

# IMMIGRATION AND THE COVID-19 PANDEMIC IN RIO GRANDE DO SUL, BRAZIL: IMPACTS, POLICIES AND GOVERNANCE

[ ARTIGO ]

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**[ ABSTRACT RESUMO RESUMEN ]**

The COVID-19 pandemic posed new challenges for international migration flows within the Global South. In the case of Brazil, different immigration and emigration flows coexisted over the first two years of the pandemic, forcing the State and sub-national governments to formulate and adopt new public policies to mitigate the impacts of the pandemic. Thus, this research analyzes these dimensions from the case study of cities in the State of Rio Grande do Sul, with a research methodology of comparative studies. Subnational and national policies that have been adapted by these local governments will also be discussed, namely: a) access to health services; b) income transfer through the Emergency Aid (*Auxílio Emergencial*); c) vaccination against the COVID-19. Preliminary results point to a fragmented and non-aligned governance of cities in relation to state and federal governments, as well as different impacts - and their mitigation - among groups of immigrants and refugees.

**Keywords:** COVID-19. Pandemic. Immigrants. Brazil. Rio Grande do Sul.

A pandemia de COVID-19 impôs novos desafios para os fluxos migratórios internacionais no Sul Global. No caso do Brasil, diferentes fluxos imigratórios e emigratórios coexistiram nos dois primeiros anos da pandemia, obrigando o Estado e os governos subnacionais a formular e adotar novas políticas públicas para mitigar os impactos da pandemia. Assim, esta pesquisa analisa essas dimensões a partir do estudo de caso de cidades do Estado do Rio Grande do Sul, com uma metodologia de pesquisa de estudos comparativos. Também serão discutidas as políticas subnacionais e nacionais que vêm sendo adaptadas por esses governos locais, a saber: a) acesso aos serviços de saúde; b) transferência de renda por meio do Auxílio Emergencial; c) vacinação contra a COVID-19. Os resultados preliminares apontam para uma governança fragmentada e não alinhada das cidades em relação aos governos estadual e federal, bem como diferentes impactos - e sua mitigação - entre grupos de imigrantes e refugiados.

**Palavras-chave:** COVID-19. Pandemia. Imigrantes. Brasil. Rio Grande do Sul.

La pandemia de COVID-19 planteó nuevos desafíos para los flujos migratorios internacionales en el Sur Global. En el caso de Brasil, durante los dos primeros años de la pandemia coexistieron diferentes flujos de inmigración y emigración, lo que obligó al Estado y a los gobiernos subnacionales a formular y adoptar nuevas políticas públicas para mitigar los impactos de la pandemia. Así, esta investigación analiza esas dimensiones a partir del estudio de caso de las ciudades del Estado de Rio Grande do Sul, con una metodología de investigación de estudios comparativos. También se

discutirán las políticas subnacionales y nacionales que han sido adaptadas por estos gobiernos locales, a saber: a) acceso a los servicios de salud; b) transferencia de ingresos a través del Auxilio Emergencial; c) vacunación contra el COVID-19. Los resultados preliminares apuntan a una gobernanza fragmentada y no alineada de las ciudades en relación con los gobiernos estatales y federal, así como diferentes impactos -y su mitigación- entre grupos de inmigrantes y refugiados.

**Palabras clave:** COVID-19. Pandemia. Inmigrantes Brasil. Rio Grande do Sul.

## Introduction

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What does it mean to welcome immigrants in times of pandemic? This is the main question of the research “Socio-Economic Impacts of COVID-19 on Immigrants in the State of Rio Grande do Sul: measurement and mitigation of the effects of the pandemic and public health governance”, from which this paper presents its preliminary results.

After two years of the COVID-19 pandemic, which represented impacts and transformations, in addition to significant disruptions to the International System, it is already possible to identify the patterns of behavior of the flows of migrants, asylum seekers and refugees, as well as of the host societies and countries, which is the objective of this paper.

Considering the interactions between the local-global scales, the present study analyzes, from three dimensions – political, social-sanitary, socioeconomic – the mechanisms and responses of reception by some cities of the State of Rio Grande do Sul, located in the southern part of Brazil, with particular geoeconomic and migration features, of immigrants in the context of the COVID-19 pandemic, in order to identify the effectiveness of the public policies implemented, as well as social echoes, i.e. the dichotomy between reception and expulsion, the dilemmas of access to public health services and the emergence of sentiments of social and institutional xenophobia.

Finally, it is expected that this work will contribute to the studies on the role of cities in welcoming migrants, especially those in situations of social and sanitary

vulnerability, as well as to shed light on the theoretical-critical perspectives on this theme, with emphasis on the perspective from the Global South and its proper migration, political and economic dynamics.

The text is divided into five sections, in addition to this Introduction and Conclusion: Contextualization; Political dimension; Social-sanitary dimension; Socioeconomic dimension; Outlook. The methodology used combines elements of quali-quantitative, exploratory and bibliographic research with the deductive-dialectical method and instruments of thematic cartography and discourse analysis (GIL, 2019). The theoretical approach derives from the intersections of the Theories of International Relations with the Social Anthropology of migrations, especially through critical and postmodern approaches (SASSEN, 2007; UEBEL, 2022).

## Contextualization

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The COVID-19 pandemic, officially declared on March 11, 2020, by the World Health Organization (WHO), caused by the spread of the new coronavirus (SARS-CoV-2) and its variants, especially delta and omicron, has already caused the deaths of 6.2 million people and 503 million confirmed cases worldwide, of which 661.9 thousand deaths and 30.2 million chaos occurred in Brazil, according to WHO data from April 20, 2022<sup>1</sup>.

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<sup>1</sup> Data consulted in the World Health Organization dashboard on April 20, 2022. Available in: <https://covid19.who.int/>.

Rio Grande do Sul, a state located at the southern part of Brazil, bordering Uruguay and Argentina, counted 39,230 deaths and 2.3 million cases of COVID-19 on the same date, according to data from the Rio Grande do Sul State Health Department<sup>2</sup>. The incidence of 20.388.7 cases per 100,000 inhabitants and a lethality of 345.0 deaths per 100,000 inhabitants placed the state at the levels seen in countries such as the United States of America, the United Kingdom and Italy.

