



Juntas Vecinales del Polígono Polimetales de Arica (Chile)

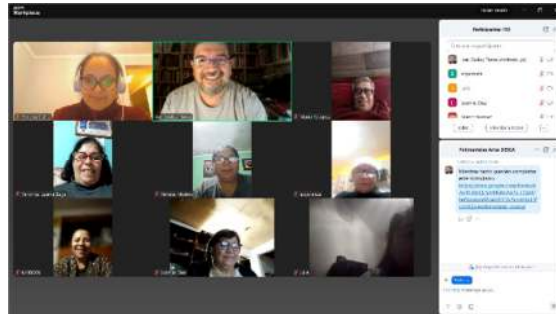
Alternative Report on Chile's Compliance with the International Covenant on Economic, Social, Cultural, and Environmental Rights with regard to polymetal contamination in Arica

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Executive Summary

1. This complementary report represents the feelings of 17 neighbourhood organisations grouped in the well-known Polimetales Polígono de Arica (Arica Polymetals Polygon).
2. Polimetals pollution in Arica, Chile, is an environmental and public health conflict that has persisted since the 1980s, affecting some 12,000 people, mainly in the sectors of Cerro Chuño, Los Industriales and Sica Sica. Between 1984 and 1985, the Swedish company Boliden, through the Chilean company Promel, deposited approximately 20,000 tonnes of toxic waste with high levels of lead, arsenic, cadmium, mercury and other heavy metals at site F, an industrial area of the city. This waste, abandoned without adequate treatment, has generated serious impacts on the health and quality of life of the population, exacerbated by the construction of social housing in nearby areas between 1989 and 1995, without warnings about the toxicity of the soil.
3. Prolonged exposure to polymetals has caused illnesses such as cancer, anaemia, dermatitis, toxic megacolon, neurological disorders, ADHD, ASD, miscarriages and learning disabilities, especially in children, with ongoing suffering observed, with families facing chronic health complications and significant emotional burden. Contamination has also stigmatised communities, making it difficult to sell property and access basic services, while sectors such as Cerro Chuño face additional problems of crime and marginalisation.
4. In 1998, following community complaints, waste was moved to another site, but with inadequate protective measures, perpetuating the dispersion of contaminants. Law 20.590 of 2012 established an intervention programme that includes medical care at the Environmental Health Centre, relocation of families and environmental studies. However, its scope is limited to people born before May 2012, excluding new cases. As of May 2025, 13,742 people are enrolled in the programme, with 69% in permanent control.
5. Despite advances such as the construction of a new Environmental Health Centre funded with \$3.98 billion from the Regional Government, the state response has been criticised as fragmented and slow. The lack of doctors specialised in toxicology, insufficient soil remediation and the exclusion of new victims have generated discontent. In addition, the dispersion of pollutants by winds and the occupation of abandoned houses in contaminated areas aggravate the problem.



Introduction

6. This report was prepared by Dr. Iván Godoy-Flores, director of the Observatorio de Políticas Públicas Regionales based in the city of Arica, with the active participation of representatives of 17 neighbourhood organisations belonging to the so-called Polígono de los Polimetales de Arica.
7. Methodologically, interview techniques and focus group meetings were used to address the prioritised problems affecting the local population. Estimates were made by those who live in the sector and represent the affected population.

Polymetal contamination in Arica (Chile)

8. In the so-called Sector F of Arica (land belonging to the Ministry of National Assets). More than 20,000 tons of toxic waste with high concentrations of lead and arsenic from Sweden were deposited there between 1984 and 1985. With time, Sector F was abandoned and used for the construction of housing (populations of the sectors Los Industriales and Cerro Chuño). Around 1997 and 1998, soil contamination and the impact on the inhabitants of the housing built by MINVU was detected. In May 2012, Law No. 20.590 was enacted, which establishes an Intervention Programme in Areas with Polimetals in the Municipality of Arica. At the same time, the regulations (Decree No. 80/2014) were drawn up by the Ministry Secretary General of the Presidency. Law No. 20.590 and Decree No. 80 of 2014, established scholarships for education and the National Board of School Aid and Scholarships, within the intervention programme in areas with presence of polymetals in Arica. Thus, for the year 2017 there were 1,638 beneficiaries with \$698,130,000 pesos executed, and for the year 2018 it was estimated to benefit 2,335 people. Meanwhile in health care, the Environmental Health Centre (created by the polymetal contamination in 2009) reports that there are 13,297 users admitted from 2009 to 2018. Of the users admitted, 8,782 are under permanent control (66%) and 4,515 are inactive (34%). Inactive refers to people who no longer reside in the city, who refuse care, and those who have died (NCB, 2025).
9. Polymetal contamination in a sector of Arica is caused by the presence of high concentrations of lead and arsenic in soils. This started between 1984 and 1985, when the companies Promel and Bolliden Metal (Ronnscar plant in Skellefteå, Sweden) brought and deposited more than 20,000 tons of toxic waste and heavy metals (arsenic, cadmium, lead, mercury, copper and zinc) in the commune. The original intention of the project was to extract gold and silver from the waste (Arriagada 2009). However, the metal tailings deposited on Ministry of National Assets land known as Site F were abandoned. Allegedly, the low profitability of the process in Chile caused the business to fail. In this

regard, the Investigation Commission in charge of analysing the background information on the serious lead contamination affecting the city of Arica (Almendras 2013) states:

