

Protests spread in Chile as hospitals reach saturation point

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With almost 114,000 COVID-19 cases confirmed since March 4, Chile has the third highest number of cases, after Brazil and Peru, in Latin America, one of the epicenters of the virus. With a population of 19 million, Chile is reporting close to 5,000 new cases of COVID-19 a day, a rate comparable, in per capita terms, to Spain at the peak of the viral spread last March.

It is forecast that, at the present rate, within two months, the death toll may reach 10 times yesterday's figure of 1,275. This loss of life is the inevitable outcome of decades of pro-corporate policies that have led to a chronically underfunded health system, now on the verge of collapse. They have also produced extreme poverty, overcrowding and a lack of infrastructure in working class neighborhoods that has led to continued hunger riots.

Youth, the working class and the lower-middle classes who demonstrated against capitalism in their millions last year, are today confronting the full brunt of the anti-social policies of the ultra-right government of President Sebastian Piñera and the entire parliamentary "left."

In a statement made earlier in March, Health Minister Jaime Mañalich raised that the health system might not be able to handle coronavirus cases once they passed 100,000. But the ministry did nothing to contain the virus. It has not introduced strict quarantining measures, applied a countrywide lockdown, expanded testing, broadened contact tracing, or ordered the closure of non-essential work—all measures advised by the WHO. Nor did it significantly increase the health care budget to deal with decades of under-resourcing and understaffing.

On the contrary, the government adopted a criminally reckless policy of "dynamic" quarantining, which meant letting the disease spread before reacting to the outbreak and only then placing in and out of quarantine a commune, province and now a region on the basis of unclear criteria. Mañalich's homicidal "dynamic" quarantining policy, which has condemned untold thousands to disease and death, was a calculated maneuver to forestall for as long as possible forking out financial resources to the ailing health system and for emergency social measures to aid the poverty-stricken population.

To introduce the WHO recommendations would have required increasing by orders of magnitude public expenditure, something excluded under Chile's much-lauded "free-market" system, which essentially works by pillaging the historically-accumulated social wealth collectively created by the working masses and placing it at the disposal of international finance capital. Hospital care,

education, pensions and social security are not social rights but commodities bought and sold on the market.

Now with a contraction of up to 4.5 percent forecast for 2020 due to a deterioration in global demand for exports and a sharp reversal in capital inflows, Piñera was granted from the IMF a flexible credit line of US\$24 billion over two years. It can be safely predicted that this will not be used to ease the hardships of the masses, but rather to save big business and guarantee liquidity.

The official unemployment rate for the February-April quarter reached 9 percent, the highest in 10 years. This was due to a drop in demand for the retail, agriculture, fishing and manufacturing industries.

Another estimate, however, found that if the totals of the a) unemployed but actively looking for work, b) not looking for work, and c) receiving severance insurance, are combined, then the real unemployment figure is closer to 25 percent of the national labour force, the highest since the 1982 depression.

Whole layers of postgraduates and the professional middle class have lost jobs or are having salaries cut in half. Rental properties have reduced prices by up to a quarter for up to six months in "Covid promotions" to try and attract tenants as vacated rental apartments proliferate across Santiago and other regional cities.

Many thousands are moving back with parents, extended families or into share arrangements. Families are moving in with other families to reduce costs of utilities and other expenses. Several families in San Pedro de La Paz near the southern city of Concepcion have sought refuge in abandoned buildings declared uninhabitable after the 2010 earthquake caused structural damage.

The banks, meanwhile, continue to charge at full rates on credit card debts, student loan debts, and mortgages. Adding insult to injury the State Bank confiscated a risible 65,000 pesos (US\$80) emergency fund from the government to pay off personal account debts, while the much vaunted food hampers promised by the government to 2.5 million indigent are expected to reach eligible families in an undefined "near future," and not today, when they need them most.

Two separate studies reported that in the poorer working class communes people are going to work despite being sick with coronavirus. A joint study by the University of Chile and the Medical Association found that 15.2 percent of people with COVID-19, 24 percent of those suspected of having the disease and 43.6 percent of those with symptoms were still going to work. To do otherwise would condemn their families to starve as the

state has provided no substantive assistance in a country where the majority have been pushed into poverty.

The protests that erupted May 18 against rising unemployment, poverty, homelessness and hunger have continued throughout the country as working class communities confront the third month of the COVID-19 outbreak in Chile. Dozens of residents have continued to gather in El Bosque with barricades and hold protests along with Cerro Navia, San Bernardo in the Metropolitan Region and in outer regions.

