos sociales reconocidos en la Ley de Migraciones N° 25.871, durante la etapa 2010-2018. A través de un estudio cualitativo, el trabajo identifica los nudos críticos en el acceso y utilidad de los recursos y servicios de salud y educación pública por parte de esta población, poniendo de relieve un conjunto de condiciones institucionales, culturales y sociales que limitan la realización práctica de la ciudadanía

Palabras clave: migrantes regionales, nudos críticos, derechos sociales, municipio de Bahía Blanca, ciudadanía sustantiva.

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Introduction

The aim of this article is to analyze the social integration¹ of regional immigrants in the municipality of Bahía Blanca (Buenos Aires Province, Argentina), focusing on their access to the health and education social rights that were formally recognized under the Ley de Migraciones No. 25.871 (2004).

The term “regional immigrants” refers to those from other South American countries that are part of the traditional migratory flows to Argentina, who arrive in Bahía Blanca from neighboring countries such as Chile, Bolivia, and Paraguay as well as other countries in the region (Peru and, more recently, Venezuela).

Focusing on this immigrant group enabled the identification of several factors, including the absolute and relative numerical weight of the group with respect to the municipality’s immigration as a whole, the group’s impact on the economic structure and workplace, the group’s citizenship in Argentina’s partner countries in the Southern Common Market (*Mercosur*),² and the previous research that verifies the group’s poor protection and violation of rights in the geographical region under study (Centro de Estudios Interdisciplinarios en Problemáticas Internacionales y Locales [CEIPL], 2011, 2013a y 2013b; Instituto de Políticas Públicas en Derechos Humanos del Mercosur [IPPDH], Defensoría del Pueblo de la Provincia de Buenos Aires, 2014; Nicolao, 2013; Santamarina, 2016 and others).

This article is part of the debate about the existing gaps in access to a formal and substantive citizenship for immigrants and about how the latter should be developed into a process that involves different actors and levels of action participating in the adjustment or expansion between both dimensions.

The presented study is based on a qualitative analysis that uses interactive and nonreactive data-collection strategies (Reyes & Hernández, 2008) and considers the previous scientific contributions on the subject. For the interactive data collection, semistructured interviews with key people were conducted, including immigrants who are members or leaders of ethnic organizations, representatives from civic organizations such as the Immigration Ministry (of the Episcopal Church —Pastoral Migratoria), and representatives of public agencies that intercede and facilitate access to health and education rights.

¹ The term “social integration” is used to indicate the forms and means by which the immigrant population joins the host society from a comprehensive perspective, which is broader than a strictly socioeconomic perspective. Included in this concept are entry into labor markets as well as the ways in which immigrants contact and connect with institutions in the fields of health and education (community health centers, hospitals, schools); the ways in which they obtain housing or their patterns of socio-spatial positioning and the ways they coexist in neighborhoods and public spaces in general, as well as their collective socio-cultural development, among other dimensions (Castaño, 2009; Thayer & Durán, 2015).

² The Southern Common Market is a regional bloc composed of Argentina, Brazil, Paraguay, Uruguay and Venezuela as signatory member states (although Venezuela’s rights and obligations as a member have been suspended), and Bolivia, Chile, Colombia, Ecuador and Peru as associate member states.

A total of 60 interviews were conducted in October 2017 and May 2018³ that combined open and focused questions for the identification of the key issues⁴ that arise in the narrative (Guber, 2006). The purpose of the open questions was to achieve spontaneity in drawing out the experiences and ways in which immigrant individuals or families assimilated into different areas of the local community. The focused questions addressed the types of problems that emerged during the open questions and included a specific assessment regarding access to health and education services.

The nonreactive strategy consisted of documentation analysis of technical reports and various regulatory documents that embody immigration policy.

As this was a qualitative study, the analysis results do not present trends. It therefore differs from other demographic and statistical studies or those that address the social integration of immigrants from macroexplanatory perspectives (Varela, 2005). The contribution of this study lies in the richness and balance that it offers to this type of research—studies that take into account the voices of the actors who are directly and indirectly involved in the analyzed problem.

The period of analysis (2010-2018) begins in the same year that the country's executive branch (Poder Ejecutivo Nacional) issued the regulations of the aforementioned immigration law. These regulations established the guidelines and institutional actors responsible for applying each provision, which enabled a comparison of the formal policy with the procedures and formulations actually implemented.

The article begins by presenting a series of theoretical and conceptual notions that surround the debate on the access of immigrants to social rights, their connection with the exercising of substantive citizenship, and the role of local government in the analysis of this connection. The legal framework for the Argentine immigration policy is discussed next from the perspective of formal citizenship, specifically focusing on the recognition of health and education rights and paying attention to the role played by local government in this regulatory framework. The third section introduces the immigrant profile of the municipality of Bahía Blanca (in Buenos Aires Province, Argentina) and addresses aspects such as the immigrant population's demographic influence, quantitative data on this population, regions and countries of origin, and

³ The interviewees consisted of 38 immigrants who were leaders and/or members of immigrant organizations such as Centro de Residentes Peruanos de Bahía Blanca, Centro Argentino Chileno "El Abrazo de Maipú", Asociación Boliviana de Bahía Blanca, and Asociación de Residentes Paraguayos. Altogether, there were 22 women and 16 men (all of the age of majority) from Bolivia, Chile, Peru, Paraguay, and also from Venezuela, although the immigrants from this country were not part of any organizational structure at the time of this research. They were directly contacted using official municipal records, or they were contacted at the suggestion of various institutions. In addition, 22 non-immigrants were interviewed including representatives from the Pastoral Migratoria, from the Delegation of the National Directorate for immigration to Bahía Blanca, the Consul General of Chile in Bahía Blanca, and a group of public health and education officials with diverse professional profiles (teachers, managers, academic advisors, health professionals, nurses, and social workers). In this case, the selection criteria were based on the so-called "sample of extremely important cases for problem analysis" (Hernández, Fernández-Collado & Baptista, 2006, p. 567). For example, workers in two educational institutions with high enrollments by immigrants (primary and secondary), and a neighborhood health center where the regional immigrant population is concentrated.

⁴ This concept is used to refer to the situations or elements that hinder, delay, or complicate the efficient execution of an organization's tasks in achieving its institutional objectives. There are antecedents for the use of this concept in the field of immigration studies, as seen in the study by Thayer & Durán (2015).

work-related trends. The fourth section presents the results of the field work on the identification of key issues in the assimilation of the immigrant population of regional origin, specifically regarding health and education services and exercising substantive citizenship. Lastly, the conclusions are presented.

