



University  
of Glasgow

Hamilton, William Geoffrey (1983) *Proletarian doctors?: the Colegio Médico de Chile under socialism and dictatorship, 1970-1980.*

PhD thesis

<http://theses.gla.ac.uk/4043/>

Copyright and moral rights for this thesis are retained by the author

A copy can be downloaded for personal non-commercial research or study, without prior permission or charge

This thesis cannot be reproduced or quoted extensively from without first obtaining permission in writing from the Author

The content must not be changed in any way or sold commercially in any format or medium without the formal permission of the Author

When referring to this work, full bibliographic details including the author, title, awarding institution and date of the thesis must be given

*Proletarian Doctors? The Colegio Médico de  
Chile Under Socialism and Dictatorship:  
1970-1980.*

*Thesis presented for the Degree of Doctor  
of Philosophy by William Geoffrey Hamilton.*

*Department of Politics, University of Glasgow.  
March 1983.*

### Acknowledgements

My thanks initially go to my two supervisors. David E. Stansfield was instrumental in encouraging me to undertake research work in the first place and for this I will always be grateful. Philip J. O'Brien has been a constant source of help with the elaboration of this thesis over time. I am also greatly indebted for his assistance in Chile when although busy conducting his own research, he found the time and energy to have endless conversations about the deliberations of the Chilean medical profession! When I encountered tremendous difficulties in attempting to obtain access to the minutes of the Colegio Médico it was he who constantly encouraged, and where necessary bullied me into persevering at those crucial moments in time when I felt more than ready to abandon the struggle. Jackie O'Brien has also been a great source of encouragement during my fieldwork stay in Santiago. I owe a great deal to these people.

I am also grateful to friends of the Institute of Latin American Studies and the Department of Politics at the University of Glasgow for many challenging comments and helpful criticisms on the numerous early presentations of my material.

This thesis however, would never have been complete without the wonderful assistance of doctors and friends in Chile. These people more than compensated for the hostility of the Colegio Médico to my work. My thanks go to each and every doctor who granted me an interview. A special mention however, must be made of Gabriela Venturini's and Emilio Villarroel's extensive written responses to my questionnaire. Osvaldo Artaza's and Darwin Arriagada's morning interviews complete with traditional Chilean cuisine and several tea-times with the remarkable Jorge Alvaayay are amongst many highlights remembered.

Acknowledgements (Cont.)

A special mention must go to Drs. Jorge Jimenez, Gonzalo Alvarez, Mariano Requena and Juan Tellez, who not only conceded extensive interviews but who made it possible for me to speak with their colleagues. Gonzalo Alvarez's help in this respect with making contact with doctors in Viña del Mar was especially appreciated.

It is difficult to make the distinction between those who helped me with my work in Chile and those who befriended my wife and myself there. Only those who have visited Chile can truly appreciate the tremendous warmth of the Chilean people. Amongst all those who showered their hospitality and kindness upon us several deserve a special mention, none more so than Ana-Maria Piño, who as the daughter of an ex-Colegio Médico President telephoned every remotely conceivable contact to arrange interviews for me - even with those doctors who had made it clear that they did not want to speak to me! For her help and that of others such as Cristian Cox, Tonio Infante and Juan Costa I will always be grateful.

I would also like to thank the Social Science Research Council for the financial support which permitted me to spend this unforgettable year in Chile.

Thanks also go to my family for wonderful support and love throughout, not to mention the many cheques which were sent from Prestwick to Santiago de Chile!

Finally, and chiefly, to my wife Eunice for quite simply everything.

W. Geoffrey Hamilton  
Paris, France.  
March 1983.

T	A	B	L	E	O	F	
C	O	N	T	E	N	T	S

Introduction.....	1
Chapter 1: <u>Various Approaches to the Study of</u> <u>Politics inside the Chilean Medical</u> <u>Association.....</u>	10
1.1 The Inadequacies of the Professional Approach.....	11
1.2 Politics in Chile.....	15
1.3 Politics and the Colegio Médico.....	19
1.4 'Contradictory Class Location'.....	25
1.5 The Ambiguous Characteristics of Doctors' Work:Doctors' Control Functions.....	29
1.6 The Degradation of Work:Skill and Deskilling and the Labour Process.....	33
1.7 The Degradation of Work:Deskilling and the Proletarianization of Doctors.....	39
1.8 The Degradation of Chilean Doctors' Work.....	44
1.9 The Relationship between Class and Politics and the Proletarianization of Doctors.....	48
Notes.....	50

Table of Contents(cont.)

Chapter 2:	<u>The Colegio Médico and the Chilean</u>	
	<u>Medical Profession</u> .....	54
2.1	The Colegio Médico de Chile.....	56
2.2	The General Council.....	56
2.3	The Regional Councils.....	58
2.4	Affiliated Organizations.....	59
2.5	Role and Powers.....	60
2.6	The Characteristics of the Chilean Medical Profession.....	63
2.7	The Characteristics of Chilean Doctors' Work.....	70
	Conclusion.....	75
	Notes.....	76
Chapter 3:	<u>The History of the Medical Profession</u> ....	77
3.1	The Chilean Profession and the State....	78
3.2	The Medical Profession's Reaction to the State.....	83
3.3	Crisis in the Servicio Nacional de Salud.....	84
3.4	The Proletarianization of Young Doctors.....	87
3.5	Conclusion.....	94
	Notes.....	97
Chapter 4:	<u>Doctors under the Scalpel:the Anti-</u>	
	<u>Doctor Campaign during Popular Unity</u> ....	99
	Introduction.....	100
4.1	Popular Unity Strategy towards the Middle Classes and the Medical Profession.....	103
4.2	Popular Unity Health Policy.....	104
4.3	Doctors' Reaction to the Popular Unity Government.....	109

Table of Contents(cont.)

4.4	The Behaviour of Radical Groups within Popular Unity.....	114
	(a)The Director General of the S.N.S. and his advisors.....	116
	(b)Health Workers and FENATS.....	122
	(c)The Media.....	130
	(d)Shanty Town Dwellers and Peasants.....	136
4.5	The Medical Profession and the Polarization of Chilean Society.....	141
	Conclusion.....	151
	Notes.....	154
Chapter 5: <u>Errors and Division :The Strategy of</u> <u>Popular Unity Doctors Towards the</u> <u>Colegio Médico.....</u>		
		158
5.1	The Left Inside the Colegio Médico on the Eve of Popular Unity's Victory.....	160
5.2	The Colegio Médico Elections - May 1971..	163
5.3	Two Competing Strategies.....	165
5.4	The Struggle between the Radicals and the Reformist Doctors:September 1970- September 1971.....	170
5.5	The Colegio Médico Convention of September 1971 and the Victory of the "Radicals".....	177
	Conclusion.....	183
	Notes.....	186
Chapter 6: <u>The Origins of Gremialismo inside the</u> <u>Colegio Médico.....</u>		
		188
6.1	The Nature of Gremialismo:1970-73.....	190
6.2	The Aims of Gremialismo.....	193
6.3	Conspirators inside the Colegio Médico...	194
6.4	The Origins of the Right's Struggle in Valparaiso.....	197

6.5	Valparaiso:the Centre of Right Wing Doctors' Operations.....	200
6.6	Organization and Initial Strategy of Right Wing Doctors in Valparaiso.....	203
6.7	Fresia and the Battle for a National Doctors' Strike.....	207
6.8	Preparations within the Colegio Médico for the First Strike of the Gremios.....	213
6.9	The October Movement.....	219
6.10	The Declaration of a National Colegio Médico Strike.....	220
6.11	Doctors' Support for the Strike.....	222
6.12	El Pliego de Chile.....	224
6.13	The Division inside the Colegio Médico during the Strike.....	225
6.14	The Failure of the Doctors' Strike and the Failure of Gremialismo.....	228
	Conclusion.....	231
	Notes.....	233
Chapter 7: <u>The Success of Gremialismo</u> .....		235
	Introduction.....	236
7.1	The Effect on National Politics of the Congressional Elections of March 1973.....	237
7.2	"Gremialismo" and "La Gremial Quimaca- mente Pura" inside the Colegio Médico.....	241
7.3	The Aftermath of the March Congressional Elections.....	246
7.4	The Reaction of Moderate and Christian Democrat Doctors to Right Wing Strategy inside the Colegio Médico.....	248
7.5	The Growing Divison inside the Colegio Médico.....	250
7.6	"Tancozo" - May 1973-June 29th 1973.....	253
7.7	The Final Stages of Popular Unity and the Resurgence of Gremialismo:July 1973- 11th September 1973.....	261

Table of Contents (Cont.)

7.8	The Strike of the Regional Council of Valparaiso.....	262
7.9	The Situation in other Regional Councils....	267
7.10	The Declaration of a National Colegio Médico Strike.....	270
7.11	The Colegio Médico's Agreement with Popular Unity One Week before the Coup.....	272
	Conclusion.....	279
	Notes.....	282
Chapter 8	<u>:The Post Coup Period:The Ultra Right Wing Doctors' Strategy within the Colegio Médico.....</u>	285
	Introduction.....	286
8.1	The Right inside the Colegio Médico after the Coup.....	287
8.2	The Opposition inside the Colegio Médico .....	288
8.3	The "Right Wing's" Strategy after the Coup.....	289
8.4	The Colegio Médico in Collaboration with the Junta:The Immediate Aftermath of the Coup.....	294
8.5	The Repression of Left Wing Doctors.....	297
8.6	The Beginnings of Opposition to the Right Wing Project inside the Colegio Médico:October 1973-December 1973.....	304
8.7	The National Medical Convention of December 1973.....	307
8.8	The Election of Salvestrini's Executive Committee from the Medical Convention of 1973 to the Resignation of Alvayay in November 1974.....	310
8.9	The Resignation of J.Alvayay as President of the Regional Council of Valparaiso.....	315

Table of Contents(Cont.)

8.10	From the Resignation of the Ultra Right in November 1974 to the Impeachment of the Executive Committee in April 1975.....	321
8.11	The Censure of the Executive Committee of the Colegio Médico.....	325
	Conclusion.....	332
	Notes.....	334
Chapter 9:	<u>Economists Versus Doctors</u> .....	340
	Introduction.....	341
9.1	The Genesis of the New Health Policy.....	344
9.2	The New Health Plan.....	353
9.3	The Profession's Opposition.....	358
9.4	Deteriorating Status.....	361
9.5	Wages.....	365
9.6	The Reform of SERMENA .....	367
9.7	The Powers of the Colegio Médico under attack.....	372
9.8	The Reforms in the Servicio Nacional de Salud.....	376
	Conclusion.....	382
	Notes.....	384
Chapter 10:	<u>Doctors against the Junta:the Capitulo Moviment 1978-1980</u> .....	387
	Introduction.....	388
10.1	The Colegio Médico between 1975 and 1978:The Background to the Formation of the Capítulos.....	390
10.2	The Role of the Regional Council of Santiago.....	391

Table of Contents (Cont.)

10.3	The Class Base of the Capitulo Movement.....	397
10.4	The Political Aims of the Capitulo Movement.....	409
10.5	The Beginnings of Crisis in the Pinochet Regime:1978-1980.....	412
10.6	(a) The Occupation.....	415
	(b) The Convention of the Capítulos: August 1979.....	420
	(c) The Aftermath of the Convention.....	424
10.7	Decline.....	427
10.8	The Colegio Médico's Victory on Health Policy.....	430
10.9	The Young Doctors.....	434
	Conclusion.....	437
	Notes.....	439
	Appendices.....	462
	Sources.....	522
	Interviews.....	527
	Bibliography.....	531

L I S T O F T A B L E S
-------------------------

1. *The Regional Location of Chilean Doctors.*
2. *The National Medical Register up to 30th June 1979.*
3. *Distribution of Doctors according to Date of Birth.*
4. *Distribution of Doctors according to Sex.*
5. *Nationality of Doctors in 1979.*
6. *Distribution of Doctors within Chile.*
7. *The Number of Hours Worked inside the Servicio Nacional de Salud throughout the Country in December 1973.*
8. *Minimum Total Daily Income of Doctors in Private and State Medicine*
9. *Increase in Consultations inside the Servicio Nacional de Salud 1952-1961 .*
10. *Doctors Daily Public and Private Income 1966-1973.*
11. *The Monthly Value of an Hour worked in State Medicine.*
12. *1973 Congressional Elections.*

13. *Public Expenditure on Health (in millions of U.S. \$ 1976.*
14. *Per capita Expenditure on Health ( in U.S. \$ 1976 )*
15. *Places Offered to Chilean Medical Students by Chilean Universities.*
16. *Number of Contracts Offered to Graduating Doctors by the Servicio Nacional de Salud.*

GLOSSARY OF TERMS AND ABBREVIATIONS

<i>AMECH</i>	Asociación Médica de Chile, precursor of the Colegio Médico 1930-48, whose main goals were the creation of the Servicio Nacional de Salud and a professional College, obliging all doctors to be members.
<i>Capitulo</i>	an association of doctors based at their place of work, ie. hospital or clinic
<i>CNI</i>	the Chilean Secret Police from 1978 onwards. Before this date, the Secret Police were known as the DINA
<i>CORFO</i>	State Development Corporation
<i>CUT</i>	Central Unica de Trabajadores the Chilean Trades Unions Congress
<i>Empleados</i>	Middle class employees
<i>Empleo Minimo</i>	the legal minimum wage in Chile. Under the Junta this wage was below subsistence level.
<i>FEMECH</i>	Federación Médica de Chile, a movement of Servicio Nacional de Salud doctors in the early 60's to defend the State Health Service.
<i>FENATS</i>	Federación Nacional de los Trabajadores de la Salud .
<i>FEPROTEC</i>	Federación de los Profesionales y Técnicos de la Salud - a white collar workers' union.

<i>funcionario</i>	State employee
<i>funcionarios unicos</i>	Full time State employees
<i>gremio</i>	Middle class or professional association
<i>gremialismo</i>	a political movement intending to unite all the gremios against Allende in an effort to remove the Government through military intervention.
<i>libre eleccion</i>	freedom to choose
<i>mesa</i>	the four man Executive Committee of the Colegio Médico.
<i>obreros</i>	workers
<i>ODEPLAN</i>	Oficina de Planificación Nacional - the Government Economic Planning Agency
<i>SERMENA</i>	Semi-private health scheme created in 1968 for <u>empleados</u>
<i>sindicato</i>	Working class trade union
<i>SNS</i>	Servicio Nacional de Salud - the State health service
<i>SOFOFA</i>	Sociedad de Fomento Fabril, the Chilean equivalent of the CBI (Confederation of British Industry ).

SUMMARY

Since the publication of Braverman's 'Labour and Monopoly Capital' great interest has been aroused in the relationship between the capitalist control of the labour process and the degradation and deskilling of certain occupations.

This thesis has used this type of analysis to examine in what way doctors' class position influenced politics within the Colegio Médico de Chile during the period 1970-80.

In the two decades since the creation of the Servicio Nacional de Salud in 1952, the organization of doctors' work has been controlled by a huge and bureaucratic State service. Those doctors who were full time salaried employees tended to lose their control and autonomy to this new organization, so much so that they underwent a process of proletarianization. This process was accentuated after the coup by the application of purely commercial criteria to the running of Chile's health service, a policy inspired by the Chicago School Economists. State hospitals were converted into business enterprises. Increasing numbers of doctors found themselves employed as wage labour in commercially run private clinics. In these establishments, ruthless drives for maximum efficiency harmed the development of doctors' scientific training. The degradation of doctors'

work under these new techniques lowered their overall skill and expertise. Combined with unemployment and low wages, the pattern of doctors' work under the Pinochet regime began to resemble that of the proletariat.

This process of proletarianization has been the result of capitalist control of the doctors' labour process, either through the State's adoption of scientific management techniques or through business control itself.

Young doctors have been the most at risk to the opening up of the Chilean health service to business interests after the coup. Unlike the more established members of the profession they have not been able to protect their own autonomy in private work with their individual clientele. In their case either the State or business interests determine who they should treat and in what fashion, as well as stipulating how much they should be paid.

This had led young doctors to take militant political action to register their protest. Indeed, historically, political militancy has been the consistent expression of these young doctors' class situation whereas the politics of the more established doctors have been much more conservative.

Chilean doctors occupy different class locations according to the role they play in the capitalist labour process. This accounts for the differences in political responses during the period under study.

However, the location of doctors is not always sufficient to explain political action within the Colegio Médico. Chile during the 70's was an immensely politicized country. Party political struggle was rife inside the Colegio Médico, particularly during the time of Popular Unity as each doctor adopted the colours of the competing political groupings. Class was often at the root of these political struggles with the Right drawn mainly from the established group of the profession, keen to protect their private practices, and the Left composed of the young doctors, anxious to improve and extend their State service work. But the political struggle within the Colegio Médico was extremely complex. The class location of these groups was often independent of the substance of their numerous particular quarrels.

I N T R O D U C T I O N

## INTRODUCTION

The Chilean Medical Association burst into the world's headlines at the time of the military coup on September 11th, 1973. This military intervention signalled the end of the "Chilean road to socialism" and launched throughout the world discussions on the reasons for Popular Unity's demise. Within this extensive debate, discussions about the role of the Colegio Médico in the overthrow of Allende and in the subsequent imprisonment, torture and murder of Chilean doctors, formed a distinct and important element.

In general, the world's response to events in the Chilean health sector during Popular Unity was to vilify the Colegio Médico. In an unprecedented act, the Panamerican Health Association demanded that the Colegio Médico ensure life, liberty and the right to practise for all Chilean doctors. Various groups of doctors throughout the world rebuked the Colegio for failing to abide by the humanitarian principles which ought to govern the sacred duty of doctors' work. In 1974 a special team of U.S. doctors having visited Chile in order to examine the accusations which had been

levelled at the College, published a highly critical report of the Colegio Médico. Several Governments took steps to isolate the Chilean medical profession from international doctors' bodies. The Mexican Government for example refused to give visas to Chilean doctors wishing to attend an international conference in its country. Not surprisingly, the response of the Colegio Médico was to deny all the accusation that were made against it .

Moreover, in response to the Colegio Médico's activities during Popular Unity, several studies were published which examined in greater detail the role of Chilean doctors. For instance, one work by Vincente Navarro and another by Hilary Modell and Howard Waitzkin both argued that doctors' opposition to the Allende Government was due to their membership of the bourgeoisie.<sup>1,2</sup> Doctors private practices and status within the health sector as well as their class position were threatened by socialist changes in the health sector and in society as a whole. Similarly Diane Chanfreau explained doctors' support for the abolition of free medical care and a return to fee-for-service treatment in terms of their middle class ideology. This ideology represented the traditional bourgeois values of self interest and individualism. It replaced a more professional ideology which had underlined

doctors' support of socialized medicine in the first half of the twentieth century. <sup>3</sup>

All these writers took for granted Chilean doctors' membership of the dominant classes. Their analyses supported the arguments of José Valenzuela Feijoo, published in "Punto Final" a few months before the coup in which he concluded,

*"Y esto- aunque por supuesto no rige mecánicamente para toda el orden, pues no existen los fatalismos clasistas - termina por reflejarse en un compartamiento político conservador. Podría hablarse en consecuencia, de un estrato burgués. O bien- y esto tal vez sería más justo y preciso- de un estrato pequeño-burgués con niveles de ingreso, ideología y comportamiento político burgués."*

4

These writers' analyses however, overlook the "contradictory" class behaviour of Chilean doctors. Firstly, not all doctors during Popular Unity supported the Colegio Médico's opposition to the Government's health policy. Almost a third of the profession, particularly in the early months of the Allende Government supported Popular Unity's aim of establishing a complete State service which abolished private practice. Secondly, in the period after the coup, many Chilean doctors opposed the Right wing Government and supported the role of the State in the Chilean health sector.

These writers are unable to account for these contradictory aspects of doctors' behaviour because they straight-jacket doctors in a

middle class ideology which makes them behave in a consistently narrow and reactionary way. In reality, the class position of doctors is much more complex. The heterogeneity of doctors' class positions accounts for the diversity of their political responses.

We shall examine doctors as a group which occupies a contradictory class location between the 2 main classes in capitalist society: the bourgeoisie and the proletariat. Our aim is to assess the relevance of recent theoretical developments in class analysis to a study of Chilean doctors.

While an analysis of class theory remains our underlying goal in this thesis we have tried to project the complexity and intricacy of doctors' politics during this period in Chilean history. The decade of the 70's was momentous. The shift in political background from a Socialist Government to a military dictatorship offers the social scientist a rich perspective from which to examine doctors' politics.

Because of this background, politics was of special importance within the Colegio Médico. It is for this reason that we offer no excuse for describing politics within that institution in great detail; even if we risk of being accused of overlooking "underlying class causes". Class cannot explain everything. On the contrary, doctors' political actions were often independent of class positions.

NOTES

1. Navarro, V. (1974). 'What does Chile mean: an analysis of events in the health sector before, during and after Allende's administration.' Milbank Mem. Fund Q. 52(2), 93-130. Spring.
2. Model, H. and Waitzkin, H. (1974-75). 'Medicine and Socialism in Chile.' Berkeley Journal of Sociology 19, 1-35.
3. Chanfreau, D. (1976) 'The ideology of the Chilean Medical Profession and its influence on the health care system of Chilean society.' M.Sc. Sociology of Medicine thesis. Bedford College, London.
4. Feijoo, J. Valenzuela, (1973). 'Apostoles y Mercaderes de la Salud en el proceso chileno.' Punto Final Suplemento de la edicion N°186. 19 de Junio. Santiago de Chile.

## ORGANIZING PRINCIPLES OF CHAPTERS

For most of the following chapters we have chosen to look at politics inside the Colegio Médico in terms of the struggle between various groupings inside the College.

In this study, 3 main political groupings have been indentified: the Left and Popular Unity; Christian Democracy and the Centre; and finally, the Right. The latter group rarely associated itself with Chile's main conservative party, the Nationalist Party, preferring in the Colegio Médico elections of 1972 to call themselves Independents. The term "National Party doctors" therefore is not used. The Christian Democrat doctors have been identified with the Centre. After 1971, many members of the Radical Party left the Popular Unity coalition and joined the political Centre. Rather than referring to them as an individual grouping we have chosen to bracket them with the "Christian Democrats" . Thus, when we discuss the behaviour of "Christian Democrats" during the Popular Unity period, we also include some doctors who were members of the Radical Party.

This categorization should not

imply that there were 3 rigid groupings. There were countless shifts in political alliances between these groups and between groups within each of these categories. The plethora of political parties and their tendency to fragment shows the complexity of the political landscape inside the Colegio Médico.

These caveats should be borne in mind when the terms Popular Unity, Christian Democrat and Right wing are used.

#### QUOTES

When the quote was originally spoken or written in Spanish, we have chosen to place the quote in the text in the same language. We have used the same procedure for English quotes. The reason is that many of the quotes can be considered controversial. They refer to incidents which are still regarded as highly sensitive. Rather than being accused of misrepresenting any individual, we have chosen not to translate from the original language. Moreover, many of the quotes appear in the third person, and not in the first person. For example, one consejero said,

*"el personalmente desearía que  
el profesional....."*

The reason is that the minutes of meetings of the Colegio Médico were often recorded in the third person. Discussions were taperecorded and then transcribed. In this process, a consejero's statement was often put into the third person.

## C H A P T E R

1

VARIOUS APPROACHES TO THE STUDY OF  
POLITICS INSIDE THE CHILEAN MEDICAL  
ASSOCIATION.

In this chapter we will examine the validity of certain approaches for studying the Chilean Medical Association. We will examine in particular, the relevance of Marxist class categories in explaining the behaviour of this middle class group.

#### 1.1 THE INADEQUACIES OF THE "PROFESSIONAL APPROACH."

The tools normally used to understand the political behaviour of medical associations are derived from an assumption that doctors' primary interests are their professional ones. It is these professional interests which their professional organization protects in its relations with the State, capital and the general public.

Much of the literature on the professions has tended to support the profession's conceptions of itself as an autonomous body which dispenses high level skills according to the dictates of a strong service ethic. Members of the profession are typically seen as being motivated by altruism. T. Parsons pointed out that while business and the professions shared much in common in industrial societies, the

professions were still to be distinguished by their collective-orientation rather than by self-orientation.<sup>1</sup> Accompanying this view of the profession are the automatic "rights" of the profession to determine *inter alia*, its own code of conduct, standards of education and fee fixing. Altruism, an ethos of service and high level skills are embodied into an ideology of professionalism which legitimizes the exercise of occupational influence and monopoly.

However a radical critique has emerged which questions this ideology of professionalism.<sup>2</sup> These studies argue that professionalism is highly advantageous to the practitioners. It insulates the profession from external scrutiny and assessment and supplies a power basis for client control. The service ethic and altruism are myths propagated by the professions themselves to justify their power.

In this view, professionalism becomes re-defined as a particular type of occupational control rather than an expression of the inherent nature of a

particular occupation. Thus, in referring to the medical profession, the controls of fee-fixing, entry into the profession etc. do not somehow emerge from say, the intrinsic expertise of the physician but are gains won by the profession or awarded to it for other reasons. As T. Johnson states,

*"A profession is not then,  
an occupation, but a means  
of controlling an  
occupation. 3*

To achieve this control doctors have sought recourse to the State to have their rights protected by law. In Chile, these powers were given to the profession through the creation of the Colegio Médico in 1948. Doctors, through their professional college were empowered to fix fees, control the ethical behaviour of its members, define the specialization of the profession, and establish rules of conduct between the profession and public and private corporations. All practising doctors were also legally required to become members of the Colegio.

This approach to professionalism offers us a way of understanding the politics of the Colegio Médico in terms of the protection and expansion of these professional powers of control which

secured doctors' privileged status.

However within the Colegio Médico from 1970-1980 the professional considerations of doctors were not as important in determining their behaviour as a combination of political and class considerations. The dominance of political and class considerations might not always be the case. Factors such as professional control and monopoly weighed heavily on Colegio Médico politics during the periods of relative political calm ,for instance from 1952-1968, but during periods of political crises such as that of 1970-1973, these professional considerations were only viewed by doctors in terms of the general political circumstances of the country; to be defended, or indeed given up according to the tactical consideration of the political group(s) inside the Colegio . This assertion that politics itself under certain circumstances was the main determinant of Colegio Médico behaviour cannot be extended to include other medical associations throughout the world. As will be shown in the next section, the political background in Chile was unique.

## 1.2 POLITICS IN CHILE

In comparison to any European or even any other Latin American country, Chile was highly politicized. There was a strong tendency for social groups such as workers, students and professionals to organize themselves through political parties. Moreover, the important role of politics in Chile was expressed by the following characteristics :

1. Chilean politics covered the whole political spectrum, from the extreme Right to the far Left. Moreover, politics covered the whole country. Despite its vast geographical size, Chile had no regional parties.
2. Chilean political parties were generally ideological. The political centre in Chile, home of most pragmatic parties, became dominated by an ideological party, Christian Democracy during the 60's. Moreover, the Chilean Left was strongly Marxist-oriented. Both the main Chilean Left wing parties, the Communists and the Socialists were

committed to the class struggle. Social Democrat parties had never succeeded in achieving any prominence in Chile.

3. Chile's political system was extremely rigid. There was little possibility of compromise between Right, Left and Christian Democrat parties. Each group in its own right offered the Chilean electorate a radically different type of government. The unity of the Right wing, the ideological commitment of the Christian Democrats and the integration of the Chilean Left into the political spectrum without any ideological compromise contributed to the rigidity of Chile's political system.

What accounted for this total spread, the strong ideological orientation and rigidity of politics in Chilean society? Why were political parties so important for Chileans?

#### THE IMPORTANCE OF THE STATE IN CHILE

The Chilean state had to some extent "politicized" society because of its dominant role in the economy. This dominance derived from its control over Chile's few

mineral exports. The State drew its revenue from the taxation of these minerals and became the most powerful economic force in Chile. Both the economy and society came to depend on State revenue. When the revenue dropped, the whole economy went into decline. Before the Second World War, the State was a major employer in areas such as defence, education and public works. After 1945, it also became a major investor in local industry. The State's predominance in industrial investment was revealed in a study in 1969 which showed that 50% of supposedly "private" investment was in fact subsidized by the State and that total State expenditure in the same year amounted to 44% of the Gross National Product.<sup>4</sup>

Because the State has played such a key role in the economy monopolizing most of Chile's resources, groups were forced to compete with each other in order to obtain State benefits. This competition to obtain access to the State increased the political stakes in Chile and contributed to the remarkable importance of Chilean political life.

## THE WEAKNESS OF CIVIL SOCIETY

A second inter-related reason for the importance of politics in Chile was the use made by social groups of political parties in order to compete for State benefits. Their own organizations had proved too weak to be effective.

Because political parties were used as vehicles for the aspirations of weak societal groups a unique system was created in Chile. Manuel Garretón describes it thus :

*"el sistema político partidario era el modo privilegiado de constitución de sujetos y actores sociales. Hay una columna vertebral de la sociedad chilena que liga la base social al referente estatal, donde se inserta la imbricación de la organización social con la organización político partidaria a través de una amplia y diversificada clase política. La posibilidad para un sector determinado de convertirse en actor nacional pasa por esta columna vertebral."* 5

Of course not all social groups were dependent on this socio-political structure. Groups such as employers' organizations were strong enough to make their demands on the State without the aid of political parties.

Moreover, certain social movements did not need political parties in order to become significant national actors. Gremialismo in 1972-73 for instance, which represented mainly middle class groups made its demands directly to the State and independently of the two opposition parties, the Christian Democrats and the National Party.

We should also bear in mind that the Pinochet dictatorship, by repressing political parties has dismantled this socio-political system. Even although political parties may still be active in Chile they have lost their central purpose. It is probable therefore, that in the long run Chilean society's dependence on political parties will decline.

### 1.3 POLITICS AND THE COLEGIO MEDICO

The Colegio Médico displayed the same type of politicization as other intermediate groups. While it is true to say that doctors were more socially powerful than workers, they still looked to political parties and the State for much needed protection. Indeed, historically the doctors' unions have been surprisingly weak. Not until 1948 did the

profession manage to form a united gremio when the State required all doctors to become members of the Colegio Médico by law.

The reason for this weakness prior to 1948 was the variegated nature of doctors' work . This worked against doctors forming a clear group consciousness. In this early period doctors operated more as independent practitioners and their outlook was consequently more individualistic. Only when the State took over the health service in 1952 did doctors lose this mentality and become more conscious of themselves as a collective group.

Despite a legal requirement compelling doctors to be members, the Colegio Médico remained weak after 1948. During this period the role of the Colegio Médico was a perfect example of a social group being forced to become politicized in order to obtain benefits from the State. From 1948-50, a series of social gains were won by the profession from the then Radical Party Government, a prime feature of which was the distribution of State patronage amongst middle class groups. The Colegio

Médico leaders, were almost to a man, members of the Radical Party. Indeed, the Radical Party dominated the Colegio Médico throughout the 50's and 60's.

Despite being overtly "politicized", the Colegio operated more as a professional organization protecting the interests of its members, than as a battleground for competing political groups. Thus, elections inside the Colegio Médico were poorly attended. Political groups saw little need to try and take over the Colegio for their purposes . Nationally, this was a period of political consensus since the State was in a position to satisfy the demands of most social groups . This period of calm gradually broke down however, and a crisis developed. During the Christian Democrat administration, the State plagued by inflation and growing debt lost its capacity to play its almost "clientelistic " role. Social groups competed with each other in the struggle for the decreasing State patronage. At the same time political parties proposed wide-ranging transformations of society to solve the economic crisis. In this period of difficulty, the Colegio Médico ceased to be principally a representative organ of the medical profession.

Indeed, towards the end of the 60's, the Colegio Médico became a microcosm of national political life. The Colegio Médico was riven with conflict between political groups aligned to Popular Unity, the National Party and Christian Democracy.

During the decade of the 70's a number of distinct political groupings could be identified inside the Colegio Médico. Although never openly articulated inside the governing body of the Colegio, the General Council, it was obvious which consejeros represented which political groups. Until the coup in 1973, Popular Unity had its own consejeros in the General and Regional Councils. They were outnumbered by Christian Democrat and National Party groupings. The struggle between these groups shattered the almost club-like atmosphere which had previously existed when the Radical Party had been in control of the Colegio Médico. Ultimately, doctors' loyalties to these party groupings during crises was greater than their loyalty to their professional interests.

The dominance of politics over professional interests carried on after the coup in 1973 even though politics were officially banned. Between 1973 and 1975, an ultra-Right wing group was in control of the

Colegio Médico. In an effort to make sacrifices for the new Government, it decided to forego wage increases in order to lower inflationary pressure on the economy. The same disregard for "professional interests" was displayed after 1975. During this period the professional powers of the Colegio Médico were under the gravest threat in the history of the college, since under the prevailing free market ideology, these powers had been described as "monopolistic" and hence unjustifiable. Nonetheless, pro-Government doctors within the Colegio Médico in order to avoid weakening the profession's support for the Government chose to defend the Junta's position rather than defend their own professional status. This was not simply a small group of doctors taking orders from the Government and imposing its will on the profession. The action of these doctors reflected solid support from within the profession for this course of action.

We have described the general reasons for the politicized nature of Chilean society and how the Colegio Médico reflects this unique socio-political system and becomes itself equally politicized. This

politicization of the Colegio Médico during periods of crises almost eclipses the role of the Colegio as an organization defending professional interests.

We have not yet considered why certain groups within the profession chose to join particular political groupings. The defence of professional interests may have been one of the reasons determining such a decision. This might have been especially appropriate during periods of political calm, but we have seen that in moments of crises political groups readily sacrificed their "professional interests" for the well being of their political group as a whole.

We will now examine the class position of doctors to discover in what ways, if any, it accounted for the choice of political options during the period of crisis from 1970-1980.

#### 1.4. "CONTRADICTIONARY CLASS LOCATION ."

The middle classes pose severe theoretical problems for the Marxian model of society. Marx's model is basically dichotomous. Capitalist society is riven in two by the struggle between the owners of the means of production, the bourgeoisie on the one hand and the non-owners, the proletariat from whose labour power the bourgeoisie extracts a surplus value, on the other. The problem for Marx was locating these middle class groups within this exploitative relationship.

Marx's analysis was unsatisfactory. It was suggested that these groups would be subsumed into the two main class groupings as society became increasingly polarized. Yet the continuing permanence of the traditional Petite Bourgeoisie (small employers, artisans etc.) coupled with the emergence of what is called the new middle class (technicians, white collar workers etc.) gravely damaged Marx's prediction.<sup>6</sup>

It has been concluded therefore that the ambitiousness and abstraction of Marx's framework does not provide a useful or applicable model for the analysis of the apparently highly differentiated class

structure of present -day capitalism.<sup>7</sup>

Marxists however have accepted that the categories of owner/non owner are inadequate as a basis for understanding the empirical complexity of class structures . Various refinements and sub-categories have been proposed. A body of Marxist thought has emerged which is specifically geared to understanding the middle classes in terms of the function and position of these groups within the capitalist mode of production. Writers such as Carchedi, Eric Olin Wright, Hunt and Crompton have offered us ways of understanding how these groups are involved in, and affected by, the surplus-value producing process.<sup>8</sup>

A major theme of these writings focuses on the development of the capitalist function and the agents who perform this function, from the historical beginnings of capitalism to the present day. Over this time, the division of labour has been transformed as the capitalist system has developed. The product is no longer that of an individual but the outcome of what Marx refers to as "collective labour." The fragmentation of work is a measure of the increasing extent to which the labour process is bent towards the requirements of capital; for

*"Labour power, capable of performing a process may be purchased and reproduced more cheaply as a dissociated element than as a capacity integrated in a single worker."*

9

Under monopoly capitalism, the functions of capital are similarly collectivized; that is, subdivided into fractional operations. Different agents carry out the various aspects of the capitalist function (for example, the split between "financial" and "production" management) and furthermore, these aspects of the capitalist function have themselves been broken down into specific circumscribed "task elements".<sup>10</sup>

From this analysis of the pattern of capitalist development a perspective on the "middle class" has emerged which is common to a range of authors such as Wright, Johnson, Crompton, Braverman and others. This analysis can be summarized in the following terms: the "middle class" may be distinguished by the fact that:

- (a) they are, in some cases property-less employees.
- (b) they carry out the function of capital
- (c) but this function is carried out as a labour process\*, that is, the

\* See Page 53 for a definition of "labour process"

work itself is fragmented with little autonomy, and is subject to direction from above.

As Braverman says,

*"The development of capital has transformed the operating function of the capitalist from a personal activity into the work of a mass of people.....the management functions of control and appropriation have in themselves become labour processes." 11*

Or, as Johnson argues,

*"The new petty bourgeoisie are characterized by positions within the social division of labour....which operationalize a function of capital but do so as part of an increasingly fragmented and routinized process." 12*

Thus, the class situation of the white collar worker is essentially ambiguous. In terms of the relations of production these workers carry out the function of capital, but they may lack ownership and in many cases, control; and they themselves are often subjected to extensive controls within the work situation.

E. Olin Wright has described these groups as having contradictory class locations with the bourgeoisie and the proletariat. They do not constitute a

specific class as such, since they are not separated from the functions of the global capitalist or the collective worker.<sup>13</sup>

#### 1.5 THE AMBIGUOUS CHARACTERISTICS OF DOCTORS' WORK: DOCTORS' CONTROL FUNCTIONS.

In terms of this class paradigm, doctors' work has a dual role: it operationalizes a function of capital, but does so as part of an increasingly fragmented and routinized labour process. In this section we will examine doctors' role in its first aspect, that is to say, the carrying out of a function of capital.

Before analysing this aspect of doctors' work and how it acts as a function of capitalist control, it is necessary to outline three processes which can be identified in Marx's analysis of capital:

1. At the level of relations of production we can identify the dual processes of surplus value production and labour, with the former being determined as a mode of appropriation. At this level of production middle class groups take on the global function of capital by providing surveillance over the direct producers. Concretely, we are talking about

the various levels of management, foremen etc. involved in the production enterprise.

2. Secondly there is the level of the production process which included that aspect of the realization of the capital associated with its accounting, allocation and distribution. This function may be carried out by complex organizations external to the productive enterprise. For example, insurance firms are increasingly involved in the process of investment and in so doing, while not directly entering into productive activity, may channel the flow of capital in certain directions rather than others and preside over the allocation of surplus. Whereas at the level of production relations the appropriation of surplus value involves direct surveillance and coercion of productive labour in the effort to increase productivity and lower costs, the process of realization introduces new mechanisms of control which have the function of

*"watching over capital, of checking and controlling the progress of its enlargement." 14*

3. Finally, there is the process of reproduction.

This new set of control mechanisms is not directly relevant to the appropriation of surplus value or its realization, but operates to reproduce the social conditions for the maintenance of such relationships. In the processes of reproduction both the "profession" and the State play a major role. This is largely due to their involvement in the reproduction of labour power, including health and educational services and the institutionalization of knowledge, and those ideological processes consistent with the underlying relations of production. <sup>15</sup>

Doctors perform the function of capital during the reproduction of the labour force. Their role is to provide a "healthy" work force able to produce surplus value for the capitalist. To oil the wheels of production they define "health" in terms of whether a worker is able to produce for the capitalist. Without doctors' definitions of "health" which fits the needs of the capitalist mode of production, "sickness" (however defined), could act as an impediment to the surplus value producing process. <sup>16</sup>

It is wrong to argue that doctors in helping to define the ideological superstructures

in which capital exploits labour, themselves become the exploiters of labour.<sup>17</sup> Often doctors' own ideology can contradict dominant capitalist values. The notion that collective forms of care are best suited to cure mass health problems underlines the concept of social medicine. This belief in social medicine is held strongly by many medical professions throughout the world. This concept conflicts with certain capitalist assumptions about ill health, for example, the belief that illness is a result of individual breakdown rather than possible social and economic factors. Thus the doctor's ideological role in supporting the capitalist system can be full of contradictions.

If doctors simply buttressed the capitalist system as ideological workers or as "production intellectuals" using Gramsci's terms, then their work situation would scarcely be ambiguously situated between proletarian and capitalist classes. They would be squarely located within the capitalist class. However, for those doctors who carry out the capitalist functions as a labour process their class location is extremely ambiguous. The extent to which doctors carry out the capitalist function as a labour process determines their location in the

capitalist structure. The less their work is carried out as a labour process, the more they can be located towards the capitalist class.

#### 1.6 THE DEGRADATION OF WORK: SKILL AND DESKILLING AND THE LABOUR PROCESS.

According to Braverman in Labour and Monopoly Capital, there has been a general and progressive deskilling of jobs in the twentieth century.<sup>18</sup> Jobs have become increasingly devoid of intrinsic content, routinized and mechanized.

The cause of this trend Braverman argues is management's control over the labour process. Control of the worker is necessary since the extraction of profit which characterizes capitalism necessarily entails a conflict of interest between capitalists and workers. While the labour process requires some degree of co-ordination, the dynamic operation of capital, its constant drive

for accumulation, gives rise to greater need for control of the labour process. This feature of capitalism resulted in Braverman's view in constant attempts throughout the nineteenth century to develop a specifically capitalist mode of management which could exercise control over the labour process. Eventually Taylorism provided management with the basis on which to control the labour process. Braverman argues that the dominance of the ideas that Taylor espoused was due to the fact that Taylor was the first management theorist to recognize the vital importance of control.<sup>19</sup>

Braverman argues that the main feature of this type of scientific management is its divorce of conception from execution, so that management is completely responsible for designing and planning work tasks. Workers under this type of management are restricted to simple manual operations. Mental and manual labour are separated and all autonomy, discretion and brain work removed from the shop floor and monopolized by management. This results in deskilling as work is progressively degraded. All elements of knowledge, judgement and responsibility are taken away from the worker. His work becomes programmed, routinized and specialized.

Braverman argues that this trend is making the working class more homogenous. The divisions caused by differences and levels of skills are quickly evaporating in the face of capital's imperative to control the labour process.

Control of the labour process to ensure the realization of surplus value contributes to falling skill levels amongst workers, which in turn alters their class situation. In diagrammatic form Braverman's view may be represented thus:

*exploitation--> falling skill levels--> changes in  
creation of class structure  
surplus value (proletarianization)  
in the labour  
process. 20*

Braverman's assertion that proletarianization is the result of deskilling which itself is the result of the implementation of modern management techniques challenges conventional thinking which claims that the last 30 years have seen an upgrading of work.

Using this framework one can define proletarianization thus: it is a process whereby the worker is forced into a closer relationship with capital, which removes the skill (the conception and execution of work) and therefore his relative autonomy. 21

Braverman 's thesis has come under attack from many sources. Several of his critics focus on his assumption that all capitalist managers adopt Taylor's "scientific management ". For instance, Tomlinson argues that managements ' strategies have other aspects to them than simple control.<sup>22</sup> Managers, he argues try to integrate the work force and this may mean providing workers with some autonomy.

Braverman also appears to neglect the way in which workers may resist management initiatives. The working class is seen as passive in his analysis, living

*"in accordance with the forces which act upon it."* 23

As Schwarz remarks,

*"Braverman 's approach fails to recognize the working class as an active and problematic presence within the mechanism of accumulation."* 24

In contrast the power of capital is treated as omnipotent, united and unstoppable .

These criticisms notwithstanding Braverman 's framework is useful in describing the way in which certain doctors in Chile have undergone changes in their class situation as a result of new forms of labour control.

It seems too bold a step to examine doctors' work in the light of Braverman's assertion on "deskilling". Doctors' work is one of the most highly skilled jobs in modern society. Braverman however, emphasized the extensive process of deskilling. It is not confined to the "working class" occupations such as clerical work and retail trade occupations. Rather, traditional middle class occupations have begun to exhibit the characteristics of other mass occupations: rationalization and the development of the division of labour, the simplification of tasks, the application of mechanization, a downward drift in relative wage levels and some unionization.

However, despite commendable boldness, Braverman is guilty of a sweeping generalisation in assuming a steady trend of deskilling in those middle class occupations. Capital in introducing new forms of machinery in order to simplify tasks, and thereby to increase the rate of extraction of surplus value, has also created new skills. <sup>25</sup>

Moreover, in the case of doctors it seems more sensible to make a distinction between the deskilling of certain jobs and the deskilling of individual workers .

Braverman focuses on the deskilling of certain jobs. The job of a doctor cannot meaningfully be deskilled without becoming a different job. However, instances may arise whereby the individuals who are doctors are deskilled. By making this distinction we can move from a general analysis to an examination of particular instances of deskilling.

Finally, deskilling through changes in the labour process should not be isolated and divorced from the totality of workers' experience. Recession, the existence of mass unemployment, even military dictatorships creates deskilling. For example, unemployment separates the worker from practising his skill; it may lead him to adopting another job which makes it difficult for him to revert to his previous skilled job.

These refinements to Braverman's position i.e. to examine workers in particular instances of deskilling and to see deskilling as part of the totality of economic experiences should be borne in mind when we discuss the case of Chilean doctors.

1.7 THE DEGRADATION OF WORK: DESKILLING AND THE  
PROLETARIANIZATION OF DOCTORS.

Few studies using Bravermann's thesis have looked at doctors. However, one study of British G.P.'s does use such a framework and to a certain extent

anticipated Braverman's more recent publications. Julian Tudor Hart has argued that these G.P.'s

*"still work in a cottage industry on the lines of small shopkeepers. Medicine can no longer be done by shopkeepers and doctors are ripe, not only to ally themselves with the working class, but to join it. 26*

Perhaps aware of the scepticism with which a statement of this type might be greeted, Hart added,

*"Of course that requires a little imagination, but do not revolutionaries require imagination." 27*

Even for revolutionaries however, the notion of British proletarian doctors stretches the imagination. In Chile however, the notion is more plausible.

We shall argue in this thesis that several of the characteristics which Braverman saw as resulting from the change in the capital labour process i.e. degradation, deskilling and proletarianization were manifested in the changing work patterns of

certain doctors in Chile.

1.3 THE DEGRADATION OF CHILEAN DOCTORS' WORK

In Chile, those doctors who worked in the State sector faced a demoralizing experience. The State service in Chile was set up to provide care for the 70% of the population who could not afford to pay for their health treatment. Despite having to treat the vast majority of Chileans, it was never given sufficient funds to carry out this task. Doctors were faced with huge numbers of patients to treat with inadequate resources. The State service moreover paid doctors very low wages. Since its creation in 1952 it became over centralised and bureaucratic. Under these working constraints doctors have tended to lose their control and autonomy in the work place to this State authority. Also unlike doctors in Britain who work under a per capita system, doctors in Chile had no list of patients to treat whom they knew well and saw regularly. The Chilean State health system prevented the building up of doctor/patient relationships.

The most important factor to bear in mind when assessing the work situation of Chilean doctors is that many doctors had their own private practices which they combined with their State work.

Traditionally, working in the private sector compensated for the deprivation of the public sector. Private work supplemented doctors' small incomes from the State. In their relationships with their private patients doctors enjoyed full autonomy and control and were not confined to the bureaucratic routines and management controls which plagued the State sector.

The degradation of doctors' work in Chile had only effected those who practised predominantly within the State sector i.e. the young doctors. These young doctors were required to work full time for the State for at least 7 years after graduating. Thus, they were the group least able to protect themselves and their work from the degrading and deskilling tendencies of the State health service.

While these young doctors could still exert power and control when diagnosing illness they could not escape the intrinsic

constraints within their workplace. These constraints occurred as a result of the limited time and inadequate medical facilities for diagnosis and in the scarcity of resources for treating patients.

The work situation of State service doctors had been the subject of several studies in the 60's.<sup>28</sup> One doctor considered that this work was proletarianizing young doctors. In this period young doctors often adopted radical Left wing positions. In early 1962 they organized a long and bitter strike against the Right wing Alessandri Government for higher wages and better working conditions.

Since the coup in 1973, a new factor had emerged to accelerate this proletarianization tendency. State subsidies were cut in the Junta's attempt to privatize the health service. This increased the constraints doctors had encountered in their State work. For the first time since the 50's, young doctors became unemployed on a large scale.

More significant however, was the effect of the Junta's policy of encouraging private capital interests to take over parts of the Chilean health sector to operate them for profit. Doctors who in their previous private

work owned their own small clinics and were paid a fee directly from the patient now faced the prospect of working for employers, many of whom were not doctors themselves. The patients paid these employers, who after deducting a percentage paid the doctors a wage. These operations were run essentially as businesses. Doctors' work became geared for profit. The old control and autonomy which doctors possessed in their private sector work were now under threat from the insurance companies, private hospitals and clinics.

These changes in the private sector had their effect on the public sector. Cost-effectiveness became the watchword in State hospital management. Control of the work process through new management styles were suddenly introduced in Chilean hospitals. The influence of the Chicago School economists was the perfect background in which ruthless management techniques were applied. Opposition to the application of these practices could easily be crushed by the military regime. Even Right wing doctors in the late 70's objected to the new power of the business managers in Chile's state hospitals. <sup>29</sup>

In this way, profit, competitiveness and efficiency became the rules of thumb

in deciding the success of State and private health enterprises. The old concept of "need" had given way to strictly market criteria . In the new Chile, certain doctors tended to face proletarianization both by the State and by capital.

These processes have not effected all members of the profession equally. The more established doctors with their private practices have retained their control in their place of work. Their work has not become part of a labour process. Indeed, they have benefited from greater private medicine opportunities . They have, either individually or in partnership with financiers , set up larger private clinics employing often junior medical personnel. These younger doctors have been most vulnerable to these processes.

We shall argue that these young doctors faced a process of proletarianization which was accelerated considerably by the changes in health policy and in Chilean society after the coup.

## 1.9

THE CLASS LOCATION OF CHILEAN DOCTORS

We have argued that the relation a doctor has with either the bourgeoisie or the

proletariat depends on the nature of a doctor's work and the extent to which his work becomes part of a labour process. This type of analysis contrasts with the Weberian class framework. Under this approach, doctors would be categorized according to their status and income. In the Marxian analysis, doctors are located in class terms according to their role within the mode of production.

From our previous analysis of the dual form of doctors work i.e. State and private medicine, it appears then that doctors in the State sector in performing their capitalist functions of reproduction do so as part of a labour process. They are, to some extent, controlled, organized and regimented in the same way as worker groups. In contrast, doctors in private clinics maintained a degree of control and autonomy. In these clinics doctors performed their capitalist functions free from the constraints of the labour process.

What complicated the location of Chilean doctors in the class structure was the fact that most doctors spent part of the time working for the State and part of the time in their own private clinics. The hours spent in each sector varied considerably throughout the the profession. However, one can try to

categorize the profession in terms of the constraints they faced in their work situation. Three rather broad groups may be identified:

1. Those doctors who relied predominantly on private work or spent less than 4 hours a day working for the State service. These doctors faced few, if any constraints in their workplace. As a class grouping they were much closer to the bourgeoisie than to the proletariat. In numerical terms (using 1973 statistics) they constituted almost 1000 doctors (out of 5777) or 18% of the profession.<sup>30</sup>
2. Those doctors who divided their time equally between State and private work, spending at least 6 hours a day in the State health service. Unlike the previous group they were much more effected by constraints on their workplace. To some extent however, these effects were mitigated by their private work where they enjoyed full autonomy and control. In Chile, this group numbered around 2,700, representing 46% of the profession.

3. Those doctors who relied totally on the State for employment and income. These doctors were most effected by the nature of the State health service. This group was most likely to be composed of young doctors serving a very long apprenticeship during which they trained to become specialists. On leaving University, in return for receiving a grant from the State to train to become specialists they committed themselves to working at least 7 years full time in the State sector. This commitment often meant working in poorly equipped, small and outlying hospitals. Moreover, it could be as long as 11 or 12 years after graduation before a doctor became a specialist and thereby able to treat private patients. The number of doctors who fell into this category was approximately 2700, out of the total medical population of 5777, which represented 36% of the profession.

1.10 THE RELATIONSHIP BETWEEN CLASS AND POLITICS  
AND THE "PROLETARIANIZATION" OF DOCTORS

There was some evidence which pointed to these segments of the profession adopting a particular political perspective. It could be suggested that these class groupings were at the basis of political competition between groups inside the Colegio Médico. During the Popular Unity period the three main political groups, the National Party, Christian Democracy and Popular Unity most probably received the bulk of doctors' support from groups 1, 2 and 3 respectively. As we shall see there was evidence to suggest that doctors working mostly in the private sector tended to support the Right whereas those working in the State sector, the younger doctors tended to be on the Left.

What does seem to be unquestionable was the effects of the class situation of the younger doctors on their political behaviour. Historically, they were often very radical, but this was especially true during 1970-80. These effects were much more pronounced than on doctors who did not have full time State work. Such were the effects of full time State work that this group of

young doctors almost underwent a process of proletarianization.

The main question to be answered was how far these class positions of the various groups inside the profession actually determined the often very complex and intricate political struggle inside the Colegio Médico.

NOTES

1. Parsons, T. (1954). 'The Professions in the Social Structure' in Essays in Sociological Theory, revised edition. Glencoe Free Press.
2. Mills, C.W. (1965). The Power Elite. New York. Oxford University Press and Friedson, E. (1970). Profession of Medicine. New York. Dodd Mead/TABS.
3. Johnson, T. (1972). Professions and Power. London. Macmillan.
4. Quoted in O'Brien, P. Roxborough, I. and Roddick, J. (1977). Chile: The State and Revolution. London. Macmillan, p 12.
5. Garreton, M.A. 'Partidos Politicos y Democratizacion en el Cono Sur: Notas sobre el Caso Chileno.' Paper presented at the International Political Studies Conference at Rio de Janeiro, Brazil. August 1982.
6. Marx, K. (1962). 'The Communist Manifesto' in Marx-Engels Selected Works. Vol. 1. Moscow. Foreign Language Publishing House.
7. Giddens, A. (1973). The Class Structure of the Advanced Societies. London. Hutchison p177.
8. Olin Wright, E. (1979). 'Intellectuals and the Class structure of capitalist society' in Walker, P. (ed) Between Labour and Capital. Boston. South End Press; and Olin Wright. 'Class Boundaries in Advanced Capitalist Societies'. New Left Review N°98,

- July-August 1976; Hunt, A. (1977). 'Theory and politics in the identification of the working class.' in Hunt, A. (ed) Class and Class Structure. Lawrence and Wishart. Carchedì, G. (1975). 'On the economic identification of the new middle class.' Economy and Society. Vol. 4 N°1. Crompton, R. (1976). 'Approaches to the study of white collar unionism.' Sociology. Vol. 10.
9. Braverman, H. (1974). Labour and Monopoly Capital: the degradation of work in the twentieth century. New York. Monthly Review Press, p. 8
  10. See Olin Wright, 'Class Boundaries in Advanced Capitalist Societies.' New Left Review N°98. July-August 1976.
  11. Braverman op cit p. 301
  12. Johnson, T. 'What is to be known? The structural determination of social class.' Economy and Society Vol. 6 N°3. 1977, p. 218.
  13. O. Wright op cit.
  14. Braverman op cit p. 362.
  15. For a fuller description of these processes see T. Johnson. 'Work and Power.' Chapter 11 p350-67 in Esland, G. and Salaman (eds) (1980). The Politics of Work and Occupations. Oxford University Press.
  16. See Doyal, L. and Pennel, I. (1979). The Political Economy of Health. Pluto Press.

17. This point is also made in the case of teachers by Ozga, J.T. and Lawn, M.A. (1981). Teachers, Professionalism and Class. The Falmer Press.
18. Braverman, op cit.
19. Braverman, op cit pp85-121.
20. Lee, D. (1983). 'Beyond Deskilling: skill craft and class.' in Wood, S. (ed) The Degradation of Work, skill deskilling and the labour process. Hutchinson. London.
21. Ozga and Lawn, op cit p.124
22. Tomlinson, J. (1982). The Unequal Struggle? British Socialism and the Capitalist Enterprise. Methven. London.
23. Elgar, A. (1979). 'Valorisation and deskilling - a critique of Braverman's Capital and Class. N°7. Spring, pp.58-99.
24. Schwarz, B. (1977). 'On the monopoly capitalist degradation of work.' Dialectical Anthropology. Vol.2, N°2 pp.159-67.
25. Note also with the enormous growth of the electronics industry a growing number of new skills.
26. Hart, J.T. Medicine and Society: Review Essay. 1979.
27. Ibid.
28. Silva, P. (1964). Paper presented to Congreso Nacional Cientifica Mexique. 'Medicina Estatal y Medicina Trabajo.'

29. Alvayay, J. (1979). 'Los Comisarios a los Gerentes'. Consejo Regional del Valparaíso del Colegio Médico de Chile. Unpublished article.
30. Jeftanovic, P. (1974). 'Estudio sobre Determinaciones del Arancel del Colegio'. Dept. de Salud Pública. El Colegio Médico de Chile.

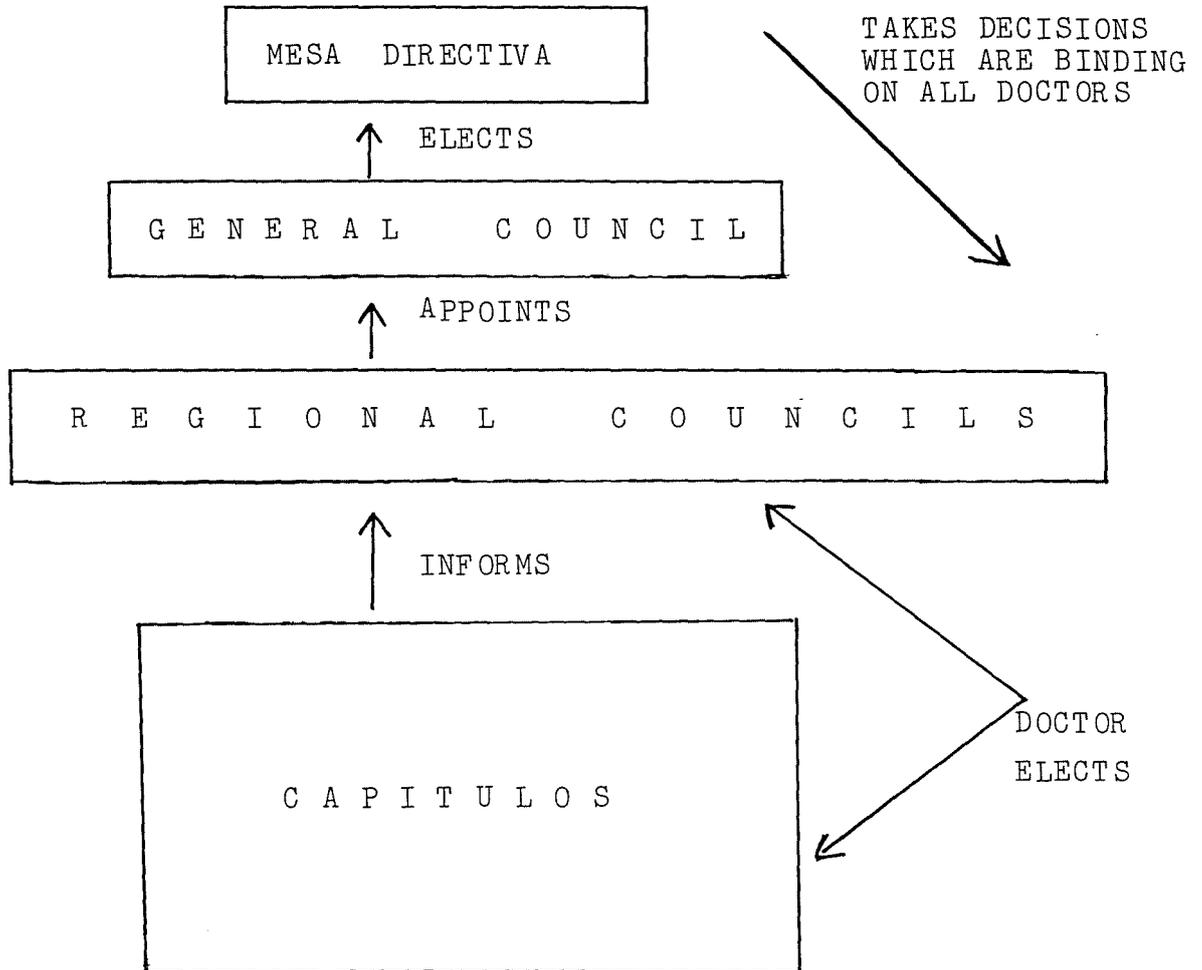
\* Labor Process :

Marx defined work as a truly human activity which differentiated man from animals. He criticized capitalism for preventing human beings from developing themselves through that work. Under capitalism, work was used to make profit. The worker's control and autonomy over his labor was lost as his work became more and more regimented and disciplined. In those conditions his work became part of a labor process. Of all the social classes under capitalism, the proletariat's work situation most resembled a labor process.

C H A P T E R            2

THE COLEGIO MEDICO AND THE  
CHILEAN MEDICAL PROFESSION

The Distribution of Power inside the  
Colegio Médico.



N.B.

1. Elections after 1973 were prohibited.
2. Doctors do not elect either General Council or the Executive Committee of the Colegio Médico.
3. The capitulos resolutions are not binding on either the Regional Council or the General Council.

## 2.1 THE COLEGIO MEDICO DE CHILE

The Colegio Médico was created in 1948 through an act of Parliament. Its structure and powers were fixed by law and any alteration in its character required a change in legislation.

The Colegio was composed of a ruling Consejo General (General Council) based in Santiago, and by Consejos Regionales (Regional Councils) whose headquarters were in Santiago, Puerto Montt, Punta Arenas, Temuco, Talca, Concepcion, Valdivia, Valparaiso, La Serena, Antofagasta, Rancagua and Tarapaca. (See Table 1)

The most important characteristic of the Colegio Médico was that every doctor was legally required to be a member.

## 2.2 THE GENERAL COUNCIL

The ruling council of the Colegio Médico was the General Council which was composed of 20 members. Of these 20 members, 6 were appointed by the Regional Council of Santiago; 3 by the Regional Council of Valparaiso; 2 by Concepcion and 1 each from the remaining Regional Councils. Members of the General Council were not elected by the profession but were

nominated by the Regional Councils. In practice, most of the consejeros on the General Council were Santiago doctors. In a country as large as Chile, doctors from as far apart as Puerto Montt or Punto Arenas were not able to come to Santiago to attend weekly meetings. The only consejeros apart from those of the Regional Council of Santiago who lived in the region which they represented were those from the Regional Council of Valparaiso. The port of Valparaiso was only 2 hours from Santiago by car.

The consejeros on the General Council elected a President, Secretary General, Vice-President and Treasurer from amongst themselves. Those 4 doctors formed the Executive Committee of the Colegio Médico. Doctors in the regions did not elect any of the posts in the Executive Committee.

Each member of the General Council was appointed for a term of office of 4 years. There was no limit on the number of times a consejero was re-elected, nor on the number of times a doctor held any of the posts on the Executive Committee.

To be appointed as a General Consejero, a doctor was required to have practised for at least 5 years. In effect this ruling meant that most of the consejeros were

established, older doctors. These doctors were not paid for serving on the General Council.

## 2.3

REGIONAL COUNCILS

The Regional Councils were composed of 5 members except in the case of Santiago, Valparaiso and Concepcion which had 9, 7 and 7 members respectively.

In contrast to the General Council, Regional Councils were elected by the doctors within their jurisdiction. Candidates however, must still have been doctors for at least 5 years.

TABLE 1: THE REGIONAL LOCATION OF DOCTORS.

REGION	DOCTORS	REGION %
TARAPACA	144	1.70
ANTOFAGASTA	201	2.35
LA SERENA	209	2.45
VALPARAISO	813	9.52
SANTIAGO	5053	59.16
RANCAGUA	264	3.09
TALCA	249	2.92
CONCEPCION	826	9.67
TEMUCO	256	2.99
VALDIVIA	195	2.28
PUERTO MONTT	247	2.89
PUNTO ARENAS	84	0.98
TOTAL	8541	100.00

The Regional Council of Santiago had the largest number of doctors in its jurisdiction 5053 and almost 60% of the total medical profession. Next largest was Concepcion with 826 doctors and Valparaiso with 813. Punta Arenas was the smallest having only 84 doctors in its area, representing barely 1% of the profession.

## 2.4

AFFILIATED ORGANIZATIONS

According to the law of the Colegio Médico, the only legally recognized affiliated organizations to the Colegio were the Federations. These Federations gradually lost importance and were superseded in the 70's by the Capitulos.

Capitulos were hospital based organizations consisting of a minimum of 50 doctors. Each capitulo had its own elected Executive Committee which sent representatives to the National Association of the Capitulos. The relationship between the capitulos and the Colegio Médico was never strictly defined. ( See Appendix ) Capitulos played an important role in both informing doctors at grass roots level of Colegio Médico policy and in turn, advising the Colegio of doctors' opinions. Decisions made in the capitulos

however, were not binding on the Regional Council nor on the General Council of the Chilean Medical Association.

In practice, the capitulos became the industrial weapon of the Colegio. The capitulos organized strikes. Groups also used the capitulos to put pressure on the Colegio Médico to change its policy. This was the case in 1971-73 when the capitulos forced the Colegio Médico to take a political stand against the Government. As René Merino President of the Asociación de los Capítulos during Popular Unity said,

*"capitulos are used in times of war."* 1

## 2.5 ROLE AND POWERS

According to Article 9(b) of the law which established the Colegio Médico, the General Council of the Colegio was to:

*"Considerar las condiciones de trabajo y económicas, tanto de los Servicios Médicos de las instituciones fiscales, semi-fiscales, autónomas y particulares de acuerdo con las modalidades y necesidades de cada región, como de los colegiados*

*que prestan funciones en ellas,  
y proponer a las autoridades  
correspondientes las medidas  
tendientes a que esas condiciones  
sean adecuadas, equitativas y  
justas ."*

The General Council therefore acted as a union negotiator to promote the material well being of the profession. Unlike Britain where wage negotiation between doctors and the State was often devolved to an independent Review Body, bargaining over pay and conditions of doctors in Chile was conducted directly between the Colegio Médico and the Government. In this role the Colegio Médico de Chile acted quintessentially as a trade union.

#### SUPERVISION OF THE ETHICAL BEHAVIOUR OF THE PROFESSION

According to Article 9(a), the General Council of the Colegio Médico was required to

*"velar por el progreso, prestigio y prerrogativas de la profesión y por su regular y correcto ejercicio; mantener la disciplina profesional, prestar protección a los médicos-cirujanos e imponer los preceptos de la ética profesional."*

All Chilean doctors had their field of specialization and their professional experience recorded in the Colegio Médico

register. This register ensured that doctors only specialized in the medicine for which they had been trained. All doctors were required to be inscribed on this register in order to practise.

In Britain, the General Council kept a register of all doctors. This body was completely separate from the British Medical Association which was the doctors' main union. In Chile, both the tasks of the General Council and the British Medical Association were combined in a single organization - the Colegio Medico.

