

# Coronavirus exposes Chilean two-tiered health system as deathtrap

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The COVID-19 pandemic is exposing how successive governments have ravaged Chile's national health care systems. Chile began spreading the gospel of the free-market in health care under the fascist-military dictatorship of Gen. Augusto Pinochet, as early as the 1970s. It is this policy of sustained socio-economic shock therapy that lay the groundwork for incalculable loss of life today.

As of this writing more than 125,000 have died of coronavirus, predominantly in the imperialist centres, while the death toll is quickly ascending internationally, including in Latin America.

Chile's Health Ministry's most recent figures—7,917 infected and 92 deaths since March 21— are, as elsewhere, a severe underestimation of the pandemic's real toll. While cases of bodies in the streets—as in Ecuador—have yet to be reported, given the criminal response of the Chilean state to this epidemic, this may prove the next stage. There are many factors keeping the tally of infections artificially low.

The health ministry updates give a percentage and not numbers for communes with infections of less than four. This may appear negligible, but an epidemiological study on the Valparaiso region, reported by *Interferencia* on April 3, revealed that the ministry provided imprecise information on 12 communes which account for over 499,605 people, or 25.5 percent of the region's population.

The same epidemiological study pointed to an anomaly in the progression updates beginning March 26, with the daily tally remaining constant for almost two weeks. "First we noticed it as an anomaly in the trend of curves, something that could give us hope," University of Valparaiso academics Aníbal Vivaceta, Sebastián Espinoza and Nicolás Schiappacasse wrote.

"Normally in an epidemic we have an exponential progression ... Nothing in the measures [the government adopted] would allow us to predict such a favorable situation, in which we would only receive an equal number of new cases every day."

The reason is not a mystery. Nurses reported from almost the beginning of the outbreak that they were directed to exclusively test those requiring hospitalisation and ventilation. A reason for this directive was that public hospital staff across the country did not have sufficient COVID-19 tests. But that is not the end of it. The Chilean public health system is short of every form of personal protective equipment (PPE), ventilators, ICU beds and most importantly, staff. The system is chronically underfunded, with a deficit of \$1.15 billion in 2018. Spending on public health

as a share of GDP has not surpassed four percent in decades.

With only 2.5 doctors, 2.7 nurses and 2.0 beds per 1,000 inhabitant, thousands of people on waiting lists of the National Health Fund (FONASA) were dying long before COVID-19 came around. A 2018 report by the health ministry found that "15,600 patients on the waiting list died," in 2016, while at least 6,700 other cases could be linked to "death and pending care."

The public health system has only 1,058 ICU beds and just 640 with ventilators, but this includes machines that are already in use. The "conciERGE" private health system, however, whose facilities look more like hotels than hospitals and attend to a mere 17 percent of the population under normal circumstances, has 1,597 ICU beds. Another 1,577 ventilators have been ordered but are expected to arrive only by the end of May.

Meanwhile, nurses are sewing masks, making makeshift eye shields and donning plastic bags for PPE. As a result, by April 5, 140 primary care workers had tested positive for COVID-19, another 176 are waiting for the results of their respective tests, and more than 1,400 are in quarantine.

Staff and equipment shortages result not from a lack of foresight, but are rather the product of conscious state policy. In a circular from the Ministry of Finance to public offices, Minister Ignacio Briones Rojas outlined austerity measures "for the duration of the health emergency caused by the COVID-19 virus," in which the hiring of new staff, the filling of vacancies and wage increases are suspended or curtailed.

In late March, the presidents of 15 Chilean scientific societies and the Academy of Sciences addressed an open letter to the president signed by more than 1,500 researchers including internationally renowned astronomer José Maza and biochemist Ramón Latorre, among others. Their main demands were 1) that a preventive national quarantine and social isolation measures in the urban centres be implemented immediately, and 2) for the transparency of data. The proposed measures they explained "seek to anticipate an eventual collapse of the health system in Chile ... We cannot put at risk the system, nor health professionals, nor other patients suffering from other pathologies that also require hospitalization, critical beds and mechanical ventilators."

"Likewise, as soon as possible, 100% transparency is needed ... We, the signatories, are committed to Chile and request that the best decisions to protect the health of the population be evaluated, substantiated and made, understanding that these decisions are dynamic based on the best available information, scientific

evidence and in a transparent manner for the citizens. Life comes first!” they concluded.