Social Integration of the Immigrant Population and Effective Access to Rights From the Local Perspective

According to a recent report by the Mercosur Institute of Public Policies on Human Rights, the challenges surrounding the social inclusion of immigrants and the implementation of actions aimed at guaranteeing immigrants' rights in different areas of the host countries require even more analysis of cities, municipalities, and metropolitan areas (Organización Internacional para las Migraciones [OIM], Instituto de Políticas Públicas en Derechos Humanos del Mercosur [IPPDH], 2017).

From this perspective, it is recognized that the link between immigration and cities is of great current importance for the design and implementation of immigration policies from the human rights perspective. Cities are a favored space for studying the dynamics and outcomes of the different forms of social integration as they allow a focus on how immigrants work, live, build local habitats and are treated within their rights (or not) in urban environments. In this sense, it is clear that local spaces are at the heart of the complex relationships among globalization, regional integration processes, and public policies (OIM, IPPDH, 2017).

Camós (2017) contends that while it is true that international migratory movements have a global dimension, the migratory endeavor of a person or a family is defined at a local level. First, they begin their journey at a specific place to travel to another place, which is also located at an exact point on the map. Second, the local level is where the "migration event" materializes since both the sending city and the city that welcomes international immigrants undergo significant transformations that have different forms, magnitudes, and characteristics.

This local impact on the host city will vary according to the number of immigrants arriving or the accumulated stock of immigrants, the proportion of immigrants to the total resident population; the origin of the migratory flows; the temporary, cyclical, or continuous nature of the migration endeavors; the host traditions of the city; the local labor market segments where they work; coexistence in neighborhoods, schools, hospitals, and community health centers; and the cultural expressions that transform the practices and habits of the community (Garcés, 2014; Stefoni, 2009, 2011; Thayer & Durán, 2015).

Additionally, the government entity closest to the citizenry—the municipality—exists at the local level. Although it does not usually have the regulatory powers or the necessary competencies and resources, it is still faced with the need to address the immigrant population's demands related to different aspects of social integration. Here, the local government is doubly important: first, it is directly responsible for managing the recognition of immigrants as subject to rights; and second, it can escalate to higher levels of government the conflicting aspects of immigrant assimilation into the host community (Belil, 2017; Camós, 2017; Thayer & Durán, 2015). For these reasons, it is assumed that the problem of the effective recognition of rights is to a large extent addressed in local spaces.

The identification of key issues in regional immigrant access to education and public health in Bahía Blanca requires this study to engage in analysis and discussion about formal citizenship and substantive citizenship and the emerging elements of the adjustment required in both dimensions.

It is worth noting that there are many studies on the link between immigration and citizenship. Without being exhaustive, the following studies can be cited: Pereyra (2005), Suárez-Navaz (2005), Domenech (2008), and Mezzadra & Nielson, (2014). In addition, the following studies on immigrant access to health and education services can be cited: Liberona & Mansilla, 2017, Fuks et al., 2008, Goldberg, 2014, and Jelín, 2007. Some of these studies will be discussed further on.

This article does not adhere to a static and conventional definition of citizenship that does not consider the immigrant population to be citizens and that defines “foreigners” as not belonging to a community from a legal perspective. In contrast, citizenship is understood as the process of building subjects’ rights, which involves all those who participate in any way in a nation and involves different construction agents (Pereyra, 2005). This article adheres to this author’s reasoning that:

The formal aspects of citizenship are not enough to ensure de facto equality and equitable access to social rights... they do not guarantee equal access to social welfare benefits, active political participation, and freedom. Substantial citizenship refers to de facto equality and equitable access to social goods, so that each individual in a socio-political community is subject to rights (Pereyra, 2005, p. 62).

The process of building substantive citizenship requires the intervention of different agents and levels of action. First comes the definition of the regulations and policies that enable the inclusion and exclusion of immigrants regarding certain rights and social benefits. The main protagonist of these regulations is the government, although it tends to reflect socially contrived ideas about the place immigrants occupy in the country (Mármora, 2002). Immigration policy (as well as the entire legal framework that defines immigrant rights in different areas of social participation) is a fundamental element for ensuring full citizenship. Many organizations devote their energy to modifying these regulations and generate a frame of reference for making claims when these are not met—requirements of enforceability (Pereyra, 2005).

However, this level of analysis is insufficient because, as Mármora (2002) cautions, there may be advanced regulatory frameworks for recognizing social, political, or civil rights that coexist with the excessive use of public force when they are applied. This can be linked to administrative practices by government officials that are not very transparent and even to the most extreme manifestations of discrimination—“because they look suspicious”. That is, there are formal and informal mechanisms that facilitate or hinder immigrant access to social goods, and state institutions play an important role in legitimizing or failing to legitimize those rights by applying or ignoring certain standards (Pereyra, 2005).

At the same time, the struggle for the exercise of rights by immigrants also means that they must consider themselves to be subject to rights. As Habermas (1998) indicates, an equal distribution of rights is possible only when those who enjoy rights recognize each other as free and equal. That is why the denaturalization of certain inequalities based on nationality is an essential prerequisite for any pursuit of citizenship rights.

Government, Policy, and Immigration Legislation: The Social Rights of the Immigrant Population

Migration policies constitute the set of rules, laws, and government instruments for regulating the progressive access of immigrants to different spheres of the host society and, as a natural extension, gradual access to rights entitlement (López, 2005). These policies have three fundamental dimensions: the sphere of control and regulation that determines the conditions for immigrants to enter and settle in a national territory; the sphere of integration that focuses on strategies of socioeconomic and cultural assimilation in the host society (including access to social rights); and the sphere of nationality that determines the forms of immigrant incorporation into the political community of the host country (Arango, 2000; López, 2005). Although this article addresses the second sphere, it is assumed that the first sphere affects and inexorably permeates the second (CEIPIL, 2011).

In Argentina, immigration policy is explicitly included in devices including constitutional norms, laws, decrees and resolutions, and international and regional treaties. The country participates in the most important international instruments that comprise the global and inter-American human rights system, many of which are established in the constitution. Argentina also ratified the International Convention on the Protection of the Rights of All Immigrant Workers and Members of Their Families, and it was the first Mercosur country to ratify the residency agreement between signatory and associate member states. This accord, in addition to simplifying the processes for obtaining residency in the Mercosur countries, also recognized equal civil rights and social, cultural, and economic freedoms for natives and immigrants who have obtained residency in the host country.

