



GENERAL ASPECTS OF IMMIGRANTS' LIVES IN REFUGEE SHELTERS

Aspectos gerais da vida de imigrantes em abrigos para refugiados

Aspectos generales de la vida de inmigrantes en lugares de acogida para refugiados

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ABSTRACT

Objective: To know the general aspects of Venezuelan immigrants' life in shelters, with a focus on food, access to health services, and main factors that motivated immigration to Brazil. **Methods:** This is a qualitative-exploratory study, carried out in the second semester of 2019, using 22 semi-structured interviews, with the participation of immigrants sheltered in Boa Vista, Roraima, Brazil. The content analysis technique was used for data analysis, with four thematic categories emerging: Living in the shelter, Food at the shelter, Health at the shelter, and Choice of Brazil as a destination. **Results:** Despite the impasses, there are feelings of gratitude for living in Brazil. Living in the shelter is bad and difficult; as the environment in the tents is warm, small, and with little privacy, but they emphasize that it is better than living on the streets. As for the food at the shelter, nutritional support is satisfactory, with the provision of three balanced meals daily, although sometimes it is insufficient. Participants are satisfied with interdisciplinary health care and medication distribution; however, they complain that access to health services is limited. The choice of Brazil to immigrate was due to its economic position in South America and, therefore, they thought they would have a better chance of employability, as well as access to education, health, and, due to the geographical proximity to their country. **Conclusion:** The study allowed knowing the main reasons that led the participants to choose Brazil as a destination, in addition to the general aspects of life in shelters, focusing on health and food.

Descriptors: Shelter; Population Dynamics; Emigration and Immigration; Emergency Shelter; Emergency Feeding.

RESUMO

Objetivo: Conhecer os aspectos gerais da vida de imigrantes venezuelanos em abrigos, com enfoque na alimentação, acesso aos serviços de saúde e principais fatores que motivaram a imigração para o Brasil. **Métodos:** Estudo qualitativo-exploratório, realizado no segundo semestre de 2019, mediante aplicação de 22 entrevistas semiestruturadas, com a participação de imigrantes abrigados em Boa Vista, Roraima, Brasil. Utilizou-se a técnica de análise de conteúdo para análise dos dados, emergindo quatro categorias temáticas: Viver no abrigo; Alimentação no abrigo; Saúde no abrigo e Escolha do Brasil como destino. **Resultados:** Não obstante os impasses, há sentimentos de gratidão por viver no Brasil. Viver no abrigo é ruim e difícil, pois o ambiente das barracas é quente, pequeno e com pouca privacidade, porém ressaltam que é melhor que viver nas ruas. Quanto à alimentação no abrigo, o suporte nutricional é satisfatório, com o fornecimento de três refeições balanceadas diariamente, embora às vezes insuficiente. Os participantes estão satisfeitos com os cuidados interdisciplinares em saúde e a distribuição de medicamentos, no entanto reclamam que o acesso aos serviços de saúde é limitado. A escolha do Brasil para imigrar deu-se pela sua posição econômica na América do Sul e, portanto, achavam que teriam mais chance de empregabilidade, bem como acesso à educação,



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à saúde e, pela proximidade geográfica a seu país. **Conclusão:** O estudo permitiu conhecer as principais razões que levaram os participantes a escolherem o Brasil como destino, além dos aspectos gerais da vida nos abrigos, com foco em saúde e alimentação.

Descritores: Abrigo; Dinâmica Populacional; Emigração e Imigração; Abrigo de Emergência; Alimentação de Emergência.

