Experiences in territory: vulnerability and health problems in peri-urban neighborhoods of Paraná (Entre Ríos - Argentina)[1]

Experiencias en territorio: vulnerabilidad y problemáticas sanitarias en barrios periurbanos de Paraná (Entre Ríos - Argentina)

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Abstract

In the following article we investigate health/illness problems from the experience of subjects who live in peri-urban neighborhoods in Paraná city (Entre Ríos, Argentina). Based on a collaborative ethnography during the years 2017-2018 - which included in-depth interviews, audiovisual recordings and action-research with residents of peri-urban neighborhoods of Paraná city, visits to Health Centers, interviews with professionals and administrative staff, as well as with some Organizations that work in health promotion and prevention of illnesses and/or grievances- the processes of *social determination* of health-illness-death in vulnerable territories are investigated. Based on a reconstruction, we fundamentally delve into the consequences and dynamics that the existence of an open-air dump embodies in the lives of those who inhabit the territory, which is the epicenter for addressing various sanitary situations. Deepening in the determinations involves a journey through socio-historical, political and cultural situations of this territory that make an impression on the corporalities and in the ways of understanding the processes of health / illness and experiencing them.

Key-words: Determination; Vulnerability; Territory; Health/Illness Processes; Dump.

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Resumen

En el siguiente artículo indagamos problemáticas de salud/enfermedad a partir de la experiencia de sujetos que habitan barrios periurbanos de la ciudad de Paraná (Entre Ríos, Argentina). A partir de una *etnografía colaborativa* durante los años 2017-2018 -que incluyó entrevistas en profundidad, registros audiovisuales e investigación-acción a vecinos de barrios periurbanos de la ciudad de Paraná, visita a Centros de Salud, entrevistas a profesionales y personal administrativo de los mismos, como de algunas Organizaciones que trabajan en promoción de la salud y prevención de dolencias y/o agravios - se indagan los procesos de *determinación social* de la salud-enfermedad-muerte en territorios vulnerables. A partir de cierta reconstrucción, profundizamos fundamentalmente en las consecuencias y dinámicas que encarna en la vida de quienes habitan el territorio la existencia de un basural a cielo abierto, el cual resulta epicentro para abordar problemáticas sanitarias. Ahondar en las determinaciones, supone un recorrido por situaciones socio-históricas, políticas y culturales de este territorio que hacen mella en las corporalidades, en los modos de comprender los procesos de salud/enfermedad y vivenciarlos.
Palabras clave: Determinación; Vulnerabilidad; Territorio; Procesos Salud/Enfermedad; Basural.

Introduction

In the following article we investigate health problems based on the experience of subjects living in peri-urban neighborhoods of Paraná city (Entre Ríos, Argentina). These aspects are part of a rights perspective that requires thinking about health in the *territory*. This key implies integrality in health, as a field in dispute, crossed by historical, social, cultural, economic and political components that exceed both legal regulations and an approach to disease processes as objective instances, ahistorical, capable of being separated from the bodies that carry, suffer and coexist with them.

The construction of social problems from the perspective of territoriality involves mapping the singularity of spaces, which we circumscribe in this case in peri-urban neighborhoods of the capital city of the Province of Entre Ríos[2], Paraná, located on the left bank of the river that gives it its name in Argentina. San Agustín, Balvi, Las Flores, La Floresta, Antártida, San Martín are some of the neighborhoods that are part of the space addressed in this study, located in the periphery, southwest of this city. These neighborhoods are characterized by some of their inhabitants as "marginal" and "discriminated", having various types of problems. They are characterized by a high level of poverty, precarious housing - many of them with sheet metal walls and tin roofssheet- without basic services such as sewer and drinking water; with dirt roads. In addition, these neighborhoods are adjacent to an open-air dump (*Volcadero*), which has its own dynamics and creates vulnerabilities in terms of health. It is the landfill for all the waste generated in the capital city and exists for approximately 100 years. In its origins, it was a place far from the city that soon became populated and acquired other dimensions. In light of the neoliberal and exclusionary policies of the 1990s, and in a context of impoverishment,