This accord establishes that it will be applied independently of any rules or internal provisions of each member state “that are more favorable to immigrants”, which is why special emphasis is placed on existing immigration regulations.

The ratification of the Ley de Migraciones No. 25.871 (2004) pertaining to the South American region began with a broad and extensive struggle by various social organizations demanding the repeal of a regulation mandated by the last *de facto* government (1976-1983) that violated the human rights of immigrants (Badaró, 2006; Correa, 2004; Nicolao, 2014; and others). The immigration law first recognizes immigration as a fundamental and inalienable human right that must be guaranteed through equitable treatment (Centro de Estudios Legales y Sociales [CELS], Federación Internacional de Derechos Humanos [FIDH], 2011) and proceeds to the formal recognition of a broad set of guarantees that are described below.

In the area of control and regulation, it innovatively includes the category of “temporary residency due to nationality” (Ley No. 25.871, 2004, Article 23, section 1). This legislation established that immigrants from Mercosur signatory and associate countries have the right to a two-year residency permit that can be extended and that allows multiple entries and exits. This right is based on the sole fact of being citizens of countries with which Argentina has regional integration accords.

This has a direct impact on the population studied here since, unlike immigrant workers from other places, they are exempt from needing work contracts that indicate dependency on a specific employer.

Second, Article 9 of the law protects (a) the right of immigrants and their families “to receive information” (and obligates the government to provide it) on their rights and obligations in the host society; (b) the requirements for entry, stay, and exit from the country; and (c) all other topics that enable immigrants to fulfill administrative or other formalities in Argentina. In addition, the authority responsible for enforcing the law—the National Directorate of Immigration (Dirección Nacional de Migraciones [DNM])—must take all appropriate measures to disseminate the aforementioned information and ensure that it is provided free of charge by employers, labor unions, or other entities or institutions, and, as much as possible, in a language that they can understand (Ley No. 25.871, 2004).

This aspect becomes essential for achieving effective equality of treatment since the lack of information, sometimes exacerbated by language barriers, often becomes an obstacle to the practical exercising of social rights.

The law has three articles in the integration sphere that are central to understanding the coverage of social rights for migrants. Article 6 states the following:

The State, *in all its jurisdictions*, will guarantee *equal access* to immigrants and their families under the same conditions of protection, support, and rights enjoyed by nationals, particularly regarding *social services, public property, health, education, justice, work, employment, and social security* (Ley No. 25.871, 2004).

In the specific field of education, Article 7 provides the following: “In no case will the migratory irregularity of a foreigner impede his admission as a student at an educational institution, whether public or private, national, provincial or municipal; primary, secondary, higher education, or university” (Ley No. 25.871, 2004, Article 7).

Similarly, according to Article 8, “In no case, will the rights for health, social aid, and medical assistance be denied or restricted if a foreigner requires them, regardless of their migratory condition”⁵ (Ley No. 25.871, 2004).

In addition, educational and health authorities must offer guidance and counseling to assist in rectifying any immigration irregularities pertaining to immigrants that contact the institution (Articles 7 and 8).

There is another set of complementary provisions, such as Article 13, that defines as discriminatory all acts or omissions for reasons of ethnicity, nationality (among others), that arbitrarily prevent, obstruct, or restrict the full and equal exercise of the recognized fundamental rights and guarantees. In addition, Article 14 assigns responsibility to the State “in all its jurisdictions” (national, provincial, municipal) for the development of initiatives to “integrate foreigners” into their communities of residence, including *a*) offering Spanish language classes in schools; *b*) the dissemination of useful information for the effective integration of foreigners into Argentine society; *c*) an understanding and appreciation of their cultural, recreational, social, economic, and religious expressions; and *d*) the development of training courses for public officials and employees inspired by principles for coexistence in a multicultural society and the prevention of discriminatory behaviors.

⁵ The regulation adds that the identities of immigrants can be established by documentation issued by the authorities of their country of origin or by consulates in Argentina (Ley No. 25.871, 2004, Article 8).

Given the local contexts, it is clear that these articles recognize the necessary participation of different levels of government; however, the assignment of responsibilities and competencies to the municipalities remains “cloudy”. From an operational perspective, the regulation pertaining to this law (Decreto No. 616, 2010) does not resolve this deficiency: it establishes the federal government’s obligation (through the DNM), to work “in collaboration” with other areas of government (as in Articles 6, 7, 8 and 14). However, no method or instrument is specified for implementing the requirement mandated.

Overall, the country has an immigration policy that offers a framework guaranteeing social rights for migrants, which must be compared to how it is actually institutionalized and functions in different spheres.

However, it must be noted that, in recent years, the Argentine government led by President Mauricio Macri has pushed regulatory reforms that while they do not directly affect the provisions of Ley No. 25.871 regarding the immigrant population’s rights to education and health services, they do disrupt other areas of action and lead to a weakening of the regulatory framework pertaining to the abovementioned rights.

For example, through the Emergency Decree (Decreto de Necesidad y Urgencia [DNU]) No. 70 (2017), the Executive Branch issued a reform based on a narrative that associates immigration with crime and citizen safety and that expands the reasons for denial or cancellation of residency in Argentina as well as the criteria for expulsion. It also weakens the right to legal defense, and it extends or accelerates the opportunities for detaining immigrants who are subject to an expulsion process (Caggiano, 2017).⁶

In the process of developing the narrative of immigrants as “criminals”, “dangerous”, or “responsible for disturbing the peace”, a situation has arisen that fosters discrimination, xenophobia, and job insecurity. The country’s president and senior federal government officials, as well as officials from the provinces that receive regional immigration inflows, have all publicly expressed the need to reform the existing regulations to make immigration more difficult. According to their public statements, they want to restrict basic rights such as health and education (or subject them to conditions of reciprocity with the immigrants’ countries of origin), and they have developed regulatory reform proposals in this regard.

Consequently, this ongoing questioning of the body of guarantees established by Ley No. 25.871 cannot be ignored when evaluating the effective exercise of social rights by the immigrant population as it directly and indirectly influences their legitimate standing as being subject to rights.