From this contextualization, the geographical scope of this research determines the limitations and conditioning factors of the selected demographic segment, that is, the population of international immigrants in Rio Grande do Sul, since, according to Krieger (2011):

The fact that the incidence of illness and of death is relatively more frequent in the lower economic, occupational, and social strata of society than in the higher does not throw much light upon the specific reasons why this is so. It is confirmation by experience of the correctness of the thinking that leads us to expect this result; but it does not explain, nor is it of much practical value except as an argument against an economic system that is characterized by so much poverty. What we need to understand are the precise ways in which various social and economic factors influence the prevalence of a given impairment, the incidence of a given disease, or the death rate from a given cause. To obtain this knowledge

of the interaction of environment and health, thorough inquiries are necessary into the etiology of each disease and into the specific conditions that affect its prevalence (KRIEGER, 2011, p. 123).

It will be the socioeconomic and health determinants that will constitute the object of analysis, thinking, as Raffestin (1980) says, on the power relations and effectiveness of public policies implemented for migrant populations, whether to mitigate the impacts of the pandemic, whether of primary health care and vaccination itself. After all, migration – and territorial – management is also a resource of power according to Raffestin (1980):

[...] on notera que le contrôle et la gestion des flux migratoires ne sont pas non plus aisés lorsqu'il s'agit de préserver certaines proportions jugées souhaitables. C'est qu'en effet, si la manipulation des interdictions est relativement aisée, on oublie qu'ensuite la fécondité différentielle des groupes peut faire croître plus qu'on ne le désirerait telle ou telle ethnie, telle ou telle race. Les politiques d'immigration ne sont pas le seul fait de l'État mais de groupes multiples à l'intérieur de lui. Les stratégies faisant apparaître des relations complexes entre l'État et les divers groupes secondaires puisque ceux-ci peuvent avoir et ont souvent des intérêts contradictoires. En effet, un parti politique peut être hostile à l'immigration comme ce fut le cas aux Etats-Unis et comme c'est encore le cas en Suisse actuellement. En revanche les entreprises peuvent y être favorables pour disposer d'une main-d'œuvre abondante et bon marché. Les syndicats ouvriers, au contraire, peuvent avoir une

<sup>2</sup> Available in: <https://ti.saude.rs.gov.br/covid19/>. Accessed: 20 Apr. 2022.

finalité opposée à celle des entreprises. Cela débouche sur un système de pouvoir très complexe qui se traduit par la naissance d'antagonismes et d'oppositions<sup>3</sup> (RAFFESTIN, p. 82, 1980).

In this sense, throughout this paper we will emphasize how these dimensions and actors relate to our object of study, which ends up representing, to some extent, the dichotomies and social problems arising from the COVID-19 pandemic. Regarding the demographic aspects, Menezes (2021) describes the immigration profile of Rio Grande do Sul:

Haiti stands out, which has more than a quarter of immigrants in each of the bases and almost half of the immigrants (45.3%) registered with RAIS, that is, it accounts for the largest share of formal workers. Uruguay is the country of origin with the highest presence in Sismigra (29.3%). Venezuela is almost tied for first place with Haiti in the CadÚnico (25.6%).

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3 “[...] it should be noted that the control and management of migration flows are not easy either when it comes to preserving certain proportions deemed desirable. This is because, in fact, if the manipulation of prohibitions is relatively easy, we forget that the differential diversity of groups can then cause this or that ethnic group, this or that race to grow more than we would like. Immigration policies are not the sole deed of the state but of multiple groups within it. Strategies revealing complex relationships between the state and various secondary groups since these can and often do have conflicting interests. Indeed, a political party can be hostile to immigration, as was the case in the United States and as is still the case in Switzerland today. On the other hand, companies can be favorable to it in order to have an abundant and cheap workforce. Workers' unions, on the contrary, can have a purpose opposed to that of companies. This leads to a very complex system of power which results in the birth of antagonisms and oppositions.” Our translation.

Senegal is the country where about 7% of RAIS and Sismigra immigrants are the country of origin. In RAIS, there is this same percentage of naturalized Brazilian registered workers. Argentina has about 5% of immigrants in each of the bases. (MENEZES, p. 1, 2021).

Regarding the distribution of the immigrant population in Rio Grande do Sul, estimated at about 30,000 immigrants, according to the most recent compilations of the Observatory of International Migrations in Rio Grande do Sul<sup>4</sup>, it occurs in concomitance with the highest urban concentrations and, as will be addressed later, to the localities with the highest incidence of COVID-19, allowing to deduce a causal or intervention relation.

Table 1 below shows the ranking of cities with the highest number of immigrants in the state:

Moreover, the migration profile of Rio Grande do Sul allows identifying a distribution of nationalities from the immigration flows prior to the pandemic, as already discussed by Uebel and Rückert (2016) in which are those originating in Mercosur bordering countries, followed by Latin American and Caribbean, West African and European immigrants. Therefore, the immigration context is the predominance of groups from the Global South.

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4 Databases available in the cloud of the Observatory of International Migrations in Rio Grande do Sul: [https://drive.google.com/drive/folders/1RH9srdWV8OS-BSGChWfdSD\\_xqztZ5S-lH?usp=sharing](https://drive.google.com/drive/folders/1RH9srdWV8OS-BSGChWfdSD_xqztZ5S-lH?usp=sharing).