RESUMEN

Objetivo: Conocer los aspectos generales de la vida de inmigrantes venezolanos en lugares de acogida sobre la alimentación, el acceso a los servicios de salud y los principales factores que les han motivado para migrar a Brasil. **Métodos:** Estudio cualitativo-exploratorio realizado en el segundo semestre de 2019 con la aplicación de 22 entrevistas semiestructuradas y la participación de inmigrantes refugiados de Boa Vista, Roraima, Brasil. Para el análisis de datos se utilizó la técnica del análisis de contenido del cual emergieron cuatro categorías temáticas: Vivir en el refugio; Alimentación del refugio, Salud del refugio y Elección de Brasil para su destino. **Resultados:** No obstante las dificultades, los inmigrantes tienen gratitud por vivir en Brasil. Vivir en el refugio es malo y difícil pues el ambiente de las chabolas es cálido, pequeño y con poca privacidad, sin embargo, resaltan que es mejor que vivir en la calle. Sobre la alimentación del refugio, el soporte nutricional es satisfactorio con tres comidas a diario de nutrición equilibrada pero a veces insuficiente. Los participantes están satisfechos con los cuidados interdisciplinarios de salud y la distribución de medicamentos, sin embargo, reclama que el acceso a los servicios de salud es limitado. La elección de Brasil para inmigrar se dio por la posición económica en la América de Sur y, por lo tanto, ellos creían tener más oportunidad de empleos bien como el acceso a la educación y la salud y, además, por la proximidad geográfica de su país. **Conclusión:** El estudio permitió conocer las principales razones que contribuyeron para que los participantes eligiesen Brasil como su destino, además de los aspectos generales de la vida de los refugios en especial la salud y la alimentación.

Descriptores: Refugio; Dinámica Poblacional; Emigración e Inmigración; Refugio de Emergencia; Alimentación de Emergencia.

INTRODUCTION

At the end of the 20th century, Venezuela was one of the most prosperous countries in South America. However, that country entered a severe political and socioeconomic crisis, unprecedented, and still ongoing, which reversed the old prosperity, generating intense and generalized instability⁽¹⁾. This situation has forced thousands of Venezuelans to leave the country, and Brazil stands out as one of the destinations, with the entrance by the state of Roraima, despite being the only country in South America to have Portuguese as its official language and not be among the two main countries to receive the highest numbers of Venezuelan immigrants^(2,3).

From 2016 until the end of 2017, the state government of Roraima and the Roraima municipality of Pacaraima, which borders Venezuela, and Boa Vista, the state capital, faced a dramatic intensification of this migratory movement. The first reports of concrete actions to try to overcome this situation involved an operation between the Municipal Civil Guard and the Federal Police, which removed 68 Venezuelan Indians, among adults and children, who lived on the streets in a situation of social vulnerability and irregularly in the capital. They were taken to the headquarters of the Federal Police and, from there, deported to the neighboring country⁽⁴⁾.

At the end of 2017, the state government of Roraima declared a situation of social emergency due to the intense process of Venezuelan immigration. There were 7,600 asylum applications until the end of the first semester in 2017. Then, an intense debate begins on the political, social, and economic situation of the neighboring country, as well as strategies for welcoming immigrants arriving in Roraima^(4,5).

At first, these discussions did not result in efficient actions to alleviate this problem, while more and more immigrants arrived in the capital. Thus, it appears that the city of Boa Vista already has numerous social changes that impact on the social determinants and dynamics of the city, resulting from the expressive and growing presence of Venezuelan immigrants, who, in their majority, in high socioeconomic vulnerability. A significant part of these immigrants live in public spaces or on the streets, surviving on small punctual or alms work^(6,7).

In this context, it can be said that Roraima is going through one of the biggest challenges in its history: accommodating and integrating some of the thousands of immigrants from the great Venezuelan diaspora. Consequently, Boa Vista seeks to build strategies to welcome and improve the conditions of this population⁽⁷⁾. One of the strategies that have helped to control this situation was the intervention of the Brazilian Army, which triggered Operation Welcomed⁽⁸⁾, with the involvement of various municipal and state management bodies, as well as international agencies and non-governmental organizations⁽⁹⁾.

One of the most relevant points of the Welcoming Operation is the temporary shelter of the immigrant. Before this operation, there were three shelters in the capital and one in Pacaraima. In all, thirteen shelters have been built

or renovated, and there are still hundreds of newly arrived immigrants homeless, as the current shelters operate at maximum capacity. In the shelters, there is the ability to provide food, accommodation, sanitary facilities, medical assistance, laundry, garbage, and waste collection, and a coexistence area⁽⁹⁻¹¹⁾.

