



Haitian Immigrants and the Coronavirus Pandemic in Brazil

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Authors' contributions

This work was carried out in collaboration among all authors. Author JCB conducted the research search, design the study and developed the writing of the theoretical essay. Author ECCM contributed to the research design and assisted with textual analysis and revision. All authors read and approved the final manuscript.

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ABSTRACT

Social and environmental epidemiology recognizes that analyzing the social and living contexts in which populations are embedded is essential for broadening our understanding of health and disease processes, as well as improving research on disease distribution. This theoretical essay

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aims to discuss the repercussions and challenges faced by the Haitian population received in Brazil during the COVID-19 pandemic. It is based on a review of the literature and discussions occurred in the Socio-Environmental Epidemiology class of the Postgraduate Program in Health Sciences in a university in southern Brazil. Given the precarious conditions in which Haitian immigrants live in Brazil and the impact on their health, this essay highlights that the vulnerabilities already present in this population were exacerbated during the pandemic, further worsening their living conditions and health status. Haitian immigrants appear to have experienced the effects of the pandemic more intensely due to intersectional factors, particularly their immigrant status combined with socioeconomic difficulties. This underscores the urgent need for public policies aimed at reducing the inequalities affecting this population, ensuring their effective integration into Brazilian society through improved access to quality employment, housing, food, income, and healthcare services.

Keywords: Covid-19; epidemiology; emigration and immigration; public policy.

1. INTRODUCTION

Social and environmental epidemiology recognizes that analyzing the social and life context in which populations live is an important way of broadening our understanding of their health and disease processes, improving research into the distribution of diseases and their causes in this population (Almeida et al. 2012; Barata, Almeida Filho & Barreto, 2012). This analysis could not be any different when it comes to the health of immigrants. Social and environmental factors influence not only the displacement of these people, who move from one territory to another in search of better living conditions or even as a way of ensuring their own survival, but also determine and influence their establishment and integration in the host territory (Barata et al., 2012).

Because of these aspects, migration in itself is not a factor of vulnerability in the lives of these individuals. However, depending on the migrating conditions and the conditions in which these immigrants are received, it is possible that the immigrants are in a situation of vulnerability (Dias & Gonçalves, 2007). International immigrants received by Brazil mostly come from poor countries marked by war, conflict, poverty and rights violations (Obmigra, 2023, 2021). Haitians are an example of immigrants coming from countries where the living conditions are precarious due to the serious and widespread humanitarian crisis the country is facing. In addition, when they cross Brazilian borders, these immigrants are faced with other situations of right violations that make them vulnerable and affect their health. These situations include precarious housing, food and working conditions, as well as difficulties and barriers to accessing public health services (Costa et al., 2020; Martinello, et al., 2024).

The immigration of Haitians to Brazil began in 2010 and is considered one of the most significant. 2020 was the year the world was hit by the Covid-19 pandemic. This pandemic caused by the Coronavirus (Covid-19) broke out in China in December 2019 and in 2020 spread across all borders, being declared a pandemic by the World Health Organization (WHO) in January of the same year. Two years after it began, it was still considered a serious public health problem, and the end of the public health emergency in Brazil was only declared in April 2022. According to the data, Brazil registered 39,073,544 confirmed cases, 38,358,947 recovered cases and 714,597 deaths by December 2024 (Brazil, 2024). In addition to the direct health consequences, the pandemic also had an impact on the economy and the living conditions of the population, resulting in greater socioeconomic impoverishment, consequences that are still felt today. For Ayres et al. (2009), vulnerability becomes even more evident in situations of epidemics and pandemics, since a social response is expected from a group that does not have the subsidies to do so, which is why social groups such as immigrants are the most affected. Thus, the aim of this theoretical essay was to discuss the consequences and challenges faced by the Haitian population welcomed in Brazil during the Covid-19 pandemic.

