

## COVID-19 Incidence and Social Vulnerability Among Migrants in Chile Incidencia del COVID-19 y la vulnerabilidad social de los migrantes en Chile

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### ABSTRACT

The global social and health crisis as a result of COVID-19 exposes the social vulnerability of the migrant population. The purpose is to carry out an analysis of the confirmed coronavirus cases between March to July 2020 in Chile, and the incidence of these among the migrant population, considering social and health conditions and multidimensional poverty rates. The data analyzed not only reflects vulnerability to the pandemic but also shows the hidden realities of migration processes and new challenges to this population. The information has been collected through the Transparency Act and the Sub-Secretariat of Health. Since this information is not public and disaggregated, it represents a limitation when making political, social, and health decisions for the benefit of the migrant population.

*Keywords:* 1. migrants, 2. social vulnerability, 3. COVID-19, 4. pandemic, 5. Chile.

### RESUMEN

La crisis socio sanitaria a raíz del COVID-19 a nivel mundial, deja al descubierto la vulnerabilidad social de la población migrante. El propósito es realizar un análisis de los casos confirmados de coronavirus entre el período de marzo a julio de 2020 en Chile, y la incidencia de éstos entre la población migrante, teniendo en cuenta las condicionantes sociales, de salud y los índices de pobreza multidimensional. Los datos analizados no solo reflejan la vulnerabilidad frente a la pandemia sino que muestra las realidades encubiertas dentro de los procesos migratorios y los nuevos desafíos para esta población. La información ha sido recabada mediante la *Ley de Transparencia* y del Ministerio de Salud. Debido a que esta información no es pública y no se encuentra desagregada, esto representa una limitación al momento de tomar decisiones políticas, sociales y de salud en beneficio de la población migrante.

*Palabras clave:* 1. migrantes, 2. vulnerabilidad social, 3. COVID-19, 4. pandemia, 5. Chile.

Date received: October 27, 2020

Date accepted: October 20, 2021

Published online: October 15, 2022

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## INTRODUCTION

Sanitary alarms and protocols were activated and deployed worldwide in the face of the rapid expansion of COVID-19, more widely known as Coronavirus. Although emergencies have been declared in the context of health, our analytic efforts should also focus on the context of a crisis in the social aspects of healthcare. Although the virus is said to affect equally without distinctions due to sex, age or origin, a part of the population is clearly more vulnerable because of its socioeconomic, housing and/or labor conditions. This is how the pandemic by Coronavirus exacerbates other existing problems in our societies. This issue is no stranger to the migrant population and, as we will see, it often increases its conditions of social and health vulnerability.

### *The Reality of Migrants in Chile*

Migration can be understood as a process of mobility and residence within different territorial contexts. Under this conceptual dimension, migration can be described as that change which fundamentally involves an economic and individual decision to improve living conditions; the definition arises and acquires sense, not as a product of physical displacement, but of its ultimate purposes (Herrera, 2006). Although the search to improve living conditions has been the main driver of human mobility throughout history (Arce, 2018), it is not the only conditioning factor to understand the concept of migration.

That is why mobility characterizes not only migrants themselves but also the series of facts and phenomena involved in the migration process, which mark sociocultural milestones and changes within their contexts. Under this perspective, the term migration is used for those processes that imply a transformation of the affiliations of individuals, their community of origin, as well as the community where they live now (Herrera, 2006).

This is how migration has become a structural and global phenomenon that has caused multiple transformations in contemporary societies (Tijoux, 2013). Thus, migration should be understood as a multidimensional process that implies a complex interplay of risks and opportunities for people, communities and States, wherein there is a relationship of contrasts between economic, social, legal and political dynamics (Liwski, 2008). According to the above, Herrera (2006, p. 35) states that “the different shapes adopted by social reality in its daily construction could be raising the need for an adjustment in the traditional strategies meant to address and explain human migration”.

Chile has not been an exception in the face of this global reality of migration. In recent years, the number of migrants in the country has boomed, hosting approximately 1 492 522 migrants today, according to figures up to December 2019 (Instituto Nacional de Estadística & Departamento de Extranjería y Migración [INE & DEM]) [National Institute of Statistics and Department of Foreigners and Immigration]; this implies the foreign population having reached approximately 8% of the total national population in Chile. On the basis that in the 2017 National Census they represented only 4.4% of the total population (Instituto Nacional de Estadística [INE], 2017) [National Institute of Statistics], the exponential growth of migrants is

empirically demonstrated. This in turn evidences countless failures, gaps and needs from the State in terms of public policies, and/or from communities themselves, that need to be addressed for the better of foreign-origin populations.

From the various approaches to the phenomenon of migration, “the existence of a combination of causes, functions, effects and characteristics attributed to migration movements and by extension to the migrant itself” can be established (Herrera, 2006, p. 59). These movements vary over time and respond to what will be understood as migration flows; that is to say, when there is significant migrant mobility within a certain time frame, which reconfigure migration rates and transform the sociocultural characteristics of the population. In this sense, Chile has been no exception to the global phenomena of migration growth, as it has also been impacted by changes in migration inflows over the last 30 years.

