

Health care workers stage strikes, protests in Chile and Argentina

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2 October 2020

Hundreds of health workers took to the streets across Chile last Saturday to demand an improvement in working conditions and salaries as COVID-19 cases continued to surge dangerously in regional centres across the country. These actions are part of a number of struggles erupting across Latin America by health professionals opposing deadly working conditions created by cost-cutting measures that have been laid bare by the pandemic.

Senior nursing technicians in September initiated rolling demonstrations demanding professional recognition and salary increases. The first demonstration, at Plaza Dignidad in the Chilean capital, Santiago, on September 5, drew a few hundred workers and was followed by protests at various hospitals in the Central Valley communes of Coquimbo, Ovalle and Rancagua.

The ultra-right government of billionaire President Sebastian Piñera responded to the protests by unleashing paramilitary Carabinero police to violently repress the nursing technicians, including with the use of water cannon, tear gas and multiple arrests.

“At first we were seen as heroes and now we are treated as criminals. We have police everywhere. In reality, there is no longer any democracy in Chile,” Nelly Gallardo, a nurse technician told Ruptly news. “I think that we are practically in a dictatorship because of Mr. Piñera, because we do not have the right to freedom of expression, which is this. If we mobilize, immediately they are going to repress us with gases, with tear gas bombs.”

The state repression has not intimidated workers, but on the contrary, fuelled militancy. A larger demonstration was held September 25.

Similarly, in neighboring Argentina, nurses held a national strike October 1 in response to a brutal police crackdown against an earlier protest organized outside the Buenos Aires legislature. Their key demands are adequate personal protective equipment (PPE) and legal recognition as professional staff. In particular, they want an end to substandard incomes that force many nurses to seek employment at more than one facility, which, due to the pandemic, has resulted in massive contagion among health professionals. Nurses want entry salaries to increase from a derisory monthly income of 39,000 pesos (US\$512) to 80,000 pesos (US\$1,050).

A nurse related on the Facebook page *Enfermero/as de todo el mundo*: “Buenos Aires nurses live under the poverty line and sustain the dignity of our families with double and triple employment, increasing the exposure and risk to our health and that of our families. Working conditions are deplorable, we are not given work clothes, changing rooms or adequate social distancing from highly communicable diseases.”

Brazil, Peru, Colombia, Mexico, Argentina and Chile are among the 12 worst-hit nations. Health professionals in Latin America—a region which accounts for 600 million people and has reported 8.5 million COVID-19 cases and nearly 320,000 deaths—entered the fight against the global pandemic last March without protective equipment, adequate personnel, facilities or resources to deal with the avalanche of cases. In addition, they have been insufficiently remunerated and, as a consequence, have disproportionately contracted the disease. According to Amnesty International, of the 7,000 health professionals in the world who have died after contracting the virus, more than a third are from the Americas. In Argentina alone more than 140,000 health professionals have been infected and 140 have died from the novel coronavirus.

In Chile, reckless state inaction has resulted in 20,000 health professionals being infected and at least 27 deaths, although there is no official tally. Due to the ongoing outbreaks, hospitals are running at close to capacity and bordering on collapse, while health staff are close to the breaking point. Carlos Schulmeyer, from the National Federation of Health Workers at Melipilla Hospital, told news website Nodal: “Staff are absolutely worn out with 24-, 36- and even 48-hour shifts. This is because there weren’t enough professionals, as colleagues were falling ill.”

Only two months ago, the new Chilean Health Minister, Enrique Paris, introduced his five-stage “Step-by-Step” plan to reopen schools, remove quarantines and lockdowns and reignite economic activity. With much fanfare, the southern region of Magallanes was one of the first to reopen on July 19, at stage three. At that point, daily cases in the area did not surpass 10. But no sooner had it reopened than infection rates began to rise. By August 16, Magallanes was registering up to 70 daily cases. By September 20 it had jumped to more than 200 cases per day and is today experiencing the most COVID-19 incidences per

capita in the country.

