JEFFREY LESSER

# LIVING AND DYING IN SÃO PAULO

## IMMIGRANTS, HEALTH, AND THE BUILT ENVIRONMENT IN BRAZIL

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*Dedicated to the memories of*
*William Morris Lesser,* זייל
*Irma Friedlander Lesser,* זייל
*Michael Shavitt,* זייל
*Silvana Levi Shavitt,* זייל
*Warren Dean*
*Anani Dzidzienyo*

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# A LONG SET OF ACKNOWLEDGMENTS

This book was conceived during a very boring meeting of department chairs and administrators. Fortunately, I was sitting in the back of the room with the bad kids, including Uriel Kitron, whom readers will meet in the text. As we discussed our mutual research interests in Brazil, we began to think of a project on the relation between immigration and health. It did not take long for us to jointly teach an interdisciplinary seminar on the topic and arrange a grant to bring some students in that class to Brazil.

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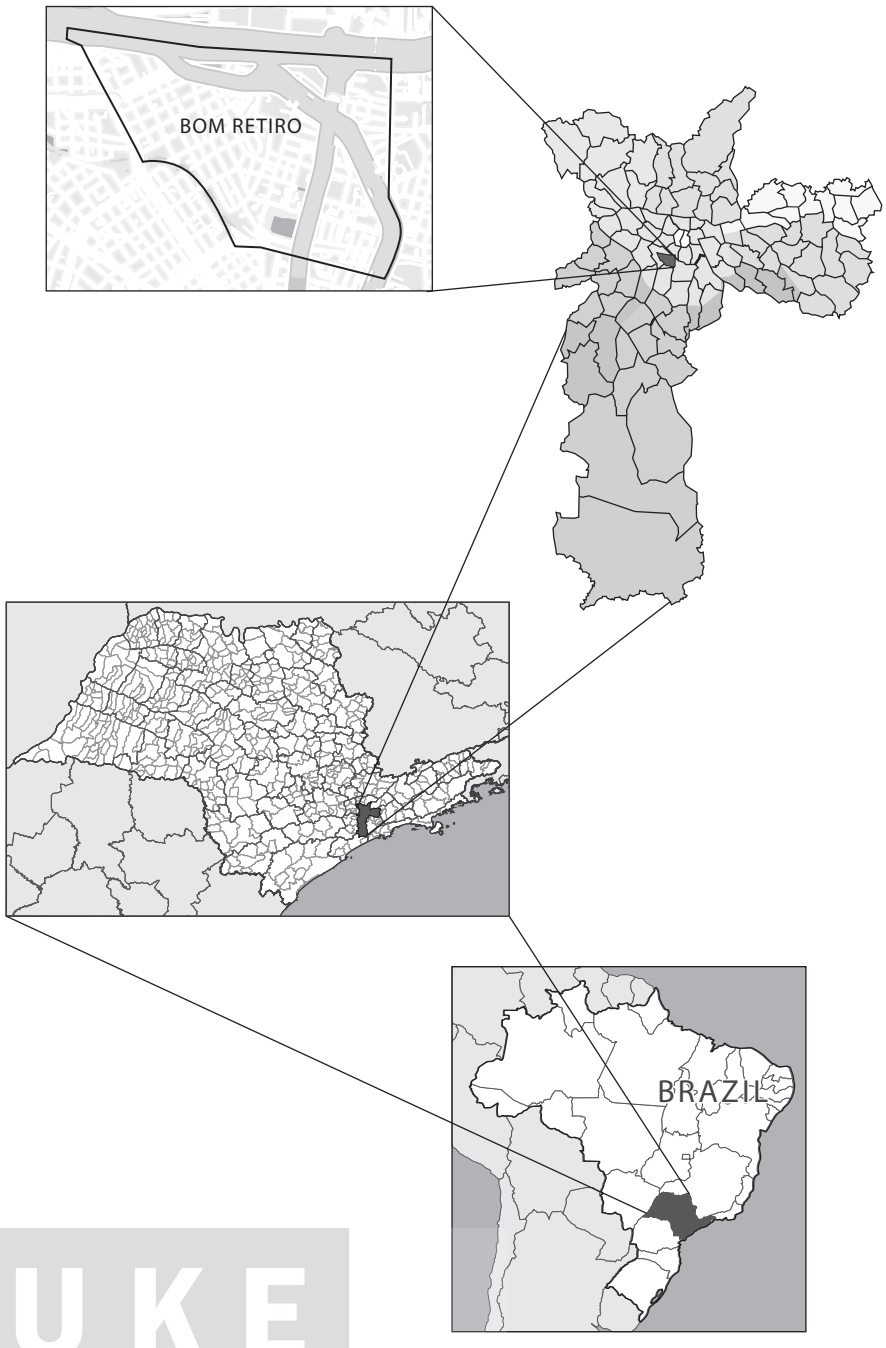
## An Introduction

### Selling a Gun

One day I found a gun. It was hidden in a closet in my deceased in-laws' apartment in São Paulo, a city that has been one of my homes for almost four decades. Why would my spouse's peaceful, law-abiding parents, both refugees from Nazi-era Europe, conceal this weapon? Finding the gun led to a combination of accidents and luck that molded the questions that this book asks about movement, the built environment, and living and dying, whether from disease or violence.[1] The weapon, and my attempts to dispose of it, took me on a journey across geographies, temporalities, and peoples that included immigrants and public health officials, neighborhoods and buildings, illnesses and cures, and life and death.

Getting rid of the revolver, as I explain in more detail below, ended with a long drive in the back of a police car to my research site in Bom Retiro, the central São Paulo city neighborhood that is the geographic focus of this book (map I.1). This district has a long Indigenous and African-descent history but has been popularly stereotyped for more than a century as having primarily immigrant residents. In the late nineteenth century, those newcomers were primarily Catholics from Italy, with other significant populations from Spain and Portugal.[2] In the interwar period, both religion and national origin began to change with the entry of eastern European Jewish and Greek Orthodox immigrants. Korean Christians, primarily Protestant, began settling in the early 1960s. In the 1980s Bolivian



**Map I.1** *Top to bottom:* Maps situating the Bom Retiro neighborhood within São Paulo city, the city within São Paulo state, and the state within Brazil. Prepared by Surbhi Shrivastava and Savannah Miller, Lesser Research Collective, 2023. Sources: Cidade de São Paulo, Subprefeitura Sé, "Bom Retiro, Todas as vias localizadas dentro do perímetro abaixo serão contempladas," March 7, 2013. https://www.prefeitura.sp.gov.br/cidade/secretarias/subprefeituras/se/noticias/index.php?p=36878; https://saopaulomap360.com/são-paulo-neighborhood-map; Wikimedia Commons, "File: São Paulo in Brazil.svg," Location of State of São Paulo in Brazil," September 12, 2022, https://en.wikipedia.org/wiki/S%C3%A3o_Paulo_(state)#/media/File:Sao_Paulo_in_Brazil.svg.

and Paraguayan newcomers, many of them Protestant Evangelicals, became the labor backbone in unregistered sweatshops/residences, often owned by the descendants of earlier arrivals.[3] More recently, the neighborhood has become home to immigrants from China, Africa, South Asia, and the Caribbean.

Disposing of a gun legally in Brazil in mid-2015 (before Jair Bolsonaro was elected and eased gun-buying and ownership restrictions) had many challenges. Chucking it into the trash was, my family agreed, a terrible idea since gun violence is frequent in Brazil. It was easy to find information about the Brazilian government's weapon buyback program on the federal website, but days of phone calls to the authorities produced brush-offs.[4] Eventually my very determined spouse connected with Inspector Aparecida of the São Paulo Metro Civil Police (Guarda Civil Metropolitana), and she agreed to help me get rid of the gun.

Inspector Aparecida suggested that she, I, and the gun meet at the Sé Metro Station, located in one of the eight districts that make up São Paulo's densely populated and geographically compact historic center. I stuffed the weapon in my backpack along with a Civil Police internet form that provided permission to use public transportation when selling a gun. Buses and metros are how I normally get around São Paulo, but this was the first time I was packing heat. It was scary and exciting.

