The criminal responsibility of the Chilean state for the COVID-related crisis

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Two recent studies published in major health journals (one in *The Lancet* and the other in *Science*) shed further light on how long-standing class war and malign neglect policies against the poorest sections of the working class have played out during the COVID-19 pandemic in Chile. They add weight to a mountain of evidence that the state's class-based health care system bears criminal responsibility for the avoidable deaths of tens of thousands and the spread of the disease in the working class population.

The latest epidemiological study, released by the Chilean Ministry of Health on Wednesday, reported 1,907,154 accumulated cases since March 2020 and 43,855 deaths associated with the coronavirus. This tragedy is the product of deliberate policies. The rapid and unabated spread of coronavirus across every part of the nation is due to the prioritization of the economic interests of the corporate and financial elite above all else.

The venal and reactionary Chilean bourgeoisie is today clamoring for an end to all forms of restrictions and confinement when the Gamma variant, estimated to be twice as infectious as the original virus, is the most dominant strain and the Delta variant is now in circulation. For them, even Health Minister Enrique Paris' pro-business "Step by Step Plan" of placing only the most heavily infected communities in quarantine and lockdowns is intolerable.

The fascistic UDI (Independent Democratic Union) and Republican parties are the most vociferous in calls to end lockdowns, and are riling up small and micro-business owners and the middle class who are being crushed by the near absence of government assistance during the pandemic. Any further confinements "will only provoke disaster and bankruptcy," UDI deputies prophesy, knowing full well that their bourgeois patrons have reaped a bonanza during the past year and a half.

However, the entire capitalist state, from the right-dominated administration of billionaire President Sebastian Piñera to the congressional left and the corporatist unions have allowed the lives, health and wellbeing of millions to be sacrificed so that the main export sectors remained operational and the richest families could double their obscene levels of wealth from $21 billion in March 2020 to $42.7 billion in April 2021.

Negligible state handouts forced working class families to violate lockdowns for food and work as Chile's extreme social inequality was only exacerbated in the past 16 months. Tomás Pérez-Acle, from the Science and Life Foundation, reported to *El Mostrador* at the beginning of June that "78 percent of those infected are under 49 years of age," and that "44 percent of the people in the ICU are under 50 years of age." Not only are they the demographic that has been vaccinated the least, they are of working age.

The left parliamentarians approved bills facilitating the suspension of hundreds of thousands of contracts, forcing workers to eat into their unemployment insurance under the "Employment Protection Law," allowed massive layoffs and agreed to postpone collective bargaining negotiations. Of the 2 million jobs destroyed during the pandemic, only half have been recovered and many are under worse contracts.

To this day, absolutely nothing has been done to resolve the lack of potable water, electrification and sewerage in hundreds of squatter settlements. Nor has anything been done to deal with the overcrowded western and southern working class communes of Greater Santiago, where social distancing remains impossible.

Riots against hunger, the lack of running water, government negligence and indiscriminate police violence have been met with authoritarian measures and a permanent state of emergency since March of last year. With the support of Congress, Piñera passed draconian laws beefing up the repressive apparatus and allowing the use of the military for policing operations, even as human rights organizations filed a case in the International Criminal Court against government and military authorities for crimes against humanity.

In contrast, Congress introduced populist measures (such as three withdrawals of personal savings from private pension funds) in order to secure the support of better-off sections. The government permitted the wealthy unimpeded travel and opened the country to international tourism, in that way allowing the Alpha, Lamda, Gamma and now Delta variants to proliferate. Meanwhile, they militarized the borders to deny entry to desperate refugees fleeing from economic crises in Venezuela, Bolivia and other parts of the Americas and initially refused to vaccinate those who had entered.

Despite high vaccination rates in Chile, this year the country has recorded some of the highest numbers of daily cases since the outbreak of COVID-19: almost two-thirds of all infections since the pandemic began were recorded in the first sixth months of 2021 and nearly half the fatalities.

At the beginning of 2021 the international media sang only praise for Chile—the poster boy of free market economists—because of its vaccination progress. They were forced to backtrack by April as cases surged, despite more than half of the population being inoculated. By June, the government grudgingly acceded to a blanket lockdown of densely-populated Santiago, following some of the worst COVID-19 case numbers since the pandemic began.

In a telling interview published in the German magazine *Der Spiegel* in June, Soledad Martínez, a Chilean public health expert, revealed just how disastrous the official response has been.

"The situation is catastrophic," Martínez explained. "We are a really negative example. You shouldn't do things the way Chile does. So I can only warn: no country in the world should now act as if everything is over and suspend measures such as mask-wearing."

Martínez described how, following the aggressive vaccination plan, predominantly with the Sinovac vaccine, "measures of social distancing (were) thrown overboard," allowing the virus to spread greatly. She said, "We health scientists have warned about this, but unfortunately we have not been listened to. To me, it feels like watching a train wreck in slow motion. It could have been prevented."

"We have high death rates, and younger people are dying. What is particularly terrible is that, unfortunately, pregnant women and their unborn babies also die or have to be intubated—with an uncertain outcome. These fates are extremely depressing," she added.

Intensive care units have been overloaded for months (in reality, collapsed) and patients are today being redirected to outpatient and primary care facilities or are treated at home.

"Opening new beds also requires personnel," protested Dr. Manuel Nájera, vice-president of the Society of Epidemiology. "There have been discussions about setting up field hospitals, but the lack of personnel is a problem for opening more beds all at once. Today there are fewer staff due to the collapse, fatigue, medical leave. Of course, we are calling for opening more beds, because the affected population numbers are very high; the demand for critical hospitalization is exceeding the installed capacity we have. Why were sufficient measures not taken in advance? It does not make any sense."

