



Fundación Cónclave Investigativo de las Ciencias Jurídicas Y Sociales (CIJYS por su sigla en español).

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Dear CERD team, it is a pleasure for us as an organization to monitor cases of Afro-descendants and the most urgent thing that is related to the number 21. I; of the first draft of General Recommendation No. 37 (2023) on racial discrimination in the enjoyment of the right to health. Due to the urgent effects on access to sexual and reproductive health that we are facing as an Afro-descendant community in Chile and as we have a large part of this migration that is a linguistic minority, we will present our recommendations so that the right of people of African descent in access to and enjoyment of sexual and reproductive health can be respected (obstetric medicine, treatment of sexually transmitted diseases, respect for women's bodies and our right to have a say in decision-making about our bodies in public spaces).

Committee on the Elimination of Racial Discrimination

First draft of general recommendation No. 37 (2023) on racial discrimination in the enjoyment of the right to [health](#)*

(i) Forced sterilizations:

1. The Committee recognized that some forms of racial discrimination, such as forced or coerced sterilization, may be directed specifically against women because of their gender. Indigenous, Afro-descendant, Roma and other ethnic and caste women, including women suffering from mental illness within these groups, have been disproportionately targeted by policies related to population control or control of infectious diseases, such as HIV/AIDS, including coercive sterilizations. Within these groups, women with disabilities have been denied their legal capacity and, consequently, their right to give consent. Forced sterilizations violate women's Convention rights to reproductive autonomy, access to information, personal integrity, privacy, and freedom from violence and discrimination based on race or gender.

Therefore, it is not being respected nor has there been progress in the matter.

Our experience is very important to communicate with you as the Committee on the Elimination of All Forms of Racism and Discrimination.

Within the discrimination and racism that is attacking not only considerably the mental health of people of African descent but also physical health.

As far as mental health and racism are concerned, we have last year the case of a woman of Haitian nationality who lived in a commune in the metropolitan region called Quilicura, she was living in Chile alone with two children 1 of 13 years old and another of 8 years' old who was born in Chile. she lost her job therefore she was left in a street situation with 1 of the children the eldest since the youngest had her father in Chile and decided to go to the United States due to the same economic crisis that affects the Afro-descendant migrant population in Chile passing through the jungle of Darían in 2022.

The lady affected by her situation, has sought social aid in her commune, unfortunately the local government has not helped her in any way, in the fortnight of the month that she was sleeping outside a condominium where she lived before, a neighbor called the police (carabineros) to warn that she feels in danger because the lady fell into a depression and developed psychic pictures, the police arrived and took her by force and took her to the psychiatric hospital "Dr. José Horwitz Barak Psychiatric Institute" without being able to receive visits from family and friends, and we received the complaint that there was no access to visit from a neighboring lady of Haitian nationality as well, and when we contacted the social worker of the hospital he told us that Mrs. Ingrid had died 15 days ago. Without having access to the death certificate either online or in person, the family tried to come to Chile has not been able to until they made the funeral of Mrs. Ingrid no one has been able to confirm her identity or recognize that it was her.

The limits we have as a community to access to health not only affects and violates our basic right from the Universal Declaration of Human Rights "right to health" regardless of race, religion, color or nationality.

Some articles that talk about our situation of the Chilean population and poverty comparing Chilean nationals with our population as migrants.

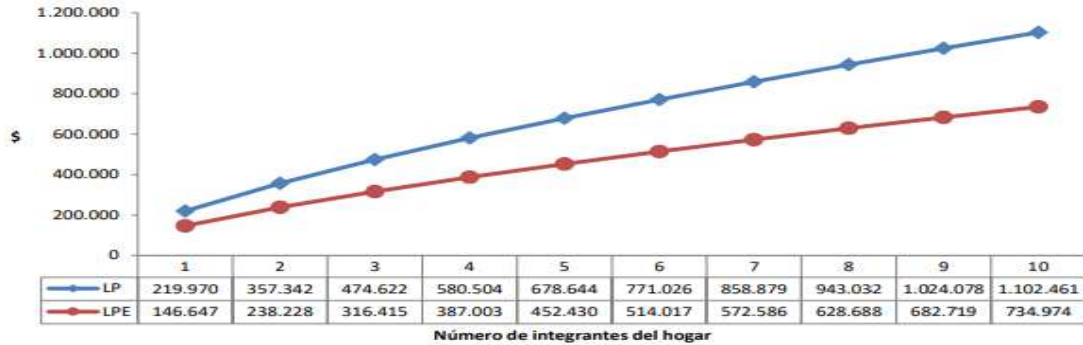
<https://observatorio.ministeriodesarrollosocial.gob.cl/nueva-serie-cba-2023>

Reference image of the value graph by the Chilean government.

Fuente: Ministerio de Desarrollo Social y Familia, a partir de información de CEPAL e INE (IPC).

El Gráfico 1 muestra el valor de la línea de pobreza y línea de pobreza extrema en enero pasado, de acuerdo con el número de integrantes del hogar y considerando desde hogares unipersonales hasta hogares con 10 integrantes.

Gráfico 1: Valor de la línea de pobreza (LP) y de la línea de pobreza extrema (LPE) por número de integrantes del hogar (enero 2023)
(Pesos corrientes)



Fuente: Ministerio de Desarrollo Social y Familia, a partir de información de CEPAL e INE (IPC).

Mientras en enero la línea de pobreza alcanzó a \$219.970 en los hogares unipersonales, en los hogares con 10 integrantes su valor fue \$1.102.461. Por otra parte, mientras en los hogares unipersonales la línea de pobreza extrema ascendió a \$146.647, en los hogares con 10 integrantes su valor fue \$734.974.

Multidimensional Poverty recognizes that well-being is a phenomenon that includes both monetary and non-monetary aspects, which determine the living conditions of the population. The dimensions included in this indicator are: Education, Health, Work and Social Security, Housing and Environment, Networks and Social Cohesion.

This comparison of extreme poverty in the migrant population is what also restricts access to health in the country.

This first table is the result of the Chilean population and the following is the result of the migrant population.

<https://observatorio.ministeriodesarrollosocial.gob.cl/storage/docs/casen/2022/Resultados%20pobreza%20multidimensional%20Casen%202022.pdf>



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In this sense, cases of obstetric violence have not stopped reaching our foundation and one of the measures we take is to make the facts visible and make recommendations.

In this link appears a complaint of our foundation by our president: <https://www.meganoticias.cl/reportajes/385012-fueron-esterilizadas-contrasu-voluntad-mujeres-denuncian-a-hospitales-publicos-01-08-2022.html>

In the other visibilizations of the facts our president not only raised the facts but also makes recommendations.

<https://www.latercera.com/paula/michel-ange-joseph-directora-de-fundacion-cijys-a-veces-los-medicos-deciden-por-tu-cuerpo-simplemente-para-que-no-nazcan-mas-negritos/>

In most cases, we have been able to identify in the testimonies that they are Afro-descendant women with low resources and many with low resources and have not been able to have better care for the same.

Recommendations:

- 1- 1- That the care of the Afro-descendant migrant population and obstetric sterilizations in Afro-descendant women be reviewed.
- 2- 2- That there be preparatory measures for Afro-descendant women victims of forced sterilization in Chile.
- 3- 3- That health personnel be trained in the right to sexual and reproductive health of Afro-descendant women.
- 4- 4- That CERD visit Chile and request review with data disaggregated by nationality.

- 5- 5- That obstetric medicine officials be trained in the languages and cultures of the Afro-descendant population.
- 6- 6- That there be a decree on the sexual and reproductive health of people of African descent.