

## **Migrants' Health: A Reflection from Social Justice** **Salud de los migrantes: una reflexión desde la justicia social**

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### ABSTRACT

For the development of this paper, researches on migrants' health were reviewed and they showed a pathologizing perspective –related to biopower–. As an alternative to this perspective, I propose that the health of migrants should be approached by public health services based on reflections from social justice, specifically from Benhabib's ideas: the concrete other, which questions the homogenization of the subjects, and the *right to have rights*, which proposes that these be linked to the human condition, not to categories such as citizenship. This proposal is relevant, as the health impacts of migrants are linked to unequal living conditions, resulting from being considered risky to receiving societies. In that sense, the text's approaches could focus on alternatives to improve their health such as offering a guarantee of rights, improving their living conditions, and receiving differential health care.

*Keywords:* 1. emigration and immigration, 2. social justice, 3. public health, 4. health of specific groups, 5. immigrants' health.

### RESUMEN

Para la construcción del presente artículo se revisaron investigaciones sobre la salud de los migrantes que evidencian una perspectiva patologizante –relacionada con el biopoder–. Como alternativa a tal perspectiva, propongo que la salud de los migrantes sea abordada por la salud pública con base en reflexiones desde la justicia social, puntualmente desde los planteamientos de Benhabib: el otro concreto, que cuestiona la homogeneización de los sujetos y el *derecho a tener derechos*, que propone que estos se ligen a la condición humana, no a categorías como la ciudadanía. Esta propuesta es pertinente, pues las afectaciones en la salud de los migrantes están vinculadas a las condiciones de vida inequitativas, derivadas de que se les considere riesgosos para las sociedades receptoras. En ese sentido, los planteamientos del texto podrían concretarse en alternativas para mejorar su salud, como por ejemplo ofrecer garantía de derechos, mejorar sus condiciones de vida y recibir atención diferencial en salud.

*Palabras clave:* 1. emigración e inmigración, 2. justicia social, 3. salud pública, 4. salud de grupos específicos, 5. salud de los migrantes.

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## INTRODUCTION<sup>2</sup>

This text proposes that the current main approach towards the research and intervention on migrant health is pathologizing, and that such approach can be analyzed from the concept of biopower presented by Foucault (2007 [1976]). Therefore, we posit that public health must address migrant's health from a social justice perspective, particularly from the positions of Seyla Benhabib (2005 [2004], 2006 [1992], 2008 [2007]): acknowledging the concrete other and the right to have rights, ideas that revolve around the definition of fair belonging, developed from dialog and the acknowledgement of the migrants' particularities.

To account for the above, this paper develops five sections. First, an overview of the research on migrant health is presented, showing a pathologizing view based on the two components of biopower: anatomo-politics, which stresses migrant's illnesses, and biopolitics, which perceives migrants as a risk to the receiving societies. Second, it is proposed, that the approach to migrant health from public health should be based on social justice, as an alternative to the pathologizing of migration. The third section will introduce social justice theory, particularly the ideas of Seyla Benhabib (2006 [1992], 2008 [2007]), which are based on the acknowledgment of the concrete other, and could therefore be seen an alternative to the homogenization and control of biopower.

Subsequently, the fourth section addresses the global justice theories —political view and cosmopolitanism—, as well as the stance of Benhabib (2005 [2004]), which will be presented as an option of global justice, in the particular case of migrants: the right to have rights. Finally, the article concludes by positing that migrant's health may be affected due to inequalities that arise from their condition, and in the pathologizing, that is made of them. Therefore, to address their health in theory and practice, considerations from social justice must be included, particularly from a stance that takes into account the concrete other and is based on human rights as a matter of the human condition, and not of citizenship or nationality.

## BIOPOWER AND MIGRANTS

The current migration phenomenon is global, structural, systematic, and permanent (Schindel, 2017); in terms of actual numbers, there will be 244 million migrants in the world by 2015 (United Nations, 2016), figure set to increase if we consider economic globalization and social, environmental, and military global conflicts (Castles & Miller, 2004 [1993]; International Organization for Migration, 2013; UN, 2014). This has positioned the relationship between health and mobility at the center of the current migration agenda

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(Sánchez-Siller & Gabarrot-Arenas, 2014) and of international agencies, such as the International Organization for Migration and the World Health Organization.

On the matter, current research and interventions in health have emphasized the negative impacts of migration on the health of migrants, as well for receiving societies, going so far to pathologize mobility, contributing to the classification of it as a problem (Naranjo Giraldo, 2016). This pathologizing can be understood from the concept of biopower (that is, power over life) which, according to Foucault (2007 [1976]), unlike sovereign power that decided over death, it rather focuses on maintaining life through discipline and regularization, and for the sake of such goal articulates anatomo-politics and biopolitics, and uses medicine and public health, among other normalization tools.

For anatomo-politics, the human body is an operative machine that must be trained and disciplined in order to be useful and docile to the productive system (Serratore, 2006); this purpose is linked to the development of 18th century capitalism (Laurencich, 2012). Anatomo-politics aims at detecting and intervening the diseased body, to ensure health and productivity; in the research on migrants' health, this view is evidenced by its focus on the disease. Different studies can serve as an example of this, where the causes and development of the migrants' diseases, and the interventions on them, are described. These include studies on disorders and symptoms of migrants, such as anxiety, depression, psychoactive substance abuse (Chávez Hernández, Macías García, Palatto Merino, & Ramírez, 2004; Jansà & García de Olalla, 2004; Yáñez & Cárdenas, 2010), obesity, pains and somatic disorders (Zuazo Arsuaga & Etxebeste Anton, 2008).

Now, although being aware that if the research on migrants' health focuses exclusively on their pathologies, one might risk adopting a pathologizing view, this does not mean that the question of the disease should be discarded, as it has led to health interventions in the migrant population and has allowed, for example, as Frenk, Garnica, Zambrana, Bronfman, and Bobadilla (1987) point out, to gain further knowledge on the relationship between places and diseases through studying the diseases of migrants.

When it comes to the strong focus on the pathologies of migrants, which can be noticed when reviewing the available literature on the subject, it should be pointed out that said research also shows that the interest on the diseases of migrants does not translate into taking care of their health. Conversely, the obstacles in access to health services that arise from social stratification impact on the health of migrants (Rojas, 2008; Ruiz & Briones-Chávez, 2010; Sánchez-Siller & Gabarrot-Arenas, 2014; Torres & Garcés, 2013); such obstacles, in cases such as that of Latin Americans with HIV in the U.S., resulting in migrants not visiting the health facilities, or in them only going for emergency services, which ends up worsening their condition (Ruiz & Briones-Chávez, 2010).