The adoption of measures to deal with the existing needs in the shelters and, therefore, to reduce the vulnerability of the sheltered people require interventions on the determinants of the health-illness process. In this context, it is relevant to mention the National Health Promotion Policy, which presents a set of strategies to promote health, aiming at improving the quality of life at the individual and collective levels. For achieving a higher level of quality of life and health, care must go beyond guaranteeing access to curative medical assistance, enabling the construction of mechanisms that promote: favorable environment, nutritional security, and psychological support, in addition to education strategies in health that contribute to achieving community empowerment⁽¹²⁾.

Even though the shelters are offering the aforementioned essential conditions necessary to mitigate the situation of high social vulnerability of the public in question, the hypothesis is that life in the shelters is a hard experience and that it requires a high capacity to adapt to the new. In this sense, researchers from the Health and Teaching Research Group (*Grupo de Pesquisa Saúde e Ensino - GPSE*) of the State University of Roraima (*Universidade Estadual de Roraima - UERR*) were interested in the following guiding questions: What will be the daily life of Venezuelan immigrants sheltered concerning food and access to health services and what are the main factors that led them to migrate to Brazil?

The choice of guiding questions took into account: the investigation of care and access to health services for immigrants, it is already an umbrella project within the GPSE; the fact that many immigrants are fleeing Venezuela as a result of food shortages; and the hypotheses that the choice has been based on the highest economic strength of Brazil or the proximity of the border concerning other neighboring countries.

It also emphasized that this research approach is unprecedented, in addition to this immigration phenomenon in Roraima being extremely recent and abrupt⁽⁶⁾. Given this context, the objective was to know the general aspects of life in shelters for Venezuelan immigrants, with a focus on food, access to health services, and main factors that motivated immigration to Brazil.

METHODS

This is an exploratory and qualitative study conducted with Venezuelan immigrants who live in public shelters for immigrants in Boa Vista, Roraima, Brazil. The shelters targeted by this investigation were: Santa Teresa, Nova Canaã, São Vicente, Latife Salomão, and the Rondon I, II, and III complex.

In the context of the qualitative methodology applied to the health, the conception brought from the human sciences is used, according to which one does not seek to study the phenomenon itself but to understand its individual or collective meaning for people's lives. The "meaning" has a structuring function: around what things mean, people will organize their lives in a certain way, including their health care. Thus, this type of research is ideal for the present study⁽¹³⁾.

Immigrants with the following inclusion criteria participated in the study: being over 18 years old, being Venezuelan, and living in the shelter for more than a month. Thus, the following were excluded: those who did not want to have audios recorded and indigenous Venezuelans. In each shelter, three immigrants were interviewed, except in Rondon III, where four were interviewed. Thus, 22 immigrants took part in this study in the spaces mentioned above, limited in number by the data saturation technique^(14,15).

As a data collection instrument, we used a semi-structured interview script, suitable for qualitative research^(16,17), in Spanish.

Initially, the interview sought identification data for immigrants, such as sex, minimum time of arrival in Brazil, whether they were working or not, work activity. Then, the guiding questions were asked, which focused on general aspects of living in the shelter, access and assessment of food, health care, in addition to the reasons for choosing to immigrate to Brazil. The audios were also recorded in Spanish and, a posteriori, translated and transcribed by the authors. The duration of the interviews ranged from 15 to 20 minutes and took place in a private environment, in a atmosphere of mutual respect between the interviewee and the interviewer, in the second half of 2019.

The participative observation technique was also chosen to strengthen the interpretation of the data captured in the interview⁽¹⁸⁾, in which the observed data were pre-defined by a field script, which worked as an auxiliary instrument in this observation process.

This participant observation took place through a visit, accompanied by the soldiers of the Brazilian Army who participated in Operation Welcoming, in the shelters Latife Salomão and Rondon III, registered in Operation Welcomed⁽¹⁹⁾ and at the State University of Roraima⁽²⁰⁾.

In each of these shelters, the visit lasted one part of the day, being in the afternoon on the first day and in the morning on the second. Initially, the shelters were showed by the military people, with visits to their different facilities, followed by explanations about the dynamics of their operation and aspects related to the objectives of this research. Right after this moment, guided by the military, the researchers were able to carry out the observations in a particular way, in addition to being able to interact with the sheltered.