I got off the metro at Sé station, trying to think of ways to explain the gun if I were searched as I was not entirely confident that my web document would convince the police that I was not a criminal. My paranoia eased when Inspector Aparecida and her two bodyguards appeared, a not-surprising trio since in São Paulo city police generally patrol in pairs or groups.[5] Together we walked to a Civil Police station in the Praça da Sé, the

official geographic center and ostensible founding point of São Paulo. A huge Catholic Church looks over the plaza, dominated by a towering statue of the sixteenth-century Padre José de Anchieta, the "Apostle of Brazil," ministering to kneeling Indigenous peoples, although another interpretation regards it as a monument to oppression. In the 1960s the Praça da Sé was the site of some of Brazil's most important political protests, but today it is filled with Evangelical Protestants in the throes of religious fervor, often preaching from churches that are established by placing blue tape on the ground. Businesspeople, increasingly from Africa, sell their wares from tarps with corner cords that can be quickly scooped up to avoid police raids. Many residents of São Paulo without formal housing live on and around the Praça da Sé, where social service organizations provide meals.

We arrived at the police station, located next to the Anchieta statue in a building that once housed an informal hostel for undocumented immigrants. Despite Inspector Aparecida's rank, the officers on duty were dismissive, claiming that they did not have the paperwork at hand to take the gun. They suggested that we try another station, located less than five hundred meters away, in front of the University of São Paulo Law School. Off we went, the inspector, her bodyguards, the gun, and Jeffinho. We found the mobile police unit inside a small converted camper. Remarkably, the van had an internet connection, and the officer on duty agreed to generate the paperwork needed to take the pistol. I patted myself on the back for doing the right thing and prepared to walk the thirty minutes to Bom Retiro, where I had an appointment at the archive of the Emílio Ribas Public Health Museum, which was filled with documents I was eager to read.

As is often the case, I did not really understand what was going on. The policeman told me that I couldn't simply hand over the gun and head off to the archive. Instead, the officer explained that the police had to purchase the gun. That meant paperwork, lots of paperwork. The first forms were straightforward—my personal information and a description of how and where I found the revolver. The second set of documents was about the weapon itself. The name of the manufacturer was stamped on the frame, but the caliber was not. The officer called his colleagues into the tight space as everyone tried to figure out what the gauge was, where the bullets would be inserted, and how the gun worked.

After about twenty minutes of careful analysis, the truth was revealed: the "revolver" that had so terrified me and my family was in fact a starter pistol, which I later learned my father-in-law would fire to begin children's track and field races.[6] When we discovered that the nonlethal revolver had

its barrel filled and was not able to fire bullets, I thought it would lead to laughter and me being sent off. Inspector Aparecida saw things differently. If the "gun" had fooled her colleagues, she reckoned, it would fool the public and thus could be used to commit crimes.[7]

The not-so-deadly starter pistol had again become a deadly weapon. It needed to be off the streets, and that could only happen if I sold the gun to the police. The sale needed to be carefully documented since in Brazil and most of Latin America both the population and the political state (i.e., politicians and legislators) largely distrust the latter's agents, such as law enforcement.[8] This distrust is apparent not only when selling weapons. For immigrants, the distrust becomes clear when the Brazilian Federal Police emit a document confirming the approval of immigrant residency, and then, as I learned during my own migration experience, a second document is needed to confirm the legitimacy of the first at border control points staffed by the same Federal Police. The lack of trust also meant that I was not allowed to gift the gun to the police since that might create a scenario where the pistol might be resold or regifted illegally. This should not have been a surprise to me—although it was—given the extensive research on the often-thin lines between lawbreaking and law enforcement.[9]

Systemic distrust meant that the police and I needed to formalize a transaction to prove that I had sold a real gun and that they had bought and then disposed of it. That meant still more paperwork. It took almost two hours to generate the receipt that represented the sale; during that time the officers and I chatted about family, my research, and futebol (soccer). The receipt, the officer explained, was not the end of the process. The gun would only be registered as sold after I went to a Bank of Brazil ATM and entered a special code that would lead me to a special screen for selling guns. By using a unique PIN on this screen, I would receive cash and a receipt that I was required to retain. The officer, quite reasonably thinking that I was a moron for trying to sell a starter pistol in the first place, gave me 1-2-3-4 as my PIN. He wrote it down for me in large numbers on the receipt. He then made me repeat the sequence out loud twice—1-2-3-4, 1-2-3-4—since he may have concluded that I could not read well, and he wanted to ensure that I followed the procedure. I did as I was told and was relieved to be rid of the gun and happy to have the equivalent of about US$25 in extra cash.

With the arms deal concluded, it was time for the inspector to get back to her office at the Civil Police headquarters near Bom Retiro's huge, British-built Luz Railway Station. Since the archive of the Emílio Ribas Public

Health Museum was nearby, Inspector Aparecida offered me a lift, and another adventure began as I was wedged between her bodyguards in the back of the police car. We moved slowly through the traffic-filled streets. Reaching Bom Retiro by car from the Praça da Sé can easily take twice as long as it does on foot. Pedestrians peered into the vehicle to see who had been arrested. Inside the automobile, our conversations were wide-ranging. One officer's mother had recently died, and he ruminated on the relationship between being an officer, a son, and now an orphan of sorts. Inspector Aparecida spoke with great pride about the medical care provided by the Brazilian Unified Health System but criticized the lack of mental health treatment. These dual views are widespread among many sectors of the Brazilian public, who complain about the lack of services, long waits for treatment, and poor facilities.[10] When a different policeman grumbled that Bom Retiro had too many foreigners, the driver rebutted that the problem in Brazil was too many Brazilians.

The flow of the vehicle and the chat show "how geographies, rhythms, politics, economies, cultures, natures, and power relations constitute the everyday urban experience [and become] a powerful means of revealing the rhythms that in large part constitute urban life, inequality, and change."[11] The tale of how I tried to sell the "gun" also underscores my presence in this project. Whether in an archive or in a patient's residence, human interactions and physical spaces influenced how I understood the data I collected.

### People and Space

In 1892 a military health official working in the infirmary of Bom Retiro's military barracks called the district "the worst neighborhood in São Paulo."[12] His comment gave the district of less than four square kilometers an oversized place within the imaginary of the city. Size, both geographic and imagined, was on my mind as the police car crept through the city. Inspector Aparecida was late for an appointment, so our first stop was at the headquarters of the Civil Police, one of the institutions that emerged from the nineteenth-century Directorate of Police and Hygiene and the early twentieth-century Police Medical Assistance Unit, both precursors of the contemporary São Paulo Municipal Coroner's Office (Instituto Médico Legal). The contemporary Civil Police building is less than a hundred meters from the Luz Railway Station, where hundreds of thousands of immigrants disembarked in the nineteenth and twentieth centuries after arriving

by boat at the port of Santos, about eighty kilometers away. Today the Luz Railway Station is a hub for both the metro and the commuter lines that many in the working classes use to return to their homes on the geographic periphery of São Paulo city.

The Civil Police headquarters is a three-minute walk from what had been a railroad depot. In 1942 that "old and somber building" became the headquarters of the Department of Political and Social Order (DEOPS), a brutal security force created in 1924 that used the building as a location of torture and violence during the military dictatorship (1964–84).[13] These two buildings, and the military barracks mentioned above, are only some of the structural reminders in Bom Retiro of how the state sponsored physical, mental, and symbolic violences. For example, just a mile away from the former DEOPS building was the infamous Tiradentes Prison, in operation from 1852 to 1973.[14] These structures, and what happened to people inside of them, have made Bom Retiro one important location for memories of oppression and resistance.[15] Films like *The Year My Parents Went on Vacation* (*O ano em que meus pais saíram de férias*), nominated by the Brazilian Ministry of Culture for the 2006 Oscar for best foreign film, and Samuel Reibscheid's 1995 short story whose Yiddish/Portuguese title "Plétzale. Marco Zero" (The Jewish quarter, ground zero), for example, use Bom Retiro to explore the harsh years of the dictatorship.[16]

After dropping off the inspector, we made our way to the nearby Rua José Paulino, Bom Retiro's main artery and commercial street, named after a land, bank, and railroad owner who was a philanthropist for health-related causes.[17] When laid out in the late nineteenth century, the thoroughfare's name was the Rua dos Imigrantes (Immigrants Street), but the name was changed to honor José Paulino in 1915, five years after Bom Retiro had been elevated to district status.[18] The new street name was part of an attempt by the city to recognize what the *Correio Paulistano* newspaper, a major journalistic enterprise founded in 1854, called "extraordinarily thrilling" economic growth in the neighborhood.[19] Many businesses were owned and operated by immigrants. Maye Goldstein, an eastern European Jewish immigrant, for example, actively bought, sold, and rented homes and workspaces. The Roman Pharmacy treated many forms of *bad health*, the term I use throughout this book to encompass the broad ways that the public understands physical and mental illnesses. Bad health had many causes, including violence, infectious diseases, falls and collisions, and long hours in small factories like the Italian-American Woodwork and Carpentry Company or large ones like the Germânia Brewery.