To this day, quarantining measures have been selectively implemented in certain municipalities of only the most severely hit regions, which are then routinely flouted by the upper end of society. Videos have surfaced on social media showing the rich on helicopters heading off to their summer retreats. Meanwhile, in the overcrowded *poblaciones* and shantytowns, which in some instances lack running water and sewerage, the virus is spreading quickly. No quarantine measures have been called for Puente Alto, a working class suburb in the Metropolitan Region, even though it has recently reported an alarming growth in cases.

In fact, everything that the Chilean state has done related to this health emergency has magnified the crisis to such a point that many unnecessary and avoidable deaths have become foreseeable.

For example, COVID-19-positive Katia Guzmán, the regional health secretary of La Araucanía region, knowingly, if not maliciously, incapacitated not only the regional authorities, including the mayor, the head of the National Defense in the area, the police chief and the regional education, justice, transport and sports authorities, but almost the entire local media. An infected official who arrived from Brazil earlier in March did not go into preventive quarantine as per protocol, but rather, with the regional health authority’s blessing, continued to work in public activities and meetings including a press gathering in which Guzman herself greeted everyone with a kiss. She is now under investigation.

It would be wrong to see this extraordinarily egregious act of negligence as the conduct of one individual. Also in late March, more than 700 doctors from public and private health institutions in La Araucanía attached their names to a letter asking for the immediate closure of the region and a period of strict quarantine.

“We feel that there is an under-diagnosis with respect to citizens who have coronavirus,” Dr. Javiera Brierly said in introducing the letter’s demands. By that point, the entire region had received only 100 diagnostic kits. “Our letter is also a call to have sufficient supplies, confirmatory tests, protective equipment for the population and for health professionals. We believe that there is a lack of resources and clear guidelines from the institutions.”

But the Health Ministry implements quarantining measures only after an outbreak occurs and then uses the Carabinero police and the military as a blunt instrument when people are forced by circumstance to go to work or find food or to fetch water. Of the 347 municipalities in Chile, 238 suffer shortages of water, and of these 194 have a “multidimensional poverty index”, that is, they are poor and lack water. 383,204 homes in Chile do not have drinking water. Such is the contempt for the people by the Chilean state, which is a government of, for and by the rich, and the rest of the population be damned.

“There is a lot of informal and precarious employment; people subsist on a daily basis so it has become impossible to maintain the total quarantine, since they must earn their daily sustenance,” explained a local official from La Araucanía region. “The state gives recommendations on how to protect themselves from infection, but does not support the social problems.”

La Araucanía, 680 kms south of Santiago, while the site of some multi-million-dollar estates, is also home to the impoverished

indigenous Mapuche communities. The region has the most people infected with COVID-19 after Santiago, but its population of some 950,000 is one sixth that of the country’s capital. Of the ten poorest communes in the country, La Araucanía has seven, and Temuco, the regional capital, is also the poorest city in the country.

Temuco, with Chile’s highest coronavirus death rate, “is plagued by high pollution levels, contributing to respiratory sickness in locals,” reported the *Guardian* on April 10.

Dr. Carolina Chahin, an infectious disease specialist at Hospital Hernan Henriquez Aravena, “predicted the upcoming winter months would hit Chile’s colder, southern regions hard,” the report continued. The hospital, “the only one in the region with equipment to care for critical COVID-19 cases (had) last week, all of its ventilators (at) capacity. The health ministry immediately shipped six new machines to the hospital but Chahin said they did not have the staff to operate them.”

Mapuche families of victims have recounted how they saw the sick being turned away from emergency rooms because staff could not cope with the inundation of patients. Pablo Huaquilao, whose parents both contracted COVID-19, told local media “They started to prioritize who they were treating, many old people went back to their homes and that wouldn’t be accounted for in the official figures.”

“Technically, Chile has universal health care, with everyone covered under the public National Health Fund,” the British medical journal the *Lancet* reported in November of last year in a piece titled “Violent protests in Chile linked to health-care inequities”. “However,” it continued, “the country has a two-tier system, in which the public system covers about 78% of the population and private insurers cover about 17%.”



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