To complement the above discussion, the following is a brief description of the local situation studied here and the characteristics of its immigrant population.

Bahía Blanca: Context and Migratory Profile

The province of Buenos Aires has been the most attractive destination for current and past international immigrants to Argentina, and it currently hosts 52% of the entire immigrant population of the country (Instituto Nacional de Estadísticas y

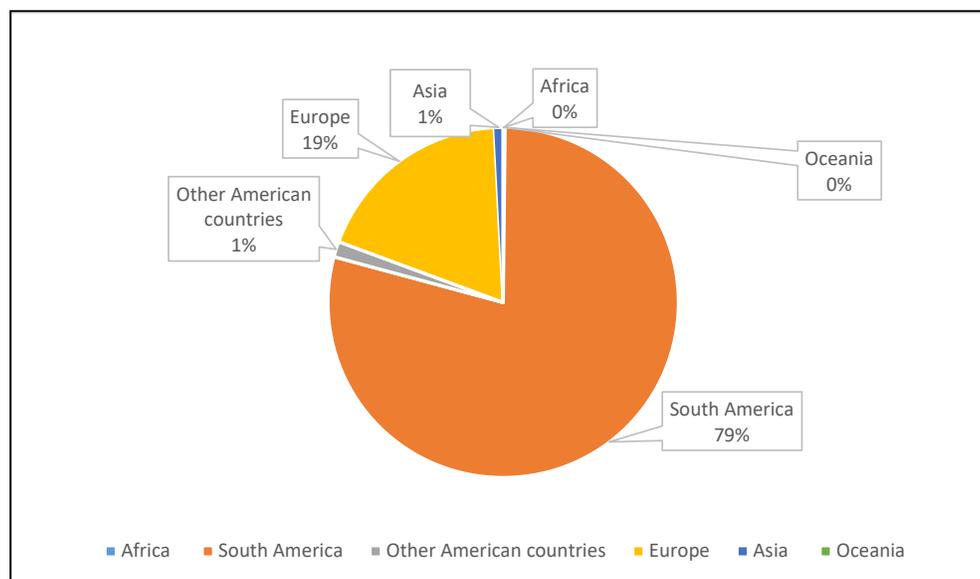
⁶ This decree was declared unconstitutional. The federal government then appealed; however, the decree remains in effect until a ruling is made by the Supreme Court of Justice.

Censos [INDEC], 2010). The municipality of Bahía Blanca is located in the region known as “interior Buenos Aires” (*Interior Bonaerense*) in the province’s southwest. The municipality includes the city of the same name (the municipal seat) and the towns of Ingeniero White, General Daniel Cerri, and Cabildo.

It is the third most important municipal district (*partido*) in this region due to the size of its population: 301 572 inhabitants. A historical host of international migratory flows, Bahía Blanca’s immigrant population totals 13 502 people according to the last census, which represents 4.5% of the total population; 79% of the immigrants are from South American countries (INDEC, 2010) (Figure 1).

Regional immigration is predominantly driven by work-related imperatives, and it consists of people who move to take a job, obtain better pay, and pursue greater opportunities for social advancement. Job opportunities are one of the main reasons for the decision to emigrate; however, free access to public health and educational systems are also important. Argentina’s educational system represents a means for achieving higher social status, and it is a key factor in attracting people to the nation in the Latin American context (Nicolao, 2014).

Figure 1: Distribution of the immigrant population in the municipality of Bahía Blanca, by region of origin, 2010

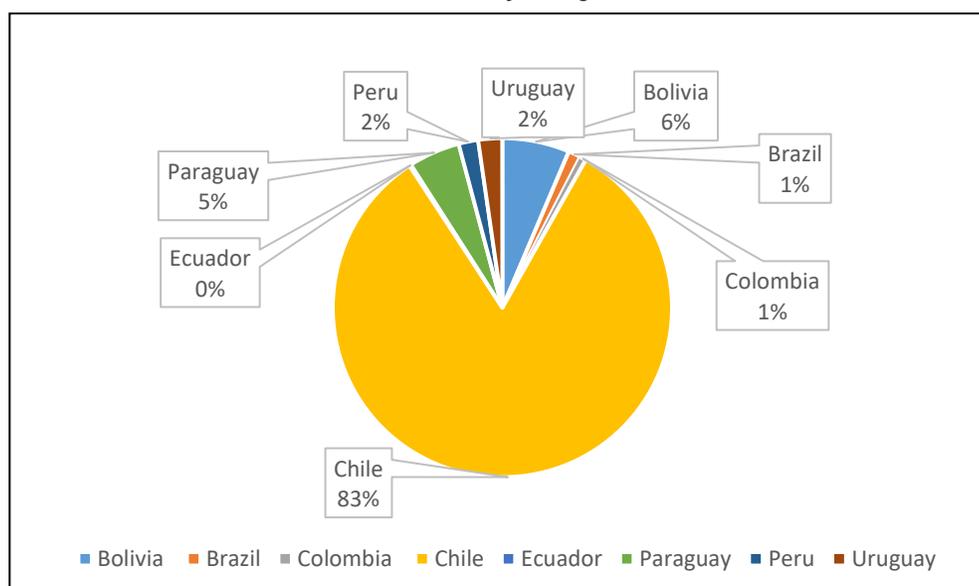


Source: Created by the author based on data from INDEC (2010).

The Chilean community is the largest immigrant group, with 83% of the Mercosur regional group and 65% of the total (INDEC, 2010) (Figure 2).

Regarding entry into the workplace, the pattern is far from consistent. There are differences according to country of origin, time of residence in the destination, gender, and educational level. However, some common denominators include low-skilled work, more informality, and a perception of lower pay than the native population (IPPDH, Defensoría del Pueblo de la Provincia de Buenos Aires, 2014).

Figure 2: Distribution of the immigrant population in the municipality of Bahía Blanca, by Mercosur country of origin, 2010



Source: Created by the author based on data from INDEC (2010).