2. METHODOLOGY

This is a theoretical essay based on the literature reviewed during the Socio-environmental Epidemiology course in the Doctoral Program in Health Sciences of the Graduate Program at a university in southern Brazil. Additional searches were conducted electronically, considering the selected topic: Haitian immigrants in the context of the coronavirus pandemic. The search was

carried out from November to December 2024 in the Virtual Health Library (VHL) database, using the following descriptors: COVID-19, Brazil, Immigration, and epidemiological literature, along with legal and governmental regulations relevant to the topic. The search focused on the past ten years to expand the scope of analysis. Studies that did not address the relationship between the pandemic and the Haitian immigrant population were excluded. This approach enabled a reflection on the main challenges faced by Haitian immigrants during the pandemic, which is the focus of this study.

The themes developed for discussion were divided into axes. The first axis dealt with the historical context of migration and the policies for welcoming immigrants to Brazil. The second axis dealt with Haitian immigration to Brazil, in order to understand the motivations behind this immigration. The third axis dealt with access to health services and the fourth axis focused on the challenges faced by Haitian immigrants in Brazil during the Covid-19 pandemic, reflecting on the consequences of the pandemic for this vulnerable population, and pointing out ways to alleviate these setbacks.

3. RESULTS AND DISCUSSION

3.1 Immigrant Access Policies in Brazil

Historically, the Brazilian government began to encourage immigration in the mid-1860s, with the intention of bringing in labor for the agricultural sector and also for the industrial sector, which was beginning its production process. However, in the 1930s, some actions restricted the entry of immigrants into the country, actions that were improved over the years, not foreseeing that Brazil would be a reference center for immigration, becoming a destination option for thousands of people on the move (Leão & Fernandes, 2020).

Between 1980 and 2017, migration regulations in Brazil were guided by the Foreigner's Statute, which had been conceived during the military regime and in the midst of the Cold War. This law considered immigrants as a threat to national security, making those who chose the country as their destination uninvited. Thus, this statute took on a securitist character of Brazilian borders to the detriment of guaranteeing immigrants' rights (Oliveira, 2020). In order to overcome the limitations of this law, some measures were created, such as Decree 6.893/2009, which

allowed regularization within 180 days for those who entered the country before February 1, 2009; normative resolutions 77/2008 and 93/2010, which granted residence permits to spouses in stable unions and permanent visas to immigrants who were victims of human trafficking; the Mercosur residence agreement and humanitarian reception for Haitians (CNIg Normative Resolution No. 97/2012) and Venezuelans (CNIg Normative Resolution No. 126/2017) (Obmigra, 2021). However, considering the new migratory dynamics that emerged in the period, it was found that these ordinances and regulations were insufficient for the current migratory context, which is why a new migratory policy for the country was discussed (Oliveira, 2017).

Thus, in May 2017, Migration Law 13.445 was introduced, based on guaranteeing the rights of immigrants and emigrants. This law established as an immigrant any person who is a national of another country or a stateless person who is in Brazil to work or reside, either temporarily or permanently. Among the main guidelines and principles governing migration policy, the following stand out: universality, indivisibility and interdependence of human rights; humanitarian welcome; social, labor and productive inclusion through public policies; free and equal access to services, programs and social benefits, education, comprehensive legal assistance, work, housing, banking and social security. With the implementation of this law, immigrants have legally guaranteed their rights in Brazil (Brazil, 2017, 2020).

While Law 13.455 of 2017 is aimed at migration in a generic way, Law n0 9.474 of July 22, 1997 defined the mechanisms for the implementation of the 1951 refugee statute and determined other measures, and is therefore specific to people considered refugees (Brazil, 1997, 1990). Within the parameters of this law, refugees are all those individuals who, due to a well-founded fear of persecution related to race, religion, nationality, social group or political opinion, are outside their country of nationality and are unable or unwilling to return to it, as well as those who do not have a nationality (stateless persons) and are therefore unwilling or unable to return to their country of habitual residence for the same reasons.

The law also includes as refugees those who are forced to leave their country due to serious and widespread human rights violations (Brazil, 1997). It should be noted that most countries do

not consider people who come from countries and territories that are in a serious and widespread situation of human rights violations to be refugees, which is specific to Latin America based on the 1984 Cartagena Declaration (Anselmo, 2021).