**[Tabela1]**  
**Ranking of the cities of Rio Grande do Sul with the largest  
 population of international immigrants (2021)**

MUNICÍPIOS	RAIS			SISMIGRA			CADASTRO ÚNICO		
	Ranking	Imigrantes %	Total %	Ranking	Imigrantes %	Total %	Ranking	Imigrante %	Não Imigrante %
Porto Alegre .....	1	21,4	23,5	1	17,6	12,8	1	13,9	9,7
Canoas .....	8	2,8	2,8	3	6,0	3,2	2	8,1	3,2
Caxias do Sul .....	3	7,3	5,4	7	4,4	4,1	3	6,5	2,6
Bento Gonçalves .....	12	1,9	1,5	13	1,9	1,1	4	5,3	0,5
Santana do Livramento .....	11	2,2	0,5	6	5,4	0,7	5	5,2	1,2
Gravataí .....	13	1,8	1,8	14	1,7	2,4	6	3,0	2,2
Cachoeirinha .....	10	2,2	1,3	18	1,2	1,2	7	2,6	1,1
Lajeado .....	6	3,4	1,3	12	2,0	0,8	8	2,6	0,5
Esteio .....	19	0,3	0,6	22	0,7	0,8	9	2,3	0,6
Passo Fundo .....	5	3,5	2,1	10	2,3	1,8	10	2,0	1,6
São Leopoldo .....	15	1,7	2,0	21	0,9	1,9	11	2,0	2,0
Chuí .....	7	3,3	0,1	5	5,5	0,1	12	1,4	0,0
Novo Hamburgo .....	16	1,4	2,4	16	1,3	2,2	13	1,3	1,7
Erechim .....	14	1,7	1,2	15	1,7	0,9	14	1,3	0,7
Pelotas .....	17	0,8	2,5	20	1,0	3,0	15	1,2	2,7
Uruguiana .....	18	0,3	0,7	17	1,3	1,0	16	1,1	1,5
Santa Vitória do Palmar .....	22	0,1	0,2	8	4,4	0,3	17	0,8	0,4
Jaguarão .....	20	0,3	0,1	4	5,9	0,2	18	0,5	0,3
Aceguá .....	21	0,3	0,0	9	2,4	0,0	19	0,4	0,1
Garibaldi .....	4	4,8	0,5	23	0,4	0,3	20	0,3	0,1
Encantado .....	9	2,3	0,3	19	1,1	0,2	21	0,2	0,1
Candiota .....	23	0,0	0,1	11	2,2	0,1	22	0,0	0,1
Não especificado .....	2	16	0,0	2	15,6	0,0	23	0,0	0,0

Fontes: Cadastro Único (2021) (BRASIL, 2021a) – RAIS (2019) (BRASIL, 2021b) – SISMIGRA (2020) (BRASIL (2021c).

Source: Menezes (2021).

These migrations, in the end, will be influenced by economic, labor and political issues that allowed the construction of an attractive – and hyperdynamic – migration scenario to the new flows in the pre-pandemic period, combined with Brazil's Foreign Policy for Migration and Brazil's own performance as a destination for migrants in different situations and conditions (UEBEL; RANINCHESKI, 2021).

Brazil and Rio Grande do Sul were destination for both skilled workers and expatriates, asylum seekers and people who are victims of human trafficking, as well as those benefiting from the humanitarian visa policy ratified with the new Migration Law of 2017, which mainly benefited Haitians, Syrians, Venezuelans and, more recently, Afghans and Ukrainians. Thus, there is a dynamic and diverse national and regional migration profile and linked to transnational migration networks.

In the next sections, therefore, the sanitary contexts and the incidence of cases, deaths and vaccinations of these migrant populations will be presented, starting with the political dimension of reception and expulsion, which we will discuss in the following section.

## Political dimension

Migration governance and transformation of the welcoming public policy agenda are the key words that define the political dimension of international migration during the COVID-19 pandemic in Brazil, especially from the perspective of the local sphere, analyzed in this essay.

In the light of the new Migration Law of 2017, which replaced the old Foreigner's Statute of 1980, which dates back to the period of military dictatorship in Brazil,

therefore, which perceived immigrants as elements “harmful to national security”, several normative instruments were adopted by the Brazilian State to complement the scope of migration legislation after the declaration of the health emergency in March 2020, such as the various ordinances of the Ministry of Justice and other ministries (MINISTÉRIO DA JUSTIÇA E SEGURANÇA PÚBLICA, 2020).

In this context, it is worth mentioning the tripartite role of the formulation of public policies for immigrants and refugees, in a kind of shared protection between the federal, state and municipal governments, with the support of the other powers, that is, the Legislative and the Judiciary branches, in addition to the role of the Public Prosecutor’s Office in supervising the application of such policies and budget resources, often, reason for deviations and supply of corruption networks (BRITO; COSTA, 2021).

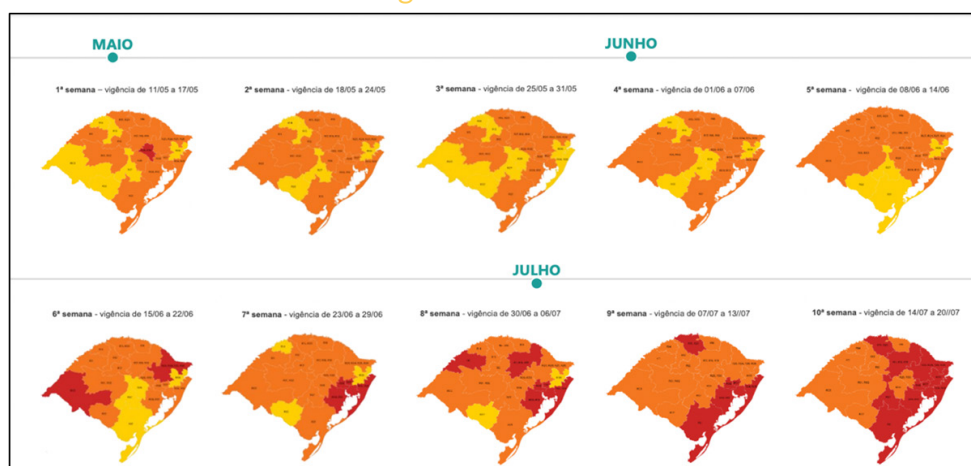
Within the municipalities analyzed in the State of Rio Grande do Sul, it was

possible to identify different agendas and formulations of public policies for the welcoming of immigrants during the COVID-19 pandemic, as well as to mitigate the effects, especially economic ones, of it, such as the creation of job centers for immigrants, community shelters, social assistance networks and coordination with the state government.