2 The province of Entre Ríos is located in the central-eastern area of the Argentine Republic, south of the American Continent. It is important due to its strategic geographic position, including an obligatory passage in the north-south axis of the Argentine Republic with Brazil and the east-west axis comprised by the Bioceanic Corridor linking Uruguay and Chile (Government of Entre Ríos, 2019). Paraná, its capital, has a population of approximately 340,000 inhabitants over an area of 1,974 km² (INDEC, 2010).

exclusion and loss of employment in Argentina, the *volcadero*, as it is known, is the epicenter for many families who, excluded from formal employment, use it to generate some income or obtain items for their consumption.

From a *collaborative ethnography* (Lawless, 1993; Lassiter et al., 2004; Lassiter, 2005; Rappaport; Rodriguez, 2007) during the period 2016-2019 - including in-depth interviews, audiovisual recordings and action-research with residents of peri-urban neighborhoods of Paraná city, visits to Health Centers, interviews with professionals and administrative staff[3], as well as with some Organizations that work in health promotion and prevention of illnesses and/or grievances such as the House of Care and Community Accompaniment (CAAC - *Casa de Atención y Acompañamiento Comunitario*)- the processes of social determination of health-illness-death are investigated.

The considerations produced are part of an extensive work from which we have been able to reconstruct some arguments in co-production with the inhabitants of these spaces, together with the research and intervention team[4]. In methodological terms, in a first cycle of ethnographic work, key informants were identified, field records were kept, non-directed interviews and participant observations were conducted, which made it possible to hierarchize local priorities, identify *emic* categories and establish partnerships with organizations and networks within the communities (Luxardo, Sassetti, Bello, s/f). Together with the communities, various objectives were then established, reviewing common interests in academic objectives -of external researchers- and those of the place -internal researchers and those working in institutions such as grassroots organizations, health centers and community members-, an aspect also facilitated by the exchanges and presence in the CAAC grassroots organization. The collaborative work with the communities was established with two main social groups: informal workers in the open-air dump and people involved in the prevention of consumption problems in these neighborhoods.

Collaborative ethnography emphasizes the construction of knowledge, recognizing the processes of production, involving those who embody those experiences as an inherent part of it. It is thus a matter of emphasizing collaboration in the ethnographic process itself instead of hiding these relationships (Rappaport; Rodriguez, 2007), producing a round-trip that is reintegrated in the fieldwork process (Lassiter, 2005) and that exceeds its institution as "data". We recovered stories from interviews[5], ethnographic records and from the microhistories. We thought side by side with the inhabitants of these spaces from an approach that is rooted in the discussions faced by exponents of Social Medicine and Collective Health. In this way, we seek to articulate the sociocultural processes with the dimensions of health/illness/attention/care by constructing a knowledge that involves and makes the inhabitants of the daily life of the territory being investigated participate.

We structure the article in three sections. In the first, we outline the theoretical-epistemological guidelines on how to read the notion of *territory*. In the second, we mapped some of the characteristics

3 We worked with 3 Health centers located within the study area, which are not mentioned in order to protect confidentiality, and which had internal workers and researchers who guaranteed collaborative work in the face of local interests and priorities.

4 The results published in this article are part of the book XXX currently under development, which concentrates the results of a series of articulated cancer research supported by XXX during 2016-2019. This is a major project involving a wide range of qualitative, quantitative and participative methods. For reasons of limited space, we do not discuss in depth here the strategies and methods developed, although this can be found in the publication mentioned in its various chapters. It is also worth mentioning that many of the subjects/participants in the research are co-authors and/or authors of chapters and have participated in the analysis of the data as well as in the different stages of the research carried out under the direction of Dr. Natalia Luxardo.