With regard to the most important groups, the immigration of Chilean farmers to Bahía Blanca dates back to the middle of the 20th century. It peaked during the Pinochet dictatorship (1973-1990) with a socially diverse movement that diverged from the habitual seasonal immigration to rural destinations, and it redirected itself towards urban sectors. Currently, these groups work in various types of services (supermarket employees and store clerks), in construction (as bricklayers of different skill levels), and in the agricultural sector. These movements have low turnover, resulting in an aging population that includes movements to return home (INDEC, 2010; Instituto Nacional de Estadísticas [INE], Ministerio de Relaciones Exteriores [Minrel-Dicoex], 2017; Torrecilla, 2014)

In the 1970s, Bolivian immigrants began to arrive in the agricultural area of the Buenos Aires Valley of the Colorado River and later moved to Bahía Blanca. This happened as part of the phenomenon that is currently expanding in the green belts of different urban centers of the country, the process of which is referred to as the “Bolivianization of agriculture”. It is defined by the large numbers of Bolivian families working to produce fresh vegetables (for consumption) on farms where they later progress to become wage earners, sharecroppers, and smallholders. Daniel Cerri now has the most people working in the small farm sector (*sector quintas*). Today, Bolivians are the immigrant group with the highest income levels in both rural and urban destinations. The urban destinations are primarily for jobs in the construction sector—bricklayers, potters, and plasterers (Benencia, 2012; Ciarallo, 2007; Kraser & Ockier, 2007; Toranzos, 2014; Torrecilla, 2014).

The Paraguayan population is a group of more than 500 people who have joined the workforce much like the Bolivians: in *quintas* (rural areas) and in construction (urban areas). Peruvian immigration peaked in the 1990s and today has little vitality.

It is characterized by its urban insertion and a population with relatively higher educational levels, mostly female (INDEC, 2010).

However, Venezuelan immigrants seem to be the most atypical of all the groups. They represent a recent development that is currently growing due to the economic, political, and social crisis that this South American country is undergoing. According to one of the pioneer Venezuelan immigrants, this immigration has been flowing towards Bahía Blanca for approximately four years, and it consists of an estimated population of over 300 people (Claudia, reference from the Venezuelan community, personal communication, March 24, 2018).

Female immigrants from the region generally work as domestic servants in the care system (in a broad sense), and they are also engaged in selling various products in the city such as food, clothing, and footwear (Toranzos, 2014).

The characteristics described above offer a contextual framework to facilitate the interpretation of the research results.

Key Issues in the Access to Social Rights in the Fields of Health and Education: Actors and Institutions in Building Substantive Citizenship

This section presents the results of the analysis regarding the regional immigrant population's real access to health- and education-related social rights in Bahía Blanca compared to what is stipulated in the current immigration legislation cited in the above section (Articles 6, 7, 8, 13, and 14).

Given the small number of previous research studies on the subject, the most salient sources of conflict (key issues) are reviewed here including the voices of the immigrant subjects and of actors who mediate or intervene, directly or indirectly, formally and informally, in the institutionalization of these areas.⁷

Just as in any other host environment, public and social institutions in Bahía Blanca play an important role in the opportunities or limitations faced by immigrants when assimilating into life in the local community. Therefore, in addition to the institutional complex that makes up the public health and education systems, we must consider the presence of a DNM delegation that is positioned in the municipal seat due to the size of the immigrant population in its area of jurisdiction.⁸ We must also consider the local consulates of various countries (Brazil and Chile, of the South American countries), and the large group of organizations serving immigrants who operate in the area (more than 50 between European and Latin American organizations). Lastly, the Pastoral Migratoria has been operating in the district for 35 years providing social assistance to the immigrant population.

⁷ The excerpts from transcribed interviews protect the anonymity of the immigrants by using fictitious names while accurately presenting the statements obtained and the direct verbal interactions (López & Deslauriers, 2011).

⁸ This agency is responsible for applying immigration legislation aimed at normalizing the immigration status of foreigners within its jurisdiction. It is responsible for granting residency, extensions, changes of immigration category, and entry permits. There are 29 DNM offices throughout the country; six are in Buenos Aires Province, including Bahía Blanca, with jurisdiction over 26 municipal districts of Bahía Blanca, and 22 of La Pampa.

It was confirmed that immigrants interact with all of these entities to varying degrees during immigrant journeys that progress in stages in which the subjects' expectations and needs vary. At the same time, immigrants' relationships with their environments, both institutional and social, are also changing.

1) One of the first key issues revealed by the field work as a cross-sectional element of the analyzed areas pertains to the difficulties experienced by recently arrived immigrants in obtaining residency. Despite the preferential treatment set forth in Ley No. 25.871 for citizens of Mercosur countries, and despite the presence of a DNM delegation in Bahía Blanca, the steps for obtaining residency are among the first problems encountered by immigrants when they arrive.

This is not a minor inconvenience since (as will be discussed below) "paperwork" problems traverse, condition, and limit the potential for the substantive exercise of rights in other social spheres, even though these must be guaranteed regardless of an immigrant's administrative status.

One of the main problems is obtaining a certificate of good conduct (no criminal background, *Carencia de Antecedentes Penales*), which is only issued by official departments in the country of origin or by a consulate in Argentina. Obtaining an entry stamp is also problematic if an immigrant has entered Argentina unofficially or if an immigrant entering Argentina legally has lost the entry stamp.

Similarly, there is agreement among immigrants that they do not receive information or advice from the government during this process. Although the DNM is tasked with this specific responsibility (according to Article 9), it is not a proactive policy of the local DNM office. Thus, to complement the official procedures carried out on a local level, certain actors fill the vacuum or absence of the government in providing advice and information. They even act as mediators/facilitators for obtaining certifications prior to applying for residency (Pastoral Migratoria, consulates, immigrant organizations):

We work with any immigrant who comes our way. Our office here helps obtain the certificates of good conduct by sending the requests to our headquarters in Buenos Aires, which solicits them from the pertinent embassies of Peru, Bolivia, and Venezuela. This certificate is essential for obtaining the initial temporary residency, which is the most difficult status to obtain. We frequently communicate with the DNM. When they encounter people with inquiries that they can't resolve, they send them here (Maria, Pastoral Migratoria, personal interview, November 19, 2017).

The most common problem is the issue of documentation because most people enter illegally or lose their documents from Bolivia coming here to Argentina. Then you have to do more paperwork, so the most frequent request is paperwork. In those cases, we help make connections, tell them what days they have to go to Immigration and what to take. When the Bolivian consul of Río Negro comes here, we bring in people who need help with the paperwork. The demand is constant (Aldo, Bolivian community representative, personal interview, May 28, 2018).