This has not stopped the government continuing its homicidal agenda of reopening the economy. While the Magallanes region described above has only 151,000 inhabitants, equivalent to 1 percent of the Chilean population, Minister Paris has also placed 192 communes—including in the densely populated Metropolitan Region of Santiago—in stage three of the “Step-by-Step” plan. Schools in select Santiago communes commenced face-to-face teaching this week in a push to browbeat the population back to work.

This will only fuel the combativeness of the working class, whose families have been burdened with the consequences of a capitalist-made crisis. All of the social tensions that came to the surface in October 2019 have only been exacerbated due to the reckless and criminal response of the government to the coronavirus pandemic. Health workers, supermarket employees and port workers have struck for safer working conditions, pay increases and against massive job losses. This radicalization is an expression of a deepening revolutionary crisis amid the ever-growing dangers of police-state dictatorship.

It’s under these conditions that Chile’s parliamentary left, especially the Frente Amplio and the Stalinist Communist Party (PCCCh), initiated legal action against President Piñera and his former Health Minister Jaime Mañalich. Mayor Daniel Jadue (PCCCh) and Senator Alejandro Navarro (Progresita) filed a complaint in June, after it became known that the deeply unpopular Health Minister was providing one set of health figures to the WHO and another to the nation, forcing his resignation. Claudia Mix (Frente Amplio) presented parliamentary charges last month.

The essence of the complaint is that the government authorities improvised and mishandled the pandemic. They denied aid, delayed or refused protection or services; they denied services that resulted in negligent homicide. The court action has been backed by the entire parliamentary center left, the corporatist union apparatus and the pseudo-left parties that orbit them.

The ultra-right government is undoubtedly responsible for criminally negligent policies and brazen lies, and should be held accountable. The figures speak for themselves: since March 3, when Chile registered its first case, there has been, to date, a total of 463,000 infections and 17,075 confirmed and suspected deaths.

Not only did the government squander valuable time refusing to replenish the public health system with personnel, critical equipment and PPE, it played down the threat, rejecting calls from the health community to implement strict quarantines, close non-essential services and industries and conduct mass testing and contact tracing. It also stalled providing substantive financial aid to working families while it opened the state’s coffers to guarantee liquidity to the banks.

Mañalich, in particular, played a reprehensible role. Arguing that the virus would become benign, he promoted a dangerous

“herd immunity” policy and claimed the country had achieved a “new normal,” to justify renewed economic activity, especially in the mining sector. He adopted a reckless “dynamic” quarantining policy, which meant letting the disease spread before reacting to the outbreak and only then placing a commune in or out of quarantine on seemingly arbitrary criteria.

Yet it would be folly to believe that the parliamentary “left” would have responded to the crisis any differently. The political line that divides “left” from “right” is purely tactical: they both defend the profit system and serve in its institutions.

Piñera took power in 2018 from Michelle Bachelet (PS) whose “center-left” coalition ruled for more than two decades since the return to civilian rule in 1990. During this entire period, the “left” kept intact the fascist-military junta’s handiwork—health care, education, pensions, social security all remained privatized or two-tiered. For services rendered, these “lefts” now sit on the boards of directors of the most powerful businesses and corporations and have been implicated in countless corruption cases. This includes the Stalinist PCCCh and Frente Amplio, which dominate substantial interests in the union apparatus.

The legal actions are being used to divert attention from the urgent necessity of health workers taking up an independent struggle to defend safety and lives, and to improve manifold labor conditions by turning to the working class and to a revolutionary perspective. Their allies are not the parliamentary left, nor the bureaucratic union apparatus, who represent one or another faction of the ruling class, but to fellow health care workers in Argentina, Brazil, the US and elsewhere who confront the same dangers. New organs of power need to be constructed where decisions are made by rank-and-file health workers linking arms with their brothers and sisters in an international campaign against these murderous policies. This is the perspective of the International Committee of the Fourth International.



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