5 The interviews had an Informed Consent, in which participation was endorsed, first commented orally and then submitted for signature. It included confidentiality clauses and personal privacy rights, ensuring that the names and personal data of the participants were not divulged. The ethical safeguards present in the "Guidelines for ethical behavior in the Social Sciences and Humanities" (*Lineamientos para el comportamiento ético en las Ciencias Sociales y Humanidades*) of the Ethics Committee of the National Council for Scientific and Technical Research were also considered (CONICET, 2006).

of the studied space, delving into the existence of an open-air dump, which characterizes and imprints its own dynamics in the studied territory. In the last one, we recovered the notion of urban *sacrifice territory* and *determination*, to describe the complexities and circuits of vulnerability that cross the life in the studied territory, deepening dynamics and paradoxes.

Some theoretical considerations about territory

The notion of *territory*, despite the different theoretical derivations, assumes a first difference with the conception linked to the physical-geographical space, which can be delimited and which is delimited, previously fixed, stable and self-defined. Historically, this understanding was associated with wars for the control of physical spaces, in order to identify and dispose natural and human resources (Borde; Torres-Tovar, 2017). Along these lines, critical geography differentiates the notion of *place* from that of *territory*, understanding *place* as the geographic location of people in a given time (Spinelli, 2016). Even so, within the discipline, the meanings also change and, within the *geography of life*, the place assumes a place close to the one we propose to develop from the notion of *territory*, since it involves a complex process of appropriation by identification, involving affective and symbolic aspects via the practical experience of the inhabitants of these spaces (López; Michelli, 2016). As argued by these authors on which we are based, the *territory* implies a spatial experience, as a "knowing how to inhabit", which recovers everyday life. A "place where subjective experience and the production and reproduction of social structures 'meet' in a complex dynamic" (López, Michelli, 2016, p. 50).

As a historical path, the *territory* involves conditions and *livelihoods*[6] of social groups, always linked to power relations, a "relational-symbolic space, in which capitals and fields that are created, recreated and can extend it act" (Spinelli, 2016, p. 160). In turn, it acts as a dense category to express, in the words of Porto-Gonçalvez, modes of appropriation -territorialization-, which enable the creation of conditions for the construction of identities -territorialities- tied to historical processes: "We are far from a space-substance, but rather in front of a relational triad of territory-territoriality-territorialization. Society is territorialized, territory being its condition of material existence" (Molina Jaramillo, 2018, p. 6). The territory condenses the structural plots from which possible modes of territorialization are produced, as labyrinthine plots proper of the social (Spinelli, 2016).

The *territory* recovers processes of identification, of imagination about the world, as ways of conceiving and understanding the practices of the subjects in complex social networks, where not only rationalities are articulated, but also, inevitably, affective aspects with the experienced space, from where it is felt and understood, from where opportunities and possible transformations are also delimited. Thus, dynamism is an intrinsic characteristic, and its analysis can only be considered as a political construction involving decisions anchored in the interactions between the inhabitants of those spaces and between the ones we are trying to characterize as specific processes, a decision[7]. As Spinelli (2016) refers, the territory is a human construction, unfinished, in permanent movement and transformation, which can be *home or prison* also for the subjects [8]. These territorial dynamics, outside of a romanticized view, accommodate it as a *home*, transited, occupied, signified, disputed, from which different processes of subjectivation, community ties, care practices and also resistance to different types of violations are built, both from singular and collective experiences. At the same time, it often operates as a prison -"marginalized"

6 It is useful to recover the work of Polo Almeida (2016) that reconstructs historically the notion and systematizes its development in the field of Latin American Collective Health, differentiating, likewise, the Anglo-Saxon proposal of Political Ecology.

7 Following this line, it is possible to establish a closeness and familiarity with the notion of anthropological field. (Guber, 2005).