The Colegio Medico investigated all charges brought against doctors on the grounds of malpractice. If the Colegio found a doctor guilty, it could sanction, fine or suspend the doctor for up to 6 months. Such was the power of the Colegio Medico in this matter that a doctor could not appeal to the Chilean courts on a sentence he had received from his Association. Only when a doctor was struck off the Colegio Medico register and was unable therefore to practise medicine could he appeal to the Supreme Court.

## FEE FIXING

Apart from negotiating with the State on the wages of its members, the Colegio Médico fixed the fees a doctor could charge in his private work. These fees were subject to Government ratification.

The Colegio Médico did not fix the maximum fee a doctor could charge a patient. The Colegio was more concerned that doctors should not undercut each other when charging a fee. Thus, the Colegio, at least until 1979 when the law was changed fixed the minimum fee under which a doctor was not permitted to charge.

The Colegio Médico 's power in this matter did not impose any great discipline on doctors' fee fixing. Doctors had considerable freedom to charge above the minimum fee for such extras as night work or home visits.

## 2.6

### THE CHARACTERISTICS OF THE CHILEAN MEDICAL PROFESSION

#### Number

According to the 1979 Colegio Médico census there were 6972 practising doctors. The figure in 1968 was 5027, thus the medical population had increased by over

35% in 10 years.

This increase would have been substantially higher had it not been for the large number of doctors (1125) registered as having emigrated. In 1968, only 329 doctors emigrated. The reason for the large increase in the number leaving the country was political. Many doctors left Chile after the coup as a result of political persecution. In normal times, Chile, unlike many other Third World countries did not face the problem of doctors emigrating to developed countries such as the U.S.

TABLE 2: THE NATIONAL MEDICAL REGISTER UP TO 30th  
JUNE 1979.

Source: Colegio Médico de Chile.

<u>ACTIVE</u>	
In active service.....	5881
Retired doctors but working.....	333
Retired doctors working unpaid.....	19
Only in private practice.....	236
Retired doctors in private medicine.....	503
<u>PASSIVE</u>	
Doctors abroad.....	1125
Retired.....	421
Retired without information.....	222
Non-practising.....	18
Without a post.....	57
Unpaid employee.....	1
No information.....	<u>1490</u>
	10306

DEMOGRAPHIC CHARACTERISTICS OF THE CHILEAN  
MEDICAL PROFESSION

The Chilean medical profession was predominantly young, overwhelmingly male and almost totally composed of Chilean nationals.

TABLE 3. DISTRIBUTION OF DOCTORS ACCORDING TO DATE OF BIRTH

Source: Colegio Médico de Chile 1980

Year of Birth	N° of Doctors	As a % of the profession
1900 or before	151	1.77
1901-1905	240	2.81
1906-1910	444	5.19
1911-1915	522	6.11
1916-1920	524	6.14
1921-1925	441	5.16
1926-1930	623	7.30
1931-1935	621	7.27
1936-1940	904	10.58
1941-1945	1216	14.24
1946-1950	1621	18.98
1951-1955	1230	14.40
1956 or later	4	0.05
T O T A L	8541	100.00

Almost 45% of the profession in 1979 were under 40 years of age. This was due to the increased intake of medical students in the late 60's and early 70's. It was a percentage which is likely to increase until 1984, when the numbers leaving University will be reduced.

TABLE 4. DISTRIBUTION OF DOCTORS ACCORDING TO SEX

Source: Colegio Médico de Chile

SEX	N° OF DOCTORS	AS A % OF THE PROFESSION
male	7462	81.37
female	1709	18.63
TOTAL	9171	100.00
Without details	10	

Chilean society was even more male-dominated than Europe or America. Thus, very few doctors in Chile were women. There is some evidence however, which pointed to a slight increase in women among medical students. Nonetheless, the dominance of the

male doctors was formidable. It is worth pointing out that in May 1980, not a single Regional or General Councillor in the Colegio Médico i.e. amongst almost 100 representatives, was a woman.

TABLE 5. NATIONALITY OF DOCTORS

Nationality	N° of doctors	As a % of the profession
Chilean	8938	97.46
Others	233	2.54
TOTAL	9171	100.00

Source: Colegio Médico de Chile 1980

#### Class

Chilean doctors were predominantly from the upper and middle classes. Claudio Sépulveda studying the occupations of fathers of the 264 first year students in the School of Medicine in the Universidad de Chile in 1970 found that 70%

were managers and professionals and white collar collar workers. Very few had a father who was a manual worker and not a single one was a peasant. <sup>2</sup>

DISTRIBUTION OF DOCTORS WITHIN CHILE

TABLE 6. WORKING LOCATION OF DOCTORS

Source: Colegio Médico de Chile

WORKPLACE BY REGION	N° OF DOCTORS	AS A % OF THE PROFESSION
I	141	1.64
II	206	2.40
III	73	0.85
IV	143	1.67
V	837	9.75
VI	282	3.28
VII	248	2.89
VIII	827	9.63
IX	260	3.03
X	393	4.58
XI	34	0.39
XII	78	0.91
Metropolitan Area	5064	58.98
TOTAL	8586	100.00
Without details	595	

Table 6 shows that most Chilean doctors worked in the main conurbations of Santiago, Valparaiso and Concepcion i.e. Regions V and VI and the Metropolitan Area.

The effect of this concentration of doctors in Chile's conurbations was that rural populations had less access to doctors. While in Santiago the doctor:patient ratio was 1:810 in some regions of Chile, the ratio was as high as 1:3040.

Some attempts had been made to alleviate this uneven distribution of doctors. For example after 1952 the post of médico general de la zona was created which required newly graduated doctors to practise general medicine in the outlying regions of Chile for several years. Moreover, it was forbidden to recruit doctors for the Santiago, Valparaiso or Concepcion areas if they had less than 5 years experience. Furthermore, a higher wages scale was introduced for doctors who were prepared to work en provincia.

This scheme was widely recognized as insufficient. Studies revealed that in the poorly populated areas of Chile, many people had their health care needs unmet or engaged in self medication.<sup>3</sup>

### Specialization

A high degree of specialization existed within the Chilean medical profession.<sup>4</sup> Unlike Britain, there were very few general practitioners. The only comparable medical job in Chile to the British G.P. was the aforementioned Médico General de Zona. This however, was a job used by young doctors as

a stepping stone to their chosen speciality. The reason for this high degree of specialization was that many doctors adopted a speciality in order to be able to practise privately. The money earned from private patients compensated Chilean doctors for their generally low State wages.

## 2. 7

THE CHARACTERISTICS OF CHILEAN DOCTORS' WORK

There were 3 main areas in which doctors worked:

1. The State sector
2. The completely private sector
3. Part private and part State sector

In Chile a tiny fraction of the medical population worked completely in the private sector. The vast majority worked either totally as State employees or as part State employees and part liberal professionals.

Doctors working in the private sector

In 1968, 55% of the total practising members of the profession worked privately. <sup>5</sup> Thus, 45% of the profession were full time State employees. It is safe to

assume similar percentages for the 70's.

The older a doctor was, the more likely he was to practise privately. Almost all of the doctors who were full time State employees were young doctors who from the time they left university until they became specialists were generally unable to treat private patients.

Doctors' private work consisted of treating private patients or SERMENA patients in their own clinics. SERMENA patients, unlike private ones only paid part of the fee to the doctors. The rest of the cost of the treatment came to the doctor from a State supervised fund. Private work of this kind was normally carried out after their work was completed in the State sector. Normally the State work was performed in the morning, leaving the rest of the day for private patients.

Some private work was undertaken in hospitals but the majority of work consisted in treating ambulatory cases or visiting patients in their homes.

#### Hours worked in the private sector.

Taking 1973 as a typical year 2,668 doctors spent 6 hours a day in the State sector. <sup>6</sup> Less than 1,000 doctors spent less

than 5 hours a day in the State sector. For the rest of the day's working hours these doctors were in their private clinics.

In contrast, 2,072 doctors worked 8 hours a day in the Servicio Nacional de Salud. These doctors did not practise privately. They were mainly young doctors in the process of specialization. (See Table 7)

TABLE 7. THE NUMBER OF HOURS DOCTORS WORKED THROUGHOUT THE COUNTRY IN DECEMBER 1973 INSIDE THE STATE HEALTH SERVICE.

Number of total medical hours	Number of medical hours per day	Number of doctors
1	1	1
460	2	230
30	3	10
2920	4	730
70	5	14
14008	6	2668
77	7	11
16576	8	2072
328	8 and more*	41
TOTAL: 34,470		5777

\* This group refers to full time Servicio Nacional de Salud doctors who worked as State health administrators.

Source: Servicio Nacional de Salud 1973.

Income differential between public and private work

Table 8 reveals that the income a professional derived from his private practice was much greater than that from his public work. In 1972 for example, the percentage of total income derived from the State which went to the profession as a whole was only 28.3%. Thus, 71.7% of total income was derived from private work. This figure slightly underestimates the income from the State sector. A small increase needs to be made in order to take account of certain State incentives which accrued to the doctor. Taking this into consideration, on average only 30% of doctors' income came from the State.

TABLE 8. MINIMUM TOTAL DAILY INCOME OF DOCTORS  
( E° = ESCUDOS OF MAY-JUNE 1968)

YEAR	STATE MEDICINE	% OF TOTAL	PRIVATE CONSULT- ATIONS	% OF TOTAL	TOTAL
1966	E° 61,4	11.5	E° 470,4	88.5	E° 531.8
1967	62.2	14.6	363.6	85.4	425.8
1968	76.4	22.6	262.3	77.4	338.7
1969	68.0	19.7	277.4	80.3	345.4
1970	98.4	20.7	377.4	79.3	476.1
1971	113.7	20.2	451.3	79.8	565.0
1972	109.4	28.3	277.4	71.7	386.8
1973	63.6	19.9	256.5	80.1	320.1

Source: Servicio Nacional de Salud 1973

It must be emphasized that these figures applied only to total doctors' incomes. They do show however, that the distribution of income between doctors who worked in the public and private sector was very unequal.

#### Distribution of total private income

The distribution of private income amongst the 55% of the profession who worked partly in the private sector was not precisely known. "Private income" can be defined as income derived either from treating private or SERMENA patients. Taking SERMENA patients alone, it was clear that private income was distributed unevenly. In 1971 of the 2,631 doctors working in SERMENA only 144 doctors earned more than E° 399,000 while 1,822 earned less than E° 100,000. These figures pointed to a highly paid professional elite earning high salaries through this semi-private source. The existence of this medical elite however cannot be accurately determined since no statistics were available for the distribution of income in private medicine.

CONCLUSION

The Chilean medical profession was extremely heterogeneous. It was divided in terms of income and specialization. Taking income alone, the profession appeared to be split between a young, poorly paid State employed segment, and an older, better paid and more private medicine-oriented group. However, even the latter groups which received most of their income from private patients worked predominantly in the State sector.

NOTES

1. Interview 6.
2. Quoted in Chanfreau, D. (1976). 'The ideology of the Chilean medical profession and its influence on the health care system of Chilean society.' M.Sc. Bedford College, London.
3. Amongst the huge interaction on the unequal distribution of health resources in Chile see Goic, A. (1979). 'Fundamentos Médicos de una Organización social de la Medicina.' in Montes, H.L. (ed) (1979). Desarrollo Social y Salud in Chile. Corporación de Promoción Universitaria, Santiago and DeKadt, E. (1973). 'The Distribution of Health in Chile.' Institute of Development Studies, University of Sussex, and Hall, T. (1970). Recursos Humanos de Salud en Chile: un modelo de analisis. Ministerio de Salud Pública, Santiago.
4. On overspecialiation of Chilean doctors see Venturini, G. and Palma, C. (1979). 'Características de la Formación Médica Chilena y su Relación con el Sistema de Salud.' in Montes, E. (ed) (1979). op cit pp197-216.
5. Hall, T. op cit pp180-186.
6. Tables 7 and 8 are reproduced from Jeftanovic, P. (1974). 'Estudio sobre la Determinación del Arancel de Honorarios del Colegio Médico de Chile.' Colegio Médico de Chile, Depto. de Salud Pública.

C H A P T E R

3

THE HISTORY OF THE MEDICAL PROFESSION

## THE HISTORY OF THE MEDICAL PROFESSION

### 3.1 THE CHILEAN PROFESSION AND THE STATE

Unlike other medical professions throughout the world, the Chilean medical profession welcomed the extension of the State's role in the country's health service. In 1936, a medical convention of AMECH, the main doctors' association at that time, approved a plan to establish a national State health service, which would provide free health treatment from State employed physicians. Throughout the 40's AMECH consistently pursued this policy. The setting up of the Servicio Nacional de Salud (S.N.S.) in 1952 was largely the result of its endeavours. In this new State organization, over 70% of the population qualified to receive free health care. The establishment of this huge State organization transformed Chilean doctors from liberal professionals into predominantly State employees. From 1952 only a minute fraction of the profession did not devote some time to Servicio Nacional de Salud work.

The profession supported the Servicio Nacional de Salud for several reasons. Doctors saw the service as a

solution to Chile's chronic health problems as represented by a relatively low life expectancy and a high infant mortality rate. The profession had a reputation of being progressive at this time. Doctors were often at the forefront of all reform in Chile in the 1920's and 30's . The radicalization of the profession was undoubtedly caused by the nature of their medical work. Doctors at first hand could see the link between poverty and illness. Prior to commencing their medical training students with their middle class backgrounds had little first hand knowledge of the deprivation of the Chilean lower classes . These experiences did much to radicalize young doctors. Indeed, this experience of the living conditions of the poor converted Salvador Allende as a young medical student to socialism.<sup>1</sup>

The Servicio Nacional de Salud was also attractive to doctors from a technical point of view. In the 30's and 40's Chilean private health establishments failed to keep pace with the latest developments in medical science. These private establishments could not afford the costly and highly sophisticated machinery now necessary to provide the most efficient health care.

Only the State possessed the necessary finance to create a highly technical service which could provide doctors with the most up to date scientific techniques.

Moreover, the Servicio Nacional de Salud by fusing the various private and semi-private agencies of the period would bring a welcome co-ordination and planning to the health sector. Both patients and doctors were haphazardly dispersed in a wide variety of establishments. For instance, many doctors worked part time in the Beneficencia Publica originally a Church run charity which was now controlled by the State. In the Beneficencia doctors would treat insured workers who obtained free treatment in the scheme. Their families however, received treatment from a different scheme in a different health establishment. The doctors had to leave the Benificencia to go to the other establishments in order to treat these patients. This meant that the doctor's working day was chaotically spent in several different locations for a few hours each day. The travelling involved was so great that the medical profession were called the "taxi-doctors".<sup>2</sup>

By offering grants to students the Servicio Nacional de Salud additionally

provided the conditions in which doctors on leaving university could develop their scientific knowledge. These grants gave students the opportunity to become specialists. Money too, for doctors to attend scientific conferences abroad, or to work in foreign hospitals learning from the top doctors in the world, was to come from the Servicio Nacional de Salud.

In material terms too, doctors benefited from the Servicio Nacional de Salud. First, and as a condition for AMECH accepting the new service, doctors were given their own professional college. By law all doctors were required to belong to this college in order to practise medicine. It was felt that without a strong gremio, doctors would be defenseless against the new huge State organization. Doctors had previously suffered financially in the face of multiple employers because there was no united medical union to protect the interests of the profession as a whole. There was only a whole group of voluntary federations, the most powerful of which, but by no means all powerful was AMECH (Asociacion Médicos de Chile). Thus the Colegio Médico, set up in 1948 prior to the Servicio Nacional de Salud represented a

considerable victory for the profession. At last, united in their own gremio, the medical profession would be able to improve its standard of living.

The most notable victory for the doctors however, prior to the Servicio Nacional de Salud was the Estatuto Médico funcionario. This was a type of State contract which gave the doctors not only a job on leaving University, but a professional career. Previously doctors left University with no guarantee of a job. In desperation to find work, they were employed by private or charitable hospitals for miserable wages. This contract ended the prospect of unemployment and low wages. The wage for this scheme was considered to be so high that the Estatuto became nicknamed as the Estatuto de Médico Milionario.<sup>3</sup> Moreover, the Estatuto gave doctors the incentive of the asignaciones; that is, doctors' wages would automatically increase with the number of years that they belonged to the Servicio Nacional de Salud.

Finally, the Servicio Nacional de Salud did not commit the doctor to relinquish his private practice altogether. Doctors were given 6 hours a day contracts in the Servicio Nacional de Salud. Once

they had completed this work, they could practise privately. The official reasoning behind giving doctors only 6 hours work in the Servicio Nacional de Salud was that doctors needed the remainder of the day to study.

From all these perspectives, the Servicio Nacional de Salud represented a victory for the profession. It defended the profession against exploitation by both private capital interests and its new State employers.

### 3.2 THE MEDICAL REACTION TO THE STATE

The Statist tendency inside the profession as typified by Allende, was dominant throughout the first half of the century. But in the 60's a reaction to this tendency began to develop.<sup>4</sup> Instead of seeing "medicina funcionaria" as the solution to health problems or to problems afflicting the profession, groups of doctors canvassed support for the principle of "libre elección" i.e. the freedom for the patient to choose his doctor and pay a fee for his treatment directly to the physician.

This new ideology challenging for the first time the dominant socialist one, reflected changing modes in health treatment. A new approach emerged in health care as more doctors were trained in the U.S. This stressed

the need for high technology equipment moving the pendulum away from preventative care to a more costly curative style of treatment. In 1959, the Servicio Nacional de Salud was reorganized. The base of its operations became the hospital complex rather than, as had existed since 1952, the local health clinic. With these changes came different assumptions about collective and public health treatment. A more private and individualist form of care was emphasised. The independent doctor/patient relationship was the foundation of this new model. This thinking threatened the dominant notions about the role of the State in health organization. For in this "libre elección" the State was not to interfere in the transaction between patient and doctor.

### 3.3 CRISIS IN THE SERVICIO NACIONAL DE SALUD

The struggle between the "Statist" and this "libre elección" tendency in the 60's was conducted in the context of a crisis in the Servicio Nacional de Salud. Initial optimism that the service would be modern, efficient and capable of providing the best possible treatment for the patient as well as giving the doctor excellent job

opportunities began to evaporate. Fiscal crises caused by high inflation led to chronic under-budgeting of the State health service. Servicio Nacional de Salud patients received good treatment when they could get it; but access to consultations was difficult. Demand outstripped supply. Patients waited hours to see doctors. Many were turned away. There were never sufficient doctors, nurses, beds etc. to cope with the health needs of an ever increasing population. There were 19.5% more doctors in 1962(3,161) than there had been in 1952(2,645).<sup>5</sup> However, taking alone the number of consultations for pregnant mothers, there were 283,000 in 1952, but a staggering 937,000 in 1961, an increase of 231% in 9 years (see table 9)

TABLE 9: INCREASE IN CONSULTATIONS INSIDE THE  
SERVICIO NACIONAL DE SALUD.

Source: Servicio Nacional de Salud 1962.

Treatment	1952	1961	% increase in the 9 years	% average annual increase
Consultations for pregnant mothers	283,000	937,000	231	25.7
Litres of milk distributed	14,100,000	67,818,090	380	42.2
Child consultation	1,065,366	3,169,894	198	22.0
Total medical consultations	4,617,763	7,446,000	62	6.5
Hospital admissions	360,879	593,779	63	7.0
Prescriptions	15,239,000	20,568,000	35	11.7
X -Rays	571,980	854,416	49	5.4
Laboratory examinations	1,130,500	1,788,907	58	6.5
Number of doctors	2,645 (in 1954)	3,161 (in 1962)	19.5 (in 8 years)	2.4

Doctors had to treat huge numbers of patients with inadequate facilities. There was no per capita list system as in Britain. Patients came to the hospitals or clinics to be treated by any doctor who happened to be on duty. Doctors, thus, were as anonymous to their patients as their patients were to them.

Deteriorating working conditions were matched by falling wages. Doctors' salaries never kept pace with inflation. Governments in the 50's resolved many of their fiscal crises by paying doctors less than their contracts demanded.

The Regional Council of the Colegio Médico of Valparaiso calculated that the value of a doctor's wage in 1961 was only 38.52% of its 1951 value.<sup>6</sup> The State assumed that these wages were supplemented by private work so that a wage cut for doctors was not so serious as it would have been for groups such as nurses who had no private income source. Many of these decisions were political, trying to place the burden of health care away from the State onto the private sector.

### 3.4 THE PROLETARIANIZATION OF YOUNG DOCTORS

Government policies towards the Servicio Nacional de Salud and payment of its personnel created much discontent amongst the younger members of the profession who had no private income. They had to wait at least 8 years after graduating before they were able to practise as specialists and offer their services for a fee.

Their reaction was not one hostile to the State service, but rather one which favoured its extension. They did not want a Servicio Nacional de Salud for only the poorer members of Chilean society for that would have meant a third rate type of medicine. Rather, they sought a unified service which would cover all income groups. These doctors, the products of an impoverished State sector, were becoming "professional proletarians". Many scientific studies in the 60's were devoted to the plight of these doctors.<sup>7</sup> They were the heirs of the Statist generation of Allende, Jiron and Sotero del Rio, the leaders of the Colegio Médico in the 50's.

This group was opposed by the more established doctors who had utilized the Servicio Nacional de Salud to develop

themselves into specialists and who were now profiting by working in their private clinics. These doctors saw that this extension of the Servicio Nacional de Salud to incorporate sectors of the population who would normally go to the private sector would greatly threaten their incomes. Thus, a split developed within the profession: on the one hand, the mostly young doctors supporting medicina funcionaria and the dominance of the State in Chilean medicine; and on the other, the more established members of the profession arguing for greater opportunities for "libre elección."

This struggle engulfed the Colegio Médico, particularly in the 60's. Until then the Colegio was controlled by the "Statist" tendency but gradually, it became more ambiguous in its support of the Servicio Nacional de Salud and by early 1960, its Department of Public Health was tentatively suggesting the development of "libre elección" in other private organizations to alleviate the effects on doctors' wages of the financial squeeze in the Servicio Nacional de Salud.

Politically, the leadership of the Colegio Médico moved to the Right. Its President, Ruperto Vargas Molinare (1957-63) supported Alessandri the conservative

President of Chile. It was this stance and refusal to use the Colegio to put pressure on the Government for an increase in wages and conditions that produced the impetus for the formation of FEMECH (Federación Médica de Chile).

FEMECH represented the interests of Servicio Nacional de Salud oriented doctors. Their struggle with the Government was to achieve higher wages and better working conditions inside the Servicio Nacional de Salud. The President of FEMECH was a member of the Socialist Party, W. Inostroza and the Secretary General was a Christian Democrat, A. Goic. This alliance between Socialists, Communists and Christian Democrats reflected the socialist orientation of the mainly young doctors. Their movement began with regional and national elections, after which a list of demands was submitted to the Alessandri Government. This was rejected and the doctors began protest action. Initially this took the form of doctors refusing to sign birth and death certificates or sick lines. It thus became known as the "pen strike". But with the Government remaining intransigent, action was stepped up and a strike (which was to last for 6 weeks) began. In these actions they received

the support of the Health Workers' Union, FENATS, and the solidarity of the CUT, the Chilean Trades Union Congress.<sup>8</sup>

The Colegio Médico refused to endorse the strike. It claimed that it was politically motivated. Its relations with FEMECH became strained.<sup>9</sup> In "Accion Médica" the official journal of FEMECH many of the articles were openly critical of the Colegio Médico. In this journal grave doubts were expressed about the Colegio's capacity to fight for doctors' interests. As Raul Vicencio Lopez argued:

*"How could a group of ageing men in the General Council, who still addressed each other as "honourable councillor", be in the vanguard of a struggle for better wages and conditions." 10*

The leaders of the Colegio Médico thus felt threatened. FEMECH was a rival which had strong support within the medical profession. Its leaders were directly elected, whereas the consejeros in the General Council were only elected indirectly through their Regional Councils.

FEMECH's action however, proved to be a total failure. None of FEMECH's demands were met. The press and radio had been largely unsympathetic. The reaction of the public was hostile.<sup>11</sup> More importantly the

Alessandri Government was completely unmoved.

The effects of the struggle inside the profession were considerable. The failure of FEMECH's strike action strengthened the hand of the anti-"Statist" tendency. Many doctors who had gone on this fruitless strike felt bitter towards the Servicio Nacional de Salud, and began to feel that they would never receive the income they deserved from their State employers. This group began to feel that their material situation would only be improved by moving outside the State.<sup>12</sup>

At the same time the FEMECH strike had come as a shock to the anti-"Statist" tendency. One of its leaders, Patricio Silva had refused to go out on strike. He was concerned that the State health service was having a "proletarianizing" effect on the profession.<sup>13</sup> He believed that FEMECH had chosen strike action, normally the weapon of the working class, because doctors, and especially young doctors, were becoming more like proletarians. Unless this process was halted, he argued, the profession would become dominated by the Left. However, as Silva admitted, the chances of halting the State's advance in the Chilean health service appeared slim. The growing costs of seeking a

consultation in the private sector meant that fewer people would be able to afford to pay for their own health treatment and would thus be compelled into the State system.<sup>14</sup>

Throughout the 60's, P. Silva, now the Director General of the Servicio Nacional de Salud and his colleagues worked on a plan which amongst other things would defuse the Left wing militancy of the young doctors.<sup>15</sup> This scheme involved providing health care for empleados who until now had gone privately for health treatment but were now finding it increasingly difficult to pay for such care. Instead of incorporating this group into the State system, this plan allowed empleados and their families to receive treatment under their own separate scheme, receiving better and quicker care in the "pensionado" ward, rather than in the "sala comun" of the working class. When they went for treatment part of the cost was met by the empleado but the substantial proportion was paid from the common fund. Empleados contributed one per cent of their salary to this fund. Instead of paying the Servicio Nacional de Salud institution or even the whole hospital staff, the fee went only to the doctor. Thus SERMENA provided the doctor with

an additional income. Doctors could benefit from SERMENA almost immediately on leaving University (2 years after graduation) instead of having to wait until they were specialists before they could supplement their meagre Servicio Nacional de Salud wage.

How far this prevented the "proletarianization" of the profession and subdued the demands for an extension of the State's role in medicine amongst the young doctors of the profession is debatable. SERMENA was grossly under-financed and the fees given to the doctors were considerably less than they would have received privately. Moreover, SERMENA patients only represented 1 in 5 of every potential patient i.e. 20% of the population. Doctors were still predominantly involved with Servicio Nacional de Salud patients. Unlike Servicio Nacional de Salud patients, SERMENA patients could choose their doctor, and naturally they tended to pick the more established doctors. Nevertheless, SERMENA represented the victory of "libre elección" over the "Statist" tendency in the struggle inside the profession.

CONCLUSION

The miserable working conditions of practising first in a plethora of private and semi-private agencies prior to the setting up of the Servicio Nacional de Salud in 1952, and the continuation of these conditions even with the Servicio Nacional de Salud through the 50's and 60's tended to "proletarianize " a large segment of the profession.

This group consisted of mainly young doctors who had no access to private medicine and thus ,no defence against the constraints of both private and State capital. These constraints signified a deteriorating work situation for young doctors. Faced with the lack of instruments and materials to utilize their scientific skills on the one hand, and the huge demand placed on these skills on the other, these young doctors became increasingly resentful.

This was the "class" base for the formation and ultimately the strike action of FEMECH in the early 60's. This group was overtly Left wing, demanding militant action to extend the State service and to end its financial dependence on the vagaries of the capitalist system.

The other side of the profession, the established doctors who received the substantial part of their income from their private practices, who were under the constraints of neither capitalist nor State capitalist institutions, developed an opposing response to the problem. They urged the reduction of the State's role in health care, which they condemned as inefficient and over-bureaucratic, and advocated the opening up of the private sector to tap this newly released population. In the short term, they proposed increasing the scope of SERMENA to bring more groups under its protective wing and in the process, give doctors greater opportunities to work under a "libre eleccion" system.

The Colegio Médico could not support either side for fear of alienating one group. The General Council consejeros in the late 60's tended to represent the "Statist" view on health care but they believed SERMENA to be a worthwhile experiment which did not jeopardize the leading role of the Servicio Nacional de Salud.

In a sense the Colegio Médico reflected the ambiguity on SERMENA itself: was it to be a temporary measure to be discarded once the Servicio Nacional de

Salud was able to absorb more groups like the empleados, or was SERMENA the beginning of a gradual privatization which would extend to the working class when it became more able to pay for its own health treatment?

NOTES

1. Interview with Allende in Modell, H. and Watzkin, H. (1974). 'Medicine, socialism and totalitarianism, lessons from Chile.' New England Journal of Medicine July 291(4), pp.171-1977.  
 Landau: "What was your first contact with Marxism and how did you become a Marxist?"  
 Allende: "The first came from the unrest as University students.... Above all, the medical student and doctor face head-on very close social facts. We learned very quickly that the greater the disease, the greater the poverty, the greater the poverty, the greater the disease- an axiom that inexorably repeats itself. "
2. Interview 5.
3. Interview 5.
4. Chanfreau, D. (1976). The ideology of the Chilean medical profession and its influence on the health care system of Chilean society.' M.Sc. thesis. Bedford College, London.
5. Jimenez, P. (1962). 'Cuales son los beneficiarios del Servicio Nacional de Salud.' Cuadernos Médico -Sociales Vol.111 N°2. September pp.5-9.
6. 'Estudio de Anteproyecto de Reforma de la Ley 10.223 del Departamento de Acion Gremial del Consejo Regional Valparaiso.' quoted in Accion Médica. Organo Oficial de la Federacion Médica de Chile. Santiago. N°1 Octubre 1961.

7. Silva, P. (1964). 'Medicina Social y Trabajo Médico.'  
Paper presented to the South American Health Congress  
held in Mexico City. Quoted by the author.
8. Interview 20.
9. Interviews 4 and 23. See also 'Manifiesto a la Opinión  
Pública y al Gobierno.' El Mercurio. Jueves 7 de Dic.  
1961.
10. Vincencio Lopez, R. (1961). 'La Federación de Médicos y  
el Colegio Médico de Chile.' in Acción Médica op cit.
11. Interview 23.
12. Interview 3.
13. Interview 7.
14. Silva, P. op cit.
15. Interview 7.

## C H A P T E R

4

DOCTORS UNDER THE SCALPEL:THE ANTI-DOCTOR  
CAMPAIGN DURING POPULAR UNITY.

## INTRODUCTION

The Popular Unity Government was not revolutionary. From 1970 until the coup in September 1973 Popular Unity's political and economic strategy was consistently reformist. This strategy assumed that socialism would not be achieved during the lifetime of Popular Unity. As Salvador Allende stated when choosing his first cabinet,

*"The future government of Chile will not be a socialist government: it is unscientific to maintain the contrary." 1*

Likewise, Popular Unity's health policy was not revolutionary. It marked a continuation of previous Christian Democrat policy in the health service. Private medicine was not to be outlawed. The existing health structures (aside from some extension and improvement) were to remain the same.<sup>2</sup>

However, even though Popular Unity was an apparently reformist Government pursuing little more than a progressive health policy, the bulk of the Chilean medical profession became opposed to the Government. As early as September 1971, only one year after Allende's triumph, the majority of the profession had rejected the Government's health policy. It was puzzling that a group

occupying a contradictory class location should display considerable unity, not to mention speed in opposing the Popular Unity Government. Why did a profession which, according to a visiting American physician, had always been in the vanguard of social change, now oppose a progressive Government? <sup>3</sup>

One of the answers to this puzzle lay in the behaviour and actions of the more radical groups within the Popular Unity coalition. While the utterances of Allende himself and the Popular Unity programmes could never be interpreted as anything but reformist, the behaviour of other groups within the coalition was much more radical. These more radical groups never succeeded in winning over the rest of Popular Unity to their positions but they, with the support of the Movimiento Izquierda Revolucionaria outwith the Popular Unity coalition continuously pushed the Unidad Popular Government to adopt more radical policies.

This radical group's behaviour was at odds with the official posture displayed towards the medical profession which emphasized dialogue and compromise. This behaviour did not emerge in the last few months of Popular Unity as the Chilean Left generally became radicalized;

from the very beginning these radical groups were influential and highly vocal.

The relationship between these radical groups and the medical profession was crucial in understanding why the majority of the medical profession moved against Popular Unity as early as the first year of the new Government.

In this chapter we will examine the behaviour of these radical groups within Popular Unity towards Chilean doctors and assess how far their behaviour explained why the majority of the profession became Government opponents. In the final year of Popular Unity doctors' reactions to the Government have to be set in the context of the economic crisis which began to effect the health service. In the final section of this chapter we will examine the effect of this crisis on the health service itself and on doctors' incomes.

4.1

POPULAR UNITY STRATEGY TOWARDS THE MIDDLE  
CLASSES AND THE MEDICAL PROFESSION

Official Popular Unity strategy saw the middle classes as a crucial factor in the "Chilean Road to Socialism" .<sup>4</sup> This road was to be peaceful. Instead of smashing the bourgeois State, socialism was to be achieved by working within the existing bourgeois institutions and practices . All the legalistic and constitutional norms, parliamentary democracy, the Armed Forces and the judiciary were to be respected and safeguarded. Bourgeois institutions were to be transformed by creating mass opposition. Faced with overwhelming numbers, the capitalist class would refrain from using violence. It was this need for mass support that made the winning over of the middle classes to socialism so crucial for the success of this strategy. The working class by itself, did not constitute more than 50% of the electorate. Thus, this strategy stressed the importance of alliances between the working and middle classes.

Popular Unity's multi-class programme was not the preserve of the proletariat. It identified the enemies as the monopolists, latifundists and large owners of

wealth. Sharing no objective interests with these groups, the middle classes would benefit from the expropriation of their wealth.

The medical profession, like other middle class groups had to be offered material incentives to encourage it to accept the changes in the health service. Doctors had to be assured that the new revolution would not affect their financial position. They had to be brought into line with the revolutionary process through alliances with the working class and encouraged to be involved in health policy decisions.

## 4.2

POPULAR UNITY HEALTH POLICY

Despite the setting up of a State health service in 1952, the Chilean service at the time of Popular Unity was still characterized by gross inequality. Only 40% of total health expenditure went into the public sector despite between 80 and 90% of the population being dependent on the State. All the other expenditures were in the private sector. As a result, many of the poor, the rural dwellers who lived outside the few large towns in Chile and those without social security provision had their health needs unmet.<sup>5</sup> Gross discrimination also existed between workers and empleados. Because they

paid for part of their treatment, empleados with the setting up of SERMENA in 1968 received swifter and better health care. Meanwhile those members of the Chilean upper classes who paid the full cost of their treatment privately received the most modern and best health care. The paradox was that those 80-90% of the population who had difficulty in obtaining health treatment were those in most need of health care.

The Servicio Nacional de Salud had also not developed the most appropriate type of health system. The original Servicio Nacional de Salud project had envisaged that the local health centres would be the principal vehicles for supplying health care to the population. However, a law passed in 1959 replaced these health centres with hospitals. The dominant philosophy moved from preventative to curative medicine as medical care became concentrated in capital and skill intensive modern hospitals. However, the weapons the Western capitalist form of medicine forged were inappropriate in combatting the main causes of Chile's high mortality rate such as diarrhoea and pneumonia.

Moreover, the State service, the Servicio Nacional de Salud, was under severe pressure to cope with a constantly rising

demand. For instance, from 1955 to 1970 the number of consulting hours available had increased by 30%. However, the number of patients seeking consultations and treatment had increased by 120%.<sup>6</sup>

The result was that Servicio Nacional de Salud patients had great difficulty in receiving treatment. Queuing was normal practice. This process would begin at 6 in the morning for a surgery which commenced two hours later. Patients had no opportunity to choose their doctors; they simply had to see the doctor who happened to be in charge on that day. It was commonplace for Servicio Nacional de Salud patients to be turned away without receiving treatment, or to be given appointments months or even years in the future.

Popular Unity's solution to the problem was an enlarged Servicio Nacional de Salud which would provide health care to SERMENA patients too. This Servicio Unico de Salud would be more generously financed than the Servicio Nacional de Salud in order to incorporate these additional patients. It was hoped that the Servicio Unico de Salud would reap the benefit of greater economic growth and the higher income levels of the working

class. For these reasons it remained a long term goal.

Allende emphasized that the Servicio Unico de Salud was not to be imposed overnight. As he declared,

*"He dicho que el socialismo no se impone por decretos, ni se propicia por un día, ni vamos a empezar por la medicina. Hay problemas más urgentes en la economía, que debemos resolver primero y que son mucho más decisivos, y que van a permitir hacer medicina. No sacaríamos nada con crear una medicina única si no hay ingresos, si no hay elementos ni personal, sería absurdo....." 7*

In the meantime, democratization was put into effect inside the Servicio Nacional de Salud to improve patient access, to discuss how campaigns for better health care and health education be made more effective, and to generally impress on the population the need for preventative medicine. Seasonal campaigns against pneumonia and diarrhoea were started. Also more emphasis was put on health centres in an attempt to decentralize health care away from the large capital intensive hospitals and in the words of Allende,

*"to bring health to the doorstep of the worker and his family. " 8*

Attempts were begun to utilize existing State resources to the maximum. State hospitals and clinics which had previously closed at 2pm, were now kept open. Some clinics offered a 24 hour service. This meant increasing Servicio Nacional de Salud personnel. Doctors were offered material incentives to give up their private practices and to work longer hours in the Servicio Nacional de Salud. Contracts were offered to overseas doctors to work in Chile. More responsibility was given to final year students. Retired doctors were reincorporated into the Servicio Nacional de Salud.<sup>9</sup>

The important point was that these health plans were not revolutionary. Indeed, they were almost identical to Christian Democrat health policy. The major change affecting doctors was the gradual elimination of their SERMENA patients. In December 1972 a new relationship was formed between the Servicio Nacional de Salud and SERMENA institutions. As a result the SERMENA fund, which had previously been separate, was gradually pooled into a common fund with the Servicio Nacional de Salud budget. This change favoured the Servicio Nacional de

Salud since the latter's budget in per capita terms was much lower than SERMENA . The new relationship between the Servicio Nacional de Salud and SERMENA represented the first step towards the Servicio Unico de Salud.

#### 4.3 DOCTORS' REACTIONS TO THE POPULAR UNITY GOVERNMENT

As a group located in a contradictory class location between the bourgeoisie and the proletariat, doctors could be expected to have responded ambiguously to Popular Unity. That Government's policy to improve and increase the role of the State in health care could benefit that segment of the profession which had little or no private interests and was committed to the State sector. On the other hand, that segment which derived the bulk of its income from private medicine would suffer unless suitably compensated for the loss of its private patients

This class division within the profession was immediately apparent. In Santiago in March 1971, 500 doctors attended a conference at which they gave their full support to the Government and to the Servicio Unico de Salud. This was a sizeable number

given that the profession numbered around 5,000 at this time. This Left wing grouping consisted of those who earned the bulk of their income from the Servicio Nacional de Salud. Predominantly young doctors they declared that they represented the younger generation of the profession who relied on the State for their income and scientific training. They claimed that the Colegio Médico had ignored this group's interests. As they said,

*"El Colegio representa intereses específicos de pequeños grupos de médicos, marginando de hecho a grandes sectores como los que representan las generaciones jóvenes, generales de zona y becados."* 10

The evidence that Left wing doctors came principally from this sector of the profession comes from a detailed examination of the background of refugee doctors after the coup. This study found that these refugee doctors were mostly young and non-specialists. 11

Paralleled to this movement was a meeting held in Valparaiso in January 1971 at which 300 doctors rejected the Servicio Unico de Salud. These doctors declared that they would never become funcionarios unicos. Speaking for this group, one doctor declared,

*"Queremos ser libres, queremos tener independencia política, queremos tener libertad de pensamiento, queremos"*

*autodirigirnos y auto-determinarnos. Sin Independencia económica no hay independencia política. " 12*

This group drew their support from those members of the profession who had large practices or who received the bulk of their income from private medicine. Not surprisingly, the majority of them came from Viña del Mar where private practice was more widespread than in Santiago.

There was little doubt which political position these class groupings would adopt. What was less certain was the political response of those groups who were more ambiguously placed in the social structure, that is to say, those who earned a large part of their income from private practice but who at the same time, received benefits from their Servicio Nacional de Salud work. As if representing this ambiguity, the President of the Colegio Médico tentatively came out in favour of the Servicio Unico de Salud. As he said,

*"Sabemos que este (Servicio Unico de Salud) es la consecuencia lógica y natural de las transformaciones que permitirán entregar una atención de salud universal y de un mismo contenido a todo la población, anhelo justo que debe ser satisfecho..... sabemos con realismo que la fuente de ingresos de los profesionales también será única." 13*

He conditioned this support for the Servicio Nacional de Salud by arguing that the Servicio was a long term goal following an increase in Servicio Nacional de Salud resources. The President was probably speaking for the middle range doctor who had some private patients but who was more reliant on the Servicio Nacional de Salud for his main livelihood. Politically, this group was most likely to have been supporters of the Christian Democrats or the Radical Party.

This ambiguity of the vacillating centre of the profession gradually resolved itself in favour of the Right. In the National Doctors' Convention of September 1971, the majority of doctors showed less than whole hearted support for the Servicio Unico de Salud and democratization. Instead of a Servicio Unico de Salud, the Conference proposed a Servicio Estatal de Salud, significantly dropping the term "unico". This implied that some sort of private medicine was still to exist alongside a State service. Throughout Popular Unity this position hardened. In 1972 the majority of doctors campaigned to prevent any change in the semi-private scheme SERMENA. After 1973

and until the coup defence of private practice, libre eleccion, the tenets of the Right wing doctors, generally became the dominant goals of the profession.

A centrist position within the profession which saw the Servicio Unico de Salud as a long term goal, and which broadly represented the position of the Christian Democrats and the Radicals, became eclipsed by the Right wing stance. The picture of events inside the medical profession during Popular Unity, is of a consistent 25-30% of the profession supporting Popular Unity on the one hand, and on the other an increasingly dominant Right wing position opposed to the Servicio Unico de Salud and pursuing extremist political policies against the Government. What has to be explained was not why the Right and Left acted in the way they did but rather, the reasons why the floating Centre joined the Right. These Centrists, mostly Christian Democrats and Radicals, were the crucial groups not only within the profession but in the whole of Chilean society.

## 4.4

THE BEHAVIOUR OF RADICAL GROUPS WITHIN POPULAR UNITY

These radical groups, instead of treating doctors as allies in line with official Popular Unity strategy acted as if doctors were their class enemies. It is important to realise that these groups treated doctors in this way before the Colegio Médico's strike action and before the profession's open opposition to the Government; in other words, before there were legitimate reasons for treating them in this way.

The theoretical basis for this behaviour was the revolutionary line of groups such as the Movimiento Izquierda Revolucionaria (M.I.R.). These groups saw the revolution in terms of a violent rupture with the old order and the smashing of the bourgeois state. In this struggle, the success of the revolution rested on the revolutionary purpose of the working class who needed to be mobilized for combat. They argued that the middle classes had no revolutionary potential. They would vacillate between the bourgeoisie and the proletariat, eventually joining with the class which was on the point of winning. Middle class groups such as doctors, it was argued, had to be confronted with working class power, not bought off, appeased or mollified. As

Altimirano ,leader of the Left wing of the Socialist Party declared after the coup,

*"Dialogue is only meaningful from positions of strength. In order to be effective, a policy (towards the middle classes) must use strong coercive measures". 14*

This more radical, overtly revolutionary strategy had been proposed by the Left wing of the Socialist Party and the MIR in 1969, when negotiations took place to determine Popular Unity strategy. However, this position was defeated by a moderate "reformist" strategy proposed by the Communists and the Right wing Socialists. The latter became official Popular Unity strategy and as a result, enticed middle class parties such as the Radicals into the Popular Unity coalition

In this chapter we will identify in particular 4 radical groups: the Director General of the Servicio Nacional de Salud and his Socialist advisers; Health Workers; the Left wing Popular Unity Media; and Shanty town dwellers and Peasants. All these groups' relations with doctors were crucial and it will be argued, their actions embittered relations between doctors and Popular Unity as a whole.

Of course, not all groups within the Popular Unity health authorities, not all health workers, shanty town dwellers, peasants

or the Popular Unity media were hostile towards doctors. The radical segments within these groups often represented minority positions . Nonetheless, they were vocal and their influence was crucial.

(a) THE DIRECTOR GENERAL OF THE SERVICIO NACIONAL DE SALUD AND HIS ADVISERS

Official Popular Unity health plans closely resembled health policy in the previous Christian Democrat administration. Steps to create a Servicio Unico de Salud and to democratize the Servicio Nacional de Salud had been begun by the previous Christian Democrat Government. Popular Unity policy appeared merely to carry on these processes moving gradually to a Servicio Unico de Salud and a fully democratic health service.

However, groups within the Popular Unity health authorities interpreted Popular Unity health policy in a more radical way. These radicals mostly belonged to the Socialist Party. They became the advisers of the Socialist Party Director General of the Servicio Nacional de Salud, Dr. Sergio Infante.

The Socialist Party through Infante and his advisers had much more influence on health policy than the other Popular Unity parties because the position of Director General of the Servicio Nacional de Salud carried with it control of the service's finances. Thus, although the Communist Party through Mariano Requeña had control of the post of Technical Chief of the Servicio Nacional de Salud and although the posts of Minister of Health during Popular Unity were given to parties like the Social Democrats, MAPU and the Radical Party, all the health posts were dependent on the Director General and consequently the Socialist Party.<sup>15</sup>

The most pressing goal of this Socialist Party group was the creation of the Servicio Unico de Salud. In contrast, Allende, the Communists and more moderate members of the Popular Unity coalition argued that the Servicio Unico de Salud could not be achieved within the lifetime of the Government. Throughout Popular Unity this issue remained unresolved, driving a wedge between these groups. By the beginning of 1973 the Director General of the Servicio Nacional de Salud, Sergio Infante announced that

the coming year would mark the creation of the Servicio Unico de Salud. This contradicted his more moderate partners in Popular Unity who continued to maintain that the Servicio was a long term goal.

It has to be pointed out that by the time Popular Unity was overthrown a Servicio Unico de Salud had still not materialized. However, the medical profession widely recognized that this conflict over when the Servicio Unico de Salud was to be introduced was taking place inside the health authorities. As a result, they could not be sure that the prevailing moderate line would not suddenly be overthrown and substituted by a more revolutionary position.

There was little attempt by Infante and his group of advisers to create confidence within the profession about their goals. They considered that the profession's resistance was probably inevitable. There was little point in trying to persuade doctors of the validity of their policies. Thus, the group's statements about the future of the health service were made with little consideration about the effect that they would have on

the profession. Infante in May 1971, for example called the Servicio Nacional de Salud corrupt.<sup>16</sup>

Shortly after this a statement by the public relations department of the Servicio Nacional de Salud which was controlled by the Socialist Party declared that the Servicio Unico de Salud would mean the end of private medicine.

This statement concluded by stating that

*"la democratización consiste en entregar la salud a la comunidad beneficiaria para dirigir las acciones; con democratización se acabará el reinado de los médicos con todos sus privilegios."* 17

These statements contradicted "official" health policy.

Underlying the strategy of this more radical group within the health authorities was a different conception of how the revolution would be won. Rather than persuading opponents to accept their policies, they believed that any form of resistance had to be confronted from positions of strength. They argued that doctors should not be enticed into accepting the Servicio Unico de Salud. Rather, the Servicio Unico de Salud should be presented to them as a fait accompli thus convincing the profession that its opposition would be useless. Thus, this group's

essential goal was to try and establish administrative control of the Servicio Nacional de Salud. With this power behind them, few groups within the health sector would be able to prevent the implementation of their policies.

The Servicio Nacional de Salud with over 70,000 employees was the largest public employer in Chile. It covered the length and breadth of the country. Its nationwide network of communications were only matched by those of the Armed Forces. The Servicio Nacional de Salud even had its own aircraft. The Socialist Party group within the health authorities believed that total control of this organization would give them the power to implement their policies.

This implicit strategy was not welcomed by the more moderate sections of Popular Unity. For instance Allende had to personally intervene to prevent the sacking of several hospital directors. The Socialist Party wanted these personnel to be replaced by their own members.<sup>18</sup> Allende, although himself a member of the Socialist Party attracted much opposition within his own party for his moderate stance.

Jiron, Minister of Health in the

final year of the Government was another of the Popular Unity moderates who objected to this implicit Socialist Party strategy. His objections reached their height during the strike at the Hospital Salvador in June 1973. The determination by Socialist Party members to take over the administration of Hospital Salvador in Santiago had caused a strike of the hospital's doctors. These doctors objected to the sacking of several hospital staff in order to accommodate certain Socialist Party members. Jiron could not end the strike by reinstating these personnel because the Socialists demanded that this, the most Right wing of hospitals, be brought under Popular Unity control. This Socialist Party intransigence occurred when the Right was looking for every opportunity to trigger another national gremial movement, the object of which was to force the military to stage a coup. This intransigence on the part of the Socialist Party finally caused Jirón to resign. <sup>19</sup>

It is clear that these actions by the radical group undermined the moderate Popular Unity policy of assuring the medical profession that it had nothing to fear from the Government's health plans.

(b) HEALTH WORKERS AND FENATS

FENATS represented the interests of health workers in the Servicio Nacional de Salud. These workers performed the ancillary tasks inside the hospitals acting as cooks, cleaners, porters, auxiliaries etc. The nurses and white collar workers had their own unions.

Politically, FENATS were dominated by the Communist and Socialist Parties. During Popular Unity, Mario Merino, a Communist was the President of FENATS. His deputy, Sergio Freihoffer, was a Socialist. The Christian Democrats also had support mainly among women health workers but it never threatened the Left's majority.

Health workers' hostility towards doctors did not begin with Popular Unity's victory. Health workers had always resented doctors' high salaries within the Servicio Nacional de Salud. However, two events occurred towards the end of the 60's which heightened workers' hostility towards doctors.

The first event was the creation of SERMENA in 1968. Health workers resented the new scheme. Unlike doctors, they received no extra fee for treating SERMENA patients. Health workers objected to being excluded from negotiations, between the Colegio Médico and

the Christian Democrat authorities when this scheme was being designed.<sup>20</sup>

The second event was a long and bitter health workers' strike which occurred in August 1970, months before the Popular Unity victory. During this strike the Colegio Médico had offered neither material nor moral support to the strikers. It was true however that some doctors had staged a 24 hour sympathy strike in support of their demands for higher wages.<sup>21</sup> These sympathetic doctors had organized collections in order to provide financial help to strikers' families. But this support was sporadic. The General Council of the Colegio Médico did not act. When the General Council debated whether to give support to FENATS several consejeros argued that the strike was political, aiming to discredit the present Christian Democrat Government.<sup>22</sup> The eventual failure of the strike soured relations between FENATS and the Colegio Médico even further.

The strike too, had taught FENATS a powerful lesson which was to be significant for Popular Unity: the Christian Democrats who had remained intransigent during the strike should never be treated as allies; they were essentially reactionary.

Thus on the eve of Popular

Unity many health workers ,radicalized after a fruitless strike were anxious to settle old scores: first with a Colegio Médico which had offered them no support; and secondly with the Christian Democrats who had not accepted any of their economic demands.

Because of the radicalization of this group FENATS approached the Minister of Health immediately after the Allende victory to demand that he begin,

*"Un lucha contra los médicos  
en términos generales."* 23

Furthermore, workers campaigned for the removal of those hospital doctors and heads of departments who had treated them miserably in the previous Government. In some cases FENATS occupied hospitals to put pressure on the Unidad Popular Government to agree to their desired changes in personnel.<sup>24</sup> The Director General of the Servicio Nacional de Salud was beseiged with demands from health workers to sack certain doctors.<sup>25</sup> The Director General received a letter from FENATS in Valparaiso demanding that on account of their past records the hospital chiefs of the area should be replaced by Socialist Party doctors.<sup>26</sup>

This desire for revenge was clearly demonstrated in their demands on health policy which were made during the first months

of Popular Unity. First FENATS demanded that health policy should be determined not by the Health Minister but by Commissions on which they would have majority representation. Thus when Popular Unity set up Commissions to study democratization schemes, FENATS objected to the fact that these Commissions were only acting in an advisory capacity; FENATS wanted these Commissions to have the power to determine health policy. They complained too, that the Colegio Médico had the same representation as FENATS. They believed that FENATS should become the most influential gremio in formulating health policy thus adopting the role once played by the Colegio Médico. As Mario Lagos, Secretary General of the Colegio Médico and himself a supporter of Popular Unity, declared,

*"Mi impresión es que los integrantes de la FENATS están en este momento en una posición de beligerancia frente al gremio médico, considerando que ellos, como Gobierno son los que tienen que manejar el Servicio. 27*

Secondly, FENATS believing that doctors had received higher wage increases than workers in the past, pressed the Health Minister not to increase doctors' wages in 1971. As Dr. Titelman reported to the General Council on 24th November 1970,

*"El Ministro les dijo que la FENATS le había pedido en forma terminante que no se reajustaron los sueldos de los médicos en el año 1971 y que con esos dineros se mejoraron las rentas del resto del personal. 28"*

Moreover, FENATS demanded that the future method for dividing the wage budget for the SNS's employees should be collective negotiations between Governments and all health workers, including doctors. If this scheme had been implemented, doctors who had previously bargained separately with Governments would for the first time have been treated in exactly the same way as other health workers. Furthermore FENATS recommended that representatives of the "bases médicos" and not the Colegio Medico should be present at these collective negotiations. FENATS believed that the Colegio Medico represented bourgeois private doctors and ignored the interests of "los bases". The term bases was used to include not only doctors at the grass root level, but more importantly, those doctors at the lower levels of the medical hierarchy i.e. the State-oriented members of the profession.

These requests were made by FENATS in the context of a larger demand: the immediate implementation of the Servicio Unico de Salud. In the early months of Popular Unity, several FENATS leaders declared that doctors in the Servicio Nacional de Salud would have to work in the State clinics from 8am to 8pm, treating patients free of charge. FENATS

declaration, if implemented, would have ended SERMENA and private medicine at a stroke.

These declarations were supported by direct action. Again in the first year of Popular Unity, FENATS workers in hospitals in Santiago and Concepcion occupied the SERMENA wards to demonstrate their hostility to this service.

Many doctors interpreted these actions as a clear attempt by elements of Popular Unity to turn the strategy and programme of the Government into a revolutionary one. Villarroel, President of the Colegio Médico, who as a member of Popular Unity himself was hardly likely to exaggerate the coalition's difficulties declared that FENATS were trying to,

*"imponer las cosas; que si las cosas no caminaban de esa manera, ellos sacarían su gente a la calle."* 29

This statement was made barely two months after Allende became President. Clearly in this case, a revolutionary position was not dormant within Popular Unity. It emerged almost immediately after the Left's triumph.

This is not to argue that this radical group belonging in the main to the Socialist Party was all powerful within FENATS. The Communist health workers were trying their best to create a dialogue between FENATS and the Colegio Médico. They came and discussed health policy

with the Colegio in March 1971 and succeeded in dragging, albeit reluctantly, Socialist representatives of FENATS with them.

Moreover, the radicals within FENATS were not successful in persuading the Government to accept their anti-doctors demands. Wage increases were given to doctors in the first year of Popular Unity. Moreover, Allende himself told the FENATS that the Colegio Médico was the sole representative of the doctors. There was no question of the Government bypassing the Colegio and conducting negotiations with the "*bases médicos*". The influence of the radicals, in short should not be exaggerated.

Moreover, the early months of Popular Unity saw a radicalization of some groups who were attempting to continue the momentum begun by Popular Unity's electoral victory. But this radicalization quickly declined when it was apparent that Popular Unity was not going to be a revolutionary Government. It is true that FENATS' barrage of demands to the Health Minister subsided slightly after the first months of Popular Unity.

Nonetheless, the more moderate members of the Government were thoroughly

alarmed at the damage done by the radicals to their attempts to co-operate with the Colegio Médico. Dr. Dagnino a Communist warned the workers in a book published in December 1971 not to treat the doctors as their class enemies. As he elaborated,

*"Con los profesionales y técnicos es preciso actuar con justicia y desterrar viejos prejuicios anti-médicos y anti-técnicos que por desgracia, todavía son fuentes entre vastos sectores de trabajadores de salud. Los profesionales y los técnicos, no son enemigos de los trabajadores, no son " lacayos de la burguesía" como a menudo se dice, son trabajadores de la cultura y sus intereses profundos no son contradictorios con los intereses de los trabajadores ni de la revolución. Es necesario tratarlos con afecto, respeto y facilitarles su trabajo haciéndolos más grato y fácil."* 30

These remarks were well received by the Colegio Médico which devoted an editorial in its magazine "Vida Médica" to praise Dagnino. As the editorial stated,

*"Si el diálogo continúa y estos conceptos son llevados a la realidad estaría más favoreciendo el camino que nos permita acercarnos a la solución de los problemas de salud de nuestro país."* 31

In the same vein as Dagnino, the Minister of Health Jimenez came to the Colegio Médico to try and soothe doctors' fears about the extremist statements made by some members

of FENATS. Pointing out that workers had been exploited and badly treated in the past, he argued that it was natural that they should regard doctors as being part of the "*clase patronal*."

Thus, these moderate doctors like Jimenez and Dagnino were fully aware of the damage inflicted by FENATS to their attempts to create a dialogue with the Colegio Médico

(c) THE MEDIA

Throughout Popular Unity, the press and television played a crucial role in the political struggle. The influence of the Right wing papers, notably El Mercurio in whipping up protest, accentuating Government difficulties and operating as the mouthpiece of the opposition gremio movement was well known.

Equally important, too was the media which supported Popular Unity. Unlike some capitalist countries, the Left in Chile had substantial control of the press and television. The Communist Party owned El Siglo and the Government itself, La Nacion. Other papers such as

Puro Chile, Las Noticias de las Ultimas Horas and Clarín supported Popular Unity, albeit in a sensationalist way. The Left too, had control of some television channels like Channel 14 and several radio stations. This extensive Left wing controlled media was important in informing the Chilean public of Popular Unity policy and in mobilizing support.

In early 1971 this Left wing controlled media began to critically question the role of the doctor in the Chilean health service. At this time Salvador Allende had brought several scandals involving the medical profession to the public's attention. In April 1971 he had condemned some doctors for issuing false sick lines to dock workers in Valparaíso, and for carrying out more caesarians on female SERMENA patients than on Servicio Nacional de Salud patients.

Allende claimed that in order to gain extra fees these doctors had broken their Code of Ethics. Moreover, he criticised some professionals for failing to work their required number of hours. Allende was not criticising the profession as a whole but the media seized on these statements to launch a full scale campaign against doctors in general.

This Left wing media campaign conveyed an image of doctors as being solely

concerned with their private practices or SERMENA patients. For instance a cartoon in Ahora of 11 th May, 1971 showed a fat, gruesome doctors called "*El satanico Dr.No*" looking at his watch while examining a line of 4, very ill looking male patients with his stethoscope. Under the caption, is his command to the patients,

*"Ahora tosan todos juntos - pero rápido que tengo que irme a mi consultorio particular."* 32

When two young children tragically died while awaiting medical treatment, the Leftist press accused the doctors of devoting their time to private patients instead of treating the poorer members of Chilean society who were in real need of care. It argued that the existence of SERMENA and private medicine had commercialized Chilean health care turning doctors into businessmen, who used their scientific training in some cases illegally and unethically, for private profit.

As a leading article in La Nacion stated on 14th March 1971,

*"Es incuestionable que quien abraza la profesión médica lo hace alentado por un propósito altruista. Lamentablemente con el correr de los años y por la situación de privilegio que implica el ejercicio de la profesión, el altruismo original es reemplazado por el apetito*

*de consumo, por la ganancia fácil,  
y por el olvido rápido de la  
misión encomendada al abandonar  
la universidad. 33*

These attacks predominantly appeared in the radical Left media. The more moderate sections of Popular Unity, such as the Communists' El Siglo refrained from joining this anti-doctor campaign.

It has to be said that the scandals which the Left wing media brought to light were true. Some doctors did write false sick notes in the port of Valparaiso. Some doctors were guilty of malpractice in SERMENA. In a sense then, this Left wing media campaign was publicising "the facts". However, this reporting was done in such a way as to cast doubts on the morals of the entire medical profession.

Why did this anti-doctor campaign begin almost immediately after the victory of Popular Unity? The campaign occurred at the same time as the Government was proposing to democratize the health service. The Right argued that Popular Unity was trying to discredit the old Servicio Nacional de Salud doctor dominated hierarchy through its campaign to lower the prestige of the physician. In this way democratization

plans could be implemented more easily.<sup>34</sup>

Also the emphasis on the corrupting effects of the profession of private medicine and SERMENA were designed to remind the more moderate sections of Popular Unity that these institutions had to be eliminated if the Government's intention of establishing a Servicio Unico de Salud was to be realised. The more radical sections of Popular Unity were worried that the appointment of Jimenez as Minister of Health (a moderate and Social Democrat) represented a softening of the Government's desire to change the Servicio Nacional de Salud and SERMENA into a Servicio Unico de Salud. Thus, the campaign was to put pressure on the moderates in the Government to act in a more radical way.

The more moderate Left wing doctors totally supported the Colegio Médico in denouncing these attacks. Villarroel, the President, and at this time still a supporter of Popular Unity complained to Allende,

*de*  
 "la campaña en contra (la profesión y el Colegio Médico) con el fin de minimizar, aislar o dejar sin ninguna esfera de influencia al Colegio Médico (y que eso) era lo peor que le podría ocurrir al

*primer médico que había alcanzado la Presidencia de la República, que fuera él quien pusiera la lápida ejecutiva al Colegio que había contribuido a crear, que había presidido, y en el cual había trabajado. " 35*

Allende, dismayed that his remarks had been used to whip up a campaign against the profession, was keen to discuss this whole issue by coming to the Colegio Médico personally. Other moderate members amongst the health authorities also supported the Colegio; for instance, Requeña a Communist Party member refused to attend a live Channel 14 debate on doctors since the Chairman J. Goic had made some derogatory remarks about the profession.

The Colegio Médico itself took immediate steps to counter this anti-doctor campaign. It warned doctors that it would ensure that the ethical standards of the profession were to be maintained. Ethical control became the priority task of the Colegio Médico in this period. A public relations officer was employed to try and improve the image of the Colegio and the profession. The Colegio Médico began a campaign of its own warning the public that tragedies such as those that had recently occurred were likely to occur in the future if the resources of the Servicio Nacional de Salud were not increased.

Despite this Colegio Médico response and despite moderate members of Popular Unity condemning this media campaign, the more radical sections of the media were not silenced. Their campaign continued and created much consternation within the profession. The Right wing doctors were delighted. They used every slanderous word uttered by a Popular Unity supporter against the profession in their own campaign to undermine the Government. This in turn evoked a further response from the Popular Unity faction. Thus, once started, the campaign developed a momentum of its own, leading to an ever increasing violence in rhetoric from both Left and Right. It was abundantly clear that this background of an anti-doctor campaign was unhelpful to the Government which was trying to create a spirit of dialogue between itself and doctors, as with all middle class groups.

(d) SHANTY TOWN DWELLERS AND PEASANTS

The Constitutional Guarantees made to the Christian Democrats by Popular Unity in order to obtain the former group's backing for

Salvador Allende as President, reaffirmed that change could only be brought about by legislative means. However, some radical sections of Popular Unity and other revolutionary groups such as the MIR, argued that the only successful route to change was by working class direct action. Inside the health sector, this tactic was used by the revolutionary Left. It mobilized many marginal groups such as shanty town dwellers or peasants and with their help occupied several clinics and hospitals.

These actions aimed to force the authorities to provide medical resources and personnel for outlying clinics and rural hospitals which had always suffered from a lack of essential supplies. The new Government gave priority to these establishments and organized health educational campaigns amongst the marginal groups. However, Popular Unity failed to meet the expectations these campaigns had raised. Medical resources devoted to the periphery remained poor. These marginal groups, encouraged by the revolutionary Left began to take the law into their own hands and occupied local clinics and small hospitals.

Many of the targets of these popular grievances were doctors. These marginal groups felt that doctors were the main

obstacles to receiving a better supply of medical resources in their rural hospitals and shanty town clinics.

In May, 1972, in a shanty town near Valparaiso a group of over 30 adults and 60 schoolchildren, some armed with sticks and stones, and others carrying banners declaring

*"paredón para los médicos  
momios ."*

occupied their local clinic .<sup>36</sup> These groups demanded that doctors leave their private clinics, large hospitals and,

*"vaya a atender a la  
población ."*

A similar demand was made in Santiago. These groups resented the fact that doctors would not come to the areas in which they lived to treat them. As one of the points in their manifesto read,

*"exigir la salida de los  
médicos de adultos desde  
el J.J. Aguirre a todos  
los consultorios perif-  
éricos del Area, porque  
hay recursos de sobra  
para hacerlo sin perjudicar  
ni la enseñanza ni la  
investigación." 37*

Doctors were injured in several of these attacks. Dra. Oriana Sépulveda was hurt when the consultoria in Los Andes in which she worked was occupied by angry shantytown

dwellers. Dr. Alejandro Casals in Fresia in the south of Chile had to be hospitalized after a group of some 200 peasants entered his hospital armed with sticks.

After these occupations and attacks, most Popular Unity members were quick to denounce the perpetrators. If they had not done so, doctors would have called a strike. After the occupations of the hospitals in Fresia and Lautera, the Communist Party publicly declared,

*"El MIR se toma el Hospital de Fresia. Con ello provoca una amenaza de huelga médica. El MIR se toma el Hospital de Lautaro. Que buscan? Una nueva huelga médica? Un enfrentamiento sangriento? Ningún revolucionario se dejará confundir! La provocación es contra-revolución."* 38

The Right wing doctors used these events to fuel their protest against the Government. They placed the blame for these actions on the Government which had, they claimed, through its media campaigns against doctors provoked these groups to take direct action against the profession.

The doctors who were the targets of these attacks and occupations in the outlying clinics and hospitals began to find their working conditions intolerable. One doctor demanded,

*"una enérgica protesta del Colegio Médico por la falta de respeto, atropello e insultos y falta de seguridad que el médico tiene para trabajar. Exige seguridad personal para trabajar sobre todo si carabineros no actúa. Manifiesta que su familia no se atreve a vivir más en Chile en estas condiciones."* 39

It is important to realise that this statement was made in a private meeting among opposition doctors. It was not uttered as part of Right wing propaganda. We can thus, assume that the sentiments behind the remarks were genuine.

Although the bulk of Popular Unity supporters were quick to condemn these illegal acts the Government was unable to sufficiently distance itself from its revolutionary wing. These actions of radicalized groups of pobladores and campesinos tarnished its image of a non-revolutionary Government, proceeding to socialism through peace and order.

For the Right, actions such as these were to be welcomed. It gave it excellent ammunition to attack the Government which it would have opposed whatever its failings. For the moderate Left, the actions of these groups irreparably damaged its attempt to win over the majority of the profession to the Popular Unity Government.