These laws are aimed at guiding the entry and document regularization of these immigrants in Brazil, but regardless of whether they are immigrants, refugees, stateless persons or humanitarian refugees in Brazilian territory, they are all protected by the 2017 Migration Law, which guarantees them the same rights to health, social and educational assistance, putting immigrants on a par with nationals in terms of rights. However, Brazil is still unprepared for the demands of immigration, with a lack of public policies at the national level that are specific to the immigrant population, and that have the potential to provide them with comprehensive assistance and promote their *de facto* integration. The greatest help in promoting the reception and integration of international immigrants comes from non-governmental organizations (NGOs), but this is limited due to limited human and financial resources (Moraes & Aguiar, 2018).

3.2 Haitian immigration in Brazil

Immigration from Haiti is a historical phenomenon, due to a series of social and political problems that have plagued the country over the years and placed it as one of the poorest countries in Latin America. Brazil was not a migratory destination for the Haitian population until 2010 (Melo & Romani, 2019). Since then, a series of environmental disasters have struck Haiti. The earthquake of January 12, 2010, caused irreparable devastation to its population, leaving more than 300,000 dead (Barros & Martins-Barros, 2018). Also in 2010, the country was hit by an outbreak of cholera, which killed more than 8,000 people, and in 2012 the hurricanes Issac and Sandy destroyed agricultural production, which was the main source of the Haitian population's economy. These factors were compounded by political and structural aspects of inequality, accentuating the mass migration of these people (Obmigra, 2021).

The motivations for Brazil to join the migratory route of this population were diverse, including economic, political, educational, cultural, geographical and social. Brazil is considered to be an easy gateway for these people to access

other countries that have traditionally welcomed Haitians, but in addition, Brazil's political and economic role on the world stage, the fact that it commands the United Nations troops for the Stabilization of Haiti (MINUSTAH), the openness and encouragement of the Brazilian government to welcome this population, the World Cup works and the dissemination among Haitians that Brazil would be a country marked by ethnic and racial diversity were the main drivers of this migration (Joseph, 2017).

Most Haitian immigrants entered the country via the Brazil, Colombia, Peru border, reaching the state of Amazonas, or via the Brazil, Bolivia and Peru border, entering the state of Acre (Obmigra, 2021). In these states, the cities of Tabatinga - AM, Brasília and Assis Brasil - AC were the main cities through which Haitian immigrants entered the country (Oliveira, 2019). In these places, Haitians waited for documentation and regularization procedures to settle in Brazil. Brazilian migration policies have enabled Haitians to be supported by refugee applications, humanitarian visas and work and social security cards, which is why they have been able to move to other states and municipalities in the country, especially to São Paulo and other states in the South, in search of work and residence. Although initially the majority of Haitians migrated by men, this phenomenon changed and incorporated more women over time (Baeninger & Peres, 2017).

The possibility of having a work permit gave them access to the formal labor market, especially in the Southeast and South, where they took up jobs especially in meatpacking plants, agro-industrial markets and construction (Risson, Dal Magro & Lajús, 2017; Bernartt et al., 2017). However, even though they had the necessary documentation and a good level of schooling, a significant proportion of these immigrants were employed in precarious jobs or remained unemployed (Baeninger & Peres, 2017). This reality is in line with Sayad's (1998) conceptualizations, according to which poor, stigmatized and non-white immigrants are considered almost exclusively as a workforce, so that they can't work in just any workplace, nor do they choose where to work, being assigned to very specific niches, in precarious and subordinate places.

Between 2011 and 2020, considered to be the period in which Haitian immigrants predominated in Brazil, Obmigra (2021) reports showed that of

the 971,806 immigrants, Haitians accounted for 149,085, most of whom were in the category of residents or long-term migrants. Also, according to SisMigra (2022), the federal police's data platform, on March 11, 2022, this population was distributed among the 29 Brazilian states, totaling 93,643 residents, 35,753 temporary and 252 provisional. The largest number of Haitian residents settled in São Paulo, with 25,282 Haitians, followed by the state of Santa Catarina, with 22,561 Haitians and Paraná with 16,194 Haitians. Thus, it is possible to verify the marked presence of these immigrants in Brazil, even during the pandemic period. The literature points out that despite the rights that Haitians have in Brazil, making them equal to nationals in legal terms, in practice there are barriers in everyday life that limit access to these rights, especially with regard to health, education and housing, which are considered basic conditions for human dignity (Faqueti, et al., 2020). It is believed that these problems have been accentuated with the arrival of COVID-19, making the living conditions of this population more precarious and placing them in a state of greater vulnerability.