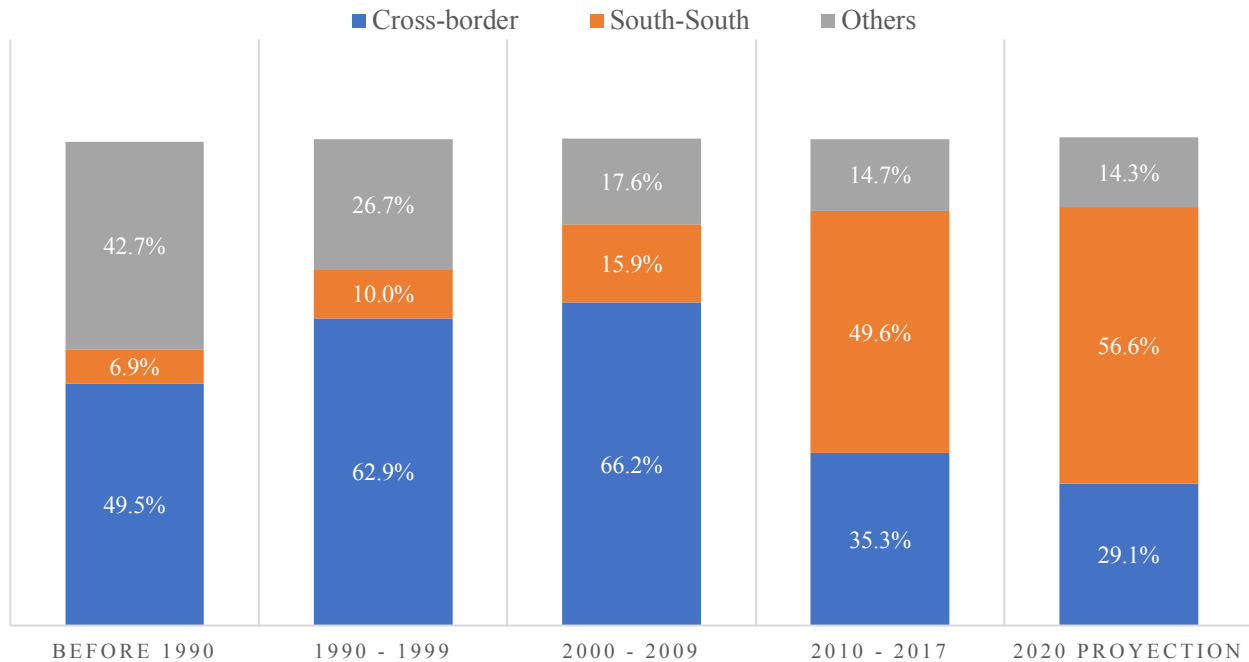
According to data from the 19th Censo Nacional de Población y Vivienda [National Population and Housing Census] (INE, 2017) on the stated periods of arrival in Chile, before the year 1990 the migrant population was characterized by a strong 33.2% predominance of population of Argentine origin, and 42.7% from other countries, especially of European origin. This matches with certain historical migration flow milestones related to immigration policies, especially so in the south of the country, with the arrival of European populations that migrated in contexts such as the Spanish postwar period, or world wars. Migration from Argentina responds to cross-border migration, which will be addressed later in this article and is understood as the mobility between countries that share borders.

It was between 1990 and 1999 when the first great transformation of this cross-border migration flow took place. A population growth coming from Peru that reached 31.1% of the migrant population according to the statements of those who arrived in that decade (INE, 2017) was recorded, and that growth was sustained between 2000 and 2009, becoming the largest foreign community during that period. This turned out to be an important milestone in the change of face of the migrant population, since migration from Peru during this period was clearly marked by sociopolitical and economic conflict: a large population inflow coming from vulnerable rural and urban sectors. This transformed the ways of political and public migration management, due to the common conceptual association of “new migrants” with different social problems and vulnerabilities.

At the same time, the incoming population from Colombia and Ecuador grew during the first decade of this century, reaching 13.6% of total migrants (INE, 2017). This is another recent milestone in the characteristics of migration flows, given the growth of mobility coming from regions that are no longer clearly cross-border points, this resulting in south-south immigration growth (understood as that occurring between developing countries), in this case within the same Latin American region or subcontinent. This type of migration was only to grow in the last decade, especially with the increase of Venezuelan population that by 2020 reached 30.5% of the population, and due to the strong growth since 2010 of the population from Haiti, which currently represents 12.5% of the population (INE & DEM, 2020). The departure of migrants from these last two countries is due to the humanitarian and sociopolitical crises they have endured.

Thus it can be seen that the transformation of migration flows from the cross-border concentration was 49.5% of total migrants before the 1990s, to an increase in south-south migration that up to 2020 accounted for 56.6% of the population of foreign origin (Graph 1).

Graph 1. Migration flows in Chile



Source: Own elaboration with information from INE (2017), and INE and DEM (2020).

