

Chilean health unions suspend indefinite strike, provoking anger among workers

Mauricio Saavedra
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Less than two weeks after calling an indefinite strike, public health unions announced December 6 its suspension as they re-entered negotiations with the ultra-right government of President Sebastian Piñera. The decision provoked widespread opposition among health workers who rightly accused the unions of preparing a “sellout.”

Patricia Valderas of the Confederation of Health Workers (FENATS Nacional) told CNN Chile that seven health unions had agreed to suspend the strike to demonstrate their “conscientiousness” towards the Chilean public under conditions where the capital city of Santiago has experienced a recent spike in coronavirus cases. By December 6, the total number of confirmed and suspected COVID-19 cases in Chile reached 639,492 with 20,767 confirmed and suspected deaths.

Valderas also told the CNN reporter that the unions were eager to conclude an accord with the government even if it meant reducing the so-called “COVID bonus.” A tripartite working group was agreed to on December 4 with the Ministry of Health, the Ministry of Finance and representatives of the seven health unions with this end in mind.

“I think that in times of pandemic we can understand that they don’t want to give (the full bonus) but let’s reach an agreement and set up a roundtable to define that,” Valderas said appealing to the government not to “close (discussions) immediately, seeing that there were already agreements with the ministry.”

Valderas knows that if the ministry continues to stonewall, the unions will be left with an explosive situation difficult to contain. The bonus was originally offered to healthcare workers in June as a sop for the disastrous mishandling of the pandemic by the former Health Minister, Jaime Mañalich. The COVID bonus wasn’t even initiated the union bureaucracy, but rather by the parliamentary left congressmen who proposed giving a measly 500,000 pesos (US\$645) to the workers at the coalface of the pandemic. Involved were the Stalinist Communist Party, the pseudo-left Frente Amplio and the Socialist Party who collectively control the leadership of the various union federations.

These political operators knew that they had to quell an incendiary situation. The deeply hated minister, Jaime Mañalich, was forced to resign following the scandalous

exposure that he had been providing reduced coronavirus figures to the general public. For months, he faced hostile protests whenever he appeared at public hospitals. He was hated for his callous indifference to deplorable conditions and the spread of the virus especially among overstretched and burnt out staff, forced to sew masks, wear makeshift eye shields and don garbage bags for personal protective equipment from the onset of the pandemic.

The number of health professionals testing positive for COVID-19 has surpassed 37,500, and 72 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 latest Health Minister, Enrique Paris, has continued with the same “herd immunity” policies that aim to keep the country’s non-essential economic activity operational amid a threatened second wave. The ousted Mañalich in many ways served as scapegoat to protect not only the Piñera government, but the entire political caste that includes the parliamentary left, the true culprits in creating a systemic crisis in public health and causing so much wanton death.

Following the CIA-backed 1973 military overthrow of the Popular Unity government of Salvador Allende, Milton Friedman, the principal figure in the Chicago school of economics, was called upon by Chilean dictator Gen. Augusto Pinochet to devise a “free market” program based on the deregulation of the economy and privatization—abolishing the minimum wage, quashing trade unions, privatizing the pension system, state industries and banks, and lowering taxes on incomes and profits.

The main author of the dictator’s constitution was Jaime Guzmán, founder of the ultra-right and fascist UDI and proselytizer of Nazi jurist Carl Schmitt. Guzmán’s politically authoritarian and neoliberal economic philosophy enshrines the conception of the subsidiary state which meant guaranteeing private ownership and placing on the market all areas including education, health and social security, and utilities, including water. Any attempt at nationalization was strictly proscribed.

The Friedmanite free market nostrums, imposed through state terror and then consecrated in Pinochet’s 1980 Constitution,

were maintained and intensified under the Center-left coalition that took power in 1990 with the return to civilian rule—with the assistance of the corporatist trade unions that they dominate and whose primary concern has been to oversee the implementation of pro-corporate policies.

For the public health system, which copes with over 80 percent of the population who subscribe to the National Health Fund (FONASA), this has meant chronic underfunding, under-resourcing and understaffing for over four decades. Outside of 2020, the yearly budget has not exceeded four percent for many decades.