8 For a more detailed analysis of these aspects from the perspective of public policies in Greater Buenos Aires, see Chiara (2012, 2016).

or "discriminated" territories, as some of its inhabitants refer to, or *sacrifice zones*, as we will mention- in which inequalities and different circuits of *vulnerability* are reproduced, as we will refer to in the following sections.

The territorial dimension occupies a central place not only to think about health policies that address inequalities and structural phenomena, but also in reverse terms, as referred by Chiara (2016), to build territoriality in the face of the demands, needs and projects that the community delineates. This is why the *livelihoods*[9] and the sense of appropriation of the territories constitute central elements for the field of Social Medicine and Collective Health (Breilh, 2003; Breilh, 2013; Almeida Filho, 2000; Laurell, 1994). *Livelihoods* integrate the collective into everyday life as *ways of doing*, but also of giving meaning, in order to sustain or transform practices. The *livelihoods* then cancels the individual-collective dichotomy, given that the subjects assume their movements in the frameworks of their own community, with its possibilities and traditions, a necessary key to understand the processes of health/illness/attention/care as the specific ways of living, suffering, falling ill, dying, caring. Territory, experience and significance are inherently linked, characterized by the dynamism produced by the movement of *territorialization.*

Features of the territory: problems, needs and "volcadero"

If thinking about territory implies a spatial experience, a *knowing how to inhabit* everyday life, *collaborative ethnography* was crucial to collectively construct the most important issues for its inhabitants and internal researchers. The most evident needs are part of the infrastructure of these neighborhoods, for example regarding the lack of sewers or the presence of "broken sewers" *that overflow; they flow out with all the "dirt" because they are improperly made; they become clogged because garbage falls in.* The permanence of these exposed causes accidents to children who play in the streets, exposing them to dangers that can be prevented. As said by a resident of Barrio Balvi, this situation is considered "inhumane":

> *It affects me and where I live and many people, because, well, for me it is as I was talking to him today, for me it is not right that they have broken a sewer where children and elderly people are playing. For me this is inhuman and well... it is about a year ago and we had an accident with a little girl, with my niece. The lid was, the lid was out, the lid was...they had taken the lid off and... there is a danger for a child who...* (Resident of Balvi Neighborhood, 2018)

In addition, the inhabitants recognize the precarious conditions of the houses, many of which are built of metal sheets and other elements found in open-air dumps, such as boards and plastic sheeting. Access to basic services is also problematic. According to some community center workers in the neighborhood, between 80% and 90% are "hung up" on the public lighting system. The water supply, especially in summer, is scarce and is often "interrupted ", so that neighbors must anticipate to collect water in buckets. Access to gas, both for cooking and heating, is also a scarce resource. In most of the houses, the gas cylinder in the kitchen is the only gas installation *and many times in winter what they do is...if they have gas, they light (...) inside the house a bucket or some container that allows them to heat the house a little bit* (worker of CAAC, 2018). This situation entails dangers associated with having fire close to flammable products present in homes and the possibility of fires.

In socio-educational terms, illiteracy is a basic problem reported by some of the professionals working in Primary Care Centers and Neighborhood Organizations. Dropping out of school is part of the need for many young people to use that time to work, but also, in some cases, to generate income associated with substance use, mainly drugs

9 The distinction with *lifestyle*, associated to individual voluntary practices and decisions, is crucial to introduce the notion of *livelihoods* as a personal and collective praxis (Menéndez, 2009) with several implications for Public Health (Almeida Filho, 2000).

and alcohol, which begins around the age of 11 or 12. Pregnancies are another reason why many adolescents leave educational institutions to care for their babies, a task delegated exclusively to women.