The dynamism of migration flows defines certain trends within the movement patterns that ought to be taken into account, especially within the contexts of economic and social inequality, where vulnerability indices are evidenced as a factor affecting migration decisions to a large extent. Other factors that add to the above are the social conditions and the specific economic and political crises faced by countries historically, which result in important outgoing flows of people in short periods of time (Stefoni, 2018). The flow increase milestones in Chile have been mainly of south-south migration in the last decades, given the socio-political and economic contexts that Venezuela and Haiti are going through, as it was also the case of Colombia in the near past. The complexity of the migration phenomenon cannot be set apart from the social persona of migrants, and so it is necessary to analyze migration flows from the experiences of the individuals partaking in such processes, acknowledging their own perspectives and experiences, and from their very own vulnerability.

### *The Migration Process and Vulnerability*

The immigration process is to be understood as the different stages lived by migrants, from facing triggering factors when leaving their place of origin, to their insertion in the place of arrival. From this perspective, the first stage pertains the causes and reasons of migration, and so this stage deals with the internal and external factors affecting migrants, that is to say, their macroeconomic and social and family conditions, as well as the factors that arise from the macroeconomic and sociopolitical contexts of their place of origin. Already Germani (cited in Herrera, 2006, p. 77) referred to migrations as one of the consequences of modernity, returning to the theory on the expulsive and attractive factors, understood as the circumstances that stimulate migration, as well as the image and information migrants have of the destination, contrasted with their circumstances in the place of origin. Thus, the most recurring example can be found in that in the face of economic or work insecurity in the place of origin, the image of the place of destination is raised as an answer that implies greater work possibilities and a better economic situation. In the same way, in the face of external factors such as the sociopolitical crises of the country of origin, the place of destination is glimpsed as promising within the context of greater stability. These motivations for migration are interrelated in their generality with the contexts of social vulnerability that individuals endure.

The second stage pertains the processes related to decisions on migration, understood from the ways in which migrants plan and face migration in their social and family environment. This implies the evaluation and resolution of cost-benefit elements, not only in terms of the economic cost of migrating but also of the disruption of their original environment, sometimes implying family distancing. Migration decision making implies individuals assessing the process jointly with their social and family environment, as a way of elaborating strategies to face contexts of vulnerability.

The migrant trajectory, understood as the third stage of the process, not only implies the way the displacement will be carried out, but also how will the arrival conditions in the destination be. Social vulnerability factors determine the ways these trajectories are carried out, since migrants face adversities in the migration procedures and when oftentimes moving under precarious conditions, facing various risks that imply, for example, entering the country through unofficial crossing points.

As a last stage of the process of migration, insertion in the destination takes place, which not only implies the arrival of migrants, but also the regularization of their immigration status. This last aspect will be closely related to the migrants' process of economic inclusion in the workplace, as well as to their access basic public services, health and education. Likewise, in this insertion process it will be important to set in motion migration networks able to welcome the migrant in psychosocial and physical terms. It is within the different areas indicated that migration processes are crossed by conditions of social vulnerability, understood as a valid category for the understanding of the limited and/or adverse situations of life, from the approach of the social and economic rights of the people.

Social vulnerability is to find applicability in approaching social groups that remain contradictorily secluded in scenarios of instability and marginalization. In this interaction, a person is not approached as a whole, does not receive adequate aid for their needs, and their rights are not safeguarded (Numans, Regenmortel, & Boog, 2021). Poverty has been singled out as the main vulnerability factor of broad segments of the population (Arce, 2018), understood as how people relate to public and basic services access. However, it is inaccurate to associate poverty with the concepts of marginalization or exclusion, since social vulnerability is multidimensional in that it includes various factors affecting individuals, not necessarily in terms of the economic, given that this factor can also be negatively impacted by the actions of individuals themselves or by natural catastrophes, as much as by their social environment.

As such, social vulnerability is not just a condition or attribute of individuals and/or populations; it rather corresponds to a social effect derived from exclusive historical dynamics that violate the rights of different social groups and restrict their abilities and freedoms (Ortiz-Ruiz & Díaz-Grajales, 2018). It is from these conceptions that the conditions of poverty of some regions and the vulnerability that comes along them as causes of contemporary migration flows are framed.

Vulnerability pertains not only the conditions of individuals but increasingly so the social (and other) conditions of the environment in which they live, hence the need of also studying other sociocultural aspects if one is to understand this concept. From there that *vulnerable populations* are frequently spoken of when referring to those groups of people who, as a result of the conditions of the environment in which they live, find themselves under situations of greater susceptibility to harm (Feito, 2007). It is under these premises that we can also assume migrants to live subject to a multiple-base vulnerability, first understanding that the factors triggering the migration process are linked to situations and states of individual infringement. It is following these situations of vulnerability that poverty, socioeconomic decline, and the violation of basic rights arise, which in turn determine the motivation to emigrate. In addition to experiencing these vulnerabilities during the migration processes, migrants also face environments of vulnerability at their destinations, experiences that affect their social insertion there.

