

# Subverting the Order: The Undocumented and Health Access Strategies at the Ponta Porã / BR and Pedro Juan Caballero / PY Border

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### RESUMO

O artigo discute, a partir das intersecções existentes entre os mecanismos de acesso à saúde – elaborados e acionados pelos indocumentados nas cidades de Pedro Juan Caballero (PY) e Ponta Porã (BR) –, categorias como segredo, confiança, família e amizade. A pesquisa que deu origem aos dados etnográficos aqui apresentados teve por objetivo descobrir e analisar como as pessoas indocumentadas, brasileiros e paraguaios, procediam – e procedem – para ter acesso aos serviços de saúde no Brasil por meio do Sistema Único de Saúde (SUS), visto que esse acesso só é franqueado diante da apresentação de documentação específica, tais como o Cartão do SUS e a Cédula de Identidade para Estrangeiros (RNE). Aos indocumentados resta apelar aos expedientes tidos pelas autoridades brasileiras como ilegais e, portanto, passíveis de sanções por parte do Estado. As estratégias dos indocumentados para acessar os serviços de saúde através do SUS envolvem complexas redes de solidariedade, nas quais se imiscuem e se confundem binômios como legal/ilegal e confiança/desconfiança.

### PALAVRAS-CHAVE

Fronteira Brasil/Paraguai, Etnografia, Acesso à Saúde, Indocumentados, Segredo.

## Subverting the Order: The Undocumented and Health Access Strategies at the Ponta Porã / BR and Pedro Juan Caballero / PY Border

**ABSTRACT** The article discusses, from the intersections between the mechanisms of access to health - elaborated and triggered by the undocumented in the cities of Pedro Juan Caballero (PY) and Ponta Porã (BR) - categories such as secret, trust, family and friendship. The research that originated the ethnographic data presented here aimed to discover and analyze how undocumented people, Brazilian and Paraguayan, proceeded - and proceed - to access health services in Brazil through the Unified Health System / SUS, as This access is only granted when specific documentation is presented, such as the SUS Card and the Foreigner Identity Card (RNE). The undocumented are left to appeal to the files considered by the Brazilian authorities as illegal and, therefore, subject to sanctions by the State. The undocumented strategies for accessing health services through the SUS involve complex solidarity networks in which binomials such as legal/illegal and trust/distrust are mixed and confused.

**KEYWORDS**  
Brazil/Paraguay Border, Ethnography, Access to Health, Undocumented, Secret.

## INTRODUCTION

This article originated from fieldwork carried out in 2016, 2017 and 2018 in the Brazilian city of Ponta Porã and in the Paraguayan city of Pedro Juan Caballero, with a view to collecting information on the access of undocumented Brazilians and Paraguayans - documented<sup>1</sup> to health services through the Unified Health System (SUS) on the Brazil/Paraguay border. The fieldwork had the participation of key informants previously contacted in the context of another research carried out in the region. Other collaborators were mobilized, some through the contact established with the key informants; others during the process of interaction between researcher and eventual interlocutors.

The fieldwork carried out on the border between the twin cities of Ponta Porã/BR and Pedro Juan Caballero/PY, in 2016, 2017 and 2018, was only possible due to research previously carried out in that region; in which bonds of friendship and trust were built between the ethnographer and key interlocutors. In this regard, as the strategies and tactics of access to health at the border are linked to the categories of confidence, trust and friendship, I hereby recognize the importance of the dimension of the socio-affective and symbolic relations established between ethnographer and *natives* in the process of obtaining information considered confidential by the local population, notably those who are part of the solidarity networks.

By the way, solidarity is the key word in the dialogue between researcher and interlocutors in conducting fieldwork, since even uncomfortable with the content of the questions that were asked, those who decided to participate in the research almost always claimed that they did it to help me. The solidary character of participation took place in the context of the nature of the proposed study, that is, the need presented by the researcher to obtain information for completing the Ph.D. program. When I was introduced by the key interlocutors to the other interlocutors, the explanation they gave about my interest in the topic was “It’s for his studies. *It is for him to graduate*”. Thus, after clarifying the objectives of the work, some agreed to participate out of a solidary feeling that they helped a student to finish his studies; others, I believe, accepted it due to their involvement in the solidarity networks and the exchange of favors that such meshes offer.

The text discusses relevant categories pertaining to the constitution, dynamics of operation and maintenance of solidarity networks across the border, responsible, in turn, for the operationalization of exchanges of favors between individuals who are linked to them, or are linked due to the conditioning circumstances and the exchange system existing in that space. Secret, trust, friendship and family are the basis for exchanging favors and instrumentalizing the tactics and strategies considered illegal in the access to health services by the undocumented within

1| Foreigners who enter Brazil without the required legal documentation, such as the mandatory visa, the National Registry of Foreigners – RNE, among others. Regarding undocumented people who use of solidarity networks at the border in question, there is no statistical data that bring information such as age, gender and quantitative of the users. This fact is due to the protection and secrecy network prepared around the tactics and strategies used to open access to services of health, tactics and strategies flagrantly in disagreement with the legal principles of the Brazilian Government and which, therefore, must be maintained under the protection of categories such as secrecy, trust and friendship so that their actions can be preserved.

the limits of the cities of Ponta Porã/BR and Pedro Juan Caballero/PY, these exchanges are permeated by the triple obligation of “giving, receiving and giving back” theorized by Mauss (2003).

### THE SECRET AND ITS DYNAMICS

The secret category, during the fieldwork carried out at the border of Ponta Porã/BR and Pedro Juan Caballero/PY, was several times triggered by the interlocutors during the interviews and other interactions, intermingling pairs of opposites as revelation/secret and trust/mistrust. Nevertheless, secrecy prevails in the interrelations that take place in the studied preliminary space, functioning as a protection device against the illicit actions that the networks use to achieve their purposes. In this regard, the secret must be kept with care, as it grants anonymity, longevity and reproducibility to the *segregated things*, even if they escape some signs that arouse suspicions of their existence.

Regarding the dynamics of secrecy, some interlocutors, despite agreeing to participate in the research, hid relevant details regarding the most usual strategies they adopted, allowing only superficial elements to be glimpsed. When faced with more accurate information, they soon admitted the gaps they left, claiming forgetfulness; others, more reticent, declared ignorance of the details. The attitude is understandable, given the fact observed by George Simmel that “those who are organized with a specific purpose are the first to eliminate this element of mutual knowledge” (2009: 225). An unconsciously orchestrated action – or, at least, not entirely conscious – in an attempt to make the unorthodox strategies for access to health on the border less visible and less unprotected, flagrantly at odds with the legal structures that prevail in state bureaucracy institutions responsible for providing health services in Brazil.

There were also those who opted for half-truths, letting out among the lies told factual fragments of the composition and functioning of the strategies employed through the networks. This ambivalent dynamic complies with the *principle of leakage* to which Roy Wagner, which consists of the interpenetration between partial truths and deliberate lies within the narratives, in the case of my interlocutors: “partial truths leaked out in the telling of deliberate lies, and deliberate lies leaked in the telling of partial truths<sup>2</sup>” (2000: 362).

In this game of obscurity and revelation, the duality of man *vis-à-vis* the secret as a sociological category is seen; this because he is tempted to reveal the secret, but at the same time he is affected by feelings of loyalty and fidelity to the group he received from and with whom he shares the secret – feelings to which are

2 | Free translation of the original: “partial truths leaked out in the telling of deliberate lies, and deliberate lies leaked in the telling of partial truths.”

added the fear of socio-symbolic sanctions imposed on those who revealed it and who now carry the stigma of betrayal (Koury, 2014; Simmel, 2009).

