

Chilean public health workers go on indefinite national strike

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Chilean public health workers went out on indefinite strike Monday, a week after ongoing union negotiations with the Health Ministry failed to achieve any results. Amid the devastating impact of the coronavirus pandemic, health workers have been involved in stoppages, protests and marches for increases in the health budget, better working conditions, official recognition and unpaid bonuses. This movement is part of a wave of mobilizations reignited in the second half of November calling for the resignation of the nation's hated ultra-right President Sebastián Piñera for unleashing police-state violence against all forms of social protest.

Port workers held a one-day stoppage to pressure the government to release funds from the privatized pension scheme for families to cope with mass unemployment and poverty caused by the economic crisis. Students and youth entered into street clashes with riot police after the police shootings of juveniles in reform centers. Their key demand is the release of some 2,000 protesters held in custody without charges for over a year.

The latest health workers strike was sparked by the nonpayment of two productivity bonuses offered every year since 2012 and another promised “COVID bonus.” Health professionals are also opposing threatened budget cuts for 2021 after this year's expenditure on public health was belatedly and inadequately increased above a miserable 4 percent of gross domestic product for the first time in decades.

The public health system saw employees forced to sew masks, wear makeshift eye shields and don garbage bags for personal protective equipment during the pandemic. The number of health professionals testing positive for COVID-19 has reached 37,510. Seventy-two workers have died due to the lack of resources and protective attire. Staff have been working 24, 36 and even 48-hour shifts due to the high number of workers falling ill, on top of insufficient staffing levels to begin with.

The Epidemiological Department's (DEIS) latest report showed that in the nation of 19 million, the total accumulated number of COVID-19 cases since March 3 has reached 622,165 cases (547,223 with laboratory confirmation and 74,942 probable but unconfirmed). The report, ending on November 26, found that 20,439 have died (15,322 laboratory confirmed,

5,117 suspected).

The chronically underfunded, under-resourced and understaffed public health system copes with over 80 percent of the population who subscribe to the National Health Fund (FONASA). Even prior to the pandemic, up to 21,000 people were dying yearly while on waiting lists. Hospitalized patients are obliged to bring their own bandages, medications and other supplies.

Last May, June and July—to date Chile's worst months of the pandemic—the nation's largest public hospital system in Greater Santiago collapsed and patients were transferred to regional centers. No patients could be transferred to the country's second largest hospital system in the Valparaíso region as it also reached saturation point.

Ambulances were backed up for more than 15 hours with COVID patients. Staff were instructed to suspend preventive quarantines early and return to work. Lunch breaks were reduced to 15 minutes. Patients in field tents were forced to wait three to four days before being admitted into an ICU ward.

Staff and equipment shortages and the right-wing government's overtly cavalier approach to confronting the pandemic was not merely the result of a lack of foresight, but rather a conscious state policy. From the beginning of the outbreak, the scientific community criticized the ministry's refusal to consult and for concealing rather than making transparent pandemic statistics. It has since been revealed that ex-health minister Jaime Mañalich deliberately downplayed the extent of contagion and provided false data to the general public.

Mañalich also categorically opposed implementing the scientific community's call for a preventive national quarantine and social distancing measures in the urban centers from the outset of the pandemic. Instead he implemented a homicidal “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 based on arbitrary criteria. This 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.

Arguing that the virus would become benign, Mañalich also

promoted a dangerous “herd immunity” policy, claiming the country had reached a “new normal” to justify renewing economic activity, especially in the mining sector.

The hated minister was forced to resign in June. But his replacement, Enrique Paris, made clear in his first statement that his “is a ministry ... of continuity.” From the very beginning of the pandemic, he excused the government’s criminal inaction and rejected total quarantine measures, calling them a “populist solution.” Paris introduced his own herd immunity policy, known as the “Step-by-Step” plan, that began reopening schools, removed quarantines and lockdowns, reignited economic activity and will be reopening the country to international tourism.

Bringing in Paris granted the government breathing space as the entire Chilean political establishment was deeply compromised by Mañalich, rightly considered in the working class as a criminally reckless, sociopathic liar and thug.

A sign of this attitude was a growing number of protests over lack of protective gear and insufficient ICU beds that broke out in hospitals across the country and, more significantly, erupting outside of the control of the unions. In September nursing technicians began staging weekly protests that were violently repressed by paramilitary Carabinero police using water cannon, tear gas and multiple arrests.

Paris claimed he would “receive divergent opinions” and called “for the entire health sector to come together and work together.” These statements were only made for public consumption, as he has stonewalled every demand made by health workers. But the approach permitted the government to use the services of the parliamentary left parties—the economic nationalists around the Socialist PSCh, the Stalinist PCCh fronts and the pseudo-left agglomeration Frente Amplio—which launched a diversionary legal campaign against the former minister.

The parliamentary left also dominates the leadership of the unions that, especially during the Chilean military dictatorship, were transformed into corporatized instruments of the employers and the government, used to drive productivity increases, wage cuts and job destruction, thereby allowing Chile to become the most socially unequal country in the OECD.

During the pandemic, it has been the unions, and the fake left that control them, that agreed to a return to work in the mining and other sectors of the economy. They accepted a freeze on collective bargaining along with wage cuts, supported the furloughing of hundreds of thousands of workers in private industry for the benefit of employers and refused to call any industrial action against poverty, hunger, insecurity and evictions impacting the working class. They have done everything in their power to suffocate any independent struggles, leading them into stunts and promoting empty parliamentary appeals to demoralize the workers.

In a telling statement, Patricia Valderas, president of the

National Federation of Health Workers (Fenats), said recently that the union was going on strike until there were answers to demands “made for years,” that is, the terrible conditions suffered by health professional predate by “years” the outbreak of the coronavirus pandemic.

“After eight months of conversations with the Ministry, three national mobilizations and two days on strike without any satisfactory response from the current government, we have decided to call for an indefinite national strike,” she said, threatening to continue until “we get a decent response from the government.”

Paris gloated that the mobilizations “has an adhesion of 0.49 percent, and that makes me happy.” Only a third of the workforce has been called out in sporadic stoppages.

The parliamentary left and the political, economic and social organizations they dominate constitute the greatest barrier to health workers asserting their independent interests. Workers must break the grip of these nationalist and opportunist organizations and their attempt to tie the working class to the capitalist state.

Health workers can only defend their safety and lives, and improve manifold labor conditions, by turning to the international 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 fellow health care workers in Argentina, Brazil, the US and elsewhere who confront the same dangers. New organs of struggle 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 capitalism and its murderous policies. This is the perspective of the International Committee of the Fourth International.



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