One of the ways this has been achieved is by keeping health professionals in a permanent state of employment insecurity and precariousness. Last year, the number of permanent staff running the entire public health system in Chile—a nation of 19 million—was an extraordinary 39,740 employees.

The majority of staff, which for 2019 consisted of 109,217 employees, are obligated to sign contracts for a maximum of one year, expiring every 31st of December. In some instances, such as at Tomé Hospital in Talcahuano, the contracts of nurses, kinesiologists and other health professionals have been only partially renewed until March 31, 2021, even though they may previously have had ongoing employment at the institution for four to seven years.

Underneath contracted staff are the “personal a honorarios,” which roughly translates to independent contractors, who can be hired and fired at will. The 11,999 honorarios hired in 2019 lack the right to sick leave, annual leave or maternity/paternity leave or any of the productivity-linked bonuses. And on the lowest rung are the substitute and replacement workers (15,355 for 2019) who replace contract staff away for more than a fortnight. This highly precarious sector must remain registered and technically up to date if they are to receive any work.

Healthcare workers reacted angrily to the unions’ suspension of the indefinite strike. Over the last week, many have posted hostile comments on the union’s Facebook page. Many are demanding renewed strike action.

Victor Arriagada from a hospital in Concepcion said: “Always remaining as martyrs without receiving any reward... We are already tired, they restricted our vacations, some of us still continue to take 24-hour shifts. Who thinks about us? Damned dictatorship in which we are surviving, they make fun of us and still do not give us what we deserve. Hopefully, there will be an indefinite strike, enough of putting others first.”

Erica Perez from a family health center in Temuco said: “We do not live on applause. What do they expect us to do with 380 lucas (US\$514 per month) that I earn? A complete family depends on me. I am a replacement and I do not get any bonus. Let’s fight so that for once we are all equally respected.”

Tatiana Saldías said: “A mockery...lack of respect for the people that have been working so closely with this pandemic on exhausting shifts...we are physically and mentally exhausted and this is how they recognize our work.”

Janet Herrera from Santiago said: “now (the unions) say they’ve been disrespected, when they have lifted the strike. What did they expect? Pressure is created by fighting and not being sellouts to the government. We need leaders who are the voice of the members (not) inconsequential leaders who do not represent us.”

Claudia Flores, also from Santiago: “They should have called an indefinite strike today already! What are they waiting for? They just go out and make a show of being indignant and blah blah blah. They have me fed up!!!!”

Hugo Barrientos from a hospital in Talcahuano said: “Listen this is the same crap as every year. It’s all stitched up, damned sellouts as always including the C.U.T. (Workers’ Central).”

Nicol Hidalgo a nursing technician from La Serena wrote: “A voice is telling me NATIONAL STRIKE.”

The healthcare unions’ latest demands are an insult added to the injuries inflicted by the ultra-right government. They are calling for a four percent increase for monthly incomes of 3,000,000 (US\$4,085) and under, but outside the upper stratum of employees no-one receives such an income. This is revealed in their other demand to increase the minimum salaries of assistants to 409,000 (US\$557); of administrative staff to 455,000 (US\$619), technicians to 484,000 (US\$659) and for professionals to 850,000 (US\$1,157). These are starvation wages that the unions will help impose!

No faith can be placed in these thoroughly corrupted and pro-corporate organizations. The resources and wealth collectively produced by millions of workers is hoarded by a parasitic financial and corporate aristocracy and defended by the state, its institutions and the political parties that serve their interests.

Human life, health, welfare and livelihoods will take priority only when the working class breaks with bourgeois politics, especially the Stalinist PCCh, the pseudo left Frente Amplio and the establishment left, who accept the confines of parliamentary legality, capitalist private property and production for profit. The working class must expropriate all socially created wealth and place it in public hands.

Only with a revolutionary socialist perspective can the struggle of health professionals—and the working class as a whole—make any advances. It must reject the unions and create new organs of political power that are comprised of and controlled by the rank and file.



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