

This series looks at the work of EPES in Chile.

No 21: September 2019

SPECIAL EPES UPDATE ON OUR NEW IMMIGRANT HEALTH PROJECT. SENT ELECTRONICALLY ONLY.

EPES RESPONDS TO IMMIGRANT AND REFUGEE CRISIS

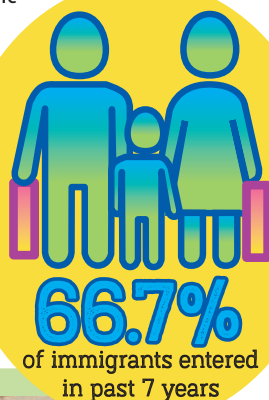
An immigration and refugee crisis, the likes of which has not been seen since World War II, is affecting many regions of the world. The arrival of thousands on distant shores and borders has exposed dire conditions that compel people to leave their homelands while also tapping latent xenophobia and racism in countries reluctant to let them in.

In the far southern hemisphere, Chile has not been immune to either phenomenon. With its borders marked by the towering Andes mountain range to the east, the inhospitable Atacama Desert to the north, and the Pacific Ocean to the west, Chile had not been a prime destination for immigrants in the past. This changed between 2000 and 2017, when the entry of thousands from Peru, Haiti, Venezuela, and Colombia, with fewer numbers from Spain and Argentina, sent Chile's immigrant population soaring 176%.

Immigrants rights are **HUMAN** rights.



The humanitarian drama of hundreds of Venezuelans waiting at the Peruvian border is due to Chile's introduction of a new visa requirement that encumbers their entry (June 2019).



An estimated 66.7% of the immigrant population currently residing in Chile entered the country in the past seven years.

Some 57.6% of immigrants interviewed for the report "Immigration and Discrimination in Chile," produced by the University of Talca's National Migration Studies Center, indicate having experienced at least one kind of direct aggression.¹

The report's findings are supported by a Centro de Estudios Públicos (CEP) public opinion survey, conducted in April - May 2017, in which 41% agreed or strongly agreed that "immigrants raise crime rates," and 40% agreed with the statement that "immigrants take jobs away from people born in Chile."²



Overcrowding in immigrant housing increased by 75% in the last two years, according to Techo Chile (2018).



Immigrants from some countries face more prejudicial attitudes than others. People from industrialized nations encounter greater acceptance, in contrast with Central American and Caribbean immigrants who are met with more suspicion. The increasing rise in racism and views that associate blackness with negative characteristics is of growing concern.

*I was a stranger and
you welcomed me.*

Matthew 25:35

1. CENEM, U. Talca. "Informe inmigración y discriminación en Chile." See http://www.cenem.otalca.cl/docs/publicaciones/informe_discriminacion_inmigrantes.pdf, p. 12 -13.
2. CEP. Encuesta Nacional de Opinión Pública, N. 79. April - May 2017. See survey results: https://www.cepchile.cl/cep/site/artic/20170601/asocfile/20170601155007/encuestacep_abr_may2017.pdf

WOMEN ARE THE OBJECT OF GREATEST DISCRIMINATION

Worldwide, nearly half of all immigrants are women and girls. Women are increasingly traveling alone or as heads of families. They face double discrimination, as women and as immigrants.

In Chile, the results of the exploratory study on Physical and Economic Autonomy of Immigrant Women³ suggest that the female immigrant population is subject to more discrimination than their male counterparts. Among female immigrants, Afro-descendant women are most prone to endure discrimination, and particularly, sexual abuse. The study revealed that the rights of these women are also more frequently violated, and they are more likely to live in situations of poverty in Chile. Many are victims of human trafficking or forced into sex work due to their vulnerability and lack of knowledge regarding their rights, which makes them susceptible to abuse. Some are deceived and enter Chile through unauthorized border crossings where they are robbed and sometimes even raped.

According to the report, immigrant women, disproportionately more so than immigrant men, live in conditions of extreme poverty. Immigrant women lack economic autonomy because month after month they send money to their children or family back in their home countries.

Many women send home more than 60% of their income, with 30% going to rent and the remaining 10% to other living expenses. Consequently, many are obliged to accept a work contract or employer that violates the immigrant woman's rights in abusive working conditions.



Immigrant organization rally at the conclusion of a march through Santiago to protest the deportation of migrants with Chilean family members, delays in refugee request procedures, governmental racism, and harassment of immigrant workers (July 21, 2019).

Underlying the rise in discriminatory treatment of immigrants, and women immigrants in particular, is the Chilean immigration policy that prioritizes border protection over the right to immigrate and views immigrants as a problem, not an opportunity. Chile's legislative framework is the Foreigners Law, introduced in 1975 by the military dictatorship two years after it had dissolved Congress.

3. *Estudio Exploratorio sobre Autonomías Física y Económica de las Mujeres Migrantes en las regiones Metropolitana, Tarapacá y Antofagasta del Centro Latinoamericano para el Desarrollo Rural (Rimisp). Recopilado de: http://www.rimisp.org/wp-content/files_mf/1529698136MUJERMIGRANTEvFSP.pdf*

RACISM KILLS MIGRANT WOMEN



On September 30, 2017, Joane Florvil, a 28-year old Haitian woman, died in police custody while she awaited trial for allegedly abandoning her baby daughter, a charge subsequently proven to be unfounded. Two months after her death, the court confirmed Joanne's innocence. Joane's body was kept at Chile's coroner's office for eight months, before being returned to Haiti for burial.