As a central element of policy formulation at the state level, the government of Rio Grande do Sul adopted, from May 2020 to May 2021, a system of flags monitoring the evolution of the pandemic in the state, where those with yellow flag presented low risk and those with red and black flags, high risk of transmission.

The “Controlled Distancing Model” (Figure 2), in the end, served through its thematic cartography as a true model for cities and other Brazilian states to monitor the pandemic and the very need to formulate public policies, among them, those for immigrants in a situation of vulnerability.

[Figura1]  
Controlled Distancing Model in the first months of 2020



Source: Department of Planning, Governance and Management (2021).<sup>5</sup>

<sup>5</sup> The full historical series is available on the page of the Department of Planning, Governance and Management of Rio Grande do Sul: <https://planejamento.rs.gov.br/calculo-bandeiras>. Accessed: 21 Apr. 2022.

Although this model was replaced by the "3As Monitoring System", in which each region began to receive a warning, alert or recommended action due to the behavior of the pandemic, thematic cartography was useful to map the action of specific cities in the fight against the pandemic and in the adoption of public policies for its mitigation.

Cities such as the capital Porto Alegre and Caxias do Sul were able to intensify the monitoring of immigrants in situations of sanitary vulnerability, as well as border cities, in coordination with the Argentinean and Uruguayan governments (SECRETARIA DA SAÚDE DO ESTADO DO RIO GRANDE DO SUL, 2020; GOVERNO DO ESTADO DO RIO GRANDE DO SUL, 2020). Thus, it was identified through preliminary surveys both welcoming and expulsion elements in the presence of immigrants in the cities analyzed in this time frame.

## Welcoming and reception

In light of the intensified migration flows in the pre-pandemic period, especially of Haitians and Venezuelans, the first measure of impact was the closure of Brazilian borders decreed on March 19, 2020, whose reflections were felt directly in *Operação Acolhida* (Operation Welcome), an interministerial and interagency operation, under the command of the Brazilian Armed Forces, which aimed to provide logistics and resources – human, material and financial – for the reception of immigrants in the Northern region of Brazil and its subsequent interiorization in the national territory.

Despite Rio Grande do Sul being located in the southern part of Brazilian

territory, the state was linked to Operation Welcome as the destination of interiorized immigrants after their reception in the Amazon borders, that is, in the states of Acre, Amazonas, Amapá and Roraima, being the third state that received the most immigrants, about 10,578 during the duration of the Operation, and Porto Alegre, the fifth city in Brazil with the highest number of interiorized immigrants, about 2,362.

However, with the advent of the pandemic and the adoption of policies of social distancing, implemented by states and municipalities, despite the contrariness of the government of Jair Bolsonaro in adopting a national lockdown model, something then recommended by the scientific committees and societies, a new scenario was designed, as described by Moraes, Paim and Franchi (2020):

In addition, it is worth mentioning that even with the "closed" borders, the reception areas are still with personnel that entered before the restrictions. As stated earlier, work focused on housing and interiorization remains. The conditions of these shelters do not favor social distancing, causing an increase in attention in other measures to contain transmission. Educational measures aimed at migrants; extra health and epidemiological safety measures presented in the Emergency Contingency Plan for COVID-19, which aim to reduce the possibilities of infection of the sheltered. PECCovid-19 is aligned with the guidelines of the Ministry of Health, the World Health Organization and provisional notes from the UNHCR. This plan establishes the triad: Monitor; Isolate and Treat. The document contains guidance on educational and preventive

measures to be developed both together with the sheltered populations and the military involved in the operation. Use of PPE, extra care with food hygiene and supplies distributed to sheltered are some of the points treated in the document. The plan elaborates procedures for Boa Vista, Pacaraima, Manaus and interiorization. In addition, anamnesis procedures and temperature tests and medical follow-ups have already been carried out before the migrant is interiorized, preventing any diseases from spreading to other parts of the country. With the current pandemic, the procedures became more judicious. These actions, added to the restrictions on the entry of foreigners, in this case Venezuelans, aim to avoid a case of overload in Roraima's health system, weakened since the beginning of Venezuela's migration crisis, and safeguard the rest of the country. (MORAES; PAIM; FRANCHI, 2020).

Thus, if the welcoming and reception policies proved fragile due to the decree of closing borders, something that is already a consensus today, at least in the studies of migration epidemiology, regarding their ineffectiveness in controlling the circulation of the SARS-CoV-2 (SIRKECI; COHEN, 2020), political support, that is, migration governance in practice, it was also weak, incurring what Raffestin (1980) calls a crisis of the power regime.

With the adoption of a denialist and anti-scientific discourse for political-ideological reasons, the government of Jair Bolsonaro ended up inciting a crisis of Brazilian federalism at the same time that the health crisis was taking place in the country. States and municipalities,

under the safeguarded protection of the Supreme Court, which acted to comply with the Constitution and the right to life and health (BRASIL, 2020), were obliged to assume the responsibilities hitherto exclusive to the federal government, in order to avoid the collapse of the public health system and the economy itself.

Not immune to these movements, the government of Rio Grande do Sul, in collaboration with the 497 municipal governments, developed policies of federated co-participation, at the state and municipal level, in order to create a service and reception network, both for the local population and for immigrants who still arrived in the state via land borders with Argentina and Uruguay.

The most robust example, which even served as a contribution to this research, was the dashboard "*Painel Coronavírus RS*"<sup>6</sup>, an unprecedented effort, at least in the Brazilian public administration, for the daily supply of a database, with a Big Data shape, with information on cases, deaths, tests, hospitalizations, available hospital beds and, more recently, vaccines applied, where in an unprecedented way, unique data ecosystems have been created on immigrants.