This catastrophic scenario has been confirmed 10-fold by reports at the national and regional level by the Medical Association and the health unions.

¥ Metropolitan Region regional president of the doctor's college, Francisca Crispi, told CNN Chile that the situation of the health care network "is extremely serious. We have reached an occupation of 99% of critical beds with more than 2,500 critical beds occupied, which we have never seen in the history of our country."

Jose Luis Espinoza, the president of Chile's National Federation of Nursing Associations (FENASENF), said his members were "on the verge of collapse."

¥ The health care system in the Valparaíso region, the second most populous area, is in a state of collapse: the Claudio Vicuña Hospital in San Antonio has a 100 percent occupancy rate, while the Carlos Van Buren Hospital has 97 percent occupancy.

Dr. Ignacio de la Torre, regional president of Valparaíso Medical Association, told local media that "it is not only the risk of getting sick from COVID, at this moment any patient with a complex disease has serious difficulties being attended in a timely manner and with the necessary quality."

"The minister always says that we can still resist, but I do not know how much the health team can resist ... this level of stress, taking into account that in the region we have even had cases of suicide by people who have been mistreated and, in addition, had the stress of working exhausting shifts," added Francisco Álvarez, president of the Federation of University Health Professionals Valparaíso-San Antonio.

¥ President of the Biobío region Medical Association, Dr. Germán Acuña, explained to *Diario U de Chile* that nurses, kinesiologists and physicians were directed to solely work as intensive care personnel. "There is staff burnout, a bed is not just a piece of furniture with a ventilator, it is all the associated staff. The administration people are also tired. We would like to have 20, 30 more beds but we don't know if we can have the staff," he explained.

¥ Maule regional president of the Medical Association, Dahiana Pulgar, said that "we are in an extreme situation. In ICU beds, Maule is facing an overwhelming work overload, with beds that are not available because there are no personnel, they are on medical leave."

The paper published in *The Lancet* July 2, the combined effort of academics from the University of Pennsylvania and several Chilean universities, concretely explains what has been known for decades: that the two-tiered Chilean health system, starved of funds, personnel, infrastructure and resources, plays a significant role in unfavorable outcomes. This has only been exacerbated during the pandemic.

From data collected in 2017 and 2018, the report found that Chilean patient-to-nurse ratios are "substantially worse than international standards" and it also has one of the lowest nurses-to-doctors ratios among countries of the Organization for Economic Cooperation and Development.

"Nurse workloads across public hospitals vary substantially, from nine to 24 patients per nurse, a remarkable difference in a public hospital system," the academics explain. While a nurse in a private hospital cares for an average of 8.7 patients (still high in accordance to international standards) public hospital nurses care for an average of 14.7 patients.

"Every additional patient added to the average nurse's workload increased patients' risk of in-hospital death by 4%. Patients in hospitals with 18 patients per nurse, compared with those in hospitals with eight patients per nurse, had 41% higher risk of death, were 20 percent more likely to be readmitted within 30 days of discharge, had stays that were 41 percent longer…"

This brazen disregard for the well-being of patients and health professionals reflects the state's attitude toward the working class as a whole. This is made graphically clear in the paper published in *Science Magazine* at the end of May. The report issued by multiple universities and institutes from the UK, US and Chile assesses "how social factors propel (SARS-CoV-2) pandemic in an economically vulnerable society with high levels of income inequality."

The study, which focused on the first four months of the outbreak of COVID-19 from March 2020 in Chile, conclusively demonstrates that infection fatality rates were higher in the poorest communes because of comorbidities, continued mobility during lockdown periods and lack of access to health care. "Disparities between municipalities in the quality of their health care delivery system became apparent in testing delays and capacity. These indicators explain a large part of the variation in COVID-19 underreporting and deaths and show that these inequalities disproportionately affected younger people."

The focus of the study was Greater Santiago, which today is home to 8.1 million people. The report states that while the region accounted for 36 percent of Chile's total population by the end of August 2020, it recorded 55 percent of the confirmed COVID-19 cases and 65 percent of the COVID-19-attributed deaths.

The true value of the study is its focus on correlating disease and death with poverty. "The maximum incidence [of infections] in Vitacura [among the most exclusive communes in Santiago] was 22.6 weekly cases per 10,000 individuals during the middle of May, whereas [the southern working class commune of] La Pintana reported a maximum of 76.4 weekly cases per 10,000 individuals during the first week of June." In other words, the infection incident rate in working class communes was more than three times higher than in the bourgeois communes.

COVID-19 fatality rates recorded show the same correlation: "the highest rate of 4.4 weekly deaths per 10,000 individuals is observed in San Ramon … whereas Vitacura reported a maximum of 1.6 weekly deaths per 10,000 in June."

Because the South and West zones have four times fewer beds per 10,000 people and four times lower proportion enrolled in the private health system than the East zone, "(n)otably, more than 90% of the COVID-19-attributed deaths in the South and West zones occurred in places other than health care facilities, compared with 55% in the East zone."

In the Health Ministry's July 11 summary of community indicators and COVID-19 cases in the Metropolitan Region (see map), the incidence rate continues to impact working class western and southern communes by up to twice as much as in the wealthy northeastern communes.

The COVID-19 pandemic has exposed how successive governments have ravaged Chile's national health care system. 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 socioeconomic shock therapy, adhered to by the right, the fake left and the unions, that has laid the groundwork for the

incalculable loss of life today.