


Beyond the Border, the Rights, and the Reception: Mobility and Immobility in Pandemic Times

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Abstract

The Covid-19 pandemic has had a profound impact on various forms of mobility within and across international borders. This article analyzed the effects that the measures restricting entry into the Brazilian territory had on cross-border mobility during the pandemic and articulates a discussion around the epidemiological justification used to discriminate and securitize migrations and commuting across borders. For this, it analyzes 42 Ordinances published by the Brazilian government, between 2020 and 2022, and the administrative records of the International Traffic System (STI), of the Federal Police, to identify the effects of restrictions on mobility documented at land border checkpoints from the country. This analysis was combined with research in 13 twin cities located in the Southern, Central and Northern arcs of the Brazilian border. The results show the use of the health crisis to reinforce and expand selective and restrictive measures on migration.

Keywords: border, international migrations, displacement, pandemic.

Aquém da fronteira, dos direitos e do acolhimento: mobilidade e imobilidade em tempos de pandemia

Resumo

A pandemia de Covid-19 impactou profundamente as diversas formas de mobilidades aquém e além das fronteiras internacionais. Diante disso, este artigo analisa os reflexos que as medidas de restrição de ingresso no território brasileiro tiveram sobre a mobilidade transfronteiriça durante a pandemia e articula discussão em torno da justificativa epidemiológica utilizada para discriminar e securitizar as migrações e o deslocamento pendular nas fronteiras. Para isso, recorre-se à análise de 42 Portarias publicadas pelo governo brasileiro, entre 2020 e 2022, e aos registros administrativos do Sistema de Tráfego Internacional (STI), da Polícia Federal, a fim de identificar os efeitos das restrições sobre a mobilidade documentada nos postos da fronteira terrestre

do Brasil. Essa análise foi combinada com pesquisa de campo em 13 cidades-gêmeas localizadas nos arcos Sul, Central e Norte da fronteira brasileira. Os resultados apontam a utilização da crise sanitária para reforçar e ampliar medidas seletivas e restritivas sobre a migração.

Palavras-chave: Fronteira. Migrações internacionais. Deslocamento pendular. Pandemia.

Más allá de la frontera, de los derechos y de la bienvenida: movilidad e inmovilidad en tiempos de pandemia

Resumen

La pandemia de Covid-19 ha tenido un profundo impacto en las diversas formas de movilidad dentro y fuera de las fronteras internacionales. Frente a eso, este artículo analiza los efectos que las medidas de restricción de ingreso al territorio brasileño tuvieron sobre la movilidad transfronteriza durante la pandemia y articula una discusión en torno a la justificación epidemiológica utilizada para discriminar y securitizar las migraciones y los desplazamientos transfronterizos. Para ello, se utiliza un análisis de 42 Ordenanzas publicadas por el gobierno brasileño, entre 2020 y 2022, y los registros administrativos del Sistema de Tránsito Internacional (STI), de la Policía Federal, con el fin de identificar los efectos de las restricciones a la movilidad documentada en los puestos fronterizos terrestres del país. Este análisis se combinó con investigación de campo en 13 ciudades gemelas ubicadas en los arcos Sur, Centro y Norte de la frontera brasileña. Los resultados apuntan a la utilización de la crisis sanitaria para reforzar y ampliar las medidas selectivas y restrictivas a la migración.

Palabras clave: Frontera. Migraciones internacionales. Desplazamiento pendular. Pandemia.

Introduction

The scenario of international migration in Brazil over the last two decades has been marked by the greater presence of migrants from the Global South, especially those from Latin American countries with serious political and economic crises, such as Haiti and Venezuela, and from African and Asian countries with instability and inequalities that have led to increasingly long displacements, such as Senegal, Ghana and Syria. Brazil, like other countries with intermediate development, has become a destination for hundreds of thousands of migrants who have redirected their migratory projects towards the South, in the face of increasingly stringent restrictions on destinations in the North¹.

One of the characteristic aspects of this recent mobility has been the intensification of cross-border migrations, either from neighboring countries or those who cross several international borders from more distant countries, as a strategy to avoid deportation. These migrations are more common by air than by land, since alternative routes are available by land if it is difficult to enter the destination territory. An example of this is the case of Haitians who leave Brazil for the United States, crossing successive land borders in South and Central America.

Thus, the Brazilian and South American borders are proving to be areas of intense and frequent transit for neighboring border crossers, as has always been the case, and increasingly for long-distance migrants who use this form of displacement as a strategy to get around barriers erected along the way. It is no coincidence that, in recent years, the least guarded points on the Brazilian border have become entry and exit points for a significant number of international migrants, especially those with irregular documents, often victims of abuse and extortion.

In Brazil and around the world, the trends that have marked international migration in recent decades have been intensely affected by the restrictions imposed by the Covid-19 pandemic. As with other pandemics in history, people's mobility has been reduced as a measure, not always effective, to contain the virus. According to the International Organization for Migration (IOM, 2021), 2020 saw a 60% reduction in the number of passengers traveling by air, which was also reflected in migration, whether in the number of migrants, the means used for travel, the labor market and, consequently, the volume of international remittances. In this context, the governments of many countries took advantage of the measures adopted to reduce the spread of the disease as a justification to implement selective controls on migrants, summary deportations and entry bans, including on refugees, in violation of international agreements and their own domestic legislation, as was the case in Brazil.