Most of the enterprises in Bom Retiro, historically and in the present, connect to the domestic textile industry, where work conditions are often precarious, and workers are often unwell. This makes aspects of life and death in Bom Retiro similar to those in other cities in the Americas with garment districts, such as the Gamarra neighborhood in Lima, Peru, said to have ninety thousand textile workers; and Paterson, New Jersey, United States, once known as America's Silk City.[20] Diana Taylor concluded that the textile industry helped to make Bom Retiro chaotic (like the events related to my arrival in the district above) and often illusionary. She called the district "São Paulo's phantasmagorical world of things" after analyzing a performance that used the streets of the neighborhood as a stage.[21] Those "things," human and not, are in constant movement, and we might think of Bom Retiro and neighborhoods like it as urban ventricular arteries.

In a similar vein, the flows of people and goods indicate that health and immigration are not confined to official geographic contours, or the around forty thousand residents and perhaps twice as many daily workers and shoppers in Bom Retiro. What happens, and happened, in Bom Retiro does not stay in Bom Retiro: it is part of a global dialogue. Former US president Bill Clinton's 1997 speech to Brazilian businesspeople made this clear: "The neighborhoods of São Paulo are a window on the World. . . . The spirit of the Middle East fills Bom Retiro. The rhythms of Africa pervade every quarter. People from everywhere call this place home."[22] As Andrew Britt has noted, Clinton's comments "cast São Paulo's racialized/ethnicized neighborhoods as timeless and essential elements of the city's seemingly distinctive brand of ethnoracial mixture and supposedly harmonious interethnic relations."[23] Britt's comments could also apply to the hipster publication *Time Out*, which named Bom Retiro as among the "coolest" neighborhoods in the world because of its "exhilarating gastronomic scene—thanks to its melting pot of immigrants from Italy, Korea, Greece, Bolivia, Eastern Europe and more."[24]

Rua José Paulino is still lined with clothing- and textile-related shops owned by immigrants and descendants of immigrants, located on the ground floors of two- and three-story buildings. While contemporary textile workers usually, but not always, use electric rather than human-powered sewing machines, their small workspaces are often in the same locations they would have been a century ago.[25] During business hours the street is packed with consumers buying clothing and textile-related products, and salespeople calling pedestrians into their shops to "take a peek." Today the stores are often overseen by Korean immigrant/descendant owners, but fifty years ago the owners might have been eastern European Jews, and a century

ago they might have been Christians from the Middle East or southern Europe. Human-pulled and -pushed carts move loads of cloth and accessories, finished clothing, and snacks for purchase, just as they did in the nineteenth century. Police foot patrols are ever present during daylight although they, like everything else, seem to disappear with the arrival of darkness.

If shoppers were to look above the street-level retail and wholesale outlets, which they rarely do, they would see tinted, often barred, windows that keep upper-floor workshop-residences—an imprecise but evocative picture might be painted by the words *tenement-sweatshop*—hidden from public view. Inside, plywood-separated single rooms, often housing entire families, ring workspaces filled with sewing machines and piles of fabric, thread, and buttons. This is yet another way that Bom Retiro fits into a global ecosystem since many of the textile workers are South American immigrants. Most are Bolivians, the largest entering immigrant group following changes in visa rules linked to the 1991 common-market agreement known as Mercosur/Mercosul, along with many Paraguayans, and Peruvians as well.[26] The parts of Rua José Paulino farthest away from the Luz Railway Station have much less street-level commercial activity, and ground-floor retail stores become scarce. The street ends abruptly at the Bom Retiro Public Health Clinic, with the neighboring former São Paulo Central Disinfectory (Desinfectório Central) complex that today houses the archive of the Emílio Ribas Public Health Museum, where I went after selling the "gun." In this part of Bom Retiro, the sound of shopping is replaced by the sound of sewing as the relative quiet allows what is going on in the intimate spaces behind closed doors to become more apparent.

## Arrivals

I do not usually arrive in Bom Retiro in the back of a police car. Usually, I take the metro Yellow Line to the Luz neighborhood, named after Nossa Senhora da Luz (Our Lady of Light) in the early seventeenth century. Today a series of long escalators emerges from the platform onto a plaza with small shops offering services to the working classes—butchers, haircutters, clothing sellers—in buildings that had been upper-middle-class residences in the nineteenth century. The upper floors hold short-term rental residences and tenements, many located in buildings with disputed ownership that have been occupied by those in search of housing. To the right of the metro entrance is the impressive Estação da Luz (Luz Railway Station), where police, people without permanent residences, and sex workers of multiple gender


**Figure I.1** Entrance to Bom Retiro, showing three-story buildings with retail clothing stores on the ground level and workshop-residences on the upper floors. Source: Paulo Humberto, "Bom Retiro—Região da Estação da Luz—São Paulo," October 24, 2009, Wikimedia Commons, https://commons.wikimedia.org/wiki/File:Bom_Retiro_-_Regiao_da_Esta%C3%A7ao_da_Luz_-_Sao_Paulo_-_panoramio.jpg.

identities seem to watch over the entrances. A beautiful pedestrian bridge traverses the tracks inside the station, and the harsh poverty of the formerly elegant north side of the station is transformed into a wide avenue whose sight line includes the Jardim da Luz (Luz Garden) public park and the Pinacoteca art museum. During my fieldwork at the Bom Retiro Public Health Clinic, I would follow a broken sidewalk around the Jardim da Luz to Rua José Paulino, whose beginning is marked by huge art deco letters spelling "Welcome to Bom Retiro" (figure I.1).

Bom Retiro is a place where people arrive on foot and by motorized transportation, from throughout Brazil and from abroad. Today's immigrants come from different places than those who arrived a century ago. Almost 28 percent of the more than fifty thousand Africans registered with Brazil's Federal Police are from Angola, with another 40 percent from Guinea-Bissau, Cape Verde, Nigeria, Mozambique, or Senegal.[27] There are about a quarter of a million Chinese immigrants and their descendants in São Paulo, overwhelmingly from Taishan, Guandong Province, and Qingtiam, Zhejiang Province, in the People's Republic, and from Taiwan.[28] There

are around thirty thousand refugees from Venezuela, Syria, the Democratic Republic of the Congo, and Haiti, as well as a small and growing South Asian immigrant population.[29] Some of these newcomers, unsurprisingly, live and work in Bom Retiro, at times temporarily as they make their way northward to Mexico and then to the United States.[30]

Migration is often a disorienting experience. This was how I felt after selling the "gun" and arriving in Bom Retiro wedged between two armed officers in a police car. My movement through the city that day, while hardly a migratory experience, is a metaphor for the paths that this book takes in its analysis of the connections among immigration, health, and the built environment.[31] I argue that this triangulation explains the mechanisms by which the state and residents engage with and perpetuate everyday practices, spaces, and imaginaries regarding health and migration, all of which occur in periods disaggregated from traditional political periodization.[32] Prior to the mid-nineteenth century, Brazil was marked by a lack of public health policy, but this changed between 1850 and 1910 as the state sought to create health regulations, which would largely be enacted through private enterprise. From 1910 to 1945, the state played an increasing role in public health with many policies emerging from reinterpretations of ones used in the United States.

In 1945 the federal government began to demand state-level financial self-sufficiency in health, leading to large-scale breakdowns as states and municipalities were decreasingly able to fund health care for the broad public. This collapse became increasingly noticeable after 1970 as social inequality, and increasing gaps between rural and urban areas, became the norm. In 1988, with the end of a military dictatorship that had been in power for more than two decades, a new democratic constitution made health a formal right. The result was the creation of the universal and free Unified Health System (Sistema Único de Saúde, SUS), which remains in place today and, legally speaking, is available to any person within Brazilian territory, independent of citizenship status.