On the other hand, the composition of the Modern State makes it so that the discipline of the individual body carried out by anatomo-politics is not enough, and so it must be

complemented with biopolitics, which deals with the population body (Foucault, 2001 [1976]). In the case of migrants, anatomo-politics and biopolitics complement each other in such a way that the first classifies them as diseased bodies, and, based on this classification, the latter holds them as objects of risk for the receiving societies, as if they were disease vectors to be protected against. The position of biopolitics is reflected, for example, in concerns about communicable diseases carried by those who immigrate to countries and in considering migrants a threat to the ways of living in the destination countries, as originators of public health issues such as violence, and as an extra load in the sustainability of health services (Alarcón & Becerra, 2012; Vilar Peyrí & Eibenschutz Hartman, 2007; Zarza & Sobrino Prados, 2007; Solís, 2011).

As explained above, biopolitics addresses not the individual body but the body of the species, life, part, and basis of the State's consolidation (Serratore, 2006). Because of its value and usefulness, biopolitics aims at protecting life and developing it, it controls and manages life, and ensures its regularity (Foucault, 2001 [1976]); life's regular processes such as birth, disease, and death, altered by migration, fall into the jurisdiction claimed by biopolitics (Salinas Araya, 2015).

Among the regularization mechanisms employed by the State to manage lives are immunization and public hygiene procedures such as quarantines, vaccination campaigns, etc. (Quintanas Feixas, 2011). It also implements, as an example, the separation of social classes, and when necessary it prohibits—loosely controls—the free transit of individuals (Yuing, 2011; Berrio, 2010; Serratore, 2006). To illustrate this, during the Industrial Revolution, European States encouraged the massive transit of workers from and to their territories, for the sake of increasing profitability and productivity (Yuing, 2011). Likewise, States nowadays manage—by favoring or restricting—the free transit of migrants; for example, countries in the Global North, such as Canada, recruit temporary migrant workers to harvests in their territory.

Thus, management of migration is a biopolitical mechanism through which, according to De Lucas (2009), the migrant is made visible as an object to regularize, control, and dominate, but made invisible in terms of citizen rights (Delgado Parra, 2012). This way the migrant is not considered as a holder of rights, but rather as an object of management and control by the State, the media, society in general, etc., mainly from two ways: suffering and threatening.

In the first way, the migrant is perceived from suffering. It becomes clear that the more suffering the migrants experience, the more chances they have to be welcomed as victimized subjectivities that may end up becoming a docile workforce accepting fragile working conditions (Schindel, 2017). This reduction of the migrant to their suffering is what is

referred to under the concept of “bare life,”<sup>3</sup> proposed by Agamben (2003) to comprehend the condition of those left stateless by the First World War and current refugees and irregular migrants; a life that is deprived of political existence (Agamben, 2003) as a condition to be included into the *demos* (Laurencich, 2012).

To only shelter migrants on grounds of their suffering implies that they are assimilated as yet another unprotected and voiceless individual before the sovereign power (Múnera, 2008), and they are acknowledged and valued only as objects of aid and protection (Agamben, 2003). From assimilating and valuing migrants in these ways, two consequences are derived: first, organizations working to improve the living conditions of migrants are primarily in the humanitarian, not political field (Agamben, 2003; Luquín Calvo, 2006). Second, States implement social policies for migrants’ that are mainly of a welfare nature, which alleviates some of their needs, but do not generate rights, and therefore it does not contribute to their citizenship (Fleury, 2002). Moreover, even if the needs of migrants are addressed, the welfare focus can become problematic when passiveness and suffering are privileged, and agency is met with suspicion (Schindel, 2017).

The second way of management and control of migration considers migrants as a threat, assumes them as compromising the security, identity, moral, and health of the receiving countries; makes migrants guilty of social and economic issues (Acosta Olaya, 2013), and a risk to national security (Delgado Parra, 2012). This classification of migrants as a threat results in stern and vigilant migration policies, related to security (drug trafficking and terrorism), the saturation of the labor market, and the supply of public resources (especially health) (Acosta Olaya, 2013).

That said, managing migrants as dangerous is not only an administrative matter but is also a biopolitical selection of who should and can be included in the community (Laurencich, 2012). Such biopolitical selection is based on fear of others, which rather than a rule of law, what is taking place is a rule of security, for which both physical and symbolical borders against the other are essential, even in opposition to international human rights commitments (Delgado Parra, 2012).

It is precisely in the light of this that the identification of migrants as a threat is understood as corresponding to an immunological stance, essential to biopolitics (Esposito, 2005); a position that presents the nation-State as a living, closed, and healthy social organism that should be safeguarded against intruding pathogens (Serratore, 2006; Acosta Olaya, 2013). Hence, the State can make use of, for example, control bodies, as a metaphor for antibodies

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<sup>3</sup>The starting point for Agamben’s (2003) “bare life” is the difference between *zoé* and *bios*, according to the ancient Greeks; the first is the biological existence of all living beings, reduced to survival and without political status. The second is specific to the *polis* and the human being, a qualified life that makes the social and political possible (Arendt, 2005 [1958]), a life that, from the *logos*, turns simple living into good living (Rojas, 2010).

(Acosta Olaya, 2013). As an example, we can find that the physical entry of migrants to the receiving countries is restricted and that, if they manage to enter, the political means for their inclusion are hindered within the States (Acosta Olaya, 2013); efforts are made to keep migrants outside the healthy and productive body of the community.

## PUBLIC HEALTH AND SOCIAL JUSTICE

The previous section presented how migrants can be perceived as a threat for the receiving societies; for example, when they are deemed a public health issue under the assumption that they bring diseases with them and generate expenses for the health system. As an answer to this, this paper argues that it is indeed necessary to consider migrants' health a public health issue, but in no way because they are a threat, but precisely due to:

- 1) the impacts on their health;
- 2) these impacts being caused, in many cases, by the distinction made between national/foreign, and the consequences of such; and
- 3) the fact that their diseases should be properly taken care of, and not be used to stigmatize them as a threat and segregating them.

We propose that the impacts on migrants must be considered in relation to stratification and segregation, precisely because biopower in action, defining who is consistent with a healthy and productive life, is a tool to segregate those who fail to meet its criteria. That is to say, those who from a negative perspective can affect the social organism, such as migrants. Segregating migrants also prevents them from deserving social resources, thus contributing to the impacts on their health. Then, in a sort of circular mechanism, it makes use of these very impacts to uphold and justify their segregation.