The social vulnerability of migrants is a clear reflection of the socioeconomic conditions they must face, faced as they often are with a very diverse and different reality from that projected when making the decision to migrate. They face work precariousness, low habitability levels, bureaucracy when trying to regularize their immigration documents, and the erosion of their social and family relations; These are merely some of the angles of vulnerability that migrants must face; to this, myths and social stigmas are added, and so the construction of the collective imaginary on migrants is oftentimes based on xenophobic or racist perspectives. To all of the above, a last type of vulnerability must be added, which is pandemic vulnerability.

### *Pandemic Vulnerability*

One of the first angles of vulnerability is directly related to the social determinants of health that, although accentuated by the original social fragilities of migrants and also by the very vulnerability that comes along with migration, are furthered even more in the context of the social and health emergency imposed by the pandemic. Under the context hereby analyzed, pandemic vulnerability will then be understood as the likelihood of facing adverse effects (Ortiz-Ruiz & Díaz-Grajales, 2018), and the response of this population to the Coronavirus pandemic from its social determinants.

The social determinants of health have been defined as those factors and mechanisms by which the living conditions of people affect their health, and to what extent it is possible to positively impact their health levels by means of social and health policies (Van der Laet, 2017). At the same time, and from various fields, migration is acknowledged as yet another social determinant of health, taking into account its dynamic process wherein changes in lifestyle are produced, as well as changes in the conditions of the socioeconomic, family, and community environment of migrants. These changes also result in greater vulnerabilities and health risks for migrants and for the environment receiving them. Thus, every migration process as described above has an impact on people's health, either positive or negative (Van der Laet, 2017). This makes migration a variable to account for among the social determinants of health.

Population mobility is understood as not in itself a factor increasing the health risks of migrants; it is rather the condition under which this migration process occurs that place migrant populations in situations of vulnerability or lack of protection against potential health threats (Van der Laet, 2017), especially when facing extreme situations such as a pandemic. Health determinants and their associated indices are also closely related to the stage of people's migration processes, as it is a dynamic process in which there are factors that have been little addressed and understood by the health systems of receiving societies.

Thus we can see how the pandemic has shed light on situations of high vulnerability within the migrant population that were previously kept buried under the city's everyday life, somehow normalized, leading to the fragility of social health determinants. This has been evidenced in certain transverse realities such as the labor and habitability precariousness of migrants.

The first of these realities has to do with the workplace where migrants seek to insert themselves, especially when this insertion responds to an aim of socioeconomic improvement part of the expectations involved in the motivation to migrate. Labor precariousness affects a large number of workers in Chile, who, being part of a foreign population in dire need of joining the labor force, insert themselves with greater ease in jobs considered precarious. This responds not only to the economic income that supports the insertion of migrants in the country, but also to the possibility of them acquiring a job history necessary for regularization purposes. To a great extent, migrants have been occupying the labor niches that Chileans themselves have abandoned because of their working conditions; work relations in clerk positions have also increasingly informalized, and migrants can also oftentimes be found working informally and independently

in sales and services. Migrants' urgency to work means that upon their arrival in the destination country, they accept jobs without contracts that allow them to survive and establish contacts, facilitating the creation of migration networks where they insert themselves. It is in this way that they also experience job vulnerability, conditioned by their lack of information on the legal field in terms of social and labor matters. According to this, the National Employment Survey (INE, 2020a) recorded that 26.7% of immigrants are in the category of Informal Labor, also reflecting that within the different fields of economic activity almost 50% of immigrants are inserted in sales and services, wherein more than half of immigrant workers are employed as these are low-skill positions.

It should also be noted that about 20% of the foreign population living in Chile is employed in high-skill jobs, among which are professionals, scientists and academics, professional technicians, and others. However, among the Working Age Population (WAP), foreigners currently represent 7.6% of the country's total, only 10% of them being employed. The same study showed that 5.4% of immigrants were unemployed, a figure that reaches 7.2% in the case of Chileans. This data undoubtedly points out at the fact that the unemployment rate was lower among the migrant population (INE, 2020a). From this it can be seen that although in many cases migrants meet a greater job insertion rate against the native Chilean population, they first are inserted in fields that represent greater labor precariousness and lower salaries.

Another social determinant to analyze that implies important degrees of vulnerability, and that has revealed itself following the social and health crisis, has to do with habitability, understood as the quality of the living space, owning a house or not, and overcrowding. In this sense, habitability becomes an important factor in the measuring of migrant vulnerability, as it pertains the quality of the living space where the spatial insertion of migrants to the territory they arrive in takes place. In the vast majority of the cases and as previously reviewed, the migration process and arrival at the place of destination of migrants is carried out with the aid of migration networks made up of relatives and/or acquaintances from their place of origin; thus, new migrants adapt to live as "guests" in this first stage, and depending on the length of their stay they can become close friends at the home they are received in. While there are structural elements that determine the possibilities for the best access to housing and better housing conditions for migrants, these are related to the time of their arrival to the country, making their inclusion process difficult if having less social and economic capital, and irregular migration status. Thus, the migrant population is presented with barriers both to access housing alternatives formally and to achieve adequate habitability conditions (Servicio Jesuita a Migrantes [SJM], 2020). The overcrowding and concentration of the migrant population in some specific areas, especially within the urban radius, reflects how said population sacrifices housing space in order to be closer to labor and economic opportunities. These are part of the health conditions that migrants live and from which they have faced the COVID-19 world pandemic declaration.