The analysis of the interviews was on the theoretical-analytical framework of content-based. According to this perspective, the analysis is divided into three phases: pre-analysis, in which the material is organized; exploration of the material, in which the information is aggregated into symbolic or thematic categories; and treatment of the raw results and interpretation, in which the data are treated in such a way as to be meaningful and valid to, then, propose inferences⁽²¹⁾, implying four categories: Living in the shelter, Food in the shelter, Health in the shelter, and Choice of Brazil as a destination.

This study was carried out after approval by the Research Ethics Committee of UERR, under Opinion No. 3,357,346. Noteworthy is that the anonymity of the participants in this investigation was maintained. The statements are encoded by the letter 'E' and an Arabic numeral that represents the interview in question. All of them signed the Informed Consent Form.

RESULTS AND DISCUSSION

Of the 22 participants in this study, 14 were female, and 8 were male, with a minimum time of arrival in Brazil of two months and a maximum of one year and eight months, with an average of approximately 12 months. Most respondents were unemployed (14), 5 worked as a day laborer, and 3 worked as street vendors.

LIVING IN THE SHELTER

This category focuses on the general aspects of living in the shelter according to the interviewees' experiences, they showed dissatisfaction with the shelter residence, and the words most used to classify this experience were: bad, horrible, and difficult. In the center/east area of Roraima, the location of the capital, there is a rainy tropical climate. In some areas of the state, hot and humid air masses predominate, besides Boa Vista registering high rainfall⁽²²⁾. Thus, the thermal sensation inside the tents is even higher, being aggravated by the number of people who live in them - sometimes a couple and two small children:

"And living in the tent, closed all day, is unbearable too because the heat is imminent, unbearable, and quite hot. Don't have a window". (E2)

"Here, at least, we have mattresses to sleep on, we have the food, but it is also a little difficult because we are in a tent and it is quite hot here. We have a newborn daughter, and she is all sunburned. We have to go out to the tree every day because if we're inside, we get blacker there than we already are. We are very black, burned by the sun." (E3)

"It's quite hot, so I don't sleep well." (E19)

Besides the thermal discomfort already reported, there is also a lack of privacy and freedom, in addition to difficulties to adapting part of the shelters to the standards of each shelter:

"Venezuelans with the same mentality as Venezuela do the same here, without complying with the laws they have here. That's why Rondon is bad. Because a lot of people don't follow through." (E2)

"Is that there are many people together in the same part. There should be fewer people to live better." (E6)

"A little complicated, there are many rules." (E16)

"Horrible. It doesn't have the essentials that a person needs here." (E8)

"It is difficult, we have to adapt to the conditions of the shelter." (E20)

Through conversations with the military people, we also observed that there was a time limit for leaving and entering shelters (22 hours), except for sheltered who work at night, such as sex workers, security guards, bar

workers, and nightclubs, among others. These could come or go at dawn, depending on their working hours. All with discipline imposed by the military, organizing the shelter.

It was also observed that privacy is compromised within these collective facilities, as there were few bathrooms; the tents are small and generally shared. In addition to the reduced space to allocate your items, the loss of the home is an event that is much bigger than just a possible trauma and deprivation, but also the disruption of the identity, dignity, and privacy values of individuals⁽²³⁾.

In the situation of temporary shelters, the forced sharing of physical space and the restriction of intimacy can also lead to aggressive and intolerant behavior, especially in people who were previously described as calm and welcoming, so it is relevant that, if possible, there is bigger space between the tents, as well as bathrooms with separate access by gender^(24,25).

Even with the interviewees emphasizing the negative points of living in a shelter, most of them consider that this situation is still preferable because otherwise, they could be living on the city streets. Some interviewees reported satisfaction in living in the shelter but also comparing that, without it, they could also be homeless in the city:

"It is not very good for a person, because there is no convenience, none of that. But it's better than being on the street, you know what I mean? The protection." (E1)

"It is difficult, but I thank God because, in the shelter, I feel safe, and it is more comfortable than on the street. I lived for two months on the street with my daughter, and I am grateful to be in the shelter today." (E19)

"For me, it's great to live in a refuge, because like me who lived on the street, for me it was very hard to be there with my son." (E22)

"We are living more or less, they only give food and nothing else, and now, with a card, I can go out to the street to buy things for us. That is, for my son, because I don't live on the street, I was able to enter the refuge with my son." (E7)

Indeed, the authors of this study observe, in the city of Boa Vista, immigrants who have not yet had access to a vacancy in one of the shelters already in operation, and it is also observed that Venezuelans arrive in the city every day.