Instead, we propose that the research and intervention on the health of migrants as a public health issue should be based on reflections from social justice, because of four reasons: first, these reflections allow for the segregation of migrants to be addressed, the conditions that make them susceptible to diseases, the holes in healthcare for them, and the disinterest in improving their living conditions; the second reason is that public health practice should be driven by a commitment to social justice since a fairer society is necessary for the health of individuals and collectives to be improved (Peñaranda, 2015). Proof of this is how poverty, which is experienced widely in societies that lack social justice, results in poor health conditions (Pernalet, 2015).

The third reason for public health to address the health of migrants from a social justice approach is that such is consistent with a wide conception of health, which is not reduced to the absence of diseases and going beyond the biologicist and the medicalized (Agost Felip & Martín Alfonso, 2012) as it includes the social, economic and political process (Vélez,

2011). This concept of health would not limit itself to curing diseases and rehabilitating, but also takes into account the conditions necessary for a dignified life, and requires the will and interest of governments so that health inequalities can overcome (Agost Felip & Martín Alfonso, 2012).

The negative impact of inequitable living conditions on the health of populations has already been pointed out by public health representative academics such as Margaret Whitehead (1991); according to her, inequities are preventable, unnecessary, and unfair inequalities, which directly impact the health of populations. Likewise, the *Asociación Latinoamericana de Medicina Social* (ALAMES, acronym in Spanish for the Latin American Association of Social Medicine) states that inequities in living conditions exert a strong effect—in terms of diseases and death—on disadvantaged populations (2008).<sup>4</sup>

And so, to fight against inequities is a necessary condition if one is to think of health as a public health commitment, moreover within the context of economic globalization that has increased poverty, deteriorated living conditions, and widened the gaps between countries and social groups (Agost Felip & Martín Alfonso, 2012; Borrero, 2011).

The fourth reason is that, as long as public health's field of analysis is populations (Frenk & Gómez-Dantés, 2007), it must be asked about the legitimization and exclusion instruments that serve as a foundation for the development of populations, and its consequences impacting on the access to resources and health. So, to approach a population analysis with no knowledge of such instruments would be to naively assume that populations and their inner stratifications are something natural and not a historical development, and to incur, as pointed out by Navarro (1998), into the error of believing that concepts such as population are not deeply affected by power.

## SOCIAL JUSTICE

This section must start by stating that, according to Rawls (2006 [1971]), social justice's "foremost object is the way in which major social institutions distribute fundamental rights and duties, and determine the division of advantages arising from social cooperation" (Rawls, 2006, p. 20). Based on this premise, the question of social justice is essentially linked to the distribution of resources.

However, stating that the approach of public health to migrants health requires reflection from a social justice perspective does not mean that what is presented, in terms of pathologizing, does not underlie an idea of social justice, since biopower after pathologizing

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<sup>4</sup>It should be noted that even if these authors agree that inequities are causes of disease and death, they disagree in their political commitment; illustrating this, Whitehead (1991) is called out for not addressing the question of who defines what is fair and the political consequences of this question (Hernández-Álvarez, 2008).

can be understood in line with radical liberal justice theories, while as biopower extends more effectively in the neoliberal stage of capitalist societies, wherein it thrives throughout (Ortiz, 2015). States operating under neoliberal logic —the truly legitimate regime of biopolitics according to (Salinas Araya, 2015)— aim at keeping human life under optimal conditions to guarantee labor and consumption capacities (Ortiz, 2015).

And so, biopower creates bio-social segregation and selection, which marginalizes groups and individuals not conforming to the interests of capital, consequently discarding them from the established order (Ortiz, 2015). This is the logic that justifies positioning migrants as a risk, to segregate them; the individual mobilizing to another territory creates expenditure, even when oftentimes it contributes to the economic growth of destination countries. As stated by Bauman (2004), this neoliberal posture leads to an overall system that always generates a surplus population not fitting into its ideals. Insofar as migrants do not fit into such ideals, they are perceived as individuals that should be disposed of, denying them belonging and relation to the State (Luquín Calvo, 2006). For those purposes, they are uncategorized, for example, by placing them outside of regulations under the classification of illegal migrants, once outside regulations, it is justified that the States, where they reside, can unprotect them (Acosta Olaya, 2013).

With the link between biopower, segregation, and pathologizing of migrants in mind as the context for the analysis proposal of this article, we now present the social and global justice theories that have so far prevailed in political philosophy, and informed the discussions on the resource distribution.

### *Radical liberal theory*

In radical liberal theory, freedom and private property rights are fundamental for the development of States; the market is essential, and individuals are responsible for their living conditions. Then the State will not assume responsibility for guaranteeing social and economic rights, mainly because doing so would imply intervening, and would undermine individual freedom and autonomy (Aguar, 2003).

This theory is based in the idea of natural equality granted from birth, as advocated by the French Revolution (Friedman & Friedman, 1980), and proposes that all individuals are equal before the law with no consideration for their advantages or disadvantages; thus, such equality is merely an appearance built on conditions of inequality. This inequality is not to be intervened (Velez, 2011), and it also deactivates the idea of common and relational assets (Rodríguez Palop, 2014-2015). Autonomy is also essential for this theory, and altogether with inequality creates competition —even on disadvantageous grounds—, in which everyone is responsible for acquiring his resources and, certainly, defending them against the rest.



These theories propose the free market as an engine for improving health services, so that health cannot be seen as a right, and public spending is concentrated on those who comply with the moral and hygienic canons (Ugarte, 2005). Different arguments are advocated to justify this concentration of public spending, such as stating that generalized access to public services would compromise the economic sustainability of the system (Solís, 2011). This approach to health services makes itself evident, for example, and in the case of migrants, in health services that only provide them emergency care.

### *Liberal Equality: Rawls*

Radical liberal theories are criticized because they are considered to maintain and justify inequities. As an example of this criticism, Rawls' (2006) egalitarian liberal theory presents the egalitarian distribution of primary assets as a fair demand (of the exercise of freedom and autonomy); it also states that morally arbitrary inequalities should be alleviated, and that injustice is only tolerable if it prevents a greater injustice (Rawls, 2006 [1971]).

According to Rawls (2006 [1971]), health is a natural asset, and as such is not under the control of the basic structure of the society that distributes the primary assets. Although, even if it is a natural asset, taking into account that health makes possible autonomy, the enjoyment of freedom, and the development of the life that one wants to live (Borrero, 2011), and contributes to equal opportunity, it is the duty of society and the State to protect it, for example, by guaranteeing the regular functioning of health services (Daniels, 2001).

Rawls' stance (2006, [1971]) on social justice is concrete, for health justice, in Daniels (2001), who proposes primary assets as determinant factors in medical assistance and healthcare, and states that disease restricts the opportunities of individuals, preventing them from fully participating in the economic, social, and political life of their societies.