¹ According to Sismigra data, between 2011 and 2020, around 1.1 million international migrants started living in Brazil, coming from all over the world and benefiting from various legal protections. Initiatives such as the Mercosur Residence Agreement, in force since 2009; the granting of humanitarian visas for nationals from Haiti and Syria, implemented in 2012 and 2013 respectively; the residence permit for nationals from border countries from 2017; and the residence permit for Senegalese, from 2019, have contributed to the regularization of different groups of migrants from the global South in the country (Jesus, 2022, p. 38).

The association between migrants and diseases accompanies the history of epidemics and pandemics and mobilizes the epidemiological justification as an instrument for the securitization of migrations and for the rise of xenophobia and racism, as happened with African migrants during the Ebola epidemic, and with Asian migrants during the avian flu epidemic. In the Covid-19 pandemic, once again, the intensification of restrictive measures has pushed many migrants, in different parts of the world, to seek undocumented migration alternatives, on routes that are often longer, more dangerous and more expensive.

In Brazil, despite resistance on the part of the authorities to recognize the seriousness of the health crisis, the first measures adopted involved closing the land borders, initially with Venezuela, later extended to other neighboring countries, contrary to international normative instruments, such as the Geneva Convention of 1951, the Cartagena Declaration of 1985, and domestic legislation itself, such as the Refugee Statute, Law no. 9.477/1997, and the Migration Law, Law no. 13.4/2017. 9.474/1997, and the Migration Law, Law 13.445/2017, especially with regard to the discriminatory nature applied to Venezuelans, the ban on the re-entry of migrants residing in national territory, summary deportation and the disqualification of refugee claims, as will be discussed hereinafter.

In this context, this article analyses the impact that measures restricting entry into national territory have had on cross-border mobility during the Covid-19 pandemic and discusses the epidemiological justification used to discriminate and securitize migration and commuting at Brazilian borders. For this, 42 Ordinances published by the Brazilian government between 2020 and 2022 and the administrative records of the Federal Police's International Traffic System (STI, 2023) during the same period were analyzed to identify the effects of the restrictions on documented mobility at the country's land border posts. This analysis was combined with field research in 13 twin cities located on the southern, central and northern arcs of the Brazilian border in 2022. The first section of the text presents brief considerations about the effect of epidemics and pandemics on the control of migrant mobility, associating them with the links between epidemiological control and securitization. In the second section, the normative instruments implemented by the Brazilian government during the health emergency are analyzed and compared with the administrative records of entry and exit into national territory and with field observations. Finally, the concepts of territorial containment and circumvention are used to reflect on the migrants' strategies in response to the restrictions they faced.

Impact of the covid-19 pandemic on international migration

At different times in history, health crises have had an impact on people's mobility, and despite having been justified, measures limiting such mobility jeopardized the rights of migrants. In other words, the association between diseases and immigration has the potential to induce and justify violations of rights and drive xenophobia and racism (Ventura, 2016). Often, the first impulse is to blame those who are not well integrated into a community, such as travelers and migrants. In the 1980s, in the United States, the myth associating Haitian migrants and asylum seekers with the HIV virus was disseminated as an argument against migration (Stepick, 1992). In 1993, following an episode in which 219 Haitian political exiles with the virus were

denied entry, the US Congress, with broad public support, banned the immigration of people with HIV/AIDS, regardless of their national origin (Farmer, 2006; Ventura, 2016). Even today, contrary to fundamental human rights principles, 48 countries and territories impose HIV-related travel restrictions, 19 of which prohibit short or long-term stays based on HIV status, including deportations (UNAIDS, 2019).

At the beginning of the Haitian migration to Brazil, similar situations occurred in the border towns through which the migrants entered. In Tabatinga, Amazonas, a city councilor, a doctor by training, lamented the lack of sanitary control for the Haitians, arguing that Brazil could not offer help because it would be putting the local population at risk, arguing that cholera and AIDS had a high incidence in Haiti. As a result, the city's residents echoed this discourse and even when they made donations, they did so through the Catholic Church to avoid direct contact with the migrants (Véran; Noal; Fainst, 2014; Jesus, 2020). In August 2014, the World Health Organization (WHO, 2005) declared the Ebola crisis a Public Emergency of International Concern, when cases of the disease were identified in the United States and Europe.

Although the disease has killed thousands of people since the 1970s in countries such as Sierra Leone, Guinea Conakry and Liberia, it has always been considered an endemic, given its regional character in sub-Saharan Africa. It wasn't long before migrants from all over the African continent, and even black migrants from the Americas, such as Haitians, were stigmatized as threats to public health and suffered entry restrictions at various destinations. In Europe, airlines suspended flights to the worst-hit region and in the United States, public opinion was against the repatriation of health professionals who had worked in Africa during the crisis. In 2003, bird flu began to victimize human beings in different countries in Asia, Africa and Europe, causing a high mortality rate among those infected. Asian tourists and immigrants, already historically victimized by Western xenophobia, began to witness increasing hostility in many countries.