In terms of wages, many of the people living in the neighborhoods have the Supplementary Social Wage (SSC - *Salario Social Complementario*), which represents half of the minimum and mobile wage, to support themselves during the month, or they work in precarious jobs. One of the main sources of income, shared by the inhabitants of the territory, is part of the work in the *volca* or *volcadero* -from the native category-, the open-air dump shared by these peri-urban neighborhoods of Paraná city. As mentioned in the introduction, although it was initially located on the peripheries of the capital city, demographic expansion -accompanied by neoliberal policies, impoverishment, exclusion and loss of employment- promoted population growth in the nearby area, becoming the epicenter for many families who, excluded from formal employment, used and still use it to generate some income or to obtain items for consumption.

The *volcadero* is conceived as a work space for "classifiers" or for "operate", where different generations are learning to "live off garbage", which means spending long days of between 12 and 14 hours in order to have some income. The "classification" requires, on the one hand, separating garbage such as paper, plastics or metals to then sell these items and buy food. A cooperative of people who recycle and select from burning garbage is also recognized. This practice has become widespread, since it allows recovering metals from the waste in a faster way. On the other hand, there are those who are identified as "operators", people who search through the garbage for products for direct, daily consumption, as an activity of extreme necessity in the absence of other alternatives. As one of the women who participates in the CAAC of the neighborhood says:

> *It is not the best and it is not good, but...if there is nothing to eat, somehow you have to find a way, and there are many people here who, before going out to steal, prefer to operate than go to the street and steal.* (Woman resident of San Martin neighborhood)

The *volcadero* is a space shared by people of many ages, seniors, youth, children and adolescents. Many of the school-age children go to the Community Center for a "cup of milk" as a kind of "break" or "recess" from work when they are older. It is also experienced as a game or help to their parents, when they are younger. In addition, some adults or young parents bring their children with them, as care tasks become more difficult:

> *I have my child who is 4 years old. I go to the volca to work and I take him.* (Woman resident of San Agustín neighborhood)

> *And... there are many people, for people that is a job. That's why I tell you, the children here, there are people who have no one to take care of their children and they take them and that child is already born, already comes with...growing up with the fact that the parents go to the volcadero, they find a life for themselves there and I go along with them.* (Neighbor of the San Martín neighborhood, participant of the CAAC)

The *volcadero* is a place of work for many people and families. But it is also used as a space of dispute between the people who live there. There are codes and organizational modes that allow us to see the territory as a space of power. Trucks are designated in discharges: *"each garbage has its owner"*.

It can be said that the *volca* or *volcadero* imprints its own dynamics in the territory studied: in the practices of who live there, in the organization, distribution and ways of generating resources, in the socio-educational decisions and opportunities, and in the ways in which the population cross, lives and signifies the processes of health/illness/attention/care.

Sacrificial urban territories: complexities, violence and dilemmas for health action

The approach anchored to the territory, within the field of health and public health, recovers the

processes of social production and reproduction as the basis of the social determination of health-illness-death (Borde; Torres-Tovar, 2017). Understanding the lifestyles and scenarios of the inhabitants of the analyzed neighborhoods is an irreplaceable basis for understanding inequalities and inequities, the different ways of getting sick, the ways of suffering and the possibilities of well-being (Breilh, 2010). Thinking about health implies reorienting actions to the processes of social *determination* that reproduce some historical-territorial conditions: "That is to say, the territory socially and biologically produces life, which is inevitably linked to health" (Borde; Torres-Tovar, 2017, p. 271).