With the stage of consolidation and publicization of data on the pandemic scenario in Rio Grande do Sul, the cities were able to establish the priority agendas and the instruments for their effectiveness in the care of the immigrant population. In the case of Porto Alegre, for example, the "Emergency Plan of Social Protection"

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<sup>6</sup> Available in: <https://ti.saude.rs.gov.br/covid19/>. Accessed: 21 Apr. 2022.

established in August 2020, five months after the beginning of the pandemic, provided for an open call for the accreditation of hotels, inns, guesthouses and hostels to serve as social lodging for homeless people and immigrants, where:

[...] up to 400 rooms will be offered for a period of 180 days. Spaces should be arranged in order to ensure adequate minimum isolation and distance. In this context of pandemic, the rental of rooms of hotels, guesthouses or inns is of an emergency nature, with the objective of offering security conditions, as well as reducing the risk of contagion of the general population. [...] The program, in operation since March, expands existing services and creates new benefits for about 150,000 vulnerable families in the Capital. Among the main goals are the distribution of up to R\$ 6.6 million through the Social Card, 100,000 basic baskets, 83,000 hygiene kits, 1,800 baby kits and more than 1,000 reception and temporary housing vacancies. (PREFEITURA MUNICIPAL DE PORTO ALEGRE, 2020).

The reception policies implemented by Brazilian cities, as in the case of Porto Alegre, had a positive response from the immigrant community, according to the report of a Venezuelan immigrant interviewed by our research, since the main need was income for the payment of rent and food, seriously compromised by the reduction of economic activities in the pandemic:

The hardest part is to eat and pay the rent. Many Venezuelans have lost their jobs, but the gaucho people are welcoming. Rice and beans are not lacking (Report of a Venezuelan immigrant

not identified due to ethical reasons. Collected on April 22, 2020).

Another Senegalese immigrant interviewed mentioned the change in their consumption patterns:

A lot of people are at home; we are human beings and the priority becomes food. In a situation like this, buying clothes is for later. (Report of a Senegalese immigrant not identified due to ethical reasons. Collected on April 22, 2020).

If the reception proved to be one of the main political challenges for the maintenance of Operation Welcome and other programs at the state and municipal level, the expulsion, forced or voluntary, was also part of the immigration context in the cities of Rio Grande do Sul, which eventually revealed the other side of public administration, such as the lack of public policies and institutional xenophobia as well as.

## Expulsion

The COVID-19 pandemic represented not only a new way of treating international migration, such as the abrupt closure of borders by national states, and the mass concentration of immigrants at migration checkpoints throughout the International System, such as the dramas seen in Spain, Mexico, Hong Kong and Brazil too, but also presented new mechanisms for the expulsion and repulsion of the immigrant population in hosting societies.

This scenario was also verified in the formulation of public policies at local and state level and in the use of the city by the immigrant population, since, according to Abdelmalek Sayad (1998), migrants are the first to perceive – and receive – prejudice, stigmatization and

xenophobia in times of crisis, whether economic or sanitary, as in this case.

In the Brazilian case, and more specifically from Rio Grande do Sul, whose population is historically derived from a miscegenation of indigenous Amerindian peoples with Afro-Brazilians and immigrants of European origin, such as Germans, Italians, Portuguese, Spanish and Poles, and also Lebanese, Palestinians and Japanese, the issue of multiculturalism should be present and as an axiom of Rio Grande do Sul society.

However, the new migration flows of Latin Americans, Caribbean and West Africans, since the beginning of the 2010s, represented a new challenge for the conduct of the processes of integration, inclusion and aggregation of these groups to the hosting society, given the ethnic, national and racial prejudice strongly present in cities formed by immigrants in the past. This dichotomy, which in a first perspective seems contradictory,

was actually even more evident when the COVID-19 pandemic emergency.

Thus, from the Brazilian government's speech on the repatriation of Brazilian citizens in China, which chartered two presidential jets to seek about thirty citizens in Wuhan, China, to the complete closure of land, maritime and area borders, also in March 2020, subnational actors also made use of the expulsion discourse, although subjective, in the measures and public policies adopted to contain the new coronavirus.

For example, mayors of cities in the interior of Rio Grande do Sul, such as Campo Bom and Capão da Canoa, in an unprecedented move, closed access to their cities (Figures 3 and 4), in an attempt to contain any kind of non-essential mobility, including the daily flows of migrants working in urban centers such as Porto Alegre and Torres, respectively, and which were immediately impacted by the interruption of bus lines and the service of urban trains.

[Figura2]

Installation of barriers at the entrance to the city of Campo Bom/RS on March 20, 2020



Source: Jornal NH (2020). Available in: [https://www.jornalnh.com.br/noticias/especial\\_coronavirus/2020/03/20/campo-bom-decide-fechar-acessos-a-cidade-e-so-moradores-podem-entrar-e-sair.html](https://www.jornalnh.com.br/noticias/especial_coronavirus/2020/03/20/campo-bom-decide-fechar-acessos-a-cidade-e-so-moradores-podem-entrar-e-sair.html).

**[Figura3]**  
**Official publication of the Municipality of Capão da Canoa announcing  
 the closing of access to the city on March 20, 2020**



Source: Prefeitura Municipal de Capão da Canoa. Available in: <https://www.facebook.com/1535727676731983/photos/a.1535730923398325/2293332280971515/?type=3>.

In this context, the very access to health services, essential when the pandemic emergency and explosion of cases in Rio Grande do Sul, was limited and difficult for the immigrant population, who, out of fear of deportations or expulsion from Brazilian territory, did not seek the public health system when the symptoms of COVID-19 appeared. The very labor insertion and economic security of immigrants was directly impacted by sanitary conditions, according to Fraga and Ultramari (2020):

The restrictions imposed by social isolation fell differently for immigrants. While 108 reported being difficult, 63 answered that it was easy deal with the new conjuncture. It is possible that the difficulties have been in the restrictions

of mobility, temporary movement and travel, within the State, the country and outside Brazil, especially the closing of borders. For Mantovani (2020), behind the restrictions between borders, there is a growth of xenophobia, as if it were the immigrant (and not the tourist) that potentiated the contagion. [...] In this sense, [...] among the main reasons for fear and concerns related to the future concern discrimination (73 people), fear of losing or missing work and this affects their economic situation (135 people) and fear of having health and food safety problems (115 people). In the case of one of the cities that had a significant number of respondents, Passo Fundo, Noschang (2020) considers that food insecurity is a recurring fear of immigrants in the city. According to the author, the civil society of Passo

Fundo mobilized in campaigns to collect and deliver food and cleaning material to the immigrant population, especially in a situation of vulnerability. It is estimated that in the city a large number of immigrants depend on street trade for survival, work that was impaired during sanitary restrictions. Even with all the difficulties, it is worth mentioning that 125 of the respondents wish to remain in Brazil (Graph 29). (FRAGA; OLTRAMARI, p. 473, 2020).