- 10.... "It is possible to presume with grounds that the company Promel did not buy these "raw materials" but received money to dispose of them, knowing that they were substances classified as hazardous in the country of origin, or that, at least, they required special disposal. This could constitute a fraudulent situation, since in his import declaration he was untruthful about the composition of the waste".
11. The conflict was publicly exposed towards the end of the 1990s, when the existence of high concentrations of heavy metals (lead, arsenic and mercury) in the populations of the Los Industriales and Cerro Chuño sectors was proven. These houses were built by SERVIU (Servicio de Vivienda y Urbanismo) between 1989 and 1995. Furthermore, the houses were built in irregular conditions on land close to the sources of contamination (Almendras 2013) (BCN, 2025).
12. The United Nations General Assembly formally recognised the right to a clean, healthy and sustainable environment as a fundamental human right on 28 July 2022, according to the UNEP report. This historic declaration, adopted by an overwhelming majority of member states, elevates this right to a new level of international recognition. The UN declaration is the consolidation of an environmental law reinforcing the status of the right to a healthy environment as a human right, which implies an increased responsibility of states to protect it.

The persistent polymetal contamination crisis in Arica: a pending environmental and social debt

13. For decades, the city of Arica has been facing a serious environmental and health crisis due to polymetal contamination, the effects of which are still being strongly felt in at least 17 neighbourhood councils in the northern sector of the city. This situation, caused by the collection and improper handling of toxic waste - mainly lead, arsenic and cadmium - in urban areas during the 1980s and 1990s, has had a profound impact on the health of the population and the quality of the environment.
14. In 2012, the Chilean state enacted Law 20.590, which established an intervention programme to address this health emergency. This includes specialised medical care through the Environmental Health Centre, relocation of exposed families and environmental studies. However, the scope of this law is limited: it only includes people born before May 2012, leaving out a new generation of people affected by the persistent presence of heavy metals in the environment.

15. The neighbours point out that the commitments adopted by the State of Chile in successive governments were not fulfilled in time and form, and that the palliative measures adopted in the areas of health, education and housing are insufficient.

Thematic Analysis

16. As of May 2025, 13,742 people are enrolled in the programme, 69% of whom are under permanent medical control. Despite these efforts, the state's response has been repeatedly criticised. They question the fragmentation, slowness and lack of comprehensiveness of public policies, which have failed to provide a definitive and timely solution to the magnitude of the problem.
17. Although progress has been made, such as the construction of a new Environmental Health Centre with an investment of \$3,980 million from the regional government, major structural shortcomings persist. These include the lack of doctors specialising in toxicology, the insufficient remediation of contaminated soils and, especially, the exclusion of people who were born or arrived after 2012, but who live in the same conditions of risk.
18. Added to this is an even more worrying phenomenon: the dispersion of pollutants by wind and the occupation of abandoned dwellings in areas declared to be at health risk. This combination has contributed to perpetuating the exposure of new families to the same toxic elements, without an effective policy of prevention, monitoring or environmental control.
19. What was once recognised as an example of environmental justice by the state is now showing clear signs of stagnation. The exclusion of new cases, the scarce updating of the environmental cadastre, the lack of transparent information and the weak coordination between public bodies reinforce the feeling of abandonment and injustice in the affected community.
20. The situation in Arica highlights the urgent need to update and expand Law 20.590, guaranteeing a more inclusive environmental public health policy, but efforts to do so have been in vain. A paradigm shift is required in the fight for a pollution-free environment (Political Constitution of the Republic of Chile). The Neighbourhood Councils of the Polimetales de Arica Polygon require the elaboration of a regional Public Policy with a territorial approach and social participation, intergenerational and human rights. Public policies are not necessarily tied to a law. Although laws are part of public policy instruments, such as plans, programmes and projects, laws cannot be considered as public policies in themselves (Lahera, 2002).
21. Polymetal contamination is not only a wound of the past, but an ongoing problem that requires coordinated, sustained and fair action, in line with the principles of reparation, non-repetition and environmental justice.