3.3 Immigration and Access to Healthcare in Brazil

The immigrant population's right to health is supported by the Universal Declaration of Human Rights. In line with this declaration, Brazil created the Federal Constitution of 1988, article 196 that states that health is a right of all and a duty of the State. Both the Federal Constitution and Migration Law No. 13,445, of May 24, 2017 ensure that immigrants have equal access to health care as natives (Brasil, 2017).

The Unified Health System (SUS) is the main instrument of access to health services for the entire population, whether immigrant or national. Its doctrinal principles, based on universality, integrality and equity, encourage comprehensive care for the needs and particularities of the individual (Brazil, 1990). In the meantime, it is important to define that all immigrants have the right to access the SUS, regardless of their migratory status. Even immigrants who do not have documented immigration status can and should be treated by the SUS (Martins & Gugelmin, 2021).

However, although the SUS and the migration law guarantee the right of access to health services for the immigrant population, it is possible to see that in the day-to-day running of

the services, various limitations and difficulties arise. Among the main obstacles are the registration of immigrants within health services, the difficulty of communication between health professionals and immigrants and the understanding of the dynamics of the SUS by this population (Rodrigues, et al., 2020). In addition, the prejudice and discrimination experienced by Haitians is clear. The unpreparedness of professionals in caring for the immigrant population becomes a barrier to knowing and understanding this population, valuing their needs and particularities, to promote the guarantee of health and quality of life (Risson, et al., 2018, Sheikh et al., 2024).

In this process, health planning and management become essential in order to assess the entire epidemiological context and the multidimensional needs of this population. Other relevant aspects refer to the need to structure health services and train health professionals to meet the demand brought by the Haitian population (Paim & Mota, 2012; Portela & Teixeira, 2012).

3.4 Haitian Immigrants in Brazil and the Difficulties of the COVID-19 Pandemic

The coronavirus (COVID-19) pandemic has brought countless setbacks to the Brazilian population. However, the impact of the pandemic and the possibility of adopting preventive measures has been uneven among this population, especially among vulnerable groups (Brazil, 2020). An example of this was the WHO's recommendations on social distancing, hand washing, and the use of masks and hand sanitizer, care and prevention actions that were not very accessible to populations in situations of socio-economic vulnerability (WHO, 2020). In addition, the pandemic crisis has generated diverse consequences that are not restricted to health, resulting in greater social inequalities and an increase in the precariousness of people's lives. The pandemic must therefore be understood as the consequence of a symbiosis between a structural crisis of capital and deep social and political crises (Antunes, 2020).

In this sense, the concept of vulnerability used by Almeida et al., (2012) can contribute to understanding the impacts of the pandemic on the health of immigrants. Vulnerability includes behavioral, social and political-institutional dimensions, based on the most different and susceptible individual and population conditions

in the face of a health problem and its consequences, whether related to suffering, limitation or death (Almeida et al., 2012). Immigrants were considered one of the most vulnerable population groups during the Covid-19 pandemic, due to the precarious living conditions to which they are subjected. According to Martin, Inoue and Silveira (2022), the vulnerability of immigrants is structural. This means that they are subjected to a context of socio-economic inequalities that are systematically caused by the influence of power and social order (Farmer, 2004). Therefore, with the arrival of the pandemic, this population's condition of inequality has worsened, resulting in greater precariousness in their living conditions and consequently impacting on their health.

It is also important to note in this analysis that the group of immigrants addressed here, the Haitians, refer to a population marked by a series of intersectionalities, due to their condition as forced, black and poor migrants (Branco Pereira, 2019; Souza et al., 2020a). All these aspects contribute to the emergence of specificities that differentiate this population from voluntary and white immigrants, who tend to be less stigmatized by the host society, and consequently less susceptible to the impact of socioeconomic inequalities, such as racism itself. According to Dias (2020), Haitian immigrants are received in Brazil based on racist actions, since the social formation of Brazilian society is not only racialized, but also promotes hierarchical social relations, dehumanizing and subordinating non-white people.