Thus, social and economic vulnerabilities were accentuated with the course of the worsening of the pandemic in Rio Grande do Sul and, in general, in Brazil itself, which in a few weeks ended up leading the ranking of cases and deaths by COVID-19, due to the combination of the absence of the Brazilian State in the leadership of national public policies to cope with the pandemic, as well as the scarcity of budgetary resources by state and municipal governments.

Thus, health insecurity for immigrants and refugees has become a labor and economic dilemma, aggravated over the two years by uncertainty about its future and regularization in Brazil. In the next section, therefore, we will analyze this social-sanitary dimension through a diagnosis of cases, deaths and access to health services by the immigrant community, as well as the vaccination dilemmas faced in the present time.

## Social-sanitary dimension

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The process of welcoming and participation of immigrant population in the

city permeates its access to public services, since, according to the Federal Constitution itself, they are also citizens of law and, as taxpayers, therefore, individuals who live up to the total protection of the State, at least in thesis (WALDMAN, 2011).

In the context of the COVID-19 pandemic, these relations were more tensioned, on the threshold of social-institutional rupture, as we saw in the previous section, since the literal closure of access to cities – and the interruption of mobility – as in the bureaucratic obstacles created for admission to primary health services, like the health centers, and more complex, such as field hospitals and intensive care units (ICU).

Access to vaccination against COVID-19 has also been shown to be one of the main dilemmas among the immigrant community in the State of Rio Grande do Sul, according to our preliminary diagnosis in one year of research, given some factors: a) the unfamiliarity of the immigrant population regarding their basic rights and full care by the Unified Health System (SUS); b) the difficulty of institutional communication on vaccination campaigns, rarely translated into other languages, such as Spanish, French and Haitian creole; and c) the reservations of the undocumented immigrant population about the provision of personal data at health centers, fearing deportations or any other type of state-local persecution.

For these reasons, this section will discuss these two topics, the number of cases, deaths and access to health services, as well as the dilemmas of vaccination, in order to outline an overview

of the *modus operandi* of the migration and sanitary context in the cities studied, in order to prospect, in the next sections, the outlook both from the public administration, as well as from the theoretical lenses of our research.

### **Cases, deaths and access to health services**

On April 23, 2022, according to data from the Health Department of the State of Rio Grande do Sul, 35,194 immigrants had tested positive for COVID-19, representing 1.51% of the total cases in the state, a number lower than that of contaminated health professionals, but in a similar proportion, with a variation of 0.62 percentage points.

Regarding the number of deaths, from the crossing of the data provided by the Ministry of Health and the Health Department of the State of Rio Grande do Sul, there is the record of only one death of a Swiss immigrant in that state, which demonstrates a precarious availability of the data, considering the high incidence of deaths in the immigrant population at the national level, for the period from March 2020 to April 2022 (MAGELLAN; BOGUS; BAENINGER, 2021).

Considering this aspect, we highlight, through a methodological note, that the lack of a consolidated, open and national database makes it difficult to analyze with accuracy the pandemic scenario in Brazil and Rio Grande do Sul, implying greater challenges for the true diagnosis of the epidemiological situation and the formulation of public policies as a response to the challenges of the pandemic.

In this sense, in the statistical estimates calculated by the Observatory of International Migrations in Rio Grande do Sul, considering the apparent lethality of 1.7% of COVID-19, we could estimate a total of 598 deaths in the immigrant population with positive notification of the disease; if we considered the mortality of 345.0 per 100,000 inhabitants, this number would be 103.5 deaths, so it is possible to estimate, among the confirmed and reported cases, a level of 100 to 600 deaths of immigrants in Rio Grande do Sul, from March 2020 to April 2022.

However, these data should be carefully worked and analyzed, given other intervening variables, such as: a) the actual notification of cases and deaths; b) the verification of nationality versus the immigrant's country of origin; c) the migration status according to the Federal Police databases; d) the data blackout occurred at the end of 2021, after cyberattack on the servers of the Ministry of Health, which made it impossible to report cases and deaths in real time.

These statistical and methodological challenges to some extent also reflect the complex and precarious scenario of access to health services by the population, in general and also immigrants, which led Brazil to record, therefore, the highest rates of deaths and cases in the world. Granada et al. (2021) so describe this scenario:

*In this case, a complex relationship between human mobility, capitalism and the pandemic appears. Far from being fortuitous, these relationships are predictable, and are part of a broader framework of policies that are intended to*

assign the power to choose which individuals should be protected and which may be exposed to the risks of contamination. (GRANADA et al, 2021).

For this reason, one of the main implications of the pandemic was the coordination between public agents, civil society, population in a situation of health vulnerability, which was left impaired, including for our group under study. In the case of vaccination, as we will see in the next section, by the five-decade history of the National Immunization Plan and vaccination campaigns, another scenario was presented, including for the immigrant population.

## Vaccination dilemmas

Despite the data of cases and deaths due to COVID-19 in the immigrant population in Rio Grande do Sul present statistical difficulties and discrepancies, as discussed in the previous section, the data on vaccination of the Information System of the National Immunization Program (SI-PNI) confer an analytical robustness, which allow to diagnose the dilemmas of vaccination in international immigrants in the state, as well as the municipalities that vaccinated immigrants the most.