4.5

THE MEDICAL PROFESSION AND THE POLARIZATION  
OF CHILEAN SOCIETY

1) The Polarization of the Health Service

The last 12 months of Popular Unity were characterized by a growing polarization of Popular Unity and opposition forces. The resulting spirit of crisis did not leave the profession untouched. In the first year of Popular Unity, despite the rhetoric of radical groups within the Government, the work situation of the doctor had not altered radically. His income from private and public medicine had risen with the cost of living. Democratization had not overturned the power of the doctor inside the health hierarchy. His way of life, his mode of working were much the same as in the beginning of Popular Unity. The picture however began to change.

The development of the opposition Right wing movement called gremialismo took the battle against Popular Unity out of the constitutional framework onto the streets. Its organization of massive strikes in October 1972 and August 1973, its mobilization of erstwhile "apolitical" groups like women and professionals received a spirited defence from working class

organizations. The conflict between these two forces led to an even sharper politicization in Chilean society.

The health service consequently in the last year of Popular Unity became even more politicized. The Community Health Councils set up as part of Popular Unity's democratization plan, became transformed into outlets for this heightened political activity. These health councils began to demand a greater say in running hospitals and some directors of hospitals complained of having to seek "advice" from the representatives of workers' unions. In the words of a Popular Unity opponent at this time,

*"discipline, order and professional organization were in fact annihilated. " 40*

Politicization inside the health service began to lead to the breakdown of the old hierarchy founded on the technical superiority of the physician. Doctors incessantly complained at this time of juniors and aides refusing to carry out orders. Moreover, after the strike of October 1972, some Popular Unity groups organized "shock" brigades inside the hospitals. The main purpose of these militia was to provide health care in the wake of a sudden strike-call by doctors. Several of these

groups were accused of personally attacking physicians.

In this highly charged politicized atmosphere doctors complained that the standards of health care they were able to offer to their patients declined.

No Hay Sueros !

The Servicio Nacional de Salud had always suffered from shortages of supplies, but in the final months of Popular Unity real shortages as opposed to the age old inadequacies of the Servicio Nacional de Salud, occurred. This was caused by difficulties in importing certain medical supplies, the beginnings of hyper-inflation and the rising demand for health care.

Shortages were first felt in the highly specialized medical centres. Major surgical operations had to be suspended and some intensive care units were closed. Sophisticated pharmaceutical products could not be prescribed and blood bank security regulations slackened owing to the absence of disposable equipment. This state of affairs moved one Popular Unity opponent to declare,

*"Chilean medicine started to recede to the medical standards of generations earlier." 41*

In 1973, shortages of basic supplies began to be felt. There was difficulty in obtaining cotton wool, alcohol, blankets and nutritional diets in some hospitals.

The propaganda department of the Colegio Médico had a field day. Almost every day from August until the coup, the Colegio published dramatic statements of the shortages that were arising in hospitals. The following was a typical example:

*"Chileno: Tu médico te habla.  
Yo quisiera darte la mejor  
atención pero solo cuento con  
mi voluntad y la de nuestro  
personal de colaboración que  
sufre igual que tú y que yo*

*Pero:*

- no hay camas suficientes  
en los hospitales.*
- no hay medicamentos*
- no hay ropa para operar*
- no hay algodón  
instrumental*
- no hay leche*
- no hay sueros*
- no hay alimentos*

*Pero hay:*

- politiquería*
- sectarismo*
- odio, insultos y agresiones. 42*

There was no doubt that the opposition was exaggerating these shortages to make political capital. But the health

authorities themselves did admit that certain inadequacies existed.<sup>43</sup>

It has to be concluded that the crisis in society which in turn, affected the health service, led to a decline in medical standards. The profession certainly held the Government responsible for the almost breakdown situation that existed in some hospitals towards the end of Popular Unity.

The effect of the economic crisis during Popular Unity on the income of doctors .

During 1971 doctors' incomes from both public and private medicine increased. On average a doctor in 1971 received E°113.7 a day working in the State sector, an increase of almost E°15 from the previous year. (see Table 10) A doctor's average daily income through private consultations had increased from its 1970 figure of E°377.7 a day, to E°451.3 in 1971. This increase in doctors' incomes from private medicine, more than any other statistic disproved the belief that Popular Unity was outlawing private medicine.

In 1973 with the crisis in the economy getting worse, the trends that had begun in 1972 had accelerated to the clear

disadvantage of the doctor. For instance in 1971 an average of 4.19 hours a day were worked in private medicine. In 1973 this figure had dropped to 3 hours a day, a loss of over an hour a day treating private patients in just 2 years. This fall affected doctors' private income. Whereas in 1971 daily income from private consultations was E°451.3 ,in 1973 doctors' daily income from private consultations had slumped to E°256.5 . Doctors' fall in income between 1971 and 1973 was not matched by an increase through their State work. In 1971 their daily total income from State work was E°113.7 . This had fallen to E°63.6 in 1973 . Even taking into account the drop in income in 1973 after the coup, the fall in doctors' income between 1971 and the end of Popular Unity is considerable. For example, the value of an hour worked by a doctor in State medicine in July 1971 was E°503.5 . In the same month two years later the value had dropped to E°268(see Table 11).

The effect of the Economic Crisis during Popular Unity on the Income of Chilean Doctors

TABLE 10 : DOCTORS DAILY PUBLIC AND PRIVATE INCOME (IN ESCUDOS = E° )

Source: Estudio sobre La Determinacion del Arancel de Honorarios del Colegio Medico de Chile  
Pedro Jęftanovic, Depto de Salud Publica, Colegio Medico de Chile, Santiago, Enero 1974

S T A T E I N C O M E					P R I V A T E I N C O M E				Total
Year	<sup>1</sup> N° of state hours worked on average by doctor per day	<sup>2 a</sup> adjustments in the hours worked in the state	Total Pay in State Medicine	% of total income	<sup>4 b</sup> N° of hours worked in private medicine per day	<sup>5</sup> Value of fee charged	Daily Income from Private Consultations <sup>6 c</sup>	% of total income.	
1966	4.55	5.2	E°81,4	11,5	4.77	33.1	E°470,4	88,5	E°531,8
1967	5.15	5.9	62,2	14,6	4.08	29.7	363,6	85,4	425,8
1968	5.93	6.8	76,4	22.6	3.18	27.5	262,3	77,4	338,7
1969	5.74	6.6	68,0	19.7	3.40	27.2	277,4	80,3	354,4
1970	5.21	6.0	98,4	20.7	4.01	31.4	377,4	79,3	476,1
1971	5.05	5.8	113,7	20.2	4.19	35.9	451,3	79,8	565,0
1972	5.53	6.4	109,4	28.3	3.64	25.4	277,4	71,7	386,8
1973	5.21	6.0	63,6	19.9	3.00	17.1	256,5	80,1	320,1.

a the adjustment is obtained by adding 15% to the total in column 1 to include the hours worked in institutions other than the Servicio Nacional de Salud.

TABLE 11: THE MONTHLY VALUE OF AN HOUR WORKED IN STATE MEDICINE

MONTH	1968	1969	1970	1971	1972	1973
J	328.3	308.6	491.9	553.4	541.1	324.9
F	227.4	292.7	468.3	549.3	508.2	333.0
M	318.4	283.9	452.3	543.1	494.6	293.5
A	307.2	275.5	441.7	529.8	468.3	428.4
M	300.3	268.4	432.5	515.4	449.2	358.7
J	291.7	262.2	442.1	507.4	439.9	310.2
A	280.3	255.2	405.7	495.9	343.2	229.8
S	276.6	254.1	395.4	493.8	280.7	196.7
O	272.6	253.2	392.0	482.7	487.4	209.7
N	272.9	251.0	389.3	472.1	461.5	198.4
D	271.1	250.3	389.3	481.7	426.1	189.4
Average hourly value	293.2	267.9	426.4	510.8	443.5	274.3
Daily average (26 days)	11.2	10.3	16.4	19.6	17.1	10.6

Source: Estudio sobre La Determinacion del Arancel de Honorarios del Colegio Medico de Chile, Pedro Jeftanovic Depto de Salud Publica, Colegio Medico de Chile, Santiago, Enero, 1974.

These statistics show a sharp fall in doctors' income from both private and public work in the final months of Popular Unity.

The reasons behind this fall in income are numerous. Inflation during the 1972-1973 period must have eroded the private and public incomes of doctors. The decrease in private income was caused by doctors spending more time in State medicine . This itself was the result of Popular Unity's promotion of the State sector.

Patients could see the efforts that were being made by the new Government to improve and expand the State health sector. Many patients must have chosen to be treated by the State sector ,who in the past,had normally paid for their own treatment privately.

These statistics should not be interpreted in a determinist fashion. Doctors did not just oppose Popular Unity in the final months of 1972 and 1973 because of this fall in income. As we have argued in the preceding sections, the profession moved against the Government before the economic crisis began to effect their incomes, and during the anti-doctor campaign stirred up by Left wing

groups in Popular Unity. We have argued that this anti-doctor campaign was a main contributory factor in turning the centrist group within the profession against Popular Unity during Allende's first year as President.

However, it would be foolish to ignore these statistics. Quite clearly any Government which was responsible for causing doctors' incomes to drop so sharply during two years would attract opposition from the medical profession. It could be argued that this fall in doctors' income merely reinforced the already hostile attitudes held by some doctors towards the Marxists.

CONCLUSION

It was not inevitable that doctors should finally oppose Popular Unity in such substantial numbers. The younger doctors with greater commitment to the State than to the private sector, or those members of the profession in poorly equipped health regions, all had a class interest in the preservation and development of the State health sector. Better jobs, higher wages and an increase in resources could have been the basis of a common platform between the Popular Unity Government and the Colegio Médico. An alliance between a progressive Government and a profession which prided itself in its history of promoting the role of the State in the health service, was entirely conceivable.

Indeed, early on such an alliance began to take shape. Co-operation between the Colegio Médico and the new Government on special health campaigns and on plans for the future Servicio Nacional de Salud took place. 500 doctors attended a Popular Unity conference to support the Servicio Nacional de Salud. As if to cement this co-operation the mainspeakers were Salvador Allende and the President of the Colegio Médico Emilio Villarroel, himself a member of Popular Unity. At this time the General Council of the Colegio Médico

published a document which in principle agreed with the need for a Servicio Unico de Salud . The Right mobilized itself in Valparaiso to try and disrupt this co-operation.

But the strategy of the radical groups towards the medical profession in general and the Colegio Médico in particular, put strains on this co-operation. Barely six months after the victory of Popular Unity the radical Left initiated a specific anti-médico campaign to increase people's awareness of the need for revolutionary change in the health service. After this had run its course the Colegio Médico's own policy changed. It now objected to any policy which led to doctors receiving their income from one single source i.e. total State medicine. This shift could be directly attributed to Popular Unity's "unofficial" strategy.

It should not be forgotten that in early 1971 an alliance was formed between the National Party and the Christian Democrats. Obviously, this alliance accounted to some extent for doctors of the Centre moving against the Government in the first months of Popular Unity. However, rather than arguing in some determinist fashion that centrist doctors opposed Popular Unity because of their own party's opposition

to the Government, it could be argued that because of the tactics employed against the profession by sections of Popular Unity, centrist doctors more readily accepted this alliance between Christian Democracy and the National Party, or indeed, influenced its creation.

In the final year of Popular Unity, the politicization of the health service, shortages of medical supplies and a fall in income reinforced the feeling of discontent which most of the profession had towards Popular Unity.

NOTES

1. Quoted in O'Brien, P., Roxborough, I. and Roddick, J. (1977). Chile: The State and Revolution. Macmillan.
2. For a comparison of Popular Unity health policy with the health policy of the previous Christian Democrat Government see DeKadt, E. in Raczynski, O. Livingstone, M. (eds) (1976). Salud Publica y Bienestar Social. Santiago and Gutierrez, R. 'Acceso de Obreros y Empleados a los Beneficiarios de la Medicina Socializada.' in Livingstone op cit pp.83-104.
3. The U.S. physician who made a study of Chile's health service was Fraser Brockington. See Brockington (1962). 'Informe sobre la Salud Publica en Chile.' Revista Médica de Chile 90, p.374
4. The programme of the Popular Unity Government has been published in Palma, G. (1973) La via chilena al socialismo. Mexico. Siglo XXI. See also Bassio, L. (1972). Transicion al socialismo y experiencia chilena. Santiago. CESO-CEREN.
5. See DeKadt, E. (1973). 'The Distribution of Health in Chile.' IDS working paper. University of Sussex. Hall, T.L. (1970). Recursos Humanos de Salud en Chile: un modelo de analisis. Ministerio de Salud Publica. Goic, A. (1979). 'Fundamentos Médicos de una Organizacion Social de la Medicina in Montes, H. (ed) Desarrollo Social y Salud en Chile. Corporacion de Promocion Universitaria.
6. Jimenez, O. (1962). 'Cuáles son los beneficiarios del Servicio Nacional de Salud?' Cuadernos Médico-Sociales. Vol. 111 N°2 September pp.5-9.
7. Speech of Allende to the Consejo General of the Colegio Médico. Actas 63 Con.Gen.Col.Med. 22nd September 1970.

8. Speech of Allende. Plaza Bulnes, Santiago. Dic. 1970, as reported by interview 10.
9. See DeKadt, E. in Racynski, D. and Livingstone, M. (eds) (1976) op cit.
10. Open letter by Popular Unity doctors to the Chilean medical profession quoted in 'Itinerario de la Calumnia y la Violencia.' Consejo Regional de Valparaiso del Colegio Médico. Marzo 1973.
11. Ugarte, J. (1976). 'Algunas Características de la Población Médica Chilena.' Cuadernos Médico Sociales.
12. Quoted in 'Itinerario de la Calumnia y la Violencia.' op cit. Probable author: Jorge Alvañay.
13. Speech of Emilio Villarroel. Quoted in Vida Médica. Dic. 1970.
14. Altimirano, C. (1977). Dialéctica de una Derrota. Siglo Veintiuno. Spain. p87.
15. Interview 14.
16. See reaction of Colegio Médico to Infante's remarks in Vida Médica. June 1971.
17. Minutes of the Cons. Gen. Col. Méd. 20th July 1971.
18. Interview 40.
19. Jiron's letter published in El Mercurio. November 3rd 1973. 'Ineptitud y Sectarismo de la U.P. reconoce Dr. Jiron.'
20. Remarks of Sr. Freihoffer (FENATS) in Minutes of the Cons. Gen. Col. Méd. Acta N°47.6 de Junio 1970.
21. Discussion of the Strike in the General Council of the Colegio Médico in Minutes of the Gen. Cons. Col. Méd. 26 de Agosto 1970.
22. As Dr. Chiorrini said at the General Council Meeting op cit: "en este momento no debemos tomar ninguna

actitud referente al término de la huelga, porque es imposible definir si es de carácter económico o político, y debemos recomendarle al gremio se abstenga de solidarizar mientras no haya una orden nacional al respecto."

23. Quoted by Dr. Molina (Under Secretary to the Minister of Health) to the General Council of the Colegio Médico. Minutes of the Cons.Gen.Col.Méd. Acta N°73.15 de Dic.1970.
24. Minutes of the Cons.Gen.Col.Méd. Acta N°5.24 de Agosto 1971.
25. Interview 40.
26. Letter of la Brigada Provincial del SNS (FENATS) to Dr. S. Infante, Director General del SNS, Valparaíso. 26 de Abril 1971.
27. Minutes of the Cons.Gen.Col.Méd. Acta N°71.24 de Nov. 1970.
28. Minutes of the Cons.Gen.Col.Méd. Acta N° 71, 24 de Nov. 1970.
29. Minutes of the Cons.Gen.Col.Méd. Acta N° 71.24 de Nov. 1970.
30. Gonzalez, D. (1972). Medicina y Socialismo. Santiago.
31. Editorial Vida Médica. Dic 1971.
32. Cited in 'Itinerario de la Calumnia y la Violencia.' op cit.
33. La Nacion. 14 de Marzo 1971.
34. 'Itineraria de la Calumnia y la Violencia.' op cit.
35. Minutes of the Cons.Gen.Col.Méd. Acta N° 88.27 de Abril 1971. It is interesting to note that a journalist from 'El Mercurio' suggested to Villarroel that he begin a campaign in his paper to counter the anti-doctor publications.

36. Minutes of the Cons.Gen.Col.Méd.de Valparaiso. 11 de Mayo 1972.Toma del Consultorio Dr.E.Cienfuegos de Santa Ines.
37. Quoted in Feijoo(1973).Punto Final.
38. 'El MIR se toma el Hospital de Fresia'. Aviso del Partido Comunista de Chile.Las Noticias de la Ultima Hora. 22 de Mayo 1972.
39. Minutes of the Cons.Reg.Col.Med de Valparaiso. 11 de Mayo 1972.
40. Medina,E.and Cruz-Coke,R.(1976). 'Chilean Medicine under Social Revolution'.New England Journal of Medicine. Vol.295.Nº4.See criticisms of this article in two letters by Jansen and Belmar(1976).New England Journal of Medicine.Vol 255 pp1266-67.
41. Medina and Cruz-Coke.op cit.
42. Publication in La Prensa.25 de Agosto 1973.

C H A P T E R

5

E R R O R S   A N D   D I V I S I O N S :

THE STRATEGY OF POPULAR UNITY DOCTORS

TOWARDS THE COLEGIO MEDICO .

In this chapter we will examine the strategy of the Popular Unity doctors towards the medical profession and its Colegio Médico. We will discover why their strategy became revolutionary and the effect this had on relations between the Left and other groups inside the Colegio Médico, from Popular Unity's triumph in September 1970 until the Colegio Médico Convention in September 1971.

5.1 THE LEFT INSIDE THE COLEGIO MEDICO ON THE EVE  
OF POPULAR UNITY'S VICTORY.

Seen from the perspective of the two major Colegio Médico strikes in 1972 and 1973, the Left was suprisingly strong inside the Colegio Médico on the eve of Popular Unity's victory. Both the President of the Colegio Médico, Emilio Villarroel and its Secretary General, Mario Lagos were open supporters of the Government. As members of the Radical Party, they belonged to the Popular Unity coalition . Of the remaining 18 members of the General Council probably 5 others were Radicals, making 7 in total; 6 were supporters of the Popular Unity Government; 4 were centrists or Christian Democrats, and only 3 could be identified with the Right. Thus, Popular Unity had a 13 to 7 majority inside the General Council.

This figure however, has to be treated with caution. Firstly, the Radical Party was a very ambiguous member of the Popular Unity coalition. After only a few months it split into two with the majority going into opposition to Popular Unity. Thus, the 7 Radicals could not be relied upon as certain Popular Unity supporters, even at this early stage. Secondly, the General

Council did not accurately reflect the mood of the profession. General consejeros were indirectly elected by the 12 Colegio Médico Regional Councils. Nonetheless, despite these qualifications the Left was in a fairly strong position inside the Colegio Médico.

In the early months of the new Government the Colegio Médico showed its support for Popular Unity. The Executive Committee of the Colegio went to Allende's house immediately after the election to offer its personal congratulations. This infuriated the Right inside the Colegio which complained that Allende could only be regarded as President after his electoral victory was ratified by Congress. Again before his appointment had been confirmed Allende was invited to a meeting of the General Council at which he was given a hero's welcome. At this meeting the President, Villarroel actually told Allende how much his electoral victory had pleased the Colegio Médico. Addressing Allende, Villarroel declared,

*"el agrado con que nuestra Orden  
Colegiada ha visto el desarrollo  
del proceso electoral." 1*

This support for Allende was publicly confirmed by the Colegio when on 1st December, Allende received a gold medal, the highest Colegio Médico award for his services to the profession.

Undoubtedly the support shown

towards Popular Unity could be attributed to the prestige in which Allende was held by most of the profession. Salvador Allende had been one of the founders of the Colegio Médico. He had been President from 1951 to 1953, while at the same time sitting as a Socialist Senator. Through his political influence he obtained for doctors not only their professional college but also a contract of employment between them and their new State employers. This gave the profession much needed employment and financial security. As President he set up an insurance fund which protected doctors and their families in times of mishap and retirement. Finally, Allende was a mason. The *masoneria* had great influence in Chile in the 40's and 50's. It more or less controlled the Colegio Médico at this time. The first three Presidents, Sótero del Río, Gustavo Jirón and Allende himself, were all masons. And even in 1970 many masons were in positions of authority inside the Colegio Médico. Out of 20 members of the General Council, 7 were masons. Thus, for all these reasons, Allende had good relations with the leaders of the Colegio. And although himself not a mason, Emilio Villarreal was a close personal friend of Allende.

## 5.2

THE COLEGIO MEDICO ELECTIONS -MAY 1971

Despite these early advantages, barely eight months after the victory of Popular Unity, the Left suffered grave reverses in the Colegio Médico elections. The Left had hoped that these would give it control inside the Colegio . The Communists in particular had pointed to the possibility that Left wing doctors could still control the General Council even without securing a majority of the votes cast. The elections for the 20 posts in the General Council were indirect . Doctors voted councillors(*consejeros*) onto the 12 Regional Councils who then appointed consejeros to represent their view in the General Council in Santiago. Although the Regional Council with the largest number of doctors in its jurisdiction could send more representatives than the smallest Regional Council, the system still discriminated against the largest. In 1971 the largest Regional Council, Santiago had 4,072 doctors within its jurisdiction which entitled it to send 4 consejeros to the General Council. However, Puerto Montt which had just 145 doctors in its area was entitled to 1 consejero; as were Punto Arenas and Valdivia with 58 and 100 doctors respectively. Moreover, doctors in these outlying areas tended to vote for Left wing

candidates. The majority of these doctors were recent University graduates on Serivico Nacional de Salud grants working full time in the State sector before returning to Santiago to specialize.

Nonetheless, despite Communist Party hopes the results of the elections were a resounding defeat for the Left in terms of the number of votes it received and the number of Regional Councils that it won. In effect, it put an end to any hope of gaining control of the Colegio Médico. In Santiago the Christian Democrats received 944 votes (40% of the vote) the Right (33%) and the Left 644 (26%). In the second most important Regional Council - Valparaiso, the combined Christian Democrat/Right wing list polled 419 votes to only 94 for the Popular Unity list. These Regional Councils appointed consejeros who reflected this Right wing/Christian Democrat leanings onto the General Council.

Antogagasta, Temuco, Valdivia, Puerto Montt and Punto Arenas still retained Popular Unity majorities but in the other Regions, the Left was defeated. In Talca for instance, the Christian Democrats and the Right co-operated to prevent Popular Unity from appointing its own consejero to the General Council. They combined to nominate a joint candidate in order

to ensure that the Popular Unity candidate did not win through the splitting of votes. This co-operation between the Christian Democrats and the Right was not confined to Talca. In Santiago, despite the Regional Council having 4 places on the General Council and the Left receiving 25% of the total vote, the Right and Christian Democrats reached an electoral pact and shared the 4 places between themselves.

Inside the General Council the balance of forces had shifted dramatically against the Left. Emilio Villarroel was re-elected as President but only because he had now become a member of the opposition to Popular Unity. The Right and Christian Democrats had supported him rather than the ex-Secretary General, Mario Lagos, another Radical who was the Left wing candidate. Of the remaining 19 members of the General Council, 6 were on the Right; 7 were either centrist or Christian Democrats and only 6 were now on the Left.

### 5.3 TWO COMPETING STRATEGIES

The defeat of Popular Unity doctors at these Colegio Médico elections intensified a debate amongst their ranks about which strategy to

adopt towards the Colegio. A split developed which reflected the division inside Popular Unity between the Communists, Radicals and the more moderate wing of the Socialist Party on the one hand; and the Altimirano wing of the Socialist Party along with the ultra Left groups such as the MIR on the other. The doctors who belonged to the former groups i.e. Communists, Radicals and the Allendistas within the Socialist Party could be termed "moderates". The latter group could be termed "radicals" .

These doctors could not agree on whether to view the medical profession as a progressive force which could be included in the socialist process or as a reactionary one which should be treated as an enemy . The "radicals" tended to interpret the elections within the Colegio Médico as proof that the majority of Chilean doctors were reactionary. In contrast the "moderates" believed that the elections offered hope that a progressive alliance between Popular Unity and certain Christian Democrat doctors could be formed within the Colegio Médico.

These doctors saw the Chilean medical profession in opposing terms . The "moderates" argued that the profession had always had a strong commitment to public medicine . Even if some doctors had become opposed to State medicine they argued, the majority of the profession was loyal to the State service ideal. These "moderate" doctors always stressed the social progressiveness of the profession.....

*"El gremio médico en su conjunto  
es respetable, un verdadero valor  
moral de la sociedad chilena ."* 2

They were optimistic that all doctors in time could become reconciled to the changes in the health service which Popular Unity was proposing.

However, the more "radical" doctors believed that the medical profession had retreated from its earlier progressive position and was using its skills for the sake of profit. Money had become the driving force of these doctors, turning a noble profession into a club of businessmen.

The "moderates" disputed this:

*"Sabemos que el gremio médico no  
se mueve exclusivamente por  
dinero . Fundamentalmente se  
mueve por la causa de la  
medicina ."* 3

They argued that doctors' work in private medicine was a direct result of the frustrations caused by working in poorly equipped State hospitals. Improve the conditions in which they worked they argued, and the resentment to State medicine would disappear.

The "radicals" believed that this resentment had less to do with doctors being frustrated "*por la causa de la medicina*" but everything to do with the State system preventing the tapping of highly lucrative private medical schemes. As these "radicals" argued, doctors could not be won over to progressive position; they were inextricably tied

to the unequal bourgeois system which gave them considerable material rewards. The only group of the profession who could be incorporated into the socialist transformation was the young doctors. Those who worked in the private sector could not be won over to the socialist revolution. Thus, they argued the division in the profession between on the one hand the young doctors committed to medicina funcionaria and on the other, the more established doctors with their private clientele, intent on defending libre eleccion was unbreachable.

Moreover, these "radicals" were against any compromise with the Colegio Médico which they believed represented the private -oriented doctors. Through its recent actions they argued, the Colegio had shown itself opposed to the demands for a more just society. Moreover, it had come to completely ignore the interests of young doctors and had devoted itself to representing those doctors,

*"alienados con una sociedad mercantilista que valora exclusivamente el valor económico y social. El Colegio Médico es un organismo profundamente reaccionario."*

From this divergent analysis two opposing strategies emerged . The more "radical" doctors wanted to destroy the influence of the reactionary wing of the profession manifested in their Right wing Colegio Médico by ending the legal requirement that all Chilean doctors be Colegio members. As a rival to the now emasculated Colegio these doctors proposed to form a Sindicato Unico which would include the

progressive members of the profession along with other health workers i.e. all Servicio Nacional de Salud staff. To achieve this they needed to force a split within the profession.

The more "moderate" doctors on the other hand wanted to prevent this split. They wished to protect the status of the Colegio Medico as the legitimate and sole representative of the profession. The Colegio Medico, they believed, could play a progressive role in the building of socialism. What was important was to win over the Colegio through the election of Left-wing representatives to positions of power in its organization. With left-wing influence in the Colegio Medico the more moderate members of the profession would be won over to the Popular Unity position. During the first year of Popular Unity this struggle took place between the "moderates" and the "radicals" over these competing strategies.

One of the main effects of this infighting was that politically nonaligned doctors were not attracted to the Popular Unity organization. In contrast, the anti-Popular Unity fronts which the Right wing doctors had set up were successful in recruiting these types of independents amongst the profession.

5.4 THE STRUGGLE BETWEEN THE RADICALS AND THE REFORMIST  
DOCTORS: SEPTEMBER 1970-SEPTEMBER 1971.

The split between the two Left wing tendencies was obvious at the Convention of Popular Unity doctors which was held before the Colegio Médico elections in May 1971. Some 500 participants attended. Debates were acrimonious and the Conference ended with no basis of agreement between the rival factions. Thereafter, these doctors retreated back into the narrow confines of their own political parties. This was the first and last Convention of Popular Unity doctors.

The resolutions of this Conference in May 1971 were widely publicised and badly damaged the "moderates" attempt to appease the medical profession and attract it towards Popular Unity. One of the resolutions demanded the immediate elimination of private medicine thus contradicting Popular Unity's official line which declared that the Servicio Unico de Salud was a distant goal of a future Left wing Government. Thus, the action and utterances of these "radicals" gravely damaged the "moderates" ' case particularly in the eyes of those doctors in the political centre.

Typical of this group of centrist doctors was Emilio Villarroel, President of the Colegio Médico. His political behaviour mirrors the

response of large sections of the profession .  
Villarroel argued that the Servicio Nacional de Salud was inevitable and desirable. He believed that doctors could be in the forefront of such changes in health policy. However, they had to prove that they were able to accept this challenge. They needed to fulfil their obligations to the State sector and work the full hours they were contracted for in the Servicio Nacional de Salud hospitals. Villarroel was thus, fully in agreement with Popular Unity that SERMENA had led to grave breaches of ethics. He pointed to the case in his own hospital, J.J. Aguirre where although not contracted to treat SERMENA patients, some doctors had done surgical operations on SERMENA patients in the hours in which they were contracted to work in the Servicio Nacional de Salud. Thus, Villarroel was not a defender of these practices; he objected to them publicly and saw Popular Unity as a vehicle to end such malpractice through the gradual setting up of the Servicio Unico de Salud.

Yet some of the more "radical" Popular Unity doctors saw Villarroel as an enemy. Even if intellectually he might be generally in agreement with the revolution his behaviour in practice was reactionary. As a Radical Party member, Villarroel adopted a "gradualist" position, arguing that the revolution was an evolutionary process. In his

defence of the Colegio Médico he came into conflict with those revolutionary doctors who wanted to see the power of the Colegio smashed.

Villarroel and those doctors who shared his position became the butt of fierce attacks from the young "radical" doctors. Attending the Convention of Popular Unity doctors, Villarroel was attacked for defending the Colegio Médico. Wild accusations were thrown at him. He was accused of sedition. Slogans were daubed on the walls of the hospitals where he worked denouncing him as an agent of American imperialism. Clearly shaken by these attacks, Villarroel defended himself by replying that he had always been a socialist.<sup>5</sup> But in one fiery debate inside the General Council of the Colegio Médico one Socialist consejero shouted at him,

*"Usted, señor Presidente, que se dice un hombre de la Unidad Popular, yo no se donde ni como, porque Vd. siempre ha sido un hombre que en todas las luchas políticas, en todas las luchas doctrinarias, aquí y fuera del Colegio Médico... ha sido siempre unido a la reacción."* 6

Perhaps, not surprisingly Villarroel became a member of the opposition to Popular Unity.

These collisions between these "radical" doctors and the centrist members of the profession damaged the "moderates" cause. Popular Unity had to win over the "Villarroels" of the profession in order to be successful. But as the

revolutionary voice grew more strident, so the chances of capturing the middle ground in medical politics receded. Men such as Villarroel were not being attracted to the position of the Right but were being pushed towards this position by the tactics of some elements of the Left.

From May to September 1971, between the elections of the Colegio and its first Convention, the challenge of the "radicals" grew stronger as events inside the Colegio Médico illustrated the cementing of ties between the Right and Christian Democracy. The creation at the national level of an alliance between the Christian Democrat and National parties in opposition to the Popular Unity Government reinforced those ties.

In June elections were held inside the General Council to appoint new leaders to the Executive Committee of the Colegio Médico. These elections bore all the characteristics of a pre-arranged agreement between Christian Democrat and Right wing doctors to exclude all Left wing consejeros from positions of authority. The Executive Committee positions of President, Vice President, Secretary General and Treasurer were all won for the Right wing and Christian Democrat doctors by a margin of 13 to 6. Moreover, the Left was defeated by the same proportion in the elections to posts in the Departments of the Colegio Médico as well as in the Popular Unity Health Commissions to which the Colegio

could elect representatives.<sup>7</sup> All these posts went to Christian Democrat or Right wing doctors.

In response the Left wing consejeros in the General Council tried to establish a different system of voting which would permit some Left wing representation .But their proposal was defeated in the General Council by the now familiar 13 to 6 majority. In protest at this very effective carve up the Popular Unity consejeros staged a walk out at a meeting of the General Council. As Dr. Rebolledo declared,

*"Fundamenta su voto diciendo que la aprobación de la ponencia a) significa que el Consejo seguirá manejado exclusivamente por las mayorías y que en esas circunstancias no tienen nada que hacer en la reunión y que deber retirarse."* 8

The Left which had been so influential a few short months ago was now almost powerless within the Colegio Médico organization. The only concession to the Popular Unity doctors was a single voice on the 4 man editorial board of "Vida Médica", the Colegio's professional journal.

The Left however, was being eclipsed in even more crucial areas than the General Council. The grass roots members of the Colegio Médico, the doctors in their hospitals and clinics, had in the past been organized into Federations. The history of these organizations was solidly Left wing, representing the views of the State medicine oriented physician as opposed to the private medicine oriented one. In the

late 60's still with Left wing leadership, these Federations had become inactive. Doctors had won much more financial respectability with SERMENA. This had defused demands for higher State wages for which purpose the Federations had been originally formed. The Federations were replaced by the capitulos which were set up in the doctors' workplace to provide information on SERMENA. These were firmly in the hands of the Right.

The Left wing consejeros now began a rear guard action to get the Colegio Médico to preserve the status of the Federations and not to recognize these new organizations. The arguments they presented to several General Council meetings were unconvincing. It was clear to everyone that the doctors at the grass roots were completely committed to the capitulos. The Federations had had their day. Elections for the leadership of FEMESNAS (Federación de Médicos del Servicio Nacional de Salud) were last held in 1968, and not since September 1968 had an actual meeting of this organization taken place. The same was true of the other important Federation FEMEUCH (Federación de Médicos de la Universidad de Chile). In this period de facto recognition by the Colegio Médico of their grass roots' representatives went to the capitulos.

By the end of the first year of Popular Unity the strains between the two tendencies inside the Popular Unity's doctors' organization were

acute. The "moderates" blamed the tactics of the "radicals" for creating the conditions by which they were faced with a solid majority against them inside the Colegio Médico. The "radicals" blamed the "moderates" for pinning their hopes both on centrist members of the profession inside the Colegio Médico and on the Colegio Médico itself as an institution. All the reverses, the exclusion of the Left from positions of power inside the Colegio Médico, as well as the emergence of the capitulos showed the dangers of trying to work with the Colegio Médico.

A few days before the Colegio Médico Convention, an attempt was made in the General Council to have more Left wing representatives attend the Convention by inviting student leaders and representatives of FENATS. This motion was defeated. Without this additional Left wing support the Popular Unity delegates would be in a firm minority. Elections for Conference delegates held in the previous month had resulted in Popular Unity receiving only 25% of the vote. Only a quarter of delegates therefore, would be Popular Unity supporters. The Left had hoped to get the Convention to reverse a General Council decision to preserve the Colegio's electoral system. Since this system did not allow for the representation of minority groups, it gave full control of the Colegio to the majority Christian Democrat/Right wing alliance. The Left's minority position among

Conference delegates however would prevent it from changing this electoral system. Thus, for the militant Left wing doctors the Conference was going to be a complete disaster.

Moderates hoped that they could re-establish a dialogue with the centrist members of the profession at this Convention. However, the bitter experiences of the reversals following the May elections increased the "radicals" resolve to force a split inside the profession between the Left and the young doctors on the one hand; and the privately practising doctors and their reactionary Colegio Médico on the other.

#### 5.5 THE COLEGIO MEDICO CONVENTION OF SEPTEMBER 1971 AND THE VICTORY OF THE "RADICALS"

The Colegio Médico Convention in September 1971 marked the victory of the "radical" Left wing doctors against their more moderate" colleagues. Realising that the Left was going to lose all the crucial votes at this conference, the "radical" Left resolved to disrupt proceedings by staging a mass walk-out of the entire Left wing delegation.

Its tactic was to form a Sindicato Unico of all health workers inside the Servicio Nacional de Salud which would include 25-30% of

Chilean doctors . It proposed to pressurize the Popular Unity Government into ending the Colegio Médico's monopoly status as the sole legitimate organization of all doctors . It was confident that once doctors no longer needed to be Colegio Médico members, the Colegio's power would diminish. <sup>9</sup>

The more moderate doctors argued that if the Government ceased to recognize the Colegio Médico as the sole representative of the medical profession it would have broken its promise to respect the constitutional guarantees it had promised to adhere to. Also these doctors felt that to emasculate the Colegio in this way would be counter-productive. Instead of sinking into oblivion, the Colegio Médico would be reinvigorated by the cementing of ties between moderate members of the profession and extremist Right wing forces. Left wing doctors would lose once and for all a point of contact with these moderate doctors. However, despite their warnings, the more "moderate" Popular Unity doctors could not persuade their colleagues to carry on working within the Colegio Médico.

Because the more "moderate" doctors were a minority amongst Popular Unity doctors as a whole, a decision was taken against the wishes of these doctors to withdraw the entire Left delegation from the Conference . What appeared to the public to be a spontaneous act inflamed by the passions of the proceedings was in fact a coolly taken, tactical

decision which had culminated a process begun with the electoral defeat of Popular Unity in the Colegio Médico elections in May 1971.

When the retreat of the Left delegation came about, it appeared almost farcical. Television crews, reporters and pressmen were called by the Left to attend the Conference just at the point of the retreat so as to give maximum publicity to the break with the Colegio Médico. The Left's delegate who was speaking at the appointed time began to run out of things to say and had to waste time pouring countless glasses of water until the press arrived.

In the following days the Left wing doctors publicly denounced the Colegio Médico as being responsible for their walk out. These doctors claimed that the Convention had been orchestrated by Patria y Libertad, the ultra Right wing grouping. They argued that not only were resolutions on the Servicio Unico de Salud and democratization carried which opposed Popular Unity health policy but also several were openly seditious. These denied the right of the President of the Republic to change the health service. The Convention they continued, had given support to 4 doctors imprisoned for declaring an illegal strike in protest at the nationalization of the copper mines in El Teniente and Chuquicamata where they worked. Pedro Santander, the Socialist Party leader of the Popular Unity

doctors appearing on national television to attack the Convention and the leaders of the Colegio Médico had no doubts that the Convention had been used by the extreme Right to undermine the Allende Government.<sup>10</sup>

These charges however were grossly over-stated. There was no doubt as we shall see, that elements of the Right were plotting to overthrow Popular Unity by any means possible, but the majority of doctors at this time could rightly object to being called seditious. Moreover, the Convention did not totally oppose Popular Unity health policy. The principle of democratization was accepted and the Servicio Unico de Salud was approved by the Convention as a long term goal based on the increase of resources in the Servicio Nacional de Salud. The Convention could scarcely be declared seditious when some of the Left delegation, notably two consejeros Oscar Roman and Mario Lagos, had carried on participating in discussions after the other delegates had walked out.

The reverberations of this Convention carried on long after the event. Santander was charged to appear before the Commission of Ethics of the Colegio Médico to give an account of his remarks. A group of opposition doctors held a meeting which attracted an audience of 500 in support of Emilio Vilarroel and the Colegio Médico. A counter demonstration was held in Fortin Prat in Valparaiso

where Left wing doctors and medical students along with the representatives of FENATS and FEPROTEC condemned the actions of the Colegio Médico in forcing the Left to walk out of the Convention . Tempers were enflamed after these speakers accused Colegio Médico leaders of declaring that the working class had insufficient intelligence to participate in the democratization schemes. <sup>11</sup>

Meanwhile, two Left wing consejeros staged another walk out from a General Council meeting in protest at the majority's refusal to give publicity to resolutions which the minority Left wing delegation had passed at the Convention. In short, the effect of the Convention was to polarize forces inside the Colegio Médico, cutting away the area for compromise between the reformist Left and the moderate members of the profession.

For completely different reasons, the Right and the "radical" Left had both been successful. The Right had as a result of the tactics of the Left, gained ground in attracting the moderates in the profession to its position. The Left could offer the further cementing of relations between Christian Democracy and the Right as evidence to the "moderate" Left for the need to replace the Colegio Médico with a new Socialist organization.

For the Left as a whole, the Convention represented a watershed . It saw the end of attempts

to collaborate with the moderates inside the Colegio Médico and the turning away from the Colegio to new forms of organization. In the months after the Convention sizeable numbers of doctors joined FENATS, the health workers' union.

## CONCLUSION

It is one of the arguments of this thesis that the contradictory class position of the profession implied that it was not automatically predisposed to supporting either the Left or the Right. Much depended on the organizational ability of each political group to win over the profession to its position.

Precisely because the Left failed to develop an effective political strategy, the uncommitted members of the profession failed to support Popular Unity. Instead of having one coherent strategy, the Left, in effect had two totally contradictory ones. For a group which only numbered 25-30% of the medical profession such a split was an ill-afforded luxury.

Secondly, the dominant revolutionary strategy was not appropriate given that the Popular Unity Government was committed to respecting existing constitutional practices.

Thus, the victory of the revolutionary strategy inside the Left wing doctors' organization was a pyrrhic one. The profession had been successfully split by the tactics of the Left. Meanwhile the Left gave up its attempt to win over the Colegio Médico. However, the final phase of the Left's strategy, the formation of a Sindicato Unico was not achieved.

Throughout Popular Unity, the nearest this scheme came to fruition was a few days before the coup when its statutes were drawn up.

One of the problems was that Allende and the "moderates" in the Government refused to work with any body other than the Colegio Médico. For them, the Colegio remained the only legitimate representative of the doctors. Allende's relations with the moderate/Christian Democrat leaders of the Colegio Médico were always good. After the breakdown of the Convention, and much to the distress of the "radicals", Allende re-established cordial relations with the Colegio assuring the leaders of his Government's continuing desire to work with them . Moreover, by implication ,he criticized the Left for abandoning the Convention and openly attacked its lack of respect for Emilio Villarroel, the Colegio's President.

In the Left wing doctors' organization the revolutionaries who sought to exclude the Colegio Médico from the revolutionary process were dominant. While, on the other hand in the Government, Allende's strategy of recognizing it as the legitimate representative of the profession continued.

After September 1971 the Left wing doctors stopped attempting to win over the Colegio Médico. For the remainder of Popular Unity, they were in a no-man's land between the Colegio Médico they

had deserted and the Sindicato to which they aspired.  
Their tactics had opened up the Colegio for the  
infiltration by the Right.

NOTES

1. Minutes of the Cons.Gen.Col.Méd. Acta N° 62. 22 de Septiembre 1970. Visita del H.Senador Dr.S.Allende.
2. See the open letter of doctors supporting Popular Unity to the medical profession. Quoted in 'La Via de la Calumna y la Violencia.' Consejo Regional de Valparaiso del Colegio Médico. March 1973. According to interviewees "moderate" Popular Unity doctors drafted this letter.
3. Ibid.
4. 'Politica Gremial de los médicos de la Unidad Popular.' Formulated by the Conference of Popular Unity doctors in May 1971. Published in Vida Médica. May 1971, pp22-25.
5. As Villarroel stated to Ercilla, 8th-14th September 1971, "Soy radical, socialista democrática. En 1947, fui fichado como comunista y borrado de los registros electorales. Tuve que demostrar legalmente que pertenecía al mismo partido que el Presidente de la Republica. Ahora desde que triunfo la Reforma Universitaria y llego la U.P. al Gobierno, me califican de momio."
6. Minutes of the Cons.Gen.Col.Med. 14 de Septiembre 1971. Dr.Olivares, pp22-23.
7. The results of the elections inside the General Council were as follows: for President ,Dr.Villarroel, 11 votes, Dr.Lagos, 5 votes, abstentions 1; for Vice President, Dr. Ruben Acuña, 11 votes, Dr.Olivares 5 votes, abstentions 2; for Secretary General, Dr.Cruz Mena, 12 votes, Dr.Oscar Roman 6 votes, abstentions 1; Treasurer Dr.S.Morales 12 votes, Dr.V.Retamal 4 votes, abstentions 3. Results for the elections for the Departments of the Colegio Médico: President del Fondo de Solidaridad Gremial, Dr.Ruben Acuña 13 votes, abstentions 6; Department de Fondo de Solidaridad y Bienestar Dr.Ruben Acuña 12 votes, abstentions 7; Department fr Salud Publica, Dr.P.Silva 12 votes, Dr.Gallo 4; Department de Trabajo Médico Dr.S.

Reyes 12 votes, Dr. V. Retamal 5 votés, abstentions 2; Department de Etica y Aranceles, Dr. J. Chiorrini 15, abstentions 4; Department of Perfeccionamiento Cientifico y Docente Dr. S. Morales 10 votes, Dr. Roman 6, abstentions 3; Department of Relaciones Exteriores Dr. G. Velasco 13, abstentions 6; Department de Accion Gremial, Dr. G. Morales S. 12 votes, Dr. H. Rebollo 4, abstentions 3.

8. Minutes of the Cons.Gen.Col.Méd. Acta N° 7,6 de Agosto 1971.
9. The Right wing Dr. Herrera was quite sure this was indeed the tactic of the radical Left wing doctors. As he declared,
 

"Tengo la impresion de que lo que se pretende en el fondo es quebrar al Colegio Médico y llevar a un grupo de médicos a un sindicato médico, junto con los trabajadores de FENATS y FEPROTEC, ese es el fondo del problema."
10. 'Denuncio Presidente de la C.U.T.: Patria y Libertad inspiro Manejas de Convencion Médica.' La Nacion . 5 de Septiembre 1971. Santiago.
11. Speech of Alberto Duarte, President of FEPROTEC, Valparaiso. 14 de Septiembre 1971. Quoted in 'Itinerario de la Calumnia y la Violencia.' p 57.
 

"Pero esa era lo que decían de adentro pero afuera cuando estaban a solas - voy a citar algunas frases para que las sepan, compañeros- la gente quiere democratización; sería posible si estuviéramos en Suecia, porque los de aca, son unos natos, y unas ignorantes y incapaces."

C H A P T E R

6

THE ORIGINS OF GREMIALISMO INSIDE THE  
COLEGIO MEDICO

In this chapter we will examine the role of doctors in the opposition movement to Popular Unity, known as gremialismo, from the beginning of the Allende Government until the end of the gremios' strike in October 1972.

## 6.1

THE NATURE OF GREMIALISMO:1970-1973

The term gremio refers to the interest groups, professional associations and representative institutions of the Chilean lower-middle, middle and and business classes.

The term gremialismo was first used in 1967 when Jaime Guzman stood as a "gremial" candidate in student elections at the Universidad Catolica in Santiago. Guzman was later to become a close advisor of Alessandri, the Right wing President of Chile from 1958-64. Until then, student elections had always been fought on party political tickets. Guzman was the first student leader to stand as a so-called non-political candidate.

To its ideologue Guzman and to its supporters gremialismo was a movement of independently minded persons untarnished by class or political labels and free from manipulation by either political parties or the State. Its only "interest" was the defense of the dignity of their work. As Guzman described gremialismo during Popular Unity,

*"En el fondo, es <sup>el</sup> (gremialismo) un anhelo de la participación real y no declarada del hombre de trabajo en su propio destino. Y digo real, porque la llamada "participación" de los pseudo-gremios controlados políticamente, no es más que una burda farsa; una función de títeres, en que muy pocos mueven los hilos de una gran cantidad de marionetas."*

Gremialismo during Popular Unity however was not as independent from the political struggle as Guzman suggests. True, there must have been many supporters of gremialismo who genuinely found the ideology appealing and who in welcoming the end of political manipulation saw greater possibilities of satisfaction from their work. But gremialismo, perhaps inevitably in such a politicized country as Chile, was politically inspired. It was in fact controlled, organized and even financed by the Chilean bourgeoisie.

As we now know, the movement to a large extent was co-ordinated and financed by a group of businessmen known as the "Monday Club" (so called because its members met almost every Monday to co-ordinate activities). The key members of this group were Hernan Cubillos later to become the Junta's Minister of Foreign Relations and owner of a firm specializing in arms deals for the Chilean Armed Forces ; an ex-Navy officer (and commonly supposed to be one of the key CIA contacts in Chile) who managed "El Mercurio" in the absence of Edwards, throughout the Allende period; Emilio Sanfuentes, an associate of Cubillos, owner of the weekly Right wing "Que Pasa?" and a University of Chicago economics graduate; Javier Vial and Manuel Cruzat, later to emerge as the heads of the largest economic groups in Chile; Jorge Ross, leader of yet another economic group closely associated with Cruzat; and Orlando Saenz, President of the Chilean Manufacturers'

Association SOFOFA .<sup>2</sup> As Sanfuentes one of the members of this group declared,

*"We met roughly on a weekly basis from the middle of 1971 onwards to plan the media campaign, organize and co-ordinate actions, particularly of the gremios and to distribute money, much of which came from abroad. "* 3

The "front men" for this group were Leon Vilarín, leader of the Truckers' Union and President of the National Command of the Gremios and Raphael Cumsille, leader of the Shopkeepers. It was important for business that it personally should not be seen in the vanguard of the struggle. Business kept its distance in an effort to show that the initiative was coming from populist figures like Vilarín. Although men like Vilarín were quite genuinely opposed to the Allende Government, they were the led, not the leaders, of gremialismo , which was essentially a businessman's organization.

## 6.2

THE AIMS OF GREMIALISMO

There was no shortage of groups plotting to bring down the Government. These ranged from P.Rodriguez's Patria y Libertad, to the President of the United States of America and his Foreign Secretary. The major difficulty was in co-ordinating these groups into a large civilian movement to encourage the Armed Forces to intervene. This was no mean task. As a leading businessman and a key organizer of the plot put it,

*"The civilians made the coup: our problem was how to get the Armed Forces to execute it. The problem was that the Chilean Armed Forces were very backward politically- no other Armed Forces in Latin America would have allowed Allende to last three years - and it required a mass civilian movement to get the Armed Forces to act." 4*

Thus, the task of these conspirators was to build a strong oppositional civilian base around the gremios in order to convince the Army that its intervention was necessary.

Of course, this is not to say that these groups would not have welcomed the constitutional collapse of the Allende Government. The military coup might conceivably have been unnecessary. However, it is remarkable how little faith these groups had in constitutional mechanisms to bring down the Allende Government. They were all fiercely anti-Marxist

and believed that like any Marxist group, Popular Unity's promise to respect the Constitutional would ultimately be broken . The Marxists they believed wanted to establish a totalitarian state. Thus a priori constitutional means were inadequate to bring down the Government.

The Right recognizing the lack of constitutional means by which to oppose Popular Unity substituted Chile's normal mechanism of opposition - political parties--for the gremios. It was envisaged that through the use of these extra-constitutional forces, the Allende Government would be defeated.

### Doctors

How then were doctors involved with this national campaign to build this civilian opposition base?

## 6.3 "CONSPIRATORS" INSIDE THE COLEGIO MEDICO

Social scientists often view conspiracy theories as over-simplistic. However, within the medical profession groups of doctors did conspire to use the Colegio Médico in alliance with other gremios as part of a national plan to bring down the Government.

These doctors came mainly from Valparaiso. They were Drs. J. Alvayay, Ernesto Mundt, Gonzalo García and Jaime Venezian. Doctors from Rancagua and four doctors from Santiago, Drs. Darwin Arriagada, Rene Merino, Osvaldo Artaza and Raul Donckaster made up this cabal.

This group shared the political aims of the Monday Club. Ernesto Mundt in a private letter argued that his task in May 1971 as a General Councillor was to unite with the other civilian groups in opposition to Salvador Allende and by so doing create the conditions which would force the military to intervene. As he wrote,

*"Fuí al H. Consejo General a trabajar por la caída del régimen marxista de Allende. En ese sentido representé siempre, fielmente, el sentir de nuestro Regional. La acción mancomunada de todos los sectores civiles involucrados en la lucha permitió crear el ambiente necesario para que las Fuerzas Armadas dieran el paso que libró a Chile del Marxismo Internacional. Dentro de esta acción el gremio médico puede honrarse de haber estado en las primeras filas."* 5

It is interesting to note that in May 1971 J. Alvayay argued that opposition to the Allende Government should be organized through the gremios and not the political parties. This was his essential message to doctors when he declared in early 1971,

*"El país está siendo sometido a un proceso de cambios, los cuales nos tocan como ciudadanos y como médicos. Nada de lo que ocurra nos es indiferente. Hay dos caminos: o afrontamos la situación aislada y desordenadamente, bajo la presión de imperativos partidarios que operan fuertemente, o lo hacemos*

*colegiadamente unidos, estrechando  
filas, en torno a ideales y prácticas  
que siempre han constituido nuestro  
(El Gremio Médico) timbre de orgullo..." 6*

There was no direct evidence to link these doctors with the Monday Club. However, in many ways their actions were so similar that it was reasonable to assume that such links must have existed. For example, beginning in 1971 like the Monday Club, the four doctors in Santiago met each week in the offices of the Colegio Médico to plan their political project.<sup>7</sup> One of the doctors Osvaldo Artaza was to become one of the main spokesmen of gremialismo when the movement was formally launched in October 1972 at the time of its first strike.

Two remarkable features characterized these conspirators. The first was the speed in beginning operations ; Popular Unity had barely begun when doctors in Santiago were meeting on a regular basis to plan its downfall (early 1971) . In Valparaiso, doctors had organized their first assembly by December 1970 . By April 1971 they published their manifesto stressing the importance of gremial opposition. Mundt was a General Councillor by May 1971 and as he proudly declared,

*"Fui al Consejo General a trabajar  
por la caída del régimen marxista  
de Allende." 8*

These groups began their activities during Popular Unity's honeymoon period when the Christian Democrats were supporting President Allende and when even a

leading Employers' Representative J. Fontaine was publicly expressing his personal admiration for the new President.<sup>9</sup> All the so-called "crimes" of the Popular Unity Government which they declared was the reason for their opposition were still to take place.

The second noticeable feature was that none of these conspirators had been prominent in gremio politics before 1970. But on the morning of the 11th September 1973, E. Mundt was President of the Colegio Médico, D. Arriagada was Treasurer, O. Artaza was Secretary General, R. Donckaster was Vice President, and J. Alvayay was President of the Regional Council of Valparaiso. Their climb from relative obscurity before Popular Unity to outright control of the Colegio Médico in September 1973 was truly remarkable.

These conspirators integrated themselves with the Right inside the Colegio Médico and in the following sections we shall refer to them by this label.

#### .4 ORIGINS OF THE RIGHT'S STRUGGLE IN VALPARAISO

The Right's attempts to win over the Colegio Médico began immediately after the electoral victory of Popular Unity in Valparaiso. Its first public demonstration occurred 3 months later, again in Valparaiso. This demonstration was held in response to a document prepared by the General Council of the Colegio Médico on Popular Unity's proposed

Servicio Unico de Salud.

This document in general terms gave its approval to this planned change in the health service. The overwhelming majority of the 126 doctors attending this special assembly on December 30th rejected the General Council's stance on the Servicio Unico de Salud. The main fear expressed at this meeting was that the Servicio Unico de Salud would lead to the elimination of private medicine. As one of the resolutions read:

*"El proyecto progresivamente establece un Servicio Unico de Salud, que atienda a toda la población, en forma igualitaria, independientemente de su ingreso económico, desapareciendo en consecuencia todos los servicios médicos de las diversas instituciones, y dando igual derecho a atención incluso a los grupos de mayores recursos económicos.*

*Creemos, que si bien el Colegio Médico debe velar por dar salud a la población lo que bien pudiera hacerse perfeccionando lo existente, no puede propiciar y debe rechazar todo proyecto que perjudique los ingresos de sus asociados." 10*

The Assembly agreed to repudiate the General Council for deciding the position of the Colegio Médico towards the Servicio Unico de Salud without consulting its Regional Councils.

These Valparaiso doctors' criticisms of the General Council extended to their own Regional Council of Valparaiso. The Right wing group which had organized the assembly tabled a vote of censure against its Regional Council.

Members of the Valparaiso Regional Council although objecting to the way the censure motion was tabled tendered their resignations. In the subsequent elections, the Right wing of Alvayay, Venezian and Garcia were elected by an overwhelming majority to the Colegio Médico. The old guard of moderates and Radicals had been effectively forced out of the Regional Council of Valparaiso.

Similarly 2 of the 3 consejeros of the Regional Council on the Santiago General Council were uncerimoniously thrown out. Gueselaga, an elderly Right winger was re-elected but Rios and Grossman were replaced by 2 Right wingers, Mundt and Bruzzone. Rios in particular, a distinguished figure in gremio politics in the 50's and 60's objected to the way in which he had been treated.

*"nada ha sido más desilusionante e injusto que conocer todavía por vía indirecta, sin que nunca se me llamado a conversar, no a explicar..." 11*

Alvayay, the new President of the Regional Council replied that someone "*más firme*" was needed to act as its consejero.

The old Colegio Médico doctors in the Regional Council of Valparaiso and those in the General Council in Santiago objected to the very sudden and well organized take-over of the Colegio by doctors who had previously shown little interest in the Colegio's affairs. This Right wing group of Alvayay, Venezian and Mundt, had within a few short

months installed themselves inside the Regional Council. They immediately elected their own supporters to all Regional Council posts. They increased the union subscriptions in Valparaiso to finance a public relations officer to combat the anti-doctor campaign whipped up by elements of Popular Unity. In May they published a manifesto. In this way a quietly run Regional Council which had previously attracted little attention from doctors was suddenly transformed into an important centre of activity. The springboard for the Right wing's successful seizure of the Regional Council of Valparaiso had been formed by fear of the Servicio Unico de Salud, distrust of the General Council in Santiago and anger at the Popular Unity's actions which had lowered the prestige of the profession.

#### .5 VALPARAISO:THE CENTRE OF RIGHT WING DOCTORS' OPERATIONS

Why did this openly hostile response to Popular Unity occur so quickly in Valparaiso and not in other Colegio Médico regions?

The main reason was that Valparaiso harboured the most Right wing doctors in Chile. Firstly, the district of Valparaiso included the most affluent area of Chile, Viña del Mar. Most of the doctors in the region had their homes in Viña. Nearby

in their private clinics, they treated the wealthy of Viña and tourists, many from Argentina who flocked to the seaside resort in the summer season. Because of the considerable income they obtained from this work, their commitment to private practice was stronger and hence, their fear of Socialist Governments greater.

Moreover, many of these doctors had retired to Viña from their Servicio Nacional de Salud work in Santiago. They had therefore, already received all the benefits which the service had to offer them e.g. study grants. Thus, by threatening to extend the State service, Popular Unity alarmed these doctors to a greater degree than those who divided their time more evenly between public and private work.

Also, the speed by which these doctors in the port responded was due to their group consciousness and solidarity. In Santiago doctors were relatively isolated in the huge hospitals of the capital and were thus relatively anonymous to one another. In contrast, in the port of Valparaiso doctors existed in a close knit community. Geographically, they were very densely concentrated. In the Viña city centre hundreds of doctors' private clinics were located. Thus, mobilization of this group by the Right was much easier.

Also, Viña produced an individual doctor whose immense character shaped the ferocious challenge of the Right. This man was Jorge Alvarado.

He became the most important figure in gremial politics throughout Popular Unity and assumed the leadership of the Right wing doctors throughout the length and breadth of Chile. Alvayay had ironically been a close friend of Allende (who had begun his medical career in Valparaiso) and had been a leader of the Socialist Party of the port. With the victory of Popular Unity he moved violently to the Right and turned all his oratorical powers and organizational skills against Popular Unity. As President of the Regional Council of Valparaiso, Alvayay worked tirelessly and successfully to mobilize the Right and turn the Colegio Médico into an anti-Popular Unity front.

Another reason for the strength of the Right in Valparaiso was the nature of Christian Democracy at the port. In general the Christian Democrats' political orientation was more to the Right than in other regions. In Valparaiso, Oscar Marin, was the first joint Christian Democrat/National Party Deputy elected in 1971 during Popular Unity. Moreover, unlike Santiago the Christian Democrats were in a minority to the Right inside the Colegio Médico.

Finally, Valparaiso was Chile's main port and the Navy had its base there. The Marines were the most Right wing of the Services; some of Popular Unity believed that while they could neutralize the threat posed to their Government from the Army and the Air Force, the Navy would

remain an intractable problem. In such a small community as Viña, most doctors had either friends or relations serving as Marine officers. Moreover, doctors and Navy officers were in permanent contact with each other in the Navy hospital in Valparaiso.

For all these reasons, Valparaiso evolved as the Right wing doctors' headquarters.

#### 6.6 ORGANIZATION AND INITIAL STRATEGY OF RIGHT WING DOCTORS IN VALPARAISO

The Right's immediate aim was to reduce the Left wing's effectiveness in the district of Valparaiso. The problem was not simply to win control but to maintain it. Thus, the opposition doctors formed a highly effective organization which operated behind the formal structure of the Regional Council.<sup>12</sup> They created a central committee of 10 doctors. Each of these individuals was President of another committee of 5 doctors. Thus, at every election they could assign so many votes to each of their candidates, preventing any dispersal which could let in a Popular Unity candidate. Moreover, before each election, every voter had been canvassed to determine his vote. Thus, even before the election took place, they knew how many votes their candidate would win by.<sup>13</sup> This was a good example of the thoroughness of these Right wing organizers.

Alvayay realised the need to mobilise doctors behind his ideas. Thus, 4 Departments were added to the Regional Council. This involved more doctors in the work of the Colegio. Moreover, Alvayay staged doctors' assemblies in local hospitals. At these doctors could take decisions that were binding on their Regional Council, as well as being given information on the latest Popular Unity outrage towards the profession. The doctors in Viña and Valparaiso were the most informed in Chile during Popular Unity.

These assemblies needed a more regular and formal structure. Thus, to cement the link between the Regional Council and the doctors in the hospitals (a link which had only existed haphazardly in the past) Alvayay had the idea of forming local hospital chapters (capitulos). The capitulos were democratically elected by the doctors in each hospital.

Capitulo representatives regularly attended meetings of the Regional Council. The Regional Council, in turn, sent matters to be discussed to these capitulos to find out the consensus view of all doctors in the area and thus, determine the position of the Regional Council. The Regional Council of Valparaiso could never be faulted for its lack of democracy during Popular Unity.

The capitulos in this region defended their members against verbal and physical attacks by other health workers. After such occurrences they

published condemnations in the press as well as sending details to other capitulos. They organized doctors at times of Colegio Médico strikes so as to ensure maximum support. Through this network Alwayay could take the pulse of all the doctors of the region ensuring that his strategy was in tune with the mood of the doctors.

Moreover, Alwayay suggested to Artaza, Arriagada, Mundt and Donckaster in Santiago that capitulos could be used to put pressure on the old style consejeros in Santiago to act more belligerently against Popular Unity.<sup>14</sup> Throughout 1971, the Santiago conspirators set about organizing the capitulos and like their colleagues in Valparaiso drew up lists of all the doctors in the capital (over 4,000) to establish their political positions.

However, in the first year of Popular Unity, the Right could not take over the General Council as it had done in Valparaiso. Men such as Villarroel and Acuña, President and Vice President respectively could not be disposed of easily. The Right understood the danger of alienating them and their supporters. It therefore hoped to use them as front men while holding the real power in the new doctors' organizations.

Aside from setting in motion the capitulo movement in Santiago and Valparaiso, Alwayay established links with other Regional Councils, particularly Rancagua. The Valparaiso and Rancagua Regional Councils and the embryo capitulo movement

were to steadily gain in power and reach their height at the time of the coup.

The Right's organizational base underpinned the waging of a shrewd campaign to attract doctors to its position. This campaign through exploiting doctors' fears about the Servicio Unico de Salud and the end of their private practices was highly successful. It was the only group quite openly to discuss the need to protect doctors' private practices. The Christian Democrats were too timid to openly come out and defend doctors' privileges in this way. But the Right in its manifesto which was prepared for the Colegio Médico Convention of September 1971, argued that without the economic independence of private practices it could have no political independence:

*"Reducidos a la exclusividad de funcionarios únicos del Estado (F.U.E.), si las reglas del juego dejan de ser democráticas y tenemos un Colegio Médico entreguista y capitulador, perderemos el "Habeas Animae" el derecho a disponer de nuestra alma, a pensar libremente en forma pluralista; llegaremos a la esclavitud mental." 15*

Thus, as early as 8 months after the election of Popular Unity, the Right inside the Colegio Médico had recovered from its initial setbacks and was beginning a campaign to align the Colegio with other gremios opposed to Popular Unity.

Nonetheless, the Right was still well short of total control of the doctors' gremio. The Colegio Médico and the General Council in particular were still in the hands of the centrists and Christian Democrats. Doctors such as Villarroel, Silva and Acuña while infuriated at the tactics of the Left wing doctors, were still unwilling to join the Right in a whole hearted campaign against the new Government. Moreover, while these men were politically active, there was a stubborn belief that the role of the Colegio was gremial i.e. that the political task the Right had set for the Colegio was inappropriate for an organization exclusively concerned with matters pertaining to the profession of doctors. It was this "gremialist" position that the Right was to attack during the Popular Unity years and beyond.

## 6.7

FRESIA AND THE BATTLE FOR A NATIONAL DOCTORS' STRIKE

On the 4th of April 1972, a Dr. A. Casals who worked in the hospital of Fresia in the south of Chile was attacked and severely injured by a group of peasants. Almost a fortnight later, this event burst into the headlines in Santiago and Valparaiso. The Right used this incident to declare the first strike against Popular Unity. It argued

that the attack was the result of the anti-médico campaign orchestrated by Popular Unity. The strike was confined to Valparaiso and lasted for a day.

This action followed similar attempts by Valparaiso to escalate the protest against Popular Unity. As early as December 1971 following an attack on a doctor in the district, discussions took place inside the Regional Council to determine whether the time was ripe to call a strike. But the Christian Democrats were reluctant. As Dr. Ascorra argued,

*"El Colegio Médico no puede estar propiciando una huelga y que debe esperarse que los capítulos estén constituidos para que ellos tomen los acuerdos que correspondan."* : 16

Privately some consejeros recognized that the doctors who had been attacked had behaved arrogantly towards their patients and hence had got what they had deserved. The real reason however, why the Right had stopped short of calling a strike then was that it was the height of the summer season and many doctors were away on holiday.

Prior to the Fresia strike, the Right had suffered reverses inside the General Council. It was true that the September Convention had been a resounding success for the Right but it had failed to bring out the Colegio Médico in direct opposition to Popular Unity's health policies. For instance, the Right wing consejeros in the General Council argued that it was illegal to amend the legislation passed

in 1968 to democratise the Servicio Nacional de Salud and the Colegio Médico therefore should not participate in Government Health Commissions to discuss Popular Unity's health schemes. But Silva, one of the leading Christian Democrat consejeros replied that it was perfectly legal and that doctors had a duty to participate. The Right's subsequent motion that the Colegio should not participate was defeated by 8 votes to 5 with the Christian Democrats joining with the Left. On the subject of democratization the Christian Democrats who themselves had introduced similar schemes in 1968 were closer to the Left than to the Right.