With the Covid-19 pandemic, fear of the "yellow peril"² has been reignited and boosted by the misuse of social media. This led to the adoption of discriminatory measures in travel restrictions, linking people's geographical origin to the virus (Ventura, 2020; Kohatsu; Saito; Andrade, 2021). Even before the WHO declared the new coronavirus a Public Health Emergency of International Concern, on January 30, 2020, several countries anticipated travel restrictions. The United States banned people from China at the beginning of February and Iran at the end of the month. A few days before the WHO announced that it was a pandemic, on March 20, 2020, travelers from the Schengen Area, the United Kingdom and Ireland were no longer allowed to enter the United States. From then on, countries across the American continent began to close their borders in a frightened and sudden manner, interrupting ongoing migrations and cross-border commutes.

2 How Asian migration came to be known, in a pejorative way, between the 19th and 20th centuries.

According to the “(In)Movilidades en las Américas” project, implemented through a partnership between researchers from several universities on the continent, in addition to land border blockades and preventing migrants and tourists from entering ports and airports, several countries have carried out expulsions, deportations and prevented the return of their citizens living abroad as part of measures to contain the spread of the virus.³ At the end of the first year of the pandemic, more than half of the world’s countries maintained restrictions on entry into their territories and, as scientific knowledge about the disease grew, other health measures such as tests, quarantines and vaccinations took precedence over travel restrictions (IOM, 2021).

Many migrants and asylum applicants have experienced a deterioration in their living conditions and a worsening of their vulnerabilities as a result of the pandemic, especially those in undocumented situations, as they have generally been left out of testing, vaccinations and hospital care in the most serious cases. Entry restrictions have resulted in crowds in shelters, hostels and makeshift camps at the borders, which has contributed to greater exposure to the virus. In addition, the false association between migrants and the disease has increased stigmatization and consequently xenophobia (IOM, 2021).

However, although national and international travel are potential factors in the spread of the virus, migration alone has not been shown to be a major risk factor, which is more closely linked to the inequalities to which many migrants are subject. The degree of exposure to the virus has been shown to be directly related to systemic inequalities and the socio-economic adversities imposed on migrants, especially the less qualified, in the countries of transit and destination. Migrant workers were more vulnerable to Covid-19 because they were disproportionately represented in activities considered essential, which could not be interrupted, often in unhealthy activities and with unstable and precarious relationships (Piza, 2020; IOM, 2021). In emergency situations, the contradiction between the essential nature of the services provided by these workers and the unfair labor relations is even more evident. In summary, the Covid-19 pandemic has affected migration in its different phases, with consequences for migrants’ families and communities of origin.

From the interruption of displacement and legalized entry at borders, which has led to forced immobility and clandestine travel, to the containment of migrants at certain border points, unemployment and a decrease in international remittances, to the return to countries of origin, either voluntarily or compulsorily, as in cases of deportation. In Brazil, for example, the impediment to entering or leaving national territory has led to agglomerations lasting days or even months at different points on the border, such as Venezuelans in Pacaraima-RR and Haitians in Assis Brasil-AC, which has exposed thousands of migrants to greater vulnerabilities, including the impossibility of shelter and food. This process had already been identified by Ventura, who argued that

3 The project carried out surveys of the measures adopted by the countries between 2020 and 2021, which can be consulted at General: <https://www.inmovilidadamericas.org/>. It was a network initiative involving 11 teams from different universities of the American continent.

Limiting regular entry into destination countries favors irregular migration, which can spread diseases due to the absolute lack of control over their presence in a given territory. In addition, the environment of rejection of the presence of people of a given origin can lead them not to seek treatment, for fear of measures that have an impact on their migratory situation (Ventura, 2016, p. 68).

Silva and Dorfman (2020) observed that even commuting in twin cities, which was completely incorporated and essential in everyday border life, was reframed as an undesirable and illegal movement in the context of the pandemic. The pandemic has brought into play unusual categories in the context of easy transit that characterizes transnational conurbations, so that neighboring border residents have come to be considered illegal subjects and transgressors of the health norm.

Although the International Health Regulations (IHR), in force in 196 countries, stipulate that the prevention of and response to the international spread of diseases should be carried out in a proportionate manner, avoiding unnecessary interference in the movement of people and goods, it is common for states to implement unilateral restrictions without proper technical justification. In its article 42, the IHR itself recommends that discriminatory measures should not be adopted without transparency (WHO, 2005). The closure of borders, for example, is not only ineffective in combating the spread of diseases, but also hinders the flow of health personnel and medicines to affected areas, just when they are needed. This is aggravated in border regions, where access to health care is often cross-border.