### *Capability Approach*

Amartya Sen (2003 [1992]) and Martha Nussbaum (2007 [2006]) call into question Rawls' theory (2006 [1971]). Sen (2003 [1992]) states primary assets equality is not enough, as it does not guarantee the same possibilities and opportunities for people to employ them in the development of their life project. Likewise, Martha Nussbaum (2007 [2006]) points out that primary assets leave out important elements such as life, health, and physical integrity.

From this criticism, Sen (2003 [1992]) on the one hand, and Nussbaum (2007 [2006]) on the other, propose another vision developed around the more equitable distribution of resources, focused on the capabilities—more on individuals than on assets—, on the way to achieve equality of opportunity (Friedman & Friedman, 1980) as a means for individuals to develop their potential. And so, for Sen (2003 [1992]), equality of capabilities is essential for justice, as this equality refers to the general freedom of an individual to strive for his

well-being. Then for Nussbaum (2007 [2006]), health is a condition for social justice, as disease positions individuals in a condition of asymmetrical dependence (Nussbaum, 2007 [2006]). When it comes to the propositions by Sen (2003 [1992]) and Nussbaum (2007 [2006]), it should be pointed out that their emphasis on capabilities implies progress, as they take into account human diversity within justice theories; the proposition by Seyla Benhabib (2005 [2004], 2006 [1992], 2008 [2007]) also follows this line, which is addressed below.

#### *Acknowledgement and Redistribution: The Concrete Other in Social Justice*

When it comes to including human diversity in social justice theories, it is important to point out that biopolitics, for the sake of homogeneity, normalizes societies, denies the differences in the demands, and the singularities in the individual (Fleury, 2004). The stance of Benhabib (2008 [2007])<sup>5</sup> can be assumed to question this homogenizing approach; according to this author, modernity's view from moral and political universalism, as it strives for defining what is universal in the human being to establish a single justice for all humanity, has resulted in the exclusion of that which falls outside such universality.

From this critic to moral and political universalism, the abovementioned author proposes a post-enlightenment interactive universalism, a social justice theory that acknowledges the differences between human beings and aims at acknowledgment and redistribution from the concrete other, not forgetting the generalized other. This theory is based on the ethics of care and responsibility built from a moral dialog in which the reasoning is done from the other's point of view (Benhabib, 2006 [1992]).

As previously noted, in the development of her theory, Benhabib considers the perspective of the generalized other and the concrete other. The perspective of the generalized other implies the "abstraction of the concrete other's individuality and identity" (Benhabib, 2008 [2007], p. 190). Thus, making the particularities of the individual nonvisible, assuming him universal and ahistorical (Benhabib, 2006 [1992]). Contrastingly, the perspective of the concrete other "requires that we perceive each and every being as an individual with an affective-emotional constitution, a concrete history, an identity that is both collective and individual" (Benhabib 2008 [2007], p. 191), and so it highlights that the

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<sup>5</sup>Among the theoretical influences of Seyla Benhabib, we can count the critical theory of the Frankfurt School and feminist theory; influences from which she has developed, political philosophy, subjects such as refuge, citizenship, multiculturalism, etc., to which she was sensitized through her experience of multiculturalism in Istanbul, as well as through her experience as a descendant of a Sephardic Jewish family line who fled the Spanish inquisition towards Turkey, and from her own migration experience from Istanbul to the United States in 1970 (Benhabib, 2004).

subject is unique, with a particular history, identity, context, capacities, needs, and limitations (Benhabib, 2006 [1992]).

This approach by Benhabib (2006 [1992]) calls into question the current social and economic system by including the concrete other in social justice theories; this current system, from the predominance of a radical liberal social justice theory, produces unequal but paradoxically homogenizing societies in which there is no space for mutual acknowledgment (Rodríguez Palop, 2014-2015), and in which, in order to preserve identity, even the elimination of differences, and the domination, exclusion, and violence towards “the other” are accepted (Cordero, 2014).

Precisely, Benhabib (2006 [1992], 2008 [2007]) includes the concrete other into her approach to social justice, which is not always known in other social justice theories, that her propositions gain terrain against those other theories. This author goes beyond the question of resource distribution, which has already been central for other social justice theoreticians such as Rawls (2006 [1971]), who turn towards egalitarian redistributive claims. Benhabib (2006 [1992], 2008 [2007]) provides space for demanding recognition, just as other authors such as Nancy Fraser (2000, 2008), who in turn states that resource distribution cannot be separated from the acknowledgment of the other’s existence and their consequent right to resources. In the case of migrants, acknowledging them in relation to redistribution would imply recognizing their particularities as migrants and, on that base, allocate resources to them; for example, by being migrants they have unequal access to social, economic, and political resources, and so the redistribution policies that take them into account should have as one of their goals to mitigate such inequalities.

As for social justice theories to focus on either redistribution or recognition, it should be stated that even if both —redistribution and recognition— are different justice analysis paradigms, they cannot be separated nor reduced one to the other. As an example, Fraser (2000) points out that focusing only on recognition can create two problems: the first being *the moving from redistribution to recognition*, which presupposes that unequal distribution arises from the lack of recognition. Therefore, it is deemed unnecessary to design device-specific redistribution policies, thus risking the possibility of preserving and promoting economic inequality; the second being that *the reification of identity* can create separatism because if a member does not fit into the culture of a certain group, said member will be considered disloyal.

And so, Fraser (2000, 2008) posits that in capitalist societies, separating them is a false antithesis, since the manifestations of socioeconomic inequality and the lack of cultural respect overlap and interact with each other, without being one a consequence of the other. Both redistribution and recognition are necessary, an economic transformation altogether with a cultural transformation. As an example of the necessary link between redistribution and recognition, within the context of migration, the statement by the same author can be

mentioned, saying that the rights to citizenship and participation imply (either implicitly or explicitly) ideas about the different moral value of people (Fraser, 2000, 2008).

*Political View and Cosmopolitanism: Justice for a Global World*

In order to continue with the ideas on social justice and migrants, it becomes necessary to take into account that migrants have surpassed national borders, and so considerations on social justice should be thought about from a global perspective. However, neither the political view nor cosmopolitanism (which are the main two propositions of global justice) addresses justice for migrants specifically. Consequently, to reflect on the living conditions and the health of migrants implies calling into question these theories, as well as the capacity of countries to face the challenge of plural coexistence that arises from the insertion of those who become part of their everyday life, even if they were not born in said countries.

The political view posits a State-centered global justice theory, applicable to relationships inside the nation-State and which cannot be extrapolated to individuals from different countries, as global justice strictly requires a unified sovereign power able to guarantee socio-economic justice. Concisely, for the relationships between countries it translates into a less demanding justice, substantive minimalism (a minimum of basic rights), in which humanitarian hardships are not a matter of justice, but welfare (Nagel 2008 [2005]). Under this theory, migrants would not be protected by the justice of the receiving State, as they would not be seen as citizens, and they would also not be protected by their countries of origin, as they no longer reside there.