Regardless of duality and its conditions, secrets are shared; notably through the mutual trust established between social actors in the multiple and multifaceted socio-cultural processes to which they are involved and in which they are involved. This confidence, as Simmel said, “es una actitud primaria del alma, frente al otro.” (1998: 111); and in this conjuncture of behavior, based on trust, affinity and the amalgamation of varied feelings, the secret when preserved strengthens the bonds of friendship, and when revealed it weakens the bonds that structure it. In Koury’s analysis: “if the friend betrays the trust of the relational other, friendship tends to wane and, for him, can never be restored” (2015: 28). This is due to the relational character in which friendships take place, “in which expectations and values that are often different from other relationships are triggered, it [the friendship] is at the same time articulated with several other social dynamics.” (Rezende, 2002b: 85). In this perspective, secrecy and trust are pairs of complementary opposites, intrinsically and indelibly inseparable and structural constituents of interpersonal relations established between individuals and their social groups (Simmel, 1998).

At the border of Ponta Porã/BR and Pedro Juan Caballero/PY, the networks that provide access to health services in Brazil are woven by several interrelations, mainly those of a family character; of work and friendship. All of them have capillarities through which secrets, or their signs, escape their bonds and gain new depositaries; but friendship is one of the categories in which the porosity of the secret can be better perceived, especially when mutual trust is undermined, in whole or in part. This argument illustrates the speech of one of the interlocutors: [Translated into English:]

*I wouldn't even tell you that, you know? But it seems that nobody here keeps a secret, right? People are already telling us the things we do here to meet the people who are not supported by SUS. These things weren't supposed to be telling everyone, because it's a private thing, favor among friends, you know? Here at work, not everyone is a friend of each other, there is a lot of enmity, envy, competition ... And so people who are friends have to protect themselves, because if others [Those outside the friendship zone] find out, it can be a problem [Informal conversation, Ponta Porã, June, 2017].*

It is noted that the problem lies in the belief that there was a breach of trust between friends, a breach that weakened the agreements (explicit or tacit) that tend to keep certain *sensitive matters* under secrecy and strict control of insiders and participants, active or passive, of networks. Therefore, in the value system permeating the exchange of favors that provide access to health services to undocumented

at the frontier, revealing strategies to *anyone* is to betray trust, which automatically implies breaking the bonds of friendship; endangering its continuity- or even causing its dissolution.

As demonstrated by Simmel (1998), trust is linked to secrecy and friendship in ambiguous and ambivalent ways, constituting a dialectical relationship in which it has the role of ordering the interactions originated in the relational experience of friendship and instrumentalizing the socio-symbolic codes protecting the secret.

During the fieldwork, the relevance of trust as an organizing category for social interrelations could be perceived by the presence of its opposite: mistrust. There were occasions when interviews were canceled, signed authorizations (TCLE<sub>3</sub>) were requested back (and promptly returned, not without a certain annoyance on my part) by interviewees/interviewers who were sorry – or fearful – regarding the content and final destination of their reports. Other times, meetings for interviews or even for an informal chat about the researched topic were held out of the sight of witnesses known to my interlocutors.

One of them scheduled an interview with me in a place far from his work, arriving apprehensive and looking around to make sure, I think, that there was no acquaintance who could identify him in interaction with me. After some time, he relaxed and the conversation flowed, having been very useful for the research scope due to the type of work done by my collaborator in the organizational structure of a hospital in the region. This behavior of some interlocutors was explained to me later, in an informal conversation on a *happy hour*, occasion, by one of my key informants:

*It's not personal with you, no. It's just that nobody wants to be seen with the guy who keeps asking questions about some things that are kind of secrets here in the region. They are afraid that afterwards people will tell you that they were telling you things from here, you know? Nobody wants to be seen as a snitch face. And then, you know, they don't trust you 100%. If your are lying that you are a researcher and such and such and in fact you are doing research to get the wrong things here and make life even more difficult for us. I know that is not the case, but they think so. Here everyone distrusts everything.. [Informal conversation, Ponta Porã,, July 2017].*

Achieving 100% of the trust of my interlocutors has never been a purpose in itself, given the countless complexities existing in human and cultural interaction, but I have at least managed, I think, to establish “a certain amount of trust and mutual interest” (Clifford, 2000: 231); in which I was accepted, not as an equal, but as a strange inconvenience to be trusted (White, 2005). The fear of being seen with “*the guy who keeps asking questions*” is understandable, since “curiosity is the

31 The Informed Consent Term/ICF is a requirement of the Ethics Councils of some institutions of Graduation to those researchers whose purpose of work involves human beings. It is in the statement, in writing, by the interviewees that they are aware of the content of the work to be carried out and agree to participate in the research. About research ethics committees, in the political and academic context, see: FONSECA, Cláudia. “Situando os comitês de ética em pesquisa: o sistema CEP (Brasil) em perspectiva.” *Horizontes Antropológicos*, Porto Alegre, ano 21, n. 44, p. 333-369, July/Dec. 2015.

trait that, unfortunately, the researchers share with the police, clams and eventual members of rival control networks” (Milito; Silva, 1995: 171).

The mistrust of the interlocutors is justified when analyzing the aspects related to the exchange of favors between the *natives* on the border, both Brazilians and Paraguayans; exchanges in which the gifts exchanged are within the symbolic dimensions of secrecy and trust. In the opinion of some, knowledge of its dynamics must remain restricted to members of the networks – to others, it is forbidden to “get too close” (Simmel, 2009: 228), given that the approximation can harm the public image of those involved in the exchanges, mainly in the eyes of those to whom such practices are condemnable, as those who practice them are condemnable<sup>4</sup>.

In this regard, I register myself, in the eyes of those who have confided their knowledge and experiences about the operation of solidarity networks at the border, as a kind of *participant by extension*. I think like that because, after the conversation I had with my key informant, we said goodbye and walked back to the hotel where I was staying. On the way, I realized that, even without knowing it, I could also be part of my key informant’s solidarity network, because many of the people with whom I interacted were introduced by him. Therefore, it is perfectly reasonable to think that some of my interactions, in my absence, also covered the circuits of symbolic exchanges that I describe herein.

4] There is a portion of individuals, both in Ponta Porã and Pedro Juan Caballero, who do not agree using the tactics used to gain access to health services on the border by part of the undocumented. These people are often radically linked to religious beliefs and their moral values, the doctrines of which prohibit behavior considered illegal, or sinful, under divine laws.

#### NETWORKS OF SOLIDARITY: THE DYNAMICS OF SYMBOLIC EXCHANGES ON THE BORDER BETWEEN PONTA PORÃ (BR) AND PEDRO JUAN CABALLERO (PY)

*“L’unité de la condition humaine sous l’égide notamment de la dimension symbolique, cette capacité propre à l’homme de créer du sens et de la valeur, d’enraciner le lien social, implique simultanément la différence à la fois collective et individuelle, c’est-à-dire la succession des cultures et en leur sein des manières singulières dont les individus se les approprient.”*

*Le Breton, David. 1998: 7*

The cities of Ponta Porã/BR and Pedro Juan Caballero/PY are located on the dry border of Brazil with Paraguay, conurbated twin cities between which the division of boundaries is given by Avenida Internacional, on the Brazilian side, and by Dr. Francia, on the Paraguayan side, land separation that characterizes the region as a dry frontier. In this preliminary space, nationals of both countries live together, where, along Avenida Internacional and Rua Dr. Francia, there is an intense flow of products, services and relationships in which Brazilians and Paraguayans engage, benefit and diverge (Nascimento, 2012; 2014 and 2019).