### Residues

By stressing how people engage with everyday health practices, health spaces, and health imaginaries, I highlight material, political, and social residues that persist even during periods of transformation. We might think of residues as "structures of repetition" that mark permanence based on past activity; "from everything remained a little," as the poet Carlos Drummond

de Andrade wrote.[33] This book thus argues that the intractability of the past in the present means that changing public health policies, biomedical advances, and new ideas about multiculturalism may not be as transformative as they first appear.[34]

Residues are "the results or outcome of some already concluded process. They are leftovers. Remnants. In this sense, residues cannot escape their history and provide clues for reconstructing the chemical past."[35] After buildings and roads are destroyed, the rubble that remains indicates "the residues of success and failure," but those solids can be forced together to create building materials such as bricks and prefabricated planks.[36] In Brazil trash is often called a "residue" and frequently provides an income for those who collect it informally, as Carolina Maria de Jesus's widely read 1960 memoir (defined by some scholars as "the poetics of residues") emphasizes.[37] Psychological residues are suspected as the cause of some memory disorders, and even borderlands can create the "emotional residue of an unnatural boundary."[38]

Residues also lead to geographies, and those traces of the past in turn allow me to theorize sites of changing health even while examining forces that impose continuities and thus structures. Some of the structures, like buildings and streets, are *infrastructural*, a term coined by nineteenth-century French engineers for "the substrate of support for rail lines—the structure beneath the structure."[39] Social structures relate to behavior in "health spaces" or with certain types of "health people" as they connect with race, ethnicity, class, gender and/or sexual orientation. Thinking about residues thus highlights the relationship between subjective ideas about diseases and cures and material objects that are supposed to improve health outcomes objectively. Social and cultural residues help to explain long-term gaps in understanding between health providers and patients. They explain why advances in biomedical technologies—such as X-rays and new pharmaceuticals—do not always lead to improved health outcomes in working-class neighborhoods like Bom Retiro.[40]

Global residues are very much part of the Americas. The "living remains [and] lingering legacies" of slavery, immigration, multilingualism and perceived accents, assimilative pressures, and formal and informal industrial development have layered on top of each other for centuries to create what scholars sometimes term *structures*.[41] This book argues that residues both create and are created in the daily lives of people, during visits with medical professionals, during their walks from place to place, and in discussions of everything from gun violence to diseases. Social, discursive, and material

residues come to the surface in built environments as distant, yet as similar, as Bom Retiro and Cancer Alley in Louisiana in the United States.[42]

In Bom Retiro and other garment districts around the globe, material residues produced by textile workshops are omnipresent. Piles of cloth remainders and cardboard strips that once held buttons or rhinestones sit on the streets collecting water, and those residues become mosquito breeding grounds each time it rains. The residues of clogged and overflowing sewers do the same. All structure how people walk through the neighborhood, including the routes they choose and the kinds of steps they must take to avoid litter heaps and puddles. Thus, structure(s) and change(s) exist simultaneously, an idea that Gilberto Hochman and Anne-Emanuelle Birn have explored in relation to epidemics.[43] Even toilet facilities engage with residues since, as is the case in much of Latin America, used toilet paper and other waste products (called *resíduos* in Portuguese) are not flushed, to avoid clogging sewers.

I considered using words other than *residues* for this book. *Continuities* seemed more absolute than the sources supported, and I feared that significant gaps in the data (especially for the 1930s and 1940s) might lead readers to ahistorical conclusions. *Sediments* implied a materiality that might exclude cultural dialogues. My use of the word *residues* provides a category that can highlight similarities over time that may be seen in different mediums, ranging from discourses to material objects. My focus on residues does not mean that I reject change over time or cultural and geographic specificities. Yet, as Ajay Gandhi has argued, "residual subjects" emerge when we ask about the constancy of certain types of human activities, for example, the exhibiting of monkeys for a fee by their catchers in Delhi, an activity that was also part of São Paulo's urban landscape in the late nineteenth and early twentieth centuries.[44] Such residues are also apparent in what Diego Armus and Pablo Gómez call the "gray zones of medicine," and using historical and contemporary data allows me to analyze why biomedical change and health-related stasis frequently coexist.[45]

One of the recurring images, across class lines, of Bom Retiro was as sick, foreign, and industrial, a picture that emerged from observable migration patterns and labor and living conditions. Scholars of the Americas will recognize these patterns and the stereotypes that arose from them as typical of geographies where much of the labor took place in large formal factories (called *fábricas* in Portuguese) and smaller workshops (called *oficinas*). The English-language academic literature sometimes refers to oficinas as *sweatshops*, but I avoid that term since it implies a sharp distinction between workplace and residence. In central São Paulo city, workspaces

were and are frequently residential spaces as well, just as in many garment districts.[46] In Bom Retiro these working/living areas were often located in cortiços (literally "beehives" but often translated in English as "tenements"), high-density housing where environmental health is precarious and where entire families live in single rooms and share bathroom and cooking facilities with others. To emphasize the overlap between work and residential space, I use the term *oficina-residência* (workshop-residence) to distinguish these spaces from those that are strictly for labor or for residence. Oficina-residências, like urban and suburban slums, are places where race and space merge symbolically and experientially.[47] While labor/living conditions in Bom Retiro's oficina-residências are harsh, I do not use terms related to enslavement since doing so would diminish the real conditions of slavery in Brazil. Furthermore, contemporary immigrant workers, while in often-abusive labor regimes, often participate in circular migratory patterns linked to economic cycles and overwhelmingly have access to schools and health care.[48]

### Spaces

This book focuses on individual cases (human, structural, and environmental) and what they teach us about continuities broadly in urban working-class districts with many immigrants and their descendants, as is the case of Bom Retiro.[49] By asking about how living and dying over time relate to space (at the level of the home, the workplace, the street, the block, the neighborhood, and the city), I aim to create counterpoints to the homogenizing aspects of state-produced data.[50] This spatial focus allows me to better see how the state and its representatives flatten cultural differences, making responses to diseases and cures often surprisingly similar over time. It brings to light why diverse immigrant communities, despite differing historical and cultural trajectories, often generate similar antagonistic responses to policies such as state-imposed prevention and eradication programs.

Bad health in Bom Retiro is not limited to disease; it also results from noise, abuse, precarious infrastructure, bites from nonhuman animals (as small as a scorpion and as large as a dog), crime, and violence. By connecting everyday experiences of bad health with language and cultural activities, material structures like buildings and streets, and social structures like race, class, or citizenship, I read geographies and the people who inhabit them through the lens of health. My lens, to be sure, is not limited to

discourses about cures during public health crises or the public-awareness work of health care workers. I am also interested in how the population and representatives of public health negotiate actions within spaces. For the public, these negotiations often demand creativity as they "live" health processes and state projects related to disease prevention and cures.

Movement inflects every chapter of this book. Health professionals today, as in the past, move throughout Bom Retiro on foot to bring health care to packed oficina-residências and enforce health policies. Brazilian residents of Bom Retiro, often Black, were frequently displaced occupationally and residentially by immigrants and their descendants. Some then migrated to other parts of the city or to other countries, creating new racially tinged residential and labor spaces for new arrivals.[51]

Movement plays a role in how residents remember the neighborhood. When journalist Marcos Faerman spoke with older residents of Bom Retiro in the 1980s, he found that they often used inaccurate global chronologies to suggest that their own self-defined ethnic group had arrived in an unpopulated place but was then expelled once others entered. "Among some old Italians, there was the feeling that they had lost Bom Retiro. Among some old Jews, the feeling remained that the best of Bom Retiro is dead. Some old Italians resent the 1930s [claiming that it] was around this time that prostitutes were dumped on three of its most important streets. Italian families fled the neighborhood. The Jews brought money from Europe to buy their houses. Was it so?"[52]

Teresinha Bernardo's oral histories with two former residents of Bom Retiro—Dona Nidia, described as a "White Woman," and Sr. Raul, described as a "Black Man"—show the connection between racial ideas and migratory processes:[53]

> Dona Nidia: "It was a very happy neighborhood, with three cinemas and two dance halls. It was a neighborhood where everyone was friends, but it began to change when the Jews arrived, and we started to leave."
>
> Sr. Raul: "Mr. Stacchini preferred Italians like himself. It was 1927 and I remember it like it was today. I put up with all those years of the onslaught of Italians because I was basically brought up in the store (Stacchini Shoemakers). In 1927 Italians rained down on Bom Retiro and Blacks left, there were no more jobs for Blacks as shoemakers or tailors. Even today, I won't set foot in Bom Retiro."