Food at the shelter

This category focuses on what the sheltered people say with food inside the shelters. It was evident that they are very satisfied with their food, as shown in the statements below:

"The food is good. They give breakfast, lunch, dinner, everything good." (E1)

"Food is safe and balanced, complete, every day, always arrives on time." (E6)

"The food is very good. And the food at the Rondon shelter is better than the food at the Jardim Floresta shelter." (E15)

"The food is good, thanks to God, we always have to form a line to receive." (E19)

"They are good because we live in a community that helps and takes care of the shelter. And here we are protected and eating, contrary to what is on the streets." (E18)

There is great satisfaction with the food and nutritional support provided in the shelters. Study participants report that the supply of the daily three main meals is punctual and in a sufficient quantity. They also mention that in the street, they did not always have the opportunity to have three meals with the quality of the food received in the shelters. During the participant observation, the arrival of meals that consisted of rice, beans, pasta, a protein, and green salad was witnessed. The distribution was not observed by the researchers of the current study.

It is important to remember that the literature reports that, in Venezuela, there is high malnutrition of a large part of the population and an upsurge in tropical diseases and diseases that are facilitated by poor diet⁽²⁶⁾.

However, there are still some who complain that food is sometimes insufficient, saying that it is because they let some repeat the food and lack for others, as can be seen below:

"Sometimes they repeat the food and miss someone. Particularly, I think that if there is repetition, it should only be for children. It's my opinion." (E2)

"Because now, lately, there are people without food, juice, people without fruit, and it shouldn't be like that." (E2)

"Sometimes, food is lacking; sometimes the food is just a juice." (E13)

"The food is bad. Our children get sick from food." (E12)

Some interviewees showed some dissatisfaction with the food provided at the shelter, referring to the quality of the food, but without wanting to state the reasons for such an opinion. The others criticized the distribution system and the lack of food on some occasions. For those who have so little, like these vulnerable immigrants, the support of Operation Welcoming, with the fulfillment of their basic needs, it is essential. However, it is understood that, when Brazil allowed the entry and establishment of these Venezuelans in national territory, it became co-responsible for this population, which demands more than shelter and food. Therefore, there is a need for greater efficiency in the process of internalization of these immigrants, as well as the construction of local strategies that change social determinants, to bring a better quality of life for Venezuelan immigrants and, thus, change their current status quo.

Health at the shelter

This category addresses health care within the shelters from the perspective of the interviewees:

"It has a health service. What happens is that they have few vacancies. When they come, they give 10 places. If medicine comes, it is also limited" (E2)

"It's good. Because I was attended to once. What happens is that they cannot attend, because there are few vacancies. But the health service is very good." (E2)

"Yes, but there are few vacancies for more than 300 families and there are only 10 visits per week for each area. They never saw me at the shelter, because I go to the health center." (E13)

"Yes, it is a good service, because they give me medicines." (E17)

"From 1 to 10, I give 10, it's efficient." (E16)

Participants demonstrated satisfaction with the health services received within the shelters, classifying them as good, very good, or excellent. They also pointed out, as a positive aspect, that they have access to a multidisciplinary team and not only to medical consultations. The acquisition of free medicines was also another point highly praised.

It was possible to witness, in one of the shelters, the day of care provided by military health professionals. There were consultations with doctors and nurses. After consultations, a military nurse dispensed the prescribed drugs. Among the drugs observed, there were mainly anti-inflammatory drugs, antibiotics, antiparasitic drugs, and some black-stripe drugs. There was health care for approximately four hours at that time in an environment of a great organization and military discipline.

However, one of the main points of discontentment is the limited number of patients that can be seen at each visit by the health team, given the large number of people living in each shelter.