The free-market reality is expressed just as sharply in health care. A survey conducted last month by the national Medical Association found that 75 percent of health teams lacked PPE: N95 masks (62.71 percent), visual covers (51 percent), breastplates (34.35 percent), surgical masks (33.39 percent) and gloves (15.78 percent).

The Nurses Association also released the results of a survey conducted earlier in the month which found that 39.2 percent of respondents reported nurses in quarantine in their facility, 60.5 percent of facilities did not provide replacement staff and 72 percent did not have staff access to PCR or other rapid tests.

Eighty-nine percent stated that they did not have access to one or more items of PPE during their daily work, among which were N95 masks (61.4 percent), boots (51.5 percent), face shields (37 percent), surgical masks (36.9 percent), disposable aprons (35.4 percent) and alcohol gel (29.9 percent). Finally, and most damningly, 63.7 percent did not have at their establishment mental health support programs aimed exclusively at health personnel.

The health ministry reported that there are 3,707 health officers infected with coronavirus and in quarantine today. Since March 3, 12,051 public health workers have either been infected with COVID-19 or have had to go into preventive quarantine. This breaks down to 4,882 infected personnel and 7,169 in quarantine. In the private clinics 1,958 staff have been infected, and 3,158 have had to go into preventive quarantine.

With current conditions, the Institute for Health Metrics and Evaluation (IHME) at the University of Washington estimates that 11,970 will die by the end of August. These calculations do not take into account, however, a viral spread and death rate in an environment where the country's hospital system is on the verge of collapse. This is the situation today with 84 percent of the nation's mechanical ventilators in use, even as the private clinics refuse to increase their share of critical beds and machines.

It was reported last week that the hospital system in Greater Santiago, with more than 7 million people, was saturated and patients were being transferred to outer regions. That is, the region with the most important and largest health system within the country has almost collapsed, reaching 95 percent occupancy. The southeast zone, under the most pressure, has already reached overcapacity, followed by the central and western zones with 97 percent, north with 95 percent, the south at 94 percent and the east with 92 percent.

This has created chaos in the hospital system. Ambulance drivers protested after they had to wait more than 15 hours with patients suspected of having COVID-19. Patients have had to wait for hours on stretchers. Staff have been instructed to suspend preventive quarantines for COVID-19 early and to return to work.

Lunch breaks have been reduced to 15 minutes, and staff have been instructed to reuse masks for three days. Protests over lack of protective gear and insufficient ICU beds have broken out in several hospitals; patients in field tents are forced to wait three to four days before being admitted into an ICU ward.

No patients could be transferred to the second largest hospital system in the Valparaíso region as it, too, almost reached saturation point last week. Moreover, at least 1,100 staff at the Carlos Van Buren Hospital in Valparaíso have not received wages for the past two months.

Valparaíso has registered daily infections of between 100 and 150 cases for the last week, with a total of 3,164 cases, making it the second most infected area in the country. The medical profession has pleaded for weeks for stricter confinement measures in the region and especially in the communes of Valparaíso and Viña del Mar due to their large squatter settlements.

Rodrigo Cruz, director of the Infectious Disease Diagnosis and Research Center at the University of Valparaíso warned that if the virus spreads, the area "will live a tragedy of proportions." There are "tens of thousands of houses stuck to each other, with reduced access to basic services and with a large number of older people, many of whom have mobility problems or are bedridden," he said.

"I understand that quarantines generate additional problems, but it seems to me that the priority today is to prevent people from dying. And if we don't act accordingly, deaths will continue to increase exponentially there," said Dr. Cruz.

According to the last report of the Chilean Society of Intensive Medicine, 82 percent of ICU beds are today occupied in the Antofagasta region. While unlike many other regions it can double the number of critical beds in circulation, due to a cache held in storage at the old regional hospital, Medical Association spokesman Dr. Hugo Benitez warned that the health system could still collapse "if the quarantine is lifted and cases begin to rise."

Antofagasta, one of the main mining regions of the country to the north of Santiago, has the third highest number of confirmed cases. The number, 2,862, has more than tripled since a total quarantine was belatedly applied on May 3, when there were already 740 cases.

Despite this, Mañalich announced last week that he will lift the quarantine. This has nothing to do with health considerations, but rather the interests of the mining corporations, which want to resume several new copper mining projects suspended in March following the outbreak of the coronavirus in Chile. The regular open pit operations have continued throughout this period.



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