Cities are marked by different historical processes; legislation; cultures and forms of social organization, which gives the regions *sui generis* characteristics. The physical proximity between Ponta Porã/BR and Pedro Juan Caballero/PY brings together residents on both sides of the border, giving rise to a range of interrelationships perpetrated by antagonistic categories such as friendship/enmity, consensus/dissense, legality/law, confidence/distrust, among others (Baller, 2014; Banducci Júnior, 2011; Nascimento, 2012; 2014 and 2019; Andrade, 2018).

With regard to life in society, and the consequent consequences imposed by the social dynamics of each culture, it is known that the human being is linked, from birth to death, to a web of multifaceted and complex symbolic relations in which individuals influence and are influenced by the dialectic- from which they mark social fabrics in which they find themselves (Geertz, 1989 and 2002; Ingold, 2000 and 2015; Sperber, 1975; Turner, 1967 and 1978). This weave composed of symbols, meanings- and signifiers, that man created and is “tied” to it (Geertz, 1989: 15), is expressed and represented by the population contingents in movement, by the family group, by the interlocution of individuals with the community around them, by the work and the connections that emanate from it, by the affinities, by the alliances, among many other possibilities of construction of socio-symbolic networks (Appadurai, 1996; Le Breton, 1998 and 2004; Simmel, 1998).

At the heart of the solidarity networks formed at the border under study, the ones that are structured around the friendship category are very present and relatively easy to identify, as is the case of the relationships established between nurses, doctors, drivers and administrative technicians who work in some hospitals and other health units in Ponta Porã. Like any place of work, relationships are not all marked by sympathy, empathy and affinities; therefore, the need for protection of the secrecy that involves the tactics and exchanges of favors discussed here has as its primary source the interrelations that emerge from the interactions, not always harmonious, between individuals in the work environment

In the solidarity networks existing on the border of Ponta Porã/BR and Pedro Juan Caballero/PY, the bonds of friendship operationalize the exchange of knowledge and varied expertise that in turn subvert the order of things and shape deviant practices in their orbit that they enable access to health services denied (or hindered) by the Brazilian bureaucratic-state apparatus. In this process of *(re)invention of everyday* life (Certeau, 1994), the circulation and solidary exchange of knowledge, experiences and multiple symbolic capitals among friends causes fissures in the hegemonic model, allowing the restructuring of the dominant strategies in favor of those excluded from access access to essential goods and services (Bourdieu, 2003).

In the context of the Ponta Porã/BR and Pedro Juan Caballero/PY border, solidarity networks have their empirical and symbolic action emerging and functioning through what Telles called “circulatory competence” (2009: 160),

herein understood as the knowledge developed, cultivated and transformed (according to the needs) by the social actors in the construction of the dynamics that intend to escape the restrictions and controls imposed by the State and its representatives in what concerns the access of the undocumented to the health services offered by SUS. These support networks are relationally woven and maintained by affective and socio-cultural links built by social groups through the perceptions they engender and feed about the very reality of the social world, the skills and the necessary and available contributions for the creation of protection networks (Brito & Koller, 1999).

It is in the midst of this collective-democratic inventiveness, that is, in the context of the expression of a kind of power built, activated and shared by the people, that the solidarity networks are created and activated to compose the tactics related to the defense of individual and collective interests, notably with the motto of solving problems of the most different categories, such as health, food, transportation, income generation and security.

The protection of secrecy, or the trust of its dynamics only to those who participate – actively or passively – in solidarity networks, is necessary, according to what can be inferred from some statements, so that networks continue to function. *“Dude, if everyone learns how to do things then this will be over soon. People will lose their jobs, or they will be switched, you know? So, being honest with you, I don't think it's cool for people to be talking to you about it”* [Informal conversation, Ponta Porã, June, 2017], one of those who refused to collaborate with the research confided to me; although, paradoxically, he authorized me to report his refusal, as long as his name, place of work or any other mention that might identify him did not appear.

Another interlocutor asked me: *“Dude, if we tell things to you and you reveal them in a book, don't “you think it will affect us? We can lose our jobs, colleagues will be mad at us. Because it looks like we're betraying them”*. The speech reveals an intrinsic condition to the secret, according to Simmel's theory (2009), the feeling that one cannot betray him, since, as a sociological entity, he grants to those who have the capacity to produce transformations and surprises, to provoke contention behaviors and promote unhappiness, including its owners. It is for this reason that *“the secret occurs wrapped in the possibility and temptation of revelation; and with the extreme risk that it will be discovered, this attempt to unveil it is combined, which resembles the attraction of the abyss”* (Simmel, 2009: 238).

In the process of interaction, another concern was revealed to me: the fear of contributing to the bad reputation of the border, especially on the Paraguayan side. *“Aquí es un lugar [referring to the border at Ponta Porã and Pedro Juan Caballero] muy criticado. People think that there are only bags here. Si seguimos hablando de estas cosas, entonces empeora”* [Interlocutor 11 – Ponta Porã, July 2017], told me a citizen of Pedro Juan. Thus, there is also a concern about not contributing to the upsurge and/or



upsurge and/or Keeping the *bad reputation* of the border, reputed by means of communication and common sense as lawless land and space par excellence for illegality and crime.

The networks do not run the risk of being disbanded due to advertising, even if restricted to academic domains, which they may reach, this is because the tactics and strategies operationalized to favor access to health through SUS are updated daily, in addition to having their dynamics intrinsically associated with the needs demanded by the participants of the networks, needs that are diverse and diverse; demanding a constant restructuring - and even the creation - of the mechanisms used in the process that provides access to services offered by SUS to the undocumented on the border of the cities of Ponta Porã/BR and Pedro Juan Caballero/PY. Thus, the dialectics present in the maintenance of the networks have a certain cultural resilience and grant to those involved in their plots- but what Michel de Certeau called “symbolic balances, compatibility contracts and more or less temporary commitments” (1994 45).

Solidarity networks can be found in various parts of the ancient and modern world, being a constituent part of the survival strategies of different peoples throughout history, and can be understood as “forms of belonging to the family, neighborhood, work group, with their networks of interdependencies, without, the mediation of specific institutions” (Castel, 1998: 59, emphasis added). Within the scope of access to health services by those undocumented at the border under analysis, the networks are manifested as instruments that operationalize the strategies adopted by those excluded from access to services offered by state institutions. However, differently from the concept of Castel (1998), the solidarity networks activated in Ponta Porã/BR and Pedro Juan Caballero/PY work with the (indirect) mediation of “specific institutions”, such as the State and social health equipment under his responsibility.

With regard to the mention of indirect mediation by specific institutions, the interpretative key is borrowed from Michel de Certeau (1994) and his theorizing about the strategy and tactic categories. For the author, the strategies are conceived as operative instruments capable of engendering and manipulating symbolic-ideological mechanisms, used, in turn, by the “subjects of power and knowledge (Government, company, army, etc.)”, in order to “produce, and reproduce, the particular spaces for the exercise of power. Here, strategies – through everyday practices- end up reinforcing the coercive and regulating instruments of power.” (Nascimento; Andrade, 2018: 186).