The Collective Health current problematizes unidirectional causalities to address the *social determination of health* as a complex and multidimensional field that forces us to consider the territory, in its productive and social relations, as part of a system of accumulation of power and culture, as part of a structural and historical order (Casallas-Murillo, 2017). The *social determination* of inequalities in health/illness processes refers to the multiplicity of aspects that affect the ways in which people live, get sick, take care of themselves, die and also access care. These are social hierarchies that define the access and quality of health services, living conditions and habitats, access to education, problematic consumption, employment possibilities and conditions, the different forms of violence involved, among other determinations that have an impact and are "an intimate expression of historical-social-spatial processes in 'socio-historical subjects who fall ill' (Hernández; Quevedo, 1992)" (Borde; Torres-Tovar, 2017, p. 272). *Determination* thus argues with proposals that produce causal relationships between factors or dichotomous visions -such as individual/society- to assume history, contradictions, social processes: "More than 'ex-position' to external risks, subjects undergo processes of 'im-position' of life conditions (Hernández, 2008, p. 9). Health problems cannot be understood in terms of individuals, but as part of the same territorial dynamics. As Spinelli states, "The territory shows us that the epidermis is not the limit of the individual and that if we go beyond the skin of each subject we can transcend the risk factors to think in terms of interaction and social play, and discover the social vulnerabilities and the logics of power (macro and micro), as well as the power that underlies the territory" (2016, p. 159). The *volcadero* is a direct reference, not only because of the different professionals who work in the Health Centers of the neighborhoods or in the Community Centers, but also because of those who circulate it and spend long days there. The *livelihoods* systematize a set of problems that are linked to this inhabiting of the territory.

Respiratory diseases are identified as one of the main childhood illnesses, especially in winter, associated with the burning of garbage. The smoke, as reported by a social worker from the Anacleto Medina Health Center, produces a very strong smell, generating a lot of toxicity in the environment and haze. The "gases" and "rotting" are commonplace among people who are there daily. People who work at the *volcadero* also report illnesses and ailments resulting from exposure and inclement weather:

> *And... here I believe that both in San Martin, as people who are living in this side, in this part of the ravine, have to suffer from some of these diseases because there are many years, it is quite long decades that this was a dump here and... therefore, who would say that...that is, in the garbage you get cancer, leukemia, many diseases too, that is, when they are chronic, for example, asthma, uh, asthma problems, all those things (...) [mother-in-law] She worked in the volcadero and she used to come here but she was asphyxiated by the smoke from the dump. And one day she fell with pneumonia and that's when she started with the paf, because she got a [?], but all because of the smoke from the dump. Operating!* (Resident of the San Martín neighborhood and worker at the volcadero).

These conditions affect people who work with the garbage and also who live in the surrounding areas. Exposure to accidents is recurrent among

workers, due to the handling of garbage and contact with cutting materials or other types of objects, as well as proximity to rotten products and toxic waste. The entrance and exit of trucks has its implications among the people waiting for the arrival of "new" materials, which recognizes power dynamics that assign "moments" and types of materials. One of the events that redefined the work itself was an accident involving a 16 year old teenager who fell asleep waiting for one of the trucks at the *volcadero* and was run over by it, resulting in a fractured pelvis. A very sad situation, as one of the workers recalls:

> *The son of a lady who works with us and the boy is 16 years old and works in the volcadero. He fell asleep, working, because there you have it, they have to wait for a truck (...) that boy fell asleep to wait for a truck. Because of the cold he covered himself with cardboard, when the truck arrived, he didn't notice it. When the truck driver backed up to overturn it, he ran over the boy.* (Resident of San Martín neighborhood and worker at the volcadero)

The adolescent's event represents not only a mere accident, but an expression of a set of social problems that he embodies and that despite being recognized by those who inhabit these spaces, are presented as inevitable.

The arrival of trucks means, for many people and families, the possibility of eating that day. In addition to the municipal dump, there are also other private spaces where supermarkets dump their unmarketable merchandise. The area, therefore, is characterized by "*volcaderos*" of different origins: *So people who do not have, who do not have enough and who do not... look for that food. Expired, mashed, damaged food* (inhabitant of Balvi neighborhood).