In its turn, for cosmopolitanism, global justice demands have their origin in a duty of equity towards everyone; to achieve so, institutions (not a global sovereign power) are required to implement equity or equal opportunity standards, a federal system able to expand the democratic and legitimate government (Nagel, 2008 [2005]).

Generally, both positions advocate for a global justice arising from relationships between countries, not between individuals, and demand a global authority able to rule justice; they also set their scope to matters such as war and human rights violations. By such legal delimitation, certain rights such as economic and social are not taken into account (Nagel, 2008 [2005]), since doing so would (most likely) require States to commit to ensuring the necessary socio-economic conditions (Lafont, 2009).

Regarding these theories, Benhabib states that “global distributive justice for individuals fails to acknowledge the first principle of distribution, that is, the distribution of human beings as members of different communities” (Benhabib, 2005 [2004], p. 27). Before the question of belonging to different communities, she points out in terms of the rights of foreigners, migrants, refugees, etc., that “the modern State went from being an instrument

of rights to being a discretionary one without rights... thus creating millions of refugees, foreigners, deportees, and stateless peoples across borders” (Benhabib, 2005 [2004], p. 49).

From these points made by Benhabib (2005 [2004]) and coherently following her propositions about the concrete other, the author introduces a global justice theory termed cosmopolitan federalism, which takes into account the individual from the view of human rights, without disregarding the State. This theory advocates for porous yet not open borders, as it is not about everybody crossing them or the dissolution of the State, but instead about reflecting on the mechanism from which the rights of those who do cross the borders are to be defined, among other matters (Benhabib, 2005 [2004]).

The propositions of the author’s cosmopolitan federalism can be found in her book *The Rights of Others* (Benhabib, 2005 [2004]). In the development of her propositions, Benhabib picks up Immanuel Kant’s the right to hospitality, Hannah Arendt’s problem of the denationalization of minorities after World War II, and John Rawls’ law of peoples. Following the approaches of these three authors, Benhabib proposes the right to permanent residence from the view of a universal ethical law that takes into account non-discrimination, fair treatment, and the deliberation on the viability of legally integrating the foreigner into the State, based on political belonging; the latter understood as the “principles and practices for the integration of visitors, foreigners, immigrants, newcomers, refugees and asylees into previously existing political entities” (Benhabib, 2005 [2004], p. 24).

This way, the integration of migrants into the State should take place on moral and egalitarian reciprocity grounds, and not be based on non-elective attributes such as ethnicity (Rivero Ojeda, 2010; Sánchez, 2009), an issue addressed by the author when she states that, on a cosmopolitan level, it is not only about achieving fair distribution but also about implementing a vision of fair political belonging (Benhabib, 2005 [2004]).

On the other hand, Benhabib (2005 [2004]) states that it is necessary to rethink how citizenship and nationality correspond with each other (a matter fundamental in the development of the modern nation-State), and in the justice that generates tension between the universal acknowledgment of rights and the sovereign power of States (Benhabib, 2005 [2004]). On this, the author also points out the fact that today, with a disaggregated citizenship in which collective identity and political and social rights do not necessarily coexist, there is an opportunity for including voices so far excluded from the public sphere, such as those of migrants.

Specifically, regarding citizenship and the rights of migrants, Benhabib (2005 [2004]) proposes *the right to have rights*, originally set forth by Arendt (1998 [1951]) to express the need for all human beings to have access to rights, even when outside the frame of nationality. According to this, the rights of foreigners would not be granted to them for belonging to a political community, a State, or a territory, but for being human, by integrating citizenship rights into a universal human rights regime. This integration would take place

from political membership through the mechanism of democratic iterations, which constitute themselves into public deliberation processes wherein universalist claims and principles are addressed, in legal and political institutions, and civil society (Benhabib, 2005 [2004]).

These public deliberation processes would open space for the voice of migrants and to freedom of communication in which both —citizens and immigrants— can dialogue on equal terms about the criteria that would favor their rights (Rivero Ojeda, 2010). This way, and in line with Rivero Ojeda (2010), Benhabib advocates for a fair democratic system in which diversity, migration, and universal rights are a moral and political priority.

## CONCLUSIONS

### *The Health of Migrants, A Matter of Social Justice*

According to Héctor Abad Gómez (2012 [1987]) “a human society aspiring to be fair must provide the same physical, cultural and social environment opportunities to all of its components. If it does not, then it creates artificial inequalities” (Abad Gómez, 2012 [1987], p. 4). These inequalities are a matter of public health, since, as pointed out by Latin American social medicine (Galeano, Trotta, & Spinelli, 2011) and critical epidemiology (Breilh, 2013), health cannot be thought only from the biological or individual perspective, as it is linked to the categorization of individuals, just as disease and death are.

In the same way, categorizations such as gender or ethnicity can derive into particular health-related impacts. For example, works such as those by Paula Braveman have shown how belonging to minority ethnicities impacts negatively on health (Braveman, 2012; Nuru-Jeter, Dominguez, Hammond, Leu, Skaff, Egerter, Jones, & Braveman, 2009).

Just as in the case of ethnicity or gender, subject categorization impacts on migrants. In them, this manifests due to categorizations such as citizenship, migrants are granted unequal access to social, economic, political, and legal resources, and in turn, this unequal access results in migrants having poorer health conditions than nationals of the destination countries.

From this categorization of subjects, migrants are positioned hierarchically lower than nationals (Vargas Llovera, 2011), and are accordingly excluded from social resources such as employment, housing, education, access to health services, etcetera.

Exclusion can worsen if migrants are perceived as pathogenic to the receiving societies, for example, when from pathologizing approaches they are considered a public health problem in the societies that receive them. For this reason, this paper has posited that migrants' health should be approached from social justice reflections that acknowledges the relationship between their health conditions and their status as migrants.

Based on the above, the predominant social and global justice approaches were presented, highlighting Seyla Benhabib's approaches (2006 [1992], 2005 [2004], 2008 [2007]) which particularly focus on justice for migrants. First, those social justice theories that limit resource redistribution without taking into account its underlying inequities are called into question, and so it proposes the need for recognizing the concrete other. Second, it posits a social justice theory centered around the right of every human being to have rights.

Regarding Benhabib's first proposition (2006 [1992], 2008 [2007]), this paper highlights the acknowledgment of the concrete other, since this recognition allows to question the inequalities linked to categorization, which arise from the very constitution of populations and results in gaps in disease and death between them.

A social justice proposal that acknowledges the concrete other would also allow questioning biopower and its control over bodies, lives, and populations. Biopower, linked to negative biopolitics, homogenizes and excludes those who are different (Arendt, 2005 [1958]); conversely, acknowledging the concrete other will precisely provide space for plurality, and by acknowledging plurality, those who are different would no longer have to be excluded or controlled.

When it comes to the second approach to the subject matter, it has been proposed that once migration is understood as a global phenomenon, social justice reflections in relation to migrants should also consider global justice theories. This paper specifically proposes a global justice based on Benhabib's proposal (2005 [2004]): *the right to have rights*, that is, that the guarantee of rights should not be linked to nationality or citizenship, but is granted by belonging to humankind.

Benhabib's advocacy (2005 [2004]) for the right to have rights also stands out due to its orientation and commitment to human rights; such orientation and commitment are shared by authors such as Fraser (2008), who states that the various politics of acknowledgment that do not respect human rights are unacceptable, even if they promote social equality; there are also Stolkiner (2010) and Santos de Sousa (1997), for whom human rights are essential for the vindication of oppressed groups. Even if it is noticeable that human rights share a legacy of liberal tradition, they should be recognized as valuable because of their link to the contextual scenarios that make them historical and situational (Varela & Sotelo, 2000), and because in their time they came to be as a commitment to humanity, a "declaration" against the atrocities inflicted on fellow men.

On the other hand, it should be pointed out that the two approaches —social justice and global justice— have been brought together for the proposal of this paper: the acknowledgment of the concrete other (Benhabib, 2006 [1992], 2008 [2007]) and the right to have rights (Benhabib, 2005 [2004]); bringing these approaches together allows to link public health with human rights and with the issue of redistribution and recognition. This bringing together of approaches is essential for the development of an alternative to current

health which, conditioned by the market, is increasingly limited to the privileged; that is, those who, as Bauman points out (2004), correspond to the ideals of a neoliberal system.

To think of public health that is linked to human rights, redistribution, and acknowledgment makes it possible to place health as a right that must be protected by the State and society. This matter is highly relevant, as public health commitments and their bets on health both show and mobilize the commitments of society itself (Varela & Sotelo, 2000). And so, it becomes necessary to bring together public health and a commitment to social justice, as health is not merely a biological or individual matter, but a process, in which social, economic, ethical, and political conditions are also involved.

On the other hand, as it questions the pathologizing of the different, for example, its segregation, this proposal opens the door to reflections on what health, when understood as public, can do for what is considered public. As an example, the issue of migrant health invites public health to question its mechanisms and conditions when individuals such as migrants are excluded from the public sphere and the consequences of this exclusion on their health. This way, even if reflections on the public sphere are not exclusive to public health, they must indeed be essential to how it is developed as knowledge and practice.

All in all, this paper has posited how relevant it is for public health to approach the health of migrants reflecting from social justice; a view that takes into account the acknowledgment of the other and their right to have rights, allowing in the same measure to oppose the assessment of migrants as a threat. The proposed approach could concretize, for example, in:

- 1) Mechanisms to ensure that migrants are considered political subjects in the States where they reside. This in turn guarantees their rights, based on the principle that rights are inherent to individuals, not dependent on which State they reside in.
- 2) Health proposals that, based on the acknowledgment of the concrete other, consider migrants in their vulnerability and singularity. For example, through interventions to improve their living conditions (nutrition, housing, employment, etc.), an improvement that would in turn improve their health conditions.
- 3) Differential healthcare that takes into account the particularities of migrants in terms of language, beliefs, health views, social and economic resources, and others.

Translation: Fernando Llanas



## REFERENCES

- Abad Gómez, H. (2012 [1987]). *Fundamentos éticos de la salud pública*. Medellín: Universidad de Antioquia.
- Acosta Olaya, C. (2013). Migraciones irregulares y poder. Biopolítica, nuda vida y sistema inmunitario: una aproximación desde Giorgio Agamben y Roberto Esposito. *Identidades*, 4(3), 90-107.
- Agamben, G. (2003). *Homo Sacer. El poder soberano y la nuda vida*. Valencia, Spain: Pre-textos.
- Agost Felip, M. R., & Martín Alfonso, L. (2012). Acercamiento al papel de los procesos de exclusión social y su relación con la salud. *Revista Cubana de Salud Pública*, 38(1), 126-140.
- Aguiar, F. (2003). Teorías modernas de la justicia. Retrieved from <https://studylib.es/doc/5217552/teorías-modernas-de-la-justicia>
- Alarcón, R., & Becerra, W. (2012). ¿Criminales o víctimas? La deportación de migrantes mexicanos de Estados Unidos a Tijuana, Baja California. *Norteamérica*, 7(1), 125-148.
- Arendt, H. (1998 [1951]). *Los orígenes del totalitarismo* (G. Solana, Trans.). Spain: Taurus.
- Arendt, H. (2005 [1958]). *La condición humana* (R. Gil Novales, Trans.). Argentina: Paidós.
- Asociación Latinoamericana de Medicina Social (Alames). (2008). Taller Latinoamericano sobre Determinantes Sociales de la Salud: documento para la discusión. Mexico: Asociación Latinoamericana de Medicina Social.
- Bauman, Z. (2004). *Vidas desperdiciadas. La modernidad y sus parias*. Barcelona: Paidós.
- Benhabib, S. (2004, March 17). Interviewed by H. Kreisler [Video file]. Conversations with History: Institute of International Studies, University of California, Berkeley. Retrieved from [https://conversations.berkeley.edu/benhabib\\_2004](https://conversations.berkeley.edu/benhabib_2004)
- Benhabib, S. (2005 [2004]). *Los Derechos de los Otros. Extranjeros, residentes y ciudadanos* (G. Zadunaisky, Trans.). Barcelona: Gedisa.
- Benhabib, S. (2006 [1992]). Introducción: Ética comunicativa y reivindicaciones por razones de género, comunidad y posmodernismo. In S. Benhabib (Ed.), *El Ser y el Otro en la ética contemporánea. Feminismo, comunitarismo y posmodernismo* (pp. 13-32.) (G. Zadunaisky, Trans.). Barcelona: Gedisa.
- Benhabib, S. (2008 [2007]). Otro universalismo: Sobre la unidad y diversidad de los Derechos Humanos (D. Álvarez, Trans.). *ISEGORÍA. Revista de Filosofía Moral y Política*, (39), 175-203.

- Berrio Puerta, A. (2010). La exclusión-inclusiva de la nuda vida en el modelo biopolítico de Giorgio Agamben: algunas reflexiones acerca de los puntos de encuentro entre democracia y totalitarismo. *Estudios Político*, (36), 11-38.
- Borrero, Y. (2011). Derecho a la salud, justicia sanitaria y globalización: un debate pendiente. *Revista Facultad Nacional de Salud Pública*, 29(3), 299-307.
- Braveman, P. (2012). Health Inequalities by Class and Race in the US: What Can we Learn from the Patterns? *Social Science & Medicine*, 74(5), 665-667.
- Breilh, J. (2013). La determinación social de la salud como herramienta de transformación hacia una nueva salud pública (salud colectiva). *Revista Facultad Nacional de Salud Pública*, 31(Suppl. 1), 13-27.
- Castles, S., & Miller, M. J. (2004 [1993]). *La era de la migración. Movimientos internacionales de la población en el mundo moderno* (L. R. Moran Quiroz, Trans.). Zacatecas: Miguel Ángel Porrúa.
- Cordero, R. (2014). El cosmopolitismo crítico de Seyla Benhabib. In T. Ariztía (Ed.), *Cátedra Norbert Lechnner 2012-2013* (pp. 133-138). Santiago, Chile: Ediciones Universidad Diego Portales.
- Chávez Hernández, A.M., Macías García, L. F., Palatto Merino, H., & Ramírez, L. (2004). Epidemiología del suicidio en el estado de Guanajuato. *Salud Mental*, 27(2), 15-20.
- Daniels, N. (2001). Justice, Health, and Healthcare. *The American Journal of Bioethics*, 1(2), 2-16.
- De Lucas, F. J. (2009). Inmigración, diversidad cultural, reconocimiento político. *Papers*, 94, 11-27.
- Delgado Parra, M. C. (2012). El reverso de la ciudadanía tradicional: la centralidad desentrañada. *Revista Sociedade e Estado*, 27(1), 137-164.
- Esposito, R. (2005). *Immunitas: Protección y negación de la vida*. Buenos Aires: Amorrortu.
- Fleury, S. (2002). Políticas sociales y ciudadanía. *UMBRALES. Revista del Postgrado en Ciencias del Desarrollo CIDES-UMSA*, (11), 189-218.
- Fleury, S. (2004). Construcción de ciudadanía en entornos de desigualdad. *Instituciones y Desarrollo*, 1(16), 133-170.
- Foucault, M. (2007 [1976]). Derecho de Muerte y Poder sobre la Vida. In M. Foucault (Ed.), *Historia de la Sexualidad I: la Voluntad de Saber* (pp. 161-194). Mexico: Siglo XXI.
- Foucault, M. (2001 [1976]). *Defender la Sociedad* (H. Pons, Trans.). Buenos Aires: Fondo de Cultura Económica.
- Fraser, N. (2000). Nuevas reflexiones sobre el reconocimiento. *New Left Review*, (4), 55-68.

- Fraser, N. (2008). La justicia social en la era de la política de identidad: redistribución, reconocimiento y participación. *Revista de Trabajo*, 4(6), 83-99.
- Frenk, J., Garnica, M. E., Zambrana, M., Bronfman, M., & Bobadilla, J. L. (1987). Migración y salud: notas sobre un campo interdisciplinario de investigación. *Salud Pública*, 29(4), 276-287.
- Frenk, J., & Gómez-Dantés, O. (2007). La globalización y la nueva salud pública. *Salud Pública de México*, 49(2), 156-164.
- Friedman, M., & Friedman, R. (1980). *Liberdade de Escolher*. Rio de Janeiro: Record.
- Galeano, D., Trotta, L., & Spinelli, H. (2011). Juan César García y el movimiento latinoamericano de medicina social: notas sobre una trayectoria de vida. *Salud colectiva*, 7(3), 285-315.
- Hernández-Álvarez, M. (2008). El concepto de equidad y el debate sobre lo justo en salud. *Revista de Salud Pública*, 10(Suppl. 1), 72-82.
- International Organization for Migration (IOM). (2013). World Migration Report 2013. Migrant Well-Being and Development. Switzerland: International Organization for Migration.
- Jansà, J. M., & García de Olalla, P. (2004). Salud e inmigración: nuevas realidades y nuevos retos. *Gaceta Sanitaria*, 18(4), 207-213.
- Lafont, C. (2009). Justicia global en una sociedad mundial pluralista. *Isonomía*, (31), 107-134.
- Laurencich, F. (2012). *El cuerpo-especie y la nuda vida. Un estudio comparativo entre Michel Foucault y Giorgio Agamben*. (Undergraduate thesis). Universitat Pompeu Fabra, Barcelona. Retrieved from <http://hdl.handle.net/10230/20465>
- Luquín Calvo, A. (2006). Desplazados, emigrantes, refugios y exilios: Hannah Arendt y la actualidad de su pensamiento. In E. Casaban (Coord.), *XVI Congrés Valencià de Filosofia* (pp. 167-177). Valencia. España: Facultat de Filosofia i Ciències de l'Educació.
- Múnera, L. (2008). Normalidad y Excepcionalidad en la política. In L. Múnera (Ed.), *Normalidad y excepcionalidad en la política* (pp. 13-48). Bogotá: Ediciones Universidad Nacional de Colombia.
- Nagel, T. (2008 [2005]). El problema de la justicia global (M. Maxit, J. González Bertomeu, & J. Millón, Trans.). *Revista jurídica de la Universidad de Palermo*, 9(1), 169-196.
- Navarro, V. (1998). Concepto actual de la Salud Pública. In F. Martínez-Navarro, P. L. Castellanos, & V. Navarro (Coords.), *Salud Pública*, (pp. 49-54). Mexico: McGraw-Hill.

- Naranjo Giraldo, G. (2016). Políticas del disenso y luchas migrantes: una aproximación a las prácticas emergentes de ciudadanías transfronterizas. *Colombia Internacional*, (88), 57-78. DOI: <http://dx.doi.org/10.7440/colombiaint88.2016.03>
- Nuru-Jeter, A., Dominguez, T., Hammond, W. Leu, J., Skaff, M., Egerter, S., Jones, C., & Braveman, P. (2009). "It's the Skin You're in": African-American Women Talk about their Experiences of Racism. An Exploratory Study to Develop Measures of Racism for Birth Outcome Studies. *Matern Child Health J.*, 13(1), 29-39.
- Nussbaum, M. (2007 [2006]). *Las fronteras de la justicia: consideraciones sobre la exclusión* (R. Vilá Vernis & A. Santos Mosquera, Trans.). Barcelona: Paidós.
- Ortiz Arellano, E. (2015). Biopolítica y neoliberalismo: biopoder totalizante. *Xihmai*, 10(19), 219.
- Peñaranda, F. (2015). Sujeto, justicia social y salud pública. *Ciência & Saúde Coletiva*, 20(4), 987-996.
- Pernalet, M. E. (2015). Una reflexión acerca de la pobreza y la salud. *Salud de los trabajadores*, 23(1), 59-61.
- Quintanas Feixas, A. (2011). Biopolítica y salud pública según Michael Foucault. *Estudios Filosóficos*, 60(175), 435-451.
- Rawls, J. (2006 [1971]). *Teoría de la justicia* (M. D. González, Trans.). Mexico: Fondo de Cultura Económica.
- Rivero Ojeda, E. (2010). Seyla Benhabib y la condición de extranjería. *Astrolabio. Revista Internacional de Filosofía*, (11), 553-563.
- Rodríguez Palop, M. E. (2014-2015). Derechos Humanos y buen vivir. Sobre la necesidad de concebir los derechos desde una visión relacional. *Papeles de relaciones ecosociales y cambio global*, (128), 39-48.
- Rojas, G. (2008). *Diagnóstico y factibilidad global para la implementación de políticas globales de salud mental para inmigrantes de la zona norte de la región metropolitana*. Santiago de Chile: Clínica psiquiátrica de la Universidad de Chile.
- Rojas, W. (2010). Revisión del libro *HOMO SACER: el poder soberano y la nuda vida* de Giorgio Agamben. *Criterios, Cuadernos de Ciencias Jurídicas y Política Internacional*, 3(1), 269-281.
- Ruiz, M. & Briones-Chávez, C. S. (2010). How to improve the health of undocumented Latino immigrants with HIV in New Orleans: an agenda for action. *Revista Panamericana de Salud Pública*, 28(1), 66-70.
- Salinas Araya, A. (2015). *La semántica biopolítica. Foucault y sus recepciones*. Viña del Mar: CENALTES.

- Sánchez, C. (2009). Seyla Benhabib: Hacia un universalismo interactivo y globalizado. In R. Maíz Suárez (Coord.), *Teorías políticas contemporáneas* (pp. 217-310). Valencia, Spain: Tirant lo Blanch.
- Sánchez-Siller, I., & Gabarrot-Arenas, M. (2014). ¿Exclusión en los dos lados? Un análisis de las políticas de salud para migrantes mexicanos en Estados Unidos desde una perspectiva binacional. *Gerencia y Políticas de Salud*, 13(27), 147-167. DOI: <http://dx.doi.org/10.11144/Javeriana.rgyys13-27.edla>
- Santos de Sousa, B. (1997). Hacia una concepción multicultural de los Derechos Humanos (L. J. Ariza, Trans.). *Revista Análisis Político*, (31), 3-16.
- Schindel, E. (2017). Migrantes y refugiados en las fronteras de Europa. Cualificación por el sufrimiento, nuda vida y agencias paradójicas. *Revista de Estudios Sociales*, (59), 16-29. DOI: <https://dx.doi.org/10.7440/res59.2017.02>
- Sen, A. (2003 [1992]). *Nuevo examen de la desigualdad* (A. M. Bravo, Trans.). Madrid: Alianza.
- Serratore, C. (2006, August). *Gestionar la vida y disponer para la muerte: la biopolítica y el resquicio de lo impolítico*. Paper presented at IV Jornadas Internacionales de Ética “No matarás” de Facultad de Filosofía, Historia y Letras, Universidad del Salvador, Buenos Aires, Argentina. Recovered from <https://docplayer.es/69925897-Gestionar-la-vida-y-disponer-para-la-muerte-la-biopolitica-y-el-resquicio-de-lo-impolitico.html>
- Solís, M. (2011). Diferenciación y conectividad de las ciudadanías con miras a una defensa de la categoría de ciudadanía social global. *Revista de Filosofía de la Universidad de Costa Rica*, 50 (127-128), 17-25.
- Stolkiner, A. (2010). Derechos Humanos y derecho a la salud en América latina: La doble faz de una idea potente. *Revista Medicina Social*, 5(1), 89-95.
- Torres, O., & Garcés, A. (2013). Representaciones sociales de migrantes peruanos sobre su proceso de integración en la ciudad de Santiago de Chile. *Polis Revista Latinoamericana*, 12(35), 309-334.
- Ugarte, F. J. (2005). Las dos caras de la biopolítica. In F. J. Ugarte (Comp.), *La administración de la vida: estudios biopolíticos* (pp. 43-72). Barcelona: Anthropos.
- United Nations (UN). (2014). International migration and development. Report of the Secretary-General. General Assembly. Sixty-ninth session. Globalisation and interdependence. July 30, 2014.
- United Nations (UN). (2016). International migration and development. Report of the Secretary-General. General Assembly. Seventy-first session. Globalisation and interdependence. August 04, 2016.

- Varela Mejía, H. F., & Sotelo Monroy, G. E. (2000). Los derechos humanos y la salud pública. *Revista de la Facultad de Medicina de la UNAM*, 43(6), 238-242.
- Vargas Llovera, M. D. (2011). Ciudadanía e inmigración: La nueva frontera entre la pertenencia y la exclusión. *LiminaR. Estudios Sociales y Humanísticos*, 9(1), 48-56.
- Vélez, A. L. (2011). Por un sistema de salud que garantice la protección del derecho. Un requisito de justicia social. *Hacia la Promoción de la Salud*, 16(1), 145-155.
- Vilar Peyrí, E., & Eibenschutz Hartman, C. (2007). Migración y salud mental: un problema emergente de salud pública. *Revista Gerencia y Políticas de Salud*, 6(13), 11-32.
- Whitehead, M. (1991). *Los conceptos y principios de la equidad en la salud*. (Centro de documentación e información y Programa de desarrollo y políticas de salud. Washington: Organización Panamericana de la Salud.
- Yáñez, S., & Cárdenas, M. (2010). Estrategias de Aculturación, Indicadores de Salud Mental y Bienestar Psicológico en un grupo de inmigrantes sudamericanos en Chile. *Revista Salud & Sociedad*, 1(1), 51-70.
- Yuing, T. (2011). Migraciones y administración de la vida en el mundo global. *Psicoperspectivas*, 10(1), 6-20.
- Zarza, M. J., & Sobrino Prados, M. I. (2007). Estrés de adaptación sociocultural en inmigrantes latinoamericanos residentes en Estados Unidos vs. España: Una revisión bibliográfica. *Anales de psicología*, 23(1), 72-84.
- Zuazo Arsuaga, J. I., & Etxebeste Anton, A. (2008). Lo sociocultural y lo sanitario según algunos aspectos de la población inmigrante atendida en la psiquiatría comunitaria del territorio histórico de Álava. *Norte de salud mental*, (30), 66-84.