Moreover, the Right failed to obtain Colegio Médico support for ANSCO (Asociacion Nacional Supervisores del Cobre) which formed the first Front against Popular Unity in May 1971. This white collar group organized a strike at the mines of Chuquicamata in protest at the appointment of Popular Unity officials. Fourteen of these supervisors were arrested including 3 doctors. The Regional Council of Valparaiso supported the action of these doctors and the supervisors in general. It wanted the General Council to appeal to the Government to have these doctors reinstated and to condemn Popular Unity for its abuse of professional workers. But the Christian Democrats refused, arguing that it was wrong for a professional college to criticize a Government for simply abiding by the law.

Thus, the strike action was also an attempt by the Right to persuade the Christian Democrats in the General Council that their position of dialogue and compromise with the Government was losing support amongst the majority of the profession. These attempts however, were largely unsuccessful. The Christian Democrats opposed the Regional Council of Valparaiso's strike action. As one of their members said,

*"Todos los antecedentes que ha recibido el Consejo, tanto del Consejo Regional Puerto Montt, como del Dr. Lagos y de las autoridades de salud, son coincidentes; todos dicen que los hechos existieron y que no les debe admirar que las bases médicas reaccionen como están reaccionando en este momento ."* 17

The majority of the General Council realised that the strike was political and would not contemplate the request of the Valparaiso consejeros on the General Council to make the strike national. Some Christian Democrat consejeros supported the Popular Unity Government's handling of the affair arguing that the authorities had not been slow to take action against those responsible for the assault. As Silva declared,

*"El asunto ha estado bien dirigido y estima que la respuesta de las autoridades, si bien han tenido determinados dificultades internas, es que se han obtenido resultados y cree que el Consejo General así debe manifestarlo a los médicos."* 18

The Christian Democrats were also furious that Valparaiso had taken this action without first consulting the General Council. As Silva argued, it was the General Council's responsibility to take the lead in gremial affairs . He noted that Valparaiso's declaration implied criticism of the General Council and he warned of the danger to gremial unity when the General Council and a Regional Council mistrusted each other . As Silva said,

*"El Colegio Médico tiene la responsabilidad de conducir gremialmente a toda la Orden médica, no se puede permitir que algún organismo de base, o Consejo Regional en un momento coloque al Consejo General en situaciones que lo obliguen a tomar un camino determinado y que, lo presione a actuar en determinado sentido . No hay ninguna duda que en la declaración de Valparaíso está implícita una crítica importante a las autoridades del Consejo General y cree que, no es el momento de estar polemizando públicamente ni tomar actitudes que produzcan una quiebra de unidad gremial."* 19

The Regional Council of Santiago, under pressure from its capitulos led by Artaza, Arriagada, Merino and Donckaster announced a 24 hour strike on 9th May. All the Popular Unity workers mobilized themselves in readiness, but 24 hours before it was due to take place, the Regional Council postponed it. It realised that there was insufficient support for the strike amongst the profession.

The Right's action in Valparaiso was a failure. Nonetheless, its strike had given it good practice; the difficulties involved in calling a strike were now apparent. The aim of the strike -

to create confusion and chaos had only been partly realised despite 70% of doctors supporting it. Popular Unity doctors had increased their workload to cover for striking colleagues. Moreover, in an effort to retain public sympathy, striking doctors kept emergency services running normally. The standard of hospital service therefore offered during the strike was similar to that provided at weekends or on holidays. Moreover, the difficulty involved in launching strike actions in other Regions of Chile became apparent. In remote Regions, information of events in Santiago and Valparaiso was sparse. Finally, many of the doctors who had not gone out on strike had not done so through support for Popular Unity but rather, for ethical reasons. The Right realised that these problems would have to be solved in order to make its next strike action more effective.

Furthermore, hatred towards the Popular Unity doctors who had refused to join the movement increased after the strike. This was the start of the witch-hunt of Unidad Popular doctors which reached its height after the coup. On 17th May 1972, Alvarado wrote to the 9 capitulos Presidents asking them to urgently supply the names of those who had not obeyed the order to strike so that these might be published in the press and the magazine of the Regional Council of Valparaiso. 20

6.8 PREPARATIONS WITHIN THE COLEGIO MEDICO FOR THE FIRST STRIKE OF THE GREMIOS

At the national level moves were afoot from the end of the Chilean summer in March 1972, to organize the first gremial confrontation with the Government. An important meeting took place on 4th March 1972 in the province of Chiluhue which the Right wing press called the "*complot del pastel de choclo*". At this meeting 33 leading opposition figures were invited including Orlando Saenz and Domingo Arteaga of SOFOPA, Jorge Fontaine, President of the Confederación de la Producción y del Comercio, representative of the Christian Democrat and National Parties and journalists such as Jaime Guzman and Julio Filippi. At the end of this meeting they released the following statement,

*"Nuestra libertad, nuestra democracia y los derechos humanos están seriamente amenazados - tiene la obligación de actuar ante esta situación, no cabe la cobardía ni el desaliento. Es la hora de la acción. "* 21

It was widely believed by the Left that this meeting decided to begin a national movement of all the gremios which would culminate in a general strike in September. It was however doubtful at this stage that even the Right wing of Christian Democracy was fully in favour of this form of direct action. Their position, at least until their failure in the March elections of 1973, was to

remove Allende through constitutional means. However, for the Right pushing for this "*movimiento de masas de la burguesia*", Christian Democrat acquiescence was essential because this party, unlike the National Party had support among the lower middle class and the working class. If this gremial action was to be effective it needed these groups to stop work as well. This March meeting probably represented an attempt by the "*gremios patronales*" to bring the Christian Democrats to their side.

Whether the decision to launch the gremial movement was actually taken in March or not was irrelevant. A decision was taken and from March 1972 onwards Chile was alive with rumours of Right wing direct action in order to trigger the military coup.

Attempts by the Right to align the Colegio Médico with the planned gremios' strike

The Right's actions in the period from Fresia until the strike was eventually called in October had one common purpose: to prepare the Colegio Médico to join the strike whenever it was called.

The Regional Council of Valparaiso took the lead inside the Colegio Médico in preparing itself for the gremios' strike. First it set about establishing excellent links with the local press,

radio and television in a clear move to give its future strike action maximum publicity in the port. It also began to cement links between itself and the other health gremios in order to bring them out in sympathy in any future strike action. This was the logic behind an official Act of Constitution signed on 7th June between the Colegio Médico of Valparaiso and the professional Associations of Chemists and Dentists at the port.<sup>22</sup>

The Valparaiso group held several meetings with its co-conspirators in the Club Naval at Viña del Mar. This group included the Santiago doctors, several doctors from Rancagua and the Valparaiso group itself. They were also known to spend weekends together in a holiday resort in the mountains above Santiago in order to carry on their discussion of tactics.<sup>23</sup>

The major theme of these discussions was the problem of the Christian Democrats, Radicals and moderates inside the Colegio Médico and in particular, inside the General Council. These groups had been reluctant to call a national strike at the time of Fresia and when a decision to call a gremio strike was eventually taken, their loyalty would be in question.

In order to try and weaken the influence of this moderate group inside the Colegio Médico, the Right proposed that the Colegio be

restructured to allow the Regional Councils to have a greater say in the running of the gremio. The Right, believing that its support lay in the Regions, repeatedly called for conferences of the Regional Councils to take over the role of the General Council. The Right's tactic in calling for these special conferences was to bypass the inevitable objections of the moderate majority of the General Council to its call for a national doctors' strike.

By far the Right's most ambitious tactic to transform the Colegio into an effective strike weapon was Alwayay's proposal to change the Colegio Médico's Code of Ethics. He suggested that the Code should include the principle of "Gremial Crime" which meant that if a doctor refused to obey a decision of the Colegio Médico, for example an instruction to go on strike, he could be legally punished by the Colegio under its Code of Ethics. It must be remembered that one of the difficulties Alwayay had encountered in the Fresia strike was a lack of response from doctors who for ethical reasons had refused to stop working. Alwayay planned that this change in the Code of Ethics would maximize gremial unity by forcing these doctors to obey a Colegio Médico decision to go on strike.

However, while the Regional Councillors of Valparaiso were very obviously on "strike alert" during this period, the General Council and the leadership of the Colegio had no strike plans . They refused

to implement at a national level the strike preparations under way at a regional level in Valparaiso. Alvayay's proposal that the Delito Gremial be added to the Code of Ethics was not implemented in this period. Power remained very firmly in the hands of the General Council and was not devolved to the Regions. Thus, any strike decision would have to be passed through the normal Colegio Médico channels.

In fact, to the horror of the Right the leadership of the Colegio was actually improving its relations with Popular Unity and especially with Salvador Allende . After one meeting with Allende, R. Acuña the Vice President of the Colegio Médico and a Christian Democrat declared to the General Council,

*"A mí me impactaron mucho de las cosas que dijo el Doctor Allende. Yo creo que el Dr. Allende es una persona de la cual no podemos estar dudando en absoluto de su rectitud ni de su actitud." 24*

This drew Mundt , the Valparaiso Representative in the General Council to contradict Acuña,

*"Creo que el gremio médico está profundamente desilusionado del Señor Presidente de la República!" 25*

When the Right proposed in the General Council that the Colegio Médico should be ready to declare a strike, the majority of Radicals, Christian Democrats and Left wing consejeros on the Council rejected the proposal. In agreement with Villarroel the President of the Colegio Médico, Acuña declared,

*"He sido siempre partidario de la línea seguida por el Presidente actual del Colegio, es decir enemigo permanente de ir a todo tipo de paro o huelga."* 26

Silva argued that a strike was not the best method of obtaining Government support for the profession. He argued that a strike would not lead to "*colaboración positiva*" between the Colegio Médico and the Government. As Silva declared to the General Council, it was wrong to believe that a strike would do the profession any good since it was impossible to imagine that through strike action one can

*"arrinconar a un Gobierno para obligarlo a actuar porque está arrinconado."* 27

Thus, while all over the country and in Santiago especially the gremios were expected to begin strike action against the Allende Government, in one gremio at least there was clear opposition to this project.

The attitude of these Christian Democrats like Silva and Acuña in wanting to negotiate with the Government angered the Right who warned them that they were out of touch with the mood of the profession. The profession, it argued was thoroughly dissatisfied with the Allende Government and if the General Council did not act, the Regional Council would be forced to take unilateral action.<sup>28</sup>

When the gremios' strike was eventually called this Right wing forecast proved to be correct.

6.9 THE OCTOBER MOVEMENT

The strike of gremialismo began in October and not September as supposedly planned . Allende's retirement of General Canales in September, widely seen as the leader of any military coup within the Army was the principal reason for this delay. Also a huge demonstration of popular support for the Popular Unity Government on 3rd September in Santiago caused the organizers of gremialismo to have further doubts about the appropriateness of a September strike.

The incident which eventually triggered off the movement was barely worth reporting. The Government announced a plan to nationalize road transport in the small and remote region of Aisen. This intention was definitely not part of any wider plan to nationalize transport throughout the country; nevertheless it provoked a local truckers' strike on October 1st which by the 19th had led to a total national strike. It was clear at this stage that the gremial movement was using this local insignificant incident as the platform from which to launch its strike action. Several gremialismo leaders made announcements calling for civil resistance. Jorge Fontaine called for,

*"un gran comando de la libertad  
que integraría a todos los  
gremios."* 29

The Popular Unity Government was now facing a huge crisis. Geographically a vast country, Chile depended on its road transport to maintain the distribution of essential supplies. The spirit of crisis was reflected in violent street disorder. In the face of this challenge the Government declared a State of Emergency and, under special powers arrested the Truckers' leaders including Leon Vilarín.

The Government's arrest of Vilarín was a mistake. It allowed the "front line" gremios like SOFOFA, Camara de Comercio, Camara de la Construcción and La Confederación Nacional de la Producción, the Gremios Patronales, to declare strikes in sympathy with the arrested Truckdrivers' leaders. This launched a further wave of anti-Government street demonstrations which now also included the arson of any small businesses and firms which had not joined the strike. The Government's response was to declare States of Emergency in 13 provinces and to close non-Government radio stations.

6.10

THE DECLARATION OF A NATIONAL COLEGIO MEDICO STRIKE

After the strike Alvayay complained that the Colegio Médico had lacked any central leadership . As he said,

*"el Colegio Médico de Chile tenía solo apariencias de vertebración nacional. Faltaban deficiencias doctrinarias y prácticas para cultivar un gremialismo que hacía agua por muchos forados. Tampoco teníamos un liderazgo central....."* 30

In fact the Colegio Médico's strike was really a strike of the Regional Councils especially Valparaiso. It was they who had forced the General Council and the leadership of the Colegio Médico to make the strike national.

Not surprisingly the doctors' strike movement began in Valparaiso. A group of Valparaiso doctors calling themselves, La Unión de Médicas Democráticas declared a strike of its private medical work on 14th October. Two days later, the Regional Council of Valparaiso after receiving a petition from 250 local doctors declared an indefinite strike of all its activities with the exception of the emergency services.

The Regional Council of Santiago under intense pressure from its capítulos and their leaders like Arriagada and Artaza followed suit by calling a strike of doctors in the capital.

Finally, more than a week after the Valparaiso doctors had begun their action, the General Council met to discuss the strike. At this meeting it was agreed by a narrow majority to call a national strike. Of the 12 Regional Councils of the Colegio Médico, 7 had voted in favour and 5 against.

It could be argued that without the insistence of the Regional Council of Valparaiso and the capitulos of Santiago, i.e. the groups which were trying desperately to align the Colegio Médico with the gremios in a total stoppage, that the Colegio Médico strike would never have been called.

#### 6.11 DOCTORS' SUPPORT FOR THE STRIKE

The General Council's indecision reflected a rather surprising lack of support among doctors for the plan of the Gremios Patronales. There is no doubting the huge support among the profession in Valparaiso for the strike. The Regional Council of the port had claimed that 85% of doctors in its district had stopped work. No conspiracy, it would seem was needed here.

However in Santiago and other Regions support for the strike was not as strong as in Valparaiso. The Regional Council of Santiago had tried to conduct a poll of the doctors in its jurisdiction to measure support for a possible strike. Out of a total of 2,815 doctors only 1,295 actually voted which in itself showed a lack of support. Out of this 1,295 only 805 voted in favour of the strike; 142 said that they would strike but with certain misgivings while 355 doctors opposed the strike altogether. The Minister of Health declared that only one third of

doctors in Santiago actually stopped work. This figure was no doubt minimized in order to play down the effect of the doctors' action. However, it was widely agreed that only half the doctors in Santiago were on strike in October. Moreover, in some hospitals in Santiago such as Barros Luco and San Borja, the more Left wing hospitals, striking doctors were in a minority. And in the Hospital Psiquiatrico in Santiago, always renowned for its Left wing medical staff, no doctors were reported on strike.

In the other major city of Chile - Concepcion, the same lack of response was evident amongst doctors. According to a poll carried out by the Regional Council of Concepcion doctors were evenly divided on strike action. The Regional Council eventually declared a strike when the General Council's strike order arrived.

In the provinces support for the strike was even less than in the cities. This was not terribly significant because many of the Regional Councils such as Punto Arenas only had a few hundred doctors. Nonetheless, in the polls carried out by these Regional Councils, the vast majority of doctors in Antofagasta, Valdivia, Puerto Montt and La Serena, all voted against the strike. In these provinces even when the majority of doctors did agree to strike, few actually did so. It has to be remembered that

many hospitals in the provinces were cottage hospitals with a medical staff of only one or two doctors at most. If these doctors had stopped working there was no-one to treat the patients. Also doctors in these types of hospitals were much more visible to their patients because there were so few of them. As one doctor said,

*"Doctors in the big hospitals could go on strike without their patients knowing, but in the provinces striking doctors could not hide their action from their patients."* 31

Rather than face their patients' wrath doctors in the provinces tended to carry on working.

5.12

#### EL PLIEGO DE CHILE

On 22nd October during the strikes, a National Command of the Gremios was formed. This represented the realisation of the plans hatched in early 1971. But, in terms of attracting genuine professional support, the comando was a failure. The Comando Nacional de Defensa Gremial was formed before the Colegio Médico had actually decided on whether to join the national strike. Indeed, no professional college supported the Comando. Thus, while all the business gremios such as the Camara Central de Comercio Chileno and the Confederación Nacional de la Producción e Comercio gave their support, the other full

battallions of the Colegios Profesionales were noticeable only for their absence. True a group called Profesionales en Conflicto and a Frente Nacional de Profesionales (which the Valparaiso Union de Médicos Democráticas had supported) were listed as members of the Comando, but this had very little support from professionals as a whole. The fact that no Colegio Profesional came out and publicly declared its support for the National Command was a considerable setback for the gremial movement.

Two days after its formation, the Comando announced the "Plight of Chile". This was a document listing 28 points which the Government would have to agree to accept to make the gremios call off the strike. Many of the demands challenged the Government's right to extend the State sector of the economy. Allende refused to meet the Comando's representatives to discuss this document arguing that the Pliego's demands were political.

#### 6.13 THE DIVISION INSIDE THE COLEGIO MEDICO DURING THE STRIKE

As the strike developed it became clear that the Right's aim of creating chaos in the health service in order to bring in the Armed Forces was not being supported by all doctors on strike. The moderate doctors' aims were much less ambitious. They had, as we have seen, only agreed reluctantly to call a strike.

Now out on strike, they were determined that their action should not be interpreted as having political overtones. Villarroel, the President, refused to have the Pliego de Chile discussed at any Colegio Médico strike meeting because of the political demands of this document. In general the Radicals and the Christian Democrats argued that their strike was "truly gremial". It represented a protest at the infringements of gremial liberties caused by the Government's arrest of Leon Vilarín.

Because its protest was more symbolic than political the leadership of the Colegio Médico had not declared an indefinite strike. Unlike the Regional Council of Valparaiso it was not trying to push Chile into chaos and anarchy. During the strike it was perfectly willing to negotiate with the President of the Republic at any time in order to end the conflict. For example, at a meeting of the seven professional colleges out on strike, a motion was debated whether to allow Allende to act as mediator. The motion was narrowly defeated by 4 votes to 3. Among the 3 professions supporting the motion was the Colegio Médico.

In contrast to the General Council, the Regional Council of Valparaiso's aims were political. It drew up its own ultimatum to Allende which was even more extreme than the actual Pliego de Chile. In this, it listed the conditions to be fulfilled before it could suspend its protest. These

conditions called for the maintenance of the State of Emergency (because this gave the Armed Forces the role of protectors of public order); the halting of all agricultural expropriations; the reorganization of industry through the appointment by the relevant professional colleges of suitable technical staff; a replacement for the present Minister of Industry; and no further nationalizations. Finally, the ultimatum demanded that a plebiscite should be held before the elections in March to give Chileans the chance to vote on the "Chilean Road to Socialism".<sup>32</sup>

At the last moment this ultimatum was not published. If it had been published the Colegio Medico would have probably denied that these aims were in line with the Colegio's policy. Moreover, this would have given the impression of a disunited Colegio Medico, something which the leaders of gremialismo were trying to avoid.

During the strike a dispute arose between the "políticos" and the "gremialistas" over how the strike should be conducted. The Right saw the strike was having a minimal effect on the health service. As one of its adherents said, there was a need to

*"Crear una presión psicológica en la población y romper el equilibrio que actualmente existe al darle el Gobierno visos de normalidad a nuestro movimiento". 33*

To this end the Right proposed to withdraw medical coverage in the emergency services. This was not quite as

drastic as it appeared. The aim was principally to force strike breaking doctors to leave the non-emergency cases and treat patients in the casualty services and intensive care units. Nonetheless, it was too extreme for the moderate doctors who rejected the suggestion out of hand. Thus, the efforts of those doctors who wanted the health services to fall into chaos and thus force the military to intervene were blocked. In a final desperate bid the doctors in Valparaiso agreed to stage a total medical stoppage, including the emergency services on 7th November. However by 5th November the national strikes had been called off, thus preventing the Regional Council of Valparaiso from declaring its all-out strike.

#### 6.14 THE FAILURE OF THE DOCTORS' STRIKE AND THE FAILURE OF GREMIALISMO

The Right wing doctors had failed to inflict total chaos through their strikes. Their action had caused the health authorities few major problems. No patients were evacuated nor were refused treatment because of a lack of medical personnel. Laboratory and X Ray tests were carried out normally. Treatment given to patients was

similar to that provided at weekends or at holiday times. Two reasons explain why the authorities were able to maintain a relatively normal service during the strike.

First, a substantial number of doctors carried on working. By increasing their working day, they quite easily managed to cover for their striking colleagues. Secondly, the other members of the health team - nurses, auxiliaries and white collar staff, who had not joined the strike in any substantial numbers, together with final year medical students organized themselves efficiently to fill the gaps caused by the missing doctors.

But the Right's main failure was that despite all its efforts, it had still not succeeded in obtaining massive doctors' support for gremialismo. In a meeting of Presidents of the Regional Councils of the Colegio Médico to discuss how the strike had been conducted, J. Alvarado declared that the Colegio Médico had failed to appreciate the need to join gremialismo. As he said,

*"Cree que desde hace tiempo no nos estamos entendiendo bien, porque no hemos hecho un esfuerzo serio para diagnosticar la coyuntura histórica que vive el país a fin de situar en ella al Colegio Médico y la Salud Pública para sacar una práctica gremial."*

34

Moreover, Allende had managed to end the strike without having his Government overturned by a military coup. Allende had dissolved his Cabinet and appointed 3 military generals, one of them the Commander in Chief

of the Military, General Prats, as their replacements. The gremial movement declared this to be a great triumph. It was certainly true that the opposition had been wanting the inclusion of the Army in the Allende Government for some time. It believed that its inclusion meant that the Congressional elections of March 1973 would take place in an orderly way.

Nonetheless, gremialismo had failed both to paralyze the country through its strikes and to force the Armed Forces to overthrow the Government. Gremialismo had hoped that the high inflation rate of almost 100% would have begun to erode working class support for Allende. But the strike proved otherwise; the strength and mobilization of the working class in order to keep the country running despite all adversities came as a shock to gremialismo. This working class resistance more than anything else caused gremialismo's failure.

## CONCLUSION

Gremialismo was intended to build up a strong civilian opposition base to the Allende Government, organize strikes and demonstrations and through these tactics create the conditions in which the Armed Forces would have no alternative but to overthrow the Government. This strategy was co-ordinated by businessmen who lacked the social bases of support necessary for this plan's success. Thus, it was essential to incorporate groups like truckers and the professions who would constitute the necessary widespread support for the plan's success .

A small group of doctors, coming mainly from the Regional Council of Valparaiso had almost immediately after Popular Unity's victory, decided to use the gremio of the doctors in this political struggle against the Marxists.

While their organization and preparation were excellent, they did not succeed in bringing the leaders of the Colegio Médico and particularly the Christian Democrats along with them in this plan. Quite clearly they needed to break the mould of Colegio Médico politics as practised by the Christian Democrats and Radicals. However, these men like Acuña, Villarroel and Silva were firmly tied to the belief that the Colegio Médico should not be used as a political instrument against the Government.

This chapter reveals a quite significant division of which the Left at the time was unaware, between on the one hand, the supporters of gremialismo and on the other the moderate doctors such as Acuña and Villarroel. This division was to grow in intensity in 1973.

NOTES

1. Guzman, J. (1971). 'Jaime Guzman y el desafío gremial.' Que Pasa? 25 de Oct. 1971.
2. O'Brien, P. (1982). 'The New Leviathan: the Chicago School and the Chilean Regime 1973-1980.' Occasional Paper N° 38. Institute of Latin American Studies, University of Glasgow, pp.4-7.
3. Ibid p.4
4. Ibid p.5. See also on the aims of gremialismo Garcia, P. (ed) (1973). Los Gremios Patronales. Santiago de Chile.
5. Mundt, E. Private letter to the Consejo Regional de Valparaiso. 1974.
6. Cited in Vida Médica Dec. 1973.
7. Interview 11.
8. Mundt. (Letter) op cit.
9. Interview of J. Fontaine to Belgian Radio. Santiago. Dec. 1970. Source: interviewer - H. Roanne.
10. Unpublished resolution. Regional Council of Valparaiso files, Viña del Mar.
11. Letter of Dr. Rios to Consejo Regional de Valparaiso. May 1971, files of the Regional Council of Valparaiso, Viña del Mar.
12. Interview 17. This interviewee belonged to this ad hoc organization.
13. Ibid.
14. Interview 11.
15. 'Itinerario de la Calumnia y la Violencia.' Boletín del Consejo Regional del Valparaiso del Colegio Médico. March 1973.
16. Minutes of the Cons.Reg.de Valp. 5 de Dic. 1971.
17. Minutes of the Cons.Gen.Col.Méd. Acta N° 36. 6 de Abril 1972.

18. Ibid.
19. Ibid.
20. Letter to Capítulos in Valparaíso from Jorge Alvañay. Files of the Regional Council of Valparaíso, Viña del Mar.
21. See 'Los Gremios Patronales' op cit.
22. Minutes of the Cons.Reg.de Valp. 7 de Junio 1972.
23. Interview 41.
24. Minutes of the Cons.Reg.Col.Méd. Acta N° 41. 9 de Mayo 1972.
25. Ibid.
26. Minutes of the Cons.Gen.Col.Méd.
27. Ibid.
28. Minutes of the Cons.Gen.Col.Méd. Acta N° 43.23 de Mayo 1972.
29. Cited in O'Brien, P. et al (1976). Chile: the State and Revolution. Macmillan.
30. Cited in Vida Médica. Dec. 1974.
31. Interview 7.
32. Files of the Regional Council of Valparaíso, Viña del Mar.
33. Unpublished report of the strike's progress, in the files of the Regional Council of Valparaíso, Viña del Mar.
34. Special meeting of the Colegio Médico. Nov. 1972, to discuss its strike action. Minutes of the Cons.Reg. Col.Méd. Nov. 1972.

C H A P T E R

7

THE SUCCESS OF GREMIALISMO

## INTRODUCTION

In this chapter we will examine the struggle developing inside the Colegio Médico from March 1973 until the coup . This conflict was between on the one hand, a group of Christian Democrat doctors and on the other the supporters of gremialismo . This split remained hidden from the public until almost the end of the Popular Unity Government.

7.1

THE EFFECT ON NATIONAL POLITICS OF THE  
CONGRESSIONAL ELECTIONS OF MARCH 1973.

The results of the March elections were a considerable blow to the National Party and the Christian Democrats. They had hoped that Allende's vote would be less than the 1970 level, and that the combined vote of the parties of the opposition would provide the two thirds majority necessary to impeach Allende and bring down the Government. Instead, Popular Unity received 43.9% of the March vote which represented an important increase from the 36.2% in September 1970.

TABLE 12:1973 CONGRESSIONAL ELECTIONS

P A R T Y	1973 Number of Votes	%
POPULAR UNITY		
Socialists	678,674	18.4
Communists	595,829	16.2
IC	41,432	1.1
API	29,977	0.8
MAPU	90,620	2.5
Radical	133,751	3.6
UP List	46,100	1.3
TOTAL	1,616,383	43.9
OPPOSITION		
Christian Democrats	1,049,676	28.5
National	777,084	21.1
PIR	65,120	1.8
DR	70,582	1.9
CODE Ticket	33,918	0.9
TOTAL	1,996,380	54.2
OTHER		
USOPO	10,371	0.3
Blank and Void	57,770	1.6
Registered	4,510,060	
Voting	3,680,307	
Abstaining	829,753	18.4

Source: Arturo Valenzuela (1980) The Breakdown of Democratic Regimes. John Hopkins University P.85

The tragedy for the Chilean Left was that the elections instead of leading to a restructuring of the Popular Unity coalition, merely entrenched its position even further. Throughout Popular Unity the Government was plagued by a split between the reformists Allende, and the Communists on the one hand, and the more revolutionary Socialists on the other.

After March the Socialists became much more radical while Allende and the Communists became more reformist. The latter continued to believe in the constitutional loyalty of the Armed Forces and the opposition. It continued its policy started in 1970 of suppressing the spontaneous revolutionary acts of an increasingly radicalized working class. The Left wing Socialists began to support, even if ambiguously, the increase in "illegal" occupations and demands for the replacement of the "bourgeois" Congress by a People's Assembly. These Socialists along with the MIR rightly saw the increase in the Popular Unity vote as a sign of the growing revolutionary consciousness of the working class. But, instead of offering revolutionary leadership they remained inside the Popular Unity coalition having to accept the reformist politics which tried to subdue this revolutionary consciousness.

The reformists' belief in the "constitutionalism" of the opposition was fraught

with danger. By not taking any steps to prepare the working class for confrontation with the military, they were indirectly aiding the Armed Forces' task of repressing the working classes. Moreover, by continuing to work with the "revolutionaries" inside the coalition, they were increasingly seen by the opposition as supporting revolutionary policies. Popular Unity was eventually overthrown not because it was reformist, but because it was seen through the actions of its more radical wing, as revolutionary.

The main error of the Allendista wing of Popular Unity was its hesitancy to come to an agreement with the progressive wing of the Christian Democrat Party around reformist policies. This would have meant splitting from the Left wing Socialists, but it would have also caused divisions within the opposition. A newly formed quintessentially reformist Government made up of sections of Christian Democracy, Communists and Right wing Socialists of the old Popular Unity coalition would have been much less easily overthrown by a military coup.

The major error committed by the Left wing Socialists was their reluctance to leave the Popular Unity coalition and offer the Chilean working class truly revolutionary leadership. If they had done this, the working class would have been better able to defend itself against a military coup. In conclusion, after March the Left continued to remain

uncompromisingly entrenched in its positions, even if the Popular Unity coalition was no longer suited to the country's social and political reality.

In contrast, the National Party and Christian Democrats did adapt themselves to the changes implicit in the electoral result. The hard core Right of the National Party and the extremist Right wing Patria y Libertad now in the words of the headlines of the latter's party newspaper saw the only alternative as "*Nationalism, Gremialism and the Armed Forces*".<sup>1</sup> The elections had represented the last constitutional mechanism open to the opposition. This had failed to remove Allende. It was widely held by the opposition that the task confronting gremialismo was to build up its support and push the Armed Forces into action. As if carrying out this implicit strategy, the Right as we shall see in the case of the Colegio Médico increased its power and influence within the gremios in readiness for action.

The Christian Democrats, unlike the National Party were more reluctant to use extra-parliamentary forces to remove Popular Unity. This reluctance was clearly demonstrated at the time of the October Movement in 1972. During the strike Christian Democrats, notably Tomic argued that the party should allow the people to decide the future of the Allende Government in the forthcoming March elections rather than taking action to destroy the

Government through unconstitutional means. After the 1973 elections however, Tomic's position of adherence to political change through constitutional means became less influential within the party. The Freista wing under ex-President Frei was moving with the National Party in advocating, although never openly, a military solution.

This shift in thought was not easy for the Christian Democrat Party. It was after all, a progressive party committed to a "revolution in liberty". Also it saw itself as the protector of Chile's constitutional principles.

As we shall see in the case of the Christian Democrat doctors, they remained equivocal towards gremialismo right up until the coup.

## 7.2 "GREMIALISMO" AND "LA GREMIAL QUIMACAMENTE PURA" INSIDE THE COLEGIO MEDICO

As we saw in the last chapter, gremialismo inside the Colegio Médico had been instigated and espoused by a small group of doctors intent on using the Colegio along with the gremios to bring down the Government. Despite great detail and effort in organization and strategy this Right wing group of doctors had met with opposition from the more moderate members of the Colegio Médico. This latter group had

shown less than total support for the Colegio's October strike and by its vacillation had rendered the doctors' action relatively ineffective.

After the March elections this stance became more identified with the Christian Democrat doctors inside the Colegio Médico. The implicit argument of this position was that the gremio of the Colegio Médico should not be used for the political ends of gremialismo. This policy was articulated by the Colegio Médico leadership and notably Ruben Acuña.

Acuña became President of the Colegio Médico after the resignation of Emilio Villarroel . Villarroel had resigned ostensibly to return to university teaching . He had also been aggrieved for a long time with the General Council for not supporting him during a dispute with the Dean of the Faculty of Medicine, Alfredo Jadresic. The real reason however for Villarroel's resignation after the March Congressional elections of 1973 was that he could no longer remain as President of a gremio which inexorably was moving into "political" opposition to the Allende Government. Villarroel it should be recalled was a member of the Radical Party and had been a supporter of Popular Unity at one time. He was also a friend of Allende and as one doctor who knew him said,

*"Villarroel was not willing to join the gremio movement as leader of a gremio in a political crusade against his friend Salvador Allende."* 2

He remained, however a General Councillor.

The new President R. Acuña did not represent a change from Villarroel's policy. Acuña was a Christian Democrat and like Villarroel, but unlike the group of Valparaíso and Santiago doctors had played a leading role in the Colegio Médico since 1964 and even before as a leader of FEMECH in 1962. He was therefore, an "old style" gremio leader and in contrast to the gremialismo doctors, believed that the Colegio Médico had no role to play in politics. As he admitted,

*"The Colegio's task was to fight for doctors' interests, not to bring down the Government."* 3

And as he wrote to Alvañay criticising his continuing demands for the gremios to begin a political campaign against Allende:

*"Siempre he sostenido una sola línea, la gremial químicamente pura."* 4

This type of gremialism as represented by "la gremial químicamente pura" was virulently attacked by Alvañay and his supporters. Alvañay accused the practitioners of this type of gremialism of siding with the Communists in attempting to destroy the Colegio Médico. After the coup, and seizing on the words Acuña had written to him in 1973 he wrote,

*"De acuerdo a sus prácticas habituales de falsedad e hipocresía, los médicos comunistas y sus comparsas sostenían la tesis de un gremialismo químicamente puro, aséptico, constriñendo ciento por ciento a tareas subalternas, ajenas a la quemante realidad socio-económica política que impulsaba el Gobierno de la Unidad Popular, al Colegio Médico de Chile, buscando la manera de paralizarlo en su acción debilitarlo y luego destruirlo."* 5

To accuse Acuña of acting as a Communist during this period, was of course, nonsense. One reason why such an extreme accusation was levelled at him was that the Valparaiso doctors hated him personally. Acuña was an unprincipled opportunist. As Alvayay replied to Acuña's letter describing his "*quimicamente pura*" position,

*"Tú posición "gremial, quimicamente pura",  
tiene un sólo nombre . Por cierto que  
no se llama Colegio Médico de Chile.  
Se llama simplemente "Rubén Acuña" y  
el gremio está cansado del personalismo  
caciquil."* 6

During this period Acuña was probably acting under instructions from the Christian Democrat Party or at least a section of it. The Christian Democrats attempted at every opportunity in the crisis to regain political power. Many Christian Democrats realised that this could best be achieved if Popular Unity handed over power to them. This was less likely to come about as the result of a coup since, they believed that they would have to share the spoils of victory with the National Party. It was quite conceivable that Acuña was trying to maintain the Colegio's independence from gremialismo so as to allow the Christian Democrat Party to reach a constitutional solution with the Allende Government.

Thus, there were two types of gremialism inside the Colegio between March 1973 and the coup: the Acuña line which was to keep the Colegio Médico out of politics; and Alvayay's gremialismo which sought to use the Colegio Médico as part of a struggle against the Popular Unity Government.

The struggle around these positions divided the forces inside the Colegio Médico. This was ironical given that the Left, the so called main divisive force, had all but departed from the Colegio Médico scene in the final months of the Allende Government.

Although both Acuña and Alvayay were immensely powerful individuals the struggle should not be seen as a type of personalized duel between them . The stakes were considerable . Representatives of the National Command of the Gremios were urgently seeking the incorporation of the Colegio Médico into their organization in the months after March to give gremialismo more influence . As Mundt the editor of Vida Medica declared after the coup,

*"Ambas tendencias representaban criterios o posiciones de los consejeros, basados en distintas apreciaciones del momento histórico y fueron defendidos con ardor en largas y agotadoras sesiones en el seno del Consejo General de la Orden... Esta división pudo, en algún momento, poner en riesgo la unidad, lo que, además de su grave transcendencia gremial interna y del deterioro de nuestra imagen ante la opinión pública, podría haber significado un desconcierto en la filas del movimiento multi-gremial, con serio daño para la consecución de sus propósitos de solución política gremial."* 7

## 7.3

THE AFTERMATH OF THE MARCH CONGRESSIONAL ELECTIONSThe Right wing doctors' policy towards the Colegio Médico

The Right had begun to press the Colegio to "join" gremialismo before the March Congressional Elections . In the summer months of January and February when Chile was going through a political lull in anticipation of the elections, doctors in Valparaiso were very active. These Right wing doctors refused to wait until the March elections for the defeat of the Popular Unity Government. They did not believe that Popular Unity would honour its promise to hold elections in March . This sentiment had been strongly and genuinely expressed at one of the Right wing doctors' mass assemblies in January 1973.<sup>8</sup>

Thus, well before the March elections the Regional Council of Valparaiso was sending doctors all over Chile in an effort to convince moderate Regional Councils to appoint its type of "gremialistas" on to the General Council in Santiago. Officially, these roving doctors who travelled to such distant parts of Chile as Puerto Montt and Punto Arenas in the south of the country were "on holiday" . However, by the number of meetings these doctors had organized during their "holidays" it was fairly clear that these doctors were on a political mission.

After the March elections and as part of a general movement inside the gremios, the Right took over key positions inside the Colegio Médico.

Artaza, Arriagada and Donckaster (Merino was already President of the Capitulos) who had begun their mission in early 1971, were appointed to the General Council by the Regional Councils of Talca, Temuco and Valdivia respectively. The "softening up" of these Regional Councils by Valparaiso doctors during the summer had obviously paid dividends. At the same time as these 3 consejeros were appointed to the General Council, their fellow conspirator R. Merino, President of the Santiago Capitulos was finally after a long struggle accorded the right to attend General Council meetings. These appointments reflected the Right's determination after the failure of the March elections to push the Colegio Médico into political opposition to the Government.

With this increasing influence the Right began to put its policy into practice inside the Colegio Médico. Its first success after the March elections was in maintaining the Colegio's hard-line positions over SERMENA. The Colegio Médico in protest at the SERMENA reforms had advised doctors to stop treating SERMENA patients. Popular Unity had not altered the service, nor the amount of money doctors received from SERMENA. The only change was in the method of paying doctors. During the summer the moderate Christian Democrats had seen little point in carrying on the protest against a relatively

minor change. However, the Right anxious to maximize any dispute with the Allende Government which conveyed to the public (and the Armed Forces) the impression of chaos in the health service succeeded in ensuring that the Colegio Médico remained completely opposed to any changes, however minor, in the SERMENA service.

The clearest illustration of the Right's policy after March was the inclusion into the Colegio Médico's Code of Ethics of the "Delito Gremial". Alvarado had first proposed this in 1972 in order to increase gremial unity at the time of a doctors' strike. The General Council had refused this inclusion but now, with the obvious need for another doctors' strike and the increased Right wing influence inside the Colegio, the principle was accepted. There was no clearer demonstration of the Right's determination to unconstitutionally bring down the Government, than the adoption of this principle after the March election.

#### 7.4 THE REACTION OF MODERATE AND CHRISTIAN DEMOCRAT DOCTORS TO RIGHT WING STRATEGY INSIDE THE COLEGIO MEDICO

However, this surge of activity by the Right inside the Colegio Médico began to infuriate the moderates and the Christian Democrats. They

were enraged when Right wing doctors had tried to persuade the Regional Councils to replace their Christian Democrat General Councillors with Right wing consejeros. The Christian Democrats were angry that the Right wing doctors had gone to La Serena during their summer campaign before the March election and had tried to convince the Regional Council that P.Silva, a Christian Democrat was no longer worthy of its confidence as a General Councillor.<sup>9</sup> In this instance, the Regional Council of La Serena on account of its Christian Democrat majority had refused to replace Silva by a Right wing consejero, but the Christian Democrats were clearly alarmed at what they considered to be a threat to their control of the Colegio Médico.

The Christian Democrats inside the Colegio Médico too, began to quarrel with the Right over Colegio policy towards SERMENA. Unlike the Right wing, many Christian Democrat supporters were empleados, who were obviously suffering as a result of the Colegio Médico's boycott of this service. As one representative of the empleados declared to the doctors,

*"Si para los médicos la situación es conflictiva, para ellos lo es mucho mas aún, que los empleados y sus familiares están sin atención médica. "* 10

Rather than risk alienating this traditional group of Christian Democrat support Ruben Acuña in

particular, and the Christian Democrats in general, began to negotiate with Popular Unity in an attempt to find a solution on SERMENA.

Moreover, even as late as May 1973, the majority of Christian Democrats inside the Colegio Médico resisted the Right's political project. For instance on 8th May, Acuña was invited by the Right wing Valparaíso doctors and their supporters in other Regions, including the Santiago quartet of Arriagada, Artaza, Merino and Donckaster to a dinner in the home of Ernesto Mundt. It was clear that the aim of this dinner was not social conversation! The Right was anxious to discuss Colegio Médico policy towards the Marxists with Acuña. He however, was not prepared to discuss politics with this Right wing group and refused to have dinner with them !

## 7.5 THE GROWING DIVISION INSIDE THE COLEGIO MEDICO

Two contradictory styles of action began to appear inside the Colegio Médico. The Christian Democrats, while opposing the Government in their capacity as party members and not as gremial representatives, recognized the need to improve the Colegio Médico's relationship with the Governemnt. The Right, in contrast, in its

attempts to build up opposition to the Allende Government was trying to maximize the Colegio Médico's problems with Popular Unity in order to avoid reaching solutions with the Government.

Acuña became weary of this Right wing tactic and even threatened to resign. As he declared,

*"Si el Consejo Regional de Valparaíso sigue buscando de imponer cosas; les solicita que, por favor, busquen otro Presidente porque no es posible que, después de tres días de estar tratando problemas que se refieren solamente al Colegio Médico y que implica a todos los médicos en general, llegue a la sesión y solamente reciba ingratitudes. Declara, con mucho sinceridad, con claridad y hasta con humildad, que si Valparaíso desea seguir en este terreno de no buscar soluciones sino que complicaciones, el tendrá que irse."*

12

A clear example of the growing bitterness caused by this division between Acuña and his Christian Democrat supporters on the one hand, and the Right wing representatives of gremialismo on the other, was at a meeting in Valparaíso in April 1973. This meeting was between the Regional Council of Valparaíso and representatives of empleados in SERMENA, who unlike their colleagues in Santiago were firm supporters of gremialismo. These representatives had recently had discussions with Acuña. Instead of bringing a written summary of these discussions to the meeting these representatives delivered a verbal report because they felt that a written synopsis might have fallen into the hands of Popular Unity supporters and shown the "quiebre en el sueño del

*Colegio Médico* ." One of the doctors replied that such a precaution was unnecessary since once doctors became aware of Acuña's intentions, they would remove him as President. As he said,

*"La razón que tuvieron los gremios marítimos para no integrar todo la información recibida en la sesión por escrito para no quebrar el Colegio Médico, habría producido exactamente el efecto contrario ya que el gremio médico se fortalecía al eliminar de la Presidencia a una persona que ha traicionado al gremio médico. "* 13

Moreover, rather than distancing himself from the Government and attacking it, Acuña the empleados argued, was working hand in hand with the Popular Unity health authorities ;as one empleado at the meeting declared,

*"Hablar con el Ministerio de Salud o hablar con el Dr. Voulliemme era lo mismo que hablar con el Dr. Acuña. "* 14

One should not interpret from these events that Christian Democracy inside the Colegio Médico was attempting to collaborate with the Popular Unity Government. It should be noted that when the Colegio Médico held a small convention in April 1973 the main guest speaker was Leon Vilarín, President of the National Command of the Gremios. Moreover, at this time, the Christian Democrat leadership was accusing the Popular Unity Government of mismanaging the health service, sectarianism in the appointment of health personnel, high taxation on professional incomes, and many other things besides.

Nonetheless, this Christian Democrat opposition inside the Colegio Médico could still be interpreted as "gremial" in the non-political sense. The Right's strategy after March had antagonized them. Moreover, division inside the Colegio Médico between the Christian Democrats and the Right, of which everyone outwith the Colegio Médico remained entirely oblivious, was real enough.

7.6

"TANCAZO" - MAY 1973 TO JUNE 29th 1973

On 29th June tanks and armoured cars of the Second Regiment under the command of Colonel Souper attacked the Presidential Palace and the Ministry of Defence. This attempted coup was a failure. The plot had been exposed one week previously. Only 150 men participated including 5 leaders of Patria y Libertad, who later sought asylum in the Ecuadorian and Brazilian Embassies.

This attempted coup ~~was the culmination~~ well-orchestrated Right wing offensive against Popular Unity which had begun 2 months earlier. This offensive commenced with a strike in the El Teniente copper mines, caused initially by economic grievances but gradually superseded by political motives. The strike began on 19th April and was to last 74 days. As this strike was reaching its climax, the truck

drivers declared another strike. As in October, although on a smaller scale, gremialismo was activated and strikes were called.

This clear Right wing action to support the plot developing within the Armed Forces, was the background to gremialismo's own offensive inside the Colegio Médico . It was quite clear that these Right wing doctors, along with other Right wing groups in Chile at this time were aware that a plot was being hatched inside the Armed Forces. They recognized that doctors had to be on strike (alongside other gremios) if this coup was to be successful. It is worth pointing out that one of the Patria y Libertad conspirators who was later to seek political asylum in the Brazilian Embassy was a doctor , Eduardo Keymer. His private practice was situated in Viña del Mar, less than 100 yards from the home of Jorge Alvañay. Whether doctors and Patria y Libertad were working directly together to co-ordinate a doctors' strike with the coup attempt is not clear, but it is obvious that doctors attempted to call strikes at strategically crucial times in the build up to the first attempted coup.

Not surprisingly it was the Right wing doctors who began the strike movement inside the Colegio Médico in anticipation of a national doctors' strike . They used their power bases in the Regional Councils of Rancagua and Valparaiso and in the

Santiago capitulos to launch a series of local strikes in the beginning of June.

The Regional Council of Rancagua, in whose constituency the El Teniente mines were situated, staged a 24 hour strike in sympathy with the striking miners. Never before in the relations between these two gremios had doctors showed the slightest interest in the plight of the miners. Most of the doctors in the Regional Council of Valparaiso followed suit, declaring 24 hour strikes and travelling to Rancagua personally to deliver money which they had collected for the strikers and their families. The Right hoped to use the dispute at El Teniente to trigger a national strike of all the gremios just as the Truckers had done in October of the previous year. Alwayay for example demanded that

*"El Consejo General del gremio  
médico decreta paros médicos  
escapando a través de todo el  
país, en conjunto con otros  
gremios, en apoya a los trabajadores  
del cobre. " 15*

The Valparaiso doctors at this stage were using almost any pretext for calling a strike. For instance the Regional Council of Valparaiso passed a motion declaring that it would call an immediate strike if FENATS, the Health Workers Union in Valparaiso controlled by the Christian Democrats declared a strike for higher pay. Never before had the Regional Council of Valparaiso supported in word or deed the gremial grievances of health workers.

The Santiago capitulos had not only El Teniente as a pretext on which to call a strike action. The doctors had their own "El Teniente", a long drawn out strike by doctors in the Hospital Salvador in Santiago. It was true that Popular Unity had arbitrarily changed certain medical personnel in the hospital, but the Right wing Santiago capitulos were attempting to prolong this strike as best they could. This dispute began in early May and despite several "truces", was never really settled until the coup. It is interesting to note that one of the speakers at most of the assemblies of doctors at Salvador was the representative of Patria y Libertad, Eduardo Keymer.

However, by mid June despite the staging of numerous strikes by the Regional Councils of Rancagua and Valparaiso and the Santiago capitulos, the Colegio Médico under Acuña's leadership had no intention of declaring a national strike.

It is true that the Colegio Médico issued a statement supporting the El Teniente workers but this fell far short of what the Right had hoped for. Acuña and a majority of General Councillors, composed of moderates and Christian Democrats (the Popular Unity consejeros had all left by this time) while protesting in the strongest fashion possible about any violation of the profession were not prepared to allow the Right to use the Colegio Médico to bring down the Government .

The Christian Democrat leadership knew that it could block the strike demands of the Right wing doctors. Only during a meeting of the General Council could a strike call be proposed and passed. Since meetings of the General Council were only held once a week, in practice this meant that during June the Right only had 4 occasions on which it could propose a strike. The leadership also knew that it had a majority on the General Council. Moreover, there was a whole range of procedural ploys under which the standing orders of meetings of the General Council could be used to prevent the actual debate of a strike motion. Experienced men such as Acuña and the ex-President Villarroel knew "standing orders" backwards, while the recently appointed Right wing consejeros were relatively unaware of the complexities involved.

A meeting of the General Council on 15th June illustrated the way in which these Right wing doctors were outmanoeuvred by the moderates inside the General Council. The Right wing consejeros, because they were dispersed between Santiago and Valparaiso had to hold pre-General Council meetings to discuss tactics. Alvarado had proposed that in order to call a national strike, a conference of the Regional Councils should be held to discuss this issue. In this way, the Right believing that it had more influence in the Regional Councils than in the General Council could bypass the objections of the

General Council and declare a strike on behalf of the Colegio Médico. Thus, the Right wing consejeros arrived at the General Council meeting prepared to demand an immediate Conference of the Regional Councils. Their deliberations had gone on too long however, and they arrived too late to place their resolution on the "matters to be discussed" by the General Council. Thus, they had to wait until the entire normal business of the Colegio Médico had been discussed before being able to table their resolution under "any other business". These other matters had also taken a long time to discuss and Villarroel, realising that the Right wing motion would be raised subsequently, in perfect accord with standing orders, declared that the meeting had gone over its allotted time and issues arising under "any other business" should be discussed at the next General Council meeting the following week. Thus, the General Council meeting was suspended without even discussing the Right wing's motion.

A measure of the fury that this tactic caused was E. Mundt's remarks made in the next General Council meeting one week later,

*"El (Villarroel) tiene que comprender que los tiempos han cambiado, ya que se ha terminado esta actitud versallesca de este consejero; estamos tratando Dr. Villarroel con matones no estamos tratando con caballeros, los valores, la honestidad, la verdad, la caballería, todo eso está borrado en nuestra patria, nosotros tenemos que luchar para recuperar*

*aquello pero, para poder conseguirlo, tenemos que adecuar nuestra actuación a las circunstancias y no quedarnos pegados en métodos anticuados para estas circunstancias. 16*

Faced with this inflexibility, the Right wing doctors had very little power to change the situation in the General Council. It agreed to send a deputation to Santiago in order to contest Acuña's refusal to declare a national strike but this was the limit of its actions. The Regional Council of Valparaiso could have gone on indefinite strike; however, the object of the Right wing exercise was to bring chaos to the health service in general and not only in Valparaiso. Moreover, if these doctors had gone on unilateral strike, the public would have seen the split within the gremio. It is worth noting that gremialismo repeatedly emphasized the unity of the gremios at this time.

For these reasons the series of strikes called by the Right in Santiago, Valparaiso and Rancagua petered out. Moreover, to the horror of these Right wing doctors, the Colegio Médico was now mediating between the Government and the striking doctors in Salvador to end the dispute. Instead of siding with gremialismo to escalate the doctors' strike, the Colegio Médico was doing the very opposite.

This feeling of total frustration with Acuña and his majority on the General Council forms the background to two Right wing terrorist incidents at the Regional Council headquarters of Concepcion

and Santiago . Bombs exploded at these buildings on the 28th of June .They were immediately publicized as Left wing attempts to terrorize the medical profession. However,the Christian Democrats inside the Colegio Médico knew that the perpetrators of these incidents in fact belonged to Patria y Libertad.<sup>17</sup> It was no coincidence that these bombs exploded not in the Regional Councils of Rancagua or Valparaiso, but in Concepcion and Santiago whose General Council consejeros included such moderates as Acuña,Villarroel and Cruz Mena. The bombs were clearly aimed at putting pressure on the Regional Councils to demand direct action against the Popular Unity Government. The damage caused by the bombs had been embarrassingly miniscule. Bombing was a tactic used by Patria y Libertad to turn Chileans against the Government. In one week, from 17th-24th June no fewer than 776 bombs were exploded throughout the country. These bombs at the Colegio Médico had been exploded on the day before the coup as the last desperate attempt by the terrorist Right wing to push the Colegio Médico into declaring a strike.

Moreover, by the time of the attempted coup on 29th June, all Chilean doctors were working normally. Indeed on the day before the coup Acuña announced to the medical profession that he had succeeded in finding a solution with the Popular Unity Government over the dispute at the Hospital

Salvador. Henceforth, he declared, the doctors at Salvador would resume working.

7.7

THE FINAL STAGES OF POPULAR UNITY AND THE RESURGENCE OF  
GREMIALISMO: JULY 1973 - 11th SEPTEMBER 1973

The military, to some extent had "rescued" Popular Unity in October 1972, when General Prats, the representative of its "constitutional" wing accepted a post in the Allende cabinet. The final stages of the Allende Government however witnessed a deterioration in relations between Popular Unity and the military and therefore a second "rescue" was impossible.

A number of incidents accounted for the deterioration in relations between the Government and the military. First, General Prats Commander in Chief of the Army was subjected in this period to what amounted to a character defamation orchestrated by elements within the National Party and Christian Democracy. Demonstrations were held outside his house. Pressure was to reach such a height that he resigned from his post on 23rd August. Secondly, the Army began to apply a law passed in the crisis of 1972 which allowed it to conduct entry and search forays for hidden arms. All the establishments searched by the Army were Left wing, even though

Patria y Libertad had huge caches of arms and ammunitions. In these searches, many Popular Unity supporters were molested. Psychologically, the Army was being prepared for its confrontation with Popular Unity after the coup. Finally, the ultra Left was accused of hatching a plot to infiltrate the Armed Forces and turn ordinary soldiers against their officers.<sup>18</sup>

The support of the Armed Forces was imperative for Allende to stave off growing opposition to his Government. On 29th July, the Truckers ostensibly protesting at the lack of spare parts staged another national strike; just as they had done in October 1972. The Gremios Patronales responded to the Truckers' initiative and staged major strikes.

Moreover, talks between Allende and the Christian Democrats failed to reach a solution. For both these reasons, military aid was desperately sought by Allende to restore his regime's credibility. But the military, and in particular the Navy and the Air Force, had very obviously run out of patience with the Allende Government.

7.8

#### THE STRIKE OF THE REGIONAL COUNCIL OF VALPARAISO

The Right wing doctors of Valparaiso believed that a civil war would be necessary to remove Allende's Government. It expected the Armed Forces to split between pro and anti- Popular Unity

factions . It recognized that in the ensuing conflict, doctors would be needed to treat the injured: those doctors of a Right wing persuasion would treat the injured opponents of Popular Unity while pro-Government doctors would treat their own supporters. In August, the whole of Valparaíso was on a war footing. Tension was also increased by a report that the ultra Left was trying to infiltrate the Navy. In response Naval officers detained the conspirators, and as was widely believed at the time, tortured them.

In this atmosphere of impending civil war, Right wing doctors actually worked with the Navy to draw up war plans. In early August, a secret meeting took place between the Regional Council of Valparaíso and 40 of its most trusted doctors. As a doctor who attended this meeting declared,

*"We were all assigned to a sector of Valparaíso and given the name of a naval officer with whom we were to work with .When the message had been delivered to us that the fighting had begun, our orders were to immediately contact several other doctors. We were then all to report to the ASIVA hospital in Valparaíso and await further instructions. 19*

These doctors also collaborated with the Navy in providing it with the architects' plans of the various district hospitals so that the Marines would know which hospitals were the most easily defended during the forthcoming conflict.

This plan of operation was eventually put into effect . On the day before the coup, doctors

were told to assemble at the ASIVA. On 10th September doctors spent the night with the Marines in this hospital waiting for the bloodshed to begin.<sup>20</sup>

This genuine belief that war was imminent in part explains why these Right wing doctors in Valparaiso behaved so belligerently in the months preceding the coup. The Regional Council of Valparaiso for example, actually came out and demanded military intervention to topple the Allende Government. It was the only gremio to publicly state the intention of its strike. As one Right wing doctor reminisced after the coup,

*"En esta Sala se tomó el acuerdo de expulsar a Salvador Allende del Colegio Médico de Chile, de pedirle la renuncia como Presidente de la República, por último, cuando la anarquía había alcanzado su "clímax" exigir la acción de nuestras Fuerzas Armadas, único recurso para impedir una sangrienta guerra civil y una matanza despiadada de los dirigentes democráticos del país."* 21

Moreover, there was no doubting the political intention of the Right wing doctors when their strike was declared on 4th August. In a massive show of solidarity 500 doctors in Valparaiso declared that their action would continue until,

*"el país vuelve a su normalidad institucional."* 22

This strike too, was indefinite. This meeting also agreed to demand that the Colegio Médico declare a national indefinite strike and expel Salvador Allende

as a Colegio member. Moreover, Alvarado drafted a memorandum to Allende listing 21 grievances and personally accusing him for Chile's ruin. Hardly any of these 21 points referred to the health situation. These points were almost all political, angry with Allende's "*Fraude a la Constitución*", "*destrucción del Estado de Derecho*" and "*demolición economía del país.*"<sup>23</sup> Quite clearly then, doctors in Valparaiso were striking for political reasons.

Once on strike the Regional Council of Valparaiso did everything in its power to intensify its action. It was determined to make every single doctor in Valparaiso stop working. Thus, it utilized to the maximum, the newly approved amendment to the Colegio Médico's Code of Ethics, the so called "*Delito Gremial*". Capitulos in Valparaiso were ordered to report all strike breakers to the Regional Council. On the basis of this information, the Regional Council drew up a blacklist of strike breaking doctors (see Appendix). The 80 doctors who appeared on this list were charged under the Colegio's Code of Ethics and ordered to appear before the Regional Council's Ethical Commission on the 28th and 31st of August. An investigating doctor was put in charge of each case by the Regional Council. Not only does this incident show the lengths to which the Regional Council would go to to obtain maximum support for its strike, but also the blacklist reveals precisely how few doctors were actually supporting the Popular Unity

Government. Out of 500 doctors in Valparaiso, only 80 were working.

This blacklist also served for another more sinister purpose. On the morning of the coup in Valparaiso all the Marines at official checkpoints had the names of Popular Unity doctors who were forbidden to travel on the grounds of "security reasons" .

The Right wing doctors moreover, employed other methods to increase the chaos in the health service. In the last strike Popular Unity medical students had played a major role in alleviating the effects of the industrial action by replacing striking doctors at their place of work. Now orders were issued from the Regional Council to the heads of Hospital Services prohibiting medical students to treat patients. Also the Regional Council of Valparaiso forbade Directors of hospitals from transferring Popular Unity doctors from one district to another in order to cover hospitals which had been particularly badly affected.

A resolution of the Regional Council of Valparaiso of 3rd September, to

*"poner en práctica una serie de medidas que pueden agravar aún más la situación de salud de la población. "* 24

further demonstrated its desire to increase the effects of the strike. One of these measures included the withdrawal of striking doctors from the Emergency Services. At this stage, these doctors were not worried

about risking people's lives: their only concern was to ensure that their strike had the desired effect.

Thus, unlike the previous strike in Valparaiso the situation was far from normal. Left wing doctors had to be commandeered from Santiago in order to provide cover for the emergency services. As one Director of a Valparaiso hospital declared in an unusual display of frankness,

*" Las prestaciones médicas para los emergencias se mantienen en forma normal, admitiendo que el resto de los servicios está sufriendo un fuerte deterioro acumulativo ."*

25

## 7.9

THE SITUATION IN OTHER REGIONAL COUNCILS

Valparaiso had declared a strike before any other Regional Council and before the General Council of the Colegio Médico had even debated the issue. Acuña still maintained his non-political stance and many Christian Democrats inside the Colegio Médico were still as stubbornly opposed as ever to the Right's political project. Before the Regional Council of Valparaiso had declared its strike it launched with the help of its supporters yet another campaign to transform the Colegio Médico and force it to join the National Gremial Movement. At a meeting on 7th July of Alvarado, the President of the Regional Council of Valparaiso, Lavín the

President of the Regional Council of Rancagua, the Regional Council of Santiago and the General Council, the Right wing supporters of gremialismo tabled a vote of censure against Acuña. As a pretext for this censure, they used the fact that Acuña in reaching an agreement with the authorities over the Hospital Salvador had put his name to a document which affirmed support for President Allende.<sup>26</sup> This vote of censure was defeated but the Right did manage to persuade the Colegio Médico to declare a State of Emergency in the gremio. This involved holding an extra meeting each week of the General Council. Moreover, the entire Regional Council of Santiago was allowed to attend these meetings.

Towards the end of July, the Truckers called their national strike, once again inviting other gremios to join their action. The Right forced a meeting of the Regional Council's Executive Committee and the General Council of the Colegio Médico to discuss the Colegio's response to the Truckers' strike. At this meeting the Right demanded that the Executive Committee of the General Council should,

*"Tome el liderazgo de los gremios  
y Colegios Profesionales en la  
defensa de la libertad, justicia  
y democracia en el Chile . "* 27

Both Acuña and his Executive Committee refused to declare a national strike. As a result, another vote of censure was tabled against Acuña and again, he survived.

Thus, in one sense, the declaration of a strike by the Regional Council of Valparaiso was a failure. It had been unsuccessful in bringing the rest of the Colegio Médico out on strike. As Valparaiso proceeded with its strike, the Regional Council put tremendous pressure on the Christian Democrats inside the General Council to join it. In Santiago, its allies in the capitulo movement were having an identical struggle with the Regional Council of Santiago which was predominantly controlled by Christian Democrats.

It is worth repeating that this group of Christian Democrats and moderates supporting Acuña were in no sense supporters of Popular Unity. For example, on 8th August Acuña and Mena wrote a letter to Allende demanding that his Government respect the Constitution of the land. As they concluded,

*"Ha llegado la hora de decirte,  
como colegas médicos, juntos con  
repudiar tu gestión presidencial,  
exigimos una inmediata rectific-  
ación. "*

28

Nevertheless, the division between gremialismo and the Christian Democrats was very deep. Informal talks were held between some Communist and Christian Democrat doctors to consider the possibility of joint action against the Right's attempt to take over the Colegio Médico.<sup>29</sup> This meeting took place at the same time as Allende supported by the Communists, was trying to reach agreement with the progressive wing of Christian Democracy. Like these talks however, this initiative ended in failure.

7.10

THE DECLARATION OF A NATIONAL COLEGIO MEDICO STRIKE

The declaration of a national strike was the result of a struggle between gremialismo and the Christian Democrats. A group of 100 Valparaíso doctors drove to the capital and occupied the buildings of the Colegio Médico in protest at the refusal of the General Council to call a national Colegio Médico strike.<sup>30</sup> This was surely one of the most remarkable incidents inside the gremio during the Popular Unity period. These doctors demanded that the General Council should start to play a leading role in the National Command of the Gremios and order the medical profession to stop work. Although this occupation was not violent, the Chief of Santiago's Police force offered to help the Colegio to remove the protesters.<sup>31</sup>

At the same time as pressure was being exerted against the General Council, the Regional Council of Santiago faced the growing hostility of its consejeros for not declaring a strike.

With this intense pressure coming from both the Regional Council of Valparaíso and the Santiago capitulos, the Christian Democrat dominated General and Regional Councils were forced to call a strike. The Regional Council declared a strike on 18th August. On the 22nd of August, almost 3 weeks after the Regional Council of Valparaíso had begun its action, the General Council called a

national stoppage.

However, Acuña, the Christian Democrats and moderates refused to make the strike political. The strike, they argued, was for better wages and conditions i.e. it was gremial. As proof that a change of Government was not necessary to end the strike they did not make the national stoppage indefinite.

At this stage, gremialismo could have probably mustered enough support inside the General Council to remove Acuña. However, it was strategically unwise for the Right to begin a strike against Popular Unity in open conflict with the Christian Democrats.

At first glance, the Colegio Médico's behaviour appeared ambiguous and contradictory. On the one hand, the Colegio Médico quite clearly had not joined the National Command of the Gremios. On the other hand, it appeared to be obeying its orders. One of the instructions communicated to all the striking gremios was to publicly demand the resignation of Salvador Allende as President of the Republic. On 27 th August a letter was published demanding Allende's resignation.<sup>32</sup> This letter bore the official seal of the Colegio Médico de Chile. However, the signatures of Acuña, Villarroel, Cruz Mena, Silva and several other consejeros were missing. These individuals believed that the Colegio Médico had no authority to demand the resignation of the President

of the Republic as it was not a political organization. Overriding these objections of the Christian Democrats the Right drafted the latter and had it ratified by a majority on the General Council .Again,with opposition from the Christian Democrats,the Colegio Médico debarred Allende from practising medicine and in a symbolic gesture stripped him of the gold medal which it had awarded to him barely three years previously.

.11

THE COLEGIO MEDICO'S AGREEMENT WITH POPULAR UNITY ONE WEEK BEFORE THE COUP

Because of his close ties with several Colegio Médico leaders,Allende personally must have been aware of the tensions within the gremio during its strike. Allende realised that there was little hope in persuading the Truckers to give up their action because their strike was unambiguously political . On the other hand,the objections of several doctors to the political overtones of the Colegio's action showed Allende that there was a possibility of ending the physicians'strike.In a clear move to appease the moderates of the Colegio Médico he appointed a new Minister of Health,Mario Lagos. He was an ex-Secretary General of the Colegio Médico and was widely respected amongst most doctors. Allende ordered Lagos to unconditionally accept all Colegio Médico demands. These stipulations included the

preservation of SERMENA system and a huge rise in doctors' wages. Allende was willing to concede any gremial demand to end the strike. He over-rode the objections of the Socialist Party and other more radical groups in the Popular Unity coalition who were furious at what they described as a capitulation to the demands of the Colegio Médico.<sup>33</sup>

On 4th September the General Council met to discuss the Government's offer. In this historic meeting Patricio Silva, a leading Christian Democrat argued that doctors should accept the Government's offer and therefore suspend the strike. Acuña, fearful of any victimization after the vote had taken place demanded that voting on Silva's motion be secret. However, the doctors who wanted to continue the strike were determined to shame Acuña and the Christian Democrats in the General Council and raised their hands against the motion in an act of defiance. The vote went against the Right by 11 votes to 9. Acuña the following day appeared on television to declare the end of the Colegio Médico strike. That same day, a large publication appeared in the Popular Unity press signed by Acuña and the Minister of Health spelling out the terms of their agreement.

It is impossible to overestimate the importance of Acuña and his Christian Democrat supporters' action inside the Colegio Médico. Chile

was strike-bound. The gremios were holding massive strikes openly declaring that the Government had to return to "legality" before their action could be called off. Talks between the Christian Democrats and the Popular Unity authorities at the national level had broken down. Reconciliation between Popular Unity and the opposition appeared impossible. And yet, the Christian Democrats inside the Colegio Médico had taken a clear decision to return to work. Here was the most unlikely of all organizations, the reactionary bourgeois Colegio Médico in nothing less than an act of loyalty towards the Government, ordering the medical profession back to work.