During the pandemic, the Brazilian government hastened to stop the flow of people across land borders before restricting entry through airports, demonstrating, through a series of Ministry of Justice and inter-ministerial ordinances, the selective nature that recent migration policy set out to eliminate with the Migration Law and the Refugee Law. In addition to the ban on new migrants entering national territory, the measures that made it impossible for those already residing in the country to return, immediate deportation and disqualification from applying for refuge have brought Brazil back to the restrictive history that has prevailed in migration policy for centuries. From the first normative acts, still in Brazil's Empire, until the early decades of the 21st century, Brazil's migration policy was marked by its selective nature, in contrast to the popular imaginary of free acceptance of migrants regardless of nationality. With the new migration law, in force since November 2017, the legal framework on the subject has incorporated principles such as non-discrimination and the prevention of xenophobia, based on the argument of promoting the human rights of migrants. However, the legal change did not guarantee the elimination of selectivity, which was mainly applied to migrants from countries in the Global South, especially during the Covid-19 pandemic.

In Brazil, the normative acts implemented as strategies to prevent and control Covid-19 have included measures to restrict mobility at land borders, mainly affecting the flow of Latin American migrants and the displacement of border residents. This is because, following a global trend, there has been an intensification of intraregional migration flows in Latin America to the detriment of the transcontinental migrations that predominated in previous centuries (Durand, 2010; Baeninger et al, 2018). To a large extent, this is related to the increased costs and risks of

moving long distances and the restrictions on migrants' entry and stay in developed countries. With the pandemic, especially in border municipalities, stigmatization, racism and xenophobia have become more widespread and reinforced, often supported by normative acts on different scales. This has helped to reinforce the old and persistent association between migrants and health risk.

However, according to Ventura (2016, p. 64), "it is necessary to understand that disease is not the event that gives rise to the stigmatizing representation of the foreigner: on the contrary, it fills a pre-existing space of disqualification". The connections between migrants and health risks that regulatory instruments, the media and public opinion often reinforce, especially in times of epidemics and pandemics, can be interpreted as part of the stigmatization of the other and xenophobic racism that often justifies territorial control devices. Investigating the history of fear in the West between the 14th and 18th centuries, Jean Delumeau (2009) argues that, when faced with epidemics, the first individual and collective impulse is to name the culprits, who are usually foreigners, travelers, outcasts and all those who are not well integrated into a community.

In recent epidemics and pandemics, such as Covid-19, national origins and ethnic-racial components have been deeply linked to the stigmas attributed to migrants, especially blacks and Asians, regardless of where they were. Blaming those who supposedly came "from outside" has been a frequent strategy of socio-spatial differentiation and segregation. The representation of migrants as a threat to public health has been sustained over time by stigmas and fostered increasingly sophisticated mechanisms of biopolitical control.

Largely based on negativized stereotypes, and therefore transformed into stigmas, control over mobility differs according to the profile of the traveler, letting some through and blocking others. In the context of epidemics and pandemics, stigmas are reinforced in the collective strategy of naming the culprits, including established communities of migrants in the destination countries. Thus, in an exercise of simplifying reality, the greatest weight of the link between diseases and geographical origin falls on "Asians" and "Africans", for example, or "Venezuelans" and "Haitians", to exemplify groups of migrants with a large presence in Brazil recently.

The mobilization of stigma during an epidemic is a perverse political strategy with short-term effects; however, its success is due to a long and complex process. Immediately, something perceived by the non-specialized public as "abstract" and "unknown", such as a virus, becomes "personified" thanks to the use of familiar and tangible terms, such as a nationality or a place of supposed origin (Ventura, 2020, p. 100).

As a result, border closures and limited mobility tend to affect migrants and border residents unequally, depending on the epidemiological context. However, national and ethnic-racial origins are effectively mobilized in the processes of stigmatization and territorial containment, with some being subject to greater control devices than others. In Brazil, during the Covid-19 pandemic, the measures adopted to contain the virus proved to be unevenly applied to certain groups of migrants, in different parts of the border, which encouraged migrants and residents of border municipalities to recreate circumvention strategies.

Mobility and immobility at Brazilian borders during the covid-19 pandemic

International migration gained momentum with the development of commercial aviation, which facilitated faster travel over long distances and increased the volume of passengers, including migrants. However, the costs and legal requirements involved in air travel mean that a significant part of migration takes place across land borders, sometimes involving multiple crossings through different national territories. As a result, migration in stages has become commonplace, with migrants remaining in transit countries while waiting for opportunities to access destination countries. Recent examples of this prolonged wait are the cases of Haitians and Central Americans in Mexico and Syrians, Iraqis and Afghans in Balkan countries (Jesus, 2019; Brunovskis; Surtees, 2019).

The intensification of migration has drawn the attention of different institutional actors to international borders, from the state control agencies themselves to humanitarian organizations, from where the assistance to migrants and refugees in transit usually comes. It is not uncommon for interagency action in border areas, whether governmental or not, to create extraterritorialities, with the application of administrative rules and procedures that are different from those of the countries in which they are located (Mezzadra, 2015). During the Covid-19 pandemic, border closures interrupted ongoing migratory processes and forced migrants to wait for entry permits, which were often denied, resulting in overcrowded shelters and the emergence of makeshift camps.