According to data compiled via Python programming language and systematized in the Power BI dashboard, by April 23, 2022, Rio Grande do Sul had immunized approximately 9 thousand immigrants against COVID-19, representing 0.18% of the total population immunized with the three doses. And a third of the immigrant population in the state.

Based on the available data, combined with the data provided by the Ministry of Health in December 2021, through the Access to Information Law, it was possible to identify some trends: a) reproduction of immunization patterns in relation to the groups that presented the highest incidence of cases; b) concentration of the largest contingents of vaccinated, in an absolute and proportional way, in the largest urban centers, Porto Alegre and Caxias do Sul, followed by medium-sized cities such as Pelotas, Passo Fundo, Novo Hamburgo and Santa Maria, and cities in the border regions, such as Uruguaiana and Santana do Livramento.

Thus, it was possible to identify that the previous agreements of the governments of Rio Grande do Sul and Uruguay and the pre-pandemic partnerships between cross-border cities made it possible to build an environment of access to vaccination by the immigrant population in the state, despite the same challenges of communication and the creation of public policies at the municipal level for the referral of immigrants to vaccination posts.

These challenges are part of the same dilemmas of vaccination on the national scale, since, when the first discussions on the formulation of the National Plan for the Operationalization of Vaccination Against COVID-19, in December 2020, there was no certainty that immigrants would be included in the plan and could be included in priority groups, if they were so part, such as the elderly, health professionals and immunosuppressed people, or with comorbidities.

Although contemplated in the immunization plan, the main dilemma was the concern of immigrants, especially those in

irregular situation, with the need to present proof of residence and identification in order to receive the doses of the vaccine, in addition to the language barriers faced by them and also by health workers, largely due to the lack of training actions of those professionals by the municipalities and the state government, according to the report of Stropasolas (2021):

The documents they are asking for vaccination prevent undocumented immigrants from having access to the vaccine, for example, CPF. The immigrant who is undocumented he does not have access to CPF," said Haitian health worker, James Berson Lalane, who believes the number of immunized immigrants has been low so far. The graduate student in Medicine, from the University of São Paulo, worked at the Hospital das Clínicas during the crisis and observed in practice the absence of records of mortality due to covid-19 by foreigners in the country - which caused immigrants not to be effectively included in the national emergency response plans of covid-19 in Brazil. He says that the fear of the irregular situation in the country also prevents many foreigners from seeking hospital beds and other services of the SUS, although health care for foreigners is provided for in the Constitution. (STROPASOLAS, 2021).

These dilemmas seem to connect, in the end, the reality of Rio Grande do Sul and Brazil as scenarios of cities in Europe, Canada and the United States, where hundreds of thousands of immigrants and refugees have not been immunized due to the bureaucracies imposed by the state apparatus and fears of deportations,

persecution and aggravation of the vulnerabilities of those groups.

In this sense, the next section will address the socioeconomic dimensions behind the reception of immigrants during the COVID-19 pandemic in Rio Grande do Sul, and will use two perspectives: economic security, in light of the benefit of Emergency Aid, and the increase in sentiments of xenophobia in cities and in social networks.

## Socioeconomic dimension

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Among the aspects that led to this research, that is, to analyze the impacts of the pandemic on the immigrant population of Rio Grande do Sul and its access to the city, are the socioeconomic issues, translated here without the right and use of the benefit of Emergency Aid created by the federal government, as well as in the outcrop of sentiments of xenophobia in the hosting society.

Both economic and social and sanitary vulnerabilities were all mixed in the pandemic context, given their interdependence relations, as already indicated by Krieger (2011). We cannot, therefore, disregard that the greater the economic vulnerability, whether of income or social protection, the greater the health vulnerabilities.

## Emergency Aid

Created after pressure from the National Congress and civil society, the benefit of Emergency Aid was

promulgated on April 2, 2020 by the federal government, as a mechanism for supplementing the income of specific groups of Brazilian society, which should comply with requirements such as: loss of employment due to the pandemic, removal from labor activities due to illness, people receiving other social programs, single mothers, elderly people, quilombolas and indigenous peoples, as well as immigrants.

Emergency Aid was defined according to family composition. The program had five installments of 600 reais (115 euros) and four of 300 reais (57 euros) in 2020. In 2021, there were seven installments of

the aid, ranging from R\$ 150 (29 euros), R\$ 250 (49 euros) and R\$ 375 (72 euros). The benefit was incorporated into the new Brazil Aid (*Auxílio Brasil*), created by the government of Jair Bolsonaro, replacing the historic *Bolsa Família* program, created in Lula da Silva's administration.

Regarding the granting of emergency aid benefits for immigrants in Rio Grande do Sul, after a request formulated through the Access to Information Law, Caixa Econômica Federal, the state bank responsible for payments, made available Table 2 below, where it is possible to make some preliminary considerations:

**[Tabela1]**  
Number of beneficiaries of Emergency Aid according to  
nationality and residents of Rio Grande do Sul

Nationality	Number of immigrants	Number of benefits	Value
Uruguay	6.513	62.909	R\$ 28.971.469,50
Haiti	6.109	46.691	R\$ 24.062.186,00
Venezuela	3.060	21.167	R\$ 12.483.915,00
Argentina	1.410	13.365	R\$ 6.645.069,00
Senegal	1.235	12.614	R\$ 5.276.715,00
Colombia	1.144	11.182	R\$ 4.990.461,00
Cuba	588	4.668	R\$ 2.248.402,00
Paraguay	308	2.849	R\$ 1.516.679,00
Peru	244	2.370	R\$ 1.143.862,00
Chile	219	2.185	R\$ 994.351,00
Other	1531	14.071	R\$ 6.585.195,00
<b>TOTAL</b>	<b>22.361</b>	<b>194.071</b>	<b>R\$ 94.918.304,50</b>

Source: Prepared by the authors.

The data from the previous table allow identifying a pattern of granting benefits that corresponds precisely to the largest populations of immigrants in the state, namely: Uruguayans, Haitians,

Venezuelans, Argentines, Senegalese and Colombians.