With regard to tactics as categories capable of mobilizing knowledge and instrumentalizing specific forms of *agencys*, Certeau (1994) interprets them as advisory constituents of the skills arsenal developed by individuals and used to solve specific problems, generally using the failures of mechanisms in which the strategies developed by the “subjects of poder e saber”. In this regard, Certeau (1994)

5] Roughly speaking, the agency can be understood as the capacity of individuals to interact with the practical and symbolic reality and to exert influence on these. realities, always in defense of the interests that animate the existence of the social actors involved in the process. The concept of agency argues that even under the most effective forms of coercion, social actors can still develop strategies that tend to curb and fray the coercion and its effects. This is because social actors are not reduced to mere automata, but are individuals who have knowledge and experiences within the socio-cultural context in which they are inserted. Thus, from the knowledge they mobilize, they influence the surrounding reality in its various aspects, reacting against the pressures and restrictions they face. Cf.: Giddens (1989) e González de La Fe (2003).

classifies them as “the art of the weak”, considering that the tactics allow the transformation, in favor of their demands and surreptitiously, of the disciplinary systems. “Thus, in the author's conception, everyday practices (strategic and tactical) are configured as places and spaces for competition, clashes and splits that strengthen and corrupt the usual configurations of power and knowledge.” (Nascimento; Andrade, 2018: 186).

Acting as instruments capable of producing effective improvisations and, consequently, manipulating the bureaucratic-organizational forces of the State in its various instances, the tactics enable the reappropriation and use of these forces by those to whom access would only be possible within the control mechanisms established *a priori* by the holders of “power and knowledge”.

The tactics, although covered by the aura of secrecy and trust, can be identifiable in the social spaces in which they circulate and operate, given the effect produced by their actions, such as the continued transnational trafficking in people, illicit drugs and weapons worldwide – in spite of the costly technological and bureaucratic-state apparatus built to stop these practices. In Certeau's words, tactics can be understood as effects of social games, constituting the “effect produced by the operations that guide, circumstantial, temporalize the mobile elements of a polyvalent community of conflictual programs or contractual proximity” (1994: 202).

Another possible interpretative key to analyze the configuration and dynamics of solidarity networks is Foucault's (1979) theory about small power and the intersections and capillarities that it allows in social reality. In fact, for the author, power does not exist, it does not constitute something that can be the object of possession, what exists are practices of power mediated and intermediated by the relations established by social actors in a given socio-cultural conjuncture. From this angle, the tactics developed and used within solidarity networks are also representative of this form of power that Foucault (1979) theorizes. This is because tactics and strategies (in the sense of Certeau) constitute social and culturally shared power relations, instrumentalizing the divisions of power without, however, hierarchizing them in the dynamics of symbolic exchanges brought about in the processes made possible by networks and their many and, at times, imperceptible configurations.

#### **IN THE DIMENSIONS OF THE SAYABLE AND THE UNSPEAKABLE: CONSIDERATIONS ABOUT SECRECY AND TRUST**

*“To see ethnography [...] as a process in which confessions are extracted*

*[...] one must assume the existence and importance of secrets.”*

*Clifford, James. 2002: 215*

Walking along the border streets of Ponta Porã/BR and Pedro Juan Caballero/PY, looking for information – or ways of knowing walking, as suggested by Ingold (2000 and 2015) – relevant as they could provide answers to the epistemological questions posed by my research proposal, I established relationships with some traders and street vendors who work in formal and informal commerce on the border. One of them, who after some resistance decided to talk to me, told me, in response to the question whether he knew how the strategies adopted by undocumented foreign people to access health services through SUS on the Brazil/Paraguay border worked.

*“Boy, it will be very difficult for you to get to know these things here, right? Because these things work under the covers, you know? It's family, friendship. Nobody talks about it like that openly to strangers, it's kind of a secret, you know?”* [Interlocutor 1 – Brazilian (married to a Paraguayan), trader, Ponta Porã/BR, June 2017].

I take this opportunity to suddenly ask, so as not to miss the chance and spontaneity of my interlocutor:

– What do you mean by family?

Interlocutor 1 – *“I mean family, , of course! For example: if I am your brother and I work in a hospital, if you need anything there that is difficult, I will find a way, you know?”*

– But is it just for the family? I insist.

Interlocutor 1 – *“Look, there are times when we can even do this for a friend, you know? But it has to be really a friend, understand? It cannot be someone you see from time to time, just an acquaintance. You have to be a friend, the one of long standing, raised together, that you have a history. It can't just be anyone, get it?”* [Informal conversation – Ponta Porã/BR, June 2017].

– Is it possible to just “handle it”? How to do it? I ask hopefully.

Interlocutor 1 *“Ah, but you are already wanting to know too much, right?”*

Once again I am forced by circumstances to emphasize the scientific character of the research I am doing, thereby trying to reduce distrust on the subject of forms of access to health at the border, especially those that operate outside the legally established guidelines. At that moment, a customer enters the store asking the price of an item on display, being promptly served. After serving to the customer, the interlocutor addresses me, sitting in a chair next to me, *“What did you ask again?”*. He asks – About how is it that you can figure it out, remember? To be served. I answer. *“Oh yeah, really. ”*, he says. *“I will tell you how it is done, but you can not record it, –okay?”* Can I take note? Otherwise I forget some important detail.

“Yes, you can. *But don't put my name in that booklet*”, replies my interlocutor, referring to my field notebook.

The continuous act explains to me the process by which the mechanisms enabling undocumented workers to be served by the Brazilian SUS are triggered, making the presence of solidarity networks in the process of access to health at the Brazil/Paraguay border.

Interlocutor 1 “It is like this: say that someone who is my friend needs a prescription for a controlled medicine, but he cannot miss a day of service here waiting to be served, and also cannot afford a private consultation, then I talk to someone here, a friend, a relative, who works there or has a friend or relative *who works in one of these places* [Basic Health Units, hospitals], then he [Employee, civil servant] goes and explains the situation to a doctor of his trust, and then he gets the prescription. *But everything is done secretly.*” [Informal conversation – Ponta Porã/BR, June 2017]

Friendship is inserted in the system of solidarity networks as one of the springs propelling the actions orchestrated in and by the dynamics of strategies and tactics; but the gift given through the favor goes to the “close friend”, “*really friend*” (Rezende, 2002a: 94, emphasis added), the one with a *long history*, with which a common experience is shared; does not constitute a prerogative of *anyone*. It is noticed that friendship, in the conceptual web of solidarity networks on the border, “Although lived as a subjective option, [...] is conceived and practiced with culturally defined meanings, norms and values.” (Rezende; Coelho, 2010: 74). It is assumed, then, that it is not any kind of friendship that provides access to health services, only *true friendship* – the result of affective relationships rooted in time – is able to mobilize the forces of the networks in favor of achieving the objectives sought. , this is because the categories trust and loyalty are implicit and valued, guardians par excellence of secrets.

Another interlocutor also emphasizes the issue of trust and secrecy as essential conditions for maintaining solidarity networks, notably with regard to the tactics adopted to open access to health.

“*This kind of thing [tactics] has to be done very well, very well tied between us, man; it cannot have any loose ends, because otherwise everyone will go down. Then , you know, right? People can lose their jobs, or even go to jail. God forbid! So, the business has to be just between ourselves.*” [Interlocutor 4 –Brazilian citizen, public servant, in a Basic Health Unit in Ponta Porã/BR, [Ponta Porã, June 2017].

The protection of secrecy, or the trust of its dynamics only to those who participate - actively or passively - in the solidarity networks, is necessary, according

to what can be inferred from some lines, so that the networks continue to work. In verifying the distrust of some interlocutors, mainly related to the publicization of strategies and the consequences that they could cause, the concern- is focused on guaranteeing anonymity regarding the origin of the information.