The ending of the strike had, and was to have for many years to come, a tremendous significance inside the Colegio Médico. The Right could hardly believe the magnitude of the Christian Democrats' betrayal. Accusing the Christian Democrats of calling off the strike for purely financial gain, Alvarado declared that they had sold the Colegio Médico to Popular Unity "por un plato de lentejas".<sup>35</sup> The supporters of gremialism inside the Colegio Médico who were in constant contact with the other striking gremios feared that a return to work by doctors would weaken both the resolve of the other striking gremios and the Armed Forces.

It is worth noting that at this stage inside the Armed Forces, the Navy and Air Force were ready to stage a coup. However, the military was vacillating. The Navy and Air Force were thus

absolutely determined that the striking gremios' actions should tip the balance inside the military in favour of action. Thus, the Air Force, wanting the doctors' strike to continue flew one General consejero, Dr. Donckaster to Antofagasta from Santiago to address an assembly of doctors and to convince them to continue their strike. Since all public transport was strike bound, Donckaster could not have made the trip without the Air Force's assistance.

The assembly in Antofagasta was part of the Right's response to the Colegio Médico's agreement with Popular Unity. Up and down the country, assemblies were held to recruit doctors' support and thus, reverse this decision. In Valparaiso, an emergency assembly publicly rebuked the action of R. Acuña,

*"Por haber ignorado las aspiraciones de la gran mayoría de los Consejos Regionales del país y aceptado una solución para el conflicto médico que denigra la imagen del Colegio Médico y sus colegiados, al hacerlos aparecer como preocupados solamente de los problemas económicos olvidándose de los otros importantes problemas gremiales y de la gravísima situación general del país ."*

37

Immediately after the vote in the General Council, the 3 Valparaiso consejeros had resigned in disgust.

After these assemblies, the Right held a National Convention of the Regional Councils. The agreements of this convention were quite openly political. Their strike had been stripped of all its ambiguity. For example, the convention agreed to

maintain,

*"La lucha por una rectificación real  
de la política general de Gobierno."*

Moreover, the convention demanded that the Colegio Médico join gremialismo, as it declared,

*"El estrechamiento de vínculos con  
otros gremios integrandos a los  
Comandos Multigremiales a nivel  
provincial y nacional."*

39

At the same time as the convention was being held, the Right held a referendum to determine the extent of the support it had for carrying on with its strike. In this referendum 89% of doctors replied that they wanted the strike to continue. Even though not all doctors were questioned, the result shows impressive support amongst the profession for the Right's strategy.

It was interesting to note that one of the questions put to the doctors asked if they were in support of the Colegio Médico forming alliances with other gremios even those not in the health sector, in order to exert pressure on the Government. This question in effect, asked doctors if they were prepared to join the National Movement of the Gremios. The response again, was impressively high, with 80.4% of doctors replying positively.

As a result of this pressure Acuña and Cruz Mena resigned on 8th September. It is extremely informative to examine the way in which the Right reported this obvious struggle inside the Colegio Médico. "El Mercurio" in its editorial of 10th

September played down these resignations suggesting that the Executive Committee of the Colegio Médico had merely undergone "*una renovación*". Osvaldo Artaza, echoing this clear desire by the Right to minimize the division inside the Colegio Médico, was actually lying when he declared to "El Mercurio",

*"Para el Dr. Rubén Acuña y quienes le acompañaron en su gestión directiva se tributó un aplauso."*

40

A few days later Acuña was to face rigorous questioning from his Regional Council for his actions. He was later forced to resign as a General Councillor. The Regional Council of Valparaiso was later to charge him under the Colegio Médico Code of Ethics for "anti-gremial" behaviour.

The replacement of Acuña and Mena by Ernesto Mundt and Osvaldo Artaza was completed on 9th September.

The new Executive Committee called itself a Council of War . Its first task was to declare an indefinite strike against Popular Unity in alliance with the other striking gremios. The Colegio Médico, for the first time now belonged to the Comando Multigremial. In an interesting comparison of the aims of the two Executive Committees, Osvaldo Artaza declared to "El Mercurio" on 10th September,

*"La antigua Directiva no había captado el sentido multigremialista que tenía el movimiento médico, cosa que no ocurría con los profesionales del Cono Sur por ejemplo donde los médicos ya están actuando en el seno de los*

*Comandos Multigremiales porque "hemos salido de un contexto economicista-gremial para ingresar a otro Social Gremial-político", donde las conquistas simplemente económicas pasan a un segundo plano. "*

Undoubtedly the significance of this renewed doctors' strike was not lost on the military when it decided when to launch the coup. Three days after the Right's takeover of the entire Colegio Médico, with most hospitals paralyzed, the military took over.

CONCLUSION

Why did the Christian Democrats within the Colegio Médico stubbornly resist the Right's political project for so long? It has to be remembered that elements of Christian Democracy held negotiations with the Left almost right up until the date of the coup. Some of the Colegio Médico Christian Democrats believed that until these talks had completely failed they should oppose the Colegio's co-operation with gremialismo to topple the Government.

However, these talks between Christian Democracy and the Left did fail and yet some Christian Democrats were still reluctant to accept the political goals of the Right.

There is no single explanation for this behaviour. After all, even though members of the Christian Democrat Party these doctors were highly individualistic. Some of them had clearly been antagonized by the Right's tactics to take over the Colegio Médico. Their hatred of men like Alvayay and Artaza outweighed their dislike of Popular Unity. One suspects that this was the case with Acuña.

The Right explained Christian Democracy's action in terms of cowardice. This reasoning should not be dismissed altogether. If, as was genuinely believed at the time, Chile was on the verge of civil war and a large part of the Army was going to support Popular Unity, then any individuals leading

the Colegio Médico into open opposition to the Marxists were exposing themselves to a considerable amount of personal danger.

Moreover, the Colegio's settlement with the Government ensured that the medical profession received huge material benefits . This undoubtedly explained why some Christian Democrats decided to call off the strike . Indeed, in one of the heated debates inside the Colegio in early September, Cruz Mena urged the Right to accept the settlement with Popular Unity and then continue its political strike later. Mena's proposal was not quite as ridiculous as first appears. As he forecast,

*"If the profession didn't win privileges now, the new Government would take the profession's support for granted, and would treat the profession worse than Popular Unity had done."*

41

This is exactly what occurred.

All of these reasons can be considered valid but perhaps the most important factor was the Christian Democrats' belief in the constitutional process. After Popular Unity the Christian Democrats were attacked for supporting the overthrow of the constitutional Government by a military dictatorship. Many Christian Democrats certainly cast aside their belief in democratic principles and fully supported the military coup. But equally there were many who, despite their hatred of the Government, did not

sacrifice these democratic and constitutional beliefs.

This stubborn inherent Christian Democrat belief in constitutionalism should not be over-emphasized. Even if there had been sufficient time before the coup took place it is doubtful whether Acuña, Silva and his Christian Democrat supporters would have tried to challenge the Council of War themselves.

Nonetheless this small case study of the Colegio Médico during the Allende period perhaps suggests that Christian Democracy was less ready to abandon its democratic assumptions and work with the Right for the intervention of the military than is commonly supposed.

NOTES

- 1 Quoted in O'Brien, P. et al. (1977). Chile: the State and Revolution. Macmillan, p. 207.
2. Interview 7.
3. Interview 31.
4. Letter of Ruben Acuña to Jorge Alvaray. Santiago .14th May, 1973.
5. Conclusiones de la Convención del Consejo Regional Valparaiso-Aconcagua del Colegio Médico de Chile. Valparaiso-Colegio Médico de Chile- Hotel Prat. 30 April-1st May 1976.
6. Letter, Jorge Alvaray to Ruben Acuña. Valparaiso May 24th 1973.
7. Editorial Vida Médica. Sept. 1973. (author's underlining).
8. Reports of meetings are in the files of the Regional Council of Valparaiso, Viña del Mar.
9. Interview 7.
10. Minutes of the Cons.Gen.Col.Méd. Acta N° 98. 31 de Mayo 1973.
11. Letter of Alvaray to Arriagada. Valparaiso May 30th 1973.
12. Minutes of the Cons.Gen.Col.Méd. Acta N° 98. 22 de Mayo 1973.
13. Minutes of the Cons.Reg.Valp.Col.Méd. Sesión Extraordinaria N° 7. 18 de Mayo 1973. Extract from the minutes reads:  
 El Sr. Saul Ketterer se refiere a la entrevista sostenida por los dirigentes de la Marina Mercante con la directiva del Colegio Médico, especialmente con el Presidente Dr. Ruben Acuña. Expresa que no quisieron entregar una versión de dicha entrevista por escrito para evitar el quiebre que se podría haber producido en el seno del Colegio Médico.  
 Pregunta si el Dr. Acuña cuenta con el respaldo de los Consejos Regionales para realizar las gestiones

que está haciendo. Informa que el proyecto del Gobierno no les fué entregado por el Ministro de Salud sino que por el Dr. Acuña, quien les expresó 'que iba a tener problemas con el Consejo Regional Valparaiso y con el Consejo Regional Rancagua.' Actas Cons.Reg.Sesion Extraordinaria N°7. 18 de Mayo 1973.

14. Minutes of the Cons.Reg.Valp.Col.Méd. Ibid.
15. Minutes of the Cons.Reg.Valp.Col.Méd. 7 de Junio 1973.
16. Minutes of the Cons.Gen.Col.Méd. 27 de Junio 1973.  
In a meeting of the Regional Council of Valparaiso ,Alvayay said,"dice que el Dr.Villarroel, en vez de defender a su Rēgional, Concepción, que fue atacado e incluso bejado su Presidente, se dedica a entorpecer las actividades del Consejo General."  
Minutes Cons.Reg.Valp.Col.Méd. 28 de Junio 1973.
17. Interviews 2 and 3.
18. Varas, A. (1977). 'La Dinamica Politica de la Oposicion durante el Gobierno de la Unidad Popular.' FLACSO. Santiago.
19. Interview 17.
20. Ibid.
21. Editorial of the Report of the Convencion del Consejo Regional Valparaiso-Aconcagua Colegio Médico de Chile op cit p.2
22. Report of meeting in files of the Regional Council of Valparaiso, Viña del Mar.
23. 'Acusación al Dr. Salvador Allende Gossens, Presidente de la Republica Consejo Regional de Valparaiso.' Santiago. 4 de Agosto 1973, quoted in Report of Convencion May 1976 op cit.
24. Publication in El Mercurio (Valparaiso). 3rd Sept. 1973 by the Consejo Regional de Valparaiso.
25. Report in El Mercurio (Valparaiso). 4th September 1973.
26. Minutes of the Cons.Reg.Valp.Col.Méd. 5 de Julio 1973.  
An extract from these minutes reads,

" Cuenta Dr.Mundt:

Informó al Consejo General sobre petición de las Directivas Gremiales de intensificar los movimientos de paro. La idea no fué aceptada.

Dr.Acuña firmó publicación de las autoridades de Salud después de lo cual, aparentemente, dichas autoridades habrían colocado un 4º punto de apoyo a la gestion del Presidente Allende.

Se Pide sumario al Dr.Acuña."

27. Minutes of the Cons.Reg.Col.Méd. 25 de Julio 1973.
28. Letter to Dr.Allende from Acuña, President and Cruz, Secretary General.Santiago 8th August 1973.
29. Interview 41.
30. Interview 37,interviewee was amongst those who occupied the buildings.
31. Ibid.
32. Letter of the Colegio Médico de Chile. El Mercurio. 27th August 1973.
33. Interview 42.
34. Interviews 7 and 12.
35. Alvayay,J. 'Política Gremial.' Vida Médica.December 1973.
36. Interview 12.
37. Files of the Regional Council of Valparaiso,Viña del Mar.
38. Ibid.
39. Ibid.
40. Interview with Dr.Artaza,Secretary General of the Colegio Médico.El Mercurio. 10th September 1973.
41. Interview 20.

C H A P T E R

8

THE POST COUP PERIOD: THE ULTRA  
RIGHT WING DOCTORS' STRATEGY WITHIN  
THE COLEGIO MEDICO - 1973-1976

## INTRODUCTION

A few months after the coup a split developed within the Colegio Médico. Two opposing groups emerged.

These two groups consisted of on the one hand, certain Regional Councils, notably the Regional Council of Valparaiso together with the Executive Committee of the Colegio Médico, and on the other, several consejeros in the General Council and the Regional Council of Santiago.

The first group had seized control of the Colegio on 8th September 1973 and turned the Executive Committee of the Colegio into a Council of War. A few months after the coup the second group began to oppose the leadership of the Colegio Médico. At this stage we can call the former group, "the Right" and the latter "the opposition" .

The seeds of division were also sown inside the new health authorities. The Director General of the Servicio Nacional de Salud from 1973-1975 supported the Executive Committee of the Colegio Médico and the Regional Council of Valparaiso while the new Minister of Health and his Under Secretary supported the Regional Council of Santiago in its opposition to the Colegio Médico leadership.

In this chapter we will examine the reasons behind this conflict and the development of the struggle from the time of the coup until 1976.

## 8.1 THE RIGHT INSIDE THE COLEGIO MEDICO AFTER THE COUP

It is no easy task to categorize these groups inside the Colegio Médico. Most of these groupings belonged to the "Right", but as we shall see, this "Right" inside the Colegio Médico was fragmented.

The "Right" had seized outright control of the Colegio Médico on 8th September 1973. Under the leadership of Ernesto Mundt, a consejero representing the Regional Council of Valparaiso, the Executive Committee was turned into a Council of War. This "Right" consisted of those groups who believed that a political strike was the only means of removing Popular Unity. This faction was composed of the Regional Councils of Valparaiso and Rancagua and several consejeros on the General Council such as Artaza, Donckaster and Arriagada. This group had opposed the Christian Democrats who had wanted a political settlement with Popular Unity without the intervention of the Armed Forces.

This Right wing group of Valparaiso, Rancagua and some Santiago doctors maintained its extremist position after the coup.

The Valparaiso doctors included many neo-fascists amongst whom was the President of the Regional Council of Valparaiso, J. Alvayay. These groups had remained silent about their beliefs

during Popular Unity for fear of upsetting their Christian Democrat allies. Now they felt no need to keep their real feelings in check.

## 8.2

THE OPPOSITION INSIDE THE COLEGIO MEDICO

Opposition to this extremist position came from more moderate Right-wingers inside the Colegio Médico. This position was typified by a General Councillor called Dr.Herrera,who whilst supporting the political strike,was against pushing the Colegio Médico into an ultra-Right wing position. As he reminded these extremists,

*"Chile es un país moderado y centrista. Esta es la raíz profunda porque el marxismo no pudo entronizar sus garras, su mayor error fue desconocer esta tradición e ignorar que un 40% de la población chilena es una clase média,sólida e ilustrada,que en definitiva les cerró el paso."*

1

Allied to these moderate Right-wingers were the centrists in the Colegio Médico such as the Christian Democrats and,to a lesser extent,the Radicals. These doctors like R.Acuña,P.Silva and E.Villarroel had not supported the political strike. The position of their group throughout this post-coup period mirrors the growing opposition of the Christian Democrat Party to the Junta.

This opposition group did not control the leadership of the Colegio Médico, although it did control the Regional Council of Santiago. It is difficult to assess the amount of support it had amongst the profession since elections were banned and appointments to all Colegio Médico posts had to be approved by the Minister of the Interior.

What then were the reasons for its opposition to the Right's strategy within the Colegio Médico ?

8.3

#### THE "RIGHT WING'S " STRATEGY AFTER THE COUP

The underlying theme of the Right wing's strategy inside the Colegio Médico was summarized in the preamble to its new health policy documents. An extract from this read,

*"Nuestros gobernantes han establecido que el régimen iniciado el 11 de septiembre de 1973, no debe ser considerado un período de transición entre dos administraciones políticas del tipo tradicional. Su misión consistirá en formar, con la ayuda de todos los ciudadanos generosos y patriotas, una generación que mantenga lo mejor de nuestro legado cultural cristiano e hispánico. Será ella la que constituya una sociedad inmune al marxismo y estará formada por hombres libres, dignos, responsables y solidarios."*

2

To constitute a society "inmune al Marxismo" necessitated a radical change in health policy. To this end, the Right sought the immediate privatization of the health service in order to destroy the Servicio Nacional

de Salud. It declared that the State health service had given Chileans the false image that they belonged to different classes. The health service a Chilean used was determined by his occupation. An obrero obtained treatment in the Servicio Nacional de Salud; an empleado from a different service, SERMENA. The Right argued that the division of these services by class had to be ended, for Marxism had used this division to propagate its aims. The Right argued that the new health service must be built around the individual and not the class grouping to which he belonged. "*Libre elección generalizada*" - the freedom of the individual to choose his health service was the principle on which the new model would rest.

By focussing on the individual, their policy appeared to fit the vision of the free market economists. These economists, or Chicago Boys (since many of them had been trained at the University of Chicago) influenced the Junta to adopt their economic policies immediately after the coup.<sup>3</sup> These economists had actually prepared their economic policy before the coup with the help of the opposition leaders from both the Christian Democrat and National Parties<sup>4</sup>. These Valparaiso doctors who had possibly known of this plan had borrowed, albeit incorrectly, certain ideas from the Chicago Boys to draft their new health policy.

A new political constitution

To create a society "*immune al Marxismo*" this Right wing group, particularly the doctors from Valparaiso, argued that the major task of the new Government was to "*forjar una nueva constitucionalidad*". In effect, this new constitution, if enacted, would have meant the end of all political parties. These doctors led by J. Alvarado argued that the political power which had been so shamefully abused in the previous epoch had to be divided into a social power and a political power *per se*. The political power, they believed would be exercised by the Government, whilst the social power would devolve to the intermediate bodies of Chilean society. These intermediate bodies were to be principally the gremios. In order to ensure that this space between rulers and ruled was depoliticized, they argued that the,

*"política general de los gremios no debe estar comprometida con política partidista alguna, ni depender, en su ideología y praxis de partidos políticos."*

5

These ultra-Right wing doctors envisaged that decision-taking within the gremios would become strictly technical.

This group idealized that the new Chile would be founded on a *bastión civico-militar*. Since groups would no longer be represented by political parties, divisiveness would give way to an essential harmony of relations between the gremios and the military. Society they argued, would become organic.

It would be a society in which the citizen rather than certain political groups, would be able to participate.

The role of the gremios would thus, take on considerably more functions than in the past. The gremios rather than the old political parties, would become active in formulating policy for Junta approval. It is not surprising therefore that the battle cry of this group after the coup was,

*"Haga Grande Al Colegio Médico  
de Chile ."*

6

Of course, it was not only this group of doctors who began to propose corporatist solutions to Chile's problems after the coup. The fascists in Patria y Libertad under P. Rodriguez began to try and push the Junta into adopting their prescriptions. A Confederación Unica de Trabajo was set up a few days after the coup comprising truckers, building firms, agricultural interests and professional associations to put forward similar fascist solutions. These groups hoped that the Junta might use the gremios for its new political project. Gremialism had not only been successful in overthrowing Allende, it had also formed an embryo organization which the fascists believed could easily be strengthened to replace the old mechanisms of political party representation. Some doctors then, along with these groups, had high hopes that this Junta would be a "fascist" one. <sup>7</sup>

It was puzzling however, that this group of doctors mixed corporatist and neo-fascist prescriptions with demands for free market solutions in the health service. The classical fascist goal of a strong, even welfare oriented State appeared to

contradict the liberal intentions of these neo-fascist doctors in the health sector. It should be remembered that the fascists in Chile represented by Patria y Libertad never accepted the Chicago School free market policies.<sup>8</sup>

These ultra-Right doctors wanted to see the health service free from State involvement because they viewed the Chilean State health service as a product of the Marxists. They could not support its extension or even its preservation because this would have meant allying with the basic tenet of Marxism.

#### Repression of left wing doctors

The final part of this strategy was to suppress the Left wing doctors of the profession. This group went to incredible, if not to say, brutal lengths to ensure that the Left would not represent a threat to their plans. This group always emphasized that Marxism had not been defeated after the coup. As it declared in 1976,

*"El destino de nuestra Patria sigue en juego. Es preciso comprender que la lucha contra el marxismo continúa. No podemos caer en el error de creer que fueron suficientes las batallas libradas durante el Gobierno de la Unidad Popular y que todo terminó con la victoria del 11 de Septiembre. El comunismo es muy poderoso. Tiene la tenacidad obsesiva del fanático y el cálculo frío, insensible y metódico de científico."*

Thus, the repression of Left wing doctors was not simply to be understood as part of their thirst for revenge. The Left wing was seen as a continuous threat to the success of its strategy. Never ending vigilance had to be exercised to ensure that these Marxist elements would never re-emerge. Thus, these ultra-Right wing groups were to continue the repression of the Left long after the coup had taken place.

In the next section we will examine in greater detail the Right's strategy, discover the ways in which it was promoted and the methods by which the opposition developed inside the Colegio Médico to challenge it.

#### 8.4 THE COLEGIO MEDICO IN COLLABORATION WITH THE JUNTA: THE IMMEDIATE AFTERMATH OF THE COUP.

In the first weeks after the coup all groups inside the Colegio Médico were relatively united in their support for the new authorities. This reflected the general situation throughout the country.

At the national level, the National and Christian Democrat Parties were allied in their support for the new Government. The National Party had completely supported the coup. The Christian Democrats however, had shown some ambiguity towards

the unconstitutional change of power. A few days after the 11th, some of their members including Tomic declared the coup unconstitutional, but for the bulk of the Christian Democrats the end of the Allende Government had been a great relief. Public support for the new 4 man Junta was impressively high. The majority of Chileans united in their euphoria over the end of the Marxist experiment.

This unity was reflected early on inside the Colegio Médico. The Executive Committee had been formed into the Council of War 4 days before the coup. In the words of one of the members, its main aims were:

- "1. *Presionar la renuncia del Presidente de la República, Dr. S. Allende, a través de una huelga médica indefinida.*
2. *Colaborar con las nuevas autoridades, para poner en funcionamiento servicios de salud gravemente politizados y desquiciados."*

10

If some of the Christian Democrats had doubts about the first aim of this council, all Christian Democrat and Right wing groups within the Colegio Médico were united after the coup in the second aim i.e. in helping the new Government to bring order to the health services.

Support for the new Government from the Colegio Médico was demonstrated on the morning of the coup when the Colegio announced on the radio

that doctors should call off their strike and go back to work ,

*"La Mesa Directiva del Colegio Médico se ha mantenido en su sede, desde las primeras horas de la mañana de hoy, atenta a los acontecimientos que vive el país y la situación de la atención médica en los diversos sitios de trabajo.*

*Instruimos a todos los Consejos Regionales de nuestra orden para normalizar la atención médica en todo el país a la brevedad posible, de comun acuerdo con las autoridades militares de sus jurisdicciones."*

11

After this radio announcement the Colegio Médico published on 12th September a declaration giving total support to the new authorities.

The Colegio Médico and the Junta worked closely to return the health services to normal. Four days after the coup, the newly elected Minister of Health, a doctor and Airforce colonel, Spoerer asked the Colegio Médico to recommend a new Director General of the Servicio Nacional de Salud. In the past the Director General had been proposed by the President of the Republic and approved by Congress. Now it was the turn of the Colegio Médico to perform this task. It recommended Darwin Arriagada, Treasurer of the Colegio Médico and a member of the Council of War. Together Arriagada and the Colegio Médico began to fill the vacuum within the Servicio Nacional de Salud caused by the downfall of the Unidad Popular Government. In the months after the coup the Regional Councils took over the administrative running of the

Servicio Nacional de Salud and SERMENA . They appointed new personnel, organized working hours and even fixed wages and fees . Spoerer had handed over the running of the health service to the Colegio Médico. This mirrored events in other ministeries: for instance, SOFOFA, the employers gremio was put in temporary charge of CORFO.

#### 8.5 THE REPRESSION OF LEFT WING DOCTORS

Part of the reason for this unity was a common fear of a plot allegedly hatched by some Unidad Popular supporters to violently seize power from the State by murdering top generals in the Armed Forces, opposition politicians and gremio leaders. The actual existence of this plot was open to question, however, it was certainly believed by the Colegio Médico.

"Plan Z" as it was called was used as justification by the new Junta to brutally repress Popular Unity supporters. It couched a description of this slaughter in medical language. One member of the Junta, General Leigh described it thus,

*"Marxism was a cancer in Chile's body politic; it had to be removed by surgical means."*

12

Included in this massacre of Popular Unity supporters were 32 doctors. This figure

represented only documented cases. <sup>13</sup> The true figure therefore was much higher. Some doctors argued that these victims were killed while fighting the security forces. This was untrue. On the morning of the coup, most Left wing doctors realised that the Unidad Popular Government was defeated and armed resistance was pointless. Only a very few doctors actually belonged to the MIR, a party which had ordered its members to fight the military with force. Moreover, as late as 1977, doctors were reported as being killed by the Junta. These included the cases of Drs. Lorca, Insunza and Godoy. Any fighting that had taken place was confined to a few skirmishes and occurred only in the first week after the military took over. The murder of all these doctors bore no relation to the threat they posed to the regime. Their deaths were part of brutal, cold-blooded policies of repression.

There is no evidence to link their deaths with the Colegio Médico. However, the Colegio's involvement in the sacking of many Popular Unity doctors from their Servicio Nacional de Salud posts is well documented in the minutes of Colegio Médico meetings.

Immediately after the coup, many of the Popular Unity doctors were summarily dismissed. Darwin Arriagada the Director General of the Servicio Nacional de Salud had said that his first task on taking up his post was to purge the service of Marxist elements. The capitulos which had organized the

strikes in the hospitals now set about getting rid of their Left wing doctor colleagues. In some capitulos it was not even necessary to bring a formal charge against a doctor. As Dr. Uribe declared, describing the situation in Valparaiso,

*"El Decreto N° 1 Emitado por la Rectoría de la Chile de Santiago dice: no puede expulsar a docentes, alumnos y administrativos sin sumario previo. Aquí en Valparaiso se tiene otra visión.*

14

Many Popular Unity doctors lost their jobs because they simply appeared on a blacklist. Capitulos in Santiago for instance, divided all doctors into 3 lists; A, B and C. Doctors on List A were given clearance. Doctors on List B were allowed to carry on working, although were subjected to supervision. Doctors on List C were summarily dismissed. <sup>15</sup>

In Valparaiso, the capitulos actually informed on some Popular Unity doctors to the Intelligence Services. This was boldly reported by Dr. Barros, a General Councillor for the Regional Council of Valparaiso to the General Council in Santiago. <sup>16</sup> He told of capitulos dividing all Popular Unity doctors into 2 groups. The first group, the capitulos called "los activistas" who had "tomado una actitud bien definida y han presentado resistencia." The capitulos called the second group "los políticos". Their "crimes" were apparently not so bad. They, it appeared had accepted the inevitability of the Junta and the destruction of their Popular Unity Government. When Dr. Barros informed

the consejeros on the General Council that the capitulos had handed over the names of "*los activistas*" to the security forces, not a single consejero questioned his apparent acquiescence of this action. <sup>17</sup>

In general the Colegio Médico did not challenge this process of expelling its members. Many of the Colegio Médico consejeros had attended capitulo meetings when these lists were being drawn up. When the fate of the doctors on List C was discussed by the Santiago Regional Council and General Council on 23rd October, no criticisms were levelled at the way doctors had been sacked. No inquiry was set up to determine whether this procedure had been fairly executed. They accepted the decision of the capitulo on each individual doctor's case as final. This meeting formally agreed that only if a doctor on List C was to approach them directly, would they reconsider his case. However, even when ex -Popular Unity doctors did attempt to obtain help from the Regional Council or even from the Executive Committee of the Colegio Médico, they were offered no practical assistance despite severe economic hardship. <sup>18</sup> No Popular Unity doctor was reinstated in his job by the efforts of his Regional Council.

The same type of dismissals and expulsions took place inside the universities. No Popular Unity professor remained in his teaching post after the coup. With Popular Unity students however, greater leniency was shown. In Valparaiso for instance,

Zeldis, the Vice Rector of the Universidad de Chile expressing alarm at the expulsion of students from the final years of medical courses offered two solutions:

"a) Envío por parte del Gobierno a Cuba o otro país donde puedan recibirse y ejercer su profesión y

b) Darles la posibilidad de continuar sus estudios bajo Vigilancia."

19

The Regional Council of Valparaiso discussed the suggestion and agreed that,

"Con los alumnos no se debe ser muy estricto ya que todavía están en proceso de formación mental y espiritual. Al mismo tiempo se es categórico en la necesidad de eliminar a los médicos de izquierda de la docencia."

20

Once the Popular Unity doctors and professors had been expelled, the capitulos and Regional Councils began appointing their replacements. In normal times appointments in the Servicio Nacional de Salud had to be made through strict competition. The expulsion and subsequent appointments were all done very quickly. The entire process was completed within two weeks of the downfall of the Popular Unity Government.

Precisely why was the Colegio Médico involved in this witch-hunt of doctors, who after all were fellow members? As we have mentioned, the "Plan Z" was genuinely believed by the Colegio. Some consejeros argued that doctors who were suspended should be shown little sympathy. As one said, they

were behind the plan,

*"en el cual se contemplaba la guillotina para todos los consejeros y que más aún contemplaba la desaparición del Colegio Médico.*

21

These consejeros argued that because Chile was in a state of war, the Colegio Médico should offer no objections to the capitulos appointing their own medical personnel.

Another reason for this Colegio Médico complicity in the expulsion of Popular Unity doctors from the Servicio Nacional de Salud, was the Colegio's hatred of Left wing doctors. It had not forgotten how many Left wing doctors had insulted it during the previous Government. As one member declared,

*"No se deben preocupar demasiado por los médicos que están en problemas ya que ellos no se han acercado a su Colegio Profesional a pedir protección, primero, porque constantemente estuvieron en contra de la Orden, segundo porque reiteradamente desobedecieron sus acuerdos y, tercero, porque permanentemente han mantenido una actitud de desprecio hacia el Colegio. Creo que a estas personas, que no tienen interés en pedir protección, no se puede ir a ofrecérsela a sus casas."*

22

At this stage there was some internal opposition to the suspensions in the Servicio Nacional de Salud. Most of the consejeros in the General Council who voiced doubts about the legality of these sackings were Christian Democrats or Radicals . P.Silva argued for instance, that the Colegio Médico could not legally suspend doctors from their jobs in the Servicio Nacional de Salud . As he said,

*"Ni los Capítulos ni los Consejos Regionales, ni el Consejo General, puede constituirse en tribunal popular para acusar, ni para pedir sanciones a médicos ni menos juzgarlos."*

23

These Christian Democrat doctors also objected to the way lists were used to suspend doctors. They argued that an investigation should have taken place before these lists had been drawn up, for as one declared,

*"No justifica que se apliquen sanciones por la vía de la simple calificación."*

24

One should not however, exaggerate the criticisms of some Christian Democrats to this purge of Left wing doctors. Their opposition in the General Council was more concerned with the method of dismissing Left wing doctors rather than the actual expulsion itself. Even when Christian Democrats in the capitulos in Viña raised objections to doctors being sacked because of their political beliefs, this did not prevent them, as one Christian Democrat admitted, from joining with the Right and sacking the Director of the Hospital Viña del Mar, a Socialist, Marco Maldonna. <sup>25</sup>

Moreover, it is worth noting the overwhelming mood of vengeance felt by many doctors as a result of their experience of Popular Unity. For example there were still some doctors who wanted the Colegio Médico to publicly expel Salvador Allende from the Colegio, even after his death.

In conclusion, in the first weeks after the coup the Christian Democrats and the various Right wing tendencies of other groups inside the Colegio Médico were united in their support for the new authorities.

8.6 THE BEGINNINGS OF OPPOSITION TO THE RIGHT WING PROJECT  
INSIDE THE COLEGIO MEDICO: OCTOBER 1973 TO DECEMBER 1973.

From October 1973 onwards, preparations went ahead for the first Medical Convention to be held since the Junta had taken over power. This was to be held in December. The Right inside the Colegio began to campaign for the privatization of the Chilean health service and the reconstruction of the gremios as part of the new corporatist Chile. While their first part of the strategy, the suppression of Left wing doctors had been completely successful and had been largely supported by groups within the Colegio Médico, their attempts to implement their other radical proposals, in contrast, began to arouse opposition.

Mundt, the President of the Colegio Médico and the main proponent of this strategy became frustrated and annoyed at the lack of support he was receiving as President. As he described in a private letter,

*"Después del pronunciamiento militar llevé al Consejo por el camino de la más sincera y leal colaboración con el nuevo Gobierno para la recuperación del país, sin preocuparme de las críticas que ello me atraía de algunos sectores minoritarios del gremio."*

26

It has to be recalled that a great animosity existed between the Christian Democrats and the Right as the result of the vote taken a few days before the coup to suspend the doctors' strike. This breach between the two groups never healed. To some extent this was the fault of the Right. After the coup it had impeached Ruben Acuña and demanded that the Colegio Médico's Committee of Ethics investigate his behaviour. It also pushed the Regional Council of Santiago into carrying out an enquiry into the behaviour of Acuña and two other General Council consejeros, Cruz Mena, and Merino who had voted with him, for the termination of the strike. Acuña and Mena were forced to resign as consejeros as a result of the Right's actions .<sup>27</sup>

However, when Acuña returned to the General Council in November 1973, this time as Representative of Punto Arenas, Mundt and his other Right win supporters were fearful that the "*sectores minoritarios del gremio*" would push the Colegio Médico into opposition to the Junta. They had tried to persuade the Regional Council of Punto Arenas not to appoint Acuña as its consejero, but among the Christian Democrats, Acuña was very popular. Mundt

declared that,

*"El inconcebible retorno del Dr. R. Acuña al Consejo General, después de haber sido separado de su cargo por Santiago a raíz de la claudicación del Consejo General que él presidía demuestran que mucho de nuestros dirigentes, no están en la línea patriótica de la reconstrucción nacional."*

28

Opposition to the Right emerged from another source. The new Minister of Health, Colonel Spoerer and his Under Secretary were both Christian Democrats. This was not unusual. The Junta had appointed Christian Democrats to other Government posts, for example in the Ministry of Labour where both Lamberto Cisternas, Under Secretary of Labour and Guillermo Videla, Director of Labour were Christian Democrats. The result of Spoerer's appointment led to a clash of policy with Arriagada the Director General who with the full support of the Right wanted to eliminate immediately the Servicio Nacional de Salud. Spoerer, on the other hand, had no plans to change the structure of the health service.

Spoerer was thus reluctant to collaborate with Mundt and his Executive Committee on certain health policy decisions. He blocked all Mundt's efforts to put forward new private medical schemes. By 8th October, the group of Valparaiso doctors had prepared a radical health policy, but at this stage apart from Arriagada, the authorities remained impassive. Mundt thus bitterly complained,

"Por desgracia esta sana y patriótica intención se vió entorpecida porque elementos del pasado régimen, lograron introducirse en el Ministerio de Salud desde donde pudieron neutralizar nuestros sanos propósitos. El decreto de Arancel de Tecnólogos dictado por el Ministro Sporer sin ningún estudio previo y sin el más mínimo conocimiento del Colegio Médico, es una buena demostración de como la influencia marxistoides, que siempre atentó contra la profesión médica, logró éxitos en esa Secretaría de Estado."

27

The Right's intention to reform gremialismo was not so much blocked, as ignored. Attempts in Valparaiso to re-activate the Comando Multi-Gremial proved fruitless. Groups which had shown so much interest in the activities of the gremio during Popular Unity were now totally apathetic. When the Valparaiso ultra-Right wing doctors held discussions with the new authorities to complain that the gremios were not being promoted as the Junta's partners, the military correctly replied that this was through no fault of its own but was the result of the total disinterest of the gremios themselves. 30

8.7

#### THE NATIONAL MEDICAL CONVENTION DECEMBER 1973

The National Medical Convention's conclusions appeared to show that the Right's project inside the Colegio Médico was proceeding satisfactorily. The Convention's representatives, all of whom had to

be approved by the Minister of the Interior, overwhelmingly endorsed preliminary schemes to move to a private health service. The principle that those Chileans who could afford to pay for their health treatment should not receive free State care was accepted.<sup>31</sup> Implicit agreement that the Servicio Nacional de Salud should no longer be the fulcrum of the Chilean health service was reached when the Conference approved the new title for this health service, the Sistemas Nacional de Servicios de la Salud. Regarding gremial policy, Alvarado's corporatist proposal for the Colegio Médico was passed unanimously.

These "victories" however were hollow ones. Health policy was still not determined by the Colegio Médico and Sporer blocked any radical scheme which undermined the Servicio Nacional de Salud. Moreover, Alvarado's proposals to reconstruct the Colegio Médico required a change in the law. The Junta whose support for the Chilean fascists was always ambiguous refused to legislate on these proposals.

After the Convention, Ernesto Mundt, recognizing that the Right wing project was running into severe difficulties resigned as President of the Colegio Médico. His letter of resignation revealed a thorough disillusionment. The new regime had not matched the ideals he and his supporters had held on the 11th September. To men like Mundt it seemed incredible that the Junta should allow "*elements of the old regime*" (by which he meant

Christian Democrats) back into positions of influence. These Christian Democrats were the enemies of all their attempts to radically change Chilean society. The parallel with the Allende regime was obvious; the revolutionary Left had had exactly the same difficulties with these stubborn Christian Democrats.

Mundt's resignation however, by no means signalled total failure for the Right. He remained as a General Councillor. In the election of the new President and his Executive Committee conducted by the General Council and thereafter approved by the Minister of the Interior, the Right was still clearly in control of the Colegio leadership. Hugo Salvestrini was now President of the Colegio Médico. But more importantly for the Right, Osvaldo Artaza became Secretary General and R. Donckaster, Treasurer. Both these men were committed to the sweeping privatization of the health service.

Their election however, now clearly showed the division inside the Colegio Médico which had developed since the coup. Both Donckaster and Artaza were elected by 11 votes to 9. The Right had therefore, only a slim majority on the General Council. The division between these groups was to take on a much greater importance in the coming months.

8.8 THE ELECTION OF SALVESTRINI'S EXECUTIVE COMMITTEE FROM  
THE MEDICAL CONVENTION OF 1973 TO THE RESIGNATION OF  
ALVAYAY IN NOVEMBER 1974.

Opposition to the leadership of Salvestrini:

At the national level during this period, the Christian Democrats were moving into what one observer called "loyal opposition".<sup>32</sup> Already their newspaper, "La Prensa" as well as their radio station had been closed. Of all the political parties the Christian Democrats had no immediately identifiable social base on which to rely for support. They thus depended for their survival on a regime which guaranteed freedom of expression in order to promote their ideas and policies. The increasing Christian Democrat opposition towards the Colegio Médico leadership reflected their party's growing disaffection with the new regime and explains why the Christian Democrat opposition within the Colegio increased against the Colegio Médico's leadership.

Another reason for the Christian Democrats' growing opposition to the Colegio Médico leadership was its failure to protect the living standards of the profession in the soaring inflation which had followed the downfall of the Popular Unity Government. As one Christian Democrat complained,

*"The Colegio Médico is servile to  
the authorities."*

33

There was no doubt that the Colegio Médico was unwilling to pressurize the Junta for an increase in

wages. The President of the Colegio Médico, Ernesto Mundt refused to demand higher wages, as he declared,

*"Yo soy partidario de no hacer nada porque eso implica inflación. En los servicios de salud, la situación es de tal precaridad que no podemos por el momento aspirar a un ingreso digno, porque el país, esta practicamente en quiebra. La situación esta crítica que apenas se van a poder mantener algunos hospitales, y esta es la dura realidad a la que tenemos que atenernos."*

34

The Right wing controlled Colegio Médico had, in the eyes of the Christian Democrats swallowed the Junta's line that,

*"Si durante el año 1974 nos alcanza para comer, ya quiere decir que estamos obteniendo éxito."*

35

Moreover, many of the opponents inside the Colegio were annoyed that the leadership was prepared to give up certain professional privileges in its willingness to make sacrifices for the new Government. For instance, a special holiday concession, won after a long struggle in the previous administration was given up without a murmur.

#### The sacking of Colonel Spoerer.

In addition to these worries about their professional future came the announcement in the winter of 1974 that the Minister of Health, Colonel Spoerer had been sacked. He was replaced by another Air Force officer, General Herrera, whose position in health policy was the same as that of Arriagada, the

Director General of the Servicio Nacional de Salud. With Spoerer's departure the Christian Democrats in particular and the opposition in general inside the Colegio Médico had lost much of their capacity to block Arriagada's and the Right's privatization schemes.

In the months since the coup the battle between the Ministry of Health on the one hand, and the Director General on the other, resulted in no coherent health policy being formulated. Now at least, there was the possibility of a health policy developing.

The opposition, therefore did not welcome the new Minister of Health, General Herrera. It was quick to complain that he had formed a cabal with Arriagada and the Executive Committee of the Colegio Médico to exclude other consejeros from discussions on health policy. Herrera's reaction to this opposition was unyielding: at a meeting with the Regional Council of Santiago, the new Health Minister declared that in his relations with the Colegio Médico he would only deal with the Executive Committee of that institution.

The "mini" purge of "opposition" doctors from their Servicio Nacional de Salud posts.

With the arrival of Herrera the Junta's health authorities, apart from the UnderSecretary of Health, Luis Givovic, were in the words of one of the

members of the opposition, united in their desire for,

*"Una rapida jibarización del Servicio  
Nacional de Salud."*

37

They were faced with many doctors occupying powerful Servicio Nacional de Salud posts, who while total supporters of the Government, were hostile to such a plan.

In what seems from hindsight, a particularly crude and clumsy way of forcing through a health policy, several high ranking doctors in the Servicio Nacional de Salud, and all staunch supporters of the health service were sacked. Amongst others, this included the Technical Director of the Servicio Nacional de Salud, the Assistant Director of the Hospital Salvador and the Directors of the Hospitals San Francisco de Borja and the Barros Luco . In contrast to the huge purge of Left wing doctors in the weeks after the coup, these sackings in the winter of 1974 amounted to a "mini purge".

Little explanation was given by the authorities for the dismissal of these doctors. However, it soon became apparent that these doctors had lost their jobs because they had been officially described as "statists" i.e. they supported the State health service. "Statists" took on the same derogatory connotation as "communist" or "marxist". It was ironic that many of these doctors had been during Popular Unity, the most fervent anti-Communists.

This "mini purge" was intended by

Arriagada to prepare the way for the full launching of his private health scheme. In a letter to the Regional Council of Valparaiso he asked doctors who supported his free market ideas for the Servicio Nacional de Salud to be ready to take up Servicio posts in Santiago.<sup>37</sup>

The Executive Committee was now placed in an awkward situation. It had been one thing to refuse any help to Left wing doctors sacked on account of their beliefs; it was now quite another to ignore the similar plight of Right wing doctors. The Executive Committee tried to minimize the problem and claim that these sackings were local administrative problems to be solved by the respective Regional Councils but this did not satisfy the opposition.

A feeling of dissatisfaction with the conduct of the Mesa Directiva grew. The situation in the hospitals in Chile still recovering after the first wave of purges was described by Dr. Herrera, himself an opponent of the Right's project in the following terms,

*"Todos estas situaciones acumuladas crearon en algunos Hospitales una atmosfera irrespirable de rumores y presiones. La respectabilidad de las personas removidas en un país en que no conocemos todo, creó una avalancha de protesta muda, que ya no pudo ser detenida."*

8.9 THE RESIGNATION OF J.ALWAYAY AS PRESIDENT OF THE  
REGIONAL COUNCIL OF VALPARAISO.

In the midst of growing opposition to the Right's strategy, J. Alwayay resigned as President of the Regional Council of Valparaiso in November 1974. In his letter of resignation he protested at the authorities' failure to create a corporatist Chile and at the opposition group within the gremio for obstructing the Right's strategy.

By 1974 it was clear to the fascists in Chile that this military Junta was not going to support their own ideas. Already, Pinochet was coming under the influence of the neo-liberal Chicago School economists. The State's role in the economy was rapidly being dismantled. The gremios were without power or influence. As Alwayay bitterly complained to the authorities just before his resignation,

*"Se les hizo saber la inquietud por la falta de participación en las labores de Gobierno, recordándoles que antes del 11 de septiembre el Colegio Médico estaba dentro "de la cancha" después del 11 incluso no está, ni como observador."*

31

The Colegio Médico, despite being closely linked with the health authorities through the relationship between Arriagada and the Right in the Executive Committee and the Regional Councils of Valparaiso and Rancagua, had little influence in deciding health policy. After the coup, power was

concentrated in the Junta and Pinochet in particular as well as the Ministry of Finance. The health authorities themselves were powerless. They were totally dependent on the decisions of the Minister of Finance. As the Minister of Health, Spoerer had complained to the General Council,

*"Nosotros no hemos tenido arte ni parte, en ningún momento se nos ha consultado, no hemos tenido ni voz ni voto, de tal manera que todo lo que se ha hecho hasta este momento lo ha hecho Hacienda sin consultar a nadie."*

40

The Junta however, was not totally responsible for the failure of the fascist project after the coup. The gremios themselves had disintegrated after September 11th 1973. Groups within the gremios which had united around the common goal of fighting Popular Unity's Government suddenly found that their interests were extremely diverse after the coup.

Although harbouring great bitterness towards the Government, the main thrust of Alvarado's letter of resignation however was directed towards the opposition within the Colegio Médico. In particular he criticized those colleagues who were becoming "soft" towards the Left wing doctors. As already stated previously, this was not a question of Alvarado's appetite for revenge towards the Popular Unity doctors. Any softening towards Popular Unity doctors signified for Alvarado a conciliation towards Marxism and the possibility that the Government could become a form

of "Mark II" Popular Unity.

The circumstances in which a certain softening of position towards Popular Unity doctors took place surrounded partly the punishments which were meted out to Left wing doctors for not obeying the strike call of August 1973. Under the Commission of Ethics, disobedience of a "gremial" decision was a punishable offence. After the coup, and especially in Valparaiso, Left wing doctors were ordered to appear before the Commission of Ethics to face charges (See Appendix) . As late as June 1974 Left wing doctors in Valparaiso were receiving suspensions and fines for not stopping work almost a year earlier during the Colegio Médico strike.

Some doctors appealed against the sentences to the General Council. To the horror of the Right wing, including Alvarado, the General Council quashed most of these sentences. The General Council wrote and complained to the Regional Council that these sentences were "*excesivamente severos.*" As the lawyer of the Regional Council of Valparaiso dismally reported,

*"En los diversos sumarios por infracción al paro médico en que se suspendió a distintos profesionales, por un mes, o más, hasta seis meses, el H. Consejo General, hasta el momento, ha revocado todos los fallos que han entrado a conocer y ha sustituido la pena de suspensión por multa o censura o amonestación, ninguna suspensión ha quedado en pie."*

41

Alvarado was particularly infuriated that the appeals of the Left wing doctors to the

General Council were supported by doctors who had previously been allies of the Right. Many of these former allies were Christian Democrats. Alwayay was quick to point out that during the strike they had, along with the Right denounced Popular Unity doctors .

It is worth quoting at length from Alwayay's letter of resignation to show the strength of his feelings against this Christian Democrat perfidy,

*"Está demás comentar todo el inmenso trabajo e ingratas alternativas que la tramitación de los sumarios le han significado al Consejo Regional, a los Consejeros Sumariantes, a los Abogados del Departamento Jurídico y a los propios Capítulos. Es desmoralizador y repudiable que por un sentimentalismo mal entendido en una instancia tan grave como la apelación de un fallo emitido por el Consejo Regional de la jurisdicción, dos Colegados que, de una o otra manera se hicieron solidarios de las denuncias en contra de las actividades anti-gremiales de estos médicos, a la postre se transformen en sus defensores. La autoridad del Consejo Gremial no puede ser vejada, ni humillada tan gratuitamente."*

42

The Regional Council of Santiago unlike that of Valparaiso, was not prepared to embark on the huge task of punishing all those doctors within its jurisdiction who had not obeyed the Colegio Médico order to stop working in August 1973. As Dr. Olave said to a meeting of the General Council,

*"Ahora, desde el punto de vista de los sumarios, se vió que era absolutamente imposible hacer un sumario a cada uno de estos médicos, ..... los 770 que no obedieron la orden de paro, eso*

*significaría que el Consejo Regional  
dedicaría su labor del año a hacer  
sumarios, cuyo resultado no vá a mejorar  
en nada la gestión del Colegio."*

43

Moreover, the "Alvayay" Right was also furious with the more moderate Right wing and Christian Democrat doctors for another reason. This concerned the decision by the Regional Council of Santiago early in 1974 to restore the Left wing doctors' right, which they had lost since the coup, to treat SERMENA patients. It should be recalled that during Popular Unity the Colegio Médico had organized a boycott of the SERMENA service in protest at the Allende's Government's desire to change this system. As a result it forbade all doctors from working in the service. Just as they had refused to obey the Colegio's strike call, so the Left wing doctors did not comply with their Association's instructions and carried on treating SERMENA patients normally. This prompted the Colegio Médico to take away their right to treat SERMENA patients.

After the coup, the doctors who had previously boycotted SERMENA resumed working while the Colegio Médico's decision to remove all Left wing doctors from the institution came into force. Left wing doctors were now in an intolerable situation. Not only did many of them not have a State job but also they were deprived of an important source of income through the treatment of SERMENA patients. Moreover, few private patients would seek

treatment from doctors who bore the stigma of being prevented from both working in the Servicio Nacional de Salud and in SERMENA. As one Colegio Médico representative vividly described the plight of these doctors,

*"Porque había gente que había quedado sin ningún otro sistema de ingreso que el que le podía proporcionar la Curativa; entonces, el problema era realmente dramático; incluso médicos que llegaban a llorar al Colegio para que los dejáramos trabajar."*

44

Several doctors saw no point in carrying out this persecution. As one said,

*"Hasta cuándo vamos a seguir persiguiéndonos, molestando, dificultando a la gente?"*

45

Moreover, even sections within the Government, worried that because the sackings and expulsions of doctors after the coup had led to a shortage of doctors suggested to the association that a Colegio Médico policy of prohibiting doctors from working was damaging national interests.

The decision by the Regional Council of Santiago to restore the Left wing doctors' right to practise in SERMENA was a response to both these mounting pressures. This softer treatment of Left wing doctors was a major cause of Alvarado's resignation as President of the Regional Council of Valparaiso.

At the same time as Alvarado was making his protest other ultra Right wing doctors in Valparaiso resigned from their posts in the Servicio

Nacional de Salud. Moreover, Mundt, who had previously refused in September 1974 to sit on the same Commission as R. Acuña because the latter lacked all sense of "*autoridad moral*" resigned his seat on the General Council.<sup>46</sup> Taken together, these resignations signalled the failure of the "corporatist" part of the Right's strategy inside the Colegio Médico.

8.10 FROM THE RESIGNATION OF THE ULTRA RIGHT IN NOVEMBER 1974 TO THE IMPEACHMENT OF THE EXECUTIVE COMMITTEE IN APRIL 1975.

The announcement of the Right's health policy.

In contrast to the failure of the "corporatist project", the Right's plans to construct a new, totally private health scheme were progressing satisfactorily. Spoerer had been removed and several prominent doctors in the Servicio Nacional de Salud hierarchy sacked. There only remained the task of drawing up the health plan for general approval.

During the months of December 1974 and January 1975, a special Commission comprising the Executive Committee of the Colegio Médico, Darwin Arriagada, Director General of the Servicio Nacional de Salud and economists from ODEPLAN, the Government Central Planning Office, worked on the final touches of this health plan. They were advised by a Señor

Cash, an American economist, who had been invited to attend these meetings because of his experience in running private health schemes in California.

The outcome of these meetings was the publication of two similar documents; the first entitled, "Sistema Nacional de Servicios de Salud" was published by Arriagada in February 1975.<sup>48</sup> He intended to present this document for Pinochet's approval. By this time Pinochet had become the leading figure in the Junta and his approval would have meant that these proposals would have become the Junta's health policy for 1975.

The second health policy document was published by O. Artaza and was directed at the medical profession for its approval in the National Medical Convention in April 1975.<sup>49</sup>

The major theme of these documents was that the health service, like other services had to become part of the social market economy. This was to be done by breaking the State's monopoly in health. As the Director General of the Colegio Médico told "Que Pasa?" on 13th March 1975,

*"Se trata de transformar- gradual y prudentemente la medicina funcionaria actual en una medicina adaptada a la economía social de mercado..... Nosotroos queremos cumplir a cabalidad con el principio de subsidiaridad de que habló el Gobierno :el Estado debe cubrir aquellos campos en los cuales*

*la iniciativa privada se manifieste como insuficiente.....Nosotros queremos desestatizar la medicina ya que ésta adolece de una serie de vicios. Creemos que es más eficiente la empresa privada que la pública en cualquier campo, y el campo de la salud no escapa a esta regla.....*

50

It is important to realise that despite this Right wing group's hatred of the State system, this new health plan allowed the State to play a predominant role. The providers of health care in this scheme i.e. the hospitals, clinics and doctors would work in the private sector. But the finance for this care would still come from the State which would pay these "private establishments" for treating the patients who were unable to afford their health treatment. Over 70% of the Chilean population had insufficient financial means to pay for their treatment. State financing of these new schemes therefore would be significantly high.

This new scheme did not allow for a direct investment in health care by business. There were no plans to turn over the running of hospitals to finance houses and insurance groups or business interests. The doctors who had planned this scheme firmly ruled out the possibility of business operating the hospitals for profit. As these doctors argued,

*"Lo que no parece admisible moralmente, pues, destruye la esencia del sentido humanista de la medicina, es que capitalistas aislados o consorcios inviertan dineros en la posesión y explotación de establecimientos de*

*salud, con fines simplemente comerciales."*

51

Thus, this scheme was quite different from the one that would be presented three years later by the Chicago School economists. In the latter's plan, the private sector would be encouraged to take over the State's role of financing health establishments.

In essence this Right wing plan generalized the situation already existing in doctors work in their private clinics. These private clinics were run by doctors themselves. All their patients paid them a fee for the treatment they received. This system was called libre eleccion. No private capitalist, no public body interfered in this financial transaction between the doctor and his patient . By providing this system with fiscal funds, doctors could treat all patients including their former Servicio Nacional de Salud patients in this way. Libre Eleccion generalizada as the scheme was described, would have transformed many doctors from being part State employees and part independent practitioners into total liberal professionals. Just as in their own private clinics there was no possibility under this scheme that doctors would lose their power to outside public or private agencies. Through continued State funding of these hospitals and clinics doctors would be cushioned from the discipline of the market place.

The bonus which the supporters of this

plan believed their scheme would give to patients was the freedom to choose their doctors or health establishments. This change, these supporters argued, would introduce market competition. Thus, the scheme would be true to the principles of the free market economy.

This argument was very naive. The "true" liberal economists believed that the market could only operate effectively if the State was eliminated as far as possible. In this scheme the State would be regulating the whole mechanism by ensuring sufficient demand for these private health establishments. Competition therefore in this scheme would only exist in a nominal sense.

Probably because this scheme was a type of hybrid free market scheme, the ODEPLAN economists who had been involved in the discussions did not put their names to it. It remained the brain child of D. Arriagada, Director General of the Servicio Nacional de Salud and O. Artaza, Secretary General of the Colegio Médico and several Valparaiso doctors.

8.11

THE CENSURE OF THE EXECUTIVE COMMITTEE OF THE  
COLEGIO MEDICO.

The opposition inside the Colegio Médico disagreed with the plan for different reasons. The Christian Democrats objected to the scheme

because in eliminating the Servicio Nacional de Salud it went against the principles of social medicine. This was also the position of Luis Givovic, Under Secretary of Health, the only remaining Christian Democrat influence amongst the health authorities. The more moderate Right wingers did not disagree with the essential aim of privatization. They were no admirers of the State's role in health care. However, they argued that the private Chilean health schemes were not sufficiently advanced to absorb the new demand that would be created by eliminating the Servicio Nacional de Salud at a stroke. As one of the doctors holding this position argued,

*"Un grupo de Consejeros estimaba necesario evitar la destrucción del Servicio Nacional de Salud o su jibarización, hasta que los organismos privados alternativos, puedan estructurarse, no en un documento escrito, sino en la práctica."*

52

Fearing that this plan would become official policy, these groups united to get rid of both the Colegio Médico leadership and D. Arriagada. A meeting was held secretly in February 1975 between Dr. Luis Givovic the Under Secretary of Health and Rene Merino a General Councillor, both Christian Democrats, on the one hand; and R. Hurtado, President of the Regional Council of Santiago and Mario Herrera representing the moderate Right wing group on the other, to discuss how best to go about removing these doctors. <sup>53</sup> They agreed at this meeting to force the Executive Committee to resign by impeaching it and to replace the President, Salvestrini by

Ernesto Medina. This group hoped that Medina, a distinguished public health Professor would defend the Servicio Nacional de Salud from the economists' attacks. This group also agreed to push the Government to sack Arriagada and to appoint Rene Merino, a staunch defender of the Servicio Nacional de Salud in his place.

It is not clear how this group managed to get Arriagada sacked as Director General of the Servicio Nacional de Salud, but in March 1975 the Junta announced that he was to be replaced by R. Merino as Director General. In April 1975 following what "Ercilla" called an epidemic of censures inside the Colegio Médico, the Executive Committee of Salvestrini, Artaza, Donckaster and Chahin were forced to resign. The President and Secretary General were replaced by two Regional Council of Santiago appointed consejeros, Medina and Rojas respectively.

Apart from the group who had been ousted in this remarkable episode, the most alarmed section of Chilean society at these events was the weekly review "Que Pasa?". The team who worked on "Que Pasa?", were the staunchest supporters of the Friedmanite experiment in Chile. They quite rightly saw that with Medina as President of the Colegio Médico and R. Merino as Director General of the Servicio Nacional de Salud, the Junta's health policy had undergone a change from the one which planned to organize health policy along market principles. In an editorial "Que Pasa?" declared,

*"Ese cambio significa que continuará operando monopolicamente el monstruo estatal de la salud."*

54

Predictably this Right wing group which had been on the point of implementing these sweeping health reforms, reacted bitterly at seeing their plans in ruins. One Right wing consejero accused the opposition of using "*tacticas marxistas*" to get rid of them. <sup>55</sup> The Regional Council of Rancagua declared that the new Executive Committee headed by E. Medina had allowed itself to be manipulated by critics of the Government amongst the profession. <sup>56</sup> This Right wing group demanded that the Commission of Ethics impeach both Hurtado and Givovic for plotting the downfall of the Mesa.

All the old animosities that had been created at the time of Popular Unity re-emerged. The Right complained that the Regional Council of Santiago's past record during Popular Unity showed that it was incapable of defending the profession. This Regional Council had, after all supported Acuña's Mesa "*chusca*" during the last months of Popular Unity. This Regional Council which had always been "*vacilante y debil*" during Popular Unity had it was claimed,

*"ninguna autoridad moral a censurar la Mesa Directiva."*

57

To try and restore its influence inside the Colegio Médico this Right wing group called on the President of the Colegio, Medina to

fix a date for a National Convention. Medina's first act as President it should be remembered was to cancel the National Medical Convention scheduled for April 1975. Medina and his supporters were concerned that had the Convention taken place, motions would have been passed supporting the privatization of the health service. The Right wing group wanted the next Convention to be binding on the Colegio Médico leadership.

Medina however, refused to give this group a platform from which to exert its influence. He reminded the President of the Regional Council of Valparaiso who had demanded a National Medical Convention that his Regional Councillors in comparison with the Regional Council of Santiago represented only a small fraction of doctors. As Medina wrote to the President of the Regional Council of Valparaiso,

*"Quisiera sin embargo, recordarle que guste o no que el Consejo Regional Santiago agrupa a un 62.5% de los médicos en actividad. De este modo cualquier decisión que tome el gremio, recae mayoritariamente en los colegiados del Consejo Regional de Santiago. Asumiendo, hipotéticamente, que la mesa que Usted preside represente legítimamente el pensamiento de los médicos de Valparaíso, éstos lamentablemente constituyen solo un 10% de todos los médicos. No parece, en consecuencia concebible que una minoría pretenda regir los destinos de los médicos del país."*

58

Faced with Medina's refusal to call a National Medical Convention, the Consejo Regional de Valparaiso organized one itself. In a final attempt

to give this Convention more legitimacy, it invited the Executive Committee of the Colegio Médico to attend. This invitation was refused. When the decision of Medina and the Executive Committee was communicated to the Right at a meeting of the General Council on 13th April in 1976, the consejeros from Valparaiso walked out. The last time a walk out had occurred inside the General Council had been during Popular Unity.

The Medical Convention of the Regional Council of Valparaiso which took place on 1st May 1976 was similar to the Left wing doctors' Convention of May 1971. Both events were attended only by their supporters and both were political. The main aim of each of these conferences was to work out a tactic by which their group could takeover the Colegio Médico. In May 1971, the Left had discussed schemes to give power to the "*bases*" of the profession i.e. the younger, Servicio Nacional de Salud oriented doctors. In contrast, the Convention of May 1976 proposed a restructuring of the Colegio Médico to replace the General Council by a Consejo Nacional of Presidents. Through this tactic they hoped to rid the Colegio of what they called,

*"los cesaristas enquistados en las altas directivas de la orden."*

59

The participants of this Convention were extremely Right wing. The ex-Executive

Committee of the Colegio Médico, leaders of the 5 Regional Councils who had called for the political strike in August 1973, the ex-Director General of the Servicio Nacional de Salud, D. Arriagada, all attended. Support for Arriagada and Artaza's private health schemes not surprisingly was passed unanimously.

The Convention was held in an atmosphere of great euphoria. It was another opportunity to recall the great and glorious battles against Popular Unity. But despite this, the Convention represented the failure of this Right wing group to implement its ideas inside the Colegio Médico and inside the Government.

## CONCLUSION

The fall of the Mesa of the Executive Committee of the Colegio Médico has to be seen in the light of the increasing influence of the Christian Democrats inside the Colegio Médico.

The Christian Democrats had never contemplated the fascistization of Chile through the gremios. Their view remained committed to constitutional and democratic representation. Moreover, the Christian Democrats had never been strong inside the gremios which during Popular Unity had been Right wing fronts.

Nor were the Christian Democrat doctors willing to contemplate the destruction of the Servicio Nacional de Salud which they had helped to construct.

Thus, they had joined with the more moderate members of the Right to remove those forces planning such a course of action.

These moderate Right wingers like Hurtado and Herrera remained committed to the Junta: they knew that the demands of the ultra Right wingers in the medical profession as well as the demands to terminate the Servicio Nacional de Salud would be highly unpopular with the medical profession as a whole, and would create opposition towards the Junta.

This was the basis of the alliance which so successfully overthrew the Right and ultra Right groups who represented in particular, the Regions of Valparaiso and Rancagua. It was an alliance however, which was short lived.

NOTES

1. Minutes of the Cons.Gen.Col.Méd. Analysis of Dr. Herrera of developments within the gremio from the coup until the change-over in leadership in 1975.
2. 'El Sistema Nacional de Servicios de Salud.' (SINASESA).Date and place of publication unknown.
3. O'Brien,P.J. 'The New Leviathan.' p.198.op cit.
4. Ibid.
5. Report of the Convencion del Consejo Regional Valparaiso-Aconcagua. 30th April 1976.
6. Editorial.Ibid.
7. See Henderson,B.(1977). 'The Chilean State after the Coup.' in Miliband,R. and Saville,J.(eds) The Socialist Register 1977.Merlin Press.London.
8. Note.See text.
9. 'El Sistema Nacional de Servicios de Salud.op cit.
10. Footnote 2.op cit.
11. Vida Médica.Sept.1973.
12. These were the words Leigh had used in a television interview shortly after the coup.
13. A list of these casualties was compiled by Dra. Gilda Gnecco with errors due to circumstances. The following is a list of doctors slain between September 1973 and February 1975:
  1. S.Allende
  2. Enrique Paris Roa.Psychiatrist.Beaten to death.
  3. Eduardo Parede.Tortured and shot in Regimento Tacna.
  4. Jorge Klein.Psychiatrist and President's doctor.Body unrecovered.
  5. Absalon Wegner.
  6. Hernan Henriquez.Chief of the Tenth Health Zone.

7. Jorge Avila. Psychiatrist.
8. Claudio Tognola. Obstretician.
9. Vincente Cepeda.
10. Juan Carlos Cerda. Doctor at the Oficina Salitera. Pedro de Valdivia.
11. Jorge Jordan Domic. Pedriatrician from Ovalle, was sentenced to 60 days detention. While serving this sentence he was shot. His wife committed suicide one month later.
12. Arturo Hilleras.
13. Eduardo Gonzalez. General Practitioner from Curico.
14. Alejandro Blomenfeld. General Practitioner from Lautin. Shot.
15. Pablo Aranda. Medical student from the Hospital San Juan de Dios. Shot together with the Spanish priest, Father Alsina.
16. Hector Garcia. Assassinated in August 1974 at Buin.
17. Daniel Rojas. Doctor from the Hospital San Bernardo.
18. Eduardo Ziede. Doctor from Antofagasta.
19. Jorge Diaz. Bolivian doctor.
20. Miguel Henrique. Doctor. Head of the MIR.

14. Minutes of the Cons.Reg.Valp.Col.Méd. 25 de Oct. 1973. Dr.Uribe.
15. Minutes of the Cons.Gen.Col.Méd. 20 de Oct. 1973.
16. Ibid.
17. Ibid.
18. This was a point made to me by many doctors who had firsthand experience of the indifference of the Colegio Médico e.g. Interview 5.
19. Minutes of the Cons.Reg.Valp.Col.Méd. 18 de Oct.1973.
20. Ibid.
21. Dr.Herrera.Minutes of the Cons.Gen.Col.Méd. Acta N° 34. 2 de Oct.1973.
22. Ibid.
23. Dr.Silva.Ibid.
24. Dr.Armaz.Ibid.
25. Interview 17.
26. Private letter from Mundt to the Consejo Regional de Valparaiso.Valparaiso Dec.1974.Files of the Consejo

Regional de Valparaiso, Vina del Mar.

27. Interviews 6 and 20.

28. Private letter from Mundt. op cit.

Acuña declared to a General Council meeting that his appointment as Consejero for Punto Arenas had been obstructed by the Regional Council of Valparaiso. Minutes of the Cons.Gen.Col.Méd. Acta N° 58. 12 de Marzo 1974.

29. Ibid.

30. The Comité Multigremial was discussed at a meeting of the Regional Council of Valparaiso:

Comité Multigremial:

Dr. Alejandro Uribe, representante del Colegio Médico ante esta organización da una información general sobre su participación en ella y su deseo de participar mas estrechamente con el Consejo del Colegio. Hay problemas: Desorganización y falta de participación de algunas representantes de Colegios profesionales (Enfermeras, Dentistas).