In Brazil, as in other South American countries, the international border is a large space for the daily transit of border residents and long-distance migrants who seek land entry points to migrate, especially from neighboring countries. For at least five decades, Bolivians have been moving to the states of Mato Grosso do Sul and São Paulo by crossing the border between Puerto Quijarro (BO) and Corumbá (BR); Peruvians and Colombians also do so from the triple border between Santa Rosa (PE), Leticia (CO) and Tabatinga (BR). In the last decade, the entry of Venezuelans between Santa Elena de Uairén (VE) and Paracaima (BR) has gained prominence. These are just a few examples that make up a diverse panorama of border migrations to Brazil (Baeninger, 2012; Moura, 2014; Santos, 2018).

Along the 16,800 kilometers of Brazil's border strip, there are 11.6 million inhabitants (IBGE, 2023) spread over 588 municipalities, 122 of which are on the international border. These include 34 twin cities, some of which are in complete conurbation with the cities of neighboring countries. They are particularly interdependent and complementary in terms of goods and services, with cross-border commuting inseparable from the daily life that characterizes these areas. However, the first health measures to combat the coronavirus adopted in Brazil and other South American countries disregarded the structural relationships that mark border realities.

Most of the measures that led to the interruption of commuting at the borders during the pandemic were discontinued as the months of 2020 passed, partly because they compromised the supply and functioning of the border municipalities themselves and because other health strategies were implemented, such as testing, social distancing and, finally, vaccines. However, in 2021 and 2022, the effects of the restrictions were still very visible, as can be seen in the field research carried out throughout 2022, at different points along the Brazilian border, as shown in figure 1.

Figure 1 – Location of the municipalities surveyed



Source: Elaborated by the author, 2023.

The history of migration in different destinations around the world shows that changes in migration policies are closely linked to the political and economic situation, both at home and abroad, alternating between moments of greater flexibility and openness and greater rejection (Durand, 2016). As mentioned hereinbefore, the Covid-19 pandemic represents one of these episodes of greater restrictions on mobility, which has had an impact on the origins, transits and destinations of migrants. However, in some countries such as the United States and Brazil, the restrictive measures implemented during the health crisis were used as a justification to contain ongoing flows of those considered undesirable. In Brazil, the first norm published by the federal government as a strategy to combat the spread of the Covid-19 virus was Law No. 13,979, of February 6, 2020, known as the “Quarantine Law”, which provided for restrictions on entry into the country via highways, ports and airports. However, as the pandemic progressed over the following months, the main instruments used to regulate international mobility were inter-ministerial ordinances, with the Ministry of Justice and Public Security playing a major role.

Between March 17, 2020 and September 12, 2022, 42 inter-ministerial ordinances were enacted regulating the entry and exit of Brazilians, international migrants, refugees and border residents from neighboring countries. In addition to transit restrictions, several legal instruments established civil, administrative and criminal liability in the event of non-compliance, as well as deportation and disqualification from applying for refuge, which was contrary to Brazil’s migration and refugee laws, especially affecting Venezuelans who were victims of a humanitarian crisis, given the political and economic instability that worsened in the mid-2010s, which was also considered by the Brazilian authorities as grounds for recognizing their refugee status.

The Migration Law, No. 13.445/2017, in its articles 48 and 50, prohibits deportation without due process of law and the Refugee Law, No. 9.474/1997, in its articles 8 and 29, prevents the return or denial of refuge without analysis of the merits, especially when it comes to cases where returning to the country of origin could compromise the integrity of people, in accordance with the principle of “non-refoulement”, widely recognized and agreed in international treaties. The ban on entry into national territory has led to the compulsory immobility of migrants and border residents and has contributed to the vulnerability and flexibilization of fundamental human rights, such as shelter and security.

Contrary to their own domestic legislation, especially the principal basis of the Migration Law, based on the repudiation and prevention of xenophobia, racism and any form of discrimination (Art. 3. II), the inter-ministerial ordinances disproportionately focused on land movements to the detriment of those made by air. This occurred without any technical justification as to why border countries are the biggest vectors for the spread of the Covid-19 virus. Of the 42 ordinances published, 33 referred to land entry restrictions and 11 to air restrictions⁴. With some exceptions, land tickets were limited from March 2020 to January 2022. Air tickets were limited between March and August 2020.

4 Some of them applied to several modes of transport simultaneously, including waterways.

Ordinance No. 120, of March 17, 2020, the first enacted, “restricts the entry by land of foreigners from Venezuela for 15 days”, a period that was successively renewed with subsequent ordinances. As of April 29, 2020, through Ordinance 240, residents of twin cities in neighboring countries are allowed to enter, except for Venezuela, from where hundreds of thousands had already left for Brazil in previous years, entering Brazilian territory through the city of Pacaraima, in Roraima. The exclusion of Venezuelans from cross-border mobility between twin cities will continue until June 23, 2021, with the enactment of Ordinance 655. However, as is often the case in humanitarian crises, these restrictions have not prevented the flow from continuing, but have pushed migrants towards undocumented entry, extortion and violence.