"Yes, it is good, there are military-medical campaigns, nurses, but there is a lack of medicines." (E21)

"It is not very good, it is regular, there are not many medicines, little care." (E22)

"The health service at the shelter is very difficult. It is not always that the health service comes to the shelter, as it has to be. So not very good." (E1)

"But there were always people fighting because they always want to be the same. They are always the same in the 10 places, it never changes, they are always the same people." (E2)

"Yes, it can improve. With a lot of effort and our collaboration, since most people, instead of helping with the organization, do the opposite and leave the shelter more disorganized." (E15)

Validating the point raised that few people are assisted on each day of health service provision, on the day of observation, between 10 and 15 people were served. There are weak points that have generated discontentment with health care within the shelters. One of the most cited is the reduced number of days the health team provides care, the interviewees cite once or twice a week, depending on the shelter.

Another strong reason for discontentment is the insufficiency of medicines in face of the demand of the sheltered. Some interviewees consider health services to be regular because of the difficulties reported here. Other respondents showed strong dissatisfaction with health services in shelters:

"Now, at the moment, they are sending us to the health clinic." (E7)

"It is not a good service, because when there is, it works for two, three hours, and there are no medicines, and they only serve children. Those who need medication have to go to the clinic. And at night, whoever gets sick, dies." (E20)

"It has to improve to provide a good service." (E21)

"Yes, there is a health service in the refuge. But it works very little." (E22)

Because the possibility of a portion of immigrants being negatively affected by the migratory experience, institutional norms, and practices that view these vulnerabilities and meet the specific needs of this segment become essential to guarantee the right to health of this group⁽²⁷⁾. And it is in this direction that Operation Welcoming has been working to provide health care to this sheltered population. It is also noteworthy that an interviewee mentioned that the excess demand, which is not able to meet the health services provided by the military in the shelters, is oriented to seek primary care in the city of Boa Vista, as occurs with the Brazilian population.

This information opens up a new range of research possibilities on the access of these immigrants to primary health care, as well as the displacement of this group within the health network of the state of Roraima.

Choosing Brazil as a destination

This category explains the main motivations that led most respondents to choose Brazil to take refuge. Thus, in the following reports, the perception that the Brazilian economy is the strongest stands out, which implied the belief in the existence of a greater offer of employment, access to education and health services:

"Because you have better salary and savings." (E5)

"Because I already had a family here, and they told me that there were many job opportunities here." (E13)

"For the tranquility and economic stability, and it is more o." (E2)

Although Brazil stands out as one of the largest economies in the world, the Brazilian economy, after a period of expansion (2004-2013), in which the average growth rate was 4.0% per year, accompanied by an improvement process in income distribution and poverty reduction, contracted sharply from 2014. Then, it suffered an intense and prolonged recession in 2015-2016, with the average gross domestic product with a negative growth rate of 3.7%. Associated with this, there was also a worsening picture in several social indicators, which can mention the unemployment rate, at the end of 2019, of more than 11 million Brazilians, due to the previous years of economic problems that occurred in the country⁽²⁸⁻²⁹⁾.

Thus, it is evident that, although much better than the situation in Venezuela, Brazil's economy is not experiencing its best moments, especially in the state of Roraima, where the unemployment rate increased considerably in 2018 and 2019, something that was not observed, in the same intensity, in the rest of Brazil. Therefore, the state has not been able to absorb the Venezuelan immigrant population into the labor market, which is largely unemployed and vulnerable⁽³⁰⁾. In this context, the majority of Venezuelan immigrants who chose to come to Brazil due to the greater possibility of employment may have become frustrated, especially when it was found that a large portion of the interviewees are unemployed.

There are still additional difficulties for the immigrant's insertion in the Brazilian labor market: the gap between asylum claims and the judgment of the processes generates a mismatch in the insertion of these individuals in the formal labor market. Even if it is possible to obtain a temporary work permit, until the process is judged and approved, the asylum seeker cannot revalidate his professional diploma, for example. Thus, it ends up being inserted in underemployment, even in the formal market⁽³⁰⁾.