Dona Nidia and Sr. Raul both express what Emily Sweetnam Pingel calls a "racialized geography" where each new immigrant group is "not quite part of the neighborhood, rather they are passing through."[54] Pingel's 2019 conversation with Maria, a self-identified Afro-Brazilian woman and longtime resident of Bom Retiro, makes the point clear:

> Today you have an immense quantity of Koreans. So, you have the Koreans, the Jews, who are traditional, the Bolivians. Today you have Paraguayans arriving, Angolans. So, it's a very mixed neighborhood. But—those who are *truly* from the neighborhood know each other . . . so you can go to the corner fruit stand and the owner knows you'll pay at the end of the month. But when a new foreigner arrives, we all know, look, this foreigner is new. And that has happened really quickly . . . and since it is a commercial neighborhood, people come in to work. They come to work and then they leave, but we stay. So, we know who is actually from the neighborhood.[55]

My own experiences with residents and ex-residents of Bom Retiro reflect those described above. In 2006, when *The Year My Parents Went on Vacation* was released, I participated in many formal and informal conversations because of the film's geographic setting in Bom Retiro and its themes of political resistance, marriage between Jewish and non-Jewish Brazilians, and intergenerational conflicts between immigrants and their Brazilian-born children. I interpreted the film as a love letter to an *imagined* Bom Retiro with its portrayal of close relations between those of different immigrant backgrounds, and between whites and Blacks, despite normalized racism. Yet some former residents of the neighborhood whom I knew were less enthusiastic. They did not "remember" the film's rendering of affective relationships across ethnic, racial, and religious backgrounds since their own memories were of ethnoreligious segregation by choice.

I had not thought about the conversations regarding *The Year My Parents Went on Vacation* for many years, but that changed in 2020, right before the COVID-19 pandemic. I was asked to discuss the relationship between immigration and health at the Casa do Povo (the People's House), a Bom Retiro political-social organization founded after World War II by progressive Jewish Brazilians and Jewish immigrants from eastern Europe. The participants were mostly Jewish Brazilians who had been brought up in the


**Figure I.2** Multilingual sign (Portuguese, English, Spanish, Korean, Yiddish) for bathroom facilities at the Casa do Povo, Bom Retiro. Source: Photograph by Raphael Schapira, October 14, 2022. Used by permission.

district but had migrated to upper-middle-class São Paulo neighborhoods. A few in the audience had never lived in Bom Retiro but felt a deep connection because of stories told by their parents and grandparents. There were also current residents, some multigenerational and others recent arrivals of Korean and Andean descent.[56] The nonresidents were dismissive of my claims that Bom Retiro had long been multiethnic, despite my attempts to use statistics and the Casa do Povo's own multilingual signage (see figure I.2). Instead, they presented an idyllic view of a single-ethnicity past. Current residents disagreed, speaking about Bom Retiro as a multicultural neighborhood suffering from long-term health challenges and racism. All attendees thought that I was wrong about the significant Afro-Brazilian presence in the neighborhood, an attitude that I discuss in more detail in chapter 2.

I do not believe the divergences between me and the audience were related only to self-identification. Indeed, one common aspect of ethnic identities across the globe is the in-group imaginary tales that often exclude

everyday multiethnic experiences.[57] Such recollections often conflict with academic research, but I have tried to take remembered experiences seriously, even when they challenge my arguments. Taking memory seriously, however, does not diminish the importance of the historical documents and contemporary observations that I analyze. All reflect assumptions by state representatives, by the press, by health care providers, and by residents and nonresidents that immigrants are exotic and dangerous and thus exacerbate long-term health inequalities despite medical advances over time. These attitudes bubble to the surface in topics like nutrition, chemical dependency, epidemics, sexual health, eugenics, middle-class values, border control, international collaboration, and population politics, where residues help to structure contemporary relationships.

Starting in the nineteenth century, urban districts around the globe linked to immigrants and working-class industrial labor became health battlegrounds.[58] Many of these spaces were in city centers that those in the dominant classes considered geographically marginal. This is also the case today. In 2019 a tour guide who works for a company focused on university study-abroad programs in São Paulo told me he would be fired if he suggested a Bom Retiro walking tour. When I asked him why, he talked about fears of the neighborhood's residents—as working class, as nonwhite, as immigrants. Places like Bom Retiro, then, are often targets of state and popular focus even as inhabitants are marginalized in relation to health, access to rights, and public policy.

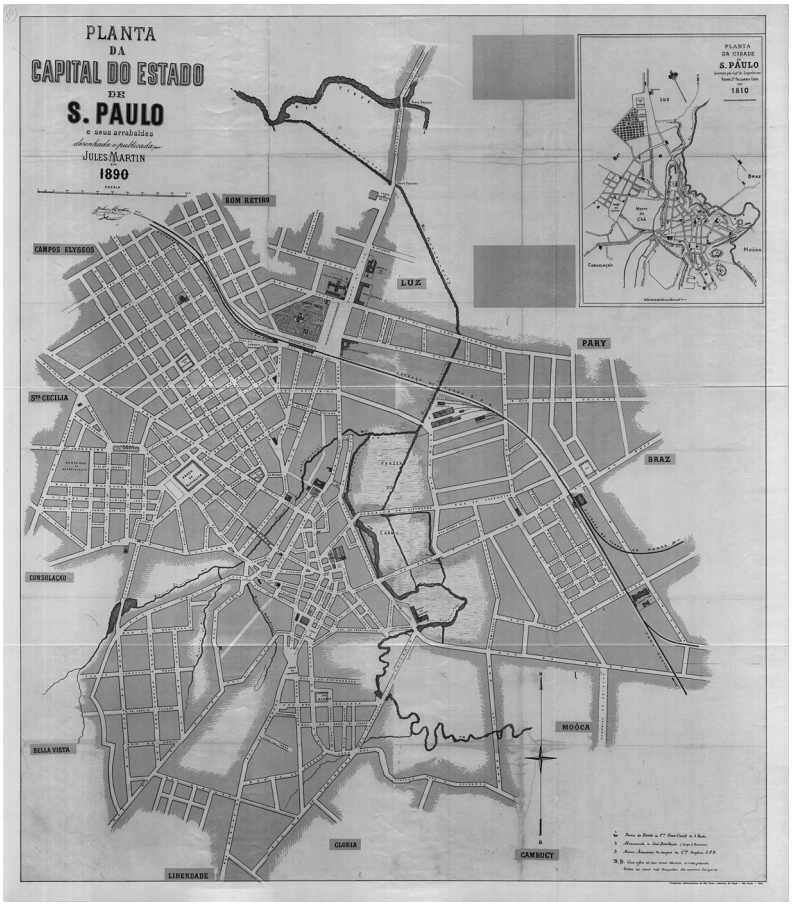
There are many working-class neighborhoods where immigrant labor specializes in the production of garments and textiles, and enduring and connective legacies appear when we view small spaces as global. Bom Retiro in São Paulo is also Praça Onze in Rio de Janeiro and Novo Hamburgo in Rio Grande do Sul, both in Brazil. It is the Lower East Side in New York City and the Flats in Cleveland in the United States, Once in Buenos Aires in Argentina, the Ward in Toronto in Canada, and South Tel Aviv in Israel.[59] While each is distinct (obviously!), the differences do not prevent us from pondering similarities, be they in social structures, discourses and actions about health, or cultural repertoires that revolve around and move within the built environment.[60] Indeed, looking for similarities across place and time creates questions that do not appear, or might be discarded, when the focus is difference. Shlomo Shmulevitsh's 1912 Mentshn-Fresser ("People Devourer") may have been inspired by the 1889 "Russian" flu or the "sequence of epidemics of the early twentieth century—TB, polio, cholera, and influenza."[61] While the ballad was written in the Russian Empire, it would

make as much sense to immigrants then as it would to those living in Bom Retiro today:

> A terrible plague is spreading
> around the world
> With the blazing speed
> of a great fire
> Human minds are helpless,
> wisdom is without use
> No remedy can be found for . . .
> a bacillus
> Microbes, bacilli, what do you want?
> Whose will do you serve?
> You devour your victims without mercy
> You take aim at blossoming life
> You bathe in our tears
> You suck the marrow from our bones
> You poison our innards.