On the international border between Santa Elena de Uairén and Pacaraima, near the Brazilian and Venezuelan border checkpoints, the marks of undocumented migration and commuting are visible in the alternative routes taken by migrants and residents of both cities, as shown in Figure 2. Locally known as “trochas”, these roads are configured as escape routes, as strategies to circumvent the physical and symbolic barriers that aim to leave them outside national citizenship, on the other side of the invisible wall that has been erected. With the collapse of the economy and public services in Venezuela, these roads were also used as access routes to goods and services on the Brazilian side, during the pandemic period when the border was closed and regular traffic was interrupted.

Figure 2 – Alternative routes on the Brazil-Venezuela border



Source: the author, October 2022.

Due to the longer duration and explicit discrimination in the normative acts, Venezuela's situation is exemplary in supporting the argument that the measures to completely restrict mobility implemented during the pandemic, in addition to not proving effective when the virus reached community transmission, made migrants vulnerable and pushed them towards alternative crossings, which were often more dangerous and more costly. However, our field research was able to identify that a similar situation occurred at different points on the Brazilian border between 2020 and 2022.

In Assis Brasil-AC, the interruption of traffic on the Brazil-Peru Integration Bridge caused the immobilization of hundreds of Haitians trying to leave Brazil and head for the United States⁵ and reactivated boat crossing routes across the River Acre, which had been used until 2006, when there was no bridge. In Corumbá-MS, on the border with Bolivia, Brazilians and Bolivians intensively used side roads to enter and leave both territories, even maintaining supplies of Bolivian fruit and vegetables at the daily markets on the Brazilian side. In Santana do Livramento-RS, on the border with Uruguay, and in Ponta Porã-MS, on the border with Paraguay, attempts to enforce the provisions of the inter-ministerial ordinances have made daily life difficult for students, workers and traders whose main activities are based on international commuting. In the opposite direction, in Oiapoque-AP, the ostentatious patrolling of the French Guiana border police was unable to prevent the catraieiros from transporting Brazilians to study and shop on the other side of the river, in Saint Georges, as seen in figure 3, disembarking in improvised places and charging more for this, a kind of surcharge for the risk of a fine and the seizure of the boat.

Figure 3 – Embarkation of students at the Brazil-French Guiana border



Source: the author, November 2022.

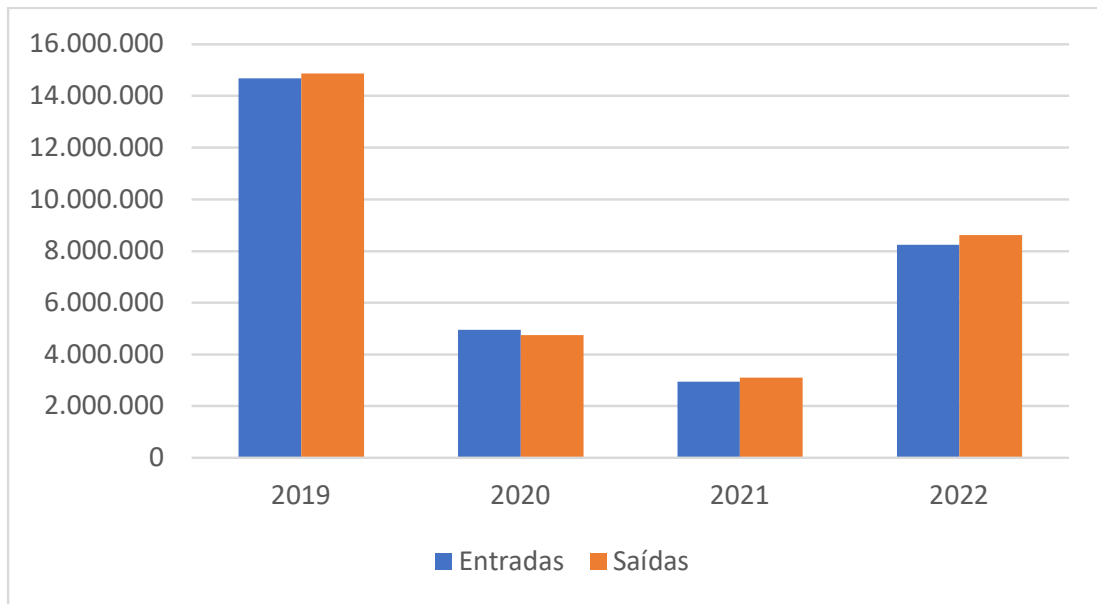
⁵ The exit of Haitians across the international border between Brazil and Peru was the subject of specific orders from the Ministry of Justice and Public Security, which authorized the effective use of the National Force to block the entry and exit of migrants for 60 days, starting on February 18, 2021. Ordinance no. 62, of February 12, 2021, refers to entry and Ordinance no. 86, of February 19, 2021, corrects the previous one, replacing “entry” with “exit” (BRASIL, 2021a; 2021b).

Two days following the Ordinance No. 120, specific to Venezuela, on March 19, 2020, Ordinances Nos. 125 and 126 expanded the list of countries with entry restrictions to include all border countries, with the exception of Uruguay⁶, the members of the European Union, and others from Europe and Asia, but applied exceptions to residents of twin cities with an exclusively land border, road freight transportation and the execution of cross-border humanitarian actions. The exception for border residents was not applied to Venezuelans, which was maintained in subsequent ordinances until June 23, 2021.