In an attempt to reassure them, I reinforce the ethical commitment assumed when- the initial explanations about the nature of the work I developed, arguing that the names of people, their places of work, their age group, or any other information that could help them. identify would not appear in the texts that might be published. - Stay calm! I said to one of the reticent interlocutors, to which he immediately replied: "How can I be calm if you want us to sign this paper there [IFC]." – If you don't want to, you don't need to sign, we can just talk, I try to reassure one more potential informant once again. of data. - Can I make just a few notes, so I won't forget? "Yes, but don't put my name". - Okay, I won't put it, I emphasize commitment again<sup>6</sup>.

Regarding the consequences related to the dissemination of the strategies, two questions are crucial: the fear of losing your job and the other of "being bad with colleagues" for having revealed the illicit dynamics of the exchange of favors that works operationalized by the networks, thus violating the symbolic dimensions of secrecy, trust and friendship, essential categories in the system of exchange of favors that emerges from the solidarity networks present on both sides of the studied border. For the interlocutors living in Pedro Juan Caballero/PY and who carry out exchanges through the networks, passively or actively, the concern is not to harm those involved in dynamic exchanges, "*para que no pierdan sus trabajos*". On the border of Ponta Porã / BR and Pedro Juan Caballero/PY, secrecy, trust and friendship are responsible for the balance and maintenance of solidarity networks, making use of symbolic exchanges- and guaranteeing the reciprocity and transit of things exchanged, whether they have materiality or not.

In the testimonies presented, the categories that operationalize the access of undocumented people to health services in Brazil through SUS, family, trust, solidarity, secrecy and friendship are evident; categories that allied to the human-social proximity reports erected in border contexts "make the dynamics of relationships- overlap with official rules" (Vasconcelos, 2013: 89).

The secret, in the panorama of access to health at the border, can be understood as a kind of social dynamic in which the sociocultural world surpasses the obviousness expressed by the epiphenomena of the evident world, generating symbolic-socio-cultural classifications that foster the agency of social actors in the empirical reality of everyday life in which they influence and are influenced. It is in this circumstance that, according to Simmel, the secret:

6] For the purpose of negotiations with the interlocutors in Ponta Porã/BR and Pedro Juan Caballero/PY, I add that in all interactions carried out – in order to collect ethnographic material for carrying out the research – the guidelines of the code of ethics of the Brazilian Association of Anthropology (ABA, 2012) and of the National Research Ethics Commission (CONEP / CNS, 2012), observing resolutions 196 and 466 / of the latter, published, respectively, in October 1996 and December 2012 (BRASIL, 1996; 2012). Thus, both the names of the interlocutors and the places where the interactions took place were omitted, as well as any other details that could raise suspicions about the possible identity and authorship of the statements presented here.

it offers, say, the possibility of a second world next to the manifest world, which is decisively influenced by that one. The existence of a secret between two individuals or two groups and their measure, are issues that characterize the relationships between them. (Simmel, 1999: 221).

In the statement of the interlocutor 1, it is possible to glimpse the functioning of the solidarity networks and the mechanisms used to instrumentalize them; as well as the socio - affective categories that permeate the relationships that are verified inside the networks are also glimpsed. It is through the small power (in the theoretical sense that Foucault gives it, 1979) triggered and exercised by the members of the networks that the assistance to undocumented workers is operationalized in the institutional domains of the health services offer of the Brazilian Government.

An example of the operation of this type of power can be presented in the case of Interlocutor 3, an ambulance driver who provided valuable information about the mechanisms of the networks' performance. As much as their function is far from immediate care or even from the administrative spaces characteristic of health establishments, their presence in the surrounding space allows for the creation of bonds with other employees: nursing technicians; nurses; physicians; paramedics; social workers; porters and so many other servers. Its *power* is found in the position it occupies in the organization of institutionally controlled activities and linked to administrative and bureaucratic aspects, with prerogatives and responsibilities pertaining to the function that only the holder of the position can enjoy: supply, control of the traveled mileage, vehicle maintenance, itinerary, among others.

It is clear the presence and action of small power in the speech of interlocutor 2, a nurse in Ponta Porã:

*Interlocutor 2 – Man, he [the driver] has already helped me a lot. There was once that a relative of mine who lives in Pedro Juan was very ill, he needed to be attended to urgently, but nobody to pick him up there, it was a pain. But then I asked him to 'find a way' to get my uncle there, without anyone knowing, because we can't use the vehicles here for private things, even if it was an emergency, it was in another country, right? Although we live on the border, there are a lot of laws, you know? Anyway, he helped me. He went there to pick up my uncle, brought him here and fixed the paperwork. It is a lot of bureaucracy: it is the ombudsman you have spent, distance traveled, departure and arrival times, name of patient transported, reason for request. He did all this for me in the name of friendship; so, I am indebted to him, if he needs, I move my chopsticks to help him. [Informal conversation - Ponta Porã, June 2017].*

It is at the heart of these interlocutions that the small power expresses itself, activating in favor of the demands of the networks its capacity to manipulate the strategies erected by the Government' acts. That same driver

can ask a co-worker from another sector to do him a favor, in the name of friendship, empathy, class feeling, to arrange a specific prescription, or to speed up an appointment for a friend of another nationality, or any other type of service or anything you need. As we saw in the speech of interlocutor 2, if you need it, you will be answered “*if he needs it, I will figure something out to help him*”. The “figuring of something out” to which interlocutor 2 refers are nothing more than extensions of solidarity networks, tactics set in motion by means of power devices 7 (Foucault, 1979) triggered by individuals through the gaps built in the capillarities of the strategies theorized by Certeau (1994).

Generally, as long as they are not abusive, the requests that emerge from the networks are met, strengthening the weaves that compose it in the sense that the exchange of favors generates the need and the obligation for new exchanges in a constant coming and going of people, things and feelings (Mauss, 2003), both on one side and the other on the frontier, configuring a micropolitics of emotions (Coelho, 2010), in which emotions update, through the experience of subjective subtext contexts that exist between individuals, general aspects of social organization. In this logic, the frontier should not be considered only as a space inhabited by families at the margins of the limits imposed by the State, “but as a network of effective social relations that they maintain, regardless of whether they restrict to the local area or cross their borders” (Elias Scotson, 2000: 196).

Another statement by interlocutor 2 that draws attention is “Despite the fact that we live on the border, there are montealeis, you know?”, , Showing that despite the capillarities and the fluid and porous character of the socio-cultural relations that take place in the border spaces where nationals of different nations live,“ the physical limits, of a geographical and legal nature, exert various influences on the border populatin” (Nascimento, 2012: 25), constituting obstacles to the traffic of the innumerable flows of people who are looking for direction and orienting themselves in different directions on the border of Ponta Porã/BR and Pedro Juan Caballero/PY.

In spite of the networks working having as a motive of their actions friendship, companionship and work relations, it is in the family context that they present themselves with more liveliness and appealing speeches on the part of those who need a favor in the universe of exchanges under analysis. Thus, in the case of complaints, requests for medicines, prescriptions, consultations and the like, when it is for someone in the applicant's family, he immediately justifies: “It was for my mother, damn it! *Otherwise, I wouldn't even ask. Because I know it's complicated and we end up owing favor to others.* But when you are family, we do everything, right? [Interlocutor 5, June 2017, Ponta Porã], reporting a request for a prescription for a controlled medicine that he had made to a doctor who works with him in a health unit in Ponta Porã.