Dr. Sapunar cree que es fundamental una solida organización para participar activamente en las soluciones de Gobierno que hay que ejercer.

Dr. Venezian piensa que siempre ha estado desorganizado, es importante su existencia y podria ser el Colegio Médico su motor.

Dr. Alvayay: Es fundamental crear un Comité Multigremial fuerte para orientar a las autoridades de gobierno. Es fundamental que sus miembros sean fieles representantes de los gremios y de sus bases, por ello es importante iniciar su formación en salud dentro de los hospitales a cargo de los Capítulos Médicos.

Minutes of the Cons.Reg.Valp.Col.Méd. 22 de Nov. 1973.

31. Conclusions of the Colegio Médico Convention. December 1973.

32. O'Brien, P.J. et al. (1976). Chile: the State and Revolution. Macmillan. London.
33. Interview 7.
34. Minutes of the Cons.Gen.Col.Méd. 15 de Junio 1974.
35. Ibid.
36. Herrera's analysis. 1973-75. op cit.
37. Letter of Arriagada. 20th December 1973. Files of the Regional Council of Valparaiso, Vina del Mar.
38. Herrera's analysis. 1973-75. op cit.
39. Minutes of the Cons.Reg.Valp.Col.Méd. 24 de Marzo 1974.
40. Minutes of the Cons.Gen.Col.Méd. Acta N° 56. 31 de Enero 1974.
41. See Appendix.
42. Letter of Jorge Alvañay to the Regional Council of Valparaiso. Vina del Mar. 20 de Nov. 1974.
43. Minutes of the Cons.Gen.Col.Méd. Acta N° 57. 5 de Marzo 1974.
44. Ibid.
45. Ibid.
46. The minutes in the Regional Council of Valparaiso were recorded thus:

Mundt: "su imposibilidad moral de pertenecer a la misma comisión en la que participe R. Acuña."

Nota del Consejero General Dr. Ernesto Mundt, enviada al Dr. Hugo Salvestrini, Presidente Consejo General, sobre Comisión Reestructuración del Colegio Médico:

En la cual hace ver su imposibilidad moral de pertenecer a la misma Comisión en la que participe el Dr. Ruben Acuña.

El Dr. Mundt amplía la comunicación, y da cuenta de reunión de Consejo General.

Se acuerda comunicar el Regional Santiago carta del Dr.Mundt, con el fin de acelerar el sumario contra el Dr.Ruben Acuña, y además, al Consejo General para quede en Acta el apoyo de este Regional a la actitud del Dr.Mundt. Se estima necesario mantener una posición firme frente a aquellos Consejeros Generales que han prostituido permanentemente al Colegio, a su labor, y a su conducta.

Minutes of the Cons.Reg.Valp.Col.Méd. 11 de Julio 1974.

47. In the 1960's and early 70's, Chile received technical assistance from the State of California. This link might also explain why Cash was brought from the US. No other evidence exists that US. economists of the Chicago School, or any other school for that matter, came to advise the Junta after the coup.
48. Arriagada, D. (1975). Sistemas Nacional de Servicios de Salud. Santiago.
49. Health Policy Document prepared by Artaza, D. for the National Medical Convention .April 1975.
50. Que Pasa?. 13th March 1975.
51. Arriagada. (1975). op cit.
52. Herrera's analysis. (1975). op cit.
53. Presentación del Consejo Regional Valparaiso-Aconcagua al H. Consejo General del Colegio Médico de Chile. 5 de Mayo 1975.
54. Que Pasa? 22nd January 1976, pp.12-13.
55. Arriagada. Minutes of the Cons.Gen.Col.Méd. Abril 1975.
56. Letter of the Regional Council of Rancagua to Medina. Oct.28th 1975. Rancagua Regional Council informed Medina that the group which had ousted the ex-Executive Committee of the Colegio Médico showed the "existencia de un grupo anti-Junta que introduce problemas al Gobierno."

57. Letter of the Regional Council of Valparaiso to President Mundt. 5th June 1975.
58. Letter of Ernesto Medina to Aquirre, President of the Regional Council of Valparaiso. 30th Sept. 1975.
59. Report of the Convention of the Regional Council of Valparaiso. 30th April 1976.

C H A P T E R

9

ECONOMISTS VERSUS DOCTORS

## INTRODUCTION

In this chapter we will examine the reasons behind the Colegio Médico's objections to the health plan proposed by the Government's new health spokesmen who were appointed in early 1976.

These newly appointed officials although predominantly doctors themselves, were heavily influenced by the Chicago School free market thinking on health policy. The doctors who belonged to the Junta's health team such as Francisco Quesney and Eduardo Cruz Mena were political mavericks. They were not members of any political groups. They were quite independent from the extreme Right wing group of doctors which had first tried to apply the principles of the free market economy to the health sector after the coup.

Until now we have viewed politics inside the Colegio Médico in terms of the political struggle amongst various groups of doctors. This chapter represents a slight departure from this organizing principle. Doctors were relatively united against the economists' ideas in health policy. Thus, the Colegio Médico in the period when these health plans were gradually being revealed, was able to play the role of defending the profession as a whole. The revolutionary nature of the economists' health plans, even more wide ranging than anything considered by the Left during Popular Unity, united the profession in opposition.

However, this class division within the profession was not totally submerged by the display of professional opposition to the health plan of the economists.

A split gradually developed inside the profession between the younger doctors who relied predominantly on the State health service on the one hand, and the more established, private medicine oriented doctors on the other. In essence, the economists' health plans were intended to open up the Chilean health service for private business investment. To facilitate this process, the economists attempted to dismantle the power of the profession concentrated in its organization, the Colegio Médico. The economists envisaged that the dominant force in the organization of Chile's new health system would be insurance groups, financiers and businessmen rather than the State and the medical profession. The more established members of the profession were most able to defend themselves in this proposed shift in control of the health service. This group had its own private practices. Some of its members were already collaborating with insurance companies in operating their private clinics. The new health plan offered this group of doctors the possibility of co-operating with the new business managers and a greater opportunity to earn more money .

This shift in control away from the State to private business was much more dangerous for the younger doctors. Rather than being able to collaborate with the new bosses, they would be more likely to be their employees. Only the more established doctors would become partners with private business in the new private health enterprises. Thus the new health plan offered the younger doctors not the possibility of co-operation with the business managers but some form of exploitation.

While the health plan was only ratified in August 1979, several private medicine experiments before that date offered ample evidence to the young doctors that they were too weak to defend themselves against business interests in the new private sector.

This split between the young doctors and the more established members of the profession remained under the surface until the protest movement of the capitulos began in 1978. After 1978 the Colegio Médico began to discard its "professional" role and became once again engulfed by competition between political groups. These political results of the Government's health policy will be discussed in the next chapter.

In the following sections we will examine how the health policy evolved and the effects it would have on the power of the Chilean medical profession as a whole. We will show too, how the

proposed changes had a different meaning for the various class groupings of the profession.

## 9.1

THE GENESIS OF THE NEW HEALTH POLICY.

The Junta had taken control of the country without a clearly defined health policy. As a result, appointments to the health ministries were made arbitrarily. In the first years of the new Government, no coherent health policy emerged. Instead, the Minister of Health and Director General of the Servicio Nacional de Salud proposed completely contradictory health plans. Nothing tangible was produced. The Servicio Nacional de Salud and SERMENA continued as they had in the past.

However, in other aspects of Chilean society dramatic changes were taking place. Under the sway of the Chicago School economists, the Junta was applying the laws of the market to the economy. Reversing the historical trend that had begun in the 1920's, the role of the State was drastically reduced. The economists argued that the health sector could not continue untouched by the changes taking place around it. There were however, other groups inside the Junta who insisted that health could not be produced in the same way as a car or a house. Economic criteria could not

be applied to this sector.

A new health team was appointed in 1976. Air Force General Matthei was made Minister of Health, Dr. Cruz Mena was appointed as the Under Secretary to the Minister of Health and Dr. Francisco Quesney became Delegate of the Government to the Servicio Nacional de Salud. They joined Dr. René Merino who became Director General of the Servicio Nacional de Salud in April 1975. While Matthei, Mena and Quesney all shared the ideas of the economists viz. that health had to be incorporated into the market place, Merino an ex-Christian Democrat argued that health should still be delivered by the existing Servivico Nacional de Salud.<sup>1</sup>

This conflict between free market thinkers on the one hand and more State oriented thinkers on the other, was also apparent inside the Colegio Médico. The President of the Colegio, Ernesto Medina and his Executive Committee had come into the Colegio to defend the Servicio Nacional de Salud from the attacks of the economists in the Government planning office, ODEPLAN. Opposing them were some of consejeros including Artaza, Chahin and Donckaster who supported greater privatization.

The background to this debate was the general recession of 1975-77 sparked off by the "shock" treatment of the Chicago School economists. This involved a huge cut in public spending coupled to tight control of the money supply. This squeeze

induced a fall in industrial production and the Gross National Product and a sharp increase in unemployment. In this crisis, the health budget was drastically reduced.<sup>2</sup>

From every viewpoint, spending on health care was dramatically lower than in previous years. Taking 1970 as the base year, the first 2 years of Popular Unity, 1971 and 1972 showed an increase in health expenditure of 28.3% and 39.5% respectively (See Table 13). After the coup, there was a net decrease reaching its lowest level in 1975 when only 76.9% of the 1970 amount was spent on health.

In 1975 and 1976 respectively, 236.6 and 230.8 millions were spent in comparison to 384.4 and 418.0 millions in 1971 and 1972 respectively. (See Table 13).

In per capita terms, 40.28 and 42.99 dollars were spent annually on each Chilean in the years 1971 and 1972 in comparison to only 22.49 and 22.82 dollars in the years 1975 and 1976. (See Table 14).

TABLE 13 :PUBLIC EXPENDITURE ON HEALTH(IN MILLIONS OF US \$1976

YEAR	PUBLIC EXPENDITURE IN HEALTH	% REAL ANNUAL	BASE INDICE OF EXPENDITURE IN HEALTH
1969	251.7	--	84.0
1970	299.6	19.0	100.0
1971	384.5	28.3	128.3
1972	418.0	8.7	139.5
1973	249.0	(40.4)	83.1
1974	169.7	8.3	90.0
1975	230.6	(14.5)	76.9
1976	283.6	3.5	79.6
1977	286.3	20.0	95.6
1978	351.9	22.9	117.4

Source:Minister to the Treasury

TABLE 14:PER CAPITA EXPENDITURE ON HEALTH(IN US \$ 1976)

YEAR	PER CAPITA EXPENDITURE
1969	27.37
1970	31.98
1971	40.28
1972	42.99
1973	25.15
1974	26.77
1975	22.49
1976	22.82
1977	26.87
1978	32.41

Source:Minister to the Treasury

As a result Servicio Nacional de Salud services deteriorated. Because of financial ceilings, medical personnel were cut to the minimum. Because of the cut in doctors' hours in the Servicio Nacional de Salud, in the childrens' ward of the Hospital San Juan de Dios, doctors had to treat on average 16.5 children per hour. This meant that less than 4 minutes was spent on diagnosing and treating each child. In the out-patients department of the Hospital Luis Calvo Mackenna, 300 patients on average were treated each day by only 4 doctors. Each doctor had to therefore treat 75 patients a day. In the Hospital Exequiel Gonzalez, in a department of 7 doctors, 550 patients were seen each day. <sup>3</sup>

In these deplorable working conditions doctors were paid extremely low wages. Fernando Matthei, the Minister of Health at this time, recognized that doctors' wages were low. He did not offer any wage increase to doctors because of the restricted health budget he had been given,

*"El presupuesto para Salud fué de 135 millones de dólares. El centro de diálisis necesita ampliarse; el proyecto sobre desnutrición se come 34 millones; la construcción de hospitales y centros de especialización también necesita dinero. Los médicos por el momento deberán esperar....."* <sup>4</sup>

Fees from their SERMENA work offered doctors no comfort. These reached such a low level that out of 2,200 doctors in Santiago only 600 remained

treating SERMENA patients. Private practice remained an option only for the experienced doctors who had built up a private clientele. And even for them, the general economic crisis was lowering demand. The Colegio Médico expressed alarm at the increasing number of doctors who were leaving the country to practise abroad because of low incomes.

Methods of raising doctors' incomes became the major concern of the Colegio Médico. For Medina and other consejeros, doctors had to seek increases in their income from SERMENA and the Servicio Nacional de Salud to restore the cuts suffered as a cause of the recession. In contrast, other consejeros argued that,

*"El problema no se arregla con unos pesos más, sino que habría que modificar el sistema porque en este momento los que están ayudando a financiar este obsoleto sistema son los médicos recibiendo un sueldo miserable."*

5

One consejero saw the economic crisis as a relief,

*"Yo me alegro de lo que ocurrió, parece que por fin estamos entendiendo el mensaje, hasta aquí, hemos estado tres años tratando de abrirle los ojos a los médicos y diciéndoles que no pueden esperar nada de un empleador público en salud; la única posibilidad de que el médico recupere su nivel en la sociedad, es buscando otras alternativas ahora.....tienen que someterse al dictado de este empleador único."*

6

This group wanted to use the opportunity of the crisis to privatize the system and increase doctors' earnings when the economy moved out of the recession.

The General Council began to discuss in detail the feasibility of private schemes which could replace the Servicio Nacional de Salud and remedy the drastic economic plight of the doctors. An experiment had already begun in 1975 when a private corporation took over the largest health sector in Santiago from the Servicio Nacional de Salud and began to run it as a private business. Representatives from this corporation were invited to the General Council to discuss the likelihood of raising doctors' incomes through this venture.

Another pilot scheme involving the Consultorio Maipu in Santiago had already been handed over from the Servicio Nacional de Salud to the private sector to see if it could be run more efficiently. Private insurance agencies were setting up their own medical clinics for the empleados of big businesses. Doctors were being given more opportunities to work in private hospitals owned by insurance companies like the Hospital de Trabajador in Santiago or the ASIVA in Valparaiso. Private co-operative schemes of doctors setting up their own health group were begun. The Director of one such venture was R. Hurtado, the President of the Regional Council of Santiago. All this activity and these embryo schemes reflected doctors' anxiety at earning less and less from their Servicio Nacional de Salud work.

Support for the incorporation of health into the *economía del mercado social* grew amongst doctors who believed that privatization simply meant more income.

A final outcome of the conflict inside the health authorities between those groups who favoured privatization and those who wanted the preservation of the Servicio Nacional de Salud was the sacking of R. Merino as Director General of the Servicio Nacional de Salud. Thus, the final internal obstacle to the presentation of the new health plan had been removed.

On the date of Merino's sacking in 1977 with the new health team of Matthei, Mena and Quesney firmly in control of the destiny of the Chilean health service, an increasingly impoverished medical profession was looking to them and their economic ideas for financial relief.

But from 1977 onwards, as the new health policy became clearer and more defined and the consequences thus made apparent to the profession, these early enthusiasts amongst the profession slowly became implacable opponents.

This new health plan bore no similarity to the ultra-Right privatization scheme after the coup. In this latter plan, these doctors even though claiming their policy was compatible with free market principles still envisaged that the State would play a major role in reimbursing

the less affluent patients who could not afford to pay for treatment from the new private enterprises. In this way, the State fuelled demand for this "private" health system. The planners of this scheme argued that doctors would still control the health service as they had done in the past. For instance, these planners did not intend to open the way for the takeover of the health service by businessmen. Any private enterprise which took over a sector of the health service and employed doctors had to have their contracts with these doctors approved by the Colegio Médico.<sup>7</sup>

In complete contrast to this naive and plainly doctor-centered privatization model, the economists' plans were intended to radically reduce the role of the State and shift power in the health service out of the hands of the profession and into those of private business. It was to become abundantly clear that pursuing profits in the health service was not necessarily compatible with doctors' interests.

Even before the health policy was announced, Medina warned that the simple equation,

*"more privatization equals more  
money for doctors"*

8

was false. In these new alternatives to the Servicio Nacional de Salud, he said,

*"Mientras los propios médicos no sean capitalistas, serán considerados friamente como insumos del proceso de producción. A diferencia de lo que ha ocurrido hasta la fecha, a pesar de los inconvenientes que ha significado el sistema estatal, los médicos han tenido mucho más ventajas y defensa. Por estas razones juzga de riesgoso el sistema privado como modelo extensivo a toda la organización de Salud, ya que al médico se le concibe como un instrumento al servicio de la organización."*

9

## 9.2 THE NEW HEALTH PLAN

Details of the privatization plan emerged in 1977. This plan for removing the State as the fulcrum of the Chilean health service was much more sophisticated than earlier privatization attempts. The health authorities in close collaboration with ODEPLAN realised that privatization could not be introduced overnight. A successful privatization scheme required that the purchasing power of the Chilean people was sufficient to sustain a thriving private sector. Until their economic power increased, the State the economists argued, would still have to play a major rôle in providing free health care. Moreover, the State would still have to perform the unprofitable tasks such as vaccination campaigns, water purification and the provision of services to remote geographical areas. In the short term, the plan intended to entice the private sector into taking over the State service as far as was possible.

The major obstacle in the way of creating business interest in the Chilean health sector was the Servicio Nacional de Salud. The huge centralised structure of the Servicio Nacional de Salud could not be transferred easily into private hands. The Service's inefficiency and over-large bureaucracy further discouraged private investment. In a clear attempt to make the Servicio Nacional de Salud more attractive to businessmen, it was divided into 27 autonomous regional sectors. Instead of the entire service being centrally organized, power was devolved to the regional unit called the Unidad Operativa de Salud. In quite simple terms, this regionalization of the service allowed private capital to take over a part of the Servicio Nacional de Salud and run it independently of the State.

Both the creation of a separate Fondo Nacional de Salud to finance the system and the scrapping of the post of Director General of the Servicio Nacional de Salud were designed to attract businessmen's interest. The Director General had previously controlled the Servicio Nacional de Salud budget; now the finance under the autonomous Fondo Nacional de Salud was independent of Government policymakers. A hospital was no longer dependent on the State and the Director General of the Servicio Nacional de Salud for its finance. The way was open for private capital to

take over one hospital, or indeed several hospitals in the same way as the economists' plans allowed private business to take over one or several regional units.

In order to streamline the Service and make it more efficient and thus, more attractive to private investment the criterion for funding these local regional units or Unidades Operativas de Salud changed dramatically. In the past, each hospital received a set budget. The size of the budget depended on the number of people in the area it served. Increases were calculated on the yearly inflation rate. Now, hospital establishments were no longer guaranteed their incomes. Finance would be given in direct proportion to the number of cases treated. An establishment which failed to attract patients through inefficiency or lack of competitiveness with other health enterprises, risked bankruptcy.

Also in order to make the Service more cost effective priorities for the distribution of resources changed. The economists considered that the Servicio Nacional de Salud was oversophisticated to tackle Chile's real health problems. This echoed the cry of Popular Unity health ministers who had argued that the high technology curative hospitals were inappropriate for combatting major killers in Chile like infant diarrhoea and pneumonia. The Chilean health service they argued, had to promote preventative medicine

Similarly, the new Health Minister divided the service into 3 levels: the primary (the level of prevention i.e. consultorio periférico); the middle (local and small regional hospitals); and the third (high technology hospitals). His aim was to reduce costs by concentrating State resources at the primary level, allowing the private sector to take over the sophisticated hospital level.

Instead of paying doctors to operate sophisticated equipment at the third level, it was cheaper to scale the health service down to the primary level. Here less qualified and thus, cheaper personnel could utilize low cost preventative practices to better effect. As Cruz Mena declared,

*"El hecho es que si una vacuna aplicada en el nivel básico cuesta supongamos un peso, una hospitalización con 10 días de estada cuesta 600 pesos. Es obvio que hay que poner gran énfasis en esta parte preventiva porque es mucho más económica y humana."*

10

The economists' health team realised that private capital had to have a guaranteed demand before it would invest in health care. 70% of the population who received free attention from the Servicio Nacional de Salud starved the private medicine market of potential customers. To entice this group into the market, the economists offered them the possibility of paying for their medical care. They argued that it was anomolous for the empleados to partly pay for their health care in

SERMENA when the obreros, who often earned as much as the empleados, received free treatment. In August 1979, SERMENA and the Servicio Nacional de Salud were combined to allow all their beneficiaries the choice of whether or not to pay for their treatment. In this way a large group of the population was released from the total State system into a semi-private organization. The economists of course, realised that although this opportunity had now been given to asegurados it would be a long time before they were in a financial position to pay even part of their care. But at least this scheme dismantled the stranglehold of the Servicio Nacional de Salud on this potential market.

Moreover, the economists envisaged that the hospitals of the third level would be the most likely to attract private capital. By shifting State capital from this level to the primary, the economists were opening the door for capital to take over the large hospitals. Already, Paula Jeraquemada the most sophisticated and newest hospital in Chile, was being operated by an American consortium. Studies of this hospital suggested that under the directorship of professional managers, the hospital was treating more patients with a smaller budget than a similar sized hospital in the Servicio Nacional de Salud.

Paula Jeraquemada was a non-profit making enterprise. The health authorities however,

were looking for business to take over the hospital administration and run it as a business for profit.

As Quesney declared,

*"There should be no objection to a private group making profits, if they are running the enterprise more efficiently than the State."*

11

By 1980, according to Francisco Quesney, American groups with experience in running hospitals were making enquiries about taking over Servicio Nacional de Salud hospitals. Already a U.S. multinational had a 50% interest in the private Santa Maria clinic.

9.3

### THE PROFESSION'S OPPOSITION

It could be cynically argued that doctors' worries about the form of privatization envisaged in this economic health model, stemmed from threats to their professional status, power and traditional authority in the health service. As we shall see, these worries about the future of the profession were significant factors in their opposition to the new model.

However, doctors in Chile also felt a strong sense of service to the poor. Their medical profession's training imbued them with the belief that the State should provide free health care for those unable to pay for their treatment. Chilean doctors believed that in the past, the medical profession itself had been

primarily responsible for the creation of social medicine and the predominant role of the Chilean State in health care. The belief in social medicine organized by the State, and a strong sense of duty towards the poor were widely held by Chilean doctors.

These medical beliefs were now being challenged by the Chicago School economists. R. Cruz Coke, son of one of the important founders of social medicine in Chile, wrote a letter to the "Revista Medica de Chile" entitled "*Defensa de la Tradición Médico de Chile*"<sup>12</sup>. In this letter he attacked the economists in the health team for proposing changes in the health service which would destroy everything that doctors had built. For instance, the concept of the subsidiary role of the State in Chilean medicine, Cruz Coke argued went against the whole tradition of Chilean medicine. As he said, this concept

*"Se crean por definición barreras económicas y financieras en la atención médica que distorsionan la calidad en desmedro de la población de bajos ingresos."* 13

This belief that doctors had to defend their role in providing free health treatment for the poor lay at the heart of many criticisms made by the doctors against the health model.

It should be pointed out that Cruz Coke was no Left wing sympathizer. He had been strongly opposed to Popular Unity and like his

father, belonged to the Chilean Right. Even the conservative wing of the medical profession however, believed in what Cruz Coke called,

*"el magno edificio de la Medicina Social."*

This "*edificio*" had to be defended from any foreign i.e. non-medical ideology. <sup>14</sup>

Doctors' sense of duty towards the poor was an important element in their ideology and should be borne in mind when we examine how the health changes affected the power and standing of the profession in Chilean society.

It should be mentioned that the economists' proposals for the health service represented a total package of reforms. This package was revealed to doctors between the time of Merino's sacking in 1977 and 1979 when some of these reforms were put into practice. During this period the economists were trying to convince Pinochet to enact these proposals as well as attempting to placate the fears of the Colegio Médico. As will be seen not all the intended economists' reforms were put into practice. The process by which the Colegio Médico prevented some of the proposals from being implemented will be discussed in the next chapter. In the following sections we will examine doctors' responses to the total package of reforms being proposed by the economists.

.4

DETERIORATING STATUS

The medical profession felt that the economists' attempts to reduce costs and increase efficiency in the health service would lower the social status of doctors. It should be pointed out that the economists regarded doctors in much the same way as they regarded the Servicio Nacional de Salud. They were a bureaucratic and inefficient monopoly. The economists argued that doctors' high social status was unjustified. Through their monopoly organization, the Colegio Médico the economists believed, doctors were protected from market competition, in the same way as national industry had been protected by high tariffs.

The financial restrictions inside the Servicio Nacional de Salud from 1974 until 1977 began to have an effect on doctors' technical status. The cutbacks in the health sector in these years had particularly affected the sophisticated hospital level, where doctors enjoyed working most. In general, doctors preferred the complicated clinical case or the complex hospital operation to their work at the primary level where they supervised auxiliaries, nurses and mid-wives or administered vaccination campaigns.

Doctors felt that although the economists could not be entirely blamed for the economic crises and the resultant need for economies in the health sector, they had cut back

more at the hospital level than in the primary level. This discrimination against the hospital level doctors argued was reducing their technical expertise. As one doctor warned the Minister of Health by emphasizing coverage (*cubertura*) rather than quality (*calidad*), he was creating,

*"medicina de segunda clase en base a profesionales para-médicos."*

15

During this period of economic cutbacks, the Colegio Médico constantly complained to the Health Ministry about the chronic shortages of equipment and materials at the hospital level. As one doctors said,

*"No podemos entender que la pérdida de calidad y de eficiencia signifique un mejor servicio médico y con la cobertura, esto se pretenda solucionar, no sacamos nada con que se tenga gente en Policlínico para atender mil veces el mismo cólico hepático si no se le puede hacer la colecistografía por no existir aparato de rayos, eso es pérdida de recursos humanos y materiales."*

16

Moreover, doctors felt that the health authorities' policy was intent on undermining doctors' supremacy within the health team. For instance a new sanitary code in 1977 gave auxiliaries the right to request a laboratory test for a patient. Until then only doctors were able to demand these requests for their patients. One doctor in the General Council declared that this new code revealed the health authorities'

*"deseo evidente de disminuir el médico en su calidad de líder del equipo de salud."*

17

It was clear to one consejero why the economists had introduced this new provision. As he said,

*"Desde el punto de vista de los economistas eso resulta mucho más fácil y barato hacerlo con auxiliares."*

18

This apparent policy of the economists, to cut costs by devolving certain doctors' tasks to lower cost professionals and auxiliaries caused the Colegio Médico much concern. For example, a special conference was held by the Regional Council of Valparaiso in January 1978 entitled, "*Invasiones en el campo profesional del médico*".<sup>19</sup> Moreover, the President of the Commission of Ethics, in an effort to prevent further legislation which would undermine doctors' authority over groups such as nurses and auxiliaries threatened to punish doctors working for the Government who were involved in drawing up plans which threatened doctors' professional powers.<sup>20</sup>

Furthermore, the economists' plans to use managers as opposed to doctors to direct the new regional health units brought them into opposition with the Colegio Médico. The economists argued, with a certain validity, that doctors were trained as doctors not as health administrators. For too long these doctors had run Chile's health establishments with little regard or concern for cost-effectiveness. The Colegio on the other hand, was aghast at the prospect of hospitals and clinics being run by managers who had no understanding of medical science. As one consejero said,

*"Que los técnicos en salud vamos a depender el día de mañana de un Consejo Administrativo formado por personas de buena voluntad que no entienden de salud, a mí me parece que es una materia insostenible."*

21

In a further attempt to give priority to the primary level of care, the new health authorities in 1977 announced 64 grants for newly graduated doctors to learn to become General Practitioners. The economists clearly wanted less clinical doctors working at the hospital level and more doctors with a global vision of public health problems to work in the primary level in the consultorios perifericos. The public health experts in the General Council like Ernesto Medina favoured these attempts. However, other consejeros in their own words,

*"Visto desde el punto de vista social no desde el punto de vista del salubrista."*

22

were concerned that the posts of General Practitioner would become the norm, and that opportunities to specialize at the hospital level would diminish. As one said,

*"El personalmente desearía que al profesional no se le subvalorizara sino que cada día fuera más profundo, más grande, más respetado, y con mayores conocimientos y que su prestigio correspondiera tanto a sus connotaciones científicas como al aspecto económico; por lo tanto no es partidario que se esté produciendo, para salir del paso, un médico que es un poco más que una enfermera."*

23

9.5

WAGES

Wages were another cause of animosity between the Colegio Médico and the health authority's economists. Before, doctors' Servicio Nacional de Salud wages had been calculated separately from other public employees in a manner which took into special consideration the skilled nature of their work. In order to prevent public employees using their bargaining power to obtain wage increase, the Ministry of Finance decreed that all public employees be fitted into a single wage scale (the Escala Unica). Doctors did extremely badly out of this and their wages deteriorated disproportionately to other public employees. Cruz Mena asked doctors therefore to provide him with data to present to the Minister to the Treasury confirming this deterioration in their wage. The Colegio study argued that doctors' wages had deteriorated by 20% in comparison with other similarly placed professionals.<sup>25</sup>

The Treasury Minister refused to accept this data or even to meet the Colegio to discuss the matter further. Their policy was not to bargain on wages directly with State groups. According to Cruz Mena, the economists, despite giving other public employees wage increases, were determined not to grant doctors any rise whatsoever.<sup>26</sup> The economists argued that groups such as teachers were much more deserving than doctors. Doctors were more able to go into the private sector. As

Reyes complained,

*"La filosofía de Hacienda es que los médicos no valen nada como funcionarios, por lo que tendrían que irse al sector privado en busca de mejores expectativas."*

27

The Colegio decided to bypass the economists and go straight to Pinochet. He met the Colegio in early June 1977. His response to their requests was made in a letter:

*"El Supremo Gobierno reconoce la justicia y necesidad de revisar el sistema de remuneraciones de la ley N° 15.076 distorsionado por la desvalorización de su unidad de referencia y por sus propias complejidades y con tradiciones."*

28

The letter agreed to recompense the doctors accordingly. Shortly afterwards Pinochet came under the influence of the Minister of Finance and the ODEPLAN economists. They argued fiercely that the Colegio Médico was a prestigious caste and was not entitled to special favours. Doctors represented an inefficient State medicine. They must learn to sink or swim in the new private sector. Pinochet, thus never kept his promise and doctors remained financially worse off in the Escala Unica than other similar groups. Never in the history of the Colegio Médico, even during Popular Unity, had it been treated with so little respect as when the economists dominated the Finance Ministry.

The economists' decision to devalue doctors' Servicio Nacional de Salud work by offering such low wages affected the young members of the

profession more than the established doctors. The latter group was able to draw on its private income to supplement its meagre Servicio Nacional de Salud wages.

9.6

#### THE REFORM OF SERMENA

The health authorities had decided to close down the Servicio Nacional de Salud to release patients for the private sector. The Servicio Nacional de Salud patient was given the opportunity to choose to have his treatment free under the State or in part payment under the old SERMENA scheme. The economists wanted this new organism to be transferred out of State hands and be operated by private companies and insurance groups. To accomplish this, they needed to break the power of the medical profession who supervised the scheme for the State. This aim of trying to replace the Colegio Médico by capital produced the bitterest confrontation between the Colegio and the health authorities. The economists were not the first group to try and break doctors' powers in SERMENA. Popular Unity had tried to do this between 1970 and 1973 and failed.

SERMENA was a system which had been devised by doctors for doctors. Part of the fee for treating a SERMENA patient came from the patient himself. The other part was paid to the doctors by

his Colegio from the SERMENA fund. The Colegio Médico had control over the finance of the system , which included fixing the fees charged. It also supervised the professional behaviour of doctors and determined which doctors were considered suitable to practise in this system. Young doctors, for instance, were notably excluded from this scheme.

Accountable to neither Government, nor beneficiaries, doctors operated the system as a closed shop. Corruption became endemic. Doctors commonly overcharged. When offenders were reported, the Colegio was notoriously slow in punishing them. One of the worst practices was to treat SERMENA patients in the hours in which doctors were paid to work in the Servicio Nacional de Salud. This practice had commenced as soon as the SERMENA system had been created. Since the doctors were in control of the system, it was impossible to find a solution to this problem.

The economists realised that the Colegio Médico's powers prevented capital from taking over SERMENA . To be efficient, managers had to exercise their power over their employees. Managers needed the right to investigate, sanction and ultimately dismiss its workers. Managers, not the employees had to fix the fees for the service offered. These could not be set at a minimum. Competition for a share of the market required the

power to cut prices. Finally, managers had to have the power to pay their employees directly. Profit could not be created if fees went first to their employees.

Under the economists' proposals the Colegio Médico would lose its power to fix fees, pay doctors and administer SERMENA. The private enterprises would recruit and dismiss employees at will. Doctors would be paid a fixed wage and not earn their income by fees. Instead of treating SERMENA patients using Servicio Nacional de Salud facilities, the economists envisaged privately run clinics employing doctors to treat exclusively SERMENA or private patients. Such was the incredulity of the Colegio Médico towards these changes that one consejero from Rancagua was moved to report that,

*"El anteproyecto paraciera haber sido producto de un pensamiento marxistoide infiltrado en el seno del Ministerio."*

27

The sweeping nature of the reform and its boldness far outweighed anything even hinted at during Popular Unity.

By abolishing the Colegio Médico's power to fix the minimum fee a doctor charged his patients, the economists allowed doctors or private groups employing doctors to compete with each other. Through this form of competition the economists hoped that SERMENA patients would benefit from cheaper services.

The removal of the Colegio Médico's power to determine which doctors could treat SERMENA patients would have lowered technical standards and commercialized Chilean medicine. Until now, the Colegio Médico had been responsible for selecting doctors to treat SERMENA patients on the basis of their proven skills and experience. This pre-screening ensured that SERMENA's technical standards were maintained. The economists wanted to abolish this pre-selection. If this was implemented patients would no longer choose their doctors on the grounds of his technical skill but, rather on the success of his business acumen in selling his expertise at the most competitive price. The doctors or private organization which best advertised these skills would receive more patients and hence the most income .

The most important power that the SERMENA reforms threatened was the doctors' right to Libre Elección. This principle, considered sacred by the profession established the right of the patient to choose his doctors, and the right of the doctor to receive payment directly from his patients in the form of a fee. By giving private capital control of the health institution, doctors would lose their power to charge their patients themselves. Even at this time, newly emerging private establishments were paying the doctor a wage and thus preventing him from receiving an income from fees. The Colegio

Médico's fear was that this process would convert doctors into paid employees of capital.

Finally, doctors were concerned that the new SERMENA reforms would lower their income. The SERMENA fund and the Servicio Nacional de Salud fund in this new scheme were to be pooled. Doctors felt that SERMENA money would be used to alleviate the chronic financial crises of the Servicio Nacional de Salud. Doctors also feared that the income they received from SERMENA would be reduced since a part of this fee would now be needed to pay doctors' support staff such as auxiliaries and nurses. Under the existing fee-for-service system, only doctors received a special income from SERMENA. Under the new wage scheme, it would be more likely that the SERMENA income would also be shared with other staff. <sup>30</sup>

The root cause of doctors' opposition to the SERMENA reforms lay in the fact that these changes shifted power away from doctors to private interests, and in the process, converted doctors into salaried employees with little power within their workplace. We have already noted that part of the deskilling process which Braverman highlighted involved the worker's loss of control and autonomy in relation to his tasks. It could be argued that in the case of the Chilean doctors, their opposition to the SERMENA reforms lay in their aversion to management control and the subsequent loss of autonomy in their workplace

which this implied.

9.7

THE POWERS OF THE COLEGIO MEDICO UNDER ATTACK

Under the SERMENA reforms, the Colegio Médico faced the prospect of losing its power to pay doctors for treating SERMENA patients. Since this role of distribution of SERMENA income was often the only contact the Colegio had with its members, these SERMENA proposals, if implemented, would have gravely damaged the importance of the Colegio Médico amongst the profession. As we shall see by the end of 1979 it was clear that the Colegio had won a reprieve: its control over the administration of the system and the payment of its members were preserved for the time being. The Colegio however, was not able to prevent or delay, the passing of legislation which in practice threatened the very existence of the Colegio along with all other Chilean professional associations.

On 6th February 1979, a decree law N° 2.516 was passed which declared that the fixing of fees by professional associations,

*"Sólo servirán de mera referencia para la fijación del honorario respectivo."*

31

and that the holding of a professional title in order to perform certain public functions,

*"se entiende cumplido por el sólo hecho de encontrarse en posesión del título correspondiente."*

32

At a stroke, the professional colleges both lost the power to fix fees and to require professionals to be members of their respective associations.

The Junta in abolishing the State's requirement that all professions belong to their relevant professional college wanted to prevent those individuals who worked for the Government having their performance scrutinized by their professional associations.<sup>33</sup> While this new law was designed to give Government appointees independence of action from their professional associations, its scope extended to all professionals in public posts. The State's requirement that all Chilean doctors be members of the Colegio Médico which the reformist wing of Popular Unity had never dared to alter was effectively abrogated by the decree law of 1979.

The reason for ending the professions' fee fixing power was more ideological than political. Fee fixing was a monopoly practice which eliminated competition and prevented the consumer from obtaining the best and/or cheapest goods or service. Abolishing the Colegio Médico's power to fix fees was also intended to allow business itself to determine what it should charge the patient. For the Colegio Médico, the loss of these powers to fix the fees of its members and to oblige membership was disastrous. The Colegio, already weakened by the prohibition of elections within its organiz-

ation, was losing its capacity to effectively represent the profession.

Undoubtedly, all the class groups within the profession were harmed by the Colegio Médico's loss of power. Young doctors needed a strong gremial organization as much as the more established doctors. However, the weakening of the Colegio Médico's power had a greater impact on the private medicine oriented segment of the profession.

Those members of the profession who gained the bulk of their income from private medicine needed the Colegio to regulate the supply of doctors in the private sector. Demand for private health care was not elastic . They feared a free market situation in which doctors competed with one another for a scarce demand. The fixing of a minimum fee by the Colegio Médico prevented competition between young doctors and their more senior colleagues. Under a fee fixing policy, young doctors could not attract the private patients of the more established segment of the profession by offering their services at a lower price. If young doctors had charged the same as their more established colleagues they would have soon gone out of business. The Chilean private patient would always choose the more experienced physician in preference to the younger one. The ending of fee fixing threatened the more established doctors' monopoly over their private clientele. For the established doctors, a reduction

in their Colegio Médico's powers was of more significance than a threat to the State service. In contrast, the young doctors had less to lose from the dismantling of the powers of the Colegio Médico than from the termination of the Servicio Nacional de Salud.

The long term strategy of the economists was to restructure the doctors' representative organization. They felt that the Colegio Médico could not act as an intermediary between doctors employed in a private enterprise on the one hand, and the managers or owners of the private enterprise on the other. A union, uniformly representing all doctors working in independent private enterprises could curb competition between the independent private institutions. The economists hoped to relegate bargaining between employers and doctors to the level of each enterprise. Thus, instead of a single doctors' union, there would be as many doctors' unions as there were private health enterprises . 34

The economists envisaged that the Colegio Médico would only retain one power: the control of doctors' ethical behaviour. Again this project was intended to apply to all professional colleges. In referring to the future functions of the College of Architects, which had the same powers as the Colegio Médico, one economist was reported as

saying,

*"Las funciones del Colegio(..... )  
solo se refieren a la profesión de  
arquitecto dentro del ámbito de la  
ética profesional."*

35

9.8

#### THE REFORMS IN THE SERVICIO NACIONAL DE SALUD

In December 1979, the Servicio Nacional de Salud disappeared as a separate entity. By combining the Servicio Nacional de Salud with SERMENA, patients had the choice of receiving free treatment from the State or paying a part of their treatment under the old SERMENA system.

The economists were quick to point out that they had not fundamentally changed the service. It was probable they argued, that the ex-Servicio Nacional de Salud and SERMENA patients would carry on receiving treatment from their respective services. However, while it might have been true that patients would probably be treated in the same way as before at least in the short term, the whole philosophy underlying the health service and the role of the State had changed.

Until this time, the State service was seen as the fulcrum of the Chilean health system. The founders of the Servicio Nacional de Salud in 1952 had argued that a modern and sophisticated public service was essential to respond to the health needs of the Chilean people. Chile's health needs

were scientifically determined by Chile's State health planners. These planners since the setting up of the Servicio Nacional de Salud in 1952 had attempted to produce the most suitably qualified medical personnel for Chile's health care requirements. This strategy assumed the State's responsibilities in educating doctors not only to graduate level, but to specialist status as well. Chile's State policy produced fully trained doctors well versed in the modern techniques of medical science. This umbilical cord between the determination of health requirements by the State, the formation of health plans and the responsibility of the State to produce adequately trained doctors made the Chilean medical profession the most capable in Latin America. This philosophy was reflected in the very close links between the Servicio Nacional de Salud and Chilean University Medical Schools.<sup>36</sup>

The economists argued that the health service should not be structured around the State's determination of Chile's health requirements. "Health need" was a subjective notion which had resulted in imprisoning patients into certain categories, such as Servicio Nacional de Salud and SERMENA, and which had prevented them from choosing their health service. In order to free Chile's patients from these State "health prisons", the patients themselves, the economists argued should be allowed to choose and thus, to determine Chile's

health service.<sup>37</sup> The economists maintained that patients' demand should be the underlying principle of the health service. The market mechanism of demand, rather than the State's notion of need, should be the fulcrum of Chile's health service.

The economists' arguments that patients' demand should determine the size, structure and scope of Chile's health service carried certain disturbing implications for doctors. Under this argument, doctors were seen as over-skilled. The economists argued that Chile was an underdeveloped economy with low health demands. The State had ignored this weak demand and had built an over-sophisticated health service, over staffed with over-qualified doctors. The new health service based on demand would result in a more realistically equipped and trained medical profession.

The desire to de-skill the profession had already been seen during the economic crisis when the economists had cut resources at the hospital level of the service, favouring the retention of the less sophisticated primary level. Now in 1979 and 1980 the economists began to end the State's role in educating doctors. First the economists drastically cut the intake of medical students and secondly, they withheld State grants from doctors who needed these funds in order to become specialists. In the next chapter we will describe this de-skilling process in greater detail and the profession's

response to it. For the moment it is important to realise that the reforms of the Servicio Nacional de Salud and the change in its philosophy meant that doctors could not expect the high level of training they had received in the past from the Servicio Nacional de Salud.

Doctors were equally concerned about the effects of the change in the funding of the service. Under the proposals funding would be in direct relation to the number of patients treated by the service. For each patient treated, a hospital would receive a certain amount of money. The more patients treated, the more money a hospital received. If a hospital failed to treat a sufficient number of patients to cover its overheads, the hospital could face bankruptcy. In this scheme, hospitals were to be run like businesses, depending on their ability to compete with each other in order to survive.

The implication of this change in funding health establishments was that doctors would be forced to work to maximum efficiency.<sup>38</sup> In the past some doctors had treated their Servicio Nacional de Salud work rather lightly. This was more often the case with the more established established physicians who relied on their private practices for most of their income. These doctors invariably did not work the full hours for which they were hired by the Servicio Nacional de Salud. In theory, a doctor had to sign a book on his

arrival at his place of work. This system of control was easily evaded; doctors would sign for colleagues who had not already arrived. It was almost unheard of for doctors to be disciplined for arriving late or leaving early from their Servicio Nacional de Salud jobs.<sup>39</sup>

Moreover, according to their Servicio Nacional de Salud contracts, doctors had to see a set number of patients per hour. Once again, if doctors failed to treat the required number in each hour, no disciplinary measures were taken against them. Of course, most doctors did fulfil the terms of their contracts and indeed, saw more patients than they needed to. Young doctors, especially worked round the clock in an effort to treat as many Servicio Nacional de Salud patients as possible. But for a small group of doctors who were not so motivated in their Servicio Nacional de Salud work, it was easy under the existing structure to do only the bare minimum of work.<sup>40</sup>

Possibilities to treat the Servicio Nacional de Salud work in this way would not exist if the economists' plan to change the financing of the system was implemented. Under the new business conditions, work in a hospital would mean that a doctors would have to treat as many patients as management required him to. This entailed arriving on time and working the full hours for which

he was paid. Doctors' work would be much more rigorously controlled by business managers. The survival of the enterprise depended on the number of patients it treated. <sup>41</sup>

The Colegio Médico argued that the system of competition between hospitals envisaged in this scheme was ridiculous. For example, it argued, how could one hospital in order to attract more patients claim to offer better appendectomies than another hospital? <sup>42</sup> Doctors feared that working in these new cost effective enterprises would regiment them in the same way that factory workers were controlled in business corporations.

## CONCLUSION

The economists' health proposals should be contrasted with the earlier "privatization" scheme suggested by the ultra-Right wing doctors after the coup. While the latter had attempted to build a private health system which protected doctors' interests, the economists' model was intended to break the power of doctors in the health service in order to attract private investment.

For so long the controllers of the State service, doctors under the economists' plans now faced control themselves from private business managers. The economists' scheme was designed to destroy the Colegio Médico, the institution through which doctors had been able to exert their control in the health service. Under the economists' proposals, the Colegio Médico would lose its powers to fix fees, administer SERMENA and require all doctors to be members. The destruction of the Colegio's power would allow private capital to invest in the health service.

The effect of the opening up of the health service to private business investment would convert doctors into employees of capital and hospitals into private businesses. Doctors realised that working in business brought none of the job security that they had enjoyed for so long with the State.

The task of providing doctors with specialist training would now pass from the State to the private sector. Doctors realised that the private sector would not give them as expert a specialist training as the Servicio Nacional de Salud had provided .

Whilst the breadth and scope of this package of reforms received almost universal condemnation from the profession, the reforms did not affect the physicians in the same way.

The more established doctors with their own private practices were more alarmed at the loss of the powers of the Colegio Médico. A strong Colegio could ensure that a privatization scheme did not go against their interests by protecting them from private business and from open competition from young doctors. The younger doctors in contrast who relied totally on the State for training and income, could not accept privatization under any form. For these doctors, defence of the Servicio Nacional de Salud was more crucial than the continuation of the Colegio Médico.

NOTES

1. Interview 7.
2. Ochoa, F. (1978). 'La Salud Publica en Chile. Analisis de su evolution en el período 1958-76. Thesis for a degree in Economics, Universidad de Chile.
3. Ercilla. 4-10 de Mayo 1977.
4. Ercilla. 'Escasez de dolares y pesos.' 29 de Junio 1977, pp.40-42 and Medina, E. 'Situacion de las remuneraciones'. Vida Médica 26:18.1977 and 'Evaluacion del deterioro de los ingresos médicos.' Vida Médica. 26:16.1977.
5. Minutes Cons.Gen.Col.Méd. Acta N° 192.28 de Dic.1976  
Dr.Chahin at another meeting declared,  
"refiriéndose a remuneraciones, cree que nunca la remuneración funcionaria en ningún país donde el Estado pague los sueldos, va a ser suficiente. A su juicio, en materia de remuneraciones debía haberse solicitado la pronta puesta en marcha del Sistema Nacional de Servicios de Salud, que al crear nuevas fuentes de trabajo, crea demanda, crea competencia, crea la oportunidad para el trabajo médico, el que al ser escaso debe pagarse de acuerdo al mercado de libre competencia."  
Minutes of the Cons.Gen.Col.Méd. Acta N° 154. 23 de Marzo 1976.
6. Ibid.
7. See health policy approved by the Convention of Consejo Regional de Valparaiso. 30 de Abril 1976.
8. Minutes of the Cons.Gen.Col.Méd. Acta N° 167. 20 de Junio 1976.
9. Ibid.
10. Minutes of the Cons.Gen.Col.Méd. Acta N° 187. 9 de Nov.1976.
11. Interview 27.

12. Revista Médica de Chile. Vol.107 N°8. August 1979.  
p 776.
13. Ibid.
14. Ibid.
15. Minutes of the Cons.Gen.Col.Méd. Acta N° 222. 13 de  
Sept. 1977.
16. Ibid.
17. Minutes of the Cons.Gen.Col.Méd. 20 de Sept.1977.
18. Ibid.
19. Acción Médica. Bulletin of the Regional Council of  
Valparaiso. January 1978.
20. Minutes of the Cons.Gen.Col.Méd. Acta N° 222.  
13 de Sept.1977.

Authorities giving power to non-medicals:

"Por eso es que quiero empezar por el final, yo creo que Colegio Médico no puede permanecer impasible frente al hecho que se estén entregando atribuciones de los médicos, por la vía administrativa, a otros profesionales de la salud y aún a no profesionales, en forma absolutamente inconsulta y precipitada; creo que Colegio Médico tiene las suficientes atribuciones para llamar a los colegas que están involucrados en estas actitudes para recordarles el Código de Etica y hacerles presente que Colegio Médico está mirando con mucha atención y si ésta se aparta de lo que éticamente debe ser, serán citados por el Departamento de Etica a fin de instruirles el sumario correspondiente."

21. Dr. Herrera. Minutes of the Cons.Gen.Col.Méd. Acta N°  
183. 7 de Oct. 1976.
22. Minutes of the Cons.Gen.Col.Méd. Acta N° 10. May 1977.
23. Ibid.
24. Interview 20.

25. Ibid.
26. Ibid.
27. Minutes of the Cons.Gen.Col.Méd. Acta N° 52. 1 de Mayo 1978.
28. Letter of President Pinochet to the Colegio Médico de Chile.Santiago.6th June 1977.
29. Letter of Dr.Lavin,President of the Regional Council of Rancagua to the General Council of the Colegio Médico.Rancagua 10th August 1977.
30. Interview 20.
31. Quoted in Hoy.'Politica de las Sorpresas.' 7-13th February 1979.
32. Ibid.
33. Ibid.'El fin de los Colegios?'.Editorial p.5.
34. Interview 20.
35. Article in Hoy.op cit.
36. Lobo Parga,G. 'Asociación del SNS y la Universidad.'El Mercurio. 12 th July 1974. Neghme,A. 'La Educación Médica y el SNS. Revista Médica de Chile.Numero dedicado a Salud Publica p.668. Hervé,L. 'Algunas aspectos de la formación médica. Revista Médica de Chile. October 1978.
37. Interview 20.
38. Interview 27.
39. Interview 17.
40. Interview 27.
41. Ibid.
42. 'Polémica en la Salud.'Hoy.16-22nd May 1979,pp 14-16.

C H A P T E R            10

DOCTORS AGAINST THE JUNTA :

THE CAPITULO MOVEMENT    1978-1980

## INTRODUCTION

In this chapter we will examine the capitulo movement of 1978-80 in relation to the changes in health policy, and the consequent shift in the class position of doctors as described in the last chapter.

The Association of Santiago Capitulos was formed in the capital at the end of 1978. Before this date, some capitulos held meetings in their own hospitals but not since before the coup had the capitulo movement come together and united in a single Association. Although the Association received support from doctors outside the capital, the movement was confined to Santiago.

Before analysing the reasons behind its formation, it is necessary to understand the background inside the Colegio Médico from 1975 until the Association's creation in 1978.

There was a stark contrast between the Colegio Médico of December 1974 and the Colegio Médico of December 1978. Immediately after the coup, the Colegio had tremendous power, influence and prestige. The Colegio Médico was responsible for making the health service operational after the downfall of the Popular Unity Government. It appointed the Chiefs of Departments and the Directors of Hospitals. It exerted great influence over health policy. No better demonstration of this influence was the location of the Minister of Health's offices

en the fourth floor of the Colegio Médico buildings. The Colegio had gained a new found prestige through its "glorious" battle and victory against Popular Unity. And yet 5 years later, the Colegio Médico threatened by a sweeping new health plan, was barely able to raise a whimper in protest. The heady days of authority in the aftermath of the coup were but a distant dream.

10.1

THE COLEGIO MEDICO BETWEEN 1975 AND 1978:  
THE BACKGROUND TO THE FORMATION OF THE CAPITULOS

After 1975 the Colegio Médico lost its power and influence as a gremio. For the first two years of military Government the Colegio Médico and especially its General Council had such a close relationship with the military Government that one doctor described this relationship as "co-Gobierno".<sup>1</sup> After the overthrow of the Executive Committee headed by Salvestrini in April 1975, this close relationship was almost dissolved. A year after Salvestrini had been dismissed from the Presidency of the Colegio, the economists' influence on health policy reached its height. This signalled a period of bitter conflict between the health authorities on the one hand, and the Colegio Médico on the other. The Colegio was not consulted when the new economists' health plan was being drawn up. The Colegio Médico, which had played a major part in bringing the military to power in 1973, was 4 years later completely excluded from decision taking within the health sector. It was a bitter irony.

The loss of the Colegio Médico's power and influence was accompanied by its growing isolation from its members. Since 1973 elections had been banned inside all organizations. Thus, the Colegio Médico could not claim to be truly representative of doctors' opinions. Colegio Médico

representatives were in many cases Government appointees. Also some consejeros in the General and Regional Councils had not faced elections since 1971 .Moreover, approval to hold conventions which might have given the profession some contact with its representatives had to be sought from the Minister of the Interior. When the Minister of the Interior did allow these Conventions to take place, delegates were mostly Government appointees.

Because of these Government constraints on councillors in the Colegio Médico, some consejeros on the General Council who represented small Regional Councils went to these localities and organized unofficial assemblies. There debates and elections by acclamation took place. These councillors felt that only in this way could they truly perform their function of representing their Regional Councils. Despite these efforts, the Colegio Médico lost its contact with the profession as a whole and became powerless and ineffective to challenge Government health policy.

0.2

#### THE ROLE OF THE REGIONAL COUNCIL OF SANTIAGO

In the midst of increasing demands from doctors to have more accountable representatives, the Regional Council of Santiago drew closer to the Government and, for all intents and purposes, acted as

a Government agency. From 1977-78, the Regional Council stifled debate amongst the capitulos of several Santiago hospitals. The Regional Council refused to hold any special assemblies to debate Government health measures. It also vetted appointments of capitulo representatives in hospitals, and doctors who had not been appointed by the Regional Council were refused permission to hold capitulo meetings or assemblies.

This link between the Government and the Regional Council of Santiago was reflected in the background of the Regional consejeros. The President of the Regional Council, Raul Hurtado belonged to the Edwards family who owned, amongst other things, the Right wing newspaper, El Mercurio. Professionally Hurtado worked in the Hospital Salvador and was Director of a flourishing Centro Médico nearby. Sergio Olave was a Colonel in the Air Force as well as being Vice President of the Regional Council. The Treasurer, Hidalgo was also a member of the Armed Forces. Dr. Infante, the Permanent Secretary actually worked in the Government's health team. The Executive Committee was, thus, very much a Government front. Some of the members of the Regional Council had links with the secret police, the CNI, the ex-DINA. For instance, the lawyer of the Regional Council defended Contreras, the ex-head of Chile's secret police from an extradition order made by the United States' Government in 1978.<sup>2</sup>

A good illustration of this transformation of the Regional Council from a representative organization of doctors to a Government body to watch over the profession was the changed nature of the Regional Council meetings. Instead of being transcribed into minutes, so that doctors could follow the discussion of their representatives, Regional Council meetings were frequently held in secret. No doctor in Santiago was able to discover what his own Regional Council had discussed. <sup>3</sup>

Moreover, the Regional Council of Santiago exerted an inordinate amount of influence on the Colegio Médico. Six out of the 20 representatives on the General Council were appointed by the Regional Council. The President and Vice President of the Colegio Médico, Medina and Rojas were themselves General consejeros of the Santiago Regional Council and thus, had to report back to it .

During the struggle with the economists over health policy, the Regional Council of Santiago along with its General Councillor Medina refused to publicize its disagreements too openly. This group preferred more discreet ways of putting pressure on the economists. Medina's brother was a General in the Army and belonged to the Comité Assesor of the Junta. The Comité's role was to discuss proposed legislation and to then offer an amended version to the President for his approval. Medina supported by the Regional Council of Santiago

was using his brother to argue against the economists' health plans as they were being discussed in the Comité Asessor.

Some consejeros on the General Council argued that this tactic of opposing the health reforms within the Junta was ineffective. The Colegio Médico, they declared had to publicly show its hostility to the Government's treatment of the medical profession and the health service. In March 1978 for instance, Acuña accused the President, Medina of failing to interpret the true anguish being felt by the medical profession. Comparing speeches made by Medina and the Minister of Health, Acuña declared to a General Council meeting,

*"Los discursos tanto del Señor Presidente como del Ministro - que los analizó detenidamente- fueron de características similares en sus expresiones lo que le llama la atención porque el de la máxima autoridad del Colegio, que está representando a un gremio angustiado, debería haber sido en términos que hubieran reflejado lo que realmente sienten los médicos en este momento."*

4

However, Medina and his supporters were against any proposal which would dramatically publicize the Colegio's opposition to the Government's health plans. Such a protest they feared, might be interpreted as an act of opposition to the Junta. For example, when one of the anti-Government groups inside the General Council suggested that the Colegio Médico turn down a Government invitation to attend the 1st of May celebrations in 1978, Medina

said that even if this action was agreed upon by the General Council, he still intended to go nonetheless. As he said,

*"Si el Consejo acuerda lo propuesto,  
El asistirá de todas maneras  
desdoblándose de su calidad de  
Presidente del Colegio Médico."*

5

Medina's attitude meant that even if the General Council had voted for the resolution that the Colegio Medico should refuse the Government invitation, the fact that the President of the Colegio would still have attended anyway, made the resolution meaningless. Thus, the resolution was withdrawn, much to the disgust of the anti-Government doctors such as Acuña, who described Medina's attitude as "*inconcebible*".<sup>6</sup>

In July 1978, the conflict between the Regional Council of Santiago and some of the General Councillors reached its height. Rojas, the Vice President of the Colegio Médico growing tired of the Government's continuous refusal to listen to the Colegio, proposed that the General Council, together with the Regional Councils should resign *en masse*.<sup>7</sup> This proposal came at a particularly acute time for the Government. At the end of July, General Leigh was forcibly removed from the Junta, being replaced by General Matthei. Rojas, together with some other consejeros paid Leigh a visit to give him their support. At this time, some consejeros suggested that the Colegio Médico should actually publicly declare its support for the deposed General.

These manoeuvres by Rojas and some other consejeros proved too much for the Regional Council of Santiago. Rojas, one of the Regional Council of Santiago's consejeros in the General Council was summoned to a secret meeting of the Regional Council on the 22nd of July 1978, and was sacked. Before his dismissal, Rojas had demanded that the General Council of the Colegio Médico resign in protest at General Leigh's removal from the Junta. Moreover, Rojas had written a letter supporting the relatives of two doctors, Lorca and Insunza who had "disappeared" in 1977. Their relatives, convinced that they had been murdered by the secret police were putting pressure on the Government to find out what had happened to them. In the eyes of the Regional Council, Rojas, by writing a letter to these doctors' relatives, was acting against the Government. For these reasons, in addition to Rojas' attempts to oppose Government policy in a more openly critical way, the Regional Council decided to remove him. <sup>8</sup>

Rojas' dismissal came as a blow to those councillors in the General Council and to certain Regional Councillors who had wanted the Colegio Médico to resist the Government's health plan more firmly. Some General councillors proposed Acuña's name as a replacement for Rojas for the Vice Presidency of the Colegio Médico. However, the Regional Council of Santiago recalling

that Acuna was probably more opposed to the Government than Rojas had ever had been, attempted to block this appointment. Thus, the post of Vice President remained unfilled. The Regional Council even tried to force Acuna to resign at the same time as it sacked Rojas.<sup>9</sup>

Rojas' sacking and the Regional Council of Santiago's continuous efforts to control the opposition building up inside the profession, convinced many doctors that a more effective organization than the Colegio Médico was needed if the profession was to offer any defence of the existing health system. The background to the formation of the capitulos therefore was an almost impotent Colegio Médico, sapped of all its force by the unswervingly pro-Government Regional Council of Santiago.

### 10.3 THE "CLASS" BASE OF THE CAPITULO MOVEMENT

The main supporters of the capitulo movement from 1978-80 were the younger doctors who had been most affected by the changes in the health service. These doctors relied primarily on the Servicio Nacional de Salud for employment, income and education. Around half of the profession according to Colegio Médico statistics, were totally dependent on the State for their livelihood in 1979.<sup>10</sup>

Thus, these doctors represented a sizeable group. Faced with the gradual transfer of health care into the private sector these young doctors were least able to defend themselves against their new private bosses.

There were few similarities between the capitulo movement of this period, 1978-80, and its predecessor in 1971-73. The capitulos under Allende were used by gremialismo to organize the hospital strikes in order to bring chaos to the health service. The main fears of the leaders of the capitulos in the Allende period was the threat to private medicine posed by Popular Unity's proposed Servicio Unico de Salud. Thus, the organizers of the capitulos in 1971-73 were the more established members of the profession who had most to lose financially from the curtailment of their private practices.

In contrast, the capitulo movement in 1978-80 was struggling amongst other things to defend the role of the State in the health service. The 1978 capitulo movement bore more similarities to the FEMECH movement of 1961-62 which had attempted to defend the State against the attempt by Alessandri's Right wing Government to minimize the role of the Servicio Nacional de Salud.

The capitulo movement in 1978-80 was caused by a growing class deprivation, felt principally by the young doctors. Although never high, the young doctors' economic status was now deteriorating. After the coup Servicio Nacional de Salud wages had

decreased. Moreover in 1979, while comparably placed professionals had moved upwards on the Escala Unica, doctors' positions had remained unchanged. Doctors also failed to obtain a wage rise to compensate for those losses incurred through the economic crisis of 1975 and 1976. Not only young doctors were suffering from this squeeze on their wages, their colleagues who had private practices were also facing financial worries; for the lack of private demand through these years, coupled with only very small rises in SERMENA fees had blocked additional income from outwith the Servicio Nacional de Salud.

Moreover, under the changes in the health service, young doctors faced greater difficulties in gaining technical expertise from the Servicio Nacional de Salud. Financial restrictions in this service had led to the shortage of materials, (equipment, drugs etc.) and the means to develop their specialist skills (scientific journals, attending conferences etc.).

More importantly however, was the Servicio Nacional de Salud's policy to cutback on its scheme to provide specialist training for newly graduated doctors. Since the setting up of the State service in 1952, the Servicio Nacional de Salud had offered the Chilean doctor 4 routes to specialization. These were: "*Beca Residencia Primaria*"; "*Beca Universitaria*"; "*Medicatura General Urbano*"; and "*Medicatura General de Zona*".

By providing doctors with grants to specialize, the State hoped firstly, to encourage expertise in the medical profession and secondly, to distribute resources away from the conurbations to areas where doctors normally, for financial, social or other career reasons would not venture.

This grants' scheme had both disadvantages and advantages for doctors. The main advantage was that it gave doctors a career in the Servicio Nacional de Salud as well as the chance to become specialists. The scheme's disadvantages was that it obliged doctors to spend several years working for the Servicio Nacional de Salud in remote outlying areas of Chile.

The new health team which became dominant around 1977 began to run down this scheme, which had provided doctors with both a job and a career inside the Servicio Nacional de Salud since 1952. Quesney for instance, argued that it was no longer the responsibility of the State to create jobs for graduating doctors. In the language we used in the last chapter, the economist-minded health authorities like Quesney were trying to break the umbilical cord that existed between State planning in the health service and the State's education of doctors. Thus, in each year from 1977 to 1980, and for the first time since 1952, half the doctors graduating from universities were not offered Servicio Nacional de Salud jobs.

TABLE 15: PLACES OFFERED TO CHILEAN MEDICAL STUDENTS  
BY CHILEAN UNIVERSITIES.

YEAR	Places available for medical studies in Chilean Universities.
1973	998
1979	679

Source: Fieldwork based on Government statistics as presented in newspapers.

TABLE 16: NUMBER OF CONTRACTS OFFERED TO  
GRADUATING DOCTORS BY THE SERVICIO NACIONAL  
DE SALUD.

YEAR	N° of contracts offered to graduating doctors by the SNS	N° of doctors graduating that year.	N° of doctors failing to obtain a SNS post.
1976	511	741	230*
1978	424	705	300*
1979	319	676	357*

\* These figures suggest that some doctors did not accept some of the posts being offered by the Servicio Nacional de Salud. One of the reasons for this was that the quality of some of the SNS grants was very low and hardly worth accepting although in 1979, all available posts were filled.

Source: Fieldwork based on Government statistics as presented in newspapers.

Strictly speaking those doctors who had not been given Servicio Nacional de Salud posts were not unemployed. They could, as indeed many of them did, set up their own private Centros Médicos. But in reality the Servicio Nacional de Salud's failure to recruit young doctors made them redundant. Doctors through their University training were equipped to work in the Servicio Nacional de Salud, not in the private sector. More importantly, young doctors were having to face a future without the possibility of becoming specialists. In general the private sector did not give young doctors the possibility of specialist training. Only in one private hospital in Santiago did they receive in-service training. Thus, for both these reasons, doctors' survival in the private health market was difficult. Added to this was the hostility of the Colegio Médico towards private ventures set up by young doctors. The Colegio Médico was anxious to keep the private health market in the hands of specialists. Also, it was widely known that Chilean banks were reluctant to extend credit to these private enterprises run by young doctors.<sup>11</sup>

It is not surprising that on account of the difficulties surrounding the setting up of their own Centros Médicos, young doctors were compelled to join the more established practices as paid employees of groups of older doctors or entrepreneurs. As a result, these young doctors' work

became tailored to the profits of the Centro Médico. Their wage was determined by the number of patients they treated in their working day. Young doctors were no longer being paid a fee directly from their patients, but became the "mere factors of production" as Medina warned in 1976. They lost their autonomy in the private organizations.<sup>12</sup> The General Council received reports of young doctors working in poor conditions in these private clinics. Often these Centros Médicos were owned by more established doctors who then employed young doctors. As one consejero stated,

<sup>han</sup>  
"Me <sup>han</sup> dicho que hay Centros Médicos que están operando con el sistema de "médicos pollos", o sea médicos de prestigio están contratando médicos recién recibidos para que hagan todo el trabajo subalterno."

13

Another option for the young doctors who failed to find work in the Servicio Nacional de Salud was to work in the Chilean local councils. However, in 1980 the young doctors who had been recruited by these local councils were only paid the minimum wage (*empleo mínimo*). The situation for doctors, particularly the younger ones, was no better in the Servicio Nacional de Salud. It is interesting to examine the work situation of doctors who were employed by the Hospital Paula Jeraquemada.<sup>14</sup> This hospital complex was the largest and most modern in Chile and it employed the largest number of doctors. Since 1976, hospital administration had been taken over from the Servicio Nacional de Salud by a

private American owned corporation although strictly speaking it remained within the Servicio Nacional de Salud since all its finance came from the State.

Paula Jeraquemada crystallized the processes affecting other Servicio Nacional de Salud hospitals. The economists wanted the practices employed by the business managers who ran Paula Jeraquemada to be copied by other hospital administrations in Chile. Although the hospital was still not making profits, it was being run by cost-effective criteria under the control of business managers. Although other Servicio Nacional de Salud hospitals were still being directed by doctors, many practices initiated by the managers from Paula Jeraquemada were being incorporated into the running of many other Chilean hospitals .