Gradually, new countries were added to the list of restrictions as the spread of the virus expanded and victimized more people around the world. In addition, entry by water and air was restricted by Decrees 47 and 152, respectively, at the end of March 2020. As a series of specific situations arose, these cases were discriminated against in the ordinances, such as international transit without disembarkation and international migrants with Brazilian children, spouses and partners. Finally, Ordinance 340, dated June 30, 2020, brings together some of the previously enacted provisions and restricts all entries, regardless of nationality and means of transport.

All these measures have had a significant impact on documented movements at Brazil’s air, sea, river and land border checkpoints, reducing both entries and exits into national territory. As we pointed out earlier, the entry restrictions began in March 2020, and increased over the months, reaching their greatest impact in mid-2021. As testing and vaccination progressed, the requirement for proof of negative tests and vaccines gradually replaced the entry and exit restrictions, as shown in Graph 1.

Graph 1 – Number of movements at Brazilian border checkpoints (2019-2022)

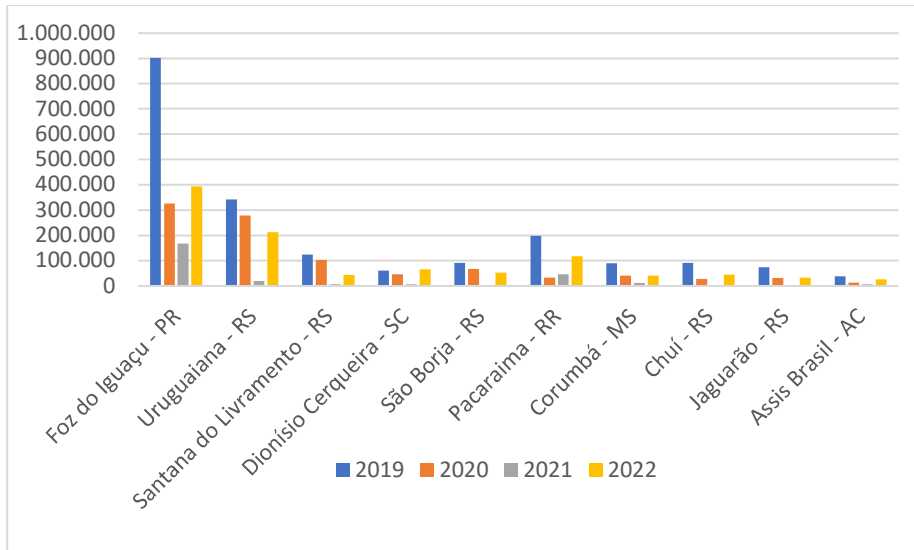


Source: STI, 2019-2022. Elaborated by the author.

⁶ The restriction on the entry of individuals from Uruguay was regulated by Ordinance No. 132 of March 22, 2020.

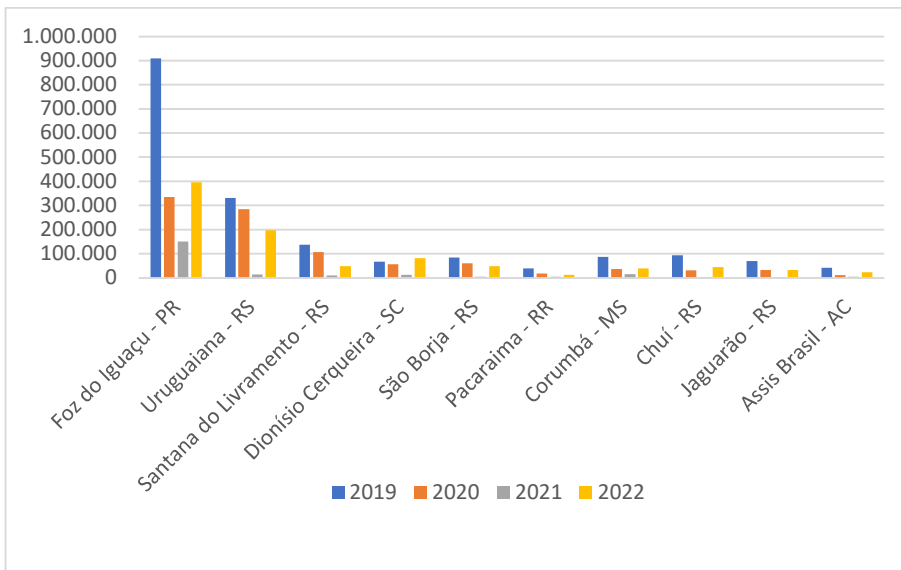
At the land border checkpoints, where the impact of the restrictions was proportionally greater, control over commuter and migrant mobility could be better defined in places without complete conurbations and where few access routes connect the twin cities, such as bridges. Even so, containment and control measures have led to circumvention strategies, most of which escape the STI administrative records used here as a reference. Graphs 2 and 3 show the effects of the restrictions on the entry and exit of people at the ten busiest posts on the Brazilian land border, in the previous year and during the years the ordinances were in force.