Solidarity networks are more comfortable and more frequent when they involve family members, especially when they are more economically vulnerable.

7] Power devices, in Foucault, refer to material power operators, techniques and strategies. They are used to designate speeches, practices and institutions. Cf.: REVEL, Judith. *Michel Foucault: conceitos essenciais*. São Carlos: Claraluz, 2005: 39.

In the context of networks, the family can be understood as one of the mediating parts of the correlations between subjects and collectivity, giving rise to the construction of societal configurations indelibly linked to tacitly assumed mutual care commitments (Paugam, 1999; Szymanski, 2002).

The actions of the networks translate the care expressed in the exchanges that involve affections, material, economic and symbolic goods, care that is not restricted to family relationships - existing, as Léon et. al (2011), in different spaces -, although such relationships are more present in quantitative terms when analyzing the configuration of the networks at the border of Ponta Porã/BR and Pedro Juan Caballero/PY. Thus, it is evident that the family is not configured as an autonomous, self-contained and even isolated unit, existing beyond such interpretative reductions.

In this sense, Burke analyzes that the family goes beyond the limits of the residence, both physical and symbolic-emotional; configuring them only as:

a residential unit, but also [...] an economic and legal unit. Even more important, it is a moral community, in the sense of a group with which members identify and maintain emotional involvement [...] (2000: 80-81)

These multiple variations of functions, however, translate into social problems, given the fact that there is not always consonance between the units considered herein. From this finding, says Fonseca – inspired by Bonetti’s 2007 discoveries (2007) –, it is necessary to “realize the importance of social policies and other national or global forces that permeate the interpersonal relationships of this institution. (Fonseca, 2007: 13)<sup>8</sup>” In view of the legal difficulties posed by the Brazilian State regarding access to

1 | For a deeper understanding of family as a social institution, see: Jablonski (1991); Sarti (1994); Segalen (2000).

As for health services in Brazil, specifically through SUS, why is there so much demand from Paraguayans and Brazilians undocumented by the services? The demand is due to several factors, among which we highlight the lack of economic resources of the Paraguayan population; the SUS free of charge, the quality of the services offered and the incapacity of the Paraguayan health system to serve, in a satisfactory and comprehensive manner, the population residing in the country (Nascimento; Andrade, 2018).

For Brazilians who are not residents of Brazil, access by orthodox means is no less difficult, since they have to present the documentation required by health units to be served. It happens that many Brazilians have lived in Paraguay since they were very young and do not have the necessary documents to attend them – SUS, CPF and RG Card -, an undocumented condition that leads them to join the solidarity networks in order to obtain access in an easier and easier way. less bureaucratic. However, access to services for non-resident Brazilians, but properly documented, occurs without problems to users, within the limits of possibility of SUS service at the border (Cazola et al., 2010).



However, Brazilians who live in Paraguay and seek Brazilian health services are offered by Brazilian parties who live in Brazil, because a portion of the population believes that since they live there they should use that country's health system; others believe that assistance to foreigners, including Paraguayans, burdens and undermines service to Brazilians due to the scarcity of SUS resources (Albuquerque, 2012; Tamaki et al., 2008)

The Health System of Paraguay is made up of institutions from the public and private spheres, and it is possible to find institutions that combine the two types of service. In the public sphere, representation is in charge of the Ministry of Public Health and Social Welfare (MSPyBS), the Social Security Institute (IPS), Military Health, Police Health, the National University of Asunción and the assistance services of the decentralized companies Itaipú and Yacyretá (Alum, Bejarano, 2011; Paraguay, 2010).

The organizational structure of the Ministerio de Salud Pública y Bienestar Social (MSPyBS) has its institutionalized information and commanded by the executive power, with its performance specifically focused on the progressive improvement of health; the elaboration of measures that prevent the emergence or reemergence of diseases in the processes related to rehabilitation (Valemtim, Silva, 2006). The primary objective of MSPyBS is to offer health services to its 17 departments, including Pedro Juan Caballero, Department of Amambay, and to the country's capital, Asunción; having as mission:

Garantizar el cumplimiento de las funciones de rectoría, conducción, financiamiento y provisión de servicios de salud con el fin de alcanzar la cobertura universal, bajo el enfoque de protección social, en el marco del Sistema Nacional de Salud. (Paraguay, 2019: 1).

The public sector and the military and police health services are responsible for serving about 50% of the Paraguayan population, even though they have restrictions, privileging certain groups to the detriment of the general population. The assistance provided by the Armed Forces, for example, is restricted only to active or retired military personnel, as well as to their respective family members. They have their own health establishments, with good quality facilities and a wide range of services, with their coverage reaching areas where public and even private assistance services are absent, which is also present in regions where there are no public or private assistance centers. The services provided by the National University of Asunción, with regard to health, have their costs subsidized, in part, by the State (Winter, 2009).

Due to the decentralization of the Paraguayan health system, some services are provided in health posts and units, and some state companies prefer to take responsibility for the health service provided to their employees, services provided in facilities belonging to the companies themselves and thereby afforded (Valentim; Silva, 2006).

Despite having as a premise the integral and universal service to its population, the public health system in Paraguay favors the provision of the economically integrated population, which is located more in the metropolitan region of Asunción, the country's capital (Dgeec, 2012 ; Pan American Health Organization, 2012). State and, consequently, public services, concentrated in Asunción, allocate 80% of their financial transfers to serve 20% of their population, which weakens the service to the rest of the Paraguayan population, which suffers from low coverage. This failure in health care, due to the fragmentation and disarticulation of the various and sometimes divergent subsectors, leaves 80% of the population with coverage of only 20% of the Paraguayan State's service capacity. The deficient structure of the system ends up causing significant limitations with regard to access to health by the population (Alum, Bejarano, 2011; Pan American Health Organization, 2012).

#### FINAL CONSIDERATIONS

The access of undocumented foreigners to health services on the Brazilian border with Paraguay, speaking from the border cities of Ponta Porã/BR and Pedro Juan Caballero/PY, is achieved through the multiple interconnections existing between residents of both cities; access made operational by tactics – prepared by the agency of individuals – that subvert the strategic organizational structures erected by the power devices on the analyzed frontier. In this dynamic that allows access to the Brazilian SUS, and, consequently, to its services and equipment, symbolic configurations represented by categories such as secrecy, trust, family and friendship come together.

The exchange, with regard to the studied frontier, is not subsumed by the traditional capitalist economic logic, it expresses values other than the material, in this way, the objects of the exchange “[...] are not exclusively goods, wealth, goods furniture and real estate, economically useful things. They are, above all, kindness, banquets, rites, military services, women, children, dances, parties, [favors] [...] (Mauss, 2003: 190). The exchanges carried out at the border, with respect to the circumstances of access to health provided by solidarity networks, between Brazilians and Paraguayans, Paraguayans and Paraguayans and Brazilians and Brazilians, are strictly symbolic, given that the “objects” exchanged are immaterial entities for excellence; that these systems of interchangeable relationships cling together, compose a mosaic whose colors, forms and feelings are not recognizable a priori, since they are dialectically constituted amalgams, in which “Souls are mixed in things, things are mixed in souls. Lives are mixed, and this is how people and mixed things each leave their sphere and mix [...]” (Mauss, 2003: 212).