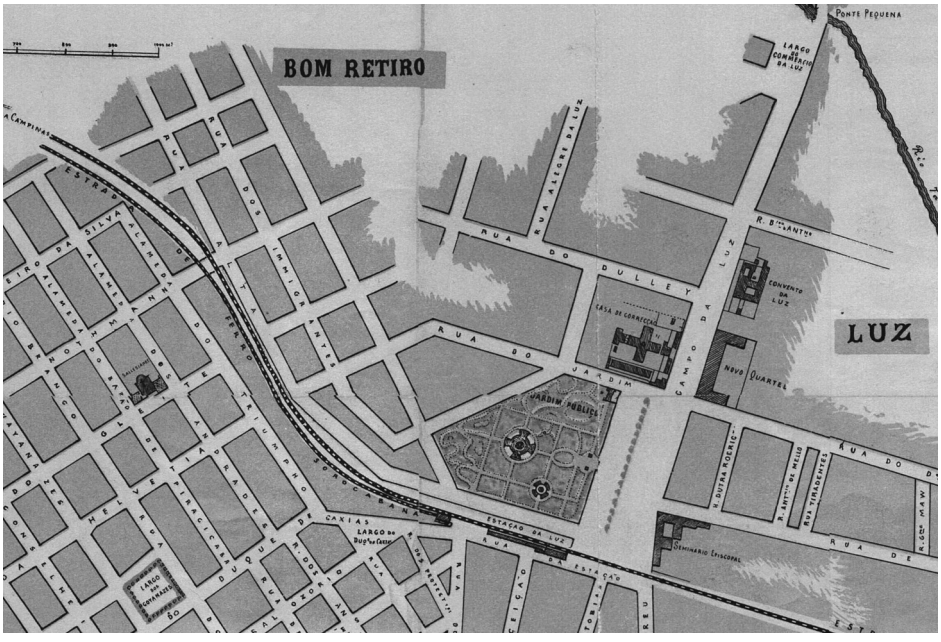
Remembering that geographic centers are often health peripheries helps to understand how maps of São Paulo and other cities frequently and falsely represent space as continuous and organized.[62] The flatness of maps, with their often proportionally erroneous lines and symbols representing streets, hides flooded roads, broken sidewalks, garbage piles, and roaming and flying nonhuman animals.[63] Maps, then, are residues of the intentional ignorance and self-deception of bureaucrats and represent a spatial "double articulation," to play with Doreen Massey's argument about how geographic space and cultural place do not always overlap.[64]

Maps of São Paulo city, starting in the mid-nineteenth century and continuing into the 1950s, consistently show Bom Retiro (located in the northern central quadrant) as a largely empty periphery to the rest of the central city.[65] The 1890 map (figures I.3a and I.3b), for example, shows that going more than a few blocks into the neighborhood meant entering emptiness, in effect going off the grid since the streets had not yet been mapped.[66] Artur Saboia's 1929 map (figures I.4a and I.4b) uses a different approach, giving Bom Retiro a larger footprint but ending abruptly at the edge, suggesting that São Paulo did not exist outside of the map. As late as 1951, maps represented Bom Retiro as a frontier space, with urban organization and all that came with it stopping suddenly.[67]



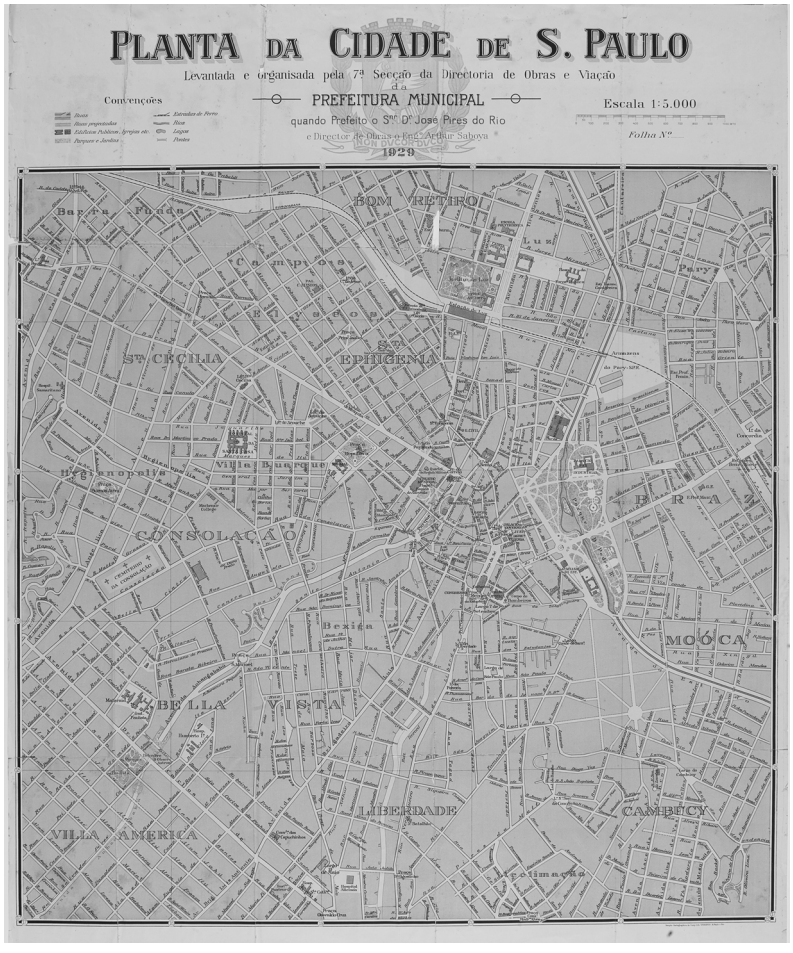

**Methods Leading to Questions**

This book reflects the many approaches that I use to generate and analyze data. Like many in the humanities, I spent most of my career thinking of myself as a solitary researcher even while acknowledging the help of archivists, librarians, and students. For this project, however, I worked with three interconnected teams whose data, ideas, and conclusions influence every sentence of this book. Those who read endnotes will notice that the research is informed by disciplines including history, cultural studies, public health, anthropology, geography, and sociology. In some of these areas of knowledge, publications include multiple authors, indicating a different kind of academic production than that typical of the humanities, where single-authored publications dominate.




**Figures 1.3a & 1.3b** 1890 map of São Paulo and detail view showing Bom Retiro as largely an "empty" space. Source: Jules Martin, "Planta da Capital do Estado de S. Paulo e seus arrabaldes desenhada e publicada por Jules Martin em 1890," *Informativo—Arquivo Histórico Municipal* 4, no. 20 (September–October 2008), http://www.arquiamigos.org.br/info/info20/img/1890-download.jpg.

I used a variety of historical and contemporary sources, including archives, observation, oral histories, cartography, digital map creation, photographic exhibits, and participation in city-sponsored health programs. Much of the material was found in the archives of the Emílio Ribas Public Health Museum, situated in the building that had been São Paulo's Central Disinfectory, and the archival and historical space became an actor in the interpretation of some of the documents.[68] I have tried to provide readers with a sense of the dilemmas we faced in analyzing data by sometimes providing multiple conclusions. I used the Pauliceia 2.0 Historical Geographic Information Systems Platform to link quantitative data (e.g., demography, infrastructure planning, health outcomes, and socioenvironmental challenges) to the built environment, especially in order to see continuities in spatial patterns over time.[69] I often matched the quantitative data with blueprints, architects' notes, street notes, and press reports to map contemporary human flows through and around the buildings, which I then compared




with photographs and etchings from earlier periods. My own observations and oral histories emerged from multiple years embedded in a primary care team at the Bom Retiro Public Health Clinic.[70]

By examining the interplay between people's lives and what those lives tell us about broader structural determinants over time, this book engages with multiple national academic literatures that are not always in conversation with each other. For example, historians of Latin America who study immigrants often focus on single groups, and in previous publications I have sometimes taken this approach. Such a focus tends to generate data that emphasizes closed ethnic communities with little national or multiethnic interaction. Scholars of immigration, whether based in Brazil or the United

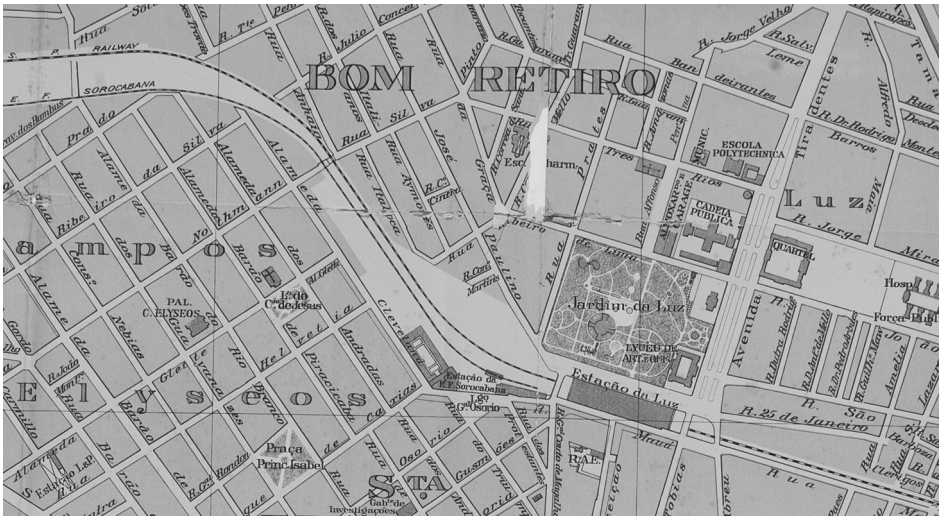



**Figure I.4a & I.4b** 1929 map of São Paulo and a detail view showing Bom Retiro as an urban neighborhood. Source: Artur Saboia, "Planta da Cidade de S. Paulo (1929)," Coleção João Baptista de Campos Aguirra—7ª Seção da Directoria de Obras e Viação—Prefeitura de São Paulo—Seção Cartográfica da Companhia Litográfica Ipiranga (São Paulo e Rio de Janeiro), Museu Paulista, https://upload.wikimedia.org/wikipedia/commons/b/ba/Planta_da_Cidade_de_S._Paulo_-_1%2C_Acervo_do_Museu_Paulista_da_USP.jpg.