Specific unresolved problems

22. Although the problems afflicting the polymetallic polygon in Arica are diverse, for the sake of efficiency we will focus on just one: public health for the population affected by polymetals. The Master Programme for Intervention in Areas with Polymetal Presence in Arica (PMI-Polymetales) is a policy instrument created in September 2009, under the commitment of the Regional Government of Arica and Parinacota and various governmental entities of the State. The document develops a broad diagnosis of the environmental situation and the health of those affected, among other dimensions. The programme has symptoms of having expired as an intervention instrument and does not take into account the other consequences that have been appearing over time, such as the increase in population, broken drinking water pipes, particulate matter in suspension, lack of sealing and paving of streets, among others.
23. Of the failures of the State to recognise and repair specifically the public health of the population affected by polymetals, we can name (based on the PMI-Polymetals of Arica):
 24. **a)** Criteria defining the affected population to receive reparations and health actions. The PMI-Polymetales document states: Health actions will be delivered to the entire affected population living in the affected area". The same document establishes a population of around 12,660 people.
 25. **Reality:** The date established by the authority to qualify as a "beneficiary" was 29 May 2012. Any person born after this date has serious restrictions to qualify as a subject of reparation by the State, despite being a descendant of victims of contamination. Estimates suggest that at least 3,000 to 4,000 descendants after this date do not have contamination-specific health care. As an analogy of state reparation for the 1973 Civil-Military Coup, not only the victims of human rights violations, but also their descendants, up to the third generation, receive reparation assistance from the state. Many villagers are forced to pay for their own health care in the private health care system so that it is not too late.
 26. **Standard:** The recognition of the right to a safe, clean, healthy and sustainable environment has undergone substantive progress within the international human rights protection system. In particular, the UN Human Rights Council, through Resolution 48/13 of 2021, enshrined this right both as a stand-alone right and as an essential component for the realisation of other fundamental rights, such as the rights to life, health, food, water and sanitation (Human Rights Council, 2021). The resolution emphasises that all human beings are directly dependent on the environment in which they live, and that without a healthy environment it is not possible to satisfy fundamental aspirations or guarantee minimum conditions of human dignity. This recognition consolidates the interdependence between human rights and environmental protection,

projecting an integral vision of sustainability as a requirement for human well-being (Ostria, 2025).

27. **b)** "The population shall have access to permanent health care according to the damage detected". It refers to "adequate consultation", "as a priority" of "the entire population included".
28. **Reality:** The inhabitants of the Polimetales Polygon are attended in Primary Emergency Care Centres (SAPU) or in Family Health Centres (CESFAM). They lack specialists committed by the state. An example of this is the lack of toxicological specialists or specialised pharmacologists, which would allow more precise levels of contamination by polymetals to be established with more scientific evidence. This is coupled with the fact that a large part of the population of the city is treated in the neighbouring city of Tacna in Peru, given the scarcity of medical specialties in the city. "For 40 years, the inhabitants have been constantly falling ill, victims of the state's indolence. In terms of health, there is no real follow-up beyond the taking of an annual blood sample. The failure to build an environmental health centre committed to in the action plan is a fact (Marisol Pinto, president of the Junta de Vecinos Los Artesanos, 2025).
29. **Standard:** In line with this perspective, the Human Rights Committee, the monitoring body of the International Covenant on Civil and Political Rights (ICCPR), has held in its General Comment No. 36 (2019) that the right to life should be interpreted broadly, encompassing the material conditions necessary for a life in dignity. Thus, the Committee has expressly stated that "the ability of individuals to enjoy the right to life, and in particular to a life in dignity, depends on the measures taken by States to protect the environment from damage and pollution" (Human Rights Committee, 2019, para. 62). Positive obligations for States derive from this approach, including: promoting the sustainable use of natural resources; conducting environmental impact assessments for activities likely to generate significant adverse effects; applying the precautionary principle in the face of serious or irreversible environmental risks; and international cooperation, particularly through timely notification of natural disasters and emergencies that may have transboundary consequences (Ostria, 2025).
30. **c)** Monitoring and Surveillance: The PMI-Polimetales de Arica states that "traceability of people's results must be ensured [...]. In addition, the implementation of a "Follow-up programme for affected people and permanent environmental monitoring".
31. **Reality:** The neighbourhood leaders were emphatic in pointing out that this is not being done. And they were unanimous in pointing out that the annual controls do not take into account more specific examinations of the level of damage, such as the possibility of early diagnosis of different types of cancer.

Nor is the sense of the chronic affectation of having been exposed to polymetallic contamination for so long taken into account. Specialisation is scarce, either because Arica is far from the centre of decision-making (2060 km from Santiago) or because it is an extreme area. On the other hand, no distinctions are detected in public health care for those affected by polymetals. This is reflected in the waiting lines that can take months to be seen by a medical speciality.