Regarding the recently arrived Venezuelan population, the statements obtained indicate that:

It is different for them. Those who arrived six months ago came with all their documentation and obtained residency easily. Now they are practically fleeing their country. They are generally middle-class; many are university students. They come to work at whatever job they can get, and are coming here more and more to get help with the paperwork (Maria, Pastoral Migratoria, personal interview, November 19, 2017).

As will be shown below, these difficulties have an impact on and are directly transferred to the fields of health and education, and they cause various other problems.

Public Health and Healthcare

On the subject of regional immigrants' access to the public health system, the initial premise is that the most of these communities do not have any other type of medical coverage other than that provided by the government (IPPDH, Defensoría del Pueblo de la Provincia de Buenos Aires, 2014). As such, it is important to briefly describe how the local public health system works in concert with the national system.

Bahía Blanca has 54 Community Health Centers (*salitas*) throughout the municipality, (including those located in the municipal seat and municipal delegations) in addition to the Hospital Municipal de Agudos "Dr. Leónidas Lucero" and the Hospital Interzonal General de Agudos "Dr. José Penna". All are managed by the provincial government and provide free health care.

The Community Health Centers are part of the Primary Health Care (Atención Primaria a la Salud [APS]) system, and they provide basic health care. They are the first point of contact between the community and public health services. They have interdisciplinary teams and are located in the neighborhoods. The hospitals, however, provide 24-hour emergency services, and various specialized services through outpatient and inpatient clinics. Except for an emergency, an appointment with limited availability is required to access these services, which is an inherent feature of an overextended system.

(2) One of the main key issues identified in this area is the lack of knowledge of the immigrant population regarding the procedures for using public health services and resources in the local community. The lack of information upon arrival in the country on how the health institutions work, and on their guaranteed rights (an essential condition for enforceability), is a process that takes time and requires go-betweens such as compatriots and alternative institutions that can act as bridges to the system:

Many don't know that they have health rights; they get sick and don't go to the hospital. If they don't have any money, they think they can't go to the Community Health Center. I had the case of a baby who needed an urgent tomography, but it wasn't done at the time because his mother didn't have any money, and it was delayed until she was able to pay for the study. We know that they have these rights and we fight for it, but they are not always properly informed (Alicia, Community Health Center social worker, personal interview, November 10, 2017).

Immigrants who have resided longer in the municipal districts do not have this problem as confirmed by a significant number of the Chilean immigrants interviewed:

The Chilean community is characterized by its long-standing presence in the area. Most Chilean immigrants have started families, and have Argentine children and grandchildren. Thus, they have a deeper and more established social safety net, which means that they do not need much assistance from the consulate or other institutions to access different spaces in Bahía Blanca. But we also have cases of more disadvantaged people who are usually more recent immigrants requiring support when they have social problems, health problems, and specific illnesses (Chilean Consul in Bahía Blanca, personal interview, February 9, 2018).

(3) Another key issue regarding health care access constraints comes from the degree of complexity of the medical attention needed. The simpler the need, the more the immigrants are able to access the Community Health Centers (understood as the possibility of receiving care); nevertheless, this is not without its own difficulties. The biggest problems arise when more complex care is needed (in terms of services and resources) in the hospitals:

With the Community Health Centers, each neighborhood can more or less address health issues. The Centers are municipal, and no *major* health problems are encountered. The most serious problems are when specialists are needed in the Municipal Hospital or in the “Penna”. For these serious cases, we have had problems in the Municipal Hospital when we need to go to the hospital administrators. Sometimes they agree to accept our requests and interventions, and when they are sometimes denied, we are forced to take other protective measures so that they are obliged to implant a pacemaker in a Bolivian, for example, or accept a Paraguayan woman as an inpatient... We are quite *aggressive* in that sense (Elvira, Pastoral Migratoria, personal interview, November 19, 2017).

The most obvious limitations in the hospitals are seen in specific treatments, surgeries, chronic diseases, or when certain medications or implants are required. There is also a difference between the Municipal Hospital and the Dr. José Penna Interzonal Hospital, with the latter being more accessible to immigrants currently and in the past. This shows that sometimes an immigrant’s access depends on an individual (and therefore arbitrary) decision by the administrators in charge of these institutions and not in compliance with current immigration regulations (Ley No. 25.871, 2004, Articles 6, 8):

We don’t have any problems with the Hospital Interzonal Penna. We have problems with the Municipal Hospital and with its current Director (they don’t attend to immigrants who still do not have temporary residence, even in an emergency). But in the Penna Hospital they have no problem treating any health issues brought to them, whether it is girls with epilepsy, psychiatric problems, tuberculosis cases – they have all been taken care of (Maria, Pastoral Migratoria, personal interview, November 19, 2017).

Before getting documents [issued in Argentina], we couldn't go to the Municipal Hospital for treatment, only to the Hospital Penna. Now we have recently been told that the Municipal Hospital will also treat us if we have temporary or provisional residency documents. At least that's what they told me (Celeste, Peruvian, personal interview, October 24, 2017).

4) The restrictions on access to medical services in hospital centers are related to the fourth key issue identified, which is linked to the administrative status of the immigrant requesting the health care. This is usually manifested in bureaucratic and administrative obstacles (in particular, the requirement to have an Argentine National Identity Card (Documento Nacional de Identidad [DNI]) for scheduled interventions, hospitalization, and treatment of chronic illnesses), a requirement that violates Article 8 of Ley No. 25.871.

(5) The fifth key issue identified is related to discriminatory speech or practices by health professionals or other Argentine nationals in a health care setting. This is based on deep-seated perceptions in the Argentine social imaginary that view immigrants as abusers of social and public health services, a perception that is exacerbated during times of crisis, scarce resources, and overextended systems:

Once I went to the Community Health Center and a woman told me "the best thing you can do is go back to your country because you guys don't get any help from your embassy - nothing... and you always come to the Community Health Center for help, and then you tell everyone that you get lots of help here; and so Bahía Blanca fills up with Bolivians"... (Rubén, Bolivian, personal interview, November 22, 2017).

(...) in the health care field, there is a lot of discrimination, which is sometimes prevents people from coming here to be treated ... Bolivian women often suffer discrimination in the Community Health Center when they take their children to the pediatrician, since sometimes the mothers have six children or more, and of course they ask for six appointments for all of them; people then complain and insult them... (Nurse, Community Health Center, personal interview, January 6, 2018).