The doctors in Paula Jeraquemada were in constant conflict with the business managers who ran the hospital. The aim of these business managers was to increase the number of patients treated in order to obtain more finance from the State. Managers made doctors treat more patients without an increase in resources. One of the effects of this cost-cutting was that doctors were refused many of their requests to carry out scientific tests such as X rays and blood tests because they were considered unnecessary and too expensive by the managers. <sup>15</sup> Doctors complained of being turned into "*médicos con los ojos*" and not being able to use the science

they had learned at University.<sup>16</sup> Moreover, doctors ran into conflict with management over the number of patients they had to treat in an hour. The managers wanted to increase efficiency by asking doctors to treat an extra patient each hour. Thus, instead of doctors seeing 7 patients in the hour, they had to treat 8. Doctors argued that treating 8 patients an hour did not allow them sufficient time for diagnosis.<sup>17</sup>

Doctors in Paula Jeraquemada also had less job security than in the old Servicio Nacional de Salud system. Many of the doctors particularly the younger ones were given only 30 day contracts. At the end of this period the doctor could easily be dismissed for with the growing pool of "unemployed" doctors there was no problem in finding a replacement. This high turnover in medical personnel allowed the managers not to pay many doctors the *asignacion* i.e. the automatic bonus which accrued with a doctor's length of service.

Finally, working conditions in Paula Jeraquemada were very poor. Despite being a modern hospital complex, attempts to save money led to shortages of basic materials particularly in the consultorios perifericos of the hospital. For instance, in these consultorios furniture was at a premium. During the winter many of the buildings were not heated. Doctors had to bring in their own fires as well as basic elements such as chairs, tables and blankets.<sup>18</sup>

Paula Jeraquemade was unique in that its administration was in the hands of a private corporation. But the crippling budget restrictions in other Servicio Nacional de Salud hospitals had the same effect elsewhere on doctors, particularly the younger members of the profession. Both under the constraints of a contracting State sector and under the imperatives of capital in the expanding private sector, these groups of young doctors faced a deteriorating economic, social and technical situation. This group was suffering a gradual de-skilling. Young doctors began to lose the protection they once had through the Servicio Nacional de Salud. They began to lose the status which had set them apart from the working class- without it they were gradually being proletarianized. This "process of proletarianization" forms the basis of the capitulo movement in 1978-80.

Of course many of the supporters of the capitulos came from sectors of the profession which could not be described as "proletarianized". These doctors worked in their own centros médicos under Libre Eleccion, in complete autonomy from capital or the State. The reason for their opposition was rational. They argued that a private health model was not appropriate for a country in which 70% of the population could not afford to pay for health treatment.

Despite this, the groundswell of the movement came from the younger doctors. Its centre was the capitulo of Barros Luco which served the poor, southern area of Santiago and had a mainly young medical personnel. In contrast, in Hospital Salvador where the doctors' centros médicos around the hospital served the wealthy of Providencia and Apoquindo, capitulo activity was low. Indeed, this capitulo came out against the stand taken by other capitulos against the economists' proposals for health care.

It is important to distinguish between the reasons which lay behind the profession's hostility to the economists' plans. For the young doctors both forms of privatization, either by creating more patients for their own private practices, or by giving power to private financial groups to run the health service with salaried doctors as their employees posed a threat. The established members of the profession who already had private practices welcomed more private patients in their own clinics. However, they demanded that the State health service should care for the poor and that it should provide doctors with the means to maintain their specialist skills. They did not accept however, "privatization" in the economists' sense of the word, which meant that the Colegio Médico and doctors would lose control of the privatization process to insurance groups and businessmen.

A split between the Colegio Médico leaders and the capitulos developed in the late 70's because of their essentially different class positions. This was shown in the different emphasis each group gave to certain aspects of the health system. For their part, the young doctors and the capitulos demanded that the Servicio Nacional de Salud should be preserved. The Colegio Médico leaders on the other hand and in particular, those doctors from the Regional Council of Santiago who began to be more identified with the economically strong segment of the profession stressed the need to protect the power of the Colegio Médico. The representatives of the capitulos argued that the Colegio Médico leaders were obsessed with the retention of these powers to the exclusion of other goals such as the defence of the Servicio Nacional de Salud. One representative of the capitulos even suggested that the Colegio Médico's tactic in its negotiations with the economists was to allow more privatization in the health service and the ending of the Servicio Nacional de Salud provided that the profession could maintain its powers as a gremio.<sup>19</sup> Such a compromise, while gravely damaging the interests of the young doctors would have given more established doctors greater opportunities to practise privately as well as allowing the Colegio Médico to defend the established doctors from threats to their autonomy and control as posed by business interests.

One should not emphasize this split between these class groupings too much. The capitulos

were willing to join with some elements in the Colegio Médico to jointly fight against the economists. Nonetheless, even though they were campaigning together against the economists' health plans, each group was suspicious of the other .

## 0.4

THE POLITICAL AIMS OF THE CAPITULO MOVEMENT

As we have argued the process of proletarianization affecting mainly young doctors was the underlying cause of the doctors' protests in 1978-80. However, given that Chile is such a politicized country, it was inevitable that doctors had political motives in forming the capitulos in 1978.

The idea to resurrect the capitulos came principally from a group of Christian Democrats.<sup>20</sup> Under the auspices of the Corporacion Promocion Universitaria these Christian Democrat doctors met regularly to discuss health policy.

All the political parties had their own health research units staffed by their own party's doctors. For instance C.E.S.P.O. was a research unit studying the effects on people's health of the Junta's health programmes. Most of its researchers were Communist doctors. Another research unit, the Academia de Humanidad Cristiano was staffed by doctors who belonged to the Communist

and Socialist parties and MAPU . Only by working in research units could these doctors meet on a regular fashion without interference from the secret police. The Junta appeared to tolerate this type of "research" activity.

Amongst the Christian Democrats who had proposed the reformation of the capitulos in 1978 was Jorge Jimenez. Jimenez was the son of Popular Unity's first Minister of Health, and he himself belonged to the Left wing of Christian Democracy. Through this network of research institutes, the Christian Democrats met with Communist and Socialist doctors to discuss this Christian Democrat initiative. The outcome of these discussions was the setting up of an Association of Capitulos in 1978. It should be pointed out that the old Association of Capitulos which had done so much to remove Allende had practically ceased to exist after the coup.

The new Association was presided over by Jimenez. Its principal office bearers were drawn from the ex-Popular Unity parties.<sup>21</sup>

This co-operation between the Christian Democrats and ex-Popular Unity parties in forming the Association represented an interesting development in the opposition to the Junta. After the coup, and at least until 1976, the Christian Democrats were clearly unprepared to meet with the ex-Popular Unity parties to discuss joint action against the Junta . This intransigent Christian

Democrat position had clearly undergone a change. From 1978 onwards, the Communist and Christian Democrat doctors in particular were to form extremely close ties. By 1980 doctors from these two parties were ever publishing joint statements on health policy under the auspices of the newly formed Commission of Human Rights. This institution itself symbolized this close collaboration between the Christian Democrats and the ex-Popular Unity parties.<sup>22</sup>

It was of course, important for the Association of the Capitulos to ensure that their actions could only be interpreted as opposing the Junta's health policy not the Junta itself. But in private discussions the leaders of the capitulos were quite open about their political intentions. As one said, the capitulo movement was,

*"aimed at creating an opening inside the dictatorship so that the conditions might be created for a return to democracy."*

23

Their aim was certainly ambitious. But doctors genuinely believed that their actions could weaken the Pinochet Government. After all, doctors were a most influential group in Chilean society. Only five years before doctors' actions had clearly precipitated the downfall of the Allende Government. Finally, the capitulo movement was taking place at a time when the military junta was at a particularly low ebb in its fortunes.

0.5

THE BEGINNINGS OF CRISIS IN THE PINOCHET REGIME:  
1978-1980.

With the advantage of hindsight, we can say that the period 1978-80 represented the beginnings of the crisis which was to plague the Pinochet regime in the early 80's. From 1973 to 1978 the counter revolution of the bourgeoisie broke all forms of resistance to the Government. The generalized terror propagated by the secret police in the factories and in the poblaciones paralysed the creation of any mass opposition movement. All the workers and popular organizations were liquidated or disintegrated. The only trade union confederation, the Confederacion Unica de Trabajadores (CUT) was dismantled.

From 1978-80 the first signs of mobilization of workers and other people's organizations could be recognized. As one of the union leaders of MEDECO (the Copper Industry) declared, after having undergone this terror the Chilean masses had, "*lost everything, even fear.*"<sup>24</sup> One of the causes of this mobilization was the Government itself which in 1978 presented details of a new Plan Laboral. This "plan" legalized unions within a restricted framework. The new legislation allowed workers to hold meetings at which they could discuss work-related matters. It was expressly forbidden to discuss politics at these gatherings.

Nonetheless these meetings encouraged the development of a more "liberal" spirit in which critical discussions could take place.

Also opposition to the regime was beginning to grow. As we have already seen, in August 1978 Air Force General Leigh a member of the four man Junta was dismissed. He had become increasingly critical of the way Pinochet was concentrating power in his personal hands. Leigh's dismissal alienated many Air Force officers and civilian supporters of the Pinochet regime. Thus, the opposition for the first time since the coup was joined and strengthened by influential ex-supporters of the Pinochet regime. Suddenly, the monolith that Pinochet had built around himself began to look vulnerable.

Moreover, at this time a split began to develop within the Junta itself. This division arose as a result of the publication of a report, the "Comision Ortuzar" which had been created in December 1973 to prepare a new constitution. This Commission's report included a draft constitution which Pinochet and the Junta intended to revise. During this revision a split intensified between on the one hand the "*duros*" who supported a nationalist and corporatist model for Chile reinforcing repression and continuing the dictatorship, and on the other hand, the "*blandos*" who wanted to build around their neo-liberal model a constitution which would not only create a less rigid political system but would also

improve the image of Chile to the outside world. Pinochet, however was opposed to the idea of a constitution which would limit his power and saw the positions of the "lanceros" as a threat.<sup>25</sup>

Another cause for the political crisis which was beginning to affect the Pinochet regime was an American extradition order made against the ex-head of the secret police, General Contreras for his involvement in the assassination of Orlando Letelier, the ex- U.S. Ambassador of Chile in Washington. It was widely suspected that Contreras had been working on the orders of Pinochet himself when he instigated the plot to assassinate Letelier.

Thus, for all these reasons, the beginnings of a reorganization of the masses, the strengthening of the opposition, internal divisions within the Junta and a U.S. manoeuvre which would at the very least embarrass the Government, Pinochet's fortunes were at a low ebb. The regime could certainly do without a well organized capitulo campaign from this influential sector of Chilean society.

10.6 (a) THE OCCUPATION

The Association of Capitulos had been formed towards the end of 1978. The first issue which confronted it was the plight of the newly graduated doctors competing for Servicio Nacional de Salud posts during the summer months of January and February 1979. At best, half of the doctors leaving University were not going to obtain a job in the Servicio Nacional de Salud in 1979. Many of these young doctors were founders of the Association of the Capitulos. During the summer months with clouds of uncertainty hanging over many doctors leaving University, several of these newly graduated doctors formed an association called the Asociacion de Médicos Recien Egresados. This organization became one of the capitulos within the larger Asociacion de los Capitulos. The momentum for the movement of the capitulos during 1979 originated from these young doctors' plight and, in particular in their choice of action in March 1979 .

During the summer months of 1979 young doctors were in a rebellious mood. They had just completed 7 years of University training at the end of which they had confidently expected to be offered jobs in the Servicio Nacional de Salud . Instead, the Government had told them that it could not guarantee them either a Servicio Nacional de Salud job or the money to specialize. The Government

during its negotiations with the young doctors had been completely insensitive to their situation. The Government received support from many older doctors. This group reminded their younger colleagues that they too had left University without the guarantee of a job and had to make a living in private practice. For example, Dr. R. Walsen told young doctors to stop complaining and to start looking for private patients. 26

The Colegio Médico also offered young doctors very little assistance. It was deeply suspicious of the recently formed Asociacion de Médicos Recien Egresados. Medina, the President and also the Dean of the Faculty of Medicine in Santiago knew many of the student leaders personally. They were his ex-students and he was fully aware that their politics were firmly anti-Government. The Colegio Médico clearly distrusted the young doctors' movement. For instance, in return for allowing these young doctors to use the Colegio's facilities to prepare their statements, it demanded that they seek the College's approval before any of their statements were released to the press. 27

Faced with insensitivity from the Government, many older doctors and the Colegio Médico these young doctors decided to take militant action in order to register their protest. At a meeting of over 300 doctors in the offices of the Colegio Médico in March 1979, it was decided to occupy the Colegio Médico buildings until the Government agreed to offer them Servicio Nacional de Salud posts.

Over 200 young doctors proceeded to take over the Colegio building. They hung banners from the windows and shouted slogans to the crowds who had gathered in the street outside.

Events are only significant when placed in their context . This occupation took place in a dictatorship where individual liberties were at the mercy of an arbitrary and often ruthless Government . No occupation had taken place in Chile since the coup. The "toma" had once been a very common form of protest but after the coup, no group had dared to risk their lives in such action. Seen in this context the doctors' action was very daring. Moreover, the occupation had even international ramifications. Cables arrived at the Colegio Médico offices from Prague, Berlin and Brussels supporting the young doctors' action.

The occupation revealed the very close links between the Junta and the Colegio Médico . Instead of offering to talk with the young doctors, or to represent them in negotiations with the Minister of Health, the President Medina ordered the young doctors to leave the building immediately. When they refused to end their protest and repeated their demand to see the Minister of Health, Medina gave his permission for the police to enter the Colegio buildings and forcibly dislodge the protestors. The occupiers were brought out at gunpoint and the leaders of the protest were placed

under house arrest. The next day, the Regional Council of Santiago published in "El Mercurio", a vociferous attack on these "delinquent" doctors promising that it would do everything in its power to bring the guilty parties to justice. The Regional Council of Santiago even threatened the office staff at the Colegio's buildings with dismissal for having allowed the young doctors to hang banners from the windows. <sup>27</sup>

Not all Colegio Médico representatives were as hostile to the protest as Medina and the Regional Council of Santiago. Ruben Acuña had visited the young doctors on the day of their action offering them his full support. Acuña, along with other anti- Government General Councillors such as Villarroel condemned the role of Medina in working with the police to end the demonstration. They also condemned the Regional Council of Santiago for its publication in "El Mercurio".

Indeed, the Regional Council was attacked from all sides as a result of its hostile publication towards the young doctors. Every Santiago capitulo declared its opposition to the Regional Council's declaration and demanded that elections be held in order that the Regional Council could start to begin to genuinely reflect Santiago doctors' opinions. Gabriela Venturini, the only Christian Democrat representative on the Regional Council resigned in protest at the Council's response to the occupation. <sup>32</sup>

E. Villarroel, realising that this episode clearly

demonstrated the tight connection between the Colegio Médico and the Government resigned as a General Councillor after more than 20 years service inside the General Council.

The effect of the occupation inside the Colegio Médico was to polarize consejeros into 2 groups: those who supported the Government and the Regional Council, and those who opposed these two bodies. The occupation also saw the end of E. Medina as President of the Colegio Médico. Until the occupation he had managed to tread carefully between the pro and anti-Government supporters inside the Colegio Médico. However his actions during the occupation revealed his pro-Government leanings. He was now no longer a suitable President for the anti-Government group of councillors. Thus, Medina offered his resignation as he was required to in March in accordance with Colegio Médico regulations but instead of being re-elected for another term of office, his resignation was accepted. A new compromise President was sought who was not identified with either the pro or anti-Government factions. The doctor finally chosen for this post was Sergio Reyes, who had been careful not to take sides in the battle between the Regional Council and some General Councillors. <sup>28</sup> This change in the Presidency showed the delicate nature of politics inside the Colegio Médico.

The effect of the occupation on the capitulos was to accelerate the formations of these organizations in hospitals. Meetings of doctors took

place inside hospitals for almost the first time since the coup. At these, elections by acclamation took place. The newly elected doctors then set about organizing further meetings and demonstrations as well as co-ordinating with other capitulos through the Association of the Capitulos.

All these changes in organization within the Colegio Médico and amongst the capitulos as a result of the occupation contrasted with the continuing intransigence of the Government towards the young doctors' plight. The latter group's occupation had not changed Government policy. Half of those leaving University failed to find a Servicio Nacional de Salud job - the worst record since the service had begun.

(b) THE CONVENTION OF THE CAPITULOS:AUGUST 1979.

The occupation had revealed the gulf that existed between the Regional Council of Santiago and the capitulos. The Regional Council's claims to speak on behalf of the profession in Santiago were ridiculed by capitulo leaders. Doctors in Santiago began to demand a forum in which they could question the representativeness of the Regional Council. Thus, between March and August 1979, the Association of the Capitulos began to prepare for a Convention at which it would examine the role and behaviour of the Regional Council of Santiago.

The Regional Council of Santiago was alarmed at this prospect and not surprisingly, tried to prevent the Convention from being held. When this proved impossible, the Regional Council obstructed the preparations for the Convention in every way it could. It refused to supply the capitulos with conference facilities. It refused to publish pre-conference documents (including a pamphlet which criticized the Government's health policy and the lack of democracy in the Colegio Médico) . In some hospitals, the Regional Council nominated its own supporters as capitulo representatives. These representatives tried to prevent meetings taking place whereby doctors could elect new representatives who might prove hostile to the Regional Council. <sup>30</sup>

Instead of attempting to moderate its pro-Government stance in the run up to the Convention, the Regional Council of Santiago appeared to be even more supportive than before. In June, barely 2 months before the Convention was to be held, the Regional Council had failed to support a joint protest of the General Council of the Colegio Médico, all the other Regional Councils of Chile, and the Association of the Capitulos, at some derogatory remarks made by the Minister of Health Jimenez against the medical profession. The Regional Council was the only body of doctors not to declare its opposition to Jimenez's remarks.

In a final manoeuvre to avoid a defeat at the Convention, the Regional Council of Santiago informed the General Council and capitulos that it would only attend the Conference if the question of the representativeness of the Regional Council was not discussed. After discussions between the Regional Councils, capitulos and the General Council, with President Reyes acting as mediator, it was agreed to defer the issue of the Regional Council's representativeness to a specially convened conference to be held one week after the Convention had taken place. It was on the basis of this agreement that the Regional Council agreed to attend. <sup>31</sup>

However, when the Convention began it became immediately apparent that the question of the legitimacy of the Regional Council could not be deferred. All the representatives of the capitulos were anxious to discuss this matter. As the Representative of the Hospital Felix Bulnes declared,

*Antes de tratar el problema de las remuneraciones y de SERMENA, era previo referirse a la confianza que se tenía en los dirigentes del Regional Santiago."*

32

The Conference almost unanimously agreed to table a motion of censure against the Regional Council.

This motion was passed by an overwhelming margin: only 3 capitulos out of 30 voted against. These three hospitals, Salvador, J.J. Aguirre and Catolica had Right wing leanings since most of their doctors were private medicine oriented. Adding

all the votes and the number of doctors represented the capitulos claimed that well over 80% of the profession in Santiago were against the Regional Council. The city's Regional Council had not waited for the result of the vote of censure. Once it had been told that it was to take place, the members of the council walked out of the assembly amidst loud jeering.

Moreover, other resolutions of the Convention aside from the censuring of the Regional Council were also extremely hostile to the Santiago gremio. One resolution, clearly attacking some Regional Council consejeros for being both consejeros and belonging to the health authorities, called for the General Council of the Colegio Médico to make dual occupancy of a gremial post and a Government appointment illegal. The Convention also demanded that the Regional Council sack its lawyer, who had defended Contreras against the U.S. Government extradition order.

Finally, Conference resolutions clearly demonstrated the class position of the supporters of the capitulos. The capitulos represented the Servicio Nacional de Salud oriented doctors, not private doctors. For example, the Conference rejected the principle of subsidiarity as applied to the health sector, re-affirming the State's predominant role in health organization. Notable by its absence was a reference to, or support for, private medicine. On the contrary, private medicine was assumed to be a threat. The organization of medicine

by private medicine could exploit doctors. As one of the resolutions read,

*"Es necesario cuestionar publicamente a aquellas instituciones que ofrecen Salud por debajo de los aranceles mínimos, a costa de mano de obra médica barata y utilizándolos para su propia promoción comercial."*

33

(c) THE AFTERMATH OF THE CONVENTION

The Convention marked the peak of the capitulo's activities. Thereafter it was never able to sustain the same level of impact. There was no doubt that it still commanded an impressive amount of support amongst the profession. For example, when a Government commissioned questionnaire was sent out to every doctor in the land requesting opinions on the restructuring of the Chilean health service only 6.9% of doctors went against the capitulos advice and completed the questionnaire. The capitulos had overruled the Regional Council of Santiago which had encouraged doctors to co-operate with the Government in this survey. 34

Moreover, the capitulos could still organize spectacles which dramatically drew the public's attention to the demise of the health service. The end of the year 1979 officially marked the end

the standard of medical care provided for the Chilean people from the beginnings of the service in 1952 until its end in December 1979, the capitulos gathered all the former Director Generals of the Servicio Nacional de Salud together and presented them with certificates.<sup>35</sup> Press and television gave extensive coverage to this event which was held in the Colegiò Médico offices much to the anger of the Regional Council of Santiago.

Nonetheless, the capitulos were never able after the Convention to threaten the Government again. The capitulos had certainly not managed to create the *apertura* as they had hoped. After the summer of 1980, the capitulos' activity decreased sharply.

Moreover, the strategy of trying to create a movement within the Colegio Médico against the Government had clearly failed by 1980. The General Council and particularly the President, Sergio Reyes turned against the Association and moved towards the position of the Regional Council of Santiago. There had only been a brief hint that the General Council might support the capitulo movement against the Regional Council of Santiago. This occurred after the Convention when the General Council passed a motion of censure against the Secretary General of the Colegio and Representative of the

capitulos by preventing discussion in the General Council of several conflictual issues surrounding this dispute. Now 6 months later, Reyes and the Regional Council were working closely in opposition to the Association .

The failure of the capitulo's strategy to align the Colegio Médico with their opposition movement to the Government led the Association to consider the setting up of a rival organization to the Colegio, a sindicato de médicos. Doctors were not the first profession to discuss the possibility of forming a rival organization to their colegio. Lawyers had already formed a sindicato in opposition to the Colegio de Abogados which these lawyers argued was openly operating on behalf of the Government. But the doctors were discouraged from forming a sindicato de médicos because of the lawyers' experience. The latter had found that only 10% of the profession were willing to join their sindicato despite every indication that more than half of the legal profession were opposed to the Colegio de Abogados. Doctors felt that the same tactic could similarly backfire. Thus no sindicato of doctors was set up to rival the Colegio Médico.<sup>37</sup>

A measure of the decline in the capitulo's organization and activity was its failure to publish a statement at the time of the plebiscite on September 11th 1980. The plebiscite was held to

gave Pinochet the right to continue in power for another 8 years and a possibility of an additional 8 years thereafter. The opposition parties claimed that the Constitution was a fraud, institutionalizing the dictatorship rather than signalling its end. Amongst the many groups which pronounced their support for the Constitution and for Pinochet was the Regional Council of Santiago. The Council paid a visit to Pinochet with over 400 signatures of Santiago doctors declaring their support for the new Constitution. In contrast to the Regional Council of Santiago, the capitulos were unable to organize a similar demonstration in opposition to the Constitution.<sup>38</sup> Only the capitulo of the Hospital Psiquiatrico in Santiago announced its rejection. For the most part, opposition doctors demonstrated their hostility to the constitution where they were able to, in their political parties not in their capitulo. It is to the reasons for this decline in the strength of the capitulos that we now turn.

#### DECLINE

Any attempt to examine the reasons for the failure of the capitulos must take account of the difficulty of achieving political goals in

Almost in defiance of these difficulties the movement was overtly political.

In discussing whether the capitulos had political or merely gremial aims, a General in the Armed Forces put it to Reyes, the President that,

*"Los médicos en este momento están igual que en el tiempo de la Unidad Popular."*

39

Reyes replied unconvincingly,

*"Si bien es cierto se está gestando un movimiento parecido, con gran presión de la base médica, quería dejar en claro que había una gran diferencia en el objetivo, muy importante. La presión en tiempos de la Unidad Popular fue para derribar al Gobierno y cambiar el sistema político del país, los argumentos que usábamos eran en el fondo sólo pretextos para ese fin. En cambio ahora el movimiento era exclusivamente gremial, sin ninguna relación política."*

40

Reyes was clearly deceiving the General in describing the capitulo movement as non-political.

Capitulo leaders had agreed to make it clear to doctors that they were opposed to the Government. The President of the Capitulos, Jorge Jimenez at every meeting of his capitulo in Hospital Roberto del Rio declared himself to be against the Government. He was re-elected twice. Seen from this perspective of a relatively open, anti-Government movement, the question really is not why the capitulos achieved so little, but rather why they succeeded in

pressure exerted on them by the military dictatorship. The scope of the capitulos' action was always limited by the restrictions placed on them by the military. Everything was much more difficult to organize in a dictatorship. In a democracy, the Santiago capitulos would have simply impeached the Regional Council in order to remove its members. Under Colegio Médico regulations any Regional Councillor could be impeached by the doctors within his jurisdiction. It only needed 20% of doctors within the Regional Council to sign a demand for the council's impeachment. However, under a dictatorship doctors would not have dared to sign such a demand for fear of recrimination.

The dictatorship and its supporters could also use various means of restricting the capitulos' activities. For instance, some senior doctors who were Government supporters refused their juniors leave of absence to attend capitulo meetings. In Hospital Barros Luco, for instance the doctor in charge of the maternity section forbade all doctors working under him to attend their hospitals' capitulo meetings.<sup>42</sup> And after the Convention of 1979, the authorities stopped allowing capitulos the right to hold meetings in hospitals. In Barros Luco for instance, the Director refused to allow meetings of doctors to take place. As a result,

reduced. Thus as a result of these obstacles placed by the authorities on capitulo meetings, capitulo activity in general decreased .

In September 1979, doctors were given a warning of what could befall them if they carried on with their capitulo activities. Jorge Jimenez, the President of the Capitulos was sacked from his Servicio Nacional de Salud post. No reason was given for his dismissal but every doctor was fully aware that it was a result of his role inside the Asociacion de los Capitulos and his opposition to the Government.

Moreover, during the summer of 1980, two prominent capitulo leaders, A. Bellet and F. Aranda were also sacked. This occurred while all Servicio Nacional de Salud contracts were being re-approved as part of the re-structuring of the service. As a result of these sackings, many doctors no longer dared to attend meetings of the capitulos for fear of losing their jobs.

#### THE COLEGIO MEDICO'S VICTORY ON HEALTH POLICY.

A more important reason however why the capitulos declined in 1980 was the success of the Colegio Médico in challenging the economists' health policy. The Colegio Médico as has been described, was

ratification in September 1979. By the time the plan had become law, the Colegio Médico had succeeded in watering the project down.

During the legislative progress of the proposed health plan a struggle took place between the health team proposing the changes in the health service and the Comité Asesor. In this Comité were Medina, the ex-President of the Colegio's brother and Dr. Schuster, a military doctor. They had supported the Colegio's arguments on the dangers of privatization.

Both Medina and Schuster represented a strong tendency amongst top Army generals who considered the Colegio a bastion of the authoritarian society they wanted to create. It was bad politics these Army generals argued, to push the Colegio into the camp of the opposition against the Junta. This alliance between Army generals and the Colegio Médico leaders presented a formidable barrier to the health authorities.

As the struggle intensified between the economists on the one hand, and the Colegio Médico and its allies in the Comité Asesor on the other, Pinochet's approval of the new health legislation was delayed.

The health authorities began an unprecedented campaign to force Pinochet to sign their health policy and make it law. To this end, mass meetings of health workers, nurses, auxiliaries and empleados were regularly held in Diego Portales. <sup>43</sup> At these, Jimenez, Cruz Mena and

time that large meetings such as these had been organized since the coup.

To counter these tactics of the economists, the Colegio Médico took every opportunity to publicize its case. The Colegio's public relations staff had cultivated good links with the media. "El Mercurio" was swung over to its position as were other newspapers who held the Colegio Médico in high regard. Even the public relations staff in the Ministry of Health were pro-Colegio and biased against the new health reforms.

As a result, when the health plan was finally enacted in law in December 1979, the Colegio Médico had managed to gain many concessions. First, there was the absolute guarantee that the national fund which would finance the Unidades Operativas de Salud would receive their budget in the usual way and not in proportion to the number of cases they treated. Competition between each Unidad Operativa de Salud was thus ruled out. Moreover, the Colegio Médico's powers of inscription, payments and ethical control of doctors working in SERMENA remained intact, therefore keeping this power away from private business interests.

To cement this change in practice, those responsible for the new legislation, Quesney, Jimenez and Cruz Mena were replaced by their most vociferous

now considered himself Director General of the Servicio Nacional de Salud, whereas his predecessor in an attempt to minimize the State service had called himself merely "Government Delegate to the Health Service" .<sup>45</sup>

The 2 economists in the health team, J. Aritzia and Donoso still retained some influence. Throughout 1980 they staged a campaign attacking both the Colegio Médico for misappropriating SERMENA funds and SERMENA doctors for malpractice.<sup>46</sup>

These accusations were aimed at convincing Pinochet that control should be taken away from the Colegio Médico and put in the hands of private businesses who would supervise the work of doctors much more effectively than the State. But despite this highly effective campaign which created great consternation inside the Colegio Médico the economists lost their case. Donoso was sacked. Once again, the Colegio Médico/military alliance had scored another victory over the economists.

Thus, the capitulos no longer had the advantage of these sweeping changes in health policy to bolster their opposition to the Regional Council. Schuster and Medina were much more sympathetic to the power of the Colegio Médico and the prestige of the profession and did not slander the doctors in the way Jimenez had done. The capitulos therefore, because of the watering down of the economists' health plan

## THE YOUNG DOCTORS

Although the capitulos declined in 1980, their work was carried on by the young doctors. For the first time in the history of the profession, the young doctors formed a completely separate and permanent organization to fight for their interests. FEMECH in the 60's and the capitulos in 1979 had to a large extent, represented their interests, but these organizations were not permanent.

Now in August 1980, the young doctors set up an organization called the Asociacion de Médicos Jovenes to look after the interests of medical students unable to find work on leaving University, unemployed doctors who had already graduated but were still without work, and young doctors in both the Servicio Nacional de Salud and the new private enterprises. This organization demanded finance and facilities from the Colegio Médico to form its own separate departments to examine and protect the various aspects of a young doctor's work. They argued that a separate body was necessary since the Colegio Médico represented a different type of doctor. Moreover, they argued that as they constituted over 40% of the profession they had a right to form their own representative organization. They even questioned the Colegio Médico's power

number of doctors now working for the new private enterprises and the conditions under which they were working.

The Colegio Médico had not instigated this new movement and it did not have a particularly good relationship with these young doctors. Many of the young doctors' leaders were those who had led the occupation of the Colegio buildings in 1979. Their leaders belonged to the opposition parties to the Junta. The Colegio Médico was thus, suspicious of this potential rival. Nevertheless, despite the fact that its formation implied a criticism of the Colegio in not being successful in representing these young doctors' interests it allowed them facilities within the Colegio building to meet on a regular basis and finance to conduct their studies.

It can be argued that the process of proletarianization which had affected in the main this young group of doctors, was the main cause of the creation of the young doctors' association. They themselves remarked that their separate interests needed a separate organization to truly reflect these needs. However, it is interesting to note that they remained within the Colegio Médico. On 8th August, "El Mercurio" announced the setting up of this new organization claiming that the doctors had formed it because their interests had been constantly disregarded

even though it reflected their true feelings, they needed the Colegio Médico's finance to operate effectively. <sup>47</sup> Thus, for the immediate future, the young doctors were willing to work within the Colegio.

## CONCLUSION

Between 1975 and 1980 those doctors who could not protect themselves from the gradual privatization of the health service experienced a change in their class position. Their work process came to resemble that of proletarians. This process of proletarianization had always affected a particular segment of the profession. The difference now was that the economists' health changes accentuated the process.

This changing class position influenced their political actions and orientations. Not only was this group largely responsible for setting up the Association of the Capitulos but it also indulged in quite dramatic actions such as the occupation of the Colegio Médico.

One reason behind the formation of a separate organization to the Colegio Médico was that the latter had come to represent the interests of more private medicine oriented doctors. This was especially true of the Regional Council of Santiago. Another reason behind the founding of the Association of the Capitulos was political. The Regional Council of Santiago was one of the Junta's most loyal supporters. Many of the young doctors' representatives were trying to use the Association to take over the Regional Council and thus, put pressure directly on the Government.

of the project as well as the harassment and sacking of capitulo leaders by the Junta. Also the success of the Colegio Médico in modifying the health plans of the economists removed the main catalyst of the doctors' protest. Without the health plan to campaign against, the capitulos lost their *raison d'être* .

NOTES

1. The term was used by Dr.Rojas in a report on the Colegio Médico delivered to a meeting of the Academia de Humanidad Cristiano.Santiago.January 1980.
2. The Carter Government operating under the principle of respect for human rights was anxious to question Contreras in connection with the assassination of Orlando Letelier, the ex-Chilean Ambassador to the United States in a car explosion in Washington.
3. One capitulo representative was refused access to these minutes because as the Regional Council said, they were "not his affair."Santiago.June 1980.
4. Minutes of the Cons.Gen.Col.Méd. Acta N° 240. 21 de Marzo 1978.
5. Minutes of the Cons.Gen.Col.Méd. Acta N° 245. 25 de Abril 1978.
6. Ibid.
7. Minutes of the Cons.Gen.Col.Méd. Acta N° 258. 8 de Agosto 1978.
8. Ibid.
9. Minutes of the Cons.Gen.Col.Méd. Acta N° 285. 10 de Abril 1979.  
 Acuña said at this meeting, "Pero con lo que colmó la medida fué lo que ocurrió con el último cambio de la Mesa Directiva de este Consejo General, donde el Regional Santiago hizo cualquier tipo de esfuerzos para que renunciara y si no renunciaba para ver como me podían sacar de la Vicepresidencia, pensandose hasta en una censura, lo que realmente lo considero desafortunado y lamentable.
10. Minutes of the Cons.Gen.Col.Méd. Dr.Donckaster's

12. Minutes of the Cons.Gen.Col.Med. 15 de Abril 1980.
13. Minutes of the Cons.Gen.Col.Méd. 8 de Abril 1980.
14. Meeting with several doctors of Paula Jeraquemada. April-June 1980.
15. Ibid.
16. Ibid.
17. Ibid.
18. Ibid.
19. Interview 43.
20. Interview 1.
21. The other two office bearers were Drs.Aranda and Bellet.
22. This Commission monitored the respect for human rights in Chile.For instance the author attended a press conference at this Commission's headquarters at which Claire Wilson,a British passport holder who was 4 months pregnant at the time,described how she had been tortured by the Chilean Secret Police. Santiago. August 1980.
23. In private discussions the leaders of the capitulo movement were keen to make this point to the author.
24. Quoted in Gil,J.(1982). 'Nine Years after the Coup-Chile:beginnings of political recomposition.'. International Viewpoint. 18th October.
25. Garreton,M.op cit.
26. Walsen,R. El Mercurio 23rd March 1978.
27. Minutes of the Cons.Gen.Col.Méd.
28. Declaration of the Regional Council of Santiago on the Occupation. El Mercurio. 14th March 1979.
29. Interview 21.

32. Minutes of the Cons.Gen.Col.Méd. Acta N° 305 . 11 de Sept. 1979. See also 'Capitulos Médicos Cuestionaron al Colegio Regional de Santiago.' El Mercurio. 5th Sept. 1979.
33. Conclusion of the Convention of Santiago Capítulos. Santiago.30th August 1979. See also 'Convención de Capítulos. El Mercurio.25th August 1979 and 'Respaldo a la Medicina Social - acordaron capítulos médicos.' El Mercurio 26th August 1979.
34. See result of questionnaire findings.Pura Ortiz. (Unpublished).Interview 28.
35. The author attended this meeting in person.
36. The motion of censure of Pedro Arab was discussed and passed at the General Council Meeting of 11th September 1979.See Minutes of the Cons.Gen.Col.Méd. Acta N° 305. 11 de Septiembre 1979. It is interesting to note that when hearing about this motion of censure the Minister of the Interior requested a copy of the minutes of this meeting.
37. Interview 44.
38. El Mercurio.September 1980.
39. Minutes of the Cons.Gen.Col.Méd. 8 de Layo 1979.
40. Ibid.The military officer was Coronel Gonzalez.
41. Interview 1.
42. Interviews with capítulos'representatives at Hospital Barros Luco.Santiago.June 1980.
43. El Mercurio.
44. Interview 20.See El Mercurio.Cuerpo C-13th June 1979.
45. Interview 13.
46. Interview 24.
47. El Mercurio.'Médicos Jóvenes Rectifican.' 11th August 1979. Interview 26

C O N C L U S I O N

Medical professions throughout the world are notoriously conservative in political matters. In Chile however, this conservative behaviour is not universal amongst doctors. Indeed, we have argued that the profession in Chile is broadly split into Left, Centre and Right wing groupings. The major question is to determine what explains these divisions.

Some social scientists argue that in the case of doctors "class" is not a sufficient explanation for the political divisions within the profession. They remain unconvinced that class alone can explain the contradictory political responses of doctors when their social background is unambiguously upper and middle class.

For these social scientists, "class" refers to social origins. Doctors' backgrounds, their wealthy upper class families and good schools make them part of the upper strata in Chilean society. Certainly most Chilean doctors have this privileged background, and this is a relevant factor in their class position. However, we have used a different sense of the term "class". Rather than "class" as "social origins", we have analysed "class" in

from the capitalist mode of production. "Class" for us means what does a group do?" rather than "from where does the group originate?". This thesis argues that in our sense of the term, "class" can explain to a large extent, the political division and diversity in political behaviour of Chilean doctors.

#### THE CLASS LOCATION OF DOCTORS AND PROLETARIANIZATION

This thesis has attempted to examine the politics of a medical association in terms of the contradictory class location of its members and to determine to what extent the class situation of doctors determines their political behaviour. The class location of doctors was fixed in relation to the extent to which doctors' work was part of a labour process, or in other words, the extent to which in performing the functions of capital, they also carried out the tasks of the "collective labourer".

Using doctors' work as the criterion for class location, we placed Chilean doctors into three broad class groupings. The first group was located very close to the

constituted as part of a labour process. The second group which shared its work equally between State and private medicine had a more ambiguous relationship towards the bourgeoisie since part of its work (in State medicine) was carried out as a labour process. The third group which had no access to private medicine and worked totally in the State sector tended to lose its autonomy and control in its work place to administrators and managers. This latter group was situated closer to the proletariat because its work was carried out, to some extent as part of a labour process in the same fashion as the proletariat .

It was also argued that the location of Chilean doctors in this class structure was not the same for doctors in other parts of the world. Chile's young doctors were required to work in the bureaucratic and impoverished State health service. As a result, this group's class situation was unique. For these reasons Chilean doctors cannot be compared to medical professions elsewhere in the world.

We have argued that amongst the profession it was the young doctors who underwent the most significant change in their class situation. In analysing the change in

we have tried to make a parallel between their class situation and the "proletarianizing" effects of the capitalist labour process on certain skilled occupations such as craft workers. "Proletarianization" is the process whereby the worker is forced into a closer relationship with capital which removes the skill (the conception and execution of work) and therefore, the relative autonomy of the worker.

This "proletarianizing" thesis has been most imaginatively described by Harry Braverman in Labour and Monopoly Capital. In this book he argues that formerly skilled work has been degraded by the imperatives of the capitalist organization of the labour process. The first imperative is the concern to cheapen labour: in Marxian terms, to reduce the value of labour power by substituting simple for complex labour. The second and more fundamental imperative is to guarantee effective capitalist control of the labour process. The effect of these imperatives on labour is to "deskill" it. We have tried to argue that this "deskillling" process which as Braverman argues has affected craft work, bears similarities to the process

in the late 70's.

From the beginnings of the Servicio Nacional de Salud until the mid 70's young doctors were converted into salaried employees. They had no private work and were totally committed to the State for income and further education. The State service was a huge bureaucratic and centralised organization. On the one hand it faced constant financial crises .This forced it to pay low wages to its employees and to restrict both quantitatively and qualitatively the service it offered to its patients. On the other hand, the demands placed upon it increased as Chile's population rose steeply in the 50's and 60's. In this constrained State sector young doctors did not enjoy the autonomy and control in their workplace which their more established colleagues had in their private practices. Young doctors were subject to bureaucratic and administrative controls which deprived them of a sense of mission and service. In the late 50's and early 60's, studies appeared which discussed the "proletarianization" of the young doctors in the Servicio Nacional de Salud.

In the late 70's this process accelerated and affected young doctors in the

private sector. In the first period from 1952 to the mid 70's, young doctors' class situation had been affected principally by financial stringencies in the State sector. After the mid 70's, financial restrictions increased, but a new factor was added to the process. Doctors' work became degraded by a more rigorous type of capitalist control both in State and private medicine. Under the new health plans, the State sector was opened up for private investment and in the process transformed to fit the pattern of a capitalist labour process.

As we have argued inside many hospitals attempts were made to cheapen doctors' work. Doctors were prevented from carrying out scientific experiments to help them in their diagnosis. Their working materials were stripped to the bare minimum. The use of drugs and machines, the tools of the doctor, were carefully monitored by managers intent on cutting costs.

A new type of control on doctors' work became evident. Before, restriction had emerged from the imperatives of financial cutbacks. Now, under the new health reforms young doctors' work was increasingly controlled by managers who

maximum number of patients possible in their working day. This new rigor in the organization of the health service placed doctors under a new discipline. Modern scientific management techniques in both the Servicio Nacional de Salud and in the burgeoning private sector regimented the work of many young doctors. Under these conditions they lost control and autonomy in their workplace.

The normal mechanisms of defence which the young doctors might have used to counteract these changes were dismantled by the Junta. There was no strong gremial organization to protect them. Not only had the Colegio Médico been weakened by its inability to hold elections and by its loss of power to require membership amongst the profession but it had moreover begun to support the more private medicine oriented doctors, who in some cases were the employers of these young doctors. Furthermore, the ruthlessness of the dictatorship rendered any other form of effective class resistance impossible by young doctors.

These changes in their work process which tended to deskill and proletarianize this large section of the profession were linked to the growth of a "reserve army"

young doctors. It should be remembered how Marx had noted that capital in changing the labour process, tended to both throw employees out of their jobs ,and lower the wages of employees in those jobs that remained.

The cut in the Servicio Nacional de Salud budget and the increase in private medicine under the control of business, also affected the work of the older doctors. But since the more established doctors had their own private practices these changes did not have the same impact. Private practice protected doctors' autonomy and control in their work. The larger a private practice a doctor had, the less impact the doctor's State work had in degrading his skills.

In sum, through the proletarianization process young doctors did not only come to resemble other workers in economic terms i.e. less financially advantaged, more vulnerable to redundancy and pressurized towards increased workloads, but the proletarianization process also involved a loss of control over their work process which became monopolized by the State or private managers.

This proletarianization thesis

profession. No attempt has been made to extend it to all doctors, nor to other medical professions in other parts of the world. However, this was not a unique phenomenon affecting only doctors. Because the State had been withdrawn from sectors other than health care, other professional and middle class groups have also been affected by this "proletarianizing" process. The State had played a huge role in economically protecting the status of many middle class groups such as teachers, architects, chemists etc. The dismantling of the State had left these groups at the mercy of the private sector. Given the weakness of this sector, many of these groups' social power had deteriorated. This new phenomenon of the proletarianization of many middle class groups in Pinochet's Chile had been described by Jair Gill on the occasion of the 9th anniversary of the Chilean coup,

*"The petty bourgeoisie has undergone a process of proletarianization, and even in certain cases, of "lumpenproletarianization", as the small merchant or taxi driver who lose their business or their working equipment cannot in these conditions be integrated into the process of production. They survive by "odd jobs". Whereas, formerly, they had profited from the development of the State services, the petty bourgeoisie is today, ground down by the crisis. This is one of the most important*

One caveat is in order at this stage. It is still premature to argue that a large segment of the Chilean medical profession has been "proletarianized". We have been careful to use the term "process of proletarianization" when describing the changes affecting the class situation of young doctors. In no sense of the term have young doctors become "proletarians". Their length of education and the nature of their work will always keep them ultimately separate from the working class. Moreover, the changes that were underway in the late 70's and in particular the direct capitalist control of doctors' work are still in their early stages.

#### CLASS LOCATION AND POLITICAL ACTION

Having described the alteration in the class location of doctors and described the main change in their class situation as a form of "proletarianization", we shall return now to our original question, can class location explain doctors' political action ?

We have argued that the Chilean medical profession is politically split into three main political groupings; Left, Centre and Right. No better demonstration of this split

Médico which produced the following results:

Christian Democrat(Centre)	40%
Right	33%
and Popular Unity	26%

As previously argued, the profession is split into three class groupings although still remaining in a contradictory class location between the bourgeoisie and the proletariat. It is too simplistic to argue that these class positions neatly map onto the political leanings of the profession. The political split within the profession may simply reflect the three way political split in Chilean society between Popular Unity and the Left, Christian Democracy and the Centre, and the National Party and the Right. However there is evidence to suggest that the young doctors i.e. that class grouping which is closer to the proletariat, are more likely to belong to the Left group inside the profession and equally, the more established doctors i.e. the class grouping which is closer to the bourgeoisie are more likely to belong to the Right wing group of the profession.

Historically, the young doctors have always been on the Left wing of the profession. Since the 1950's the Left wing orientation of young doctors has been mainly

above. In 1962, this group of young Servicio Nacional de Salud doctors formed FEMECH in order to fight to defend the State health service. For the first time ever, these doctors called a strike. P.Silva commenting on the use of a strike declared,

*"It was unthinkable that a middle class group should resort to the weapons of the working class (ie the strike). Nevertheless, it was logical given the growth of their State work, their deteriorating conditions within it, and the lack of any permanent relationship between themselves and their patients. Doctors, were in fact being proletarianized. "*

2

One example of the political sympathies of these young doctors was their choice of President, Waldo Inostroza, a member of the Socialist Party.

This tradition of young doctors Left wing militancy carried on during Popular Unity when they were the main supporters of the Allende government. The Left wing doctors' organization attacked the Colegio Médico for ignoring their interests and declared that they themselves would personally represent the interests of young doctors. Moreover, a survey of the Left wing exiled doctors revealed that the vast

As the process of proletarianization increased in the late 70's, young doctors became more and more militant. The occupation of the Colegio Médico buildings, the creation of the Association of the Capitulos, their attempts to form a sindicato (with its working class connotations), reflected the degradation these young doctors were suffering as a result of the exploitation of the health sector by private capital. The creation of a permanent Association of Young Doctors in 1980 was an implicit criticism of the failure of the Colegio Médico to represent their interests. Young doctors belonged to a different class grouping and for that reason they needed a separate organization to defend their interests.

The demand for new organizations to replace their professional association was significant. The process of proletarianization gradually broke down the doctors' individualistic professional self-image, and forced them into revived recognition of a collective interest in organizing against their employers. The term "profession" implies a group of classless autonomous individuals with similar status and standing who come together for

some high ethical ideal befitting the pro

eminence of their occupation. The process of proletarianization as we have described, attacked this idea of professionalism at its roots .

The Left wing militancy of the young doctors was, then a constant recurring factor in the history of the profession and we have argued that this was caused by a process of proletarianization. This process gradually rendered "professional" forms of action and representation of doctors redundant .

The class location of the more established doctors in contrast to the young members of the profession resulted in more conservative political action. As autonomous professionals, protected by their individual private practices, they were considerably more supportive of their professional association, the Colegio Médico. Unlike young doctors, they had no use for sindicatos to conduct collective action against their employers.

During Popular Unity the origin of the Right wing takeover of the Colegio Médico was Viña del Mar where private practice was more prevalent than in

practices and little involvement in the State sector.

However, the most crucial political group was not the young doctors and the more private medicine-oriented members of the profession but those doctors who split their time more or less equally between State and private medicine. These doctors tended to be politically of the Centre; they exerted a moderating influence on the politics of the profession. During 1970-1973, these centrist doctors joined with the Right and blocked any plan to place the whole of Chile's health system under the State in a Servicio Unico de Salud. Equally, after the coup this moderate influence was exerted against the Right wing plans to privatize the health service.

We have argued that there was a tendency for the three main class groupings to adopt Right, Centre and Left positions. However, these are general political tendencies at the level of the profession. When we come down to the level of the Colegio Médico, the articulator of these political tendencies, politics takes on a considerable autonomy. Of course, the conflict between Left, Right and

groupings in the profession, but equally, it may have been derived from political party struggles as a whole.

Particularly during periods of political crises, party politics rather than class politics dominated the Colegio Médico. This is demonstrated during Popular Unity when doctors supporting gremialismo, Popular Unity and Christian Democracy all tried to use the Colegio Médico not for their own class ends, but for the wider party political goals. It might not be too fanciful to suggest that during Popular Unity the doctors who were working to promote gremialismo inside the Colegio Médico were operating under instructions from the businessmen's "Monday Club"; certain Left wing consejeros on the General Council were receiving orders from the Central Committee of the Chilean Communist Party; and even the President of the Colegio Médico Ruben Acuna was taking orders from the Christian Democrats' party headquarters. In other words, during the political crises surrounding Popular Unity, the class location of doctors was insufficient to explain the nature of the political struggle inside the

However, noting the complexities of politics at the Colegio Médico level, the fact that at certain crisis periods, politics reflected the wider party political struggle, does not refute our central thesis that class to a large extent explained the political division inside the profession. These class/political divisions were reflected in the struggle inside the Colegio Médico. However, given the extremely politicized nature of Chilean society, the unique period of Popular Unity and its aftermath which raised political passions to even new heights, class considerations became submerged to these wider political goals.

Finally we have been at pains to state that our proletarianization thesis only refers to the Chilean medical profession . However, there are signs that the private medicine experiments of the late 70's in Chile are attracting the favourable attention of European policy makers. At least since the Second World War, most European Governments have committed their State to the primary role of providing health care for their people. In Britain, Belgium and Scandinavia this philosophy has led to large State health

State's predominance in the health services has occurred. Accompanying this reaction has been an increase in private investments in the health sector. In Europe private clinics and hospitals have been set up, financed by private insurance companies, and lately by American multinationals specializing in private hospital administration.

Irrespective of the effect on the health services of these developments, our evidence should be a warning to medical professions in Europe. The organization of the health service by private business interests does not simply offer doctors higher material rewards. Private business may take control away from doctors and in imposing a strictly capitalist labour process lead to the type of medical proletarianization that this thesis has described in the case of the young Chilean doctors.

NOTES

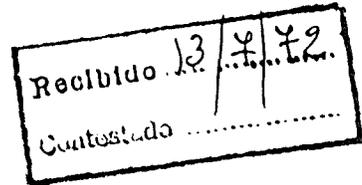
1. Gil, J. (1982). 'Chile: Nine Years after the Coup.'  
International Viewpoint. 18th October N° 15.
2. See also Silva, P. (1966). 'Trabajo Médico y Seguridad Social.' IX Congreso Médico Panoamericana. 25-30th April. Lima, Peru.

A P P E N D I C E S

Appendix A.

Two letters which reveal the friction that was caused between Jorge Alwayay and Juan Chiorrini over the former's attempt to change the Colegio Médico's Code of Ethics to include the principle of gremial crime. Even though Juan Chiorrini was himself on the Right wing of the profession, Alwayay's tactics had annoyed him.

MEDICO DE CHILE  
REGIONAL RANCAGUA  
CASILLA 334  
RANCAGUA



RANCAGUA, Julio 8 de 1972.  
JCA/aaa

Señor  
Dr. Jorge Alvaay C.  
Presidente del Consejo Regional  
Valparaíso Aconcagua.  
VALPARAISO

Distinguido Amigo:

Indiscutiblemente que en la reunión del Viernes en el Club, destinada a estrechar filas y a unir los asistentes tuvo momentos no muy felices y a mí me tocaron dos interrogaciones que debí contestar en forma molesta. En ese estado de ánimo probablemente no estuve muy sereno al recordar sus palabras sobre el Código de Ética y de mostrarme lastimado por ellas.-

Quiero decirle, amigo Alvaay, que la verdad es que nunca he estimado intencionadas sus palabras y menos tratándose de mi persona que comulga con Ud. en identidad de pareceres y fines. Muy por el contrario, siempre he encontrado sus argumentaciones oportunas, constructivas e inteligentes.-

Todas sus insinuaciones, peticiones y deseos manifestadas por su Colegio o por Ud. personalmente, serán consideradas -y no podría serlo en otra forma- como una valiosa ayuda para perfeccionar el Código que tanto nos ha preocupado.-

Reciba, como siempre, el afecto y respeto de quién lo aprecia sinceramente.-

*J. Chiarrini A.*

Dr. Juan Chiarrini A.  
Presidente Departamento Ética y Aranceles  
Colegio Médico de Chile.

O MEDICO DE CHILE

ONSEJO REGIONAL

RAISO - ACONCAGUA

SIL 1889 - TELEFONO 8728

ALPARAISO

REF: Código de Etica Profesional.

Nº. 5321

VALPARAISO, 5 de Julio de 1972.

Señor  
Dr. Juan Chierrini  
Consejero General  
Colegio Médico de Chile  
SANTIAGO

Distinguido amigo:

En la reunión del Viernes retroproximo Ud. hizo un alcance a nuestras observaciones críticas sobre el Código de Etica Profesional, las que dado la índole de la reunión, estimé inoportuno responder.

Lamento que Ud. se haya sentido lastimado por este veto, inspirado en las mejores intenciones de perfeccionar tan importante instrumento, a fin de complementarlo con el rubro: "de las relaciones de los Médicos funcionarios", incluyendo el principio del delito gremial, a fin de tener un buen instrumento de defensa de nuestros tan aporreados fueros profesionales por parte del prepotente Gobierno de la U.P..

Hemos estado, y personalmente el que suscribe, de manera muy especial, muy lejos de la intención de menoscabar o de vulnerar a la comisión de Etica Profesional y a su digna persona, que respetamos como la que más.

Aprovecho la oportunidad para insistir, ya que Ud. tiene la responsabilidad de tan importante Organismo del Colegio Médico, para que se estudie rápidamente la modificación contenida en el veto respectivo, reformando el Código de Etica Profesional.

Reciba Ud. toda la consideración y el afecto de su servidor.

Appendix B.

Report of Meeting held in Valparaiso on  
1st November 1972 between four professional  
associations to discuss the progress of  
their strike action.

1º DE NOVIEMBRE DE 1972

Primera Reunión del Comité Coordinador de los 4 Colegios Profesionales de la Salud.

Asistencia:

Colegio de Dentistas: Sergio Lobo; Guillermo Viertel; Alvaro López; José Guzmán.

Colegio de Químicos-Farmacéuticos: Jorge Droppelmann; Guillermo Harding; Ramón Soto.

Colegio de Enfermeras: Ana Abarca; Ernestina Esparza; Lila Aguilar; AnnaMaría Barbera.

Colegio Médico: Jorge Alvayay, Gonzalo García, Horacio Bruzzone; Jaime Venezian.

Los integrantes de la reunión procedieron a darse una directiva formada por las siguientes personas: Alvaro López, Presidente; AnnaMaría Barbera Secretaria.

TABLA.-

- 1.- Cuenta de los Colegios sobre la marcha del movimiento.
- 2.- Acciones a programar en conjunto.
- 3.- Sueldos mes de Octubre.
- 4.- Estructuración fondo de Solidaridad Gremial.

El objetivo central de esta reunión fue coordinar la labor de estos cuatro Colegios en relación al conflicto Gremial existente, llevar información oportuna y planteamientos comunes hacia las directivas superiores y a las bases.

1.- Cuenta de los Colegios sobre la marcha del movimiento.

Colegio de Enfermeras:

La presidenta del Colegio informó que sus colegiadas se encontraban en paro desde el día 20 y que desde el día 27 el paro se endureció haciéndose indefinido y con retiro de los turnos de emergencia. Las Bases pidieron una mayor relación de los Cuatro Colegios para un respaldo mutuo y coordinación en las medidas futuras que se adopten, lo que motivó su asistencia a esta reunión.

El Comité de Control de dicho Colegio ha estado visitando los distintos establecimientos y ha podido determinar que hay 142 enfermeras en paro y 14 trabajando (En este total están comprendidas enfermeras Jefes de Áreas y de Hospital, autorizadas por dicho Colegio para laborar). Entre ellas se cuentan además enfermeras en suplencia, a honorarios y contratadas a quienes no les ha llegado este decreto.

La difusión de la marcha de este movimiento se ha hecho solamente por la prensa, dado que la televisión se ha negado a incluir en sus programas informaciones al respecto.

El Dr. Venezian ofrece, a nombre del Colegio Médico espacio en sus programas de difusión radial. En cuanto al sueldo del mes de Octubre éste ha sido pagado con el descuento total de los días no trabajados, lo cual ha creado un problema económico a las colegiadas. En este momento el comité de Finanzas del Colegio se ha abocado al estudio de este problema, y estaría en condiciones de darle solución a corto plazo.

Colegio de Químico-Farmacéuticos: El Sr. Harding informa que se está haciendo un chequeo a nivel provincial de los farmacéuticos en paro. En esta provincia hay aproximadamente 140 profesionales con actividades privadas que están de acuerdo con el paro.

- 2 -

Como funcionarios en los distintos establecimientos hospitalarios se encontrarían trabajando: En Deformes 3; en Quillota 1; Van Buren y hospital de Viña del Mar la mayoría.

Los funcionarios de establecimientos hospitalarios son muy pocos y su ausencia del trabajo se traduce en poca presión gremial. La parte privada de este Colegio es la más importante. En este aspecto, la primera medida ha sido reducir la jornada de atención al público en 2 horas, de 18 a 20 hrs. a diario. En Quillota sólo se encuentran funcionando las farmacias de turno.

La advertencia de las autoridades en relación a medidas de cierre de farmacias fue de que serían requisadas y atendidas por funcionarios farmacéuticos de la Universidad de Chile adictos al Gobierno. Otros modos de presionar a las farmacias para quebrar el movimiento ha sido la entrega discriminada de productos del Laboratorio Chile y Chiprodal (estatales).

En relación a la baja asistencia a reuniones citadas por el Colegio de Químicos-Farmacéuticos por parte de sus colegiados, el Dr. Alvañay propuso a la directiva de dicho Colegio promover una reunión que ojalá contara con la asistencia de la totalidad de los que actualmente están en paro; y vincularlos así en forma más estrecha y definitiva al movimiento. Hizo presente que los distintos profesionales, en los hospitales, podrían encargarse de relacionar a los farmacéuticos de dichos establecimientos.

Se informó que, en Santiago, cada Farmacia ha aportado con F° 250.- mínimo como una forma de paliar los problemas económicos de los otros gremios en conflicto. El presidente del Colegio sugirió que lo mismo podría realizarse en esta provincia.

Trajo información del Comité Coordinador general respecto a estrategia a seguir para endurecimiento del paro. Una de las formas sería el cierre total de las Farmacias quedando abiertas sólo las de turno y en una segunda etapa el cierre sería total. Otra forma sería el paro total de funcionarios por establecimientos y en distintos días.

Después de un breve intercambio de opiniones, los representantes del Colegio de Químicos-Farmacéuticos recogieron la sugerencia de no expender artículos de perfumería, como una manera de endurecer, en estos momentos, el movimiento, y de solidarizar con el paro del Comercio. Lo tratarían a nivel de su Consejo Provincial.

**Colegio Médico:** El secretario de dicho Colegio informa que de la totalidad de sus Colegiados se encuentra trabajando sólo el 15%. El paro de estos profesionales es indefinido, y en estos momentos se han retirado los turnos de emergencia; y los de Urgencia en aquellas reparticiones donde se han enviado a laborar Médicos de Carabineros o que la dotación de médicos no plegados al paro sea suficiente para cubrir dichos turnos. Es así como se retiraron los turnos de Urgencia del Hospital de Quilpué, en donde se ha producido un grave conflicto ya que los médicos autodenominados patriotas no han aceptado que la Dirección de dicho Hospital los envíe a efectuar estos turnos.

A lo largo del país se encuentran todos los Colegios Regionales en estas mismas condiciones, excepto el de Antofagasta, en donde no se acató el paro, debido principalmente a los profesionales médicos de Chuquicamata, quienes ostentan su cargo por cuoteo político y no por mérito propio o concurso.

Las medidas disciplinarias tomadas por este Colegio hacia sus colegiados que han desobedecido el mandato de la Asamblea, dicen relación con: confeccionar una lista de las personas disidentes que sería dada a conocer a todo nivel; bloqueo profesional a nivel de consultas particulares y funcionario.

Al término de este movimiento se analizará desde el punto de vista jurídico la actitud antigremial de dichos colegiados.

Además se ha solicitado la destitución de los Doctores Cerda, Nagel y Maldonado de sus puestos de médicos Directores de Hospitales, en base a las actitudes represivas e injuriosas que han tenido.

A nivel del Consejo General del Colegio Médico se está estudiando un Sumario en contra del Director General del S.N.S. por injurias, por retener sueldos y por dar orden de cancelar sueldos con descuentos. Esta misma medida se está estudiando para el Sr. Ministro de la Salud y Dr. Requena, al primero por injurias y por haber recorrido hospitales concientizando a enfermos y personal contra el gremio médico en paro; al segundo, por haber enviado una circular ordenando la creación de brigadas de resguardo, que en definitiva son matones que han dado como resultado el conflicto provocado en el Hospital San Juan de Dios, que terminó con la agresión a 8 médicos.

Colegio de Dentistas: Aconagua y Coquimbo- 550 colegas, 53 en total no acataron orden de paro.

Postas de Urgencias en base a los que no acatan el paro.

Acción Colegio no pasiva, sino poco publicitada.

Acción Colegiados. Se citaron al Colegio y catalogaron grado de culpa no afán de represalia sino de justicia para los que no están acatando el paro. Se aplicarán sanciones de la ley.

Frente a la renuncia del Presidente del Consejo General Dr. Hugo Morales V. sólo un simple incidente en esta lucha gremial. El Consejo General no ha sufrido trazaduras sin repercusión.

El problema de los odontólogos venía de antes que se gestara.

El Colegio de Dentistas se mantiene en paro no sólo por sus planteamientos gremiales de carácter general, sino por sus problemas profesionales.

Informan de la reunión del Comité Coordinador de los 4 Colegios Profesionales de la Salud, realizada en Santiago en el día de ayer, en ella se planteó la necesidad de tener una reunión con todos los gremios en conflicto para coordinar la acción y dejar en claro que los 4 Colegios no persiguen otros objetivos que los señalados en los 5 puntos debidamente publicitados.

- 1.- Libertad de expresión Gremial en toda su extensión.
- 2.- Retiro de las querellas contra Dirigentes.
- 3.- Personería Jurídica revocable sólo por ley específica.
- 4.- Fuero Gremial para sus dirigentes.
- 5.- Garantía fidedigna de instauración de las medidas que aseguren los objetivos gremiales planteados.

La posición del Comité Coordinador de los 4 Colegios es conflictiva porque si no se llega a un entendimiento con los gremios, lamentablemente tendrían que iniciar acciones independientemente de ellos pero sin claudicar en sus planteamientos gremiales anteriormente citados.

Se suspende la sesión a las 13.45 hrs. y se reinicia a las 20 hrs. con la misma asistencia faltando los Doctores Sergio Lobo y Venezian y agregándose a ella el Dr. Agustín Ascorra.

- 2.- Problema de Sueldos: Ante la situación planteada por el Colegio Médico de actuar en forma coordinada en el cobro de sueldos, se acordó: a) Autorizar a los colegiados para que cobren sus sueldos correspondientes al mes de Octubre y oficialiar a sus Consejos Generales para protestar por los descuentos de los días no trabajados. No se pretende obtener el pago de esos días sino que manifestar su disconformidad por un procedimiento que no es el habitual en las huelgas. Asimismo se informará de esto a los Parlamentarios de la Zona.
- 3.- Fondo de Solidaridad Gremial: Se acordó constituir un Comité integrado por los tesoreros de los 4 Colegios para coordinar la ayuda que fuera necesaria prestar a los colegiados en conflicto. Por el momento se dejó establecido que cada Colegio estaba en condiciones de resolver inicialmente estos problemas. Se acordó igualmente la necesidad de crear en el futuro un fondo de solidaridad gremial común; materia sobre la cual se discutió extensamente.
- 4.- Acciones en Conjunto: Se analizó la necesidad de endurecer las acciones que actualmente se lloran a cabo ante la posibilidad de un fracaso en las gestiones que realiza el Comité Coordinador Nacional. Después de un amplio debate sobre este problema se acordó:
  - 1) Efectuar un paro total de actividades x 24 hrs. con retiro de los turnos y servicio de Urgencia y cierre total de las farmacias.
  - 2) Este cese total de actividades debe ser debidamente publicitado para crear una presión psicológica en la población y romper el equilibrio que actualmente existe al darle el Gobierno visos de normalidad a nuestro movimiento.
  - 3) Se deja constancia que no se produciría mayor daño a la población en consideración a la acción de los Colegiados que no han aceptado el paro, y al Plan Tridante de las Fuerzas Armadas.
  - 4) Asistir todas las mesas directivas de este Comité el día Viernes 3 a las 10 hrs. al Comité Coordinador Nacional para plantearle la necesidad de adoptar esta actitud a nivel nacional. En el caso de no obtener la aprobación se solicitaría autorización para efectuarlo a nivel regional.

- 4 -

5.- Establecer el día Martes 7 para efectuar esta acción.

5.- Asuntos Varios: Se acuerda intercambiar información permanentemente sobre actuaciones de los Colegiados durante el paro y que puedan guardar interés para los Colegios respectivos.

Se levanta la sesión a las 21,45 hrs.

AnnaMaría Barbera  
Secretaria

Alvaro López  
Presidente

Appendix C: Ultimatum of the Regional Council of  
Valparaiso to the Allende Government.  
23rd October 1972.

**M E M O R A N D U M**

\*\*\*\*\*

**( U L T I M A T U M )**

( ¿ Cambio de título ? )

Al Excmo. Sr. Presidente de la República y colegiado Dr. SALVADOR ALLENDE COSSES el Consejo Regional Valparaíso-Aconcagua del Colegio Médico de Chile expone:

Que en Asamblea Extraordinaria del Lunes 23 de Octubre de 1972, los médicos de Valparaíso-Aconcagua han acordado por votos contra           elevar a su consideración el siguiente Memorandum:

- 1.- Que el PARE MEDICO que el gremio mantiene, sancionado y aprobado por el Honorable Consejo General y la Junta Extraordinaria de Masas Directivas de los Colegios Regionales de todo el país, realizado el Domingo 22 de Octubre de 1972, se inició como apoyo a las peticiones legítimas gremiales del Gremio de Transportistas.
- 2.- Que apoyan y hacen suyo el petitorio de ocho puntos elevado a la consideración de las autoridades por dicho gremio.
- 3.- Que apoyan y hacen suyo el PLIEGO UNICO DE PETICIONES del Comando Nacional de Defensa Gremial, que representa a todas las organizaciones gremiales en conflicto, a lo largo de todo el país.
- 4.- Que los médicos no estamos contra el Gobierno. Estamos contra el DESGOBIERNO.
- 5.- DESARRESTAMIENTO EN LOS HOSPITALES. HAMBRE Y MISERIA EN NUESTRO PUEBLO.