Considering the declared interest of the Brazilian State in immigration for economic development, attracting qualified labor, scientific and professional recognition, and economic integration of immigrants, it is clear that the failure to manage the refuge policies associated with those for the recognition of diplomas ends up being averse to national interests. In addition to forcing qualified immigrants not to act in their area of expertise, it forces them to enter the sectors and economic activities that have the worst salaries and/or the worst conditions^(30,31). In this way, Brazil can lose by not taking advantage of the qualified Venezuelan human potential that could greatly contribute to national development.

It should be noted that, in addition to the more attractive economic aspects in Brazil, the possibility of free access to health services in the country by foreigners was also a factor of strong influence in the choice of immigrating to Brazil:

"I came with my children in search of a better future with education and health. I am HIV positive [HIV] and in Venezuela, they do not have resources for patients with this condition." (E21)

"I came because of an emergency, I had to have an operation." (E17)

“It is the closest country, and also because my husband had an accident and here we have the resource that Venezuela does not have.” (E18)

“For the accessibility to medicines, education, and work.” (E16)

Considering the current conjuncture of Venezuelan health services, immigration based on the demand for Brazilian health services is not surprising, considering that the Venezuelan health system is in a very critical situation, with a lack of basic hospital supplies, medicines, and health professionals^(26,32-34).

Some interviewees also highlighted the possibility of access to education in Brazil as one of the attractions for immigration. It is important to remember that, in Brazil, only after the Federal Constitution of 1988, education became a fundamental right. The role of the school in society began to be revitalized not only as a space for cognitive improvement, socialization, or political training but as a protective space for rights⁽³⁵⁾.

Another important part of the interviewees reported that the choice to immigrate to Brazil was mainly based on the closer proximity of the Brazil-Venezuela border to their housing locations. Although the data did not directly show that financial factors also had an influence on this choice, based on geographic proximity, there are numerous known reports, *in situ*, mainly within health services; that many immigrants arrive in the capital of Roraima walking to from the border. This journey of more than 100 km is mainly due to a lack of money to pay for public transport. This situation justifies the choice of Brazil due to its proximity, since some routes to Colombia are more than 1,000 km from the capital of the state of Bolívar, bordering Roraima, which would require greater resources for the migratory journey⁽³⁶⁾.

The results of the present study raise the reflection of the need for a different perspective for Venezuelan immigrants sheltered in Roraima, with the elaboration of actions that promote social justice and their social inclusion, fundamental values of the National Health Promotion Policy, Ordinance No. 2,446, of November 11, 2014, which, among other objectives, seeks to advance inter-sector and intersectoral articulation concerning primary care and health network systems, in addition to health surveillance actions⁽¹²⁾. Thus, it would be possible to improve life in shelters, as well as serve as an example of the experience for other migratory contexts, of different populations, in Brazil and the world, adapted to different realities.

The results indicated also sow ideas for new researches involving the migratory context in Roraima, such as quantitative studies that characterize immigrants sheltered in the state and their health needs; the impact of immigration on different levels of the state health network, especially in primary care; epidemiological studies on the main health problems of this population and the extension of vaccine coverage; socioeconomic insertion of immigrants in local society.

The main limitations of the present study are: participant observation in only two shelters; scheduling the observation, which could allow the environment preparation for the reception of the authors, being able, in theory, to distance them from the daily reality; the non-deeper investigation of socioeconomic aspects and the level of education / education of the participants.

FINAL CONSIDERATIONS

The study allowed knowing the main reasons that led the participants to choose Brazil as a destination, in addition to the general aspects of life in shelters, with a focus on health and food.

It is noteworthy that knowing the aspects studied here can contribute to the construction of health promotion strategies and intervention in social determinants by public policy organizations that work with this public.

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CONTRIBUTIONS

Loeste de Arruda Barbosa and **Nathacha Andreza Costa Leal** contributed to the preparation and design of the study; the acquisition, analysis and interpretation of data; writing and revising the manuscript. **Eliana Lúcia Monteiro da Silva Neta**, **Luiz Davi Guimarães Teixeira**, **Sarah Moura e Silva** and **Camila Oliveira Brasil** contributed to the acquisition, analysis and interpretation of data; writing and revising the manuscript.

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