## METHODOLOGY

Chile faced the pandemic by declaring a health emergency at the beginning of March 2020, taking different measures and health policies that, successful or not, have changed transformed its social and economic contexts. As a result of this, we carried out a review of the first five months of the health emergency and mainly of its impact on the migrant population. For this, a descriptive correlational study was carried out, seeking to describe the degree of relationship between the variable of being a migrant and COVID-19. The following analysis is based on the data and information sent by the EPIVIGILA notification system, Department of Epidemiology, DIPLAS of the Ministry of Health (Minsal, 2020b). This office was asked for information mainly about the number of migrants/non-Chileans who confirmed having been infected with COVID-19 between March 1 and July 31, 2020; also on the number of migrants infected by commune and, finally, the number of migrants who died due to COVID-19. Based on the above information, the data was collated with the epidemiological report number 38 of the Ministry of Health (Minsal, 2020a) of the Department of Epidemiology, which was elaborated based on the epidemiological report of July 31, 2020 in Chile. Similarly, it was collated with information from the 2017 census and the estimate of foreigners living in Chile, carried out by the National Institute of Statistics & Department of Foreigners and Immigration (INE & DEM, 2020). It is from these databases and the existing official statistics that a correlation analysis of different databases was possible for the purposes of this article.

Finally, a correlation analysis was also carried out with the data obtained from the National Socioeconomic Characterization Survey (Casen, acronym in Spanish for Encuesta de Caracterización Socioeconómica Nacional), carried out by the Ministry of Social Development in 2017.<sup>2</sup>

While this work reflects the impact of COVID-19 on the migrant population in the months of March to July 2020, the analysis of more extended period of time from the declaration of the pandemic is still certainly pending; period in which not only further variability of the health data associated to preventive measures has been displayed, but also wherein the reality of vulnerable populations has persisted in time.

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<sup>2</sup> Casen data from 2017 were used, given that no current records were available to this author. Since the present study corresponds to year 2020, the collated data could evidence an error margin in the measuring of poverty levels yield by the survey; these levels will be made use of referentially for the time being, so as to focus on the elements associated with social vulnerability.

## RESULTS

*COVID-19 and Migrant Populations*

The first thing that can be seen is that according to the data delivered systematically by the Ministry of Health (Minsal, 2020a) between March 1 and July 31, 2020, a total of 395 261 confirmed cases of COVID-19 were reported at the national level, representing 2% of the estimated population in the country (INE, 2020b). According to the data requested from the Ministry of Health through the Law on Access to Public Information (Congreso Nacional de Chile, 2008), 34 016 confirmed cases of COVID-19 were reported in the same period among the migrant/non-Chilean population (Minsal, 2020b), representing 8.6% of the people reported as coronavirus infected in the country (Table 1).

Table 1. Confirmed cases, March-July, 2020

	Total cases	Migrant/non-Chilean cases	Chilean cases	Total percentage of migrant cases
Total	395 261	34 016	361 245	8.6

Source: Own elaboration based on reports by Minsal (2020a; 2020b).

As for the confirmed cases index, according to the total population of migrants in 2019 (INE & DEM, 2020), the percentage was 2.3%, and so it can be seen that the infection rate among migrants was slightly higher when compared with the national total. However, from the population infected at the national level as of July 31, 2020, 13 426 deaths (Minsal, 2020a) were recorded, 3.4% of the total infections. Based on these data, only 454 deaths due to COVID-19 or related to it were recorded among the migrant population (Minsal, 2020b), representing 1.3% of all confirmed cases among migrants.

When migrant data is reviewed per country of origin (INE & DEM, 2020), according to the increase of said population in recent years as mentioned above, the main countries of origin of migrant groups living in Chile are Venezuela (455 494) Peru (235 165) and Haiti (185 865) (INE & DEM, 2020). They are followed by the populations from Colombia, Bolivia, Argentina, Ecuador, Dominican Republic, Brazil and Cuba. Migrant groups represent 89.4% of the total foreign population in Chile (Table 2).

As for the percentage of cases within migrant groups, confirmed COVID-19 cases among the Peruvian population represented 4.3% of its total, followed by Ecuadorian migrants with 2.9%; Bolivian and Venezuelan groups represented 2.6% of cases each. It should be noted that these migrant groups are proportionally greater than the 2% that represented the number of confirmed cases at the national level.

Table 2. Confirmed cases by nationality, March-July 2020

Nationality	Migrant population	COVID-19 cases	Percentage of cases by nationality	Percentage of cases out of the migrant total
Venezuela	455 494	11 763	2.6	34.6
Peru	235 165	10 135	4.3	29.8
Haiti	185 865	2 725	1.5	8
Colombia	161 153	3 560	2.2	10.5
Bolivia	120 103	3 147	2.6	9.3
Argentina	79 464	260	0.3	0.8
Ecuador	41 403	1 216	2.9	3.6
Dominican Republic	20 080	354	1.8	1
Brazil	19 980	105	0.5	0
Cuba	16 253	248	1.5	0.7
Other countries	157 562	503	0.1	1.5

Source: Own elaboration based on reports by Minsal (2020b), and information from INE and DEM (2020).