States, often examine how immigration intersects with broad socioeconomic and health issues but rarely via comparisons with other countries.[71] Scholars who study health buildings like hospitals will, I hope, find my focus on urban materiality like sidewalks and sewer systems of use. Epidemiologists and medical anthropologists who prioritize contemporary data will see that the residues of the past are always reflected in the present. While this specific study ends with the publication of this book, the processes that link health, immigration, and the built environment in working-class neighborhoods like Bom Retiro continue.

### Teams

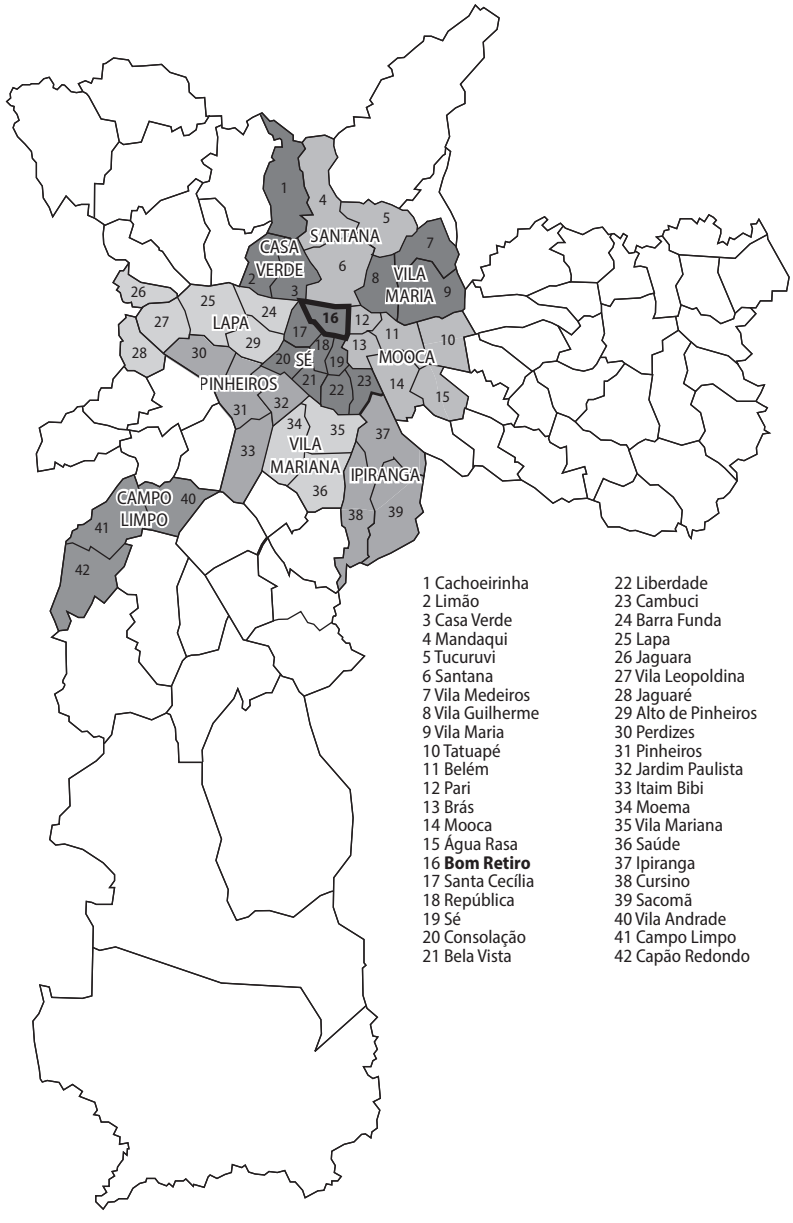
Much of the research and analysis included in this book was generated by three multidisciplinary, multinational teams whose members often interacted with each other. One Brazilian partner was the Family Health Strategy "Team Green" (Equipe Verde), led by Dr. Fernando Cosentino at the

Unidade Básica de Saúde (UBS; primary health care clinic) Bom Retiro, the district's Sistema Único de Saúde (SUS; Brazilian Unified Health System) health clinic (in this book referred to as the Bom Retiro Public Health Clinic [BRPHC]). The importance of UBSs cannot be overstated since they provide basic and family health care to over 70 percent of Brazil's population, and some services to almost everyone, including those with private health insurance plans. Press coverage of health in Brazil often takes place with a reporter stationed inside of or in front of a UBS, and there is even a multiseason television series that focuses on the work of a fictional clinic in an underprivileged São Paulo neighborhood.[72] Public health clinics serve coverage areas determined at the municipal level, and Bom Retiro, in sector 16 (map I.2), is spatially central rather than peripheral to the city of São Paulo.[73]

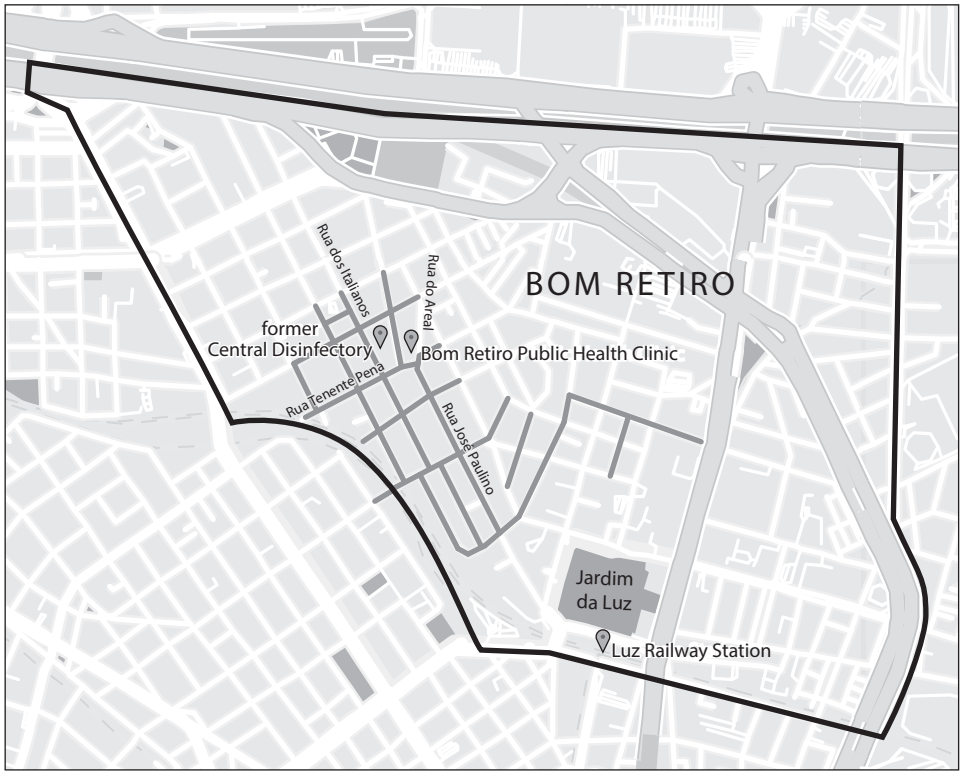
The BRPHC's coverage area has five subsections, each defined by a color name and each comprising more than four thousand patients.[74] I joined Team Green in 2015 because its territory in the western portion of Bom Retiro (highlighted in map I.3) included the areas that held a mid-nineteenth-century immigrant hostel; the Ministry of Health's late nineteenth-century Central Disinfectory, a municipal institution that included infectious disease research, policy creation, and enforcement; and multiple twentieth-century health institutions, like a leprosy treatment center and a sexual health clinic that operated when the city sanctioned prostitution in the 1940s.