Que en vista de la grave situación económica que ha arrastrado al país la desafortunada actuación de sus asesores a nivel ministerial; la enorme carestía de la vida, que ha acarreado hambre y miseria en los sectores de la población de más bajos ingresos; el mercado negro de toda clase de artículos mantenido especialmente por los supervisores de las Industrias Estatales; la aflictiva falta de divisas para la importación de elementos esenciales, a todo nivel; la importación de alimentos desde tantos países de los cinco Continentes, en cantidades jamás vistas, por la trágica falencia de nuestra agricultura; el grave deterioro en la producción y exportación de nuestro cobre, "Suelo de Chile" y la anarquía reinante en todas las...

- 2 -

per la prepotencia, la falta de preparación técnica y muchas veces la falta de honorabilidad de los mandos medios de su Gobierno, en la Agricultura, la Industria, el Comercio y la Minería, HACEMOS A UD. ADEMÁS NUESTRO PROPIO PLEGO DE PETICIONES, en los términos que a continuación resumimos. No sin antes hacer presente LA FALTA DE CUMPLIMIENTO DEL PROGRAMA DE LA UNIDAD POPULAR en todos aquellos aspectos que dicen relación con el deterioro de nuestra moneda, con la inflación, con los beneficios prometidos a las clases asalariadas, con el respeto a la legalidad y fundamentalmente con el PROGRESO económico de la Nación.

Y le solicitamos considerar los siguientes puntos:

**I) LIBERTAD :** **ni**

a) Libre expresión de los medios de información: Prensa, Radio y Televisión.

b) Liberación de presos políticos y dirigentes gremiales

c) Mantención del Estado de Emergencia. Porque solamente el Estado de Emergencia evitará desmanes de grupos extremistas de Izquierda o de Derecha, y porque las FF.AA. le merecen más fe a todo el pueblo de Chile, para resguardar el orden público, que los representantes del Poder Ejecutivo en Intendencias o Gobernaciones.

Y porque esperamos que las FF.AA. continúen con la sacrificada y patriótica labor que están desempeñando en los días aciagos que vive nuestra Patria.

**II) ABASTECIMIENTO DE ALIMENTOS:**

Nos compete dentro de nuestra preocupación por la salud de la población.

Para paliar ahora y mejorar en el futuro el abastecimiento y la alimentación de nuestro pueblo, encarecidamente le pedimos:

a) Cambio de Ministro del ramo por otro más idóneo.

b) Detener desde ahora y por lo menos por todo el año 1973 la explotación de predios agrícolas, y no continuarla mientras no se dé

- 3 -

asesoría técnica y créditos controlados a nivel de todas las tierras productivas expropiadas, que representan ya el 50% de la tierra arable de Chile, de la cual la mayor parte permanece improductiva.

### III) INDUSTRIA Y MINERIA:

Reorganización de las labores a cargo de equipos técnicos escogidos por los Colegios Profesionales correspondientes .

Y para que el producto de las Industrias llegue a los consumidores a través de los canales regulares y no a través del ~~mercado~~ mercado negro y a precios prohibitivos, para la gran masa de nuestros conciudadanos. Solicitamos:

a) Cambios en los Ministerios correspondientes por personas más idóneas.

b) Presentación de Balance de las Industrias Estatizadas;

c) Investigación de su organización actual por Inspectores de la Contaduría General de la República; y

d) No más expropiaciones mientras no se vea claramente el beneficio para la población general del país de las expropiaciones ya realizadas. Ni más temas ilegales.

### IV) PLREBISCITO:

Consulta a la ciudadanía para que se pronuncie sobre la aceptación o rechazo a la "VIA CHILENA AL SOCIALISMO". Plebiscito que deberá realizarse dentro del plazo de 40 días, e en su defecto, previa consulta al Congreso Nacional, realizarlo junto con las elecciones de Marzo próximo.

- - - - -

Excelentísimo Presidente:

Aceptadas las primeros tres puntos de nuestro petitorio volveremos a nuestras labores habituales y nos ofrecemos a Ud. para mediar a nivel del resto de las Organizaciones gremiales en conflicto para la rápida normalización de las actividades del país.

Saludan a Ud. muy atte. y con los sentimientos de su mayor consideración.

CONSEJO REGIONAL VALPARAISO-ACONCAGUA  
del COLEGIO MEDICO DE CHILE

Secretario

Presidente

fecha

Appendix D: Letter of resignation from the General Council of the Colegio Médico of the three Valparaiso Councillors.  
8th January 1973.

MEDICO DE OHILE

CONSEJO REGIONAL  
VALPARAISO - ACONCAGUA  
TEL. 10889 TELEFONO 3726

REF. Presentan renuncia a cargos de Consejeros Generales.

---

OF. NÚ

VALPARAISO, 8 de Enero de 1973

Señor  
Dr Jorge Alvayuy C.  
Presidente Consejo Regional Valparaiso-Aconcagua  
Colegio Médico de Chile  
VALPARAISO

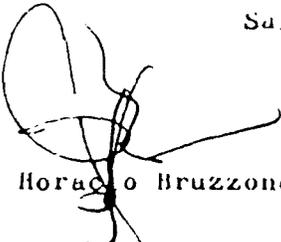
Estimado colega:

En la plena convicción de que el Consejo General de nuestra Orden necesita una profunda reestructuración que le permita agilizar su labor a tono con la gravedad de los problemas que en estos momentos enfrenta el Cuerpo Médico de todo el país, hemos decidido dejar en libertad de acción al Consejo Regional para que disponga de nuestros cargos en el Consejo General en la forma que se estime más conveniente para los fines que hemos señalado.

En esta forma venimos en presentar a Ud. nuestra renuncia como Consejeros Generales en representación de Valparaiso-Aconcagua.

Por último, deseamos expresar a Ud. y demás Consejeros nuestros agradecimientos por la confianza que siempre nos dispensaron.

Saludan Atte. a Ud.

  
Dr Horacio Bruzzone Figgini

Dr Ernesto Mundt Fluhmann

Appendix E.

Letter of Jorge Alvayay, President of the Regional Council of Valparaiso to the President of the Colegio Médico, Ruben Acuña attacking him for his "non political" position against Popular Unity. 24th of May 1973.

Señor  
 Dr. Ruben Acuña  
 Presidente  
 Consejo General  
 Colegio Medico de Chile  
 Santiago  
 Chile

Valparaiso, 24 de Mayo de 1973

Dr. Acuña :

No me extraña el contenido de tu resquesta y que, para mayor claridad, trataré de analizarle punto por punto.

En lo formal hay, desde luego, una violencia diferencia en el trato reciproco y basta leer ambas cartas para hacer la estimacion adecuada. No te voy a seguir en el camino de la injuria y llena de adjudicaciones sucios.

Te envio me carta de 7 de Mayo del ano en curso, de manera directa y personal, nada menos que por intermedio de Dr. Ernesto Mundt, Consejero General del Colegio Médico de Chile, quien hizo entrega de ella en la Secretaria del Colegio Medico, recalcando que me tratara a un documento personal.

Acusas del ulterior destino que esta carta tuvo al Consejero General Dr. Darwin Arriagada. Como te das caracter oficial a la carta me contestas como Presidente Subrogante.

En mérito a la oficialización del tramito de la carta y que compromete gravemente la responsabilidad administrativa de diversas funcionarios en que hemos instruido a nuestros Consejeros Gremiales para que soliciten un sumario administrativo a fin de investigar la responsabilidad de los comprometidos y sancionaria en consecuencia. Desde luego tengo una sola certidumbre. El Dr. Darwin Arriagada, Consejero General y Sub-Secretario del Consejo General, es ageno a esta sucia maniobra, que tu tan precipitadamente me la imputa. Y como el Dr. Arriagada es un hombre de honor se apresuró a presentar sa renuncia.

Con respecta a las fuentes que he tenido y que tiene el Consejo Regional Valparaiso - Aconcagua acerca del lamentable destino de los acuerdos de la convención reciente sobre el tema Medicina Curativa y especificamente sobre la conducción de las negociaciones con los personeros de Gobierno para transar el bono cheque por una orden simple, te adjunto copia de un documento elaborado por el Dr. Ernesto Mundt y de cuya responsabilidad, corrección y enteresa personal y gremial, no nos cabe duda alguna. Desgraciadamente para ti, de este documento se comprende una muy grave responsabilidad, la que no pueden aludir, ni siquiera con insultas, ni ofensas personales.

A mayor abundamiento la Mesa presentó a la consideración del Consejo General la reducción de las Conclusiones de la Convencion Extraordinaria de Consejos Regionales de los dias 27 y 28 de Abril de 1973. que termina con la siguiente

"En relación a todos los temas de la Convención, se acordó facultar al H. Consejo General a su ..... para que, conforme a las circunstancias, utilice los acuerdos aprobados, teniendo como único punto de vista, los intereses superiores del GREMIO MEDICO".

Pero no es ésto todo. Tengo un documento escrito del Dr. Arriagada que, entre otras cosas, y ..... alarmado por la conducta de la Mesa Directiva expresa lo que sigue : en referencia a los acuerdos de la Convención :

"En una de las sesiones de la Mesa Directiva, me llamo poderosamente la atención sus comentarios (Dr. Ruben Acuña) relacionado con la corrección de los acuerdos en que expresara que "lo importante que significaba estar en la Presidencia para poder corregir los acuerdos con otro sentido ....".

Me parece que estos fundamentos son serios y que por ahora bastan para justificar nuestras aprehensiones y repudiar prácticas antigremiales que, por desgracia, han llegado a constituir normas, con grave deterioro de los intereses del Colegio Medico.

En contraste con tu desorbitada y descalificada reacción, no mencionas en tu resquesta que te habíamos invitado a una reunion en la casa del Dr. Mundt el Sabado 5, precisamente para tratar directa y personalmente estos asuntos. Parece que has olvidado deliberadamente este párrafo: "En estos momentos tan conflictivos el buen entendimiento entre los dirigentes responsables del Colegio es un requisito para la defensa de los intereses gremiales".

No es difícil colegir dada tu responsabilidad comprometida, que te hayas negado a .... encuentro, pero preferiste seguir te propio camino, pavimentado de afirmaciones gratuitas y ofensivas, y calificando intenciones. Es difícil aceptarlas cuando se ha estado demandando el trato directo y personal desde hace muchos meses entre los dirigentes responsables del sector democrático de los Consejos Regionales de la zona central y donde tu por desgracia has brillado por tu ausencia, no obstante los requerimientos de que has sido objeto.

Te esto adjudicas una imagen demasiado benevola cuando afirmas que : "siempre he sostenido una sola linea ! la gremial quimacamente pura !".

Quando nuestra jurisdicción ha llevado un correlato sobre Política Gremial a la reciente Convención y ha fundamentada una teoría y una práctica de la acción gremial para el Colegio Medico de Chile, lo ha hecho en nombre de nuestras bases, de nuestros capitulos y del Consejo Regional. La información básica la hemos entregado a la consideración de todos los convencionales y lo que aprobó la convención sobre la materia es categorico y terminante. El esclarecimiento de la conducta gremial se ha debatido publicamente, a la luz del día y cara a cara en un dialogo abierto.

Nuestro pensamiento es mi tradicional de Valparaiso, mantenido por años y frente a todo tipo de gobiernos. Felizmente hay abundante documentación sobre la materia. Tu posición gremial pura tiene un solo nombre. Por cierto que no se llama Colegio Medico de Chile. Se llama simplemente "Ruben Acuña". Y el gremio está cansado del personalismo caciquil.

Finalmente estimas que se te amenazó porque he escrito el siguiente párrafo :

"Estimo que la cordura y el respeto por ciertos principios fundamentales de democracia interna y gremial contribuir a que podamos entendernos. En las negociaciones .... una alternativa que contradiga las resoluciones de la Convención Extraordinaria, este Regional exige una Reunion Extraordinaria de Mesas Directivas, para analizar la situación y resolver en consecuencia."

Solo tu incurable personalismo te lleva a considerar estas razonables consideraciones como una amenaza, ya que la practica recomendada es usual en la vida interna del Colegio Medico de Chile.

Tu respuesta a mi carta la leiste en una reunión-comida a la que concurrieron diversos consejeros generales, el Presidente del Consejo Regional de Santiago, Dr. Raúl Hurtado y el Presidente de la Asociación de Capítulos, Dr. René Merino. Está demás que te comunique que copia de esto documento enviaré a las referidas personas.

Te saluda.

Dr. Jorge ALVAYAY CARRASCO  
Presidente

Appendix F: Black List of Doctors in Valparaiso  
not obeying their Regional Council's  
decision to strike in August 1973.

1973

MEDICOS NO ADHERENTES AL PARO - LISTA NEGRA

- ASIVA:
- 1.- Dr. Arturo Samith  
2.- Dr. Pedro Rodríguez
- HOSPITAL VAN BUREN
- 3.- Dr. Moisés Cerda C.  
4.- Dra. Inés Verna G.  
5.- Dr. Guillermo Torres  
6.- Dr. Oscar Isla Q.  
7.- Dr. Carlos Hurel M.  
8.- Dr. Mario Contreras  
9.- Dr. Juvenal Witto  
10.- Dr. Pío Del Agua G.  
11.- Dr. Francisco Velasco  
12.- Dr. Carlos Basaure  
13.- Dra. Luz Aguirre B.  
14.- Dr. Carlos Bresky A.  
15.- Dr. Luis Ferreira  
16.- Dr. Julio Alvarez S.  
17.- Dr. Roberto Watson R.  
18.- Dr. Javier Núñez (Jub.)  
19.- Dr. René González (Jub.)  
20.- Dr. Enrique Zárate  
21.- Dr. Vicente Dagnino  
22.- Dr. Vicente Salucci  
23.- Dr. Juan Montedónico  
24.- Dr. Patricio Palominos
- HOSPITAL "E. DEFORMES"
- 25.- Dr. Luis Aguilar B.  
26.- Dr. Carlos Contreras B.  
27.- Dr. Jorge Ramírez S.  
28.- Dr. Alberto Neumann L.
- HOSPITAL SANATORIO  
VALPARAISO
- 29.- Dr. Sergio Fischer P.  
30.- Dra. Bruni Abarzúa R.  
31.- Dr. Omar Talhouk P.  
32.- Dr. David Grossman  
33.- Dr. Carlos Villanueva  
34.- Dr. Juan Moragas
- SERMENA - HOSPITAL  
DEL EMPLEADO
- 35.- Dra. Margot Parada
- HOSPITAL VIÑA DEL  
MAR
- 36.- Dr. Marcos Maldonado A.  
37.- Dr. Luis Marty C.  
38.- Dr. Gilberto Zamorano  
39.- Dr. Ezequiel Barroso  
40.- Dra. Emma Acuña  
41.- Dra. Mónica Léniz  
42.- Dr. Rodrigo Contreras A.  
43.- Dr. Juan José Maureira  
44.- Dr. Alfredo Tapia  
45.- Dr. Hernán Mocna
- 46.- Dr. Joel Andrade U.  
47.- Dr. Hernán Soto  
48.- Dr. Mario Vegas  
49.- Dr. Hugo Sierra  
50.- Dr. Francisco Acevedo T.  
51.- Dr. Roberto Reyes  
52.- Dr. Hernán Baeza  
53.- Dra. Aída Milinasy  
54.- Dr. Jorge Quiroz  
55.- ~~Dr. Alberto Boudreau~~
- HOSPITAL DE QUILPUE
- 56.- Dr. René Graf  
57.- Dr. Ottó Nagel  
58.- Dr. Erich Müller  
59.- Dra. Mila Sánchez  
60.- Dr. Humberto Sotomayor  
61.- Dra. Mónica Cornejo  
62.- Dr. Patricio Weitz  
63.- Dr. Juan Suárez  
64.- Dr. Pedro Menéndez
- HOSPITAL DE PEÑABLANCA
- 65.- Dr. Mario Ibacache A.  
66.- Dr. Tulio Moreno  
67.- Dr. Ramón López  
68.- Dr. Guillermo Rivero S.  
69.- ~~Dr. ...~~
- HOSPITAL SAN MARTIN QUILLOTA
- 70.- Dr. Patricio Rojas  
71.- Dr. José García Rosado
- HOSPITAL DE SAN FELIPE
- 72.- Dr. Alfonso Ide  
73.- Dr. Cupertino Barcos  
74.- Dr. Claudio Drapkin  
75.- Dr. Ernesto Villablanca  
76.- Dr. José Lolás  
77.- Dra. María Fletcher
- HOSPITAL SAN JUAN DE DIOS  
LOS ANDES
- 78.- Dr. Fernando Vargas  
79.- Dr. Luis Vergara  
80.- Dr. Pedro Sxendro

Appendix G: Resignation of General Councillors  
 representing Valparaíso at the  
 General Council's decision to  
 call off the Colegio Médico strike.  
 6th September 1973.

COLEGIO MEDICO DE CHILE

CONSEJO REGIONAL  
 VALPARAISO-ACONCAGUA  
 AV. BRASIL 1689 - TELEFONO 8726  
 VALPARAISO

REF. Renuncia a cargo de consejero  
 del H. Consejo General.

Valparaíso, 6 de Septiembre de 1973.-

Señor Presidente  
 Consejo General  
 Colegio Médico de Chile  
 SANTIAGO.

Señor Presidente:

El acuerdo tomado por el Consejo General en la tarde del día 4 de los corrientes ha comprometido nuestra responsabilidad ante el Consejo Regional que nos mandató y nuestra imagen ante los colegas que respaldamos.

No pretendemos poner en tela de juicio la proposición hecha por el Dr. Patricia Silva en esa sesión y que fue acogida por mayoría de 11 votos contra 9. Cualquier consejero puede, legítimamente, plantear sus puntos de vista y someterlos a discusión en el seno del Consejo o en asamblea del gremio. Lo que nos ha ahogado son las circunstancias en que dicha proposición fue aprobada.

En efecto, estimamos que el acuerdo a que aludimos fue inconsecuente con la política que ha seguido el Colegio Médico hasta la fecha. Concretamente señalamos lo siguientes:

1) El acuerdo fue adoptado en pleno conocimiento de que más de la mitad de los Consejos Regionales estaban exigiendo conocer en forma previa las bases para una vuelta al trabajo.

2) Las garantías aceptadas para suspender el paro, si ellas se producían, eran exclusivamente de índole económica, a saber, envío de indicaciones al proyecto que se encontraba en la Comisión del Senado y un decreto para aumentar los aranceles de Medicina Curativa. No se exigía ni la derogación del decreto 279 ni otro acto que nos permitiera tener algún indicio de que el Gobierno tiene real deseo de buscar soluciones a través de su nuevo ministro. Contrasta esta modestia del Consejo General con las declaraciones del Colegio Médico en el sentido de que no solo le interesa al gremio el aspecto económico de remunera-

COLEGIO MEDICO DE CHILE  
 CONSEJO REGIONAL  
 VALPARAISO-ACONCAGUA  
 AV. BRASIL 1080 - TELEFONO 3726  
 VALPARAISO

raciones sino la solución integral a los graves problemas que afectan la atención de la salud de la población.

3) El acuerdo contraviene lo establecido sobre política gremial en la Convención de Consejos Regionales de Abril de este año y el contexto general de la encuesta que sirvió para realizar el último referéndum, especialmente lo contenido en el último párrafo del peticitorio.

Estimamos que el acuerdo en cuestión, independientemente del uso que se le haya dado o las transformaciones que pueda haber sufrido posteriormente, constituyó una falta de consideración a los Consejos Regionales, mandatarios nuestros, y una inconsecuencia con la política trazada por éstos al Consejo General, todo lo cual podría ser habilmente explotado para desacreditar al gremio.

Como fue adoptado por la totalidad de los Consejeros Generales- hecho extraordinario y sorprendente en la historia reciente del Consejo General- y como la votación por mayoría de votos fue secreta, estimamos los abajo firmantes que todo el Consejo debe dejar a los Consejos Regionales en libertad de acción para nombrar nuevos mandatarios si así lo estimaran conveniente.

Por nuestra parte hacemos, desde ya, entrega de nuestras renuncias como Consejeros Generales por Valparaíso-Aconcagua y expresamos nuestros agradecimientos por la confianza que nuestros mandantes depositaron en nosotros a lo cual hemos tratado de corresponder en la mejor forma posible.

Sin otro particular, lo saluda muy atentamente.

Dr. Manuel Barros Borgoña

Dr. Horacio Bruzzese F.

Dr. Ernesto Mundt P.

c/e. al Consejo Regional Valparaíso-Aconcagua.



Appendix I.

Letter to Jorge Alvayay from the General  
Councillors of the Regional Council of  
Valparaiso reporting on the decision to  
call off the Colegio Médico strike .  
6th of September 1973.

MISSING

PRINT

CO DE CHILE  
REGIONAL  
ACONCAGUA  
TELEFONO 3726  
RAISO

VALPARAISO, 6 de Septiembre de 1973.-

Dr  
Jorge Alwayay C.  
Presidente  
Consejo Regional Valparaíso-Aconcagua  
Colegio Médico de Chile  
SENTE

Querido colega y amigo:

En la Reunión Extraordinaria del Consejo Regional y Capítulos Médicos, se nos solicitó una relación de los hechos ocurridos el día 4 de Septiembre en el Consejo General del Colegio Médico de Chile, dada la enorme importancia de lo tratado.

En la mañana a las 11,45 hrs. se reunió el Consejo General con la asistencia de aproximadamente 12 Consejeros presidida por el Dr. Ruben Acuña. En esta oportunidad como en las anteriores no quedó grabada la Sesión y lo único oficial es la asistencia y los acuerdos que fueron los siguientes:

1º. Prolongar y mantener el paro a nivel nacional hasta obtener satisfacciones del petitorio planteado. En este sentido y dado el compromiso con los otros Consejos Generales del Ministerio de la Salud, Ley 15.076, Colegio de Enfermeras y FEPROTEC, consideró que el Presidente llevara este acuerdo en el carácter de solicitud a estos Colegios para que adoptaran el mismo acuerdo.

2º. Envío a todos los Consejos Regionales del país del Proyecto de Acta de Avenimiento y la respuesta del Sr. Ministro de Salud, si ésta llegaba en el día.

3º. Con respecto al problema fundamental que se refería a la búsqueda de garantías, se insistió en que el Ministro debía en primer término dar algunas muestras de que es dispuesto a ampliar en su integridad los compromisos. Estas "muestras de amor", como fué definido por algunos Consejeros debe ser sin ningún compromiso de parte del gremio y podrían ser en otras las siguientes:

MEDICO DE CHILE

CONSEJO REGIONAL

- 2 -

VALPARAISO-ACONCAGUA

1689 - TELEFONO 3726

VALPARAISO

4º. Realizar el día Sábado 8 de Septiembre con posibilidad de continuar el día Domingo una Convención Regional de Medicinas Directivas de Consejos Regionales.

Se levantó la sesión aproximadamente a las 13,30 horas quedando el Consejo citado a las 18 P.M. en la sede del Consejo Regional del Colegio de Odontólogos por razones de seguridad.

En la reunión efectuada en la tarde, en primer lugar sorprendió el hecho que era una reunión amplia de los Consejos Generales del Area de la Salud y en la cual se dió cuenta del movimiento gremial por los Presidentes de los Colegios y las conversaciones llevadas a efecto hasta ese momento en que se había entregado oficialmente las peticiones al Ministro de Salud. En esa oportunidad se recalcó que uno de los 4 Colegios, ni Feprotec, volverían al trabajo mientras no fueran satisfechas las aspiraciones inmediatas que había que entrar a analizar en forma adecuada ya que muchas de las peticiones formuladas no podrían ser solucionadas en forma inmediata y que debían necesariamente quedar en un 2º. plano.

En esta oportunidad se insistió en el problema de confianza en el cumplimiento de las promesas, ya que teníamos experiencia anterior con una Acta firmada por el Ministro, Dr. Juan Carlos Concha, en la cual no se cumplió ninguno de los puntos. En este sentido se dió a conocer los Acuerdos del Consejo General del Colegio Médico de la mañana de ese día y se insistió en que la única manera de que se cumpliera radicaba en el mismo gremio.

El problema comenzó a producirse cuando el Dr. Patricio A. hizo un detallado análisis de la situación actual y considerando que había que encontrar pruebas de que el Sr. Ministro estaba actuando conforme a lo conversado con el Dr. Acuña, había conseguido copia de 2 documentos del Ministerio de Salud, en que se consideraba el arreglo económico por una parte y solución parcial al problema de Medicina Curativa en el otro Decreto. En forma muy clara y honesta dejó establecido si ésto llegara a enviarse a la Comisión de Salud del Senado era una prueba evidente que estaba autorizado para solucionar el conflicto de los Profesionales de la Salud. En este sentido solicitaba públicamente que en ese momento se tomara acuerdo en el sentido de suspender provisoriamente el paro existiendo compromiso verbal del Ministro de salud en estos documentos. Este compromiso habría sido dado directamente al Sr. Acuña.

En estas condiciones se suspendió la Sesión por 10 minutos y a solicitud de algunos Consejeros que estimamos que un acuerdo de esta gravedad tenía que ser analizado previamente por cada uno de los Consejos Generales de los Colegios de la Salud; por separado, se acordó hacer reunión extraordinaria de cada uno de los Colegios.

MEDICO DE CHILE

CONSEJO REGIONAL

PARAISO-ACONCAGUA

1688 - TELEFONO 3726

PARAISO

- 3 -

Después de analizar la situación se procedió a votar la resolución del Dr. Silva en forma secreta, lo cual dió 11 votos a favor de esta idea y 9 en contra; en consecuencia, el Presidente del Consejo Regional está facultado para pronunciarse en favor de la suspensión provisoria de los documentos para si los documentos analizados se oficializaban. Este acuerdo debe llevarse al CC 4 y FEPROTEC para su resolución definitiva.

Estos son los hechos concretos que acontecieron en esta oportunidad, pero es indudable, que debemos dejar establecido en el relato algunos hechos que son realmente contradictorios con la realidad nacional y se refiere al hecho indudable que hubo muchos Consejeros que votaron en contra de la opinión de los Consejos Regionales que representan y como existe naturalmente la duda de la representatividad del pensamiento adecuado de las bases creemos que no podemos pertenecer al Consejo General en estas circunstancias, por lo cual debemos considerar un imperativo de conciencia renunciar a nuestros cargos de Consejeros Generales, que el Consejo Regional que Ud. preside nos confiara documentos de tanta trascendencia para nuestro país, tan severamente ligado con la ideología y la práctica marxista. Creemos haber cumplido desde nuestro sitio en que se nos designó y sólo en esta forma actuado desde que se iniciara nuestro mandato, con pleno poder y representatividad del Consejo Regional y de las bases médicas con las cuales hemos estado en permanente contacto en las múltiples Asambleas realizadas en este conflicto gremial.

Agradecemos sinceramente la muestra de confianza que nos ha sido otorgada durante este mandato y quedamos a vuestra entera disposición para seguir trabajando por la completa solución de los problemas nacionales que como ciudadanos y como profesionales tenemos la obligación de conciencia de cooperar en la solución definitiva. Reiteramos, que los problemas de índole económico, por legítimos e importantes que sean, no pueden ser transados por los principios enunciados en esta categoría por la Encuesta realizada a nivel nacional y que fué la plataforma de lucha desde que comenzó nuestro conflicto.

Sin otro particular, saludamos atte. a Ud. y demás Consejeros.

ERNESTO LUNDT F.

DR. MANUEL BARROS B.

DR. HORACIO BRUZZONE F.

Appendix J: Letter of the Executive Committee of the Colegio Médico to some New York doctors replying to their fears for the safety of Left wing doctors.

24th January 1973.

COLEGIO MÉDICO DE CHILE  
CONSEJO REGIONAL  
VALPARAISO-ACONCAGUA  
AV BRASIL 1689 - TELEFONO 3776  
VALPARAISO

COLEGIO MÉDICO DE CHILE (R. I.)  
LEY N° 9.263 DE 10 DICIEMBRE DE 1948  
CONSEJO GENERAL

Santiago de Chile, 24 de Enero de 1974

DOCTORES DEL  
DEPARTAMENTO DE SALUD  
DE LA CIUDAD DE  
NUEVA YORK.-

Con respecto a su carta del 17 de Enero de 1974, debemos puntualizarles lo siguiente:

1°.- Estamos absolutamente de acuerdo que uno de los propósitos de la profesión médica es la de defender la vida de sus conciudadanos, especialmente de sus colegas, independientemente no sólo de su color político, sino que también religioso y racial. Es lo que ha hecho el Colegio Médico de Chile permanentemente y muy en especial durante el régimen marxista el cual llevó a la hambruna y a la angustia a la inmensa mayoría de los chilenos, y a la persecución y la muerte de muchos de nuestros compatriotas.

Así se lo representamos públicamente a las máximas autoridades de nuestro país en repetidas oportunidades.

Ustedes han de saber que esta gravísima situación nos condujo a tomar la grave y responsable decisión de efectuar prolongadas huelgas, a las cuales adhirieron el noventa por ciento de los médicos y a las que se sumaron todos los otros grupos laborales del sector salud. Le acompañamos copia de las cartas públicas que nuestro gremio le dirigió al Doctor Salvador Allende G., donde ustedes podrían informarse de algunos de los problemas que afrontábamos los médicos y todos los chilenos.

En ese tiempo no supimos que las Asociaciones por ustedes representadas manifestaran el menor interés en defender a los 6.000 médicos chilenos gravemente afectados por la persecución, el sectarismo, el odio y la violencia física y verbal marxista. Hubo muchos médicos vejados por la prensa comunista en forma injusta y canallesca, otros fueron golpeados salvajemente o exonerados de sus cargos por causas políticas. Los locales del Colegio Médico en Santiago y Concepción asaltados y destrozados por turbas fanáticas dirigidas por colegas marxistas. No supimos de ninguna intervención de ustedes en esa época en apoyo de los derechos humanos que eran pisoteados a diario por ese régimen nefasto.

2°.- Con respecto a los médicos a que ustedes hacen referencia

a) El Doctor Sergio Infante Roldán, ex Director General del Servi-

COLEGIO MEDICO DE CHILE  
 CONSEJO REGIONAL  
 VALPARAISO-ACONCAGUA  
 AV BRASIL 1689 - TELEFONO 3778  
 VALPARAISO

- 2 -

cio Nacional de Salud, no está detenido, por lo que sabemos, estaría asilado en una Embajada.

- b) Todos los demás que ustedes mencionan fueron detenidos con posterioridad al pronunciamiento militar que nos liberó del marxismo, movimiento que solo se realizó después de agotadas todas las posibilidades Constitucionales y con el país paralizado por la protesta de sus fuerzas vivas, que veían venir una dictadura totalitaria o una guerra civil.

Esto es un buen ejemplo para ustedes de que en la conciencia del pueblo chileno " freedom and life are sacred ".

Todos los médicos que ustedes mencionan son responsables de haber perseguido a sus colegas cuando estaban en el poder, de destruir los organismos de salud del país, transformando nuestros Hospitales eficientes en sitios donde reinaban el odio, la violencia y el sectarismo, desabastecidos de medicamentos y de todos los elementos mínimos para trabajar. Este significó numerosas muertes por falta de tratamiento adecuado. Con posterioridad al 11 de Septiembre, los dirigentes Gremiales del Colegio Médico pudimos descubrir numerosos Hospitales clandestinos, repletos de instrumental y medicamentos que hubieran salvado tantas vidas si hubieran estado disponibles en nuestros centros asistenciales.

Los Hospitales clandestinos junto a los arsenales ocultos, incluso dentro de los Hospitales, son una clara demostración de que las autoridades del régimen marxista se preparaban para la guerra civil, desastre del que todo el pueblo chileno estaba consciente.

Esto sí era un motivo para horrorizarse, pero ustedes se mantuvieron en silencio.

Chacabuco y la Isla Dawson son cárceles habilitadas por las actuales autoridades, donde los presos tienen todas las garantías, como ha sido comprobado por la Cruz Roja Internacional y numerosos organismos extranjeros que los han visitados y han emitido informes imparciales. Nadie ha sido torturado, según lo han constatado los médicos que atienden estos recintos y lo han corroborado aquellos presos que después del proceso judicial han recuperado la libertad. Es que ustedes no saben que el Poder Judicial mantiene su total independencia de la Junta de Gobierno ? Ignoran que los procedimientos judiciales, los jueces y los Tribunales siguen vigentes y constituidos por las mismas personas ?

Los médicos que ustedes mencionan están siendo sometidos a procesos por la justicia militar, de acuerdo con la Constitución y las Leyes chilenas, y deberán responder por los

COLEGIO MEDICO DE CHILE  
 CONSEJO REGIONAL  
 VALPARAISO-ACONCAGUA  
 AV. BRASIL 1080 - TELEFONO 3726  
 VALPARAISO

- 3 -

cargos fundados que se les han formulados, entre los cuales están los que anteriormente hemos reseñado y que tanto daño le causaron a la salud de nuestro país.

El Colegio Médico mantiene su independencia y libertad. Vela por el estricto cumplimiento de nuestras normas constitucionales y legales vigentes y está atento a los procesos que afectan a sus colegiados.

Nuestro país está ampliamente abierto a cualquier extranjero de buena voluntad que desee venir a informarse fehacientemente de todos estos hechos. Colegio Médico estará gustoso de recibir la visita de alguno de ustedes, pues estamos ciertos que el conocer nuestra dolorosa experiencia será de gran valor para que puedan opinar con la objetividad que deben tener siempre los médicos.

3°.- Representamos a ustedes nuestra formal protesta por la última frace de su carta. No aceptamos que ningún grupo extranjero, menos una institución pública, nos comine a actuar en ninguna forma. Tenemos 160 años de vida independiente y rechazamos con altivez su tono insolente, de añejo corte colonialista, que constituye una clara intromisión en nuestros propios asuntos.

Dr. Raúl Donckaster R.  
 VICI-PRESIDENTE

Dr. Hugo Salvestrini R.  
 Presidente

Dr. Osvaldo Artaza R.  
 SECRETARIO GENERAL

Appendix K: Declaration which ex-Popular Unity doctors had to sign in the presence of examining doctors of the Regional Council of Valparaiso.

COLEGIO MEDICO DE CHILE  
CONSEJO REGIONAL  
VALPARAISO-ACONCAGUA  
AV. RRABIL 1488 - TELEFONO 3778  
VALPARAISO

DECLARACION

Siendo las . . . . horas del día . . . de . . . . . de 1974 concurre a prestar declaración ante el Investigador suscrito, miembro de la Comisión de Etica del Consejo Regional Valparaíso-Aconcagua del Colegio Médico de Chile, el Dr. . . . . . , quien bajo promesa de decir la verdad declara lo siguiente:

1.- PREGUNTA: ¿ Es efectiva la denuncia formulada por el Capítulo Médico de su Hospital en el sentido de que Ud. ha desobedecido la orden gremial dada por el Colegio Médico de suspender las actividades funcionarias y privadas en apoyo a exigencias gremiales planteadas al Supremo Gobierno?

RESPUESTA:

2.- PREGUNTA: Explique los motivos por los cuales ha adoptado esta actitud.

COLEGIO MEDICO DE CHILE  
CONSEJO REGIONAL  
VALPARAISO-ACONCAGUA  
AV. BRASIL 1689 - TELEFONO 8726  
VALPARAISO

- 3 -

3.- PREGUNTA: ¿ Conoce Ud. lo dispuesto en el Código de Etica del Colegio Médico, en sus arts. 32, 33 y 34 ?

4.- PREGUNTA: Luego de conocer estas disposiciones ¿ está dispuesto a mantener su actitud de desobediencia a su Colegio Profesional ?

.....  
Firma Declarante

.....  
Firma Investigador

VALPARAISO, . . . de . . . . . de 1974.

Appendix L : Letter from alawyer to the Regional Council of Valparaiso complaining that the General Council had quashed sentences passed against the strike breaking doctors by the Regional Council of Valparaiso.

D EWIN G.  
DEBERTI B.  
L YUSEFF S.  
OGADOS  
CASILL 388  
PARAIS

*Handwritten signature and scribbles*

Recibido 16/12/74...  
Contestado.....

Valparaíso, 14 de Diciembre 1974.

Srs.  
Hon. Consejo Regional del  
Colegio Médico de Chile  
Presenta.

Hon. Consejo:

Ref.: Suspensión dras. Bocic y Avsolomovich; fallos del H. Consejo.

Las sentencias dictadas en los sumarios del rubro, por no acatamiento del paro médico, en que se suspendió por quince días a ambas profesionales, no fueron apeladas, quedaron firmas y deben cumplirse, pero, aun no se ha notificado al empleador de dichas profesionales, el Servicio N. de Salud. Procede, entonces, oficiar al S.N.S., Zonal, Valparaíso, para el cumplimiento de ambos fallos y a las afectadas para que estén informadas de lo que expresa el H. Consejo.

A fin de que la suspensión corra en forma que haya el menor trasforno posible en los Servicios del S.N.S., y a fin de dar tiempo a éste, para organizar las suplencias y notificaciones a ambas profesionales y a los respectivos servicios en que atienden, insinúo que el Consejo tome un acuerdo en el sentido de que dichas suspensiones corren desde el 1º al 15 de enero, ambas fechas inclusives, o bien, desde el 16 al 30 de Enero, también inclusives, la alternativa que mejor parezca al H. Consejo.

Acompaño un proyecto de oficio al S.N.S. sobre el particular.

Copia de estos oficios se enviaría a las dras. Bocic y Avsolomovich, y copia también se dejaría en cada uno de los respectivos expedientes.-

Hago uso de esta oportunidad para plantear al H. Consejo, una inquietud que me ha asaltado a mi regreso del

EWING G.  
 DEBERTI B.  
 YUSEFF S.  
 GADOS  
 - CASILLA 388  
 PARAISO

pg. 2.

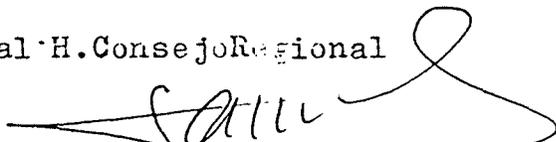
les, por un mes, o más, hasta seis meses, el H. Consejo General, hasta el momento, ha revocado todos los fallos que ha entrado a conocer y ha sustituido la pena de suspensión, por multa o censura o amonestación; ninguna suspensión ha quedado en pie.-

Con esto, el H. Consejo, atendido el número de sentencias modificadas, ha dado a entender al H. Consejo Regional de Valparaíso, que no está de acuerdo con los fallos dictados por estimarlos excesivamente severos; ahora, nos encontramos con que las dos profesionales a las cuales se les aplicó la sanción menor ---dentro del concepto de la suspensión--- han quedado con la sanción mayor, pues son las únicas suspendidas hasta la fecha; más aun, las profesionales que no respetaron el fallo del Consejo Regional y apelaron (en su perfecto derecho por lo demás) quedan mejor que las dos profesionales que sí respetaron la decisión del H. Consejo (también en su perfecto derecho de hacerlo).

Esta injusta situación sobreviniente, tendría una solución que, debo reconocerlo, no es enteramente legal, aunque sí es humana: que el Hon. Consejo Regional, modifique su fallo de suspensión a las dras. Bocic y Avsolomovich y lo sustituya por multa, censura, o bien, otra alternativa, que declare que ambos fallos suben "en consulta" al Hon. Consejo General para que éste decida lo que estime oportuno.

Si el H. Consejo desea adoptar este acuerdo, le agradeceré me lo exprese y le redactaré una ~~proyecto~~ resolución complementaria o modificatoria, o de consulta en su caso. Igualmente en estos eventos, no se notificaría ni oficiaría al Director Zonal de Salud, hasta que una nueva resolución firme, estableciese el camino a seguir.

Saluda atte. al H. Consejo Regional



Appendix M: Notification by the Regional Council of Valparaiso that it had suspended Drs. Bocic and Asolomovich from practising medicine. These doctors had not obeyed the strike call in August 1973.

PROYECTO de oficio para notificar al Director del S.N.S. la suspensión de las dras. Bocic y Avsolomovich

Se deja una copia del oficio, para cada expediente o sumario.

Valparaíso, a. . . . de diciembre 1974.

Director Zonal:

En los sumarios seguidos ante este Consejo Zonal del Colegio Médico de Chile, en contra de las dras. S. Ninowska Bocic Cruzat y . . . . Avsolomovich. Calleja, dictó sentencia suspendiéndolas del ejercicio profesional, cada una de ellas, por 15 días corridos.

El fallo no fué apelado y se encuentra firme.

En su última reunión, el Consejo tomó acuerdo que esta suspensión se cumpla entre los días

... 1º al 15 de Enero

... 16 al 30 de Enero

1975, ambas fechas inclusivas.

Lo que comunicamos al sr. Director Zonal de Salud del S.º S., para su conocimiento y cumplimiento.

Saludan atte. al sr. Director Zonal

Presidente

Secretario

Appendix N: Letter from Valparaiso doctors to J. Alveyay  
 on the occasion of his resignation as  
 President of the Regional Council of  
 Valparaiso. 29th October 1974.

CO MEDICO DE CHILE  
 CONSEJO REGIONAL  
 VALPARAISO - ACONCAGUA  
 TEL 1443 - TELEFONO 3726  
 VALPARAISO

REF: Renuncia del Presidente del Colegio  
 Médico Valparaíso.

Nº.

VALPARAISO, 29 de Octubre de 1974.

Señor  
 Dr. Jorge Alveyay Carrasco  
PRESENTE

Querido amigo:

Te pareciera extraño el recibir esta carta ya que siempre has estado y sigues estando tan cerca nuestra en lo que al acontecer médico y humano se refiere, lo que haría innecesario el escribirte. Sin embargo, creemos que hay ocasiones en que la asseveración anterior desaparece, y ya no es extraño sino necesario, correcto y natural, el que se quieran dejar en la forma más perdurable posible aquella que creemos necesario expresar, no para nosotros, sino para aquellas generaciones médicas que nos seguirán en el futuro. No se puede dejar sin voz ni expresión tu acendrado amor a la patria, no puede enmudecer ni cubrirse de pátina tu gesta contra el imperialismo marxista, no deben acallarse nunca los ecos de tu gremialismo libre, motor gigante de tu accionar en el Colegio Médico; son estas las razones porque te escribimos esta carta.

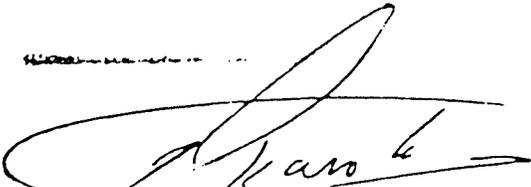
Tu renuncia a la Presidencia del Consejo Regional Valparaíso-Aconcagua, nos tomó de sorpresa y nos dejó la misma impresión de aquellos que en un momento dado han perdido la luz señera que les indica el camino a seguir. Estos años de lucha, codo a codo, en que aprendimos a valorarte como dirigente y como amigo, que la rica gama de virtudes y aún de defectos hacen de ti un extraordinario representante de lo que debe ser un hombre y un médico, nos hizo mirarte como algo ejemplarizador y representante para nosotros y para muchos de nuestros colegas, la bandera del Colegio Médico, la voz y la figura de nuestras aspiraciones, la expresión humana de nuestros ideales gremiales. Tu renuncia dolió por eso, porque la bandera no estaba ahí en figura sino en espíritu, porque la voz de Júpiter resonaba en el eco de nuestra memoria y en el pulso acelerado de nuestros sentimientos, porque la expresión humana ya no estaba de cuerpo presente sino que se había convertido en leyenda y tradición.

IO MEDICO DE CHILE  
ONSEJO REGIONAL  
PARAISO - ACONCAGUA  
ELL 1443 - TELEFONO 8728  
VALPARAISO

- 2 -

legas, y en especial para tus amigos, Jorge Alvaay seguirá siendo siem-  
pre el Presidente del Consejo.

Te abrazan tus amigos

  
DR. GERMAN DAZZAROLA DROGHETTI  
Secretario

  
DR. JAIME VENEZIAN LEIGH  
Vice-Presidente

  
DR. JORGE AGUIRRE JULIO  
Tesorero

  
DR. IVO SAPUNAR DUBRAVIC  
Consejero

Appendix O.

Letter from Jorge Alvayay giving his  
reasons for resigning as President  
of the Regional Council of Valparaiso.  
20th November 1974.

Colegio Médico de Chile  
 Consejo Regional  
 Valparaiso - Aconcagua

Valparaiso, 20 de Noviembre de 1974

Señor  
 Dr. Jorge Aguirre Julio  
 Presidente  
 Consejo Regional Valparaiso-Aconcagua  
 Colegio Médico de Chile  
 Valparaiso

Estimado Sr. Presidente,

En mi poder su comunicación del 18 de Noviembre del año en curso sobre la materia del rubro.

Agradezco muy sinceramente el contenido de esta comunicación, que largamente fue sobrepasa en mi quehacer gremial pasado, presente y futuro. Ciertamente vuestros sentimientos estan dictados por la generosidad espiritual de Ud. Sólo me resta ponorme a la altura de aquellos.

La distancia es una buena receta para lograr un positivo cuestionamiento de si mismo, lo que permite justipreciar con critica serena y equilibrada los aciertos y los desaciertos, las grandezas y las miserias, que de una o otra manera uno ha protagonizado, tanto como actor. Gustosamente aportaré con toda modestia la asesoria que sea menester, pero, como queda ya establecido, respetando la distancia que la estimo fecunda e indispensable para los delicados momentos que se vive.

Como no se trata de meras palabras, me tomo la libertad de comenzar a ejercer desde luego tan honroso, como significativo cargo.

10. HOSPITAL E. DEFORMES que yo sepa, tan delicado asunto aun no se ha resuelto en los términos que dejó establecido una conversación directa entre el Consejo Regional, el Capitulo Médico del Hospital Deformes y el Director del SNS., Dr. Darwin Arriagada, y de cuya conversación se redactó un memorandum, firmado por los anteriormente mencionados y enviado al Dr. Arriagada. No se ha cumplido con la rectificación del Acta de la Intendencia en lo que dice relación con la posibilidad de construir a futuro, en los terrenos del Hospital Van Buren, mediante el sistema "reversar". Tampoco se ha cumplido, por parte del Capitulo Médico del Hospital Deformes, de la entrega de los proyectos y aspiraciones que dicho Hospital tiene, a fin de seguir funcionando en forma adecuada, documento indispensable para una visita del Jefe del Departamento Técnico del SNS. Dr. Grey.

20. SUMARIOS DE NUESTRA JURISDICCION : He sido informado por el Dr. Javier Valenzaela que 2 sumarios incoados por traición al gremio en contra de los Drs. Rios y Moena tuvieron un sigular destino en la apelación entablada por los afectados ante el Consejo General ya que ambos exhibieron en su defensa cartas de recomendación ; el Dr. Ríos de parte del Dr. Tornvall y el Dr. Moena de parte del Dr. Sergio Muñoz larranaga. El Dr. Ríos fué absuelto por la unanimidad del Consejo y el fallo del Dr. Moena quedo pendiente.

Este hecho, a mi juicio, es de una inaudita gravedad. Hay que tomar en cuenta que estos sumarios se hicieron a petición de las numerosas Asambleas sostenidas antes del 11 de Septiembre de 1973, y las denuncias fueron concretado por los respectivos Capítulos, tanto del Hospital Valparaíso como el de Viña del Mar, Capítulos a los cuales pertenecen el Dr. Tornvall y el Dr. Sergio Muñoz Larranaga. Está demás comentar todo el inmenso trabajo e ingratas alternativas que la tramitación de estos sumarios le han significado al Consejo Regional, a los Consejeros Sumariantes, a los Abogados del Departamento Jurídico y a los propios Capítulos. Es desmoralizador y repudiable que por un sentimentalismo mal entendido, en una instancia tan grave como es la apelación de un fallo emitido por el Consejo Regional de la jurisdicción, dos colegiados de una o otra manera se hicieron solidarios de las denuncias en contra de las actividades antigremiales de estos médicos, a la postre se transformen en sus defensores. La autoridad del Consejo Gremial no puede ser vejada, ni humillada tan gratuitamente. Como ex-Presidente del Consejo Regional yo protesto airadamente de esta conducta, ya que, como le consta a los Consejeros, no me retiré de mis actividades presidenciales hasta que estos sumarios no estuvieron totalmente tramitados y cada uno de ellos lleva mi firma.

Tiene tanta gravedad esta increíble situación, que me permita sugerir que ambos hechos sean puesto en conocimiento a los Capítulos respectivos.

30. CONDUCTA DEL DR. GERMAN DAZZARELA : En los últimos tiempos de mi gestión presidencial tuve que desgraciadamente, constatar que la indispensable cohesión colegiada del Organismo máximo de la Orden de nuestra jurisdicción se había perdido. Los sumarios y su tramitación con sus respectivas sanciones fueron tal vez la causa determinante más importante para originar esta ingrata situación en el seno de nuestro Consejo. Sumarios en plena tramitación eran conocidos por los afectados y daban margen a toda suerte de infundios destinados a socabar la autoridad moral del Consejo. A título de ejemplo me permito acompañar diversas comunicaciones desde el área de Viña del Mar que, confirmando anteriormente expuesto, ya que otras pruebas han sido y son difíciles de exhibir.

Los referidos documentos vienen del área de Viña del Mar y donde taxativamente se señala al Dr. Dazzarela como el informante responsable de las resoluciones contenidas en los respectivos sumarios. Es conveniente destacar que dichos sumarios, en aquel entonces aun no habían terminado su tramitación, no estaban fallados definitivamente, y por consiguiente, tenían el carácter secreto que la Ley obliga a respetar.

Si esta situación ha sido grave, mucho más lo ha sido la situación creada al Consejero Dr. Ivo Sapunar con motivo de la creación de Centros Médicos en nuestra zona. En este aspecto el Dr. Dazzarela ha faltado gravemente a las más elementales obligaciones morales que contrae un Consejero para con su Consejo y cada uno de sus integrantes. Esta situación ha sido protagonizada en el Hospital de Viña del Mar, llegando el Dr. Dazzarela, incluso, a tomar él la iniciativa para denostar la autoridad moral y la dignidad del Dr. Sapunar.

Estimo tan grave esta situación que pienso que el Dr. Dazzarela debe renunciar a su cargo de Consejero, ya que su presencia vulnera muy seriamente la autoridad del Consejo y la armonía solidaria que debe existir entre las bases gremiales y los dirigentes.

Lamento muy sinceramente tener que empezar a prestar mis servicios de asesoria en esta forma. Pero estos motivos y otros fueron los factores mas importantes que me impulsaron, a nivel local, a presentar mi renuncia como Presidente y a retirarme del Consejo como Consejero. La causa gremial se puede servir desde muchos puestos de combate. Nadie es indispensable e insustituible. Pero no se trata de problemas de personas. Se trata de principios y practicas gremiales que comprometen una escala de valores. Si esta escala de valores es vulnerada las instituciones se pudren. Y en este momento situaciones semejantes no deben ser toleradas.

Saluda atentamente a Ud.

Dr. Jorge Alvaay Carrasco

Appendix P.

Letter of Ernesto Mundt to the  
President of the Regional Council  
of Valparaiso giving his reasons  
for resigning as General Councillor.  
29th December 1974.

Señor Presidente  
 Dr. Jorge Aguirre J.  
 Consejo Regional Valparaiso-Aconcagua  
 Colegio Médico de Chile  
PRESENTE

Valparaiso, 29 de Diciembre de 197

Estimado Señor Presidente :

La presente tiene por objeto hacerlo llegar mi renuncia al cargo de consejero general con el cual el H. Consejo Regional Valparaiso-Aconcagua constituido en 1971 decidió honrarme y en el cual fui confirmado por el H. Consejo constituido en 1973.

Esta resolución la he tomado después de una larga meditación y de hacer un instance de mi actuación y de la situación actual. He llegado al convencimiento de que la misión para la cual fui elegido está cumplida y que ahora nada mas tengo ya que hacer. Por eso es que le doy a mi renuncia el caracter de indeclinable.

Fui al H. Consejo General a trabajar por la caída del regimen marxista de Allende. En ese sentido representé siempre, fielmente, el sentir de nuestro Regional. La acción mancomunada de todos los sectores civiles involucrados en la lucha permitio crear el ambiente necesario para que las Fuerzas Armades dieran el paso que libró a Chile del Marxismo Internacional. Dentro de esta acción el gremio médico puede honrarse de haber estado en las primeras filas. Los reveses parciales que tuvimos que lamentar en diversas ocasiones no se debieron a falta de empeno sino a que las circunstancias fueron superiores a mis fuerzas y capacidad.

Acepté la presidencia del H. Consejo General el dia 8 de Septiembre del año pasado conciente de las condiciones particularmente deficites, graves y riesgosas que imperaban. Después del pronunciamiento militar llevé al Consejo por el camino de la mas sincera y leal colaboración con el nuevo Gobierno para la recuperación del país, sin preocuparme de las criticas que ello me atraia de algunos sectores minoritarios del gremio.

Por desgracia esta sana y patriótica intención se vio entorpecida porque elementos del pasado régimen, quizás por poseer mayor sagacidad, quizás porque se vieran favorecidos por compromises de mayor contenido afectivo que racional, lograron introducirse en el Ministerio de Salud desde donde pudieron neutralizar nuestros sanos propósitos. El decreto de Arancel de Tecnólogos, dictado por el Ministro Spoerer sin ningún estudio previo y sin el mas mínimo conocimiento del Colegio Médico, es una buena demostración de como la influencia marxistoide, que siempre atentó contra la profesion médica, logro éxitos en esa secretaria de Estado.

La reforma tributaria anunciada por el Ministro ya mencionado, que no se materializó, y la suerte corrida por el bono compensador, sobre lo cual se habia llegado a un acuerdo completo con el Ministro Herrera a pesar de todas las interferencias provenientes del mismo Ministerio, dejan la sensación de vernos retrotraidos a los tiempos de la Unidad Popular en materia de procedi-

Por otra parte, el inconcebible retorno del Dr. Ruben Acuña al Consejo General, representando a Punta Arenas, después de haber sido separado de su cargo por Santiago a raíz de la claudicación del Consejo General que él presidía, contraviniendo la voluntad de la mayoría de sus mandantes, y la incalificable inconsecuencia del Consejo Regional Santiago en el sumario posterior contra dicho consejero, sumada a una serie de otras actitudes irresponsables de dicho Regional, demuestran que muchos de nuestros dirigentes, apenados en sus cargos por decreto gubernamental, no están en la línea patriótica de la reconstrucción nacional.

Estas y otras muchas actitudes explican perfectamente bien la falta de confianza que el actual Señor Ministro de Salud parece tener por los dirigentes gremiales médicos a lo largo del país. En la reunión que tuvimos con él el día 18 de Noviembre del año en curso y a la cual Ud. también asistió, esto quedó bien demostrado. Su malestar por la actitud del Consejo Regional Santiago lo encuentro absolutamente justificado, conociendo muy de cerca la irresponsabilidad con que proceden sus consejeros. El Señor Ministro dio a entender con meridiana claridad que él solamente se entendería con la Mesa Directiva del Consejo General. Dadas las circunstancias, lo entiendo perfectamente bien, honradamente, no le podría relatar su proceder. Sin embargo, ello me hace sentirme como un consejero más que ocupa un asiento en torno a la mesa sin una labor concreta y positiva a realizar y a la misma altura de aquellos que, traicionando la voluntad mayoritaria del gremio y la gran causa de Chile, acordaron en una votación, cobardemente secreta, transar con el Ministro lagos y poner término al paro médico en los momentos más cruciales del movimiento civil en pro de la libertad de la Patria. Un cargo honorífico en esas condiciones no lo puedo aceptar.

En nuestro Regional las cosas tampoco están bien. La unidad y pujanza que lo caracterizaron se han trizado. Por otro lado, las autoridades competentes de Gobierno todavía no se pronuncian ni a favor ni en contra de los tres candidatos que les fueron presentados hace varios meses para llenar las vacantes dejadas por los Drs. Gonzalo Garcia Valenzuela, Walda Vidal y Jorge Alwayay. En esa forma ya no me siento representante de la mayoría del Consejo Regional.

A todo lo anterior debo agregar razones de índole personal, que también han influido en mi ánimo para renunciar.

La movilización a Santiago se ha hecho más difícil.

Ello me complica para el cumplimiento de otras funciones que debe realizar un consejero general aparte de asistir regularmente a las sesiones ordinarias del Consejo. Si a eso se une la indisciplina de los consejeros, que llegar atrasados a las reuniones a que no concurren a dar el quorum necesario, puede Ud. imaginar el tiempo precioso que pierdo sin trato alguno.

Gremialmente me estoy perjudicando sin finalidad útil alguna. Las bases ya no colaboran como lo hicieron tiempo atrás pero nos critican por falta de información. Por mi parte nada puedo hacer para evitarlo. No puedo seguir haciendo de "colchón" entre las autoridades de Salud y los Capítulos y tampoco puedo decir públicamente lo que ha ocurrido en el Ministerio de Salud durante casi un año en nuestra presencia.

Científicamente me he perjudicado. Ha llegado el momento de reclamar para mi el derecho de volver a los libros para renovar mis conocimientos técnicos.

La grave crisis producida en la Escuela de Medicina de Valparaíso me obliga a preocuparme más de ese aspecto ya que el curso que tendremos que dictar en 1975 nos va a producir serios dolores de cabeza.

Estos últimos años de intensa actividad gremial han significado por mi un fuerte impacto económico, que afronté gustoso pero que no puedo seguir aceptando ahora por una causa estéril. Al abandono de mi trabajo los días martes de cada semana debo agregar la reducción de mis labores para asistir a las reuniones del Consejo Regional los días jueves. Por desgracia estas sesiones han sido fijadas a una hora tal que me veo obligado a cerrar mi consulta cuando afluyen los pacientes en demanda de atención.

Señor Presidente, ha sido un decisivo partidario de un sano gremialismo pero, por desgracia, todavía este no se ha podido liberar de la politización de que fué objeto desde hace muchos años. Después de una unión férrea motivada por el intento marxista para sojuzgar a esta larga y querida franja libre de tierra en el mundo, vemos aparecer de nuevo la práctica de las componendas egoístas y de malos métodos tendientes a que "las cosas cambien para que puedan seguir como estaban".

El sano nacionalismo que debe inspirar a todo chileno para engrandecer a su Patria en lo moral y material, libre de las malélicas influencias e ideologías foráneas, está renido con el personalismo y la ambición de honores y poder. Por eso no me cuesta en absoluto dar el paso que le comunico al comienzo de esta carta. Por ahora deseo un descanso para reponerme de la fatiga que me está limitando para muchas cosas. Ello me permitirá, además, meditar con más tranquilidad acerca del pasado, del presente y del futuro y recuperarme espiritualmente y físicamente para estar en condiciones de asumir cualquiera nueva contingencia o responsabilidad que la Divina Providencia quiera ponerme delante y mientras sea útil y necesario.

---

Agradezco sinceramente la confianza y la amistad con que fui distinguido. Guardo muy buenos recuerdos de aquellos con quienes me tocó compartir el trabajo gremial y más de alguna amoción ha quedado gravada para siempre en mi memoria.

No quiero terminar estas líneas sin dejar constancia de mi gratitud por la lealtad de que gocé de parte del personal del Consejo Regional encabezado por la inolvidable Ivonne Cifuentes. Para ellos las expresiones de mi cariño.

Sin otro particular, lo saluda cordialmente su afmo, colega y amigo.

Appendix Q :Memo of the Regional Council of Valparaiso to the General Council criticizing the involvement of certain doctors in the censuring of the Executive Committee of the Colegio Médico, presided by H. Salvestrini in 1975.

COLEGIO MEDICO DE CHILE  
CONSEJO REGIONAL  
VALPARAISO - ACONCAGUA  
MONTECALLE 1442 TELEFONO 472  
VALPARAISO

PRESENTACION DEL CONSEJO REGIONAL VALPARAISO-  
ACONCAGUA AL H. CONSEJO GENERAL DEL COLEGIO  
MEDICO DE CHILE.

- 1.- En la reunión ampliada de la Mesa Directiva del Colegio Médico y los Consejos Regionales celebrada el día 25 de Abril próximo ppdo., a las 19 horas; en la Sala Auditorium "Dr. Luis Pino", se presentó la siguiente denuncia que la consideramos de gravísima responsabilidad para quienes intervinieron y sus repercusiones en la unidad médica gremial.
  - a) Que el señor Subsecretario de Salud, Dr. Luis Givovich., había sostenido una reunión secreta con el Presidente del Colegio Médico Regional Santiago, Dr. Raúl Hurtado E., y al cual fué acompañado de otros dos señores Consejeros de dicho Regional, y en donde se acordó censurar a la Mesa Directiva y su remplazo por otros Consejeros, y
  - b) Que también se ofreció el remplazo del Director General del S.N.S., Dr. Darwin Arriagada L., por el entonces Consejero Dr. René Marino Gutiérrez.
- 2.- Esta denuncia fué aceptada como verídica por el Dr. Raúl Hurtado E., según le consta a los señores Consejeros presentes y que, además, se encuentra registrada en cinta magnetofónica, lo que constituye la confesión de las partes actuales.
- 3.- El artículo 13 del Código de Ética señala textualmente que "las bases de las relaciones entre los médicos será el respeto mutuo, la lealtad y consideración; el médico que de algún modo pretende difamar, injuriar o calumniar a un colega en su ejercicio e integridad profesional, falta gravemente a la ética."
- 4.- El artículo 21 dice que "en acto contrario a la ética desplazarse a un colega en un cargo público o privado por cualquier medio que no sea por concurso, como asimismo remplazarlo cuando de acuerdo al dictámen del Colegio Médico haya sido separado sin causa justificada, o cuando lo haya hecho obedeciendo ordenes del Colegio Médico".

- 2 -

COLEGIO MEDICO DE CHILE

CONSEJO REGIONAL  
VALPARAISO - ACCION MEDICA  
AV. BRASE 999 TELEFONO 678  
VALPARAISO

5.- Por estas circunstancias proponemos se someta a sumario por faltas graves al Código de Etica a los Drs. Raúl Huftade E. y Luis Govovich K.

Dr. JORGE AGUIRRE JULIO  
Presidente

5 de Mayo de 1975

Memorandum para la reunión con el  
señor Ministro de Salud a la cual  
asistirá el Dr. Ernesto Mundt el  
día 7.4.76.

El Consejo Regional Valparaíso-Aconcagua del Colegio Médico de Chile, conciente de que ha sido tildado de "conflictivo", ha comisionado al Dr. Ernesto Mundt Flühmann, ex-representante suyo en el Consejo General de la Orden y ex-presidente de dicho Consejo, para asistir a la reunión que tendrá lugar el día miércoles 7 de Abril de 1976 con el señor Ministro de Salud y el señor Subsecretario de la misma cartera con el encargo de manifestar lo siguiente:

1.- Después del anhelado pronunciamiento militar del 11 de Septiembre de 1973 este Consejo ha mantenido una invariable línea de colaboración para la reconstrucción nacional y una invariable actitud en contra de todo lo que tienda al retorno de lo que tan tenazmente combatió ya sea en el terreno pragmático como en el ideológico.

2.- El Colegio Médico lamenta que, en la práctica, no esté clara la participación estructurada de los colegios profesionales y solo se produzcan esporádicos y fortuitos contactos con las autoridades de gobierno.

La ciudadanía civil, altamente capacitada y organizada, no puede seguir subsistiendo en el vacío. La construcción de un bastión cívico-militar es ineludible dado que los comunistas organizados siguen operando a sus anchas en su intento de entorpecer el resurgimiento del país sobre las bases de una nueva institucionalidad.

3.- Este Consejo ha tenido que enfrentar en estos dos últimos años diversos conflictos a nivel del Servicio Nacional de Salud y de SERMENA.

S.N.S. Los conflictos han derivado, fundamentalmente, de la caótica situación hospitalaria, crónica por lo demás, que ha llevado a ciertos equipos médicos a la exasperación. Algunos fueron resueltos como el traslado de psiquiatría al Hospital del Salvador de Playa Ancha. Otros fueron sometidos a una auditoría por iniciativa de los propios médicos tratantes (Se adjunta anexo 1).

El último de los conflictos se debió a la falta total de radiología en el Hospital Dr. Gustavo Fricke de Viña del Mar y en el Hospital Dr. Enrique Deformes de Valparaíso por desperfectos de los aparatos. Los dos hospitales tienen las cuatro especialidades básicas y deben impartir docencia. El problema lleva por lo menos un año y aun no tiene solución adecuada. Mientras estos servicios de Rayos no podían trabajarse les ofrecían placas de rayos vencidas a bajo precio, que habían sobrado en el Hospital de Quilpué.

SERMENA. Con el fin de dar atención al vasto sector de Empleados Particulares, Empleados Públicos y Marina Mercante Nacional y de evitar conflictos sociales al nuevo Gobierno, el Consejo Regional presionó en cierto modo a los médicos a inscribirse en la lista de

la Provincia.

La última vez la autoridad máxima provincial pidió una comisión que estudiara el problema y propusiera soluciones. Se nombró dicha comisión a nivel de Sermena-Colegio Médico-Banco Comercial de Curicó con la asistencia de un Delegado Militar.

Se adjunta el anexo 2 en que aparecen las conclusiones y la propuesta final del señor Vicepresidente Ejecutivo de SERMENA, e hablan por sí mismas. (Ver anexo 2 ).

Después de un corto período de relativa calma el conflicto ha reagudizado. Se adjunta en el anexo 2 notas del Banco Comercial de Curicó y la cartola de la operación contable en la cual se subrayaron con rojo las veces que el Banco pagó más de lo que tenía disponible con el fin de evitar efervescencias.

El segundo conflicto con SERMENA se produjo recientemente a raíz de la forma en extremo descortés en que se procedió a reducir los contratos a varios meritorios médicos que trabajaron en el reordenamiento de SERMENA de Valparaíso después del 11 de septiembre y al simultáneo nombramiento de una persona totalmente descalificada en un cargo de tanta responsabilidad como el de Presidente de la Comisión de Medicina Preventiva, a pesar de las oportunas y reiteradas advertencias hechas a las autoridades de la institución. Este nombramiento produjo consternación en el gremio médico de la jurisdicción y serios problemas internos en SERMENA, como era de prever.

- El Consejo Regional Valparaíