

Immigration, global health, and human rights

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Migrations have marked the history of countries to a greater or lesser degree and with different cultural, social, and political repercussions. The phenomenon is characterized by its “historical temporality” ¹ and ever-changing nature, which requires a critical analysis of the contexts in which human displacements and their dynamics, tensions, conditions, and repercussions emerge for the individuals, communities, and national states involved in the process (both the countries of origin and those receiving the immigrants).

Contemporary migratory flows have been more numerous, rapid, diverse, and complex than in the past, affecting all the world's continents, social classes, ethnic and racial groups, and generations. The reasons and motives for displacements are equally diverse. Armed and political conflicts and environmental disasters have forced the displacement of huge population contingents. The individual pursuit of brighter prospects and living conditions also motivates migration in situations that can be as dramatic as those of refugees themselves.

The *U.N. Convention Relating to the Status of Refugees* (1951) is an important instrument for regulating migratory flows, aimed at safeguarding the human rights of those who are forced to migrate and to establish the states' duties in terms of human solidarity. In the current context, the convention has proven insufficient to respond to the increasingly complex dynamics in light of “*the de facto insufficiency of border control measures*” ² (p. 182) and the novel circumstances.

The situation with Haitian immigrants in Brazil has sparked a discussion on the enforcement of Brazil's Statute of Refugees (*Law n. 9,474/1997*) in cases of migration for non-political reasons. In addition to the legal hurdles in obtaining personal documents, there has been a lack of strategies and policies to receive and shelter the immigrants, besides discriminatory attitudes and countless difficulties with their social integration. Civil society actors mobilized in defense of a new *Immigration Law n. 13,445* of November 21, 2017, incorporating important strides that were neutralized the same week by *Executive Decree n. 9,199* of November 20, 2017 ³.

Immigrants' health status is crucial to their inclusion and integration in society. It is necessary to understand the health, disease, and healthcare processes of immigrant groups and reflect on the states' respective responsibilities. Some of the challenges are the sustainability of national health systems, real access to comprehensive healthcare for nationals

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and immigrants, the means and resources to deal with communicable and noncommunicable diseases that have local and global impacts, and the earmarking and disbursement of resources for research and scientific and technological development to serve the world population as a whole.

One of the prime targets of health systems reform has been the reduction in population coverage, whereby some countries have opted for “*the exclusion of illegal immigrants and residents not enrolled in Social Security*”⁴ (p. 2276), negatively impacting the universality of the human right to health. Even in situations without explicit legal restrictions, immigrants’ access to healthcare is hindered by other factors (cultural, gender, racial/ethnic, social class), emphasizing that measures for immigrants’ integration must take broader issues into account.

This issue’s *Thematic Section: Refugee Populations and Health* features three analyses that address the social injustices and inequalities in health perpetrated by political, economic, and cultural practices of domination and exploitation of territories and immigrant groups^{5,6,7}. The serious gaps and flaws in migratory laws and policies identified in the articles expose violations of immigrants’ human rights and provide food for thought on health’s high ethical value and the need for us to mobilize social solidarity and demand policy measures that link immigrants’ health, without discrimination, to their democratic demands for citizenship and social justice.

In the 21st century, immigration is the principal human rights frontier, testing the world’s capacity to make these rights universal and the states’ capacity to enforce them within their own borders². The global “crisis of democratic capitalism”⁴ has involved economic, demographic, epidemiological, and political pressures and pushed state policies that have not always favored immigrants’ human rights.

The evidence presented in this thematic edition suggests the need to link human rights and global health to analyze immigrants’ health problems. The three articles refer us to the frame of reference proposed by Mann and collaborators in the 1990s⁸ to respond to the challenges of the HIV/AIDS epidemic. Their theoretical and methodological proposal, with an ethical and political basis, has positively impacted efforts to identify and meet demands and needs, to address conflicts in health, and to expand health research.

To explore this link between human rights and global health can provide the key to move forward on immigrants’ health issues and strengthen the argument that people’s health should be backed by a collective and cooperative international effort without borders, allowing the reorganization of countries and health governance, including but not limited to control measures for epidemics and pandemics. The hope is that this proposal will strengthen international guidelines for universal health systems and the necessary changes in local health policies and practices in relation to immigrants.

We hope that the articles will encourage progress in the search for innovative approaches that will expand our understanding of the issues and the production of scientific evidence of the health-related social injustices and inequalities in territories and immigrant groups, in different cultures and sociopolitical contexts. Such evidence is essential for addressing the issues of power and domination that are intrinsic to the phenomenon of human migration.

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