These types of speech and practices directly or indirectly affect the guarantee of health-related rights and often cause the immigrant population to avoid the system in addition to violating their health-related rights. In this context, the Bolivians are the most obviously different group of "others", with its own characteristics (language, dress, and customs) and distinct phenotypic features (Jelín, 2007) that make it the most vulnerable group.

Similarly, the narrative over the past few years linking immigration with crime in Argentina, and the increasing questioning of immigrant access to basic social rights such as health and education, is also viewed by some social actors as an alarming situation due to its potential impact on the resurgence of discriminatory and xenophobic practices:

It's a narrative that is heard more and more; now with all that was reported in the media about immigrant access to public health, it's taken on new life. I spoke at that time with the Secretary of the Foundation for the Catholic Commission of Argentina (Fundación Comisión Católica Argentina), the

Bishop of Azul, about creating a document with our proposals for immigration law (Maria, Pastoral Migratoria, personal interview, November 19, 2017).

(6) The sixth key issue identified is related to intercultural situations that occur in the context of hospitals, Community Health Centers, and medical consultations in general. This issue also affects and obstructs immigrants and the quality of medical care they receive. There are anecdotes of communication problems, different behaviors, or practices that affect treatment (for example, women's customs for giving birth and breastfeeding), different diets, hygiene practices, and clothing. These anecdotes reveal experiences of unfriendliness, unwillingness to understand and respect cultural diversity, and even experiences of rejection by health professionals.

However, it cannot be ignored that immigrants, although they continue to compare the places of origin and destination, display a "split personality" as temporary "beings" between "there" and "here", and between the before and after the immigration experience (Varela, 2005), in the context of being receivers, they still positively perceive the host country's public health system.

The Challenges of Integration in the Educational Field

In terms of public education, although it is impossible to fully address the scope and complexity of immigrant integration into the educational system, some recurring themes emerged in the interviews with the immigrant population and with primary and secondary school educational staff. As such, it is important to compare these with the requirements defined in Articles 6, 7, 13 and 14 of the immigration legislation.

Education in Argentina at public institutions is free at the preprimary, primary, secondary, and tertiary levels and in university degree programs. Since 2014, school has been mandatory for children starting at four years of age until completion of secondary school. In Buenos Aires Province, the Ley de Educación Provincial No. 13.688 (2007) establishes in Article 5 that the government must provide and guarantee a comprehensive, inclusive, continuous, and quality education for all inhabitants. It must also ensure equality, a cost-free education, and social justice in the exercise of this right.

Regarding intercultural education, it is viewed as the preferred channel for promoting an intercultural pedagogical perspective within common education and for complementing and enriching this foundation. Its functions include: ensuring the right of "immigrant communities to receive an intercultural and/or bilingual education to help preserve, strengthen, and recreate their cultural patterns, languages, worldviews, traditions, and ethnic identities" (Ley No. 13.688, Chapter XIII, Article 44, section f).

The field work that was conducted enabled the identification of key issues related to the entry, continuity, and incorporation of immigrant students in the educational system of Bahía Blanca.

(7) Continuing with the general numbering of key issues, the seventh is related to the constraints experienced by immigrants resulting from irregular immigration status or lack of an identity card (DNI), similar to the experiences in the health field. Although there are no cases in which school registration by irregular-status immigrants

is impeded, other bureaucratic nuisances were detected that hinder or delay this process. These include the lack of clear mechanisms or instructions regarding the certification of prior studies in their countries of origin and their equivalent in the Argentine system and the normalization of their administrative status to receive a diploma after graduation:

My youngest daughter's school admission was problematic at first because I didn't have the documents from her primary school back home; it was a big mistake that cost me a lot of money... On top of that, she repeated a school year here because she was a year behind in starting secondary school. She had to repeat sixth grade here (Ana, Peruvian, personal interview, March 13, 2018).

The biggest problem is bureaucratic, regarding the certification of the level of schooling attained in the country of origin and its equivalence here. It's a long process that must be followed to determine the appropriate grade level here during which the potential student is not in school (primary school director, personal interview, February 11, 2018).

Associated with this is a relatively widespread ignorance among educators about immigration law, which causes the immigrant population to lose legitimacy as subjects of rights, as well as noncompliance with the mandate that school institutions must provide procedural assistance to families that require it (Ley No. 25.871, 2004, Article 7). In certain cases, this task relies on the individual goodwill of some who take it upon themselves to support families; however, with few available institutional tools, the immigrant families are usually alone in this process:

(...) the Director told us that we had to go through the residency process, but no one ever explained more than that... since we didn't have money and didn't know how to do it, we kept postponing it... and we lost a lot of time waiting for Pedro to be able to enroll in school (Teresa, Chilean, personal interview, November 11, 2017).

(8) The next key issue was mentioned in many interviews and is linked to a problem that goes beyond a student's immigration status or administrative situation. It is associated with broader social problems such as child labor, which causes children in immigrant communities to be kept out of school: "there is a significant number of people from neighboring countries who are not in school. I have observed and recorded this in my professional interventions at construction sites, brick factories, and farms where children are working" (social worker, secondary school, personal interview, March 5, 2018).

These types of problems associated with the incorporation of children into the family work life also contribute to school dropouts. A study by Kraser & Ockier (2007) shows that in the town of Daniel Cerri, the Bolivian contingent works on farms and their children are a component of family labor. The parents stop sending them to school when they are needed for agricultural work, with negative consequences for their education.

(9) Another set of problems that are among the most complex key issues involves the lack of tools and strategies to address interculturality and prevent discriminatory behavior in schools (Thayer & Durán, 2015) that would enable

them to resolve the various difficulties surfacing during their integration into the educational system.

From the specific perspectives of different members of the educational community (teachers, managers, members of School Guidance Teams,⁹ and immigrant families), the challenges facing this population can be grouped into four problem areas: *a*) integration with their peers, *b*) learning, *c*) communication, and *d*) discrimination due to their immigrant status and/or national/ethnic origin. These problem areas affect and influence each other, and sometimes they are not limited to the educational field as they are triggered by complex situations involving social aspects on another level or magnitude.

As for the integration difficulties, (*a*) educators argue that “there is distancing of interpersonal relationships as seen by nicknames, exclusion, isolation and self-isolation, closed groups, discriminatory speech, and sometimes violence between peers” (high school teacher, personal interview, December 9, 2017).