Graph 2 – Number of entries at the ten busiest land border checkpoints in Brazil (2019-2022)



Source: STI, 2019-2022. Elaborated by the author.

Graph 3 – Number of exits at the ten busiest land border checkpoints in Brazil (2019-2022)



Source: STI, 2019-2022. Elaborated by the author.

It can be concluded that, at all the checkpoints highlighted, there was a drastic reduction in the number of entries and exits, both of Brazilians and other nationalities, in 2020 and especially in 2021, when the pandemic was at its peak and mobility was most restricted as a result of the Brazilian government's ordinances. In 2022, both inflows and outflows rose again, reflecting the adoption of other health measures and the gradual release of people.

It should be noted that in dry border areas, where the twin cities form a single urban area, cross-border mobility, especially commuting, often escapes the administrative records of government institutions. In some cases, cross-border interactions are so intense that the daily movements of the inhabitants are not even thought of as international movements. In this way, the data shown in Graphs 2 and 3 only show documented movements, serving as a thermometer of population flows, but they leave out a wide range of movements, such as those between Tabatinga and Leticia, on the border with Colombia; between Ponta Porã and Pedro Juan Caballero, on the border with Paraguay; and between both Aceguás, between Brazil and Uruguay.

In such situations, border territorialities emerge, located much more between two territories than in one or the other, so that the very idea of an international border is called into question or relativized (Haesbaert, 2014). This border condition mobilizes strategies for enjoying the advantages, but also contains the challenges of being between national states (Dorfman, 2009). In times of exception, such as those experienced by the Covid-19 pandemic, measures that suspend or threaten to interrupt the daily movement of border residents, and also long-distance migrants, as seen in this text, drive the creation of ways to circumvent barriers, whether physical or symbolic.

Based on Haesbaert's (2014) considerations, it is possible to think that these measures, seen as promoting immobility or territorial containment, stimulated circumvention strategies or escape routes during the emergency period. Migrants and border residents are examples of people who materialize this idea in a radically visible way. In the specific situations analyzed in this text, circumvention literally meant transiting between international borders and between the legality and illegality of the established norm. "Circumventing, in this sense, would be one of the implications of 'living on the edge', on the borders themselves, as if, in the impossibility of overcoming them, a condition of liminality, of ambivalence, were invented" (Haesbaert, 2014, p. 292).

Faced with the restrictions on mobility imposed by the coronavirus containment measures, which have been imposed heavily on land borders, migrants and border residents on both sides of the Brazilian border have developed strategies to get around the situation or have resorted to previously used resources, such as crossing by boat or on foot. The rules implemented, mainly through the Interministerial Ordinances, have had an impact on cross-border mobility, as evidenced by the data presented, but they have also led to the emergence and re-signification of bypasses, which are particularly visible on alternative routes.

Conclusion

This article analyzed the effects that the measures adopted by the Brazilian government to combat the coronavirus pandemic have had on the mobility of migrants and border residents in the Brazilian land border area, in the period from 2020 to 2022, especially the federal government's inter-ministerial ordinances. Although various strategies involving the reduction of people's spatial displacement have been allied in the fight against the coronavirus, such as self-isolation and the suspension of face-to-face activities, Brazil, like other countries, has used the justification of prevention to implement measures that contradict its own migration legislation by promoting territorial containment, compulsory immobility and increased vulnerabilities.

The measures that restricted the mobility of migrants have increased rights violations by promoting homelessness, preventing refugees from entering the country, disqualifying them from applying for refuge, making them criminally liable, among others, contrary to the national and international legal system on migration and refuge. The cases of irregular transportation and employment of Venezuelans in Roraima and the interdiction of Haitians in Acre were emblematic. The ordinances were irregular, especially in the case of the Venezuelans, given the humanitarian crisis in which they found themselves. When they became undocumented, many avoided contact with the authorities, which resulted in greater exposure to the virus they were trying to fight and to exploitation and violence.

Moreover, such measures encouraged undocumented migration and people smuggling, as is usually the case in these situations. These measures have been based on the false link between migrants and diseases, especially in times of epidemics and pandemics, as recent epidemiological history has shown. In times of crisis, the popular and political perception that associates migration with the spread of disease is reinforced and amplified. By using nationality or migratory status as a health risk factor, many governments have projected a false sense of control.

The combination of the analysis of federal government ordinances used to regulate entry into national territory as strategies to combat the coronavirus, the administrative records of the International Traffic System and field research in several twin cities on the Brazilian border demonstrated the decrease in movements at border checkpoints, on the one hand, and the emergence of circumvention tactics carried out by migrants and border residents, on the other. It also helped to reflect that the links between health scares and racist xenophobia are amplified at times of crisis.

Although restrictions and rejections already existed around the world before Covid-19, the pandemic was used to legitimize and expand them. The use of restrictive measures anchored in the selectivity of certain national origins and means of entry has once again highlighted the constant confrontation between desirable and undesirable migrants, between those who can cross the border and those who must stay behind. The border, the rights and the reception.

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