It should be noted that the group that represents the largest percentage of confirmed cases from among the migrant population is the Venezuelan community, with 34.6%, followed by the Peruvian community, with 29.8%; both groups represent 64.4% of the cases confirmed among the migrant population. This percentage of infected migrant population arranged by nationality reflects not only the change in the characteristics of the migration flow reviewed above, but could also be due to the characteristics of the place of origin of each population in those communes with a higher index of social vulnerability.

On the other hand, when analyzing the communes with the largest number of confirmed COVID-19 cases among the migrant population, Santiago is first with 5 463 cases, representing 37.6% of the total confirmed cases in the commune. The Independencia commune also stands out with 2 620 confirmed cases, representing 41.5% of total cases in the commune. It is in the Metropolitan Region where the largest number of confirmed cases were recorded, a total of 284 240 among its population (representing 71.9% of cases nationwide), in accordance with the population concentration in the urban area of the country's capital. Likewise, a total of 26 722 confirmed cases among the migrant population were recorded in this region, corresponding to 78.6% of confirmed cases among the migrant population nationwide (Table 3).

Outside the Metropolitan Region, the largest number of confirmed cases from among the migrant population was recorded in the Tarapacá and Antofagasta regions. It is in the communes of northern Chile that the largest number and greater proportion of COVID-19 cases concentrated. These regions stand out by having a migrant population of strong cross-border characteristics.

Table 3. Confirmed cases by commune

Commune	Population	Cases in the commune	Migrant cases	Commune-level percentage of migrant cases
Santiago	503 147	14 541	5 463	37.6
Independencia	142 065	6 316	2 620	41.5
Recoleta	190 075	8 275	1 793	21.7
Estación Central	206 792	6 084	1 689	27.8
Antofagasta	425 725	7 270	1 397	19.2
Quinta Normal	136 368	5 777	1 339	23.2
Iquique	223 463	4 782	1 162	24.3
San Miguel	133 059	5 020	1 065	21.2
Quilicura	254 964	8 841	988	11.2
La Florida	402 433	13 274	965	7.3

Source: Own elaboration based on reports by Minsal (2020a; 2020b).

COVID-19 incidence is thus evidenced as higher among the migrant populations in communes, from two perspectives. First, depending on the highest proportional percentage of confirmed cases among the migrant population of each commune according to the National Census (INE, 2017). This way we can draw an incidence index of infections in the migrant population from the difference in the percentage incidence by population. This is how it can be seen that the incidence index in the vast majority of these communes is about 2, which means that there are about double infections among the migrant population based on the percentage calculation of migrant and non-migrant inhabitants. It can also be seen how in the communes presented here there is an incidence rate much higher than the percentage of confirmed cases among migrants at the national level, which responds not only to their density of migrant population but also to socioeconomic and social vulnerability factors.

Table 4. COVID-19 infection incidence by commune

	Non-migrant population	Migrant population	Confirmed cases, non-migrant population	Confirmed cases, migrant population	Percentage of confirmed cases, non-migrant population	Percentage of confirmed cases, migrant population	Incidence index, migrant population
Santiago	390 708	112 439	9 078	5 463	2.3	4.9	2.1
Independencia	111 741	30 324	3 696	2 620	3.3	8.6	2.6
Recoleta	166 010	24 065	6 482	1 793	3.9	7.5	1.9
Estación Central	183 857	22 935	4 395	1 689	2.4	7.4	3.1
Antofagasta	387 968	37 757	5 873	1 397	1.5	3.7	2.4
Quinta Normal	124 310	12 058	4 438	1 339	3.6	11.1	3.1
Iquique	195 565	27 898	3 620	1 162	1.9	4.2	2.3
San Miguel	125 219	7 840	3 955	1 065	3.2	13.6	4.3
Quilicura	238 942	15 752	7 853	988	3.3	6.3	1.9
La Florida	388 658	13 775	12 309	965	3.2	7.0	2.2

Source: Own elaboration based on reports by Minsal (2020a; 2020b) and information from INE (2017).

On the other hand, information on the percentage of confirmed infection cases among migrants by commune was collated with data from the Socioeconomic Characterization Survey (Casen, 2017) in terms of the percentage of people living in multidimensional poverty, the latter understood as a concept beyond the mere insufficiency of income to satisfy basic needs, but rather from the understanding that these people lack in the dimensions of education, health, labor, social security, housing, and overall quality of life (Casen, 2017). Also, this information was in turn collated with the percentage of community overcrowding as a specific housing vulnerability factor that migrants live under. Table 4 shows the ten communes with the highest percentage incidence of infections confirmed among the migrant population. Attention should be brought to the fact that the percentage of confirmed cases was calculated in relation to the total cases of each of the communes, independently from the magnitude in numbers represented by these percentages. Thus, it can be seen that a large number of municipalities of strong rural characteristics were accounted for, municipalities that presented a high percentage of infected migrants despite their low general population density.