In this regard, we heard about how immigrant students are excluded when groups are formed to perform classroom tasks or during play, and they are subjected to discriminatory speech and instances of physical violence.

Immigrant students’ learning problems (*b*) are associated with factors such as absenteeism, teaching disparities between the educational systems of the countries of origin and destination, and the “language barriers” that affect the overall learning process and literacy in particular during the first year of primary education:

Intervention requests are related to learning problems. You can see the culture shock, especially with the Bolivians. The Paraguayans, while they speak Guarani at home, they actually learn our language faster (with television and other means), but there is an obvious gap compared to the other students when it comes to acquiring reading and writing skills (academic advisor, elementary school, personal interview, November 12, 2017).

Communication problems (*c*) are due to the many immigrant students who enroll in school and speak only their native language (Quechua or Guarani). This affects communication with teachers and with their peers as well as the learning process itself. In addition, there is a lack of understanding of certain communication codes pertaining to school environments that transcend strictly idiomatic issues.

Instances of discrimination (*d*) are mainly manifested in people’s speech. “Go home, little Peruvian”, “*bolita*” (pejorative for Bolivian), “*paraguá*” (pejorative for Paraguayan), “get out of here, Bolivian piece of shit”, are frequent expressions used by Argentine school children that were reported by educators.

Again, these expressions are based on deeply rooted views in Argentine society regarding the people from these countries, views that are fed by myths and prejudices such as “the silent invasion of border country immigrants”, “foreigners who steal work from Argentines”, “immigrants who overload the social services”, and “immigrants who come to commit crimes”. Within the regional group, instances of discrimination mainly affect the Bolivian school children and to a lesser extent the Paraguayans and

⁹ The School Guidance Teams (Equipos de Orientación Escolar [EOE]) work in educational facilities and intervene in the social, institutional, and pedagogical-didactic problems of students at all levels and structures of the provincial educational system. The teams are composed of an academic advisor, a social worker, a remediation teacher, a speech-language therapist, and a health worker.

Peruvians. The discrimination is by their classroom peers, and in some isolated cases, it underlies the language of teachers who fail to adopt the acceptance of diversity. Sometimes it not only affects students but extends to their families.

However, these ideas that spring from prejudice and xenophobia can only be defeated within the educational sphere, which is the only system capable of producing a cultural change by educating new generations. However, to accomplish this, educators trained in inclusive ideas and values are needed to fulfill the provisions of the provincial laws pertaining to education and immigration using tools with intercultural approaches that go further than mere talk.

The set of situations described, which influence and overlap each other, require the systematic intervention of the educational institutions responsible for accepting cultural differences, building bridges, and developing coexistence strategies that put an end to discriminatory situations that are against the presence of immigrants and their families, both in education and in other social spheres.

Thus, it can be seen that compliance with the provisions of Articles 7 and 14, section b, is not only affected by ignorance of immigration legislation in the educational sphere but that all the provisions for integrating the immigrant population into their local communities are far from being put into practice at the local level. None of the cases studied indicated that Spanish language courses are being taught in the schools (Article 14, section a); that spaces are provided to promote an appreciation of the cultural expressions of immigrants (section c); or that training courses are offered to foster coexistence in a multicultural society and the prevention of discriminatory behavior (Article 14, section d).

In spite of all of the above, the various levels and forms of cost-free education are highly valued by the immigrant population (just as was seen in the field of health), especially by those who have traveled an ascending path of social mobility.

In Conclusion

This study identifies the main key issues for the social integration of regional immigrants in Bahía Blanca, focusing on their effective access to social rights in the fields of health and education and based on the premise that local contexts provide an advantageous environment for generating qualitative information that enriches macrolevel explanatory studies on this phenomenon.

The study makes progress in identifying the problems that different actors, institutions, and action levels undergo as agents in building the substantive citizenship of immigrant populations. This is a process in which the government is the protagonist but not the only actor.

The formal recognition of rights that occurs with regulatory action (nominal citizenship) is evident in the framework of guarantees that Ley No. 25.871 has at its core. The right to health and education at all levels is recognized and defined independent of the immigration status (regular or irregular) of the immigrant. In addition, there are other basic guarantees in the law such as equal treatment, the right to receive information, the prohibition of discrimination due to national or ethnic origin, and the responsibilities of the state for the implementation of strategies for what the law defines as the “integration” of immigrants into their local communities.

However, in recent years, the political environment has leaned towards stricter immigration policies, manifested in speeches and bills that question the rights-based approach of the existing legislation.

In addition, from a formal perspective, there is a concerning lack of specific responsibilities assigned to the municipalities by this law and related regulations for effective implementation. As such, the municipalities take a passive stance and await further definition by the national government.

The key issues identified point to the existence of formal and informal mechanisms that hinder, delay, and complicate their practical application, producing a weak level of legitimacy for the immigrant population as subject to rights. This process results in objections to the presence of immigrants, which are manifested in explicitly or implicitly discriminatory practices and attitudes aimed at their exclusion.

It is evident that social institutions play an important role in delegitimizing rights or ignoring regulations. The legal status of an immigrant continues to be a barrier to health system access (especially access to hospitals) and a barrier to a smooth and thorough incorporation into the educational system. When immigrants first arrive, the lack of information on their rights and obligations, on the procedures for obtaining residency, and on how health institutions work all result in detachment, exclusion, and weak enforcement mechanisms. Individual or institutional discriminatory speech and practices based on myths and prejudices about the impact of regional immigration on the host further aggravate the situation. Regarding differences due to nationality, the Bolivians were seen as the most different “other” group with its own characteristics (language, dress, and customs) and distinct phenotypic features, making it more vulnerable than the Paraguayan and Peruvian communities.

Immigration status and time of residence in the destination locale continue to function as first-order factors in the process of building a substantive citizenship. The groups with more seniority and that have legal residence tend to have the social safety net and capital that facilitates the exercise of their rights in different ways. Meanwhile, recently arrived immigrants are in a more vulnerable situation and have a weak perception of themselves as subjects of rights mostly due to a lack of information. In some cases, they rely on the protection offered by a set of institutions that, based on the current regulations, define mechanisms of pressure for their enforceability (Pastoral Migratoria, consulates, immigrants).

As such, the citizenry’s adjustment in legal and substantive terms is due more to overcoming this set of institutional, cultural, and social conditions that limit their practical implementation than to an effort to expand rights.

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