

Chilean government slashes health staff, critical beds as Delta becomes dominant strain

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2 November 2021

In an astonishingly reckless move, the outgoing right-wing Chilean government in October cut 8,000 positions within the public health system and plans on eliminating 31,000 by the end of the year. Critical and ICU beds are earmarked to be halved from the current level of 4,300. The slashing operation is all the more significant as the Delta variant of COVID-19 has become the dominant strain, and the Health Ministry is progressively removing restrictions, including to international travel.

On September 30, the administration of President Sebastian Piñera not only ended the State of Emergency that placed the deeply unpopular National Defense forces in charge of regional and national borders since March 2020, it simultaneously ended lockdowns and discontinued the supplementary health fund to deal with the pandemic.

A division of labor exists where the ultra-right government proposes, the parliamentary left disposes and the corporatist unions impose. The Health Ministry announced with much fanfare that the Senate joint commission had approved the government's 2022 budget. Meanwhile the health unions conduct half-hearted and demoralizing token protests, stoppages and marches that convince no one and change nothing.

The Health Ministry is trumpeting the country's high inoculation rate to justify a homicidal return to pre-pandemic activity that includes reducing expenditure on the public healthcare workforce. It is preparing projected cuts in public spending of up to 22.5 percent next year, even though there are no signs of the pandemic abating. Daily cases dropped during August and September, but October cases again shot past 2,000 in Chile, while in the northern hemisphere Europe is driving a new global upsurge.

While health, education and other social areas will bear harsh cuts, one area that will receive an increase in funding is the forces of repression that since the mass anti-capitalist mobilizations in 2019 have been accused of countless human rights abuses, including crimes against humanity.

In a televised address, Piñera reported that the 2022 Budget will increase "resources to modernize the infrastructure, equipment and technology of the Carabineros and the PDI [Investigations Police of Chile], to strengthen crime prevention

and the fight against drug trafficking and terrorism..."

In September, hospitals in Santiago and the regional centers reported that they didn't have enough funds to pay thousands of fixed-term employees and were obliged to reduce the number of critical beds available. Primary Health Care centers, run through the municipalities, were forced to cut thousands of personnel dedicated to overseeing contact tracing, testing and isolation measures. Private health conglomerates such as BUPA Chile carried out their own mass dismissals earlier in the year.

These socially criminal policies are in line with demands from international capital that the working class "learn to live with the virus" a doublespeak catchphrase that in reality means sacrificing lives for the sake of profits. It is in keeping with the Chilean State's response from the outset.

The free market policies imposed by the 17-year-long fascist-military dictatorship of General Augusto Pinochet, and then preached under three decades of civilian center-left and right-wing administrations, have left a public health system starved of resources, PPE, infrastructure and personnel. This is what transformed Chile's pandemic emergency into a catastrophe.

Beginning in March 2020, as the virus spread across Latin America, the Chilean Central Bank and the Piñera government prioritized a pro-corporate agenda of low interest rates, offering billions in liquidity and asset purchases, and providing loan guarantees that equaled 15 percent of GDP.

Mario Marcel, the Central Bank governor said in an annual address to the Senate that the measure is "comparable to the resources that have been committed in Brazil, but far above what has been done in other Latin American countries."

Mining, a non-essential but nationally strategic industry, remained open even though the northern regions where the main copper pits are located became hotspots for the virus. So favorable was the aid and policies that magnates of mining and forestry, banking, investment and retail—Luksic-Fontbona, Ponce Lerou, Paulmann, President Piñera, Salata, Angelini, Saieh, Yarur, Solari-Falabella—increased their fortunes by 70 percent in the last two years.

And so negligible were the government handouts to the poverty-stricken population in 2020 and the beginning of 2021 that the virus spread unabated through the congested and overcrowded working class communes and among the poorest

sections of the population. Shantytowns, many of which lack basic necessities of modern life—sewerage, potable water, electricity—sprouted like mushrooms, especially in the northern regions during 2020 and 2021 as thousands of destitute families, especially migrants, faced the crisis with no help.