The need to wait for trucks, find food supplies, exposure to cold and inclement weather show us, in a gloomy and shocking way, that prevention and health promotion are not alien to the conditions of vulnerability in which people live. *When you are in crisis and there is no possibility of eating well, diseases appear*, as emphasized by one of the people who actively participates in the Community Center next to the *volcadero.*

This territorial configuration, following Marcelo Firpo-Porto (2013), expresses what can be referred to as an *urban sacrifice territory*. The peri-urban neighborhoods analyzed are configured as marginalized and exploited zones of a capitalist development model that spatially organizes different zones in the cities (Bordes; Torres-Tovar, 2017). The *sacrifice* is visceral evidence of the structural violence against the inhabitants. These zones "are an expression of the unsustainability of this hegemonic model of city and development and are characterized by industrial pollution of the air, water and soil, but also refer to areas of social sacrifice where fundamental rights are denied and violence is exercised to adapt spaces to the needs of large enterprises and historically privileged social groups" (Borde; Torres-Tovar, 2017, p. 268).

The daily life of the inhabitants of the territory exposes them to different forms of violence and situations that are part of *vulnerability circuits*. Health/illness processes are the result of a whole set of circumstances. Respiratory diseases and allergies cannot be disassociated from the continuous exposure to toxic smoke from the *volcadero*, but, at the same time, they are chronic conditions linked to *livelihoods* and housing conditions.

In this circle of *vulnerability*, the problems of addictions and violence are also identified by residents and health workers. Problematic substance use is linked to circuits of violence and mutual suspicion between groups. Cocaine, marijuana, adulterated cocaine and synthetic drugs are the most common substances. We should also mention the early consumption of alcohol by children and young people as one of the most worrying issues.

The people who work as professionals in the Health Centers, in the Community Centers, as well as the neighbors and regular workers of the *volcadero*, are aware that consumption problems cannot be separated from the conditions of vulnerability and structural violence that persist. The policies or lack of public policies, the loss of employment, the crises and the naturalization

of an increasing percentage of people below the poverty threshold are fertile ground for those who find in consumption an "escape route", a way to avoid the daily suffering and that is "gradually installing itself" with difficulties to be reversed.

Violence also affects relationships. In addition to *structural violence*, violence in relationships, gender violence and situations of abuse are also recognized. Violence is interrelated and is the result of a multiplicity of situations experienced:

> *But what does not end is a lot of things...violence, violence in the home, sometimes the method to calm them down is to spank them. This does not work. So they take drugs, but then there are a lot of other things, all that is part of the problem, all that harms and weakens the bonds. Then, how do you control yourself in such environment? Here, there is no police officer to help you. I was talking to a mother who is desperate. She was robbed, she wanted to report it and now she is suffering a terrible persecution. To protect the children. The 13 year old son was shot in the head, threats... very rude things, very heavy. A lot of vulnerability, a lot of real danger.* (Psychologist at the Anacleto Medina Neighborhood Health Centers)

Situations of "suspicion", but also of violence associated with crime –in turn a product of territorial disputes, historical wounds and family controversies– tend to deepen in adolescence, when violence also paradoxically acts as a means of containment and generation of bonds in fragile contexts:

> *It is a form of violence to be present. A way of sustaining yourself. A form of dignity, if you will, of power. The kids, the teenagers get very excited about it. No one wants to be a worm (...) to be reject. You prefer to die with a gun in your hand. That thing about violence, about sustaining yourself, like an identity, if you will. I don't know...* (Psychologist at the Anacleto Medina Neighborhood Health Center)

As the professionals recognize, the work is also a task in the face of prejudice, fear, impotence and pain, which inexorably requires an understanding about the territory in order to develop joint intervention strategies.

Concomitantly, the fragility of bonds, consumption problems, teenage pregnancies, raising babies and the need to generate resources or income for families have an impact on the socio-educational aspects of children, young people and adolescents: "They drop out of school early," as the Social Worker at the Health Center said. Thus, it can be seen that socio-educational problems are closely linked to these *vulnerability circuits: You ask teenagers everything, but... that teenager is collecting garbage or doing something else* (inhabitant of Balvi neighborhood). In this wheel, the experiences of illness also operate as a conditioning factor for access to education:

> *Our colleague here from the group told us that she could not take the children to school because they all had respiratory problems and they were, it was not one or two days, it was one month, with respiratory problems, with asthma, they were not... they were...that is, they had difficulty breathing and that consumed too much energy and then the next day they were exhausted, they could not even move, or they had an infectious problem so they could not, they could not move from the house. The doctor recommended them not to go to school and well...* (CAAC member).

Territories or *sacrifice zones* produce sick, dependent, fragile bodies, prone to generate and experience situations of violence, which feedback each other in a circle that reproduces and naturalizes inequalities and vulnerabilities. Structural conditions and life contexts marked by circles of *vulnerability* are inevitably involved in the modes of illness and death in the peri-urban neighborhoods studied. The territory is connected to health and life, since the processes of production and social reproduction, which are the basis of social *determination*, take place in it. In this sense, considering the contradictions and possible alternatives of groups and populations is a basic requirement to understand the processes of health/illness/attention/care from the knowledge and practices, from the *livelihoods* –as an incarnated

experience anchored to the territories- of those who inhabit them.

In this case, we cannot ignore the fact that the *volcadero* condenses a series of social and sanitary problems. At the same time, in a context characterized by the lack of opportunities, by situations of poverty and indigence, the *volcadero* is a fundamental source of work for many people and families, who "manage" the garbage, who make of it a resource to live or to trade. Thinking about territory implies noticing these controversies and approaching health promotion with the inherent contradictions, with the possibilities and alternatives that are presented to the inhabitants of these *sacrifice zones*, encouraging not only constructive proposals, but also those capable of being appropriated and sustained by their inhabitants.

Conclusions

The *territory*, as we have mentioned, is more than a physical-spatial location, containing resources and population. We refer to situations of inequity and vulnerability as manifestations of structural violence that can be condensed under the heading of *sacrifice zones*. The consequences and displacements caused by the existence of an open-air dump, the associated working conditions, but also the housing and environmental conditions, as well as the problems associated with substance abuse, violence, fragile relationships and access to education, are part of a complex network.

Addressing the relationship between territory and health, from the perspective of Social Medicine and Collective Health, promotes the consideration of these structural, social, cultural, historical and political factors in order to understand how inequalities are transformed into inequities, principles of injustice that violate various rights and expose some groups to particular circumstances and sufferings. Thus, far from thinking about the social *determination* of health from cause-effect associations in relation to the health of the population, the analysis assumes the complexity embodied by the territory in the production of subjectivities. As we mentioned, from a territorial perspective, it is not only a matter of thinking about health policy from structural frameworks, but also anchored to the demands and needs in a process of *territorialization* that involves the *livelihoods* in their discomforts and associated problems.

The *volcadero* is the epicenter of various socio-health dilemmas, but it is also a source of resources for many of the people who "live" from it, a means of work and subsistence, which does not exclude rules, codes and categories of workers. This shows how the problems it embodies are far from being addressed from simplistic models, linked, for example, to the relocation or elimination of the dump.

Collaboratively mapping the territories was a way of addressing the complexities and identifying health problems with the inhabitants themselves, from their daily lives. On the other hand, it was understood that the territory embodies power relations, which are interconnected and cross practices and spatialities, for example, in the rules and codes of access to work in the dump or the ways in which young people, above all, circulate and are challenged by the problematic consumption of substances. As we have mentioned, these aspects are also part of power relations tied to conditions of vulnerability and structural violence, which delineate *sacrifice zones* and exclusion processes in which unemployment, poverty, lack of public policies participate in the processes of social determination of inequalities and, therefore, in the processes of health/illness/attention/care. As Sajama summarizes, people live, get sick and die depending on the conditions in which they work (production) and live (reproduction), dynamics linked to the territory. In this sense, the enforceability of rights can only be settled collectively from the possible, imagined, accepted, feasible, permitted, enabled, constructed and promoted conditions for the exercise of care, for the production of life and health.

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