Seven months after Joane Florvil's death, another Haitian woman had a fatal encounter with discrimination. The 43-year-old mother of three died April 18, 2018 after waiting four hours for an ambulance that never arrived. The ambulance dispatcher who received her call for help asked the woman's nationality and concluded that the situation was not an emergency.

In both cases, the courts determined that Chilean government agencies did not respond in a timely fashion, violating both women's human rights.

On May 16, 2019, Rebeca Pierre, also Haitian, died from cardiac arrest after the Felix Bulnes Hospital discharged her without providing adequate treatment. She had a 5-year-old son and was nine weeks pregnant, and was about to revalidate her medical degree in Chile. Language was not the problem, because Pierre spoke Spanish.



Photos of the rally outside Felix Bulnes Hospital to protest the death of Rebeca Pierre:



1. *Human rights, interfaith, feminist, health and immigrant organizations demand a court inquest into the cause of death of Rebeca Pierre (May 2019).*
2. *Anguish and indignation is evident in the faces of relatives and friends of Rebeca Pierre.*
3. *"In Rebeca's death, we see the most blatant form of structural racism that characterizes the Chilean social system," affirmed Paola Palacios, member of the organization Negrocentricas and Mujeres Migrantes board member.*

EPES LAUNCHES NEW PROJECT: IMMIGRANTS HAVE THE RIGHT TO HEALTH

The EPES Foundation is working to design a new area of work to promote the right to health among the immigrant population in El Bosque. At this stage, EPES is compiling information to share with immigrant residents, and offer training to encourage participation among the immigrant population, incorporating a gender, human rights and inter-culturalism perspective.

Since early 2019, a series of workshops and talks with expert immigration advocate academics, professionals and organization leaders have been held to train EPES staff and the communities with whom we work. Also this year, we compiled information and conducted interviews to ascertain the major difficulties immigrants face in accessing health services.

Perhaps the most important lesson we have learned thus far is the urgent need to introduce an intercultural approach in public health policy and health care services to ensure access to dignified care and prevent ethnic and cultural biases.

EPES met with immigrant organizations and participated in marches and other activities calling for respect for immigrant rights. Immigrant organizations oppose government immigration policy measures that restrict entry and criminalize immigrants, as well as regulations implemented since 2018 aimed primarily to stem the entry of Haitian citizens.

The EPES project employed its hallmark participatory assessment methods to look at the obstacles that immigrants in El Bosque encounter in accessing public health services. Plans are underway for a course to train and empower immigrant women leaders to demand their communities' right to health. Neighborhood activities to foster greater awareness of these rights are expected to arise from the course.

A bilingual Spanish-Creole guide to municipal health services and material to inform people of the main project results is also in the works.

The project will interface EPES' extensive community experience in addressing forms of violence women encounter throughout their lives. It will also make



Convened by the slogan "Solidarity among peoples: for the right to immigrate," community organizations joined health groups at EPES' 27th annual human rights forum, on September 1, 2017.



With academics and local health authorities, EPES staff member Maria Stella Toro led the panel discussion "Problems in accessing health services and violations of rights of immigrants" on April 17, 2019 with the participation of staff, health promoters and students.

visible and heighten awareness of situations of racism that affect today's immigrant populations.

EPES will conduct follow-up and offer guidance to initiatives that spring from the project's action plans and the people involved.



CONTACT EPES

EPES Santiago:

Fundación EPES
Phone: (56-2) 25487617
Fax: (56-2) 25486021
E-mail: epes@epes.cl

EPES Concepción:

EPES "Gaston Toledo" Popular
Education Center
Hualpén, Concepción, Chile
Phone: (56-41) 247-0570
E-mail: epesconce@epes.cl

USE THRIVENT CHOICE DOLLARS TO SUPPORT THE WORK OF EPES!

Go to www.thrivent.com/thriventchoice, or call 1-800-847-4836 to designate your Thrivent Choice Dollars to AHA.

LEARN ABOUT OTHER EPES ACTIVITIES AT:

www.epes.cl or Action for Health in the Americas (AHA): www.actionforhealth.org or Chile Libre de Tabaco: www.chilelibredetabaco.cl On Facebook: EPES Fundación; Action for Health in the Americas; Red Chile Libre de Tabaco.



EPES was created in 1982 to promote health with dignity for the poor through empowerment, mobilization and collective action. It began as a program of the Evangelical Lutheran Church in Chile (IELCH) and maintains close ties nationally and internationally with the Lutheran church and is an ELCA Global Mission supported ministry. EPES became an independent, non-profit Chilean foundation in 2001.

SUPPORT EPES

To give to EPES, donate online at www.actionforhealth.org, or send your tax-deductible contribution to:

Action for Health in the Americas
c/o Prince of Peace Lutheran Church
4 Northcrest Drive
Clifton Park, NY 12065-2744 USA

Make checks payable to: "Action for Health in the Americas"
(AHA) a non-profit North American partner of EPES.

No
human is
illegal.

Request for Funds

We are asking for your help today to help defend the health and rights of immigrant women. Thank you for all you do to support the work of EPES!