Team Green's patients were diverse, and when Emily Sweetnam Pingel conducted research in the BRPHC in 2019, she found that about 38 percent were immigrants while the others listed their country of origin as Brazil. The racial categories, sometimes expressed by the patient and sometimes judged without asking by the health care provider, were listed as white (about 47 percent), Brown (about 34 percent), Black (about 4 percent), Yellow (1.5 percent; note that this is a formal racial category in the Brazilian census and is used in many official records), and Indigenous (a small number). Among non-Brazilians, the largest numbers came from South America (Bolivia, Paraguay, and Peru) with the next-largest group from Asia (overwhelmingly Korean, with some Chinese).[75]

Like all the Family Health Strategy teams at the BRPHC, Team Green includes a physician, a nurse, one or two nurse technicians, and five or six community health workers (CHWs).[76] At the BRPHC the community health workers are almost all women, a change from the past, when state-employed public health workers were overwhelmingly male. Each CHW covers a microregion within the subsection and is expected to visit patients at home once a month. This system emphasizes the relationship of geography to




**Map I.2** A map based on information from the São Paulo Municipal Secretary of Health showing central health coverage areas by district. Bom Retiro is in the northern part of the city, within the larger Sé district. Source: Prefeitura de São Paulo, Secretaria de Saúde, http://smul.prefeitura.sp.gov.br/historico_demografico/img/mapas/1992.jpg.




**Map I.3** The coverage area of the Bom Retiro Public Health Clinic, including the northern boundary created by the Tietê River. Note the Jardim da Luz (Luz Garden) in the southern part. Team Green's coverage area is in the western part of the neighborhood and includes what had been the Central Disinfectory. Source: Dr. Fernando Costa de Carvalho Cosentino, Unidade Básica de Saúde Dr. Octávio Augusto Rodovalho, Bom Retiro, June 2, 2021.

health and emerges from one that originated with home visits by Brazilian female nurses in the early twentieth century, a time when male physicians often refused to make house calls to those in the lower classes.[77] In all of Brazil, those registered with the Unified Health System, including me, have access to routine visits at the health post. Since some health care barriers common in the United States, like lack of insurance, are largely absent in Brazil, the personal relations that Emily Sweetnam Pingel has defined as "who and what one "knows" about health care are critical. Health workers had and have an oversized presence in Bom Retiro, as was made clear both

by the historical documentation and by the data I collected during the five years I worked with Team Green.

Another Brazilian partner for this project was composed of researchers at the Federal University of São Paulo's (UNIFESP) History, Maps, and Computers laboratory, directed by Luis Ferla. The laboratory connected to Pauliceia 2.0, a multiyear historical-mapping project funded by São Paulo state that included UNIFESP, the São Paulo State Archives, the Brazilian National Institute for Space Research (Instituto Nacional de Pesquisas Espaciais, INPE), and Emory University.[78] The third team was the Lesser Research Collective, known by its members as Team Lesser/Equipe Lesser.[79] This group of Emory and Federal University of São Paulo undergraduate, MA, and PhD students of diverse citizenships did not act as traditional research assistants. Rather, each team member conducted an individual research project, focused on some aspects of health, immigration, and space in Bom Retiro, that connected with all others. These projects included a sociological study of obstetric violence and the reproduction of health inequities; historical, epidemiological, and neuroscientific examinations of maternal health; a project on Hansen's disease; an investigation of Korean church-organized community health systems; and a comparative project on health among Chinese, Korean, and Bolivian immigrants in Bom Retiro.

Team Lesser shared data generated across disciplines and methods, leading to often-unanticipated questions.[80] Perhaps the most challenging was how our research might directly influence the lives of both health care workers and residents in Bom Retiro. One answer came in 2016 when Dr. Sara Kauko created a photographic exhibit showing daily life in Bom Retiro within the BRPHC. Another response came in 2018 when Team Lesser participated in a Ministry of Health project to map socioenvironmental challenges to health in the neighborhood. One finding of the 2018 study was that areas around textile-workshop residences had high incidences of mosquito-borne diseases like dengue. The initial response of some health care workers was that a lack of personal hygiene was common among the Bolivians and Paraguayans who lived and worked in these spaces. Using other types of data, Team Lesser was able to demonstrate to health care professionals that the workshop-residences were in locations that had been flood prone since the nineteenth century. Standing water, the state's highly inconsistent collection of litter, and resulting mosquito-borne illnesses had a long history unrelated to national origins.

### What Comes Next?

*Living and Dying in São Paulo* argues that time and space are critical to understanding health. My interest in migration and other forms of human movement means I ask about globalized ideas about the construction, function, and perception of health spaces, broadly construed. I analyze the relationship between dense urban spaces (such as streets, homes, sewers, buildings, and sidewalks) and health outcomes in working-class neighborhoods.[81] I want to understand how and why disease, epidemics, cures, accidents, and crime have intersected with the histories of migration and spatial development, and how immigrants and their descendants have produced alternatives, ranging from homeopathic medicine to protests, to state-imposed health programs such as vaccinations or the use of chemical sprays to kill mosquitoes.

The organization of this book is itself a methodological argument, and each of the chapters creates residues that influence what follows. The words on the real or virtual page, including the observational postscripts that end each chapter, seed ideas about immigration, health, and the built environment that I hope create a visible final structure. The historical and contemporary data are, of course, mediated in various ways. For example, the voices of immigrants often emerge through documents written by public health specialists and government bureaucrats, and many of my observations began with context provided by health care workers, not patients. Within each chapter there are shifts, at times abrupt, between past and present. Readers will notice that the discussions overall do not range equitably over the decades. Some years or months or even days receive much more coverage than others because of how historical data linked to health come to the surface. When writing about the past within chapters, I use traditional chronologies to show how laws create institutions that generate residues even after legislation is revised or institutions are shut.

Chapter 1, "Naming a Death," dissects how life and death are negotiated when immigrants and state representatives hold competing ideas about good and bad health. It is followed by "Bom Retiro Is the World?," a spatial analysis within a broader context of immigration, anti-Blackness, health concerns, and urbanization in the Americas. Chapter 3, "Bad Health in a Good Retreat," focuses on material structures, including buildings and streets, and asks why certain types of health incidents occur repeatedly over time. Chapter 4, "Enforcing Health," scrutinizes the São Paulo Medical Police,

an organization that was dismantled in 1940 but whose residues are apparent in the contemporary activities of São Paulo's Civil Police, the coroner's office, and the municipal Health Surveillance Office. Chapter 5, "A Building Block of Health," opens amid Brazil's 2016 Zika outbreak when I spent two months with a municipal health surveillance team investigating complaints of mosquito-filled standing water. It then shows how one building, the Central Disinfectory, came to embody the hygienist state. Finally, "Unliving Rats and Undead Immigrants" analyzes how health crises led to the targeting of immigrants and how immigrants in turn reacted.

## A POSTSCRIPT

*There are many ways to arrive in Bom Retiro. In addition to three metro stations on two different lines, there are buses, and the neighborhood is a relatively easy walk from many other central parts of the city. The experience of entering the neighborhood and walking to Bom Retiro Public Health Clinic from the Tiradentes Metro Station, however, is completely different from the stroll from the Luz Metro Station that I described earlier in this chapter. Exiting at Tiradentes Metro Station, you take a short escalator to the Praça Colonel Fernando Prestes flanked by the Military Police Command Barracks, the Municipal Archives, a public elementary school, city offices, and the socially progressive Institute Dom Bosco and its associated church. From there you walk down Rua Três Rios, with residential buildings as tall as ten stories, shops, hip coffeehouses, restaurants with signs in Portuguese and Korean, Jewish communal and religious organizations, and impressive structures built in the nineteenth century and linked with education and health, like Brazil's first School of Dentistry.*

*Many visitors go to Rua Três Rios for the "cool" Bom Retiro of K-pop and K-coffee. They see ascendant immigrants and their descendants, and upper-middle-class and middle-class residents who own commercial and residential properties. My own first experience in the neighborhood was one of unseeing, to use a term perhaps coined by China Miéville.*[82] *It was the mid-1980s, and I was conducting research on images of Jews in Brazil. As I walked the streets, I focused on finding Jewish life while ignoring everything else. At the time I participated in several social movements, and in one of them I met "Jacob," a medical student who would soon leave Brazil for Israel. Decades later, as I began research for this book, a friend told me that Jacob was a physician at*

*the Bom Retiro Public Health Clinic (readers will meet Dr. Jacob in chapter 3). He and I renewed our acquaintance as we walked through the district, and a new Bom Retiro appeared. This one did not look like the one I had known decades earlier, nor the one that visitors hailed as they drank fancy coffee and ate "ethnic" foods in relatively expensive restaurants. For the first time I saw many Bom Retiros, not a single Bom Retiro.*

# NOTES

## An Introduction

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### Chapter 1. Naming a Death

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