32. **Standard:** The progressive development of international human rights law reinforces the legal duty of States to prevent significant environmental harm, both domestically and in the context of their international obligations. It also constitutes a robust normative basis for demanding state responsibility and reparation mechanisms in contexts of structural damage to health and the environment, as evidenced in the case of polymetal contamination in Arica, Chile, where the lack of prevention and state response has seriously compromised the effective enjoyment of fundamental rights of vulnerable communities.
33. **d)** Other relevant actions to be developed by the Ministry of Health include: Throughout the Health Plan, a Communication Plan should be developed that includes risk prevention tools, health promotion with dissemination material and an agenda of informative talks. It is recommended that a Risk Perception Study be carried out very initially, for which interviews with key actors can be used in the first stage and then focus group studies can be carried out before the intervention is carried out in order to have a baseline of the perceived risks. This serves as a tool for identifying new interventions and for risk communication management.
34. **Reality:** Neighbourhood leaders are unaware of the Communications Plan and it does not appear in any online search. This is a clear breach of the State of Chile's commitments by not providing information, affecting transparency and affecting the impossibility of effective redress for the vulnerable populations. Without information there is no possibility of reparation. There is no possibility of oversight, control, monitoring and accompaniment of the state's actions. There is no possibility of civic and environmental education for neighbours in a Sacrifice Zone such as the Polimetales de Arica Polygon.
35. **Standard:** The International Covenant on Economic, Social and Cultural Rights, which states that: "The States Parties to the present Covenant recognise the right of everyone to the enjoyment of the highest attainable standard of physical and mental health"; (...) The steps to be taken by the States Parties to the Covenant to achieve the full realization of this right shall include those necessary for: (...) "the improvement of all aspects of environmental and occupational health and safety". Note that the Covenant already expressly recognises that in order to enjoy the right to health, environmental conditions must be improved (Rossini, 2022). The Escazú

Accord also points to access to environmental information, so that people have access to clear and relevant information on environmental issues. At the same time, public participation in decision-making allows citizens to participate in decision-making processes that affect the environment. For access to justice in environmental matters to enable people through judicial mechanisms to resolve environmental conflicts and protect their rights. Also guaranteeing protection for environmental defenders, ensuring a safe and enabling environment for people who defend the environment and its people.

Conclusions

36. On the one hand, Law 20.590 needs to be updated to include new affected people, strengthen medical care with specialists, accelerate effective environmental remediation actions and guarantee the participation of communities in decision-making with greater transparency. And on the other hand, to generate recognition and effective redress of rights through a paradigm shift: to develop a specific regional public policy to address the problem of contamination of the population by polymetals in Arica. Public policies can offer more specific and effective instruments to address environmental and health problems understood as public.
37. The Chilean state must take full ownership of the reparation to the victims of polymetal contamination. Understand that this is not a benefit granted but, rather, a reparation for environmental damage that goes beyond the initial generations. Broaden the scope of public health care, with the understanding that medical specialties are of a permanent and acute nature.
38. To attend to the new generations in toxicological health, estimated at between 3,000 and 4,000 people. The State should work with periodic *in itinere* and *ex post* compliance reports for each policy instrument. Inform the population by creating channels of communication, regular or periodic meetings. Aimed at increasing, within a period of no more than one year, the scope and perception of compliance with state commitments. Permanent health assistance according to the damage detected, through appropriate, specialised medical consultations and as a priority for the entire affected population.
39. Monitoring and Surveillance: implementation of a programme for monitoring affected people and permanent environmental surveillance with high standards in accordance with the State's commitment. Throughout the Health Plan, a Communication Plan should be developed that includes risk prevention tools, health promotion with dissemination material and an agenda of informative talks to identify new interventions and to manage risk communication.
40. Health is a fundamental human right and indispensable for the exercise of other human rights. Every human being has the right to the enjoyment of the highest attainable standard of health that enables him or her to live in dignity. The

realization of the right to health can be achieved through numerous complementary procedures, such as the formulation of health policies, the implementation of health programmes developed by the World Health Organization (WHO) or the adoption of specific legal instruments. In addition, the right to health encompasses certain legally enforceable components. Numerous instruments of international law recognise the human right to health. Article 25 (1) of the Universal Declaration of Human Rights states that "everyone has the right to a standard of living adequate for the health of himself and of his family, including food, clothing, housing and medical care and necessary social services". The International Covenant on Economic, Social and Cultural Rights contains the most comprehensive article in international human rights law on the right to health.

41. Thank you for your attention.

Reference links

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Videos

Chamber of Deputies (2025). Polimetals contamination in Arica. https://youtu.be/_fyu5Yhipgs?si=M_4-qPXSCGDoDawR

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