Table 5. Percentage of confirmed infections and multidimensional poverty index by commune

Commune	Percentage of cases, migrant population	Percentage of multidimensional poverty	Percentage of overcrowding
Independencia	41.5	20.9	12.6
Mejillones	39.4	22	10.6
Sierra Gorda	31.9	25.3	15.5
Estación Central	27.8	23.5	10.2
Vicuña	23.4	23.2	7.6
Quinta Normal	23.2	23.5	8.5
Recoleta	21.7	22.5	11.9
Alto Hospicio	19	27.5	14.8
Pozo Almonte	15.5	38.8	13.6
Ollagüe	14.3	35.3	20.2

Source: Own elaboration based on reports by Minsal (2020a; 2020b).

This shows that those communes with the highest percentage of confirmed infection cases among the migrant population also have a percentage of multidimensional poverty at the communal level higher than the national average, reaching 20.7% of the population. These communes also recorded an overcrowding percentage level higher than the national average which stands at 7%; overcrowding is understood as more than 2.5 people per room (Casen, 2017).

For an example, it is interesting to take a look at the Independencia commune, which has the highest incidence percentage of infections among migrants: although its poverty rate is within the national average, its overcrowding rate (12.6 %) is greater than the average. Such is not a minor fact, given that according to the Casen Survey (2017), 21% of migrant households are under overcrowding conditions, most of them categorized as in medium-low overcrowding with 2.5 to 3.49 people per room. According to data from the same survey, one in six migrants who live in overcrowding is under critical conditions, as this means that five or more people share a single room. While proportionally the percentage of overcrowded migrant population is lower than among Chilean families, overcrowding conditions among migrants add to the structural precariousness of their households and their irregular access to housing itself. It is along these lines that subleasing appears, where the informal division of properties takes place upon sharing common spaces among a number of family units, sometimes even rooms, exacerbating in an irregular way the overcrowding of households. The Coronavirus social and health crisis has evidenced these dimensions of vulnerability, particularly when it comes to habitability. From this perspective, habitability is directly related to the secure settlement that it is able to provide for the migrant.

## DISCUSSION

The data on vulnerability in face of the pandemic reflect the need to modernize the current immigration law in force since 1975 (Ministry of Interior, 1975), by means of discussing a new law on migration and the relevant policy changes necessary for the regularization of the status of migrants, aimed at impacting positively on their health determinants. It is our ethical duty to approach social determinants from a perspective based on human rights, focusing on the access to health in such a way that it does not exclude individuals due to their status as migrants. The pandemic confronted us with a reality where access to health is not universal for the migrant population. If the changes arising from the current context are not properly addressed, new vulnerability factors will be caused by the abandonment of a State failing to protect all citizens so that high levels of well-being are achieved (Ortiz-Ruiz & Díaz-Grajales, 2018).

In the field of labor, past evidence points at the fact that migrant workers tend to insert themselves into service jobs and as clerks, not taking here into account the informal trade sector (INE, 2020a). That is why, due to the measures taken by health authorities, part of the population has found themselves confined and quarantined, conditions under which those jobs deemed “essential” were not paralyzed, but still their work requirements and conditions were transformed. It is in these jobs where many migrants find employment, jobs in which even if able to remain stable, migrants still faced new scenarios by having to commute and expose themselves to greater risk of infection.

Now, informal workers have faced greater risk of losing their jobs or their income due to pandemic, especially so migrants in irregular situations, this decreasing their chances of receiving assistance from the health system, also restricting their opportunities to access the different state social support programs and benefits that were mainly implemented in the first months of the pandemic.

In the reviewed case of northern Chilean communes (Arica-Parinacota and Tarapaca regions), two phenomena cross each other that would be important to delve into, which are approached only exploratory this time. First, the predominance of mining activity in the northern part of the country makes it an important economic development pole and at the same time a point of attraction of migrant population. Mining tasks are usually carried out in isolated areas (in deserts geographical locations) and at heights sometimes exceeding 3 000 meters above sea level. Depending on the functions performed, workers may labor under shift systems that involve working for a number of days at the sites and then have an equivalent number of days off.

The situation just described then implies sharing space in the mining camps while in task. It is also characteristic of this mode of work for workers to meet in urban centers of the region in their days off, centers in which migrant workers share common space in pensions or under overcrowding conditions, not meeting health provisions. This could partly explain the high percentage of infections in the region.

On the other hand, and complementing the above, a second phenomenon from the pandemic was the infection of a large number of migrants employed in temporary rural activities. The social and health crisis uncovered, among other things, the condition of temporary cross-border migrants who travel frequently back and forth for the picking of seasonal fruit. The above was observed among the Peruvian and Bolivian populations mainly, which were stranded in the face of how difficult it became to return to their countries of origin due to the sanitary restrictions imposed both in Chile and in their original countries. An example of this is what happened in Iquique, a city of transit in the way to Bolivia, where under Bolivian regulations people who were to cross the border had to be quarantined in temporary shelters. Many of these shelters were also sites of COVID-19 outbreak.