The R\$ 94 million granted in Rio Grande do Sul corresponds to 5.32% of the

benefits granted to immigrants throughout Brazil, which total R\$ 1.78 billion, which corresponds, in a certain way, to the percentage of immigrants living in the state, according to data provided by the Observatory of International Migrations in Rio Grande do Sul.

The great challenge is to identify the extent to which the granting of these benefits has been translated into: a) the well-being of the immigrant population; b) the circulation of income in the local economy; c) the *de facto* mitigation of economic and labor impacts arising from the pandemic. For this reason, the next stage of the research, next year, will be dedicated to measuring the conversion of the granting of Emergency Aid into real economic impacts in the cities where these beneficiary populations live.

## Outlook

The current stage of the research as well as the course of the COVID-19 pandemic, which in the last week of April 2022, presents a trend of continuous fall in the moving averages of cases and deaths in Brazil<sup>7</sup>, allow the prospection of some trends described in the following topics:

- a) Reopening of borders and total flexibility of mobility to Brazil, as well as opening the borders of neighboring

countries, allowing intracontinental and transnational migration flows.

- b) Resumption of internal mobility in the Brazilian territory, allowing the continuity of the interiorization programs of the federal government, especially the Operation Welcome.
- c) The need for coordination between public and private agents for the relocation of immigrants, especially those who no longer receive Emergency Aid benefits and were not contemplated by new social programs, such as the Brazil Aid.
- d) Increased flows of Venezuelan asylum seekers and immigrants, as well as Afghan and Ukrainian reception programs, through humanitarian visa policy.
- e) Maintenance, with a tendency to worsen, of the scenario of sentiments of social xenophobia, especially in social networks, given the proximity of the electoral period in Brazil.
- f) An increase in emigration flows, that is, from Brazil, from groups established before the pandemic, such as Haitians, Senegalese, Cubans and Bolivians.

Some priority recommendations deserve to be highlighted, given the need for the effectiveness of the right to the city by the immigrant community in Rio Grande do Sul, as well as the policies of aggregation and reception in urban social spaces, namely:

1. Training of public health professionals and public agents for the reception of immigrants and foreigners in general in the Unified Health System.

<sup>7</sup> Data available at: [https://especiais.g1.globo.com/bemestar/coronavirus/estados-brasil-mortes-casos-media-movel/?\\_ga=2.254437256.1045889419.1650888507-330575694.1627312323](https://especiais.g1.globo.com/bemestar/coronavirus/estados-brasil-mortes-casos-media-movel/?_ga=2.254437256.1045889419.1650888507-330575694.1627312323). Accessed on: 26 Apr. 2022.

2. Modernization of public care practices and policies on health, labor, housing and education by municipalities and the state government.
3. Preparation of contingency plans and rapid application in crisis scenarios, such as pandemics, in order to respond timely to the demands of immigrants and mitigate the impacts of these crises.
4. Coordination between the municipal, state and federal spheres, as well as the different powers and the Public Prosecutor's Office and the Armed Forces, in order to optimize the logistics of reception, reception, integration and internalization of the immigrant population in contexts of health crisis.
5. Creation of public government working groups to monitor and combat the increase in sentiments and echoes of social and institutional xenophobia, especially in social networks.

Finally, as previously indicated, this research will enter its next stage, which will aim to measure the socioeconomic impacts of granting Emergency Aid to the immigrant population in Rio Grande do Sul, with emphasis on economic circulation in the municipalities with the highest number of beneficiaries, in addition to measuring the effectiveness of public policies to promote vaccination in the groups mentioned.

## Conclusion

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A research with this broad and interdisciplinary scope, developed in order to

interpret the effects of the pandemic in a specific group, such as that of immigrants, historically and socially marginalized, including in times of health crises, faces a series of challenges, starting with the availability and transparency of public data, essential for achieving the proposed objectives.

Another challenge that we sought to contemplate in this research was in the direction of compare, although preliminary, the incidence of the number of cases, deaths, vaccines applied and economic benefits transferred by city and nationality of the immigrant population benefited.

Even though the research is in its intermediate stage, with the preliminary results discussed in this text, it is already possible to connect these results with post-modern theoretical approaches, especially in the processes of migration securitization identified in the policies implemented by the analyzed actors.

The discussion presented in this text also allows us to resume the theoretical contributions about the availability of the analyzed data, that is, to understand how the use of public data to implement security aspects in migration flows during a pandemic can become a common agenda in the territories and governments analyzed. From these considerations, a new research agenda is possible, on migration governance in the context of the pandemic.

In this context, the research signals a predominance of the occurrence of the health and socioeconomic impacts of the COVID-19 pandemic in Rio Grande do Sul in three specific groups: a) immigrants from bordering countries, such

as Uruguay and Argentina; b) Latin American and Caribbean immigrants, such as Haitians, Bolivians and Venezuelans; c) immigrants of other nationalities, such as from groups arriving before the pandemic – Senegalese, Bengalis and Filipinos – and those who arrived during the course of the pandemic, especially asylum seekers from Afghanistan and Ukraine. Therefore, the responses of the public authorities should be different and adapted to each of these groups, according to our recommendations.

This said, the research found a number of challenges to the dimension of the formulation of public reception policies appropriate to the pandemic context, such as the worrying increase in feelings of social and institutional xenophobia in the receiving society – which is expected to worsen with the proximity of the presidential elections in Brazil – the that end up impacting the processes of welcoming the immigrant population in situations of social, economic and sanitary vulnerability.

Finally, we launched a debate on the particularities of the effectiveness of the right of immigrants to the city in the specific case of Rio Grande do Sul and how the political and institutional dichotomies of the Brazilian State influence this process, serving, in the end, an object for future comparative studies, as well as the prospection of priority agendas, whether for crisis situations or scenarios of institutional normality.

In summary, it is possible to infer that the impacts of the COVID-19 pandemic will be perceived in the medium and long term, in a marked way in the immigrant

population, given the complementarity of its vulnerabilities and the challenges still present in the construction of adequate public policies by cities, states and the federal government.■

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