During the most difficult period the official unemployment rate surpassed 13 percent—though several university studies demonstrated that the real figure reached closer to 29 percent when the furloughed and those not actively seeking work were included. Many were forced to seek work in the informal sector that now accounts for 27 percent of the total workforce. As a result, the demographic most devastated by the virus was the working class.

In face of the COVID-19 pandemic, the government began its response with outright lies about the nature of the virus so as to forestall as long as possible forking out financial resources. For months it minimized the significance of the pandemic; the ex-Health Minister Jaime Mañalich going so far as to claim it would become benign, “something like the common cold.”

From no known cases at the beginning of March 2020, the cumulative number of infections jumped to 184,500 in the middle of June 2020; to 622,000 infections and 20,473 deaths by the end of November. By March of this year, there were just under 1 million infections and 27,000 deaths, doubling to 2 million confirmed and suspected cases and 48,553 confirmed and suspected deaths by the end of October.

Following the removal of Mañalich for repeatedly fudging the COVID-19 infection and fatality figures, his successor, Enrique Paris, expanded an “integrated public-private health network”. This put at the disposal of concierge private clinics enormous state resources, while handing only a fraction to the public health system.

The liberal news site *El Desconcierto* gave one example of how the private networks profited: “The basic cost of an ICU bed in the Alemana Clinic is 1,066,094 pesos while the State pays 159,760 pesos to the public hospitals for the same service. Private clinics charge 6.7 times higher and the tab is picked up by 80 percent of the population who subscribe to the National Health Fund (FONASA).”

With only 2.5 doctors, 2.7 nurses and 2.0 beds per 1,000 inhabitants, prior to the pandemic, thousands of people on waiting lists were dying long before COVID-19 came around.

La Tercera published in September a detailed report on the number of patients who have died while waiting for specialist consultations and surgeries over the last five years, reaching a high point in 2020 with 16,300 deaths during the first semester—as many as in the whole of 2016. The average surgery waiting time today stands at 18-plus months, although there are cases of patients waiting five years for an operation.

The waiting list rose astronomically in 2020 due to the prioritization of COVID-19 patients to the exclusion of all chronic diseases. By the first six months of 2020, there were 2.3 million people who were on waiting lists and an untold

number of chronic patients went without referrals for fear of becoming infected. Until around August of this year, hospitals had even suspended cancer treatment, according to a report in *Cooperativa*.

Even with the one-off infusion of resources and personnel, the hospital system has collapsed several times since March 2020. The bed occupancy rate in the Metropolitan hospital system peaked at 98 percent, and patients had to be directed to outlying regions to receive critical care.

COVID-19 positive cases among health workers has surpassed 52,000, and 129 workers have died due to the lack of resources and personal protective equipment, long working hours and moonlighting within the health care system.

“We have 30 percent of the workers on medical leave, including 18 percent on leave due to mental health problems,” said Patricia Valderas, head of the Confederation of Health Workers (FENATS Nacional). “Waiting lists are enormous and we need a good number of trained personnel to attend to the needs of the population.” Her solution was to call on the government to extend the State of Emergency!

Aldo Santibáñez, national leader of the National Federation of University Professionals of Health Services (Fenpruss) told *Diario Concepción*, “There are people who have not taken holidays for a year and a half or two. And in that sense one understood that the COVID reinforcements, who already have a year and a half of experience, were ideal to stay in the health services to deal with the waiting lists...”

The president of the Medical Association, Izkia Siches, said, “We had hoped that after the pandemic a new standard would be set for how we deliver care. Unfortunately that gap remains.”

But the government, with Senate backing, can completely disregard these and every other demand, knowing full well that the corporatist unions will keep their members in line, that is, until they can’t. The ongoing tragic toll on health workers, and more broadly the working class, is not only a damning indictment of the Piñera government, the parliamentary left and the unions, it presages an eruption of the class struggle that will dwarf the developments in 2019 and come into direct conflict with all the defenders of the capitalist state.



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