Thus we come to reflect on those elements that constitute the basis of our main analysis, particularly so in the face of post pandemic vulnerability. While our main concerns are the job instability in turn impacting on income, the social and family expectations for the future and health of migrants are not minor considerations. In a survey on COVID-19 by the University of Development (Universidad del Desarrollo, 2020), the migrant population expressed concern not only in terms of their physical health, but also because of the immigration situation of their relatives, as well as for potential family reunification projects. At the same time they showed concern about what may happen at their places of origin, with the social and family networks that were left behind, and even concern for the decrease in economic remittances sent to financially support families. The post pandemic vulnerability that migrants reflect is manifested in concerns regarding the political, social, economic and unemployment situation in the post COVID-19 future. Participants showed uncertainty regarding the general situation at the national level, anticipating also negative consequences in the future, such as an increase in insecurity, prices on the rise, lower quality of life, and unemployment for both the general population and the migrant population particularly (UDD, 2020).

It should be stressed how the media exacerbated the problems of migrants as the social and health crisis unfolded, especially those media outlets emphasizing the aspects of vulnerability already reviewed here. Elements of both solidarity and rejection have also emerged with the pandemic, influenced by the myths and stigmas that befall on the migrant population, which are irremediably crossed by the elements of xenophobia and racism that unfortunately predominate in our society.



## CLOSING REMARKS

To talk about migration, especially at this time, is to address sensitive points of what the recognition or construction of a society from a human rights perspective means. We must bring to light the fact that we have to a great extent regressed from the modest advances made on this issue, as we have witnessed by means of social and other media the threats thrown at and the direct discrimination against migrants, from different sectors of society.

The social vulnerability in which many migrant families are inserted is unquestionably an aggravating factor for their social and health conditions. While it has been shown that proportionally with respect to the national total the infection rate of the migrant population is only slightly higher, this is also the reality of other vulnerable population sectors in the country. Within the contexts analyzed, there is no doubt that COVID-19 exposed inequalities and increasing economic and social gaps among the general population, yet also affected migrants in their particular dimensions. Health problems, magnified by the emergency posed by the pandemic, are a risk that threatens the economic and satisfaction conditions of migratory expectations.

The reviewed data provided base information that can show us one of the different perspectives of the ways in which migrant families experience the pandemic in Chile, but also poses various challenges towards the future. The fact that the information had to be obtained by means of extraordinary request and in terms of different bureaucratic gaps is already a bias, since this information should be made public and available for the sake of adequate decision making and the implementation of public and social policies. This way it becomes evident that a lot of information pertaining COVID-19 health data has not been recorded yet, or that such data has been moderated and thus brought into question by the most critical inquirers. In any case, having access to the disaggregated data would help us better address these challenges. It is also important to note that in the case of migrants the information analyzed comes from the records of different state and/or private institutions, which implies not being able to take into account those who are in the country under irregular situations, a reality that has gradually been exposed in this context.

The interrelation of migrant networks based on ties with friends and relatives, stretching from the place of origin to the receiving society, should be highlighted within the context of this social and health crisis. These ties involve the provisioning of information and support throughout the migration process, yet they also set in motion a successive migration flow which expands through each network of migrant individuals, thus multiplying elements that in turn involve other migration processes. This is so given that networks help decreasing migration risk and costs, aiming at a rapid integration of the migrant into the places of destination. Thus, networks become part of the strategy of migration processes, and these networks are strengthened in contexts of social vulnerability and, without a doubt, in pandemic contexts. Networks grow stronger in the face of adversity, and expand among the different migrant groups, yet also in the territories they are inserted in. A stark example of this is the insertion and active participation of

migrants in territorial communal pots,<sup>3</sup> which emerged from community organizations in order to alleviate economic and food needs in the face of confinement, labor restrictions, and unemployment/layoffs.

The effects of the pandemic in all its dimensions are still to be addressed. Without a doubt, the social and health crisis is to have multiple consequences on the life projects of migrants and on their decisions, making it so that many of them will reassess the contexts involved in their expectations of rooting in the society they arrived in. For some, this will imply making the decision to return to their places of origin without first having to overcome the economic and social barriers of such decision. The social and health crisis has not only impacted the population's health itself, the different measures implemented have also slowed down its progress, as they bring along consequences affecting not only at the individual level but also the country's economic and social stability. Migrants are no strangers to this: this reality it increases their vulnerability; the reasons motivating people to migrate to Chile are under critical reassessment. Within this context, the expectations and motivations once triggering migration processes are collapsing, furthering the vulnerability conditions of migrants.

The data analyzed evidence a reality not oblivious to the social vulnerability that has been exposed by the social and health crisis following the Coronavirus pandemic, giving us an opportunity to effect gradual changes in the meaning of that which we today understand as migration, with all current inaccuracies associated with the concept, as well as changes in our understanding of the elements of vulnerability that surround it.

Translation: Fernando Llanas.

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<sup>3</sup> *Ollas comunes*, organizations that in the history of Chile have gathered people sharing particular territories for the cooking and distribution of food meant to address contexts and situations of socioeconomic crisis affecting their communities.

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