Due to the aura of transgression and illegality that covers the “objects” exchanged, secrecy and trust are mixed with the gifts exchanged through the solidarity networks, functioning as links in a chain forged by the feelings of friendship, affinity, empathy and sympathy that they guide, albeit dialectically, the practical and symbolic actions generated in social interactions (Koury, 2009). The gifts do not exhaust themselves in the exchange of favors, they go beyond the mere exchange of symbolic goods to supply needs, they evoke and communicate feelings (Coelho, 2010) that reverberate in the social fabric producing and reproducing emotions that go beyond the limits established by the networks, expanding the existing dimensions and forming new alliances.

These feelings are behind the solidarity networks and exchanges of favors that take place on the border of Ponta Porã/BR and Pedro Juan Caballero/PY, feelings that translate structural emotions of a range of interrelations that give keynote of the multiple realities and possibilities of interaction that the frontier seeks. As noted by Mauss, giving consideration to modern society:

Fortunately, not everything is yet classified exclusively in terms of buying and selling. Things still have a sentimental value in addition to their venal value, if there are values that are just that kind. (2003: 294).

The shared secret, associated with the emotions that revolve around it, holds in itself positive potentialities for the constitution of relevant aspects of the social universe, such as the construction, execution and maintenance of projects of community interest that are dependent on a relational plot in which the meanings and objectives direct actions collectively orchestrated for the common good. In the preliminary space under analysis, the exchanged gifts represent the last link in the chain of a complex exchange system between donors and recipients that is constantly feedback and reframed according to the needs (new and old) demanded by the participants of the solidarity networks constituted there.

In this perspective, secrecy gives rise to the possibility, always present, of betrayal, which even in the form of suspicion, brings with it feelings such as fear, insecurity, anguish, disappointment, distrust, among other ambivalent emotions; since, at the same time that they destabilize the bonds of friendship and trust, it also reinforces the need to protect and cover confidential information.

The secret, in the case of the border between Ponta Porã/BR and Pedro Juan Caballero/PY, it serves to balance, in some circumstances, the social balance in which unequal forces appear on opposite sides which, hidden under the cloak of a democracy that remains to be made, feed and feed back tactics and subvert strategies to achieve, even if partially and through tortuous paths, equality of rights - or something similar to that.

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#### BIBLIOGRAPHIC REFERENCES

- ALBUQUERQUE, José Carlos Lindomar. 2012. "Limites e paradoxos da cidadania no território fronteiro: o atendimento dos brasiguaios no sistema público de saúde em Foz do Iguaçu (Brasil)". *Geopolítica(s)*, v. 3, n. 2: 185-205.
- ALUM, Júlia Noemi Mancuello; BEJARANO, Maria Stella Cabral de. 2011. "Sistema de salud de Paraguay". *Revista de Salud Pública del Paraguay*, v.1, n.1: 13-25.
- APPADURAI, Arjun. 1996 *Modernity at Large: cultural dimensions of globalization*. Minneapolis: University of Minnesota Press. Available at: <https://pt.scribd.com/document/244556073/Appadurai-Modernity-at-Large-Cultural-Dimensions-of-Globalization-pdf> Accessed on: August 15, 2019.
- BALLER, Leandro. 2014. "FRONTEIRAS E FRONTEIRIÇOS: A construção das relações sociais e culturais entre brasileiros e paraguaios (1954-2014)". Dourados, Ph.D. Thesis, Universidade Federal da Grande Dourados.
- BANDUCCI JÚNIOR, Álvaro. 2011. "Turismo e fronteira: integração cultural e tensões identitárias na divisa do Brasil com o Paraguai". *Pasos*, v.9, n.3: 7-18.
- BOAS, Franz. 2004. "A formação da antropologia americana, 1883-1911". STOCKING JR, George W.(Org.). Rio de Janeiro: Contraponto.
- BRAZIL. Ministry of Health. National Health Council. 1996 Resolution No. 196, of October 10, 1996. It approves regulatory guidelines and standards for research involving human beings. Brasília, *Diário Oficial da União*, October 16, \_\_\_\_\_. 2012. Resolution No. 466, of December 12, 2012. It approves regulatory guidelines and standards for research involving human beings. Brasília, *Diário Oficial da União*, December 12.
- BOURDIEU, Pierre. 2003. *O poder simbólico*. Rio de Janeiro: Bertrand Brasil.
- BRITO, Raquel Cardoso; KOLLER, Sílvia, Helena. 1999. "Desenvolvimento humano e redes de apoio social e afetivo". In: CARVALHO, Alysson Massote (org.). *O mundo social da criança: natureza e cultura em ação*. São Paulo: Casa do Psicólogo.
- BURKE, Peter. 2000. *História e teoria social*. São Paulo: UNESP.
- CASTEL, Robert. 1998. *Metamorfoses da questão social: uma crônica do salário*; tradução de Iraci D. Poletti. Petrópolis, RJ: Vozes.

CAZOLA, Luiza Helena de Oliveira; PÍCOLI, Renata Palópoli; TAMAKI, Edson Mamoru; PONTES, Elenir Rose Jardim Cury; AJALLA, Maria Elizabeth. 2011. "Atendimentos a brasileiros residentes na fronteira Brasil-Paraguai pelo Sistema Único de Saúde". *Rev Panam Salud Publica*, v. 29, No. 3: 185-190.

CERTEAU, Michel de. 1994. *A invenção do cotidiano: artes de fazer*. Petrópolis: Vozes.

CLIFFORD, James. 2002. *A experiência etnográfica: antropologia e literatura no século XX*. Rio de Janeiro: UFRJ.

COELHO, Maria Cláudia. 2010. "Narrativas da violência: a dimensão micropolítica das emoções". *Mana*, Rio de Janeiro, v.16, n.2: 265 -285.

DIRECCIÓN GENERAL DE ESTADÍSTICA, ENCUESTAS Y CENSOS – DGEEC. 2012. *Atlas demográfico del Paraguay*. Available at: <https://www.dgeec.gov.py/Publicaciones/Biblioteca/atlas-demografico/Atlas%20Demografico%20del%20Paraguay,%202012.pdf>. Accessed on: December 20, 2019.

ELIAS, Norbert; SCOTSON, John, L. 2000. *Os estabelecidos e os outsiders: sociologia das relações de poder de uma pequena comunidade*. Rio de Janeiro: Jorge Zahar.

FOUCAULT, Michel. 1979. *Microfísica do poder*. MACHADO, Roberto (Org.). Rio de Janeiro: Edições Graal.

GEERTZ, Clifford. 2002. *O saber local: novos ensaios em antropologia interpretativa*. Petrópolis: Voz.

\_\_\_\_\_. 1989. *A interpretação das culturas*. Rio de Janeiro: LTC.

GIDDENS, Anthony. 1989. *A constituição da sociedade*. São Paulo: Martins Fontes.

GONZÁLEZ DE LA FÉ, Teresa. 2003. "El Interaccionismo Simbólico". In: GINER, Salvador(Org.), *Teoría sociológica moderna*. Barcelona: Ed. Ariel.

INGOLD, Tim. 2000. *The perception of the environment*. London: Routledge.  
\_\_\_\_\_. 2015 *Estar vivo: ensaios sobre movimento, conhecimento e descrição*. São Paulo: Vozes.

JABLONSKI, Bernardo. 1991. *Até que a vida nos separe. A crise do casamento contemporâneo*. Rio de Janeiro: Agir.

KOURY, Mauro Guilherme Pinheiro. 2009. *Emoções, sociedade e cultura: a categoria de análise emoções como objeto de investigação na sociologia*. Curitiba: Editora CRV.