Branco Pereira (2019) highlights the inability of non-white immigrants to assimilate into Brazilian society, due to their condition of race and class, which comes up against the structural prejudices of this society. For the author, even if the black immigrant is professionally qualified, speaks Portuguese and has a job, conditions which are considered desirable for their integration, this integration will only happen through exclusion. In other words, their integration will never compare to the white native, the most this immigrant achieves is an integration that resembles the black and peripheral native, who occupies a subordinate position and social exclusion (Branco Pereira, 2019, Alam et al., 2023).

Thus, the way in which this non-white immigrant is integrated into the Brazilian host society, as a black and peripheral person, places him in a situation of inequality. This has been observed in

a number of studies. The research by Granada et al. (2021) indicated that Haitians have become the "scapegoat" for the spread of the Covid-19 virus, due to a number of reasons, including the precarious housing and working conditions that have become more pronounced during the pandemic period. Their precarious housing conditions prevented them from adopting social isolation measures, especially as they shared their homes with a cluster of other immigrants (Souza et al., 2020b).

Because the pandemic has affected the economic sector, the working conditions of immigrants have also been impacted, resulting in precariousness and unemployment (Souza et al., 2020a). In the case of Haitian women, not only the economic instability of the labor market contributed to unemployment, but also the closure of daycare centers, which is why many of them had to quit their jobs to devote themselves to childcare, impacting on family income (Souza et al., 2020a; Souza et al., 2020b). In this situation, it is possible to see the interference of structural aspects related to gender inequalities (Solouki & Souza, 2022).

Although the literature indicates that Haitians and Venezuelans were less affected by unemployment during the pandemic, it is important to highlight the working conditions of these immigrants. It is believed that the lower unemployment was due to their occupation in meatpacking plants, which were considered essential services and remained in operation during the pandemic period. It should be noted, however, that many of these places adopted restrictive measures to prevent the transmission of the virus. The lack of social distancing and the environmental conditions in these spaces became conducive to the contamination. The presence of cold and humidity in refrigeration environments added to the crowding both in the public transportation and in the workplace spreaded the virus. (Granada et al., 2021; Tonhati & Macedo, 2021). Due to these conditions, immigrant workers were not only more susceptible to COVID-19 contamination but also put their families at risk (Granada et al., 2021).

Even Haitians who were self-employed or working in the informal market were unable to stop working during the pandemic, since their families in Haiti depended on their income to survive (Souza et al., 2020a). In addition, these authors pointed out that Haitian immigrants,

similar to the Brazilian natives, were entitled to the benefits provided by the federal government's cash transfer programs, more specifically the Bolsa Família Program (PBF) and emergency aid, aimed at alleviating the economic crisis of the pandemic. However, studies carried out with immigrants of other nationalities have pointed out difficulties and barriers in accessing emergency aid, which may also be the reality of Haitians, who shared similar situations to other migrant nationalities, especially in relation to the lack of documents required by bank branches (Santos & Costa, 2020; Granada et al., 2023).

Another study pointed out that the federal government's actions to make employment contracts more flexible, allowing for shorter working hours, lower salaries and the temporary suspension of contracts, resulted in greater precariousness for workers, including Haitian immigrants (Solouki & Souza, 2022). Besides, the living costs also rose during the pandemic, leading to difficulties in paying rent and buying basic items such as food (Solouki & Souza, 2022).

Racism, prejudice and xenophobia towards immigrants also emerged more strongly during the pandemic (Souza et al., 2020a; Martin, Inoue & Silveira, 2022). It is believed that these aspects are accentuated during epidemics and pandemics, since host societies tend to blame immigrants for the spread of diseases, as well as for social problems such as the congestion of public health systems (Sampaio et al., 2023). This situation is exacerbated in the case of unwanted and stigmatized immigrants such as Haitians, who not only belong to a low socioeconomic class, but are also black (Branco Pereira, 2019).

According to the literature, infectious diseases, such as tuberculosis and Covid-19, also have the potential to affect the mental health of refugee immigrants, so it is necessary to pay attention to the interrelationship between the infectious disease and the psychosocial aspects of the affected individual, in order to guarantee comprehensive and effective treatment. The infectious disease and its stigma are combined with the difficulties of displacement itself, such as the breaking of social and family ties, culture shock and the existence of integration contexts in the receiving society marked by the social exclusion of immigrants, becoming a favorable scenario for the emergence of psychological illnesses, especially anxiety and depression

(Zaidi, 2024). No Brazilian studies have been identified that have addressed the relationship between the pandemic crisis and the impacts on the mental health of populations on the move, nor of Haitians specifically. However, it is important to pay attention to this issue, considering that the contexts of vulnerability and inequality faced by the immigrant population in Brazil during the pandemic may have contributed to triggering psychological suffering in these people (Bustamante, 2020). In this sense, it is important to emphasize that the consequences for the psychological health of immigrants, related to contexts of oppression and structural inequalities, which were accentuated by the pandemic, can lead to the emergence of social suffering (Farmer, 2004).

The lack of data and research addressing the mental health of immigrants during the Covid-19 pandemic in Brazil shows that these people were left unattended in terms of mental health care. This, however, was the reality for the entire Brazilian population, since the public health emergency caused by the pandemic prevented access to health promotion and care for diseases other than Covid-19. With the absence of mental health care, it is possible that immigrants have faced difficulties in identifying the presence of mental health symptoms. People who find themselves in precarious socio-economic conditions and do not receive guidance on the need to seek professional care when they experience mental health symptoms tend not to identify that they are suffering from mental illness and therefore do not seek professional help. In addition, another factor that hinders help-seeking is the stigma related to mental suffering (Ayesha et al, 2023).

The SUS has been the basis for dealing with COVID-19 throughout the pandemic period, regardless of having limited financial resources. Also, epidemiological information on the number of people infected was compromised, resulting in underreporting, a chronic problem in health services (Kennedy et al., 2020). While underreporting during the pandemic was a general problem in the system, a similar situation was found with the immigrant population. Specifically, it was observed that the data on contamination and deaths related to COVID-19 did not show discrimination related to nationality and ethnicity, making epidemiological surveillance of the disease difficult in relation to immigrants and collaborating to accentuate the inequalities and invisibilities of this population in

the health sector (Rodrigues, Cavalcante & Faerstein, 2020).

The studies also analyzed the difficulties faced by Haitians in accessing health services during this period, revealing the precariousness of these conditions. Although immigrants have the right to access health services guaranteed by law, day-to-day work reveals the existence of obstacles to this access. Many of the problems and barriers that limited immigrants' access prior to the pandemic were exacerbated by the public health crisis, when all the efforts of the health services were directed at containing the pandemic and the emergency demands arising from it. (Alexandre, et al., 2022).

One of the major limitations to this access for immigrants was the language barrier between immigrants and health services (Martin, Inoue & Silveira, 2022). Language barriers hindered not only access to care itself, but also preventive and health promotion actions. As a result, information about COVID-19 and the pandemic was not accessible to this population (Rodrigues, et al., 2020). The lack of culturally and linguistically sensitive information about the pandemic and the virus, combined with the circulation of fake news, led to immigrants not understanding what the pandemic and prevention strategies were, preventing social isolation and the use of masks (Martin, Inoue & Silveira, 2022). In order to overcome language barriers, some health services and professionals have adopted a variety of strategies to communicate with and assist immigrants. They used mimes, drawings and translation service apps, or relied on the support of people fluent in the immigrant's language (Martin, Inoue & Silveira, 2022). It should be noted, however, that these initiatives have not been adopted as a national policy and action, remaining restricted to local initiatives and those of the health professionals themselves.

The barriers on access to health services also hindered immigrants to be vaccinated, since in some places proof of residence and documents that immigrants did not have were required to access the right to be vaccinated. In addition, many failed to sign up for the vaccination waiting list because they were unaware of the existence of this list, or because they were unaware that they were entitled to free vaccination by the SUS (Martin, Inoue & Silveira, 2022). According to Branco Pereira (2021), this document requirement limited access to vaccination especially for poor and black people living in

vulnerable areas, promoting a race, class, gender and nationality cut-off in the distribution of vaccines, contrary to the principles of universality and equity of the SUS. In this sense, Branco Pereira (2021) not getting vaccinated in the case of these immigrants does not reflect an individual choice based on negationism, but is permeated by a series of obstacles that prevented access to the vaccine. It is also believed that the difficulties in accessing the vaccine and health care were accentuated by the interruption of services provided by non-government organizations (NGO) and institutions that worked with immigrants to provide assistance and follow-up to overcome language barriers in these services, as was the case with the Peace Mission in São Paulo (Martin et al., 2022).

These data are in line with a literature review that assessed vaccine hesitancy for COVID-19 worldwide, and identified that among the factors related to this hesitancy is the population's perceived risk of COVID-19 infection. Thus, people who perceived themselves to be at risk of contracting Covid-19 tended to adhere to vaccination to the detriment of those who did not perceive themselves to be at risk (Lekha et al., 2022). In the case of Haitian immigrants in Brazil, the lack of access to culturally and linguistically sensitive information about COVID-19 may have been a factor that limited their perception of the risk of the disease and prevented them from seeking the vaccine. In addition, this language barrier may also have prevented Haitians from understanding the importance of vaccination for the prevention of covid-19, since the very lack of culturally and linguistically sensitive communication made it easier for fake news about the effects of the vaccine to reach this population more powerfully than scientific information from health professionals.

Thus, the sum of the unpreparedness of health professionals, coupled with the difficulty of accessing health services, and ineffective and culturally insensitive communication, became a catastrophic sum for the Haitian population that needed differentiated attention for the prevention and treatment of Covid-19. The literature has shown that customized government strategies for each territory and population during Covid-19 were important to contain the spread of the virus and protect the health of the population (Mohd et al, 2024). These aspects highlight the need to create policies that guarantee training for health professionals to provide care to the immigrant population that is culturally and socially sensitive

to the real needs faced by this population in Brazil. Communication is one of the main and most urgent factors to be worked on with health workers. As well as studying and getting to know the individual and collective socio-cultural characteristics of the Haitian population, in order to develop a plan in which the management, workers and users of the SUS form a network to strengthen access to quality healthcare, based on prevention and promotion, governed by doctrinal principles.

It should also be noted that both the living conditions of Haitian immigrants and their precarious access to SUS health services during the pandemic are situations that can be classified as necropolitical. This is because these living conditions, as well as access to SUS services, were marked by inequities and inequalities, which made these immigrants more susceptible to illness and death (Branco Pereira, 2019; Granada et al., 2021).

4. CONCLUSION

COVID-19 has highlighted the difficulties experienced by Haitian immigrants in Brazil. Considering the global context experienced by this specific population, one observes the structural and historical inequalities that were accentuated by the COVID-19 pandemic. Greater vulnerability was imposed on Haitian immigrants, especially when it comes to the labor market and access to health care. These vulnerabilities have the potential to make Haitian immigrants susceptible to health problems, including a greater risk of contracting covid-19 and not receiving adequate treatment.

There is a clear need for public policies that guarantee quality access to health, work and housing, providing quality of life for this population, who, after facing environmental and social disasters in their country of origin, need shelter, support and respect in the place where they settle.

Although the right of access to health care for international immigrants in Brazil is guaranteed by law, whether they are documented immigrants or not, in the daily reality of the services there are a number of obstacles that hinder this access, including language and cultural barriers. Therefore, the need to prepare the SUS to meet immigrant demand is more than urgent. Training management and workers is the first step towards ensuring that the immigrant population

has the right to access healthcare. It is also important to think about post-coronavirus pandemic actions in order to have a positive impact on the prevention and precaution of future pandemics.

DISCLAIMER (ARTIFICIAL INTELLIGENCE)

Author(s) hereby declare that NO generative AI technologies such as Large Language Models (ChatGPT, COPILOT, etc.) and text-to-image generators have been used during the writing or editing of this manuscript.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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