\_\_\_\_\_. 2014. "Amizade e sociabilidade". In: KOURY, Mauro Guilherme Pinheiro. *Estilos de vida e Individualidade: Ensaios em antropologia e sociologia das emoções*. Curitiba: Appris: 33-42.

\_\_\_\_\_. 2015. "Por que as amizades acabam? Uma análise a partir da noção goffmaniana de vulnerabilidade". *Revista Latinoamericana de Estudios sobre Cuerpos, Emociones y Sociedad*, n.17, ano 7: 20-31.

LE BRETON, David. 1998. *Les passions ordinaires. Anthropologie des émotions*, Armand Colin/Masson, Paris.

\_\_\_\_\_. 2004. *L'Interactionnisme symbolique*. Paris: PUF. Collection: Quadrige Manuels.

LÉON, Amparo Micolta. 2011. "Las relaciones en el cuidado de hijos e hijas de migrantes en el país de salida". *IV Congreso de la Red Internacional de Migración y Desarrollo — Crisis global y estrategias migratorias: hacia la redefinición de las políticas de movilidad*, 18,19 y 20 de mayo de 2011 Facultad Latinoamericana de Ciencias Sociales - FLACSO- Sede Ecuador (Quito, Ecuador).

MAUSS, Marcel. 2003. "Ensaio sobre a dádiva. Forma e razão da troca nas sociedades arcaicas". In: MAUSS, Marcel. *Sociologia e antropologia*. São Paulo: Casac Naify: 183-314.

MILITO, Cláudia; SILVA, Hélio. 1994. *Vozes do meio fio*. Rio de Janeiro: Relume Dumará.

NASCIMENTO, Valdir Aragão do; ANDRADE, Sonia Maria Oliveira de. 2018. "As armas dos fracos: estratégias, táticas e repercussões identitárias na dinâmica do acesso à saúde na fronteira Brasil/Paraguai". *Horizontes Antropológicos*, v.24, n.50: 181-214.

NASCIMENTO, Valdir Aragão do. 2019. "De rolê pela fronteira: o caso das motocicletas em Pedro Juan Caballero (PY) e Ponta Porã (BR)". *Cadernos de Campo* v.28, n.1: 50-83.

\_\_\_\_\_. 2012. "Yo soy paraguayo, chamigo": breve estudo sobre a identidade no Paraguai". Dourados, Master's Degree Thesis, Universidade Federal da Grande Dourados.

\_\_\_\_\_. 2014. "Fronteiriço, brasileiro, paraguaio ou brasiguai? Denominações Identitárias na Fronteira Pedro Juan Caballero (PY) e Ponta Porã (BR)". *ILHA—Revista de Antropologia*. v.16, n.1: 105-137. Available at: <https://periodicos.ufsc.br/index.php/ilha/article/view/2175-8034.2014v16n1p105> Accessed on April 21, 2019.

PAN AMERICAN HEALTH ORGANIZATION. 2012 "Paraguai". In: *Saúde nas Américas: panorama regional e perfis de países*. Washington, DC: OPAS. Available at: [https://www.paho.org/salud-en-lasamericas2012/index.php?option=com\\_content&view=article&id=50:paraguay&Itemid=155&lang=pt](https://www.paho.org/salud-en-lasamericas2012/index.php?option=com_content&view=article&id=50:paraguay&Itemid=155&lang=pt) Accessed on: November 21, 2019.

PARAGUAY Ministerio de Salud Pública y Bienestar Social. 2010. *Indicadores básicos de salud-paraguay 2010*. Asunción: MSPBS.

\_\_\_\_\_. 2019 *Mision y Vision*. Available at: <https://www.mspbs.gov.py/portal/mision.html> Accessed on: December 22, 2019.

PAUGAM, Serge. 1999. "Fragilização e ruptura dos vínculos sociais: uma dimensão essencial do processo de desqualificação social". *Serviço Social & Sociedade*, v.20, n.60: 209-232.

REZENDE, Cláudia Barcellos. 2002a. *Os significados da amizade: duas visões de pessoa e sociedade*. Rio de Janeiro: Editora FGV.

\_\_\_\_\_. 2002b "Mágoas de amizade: um ensaio em antropologia das emoções". *Mana*, v.8, n.2: 69-89.

REZENDE, Cláudia Barcellos; COELHO, Maria Cláudia. 2010. *Antropologia das emoções*. Rio de Janeiro: Editora FGV.

SARTI, Cynthia Andersen. 1994. *A família como espelho: um estudo sobre a moral dos pobres na periferia de São Paulo*. São Paulo, Ph.D. Thesis, Universidade de São Paulo.

SEGALEN, Martine. 2000. *Sociologie de la famille*. 5. ed. Paris: Armand Colin.

SIMMEL, George. 1998. *Sociologia I: estudios sobre las formas de socialización*. Madrid: Alianza.

\_\_\_\_\_. 1999. O Segredo. MALDONADO, S. (trad.) In: *Política & Trabalho*, n.15: 221 -225.

\_\_\_\_\_. 2009. "A sociologia do segredo e das sociedades secretas". *Revista de Ciências Humanas*, v.43, n.1: 219-242.

SPERBER, Dan. 1975. *Rethinking symbolism*. Cambridge University Press, Cambridge.

SZYMANSKI, Heloísa. 2002. "Viver em Família como experiência de Cuidado Mútuo: desafios de um mundo em mudança". *Serviço Social e Mudança*, n.71: 9-25.

TAMAKI, Edson Mamuro; FERRAZ, Antônio Flávio; PONTES, Elenir Rose Jardim Cury; CAZOLA, Luiza Helena de Oliveira; AJALLA, Maria Elizabeth; PÍCOLI, Renata Palópoli; FAVARO, Thatiana Regina. 2008. "O projeto SIS-Fronteira no Estado de Mato Grosso do Sul". In: SOUZA, M. L. et al. (Org.). *A saúde e a inclusão social nas fronteiras*. Florianópolis: Boiteux: 177-208.

TELLES, Vera da Silva. 2009. "Ilegalismos urbanos e a cidade". *Novos estudos Cebrap*, n. 84: 153-173.

VALENTIM, Joice; SILVA, Hudson Pacífico da. 2006. "Entre o público e o privado: a saúde no Paraguai". In: BISOTO JUNIOR, Geraldo; SILVA, Pedro Luís de Barros; DAIN, Sulumis (org.). *Regulação do setor saúde nas Américas: as relações entre o público e o privado numa abordagem sistêmica*. Brasília: Organização Pan-Americana da Saúde.

VASCONCELOS, Iana dos Santos. 2013. *Articulações familiares transnacionais: estratégias de cuidado e manutenção familiar na fronteira Brasil/Venezuela*. 2013. 138 f. Boa Vista, Master's Degree Thesis, Universidade Federal de Pernambuco/ Universidade Federal de Roraima.

WAGNER, Roy. 2000. "Our very own cargo cult". *Oceania*, n.70: 362-372. Available at: <https://www.jstor.org/stable/40331761?seq=1> Accessed on: December 25, 2019.

WARREN, Harris Gaylord. 2008. *Paraguay: revoluciones y finanzas*. Asunción: Servilibro.

WINTER, Luciana. 2009. *Transfronteirização e financiamento dos serviços de saúde: uma reflexão a partir de Foz do Iguaçu- PR*. Rio de Janeiro, Master's Degree Thesis in Collective Health, Universidade do Estado do Rio de Janeiro.

WHYTE, William Foote. 2005. *Sociedade de Esquina*. Rio de Janeiro: Jorge Zahar.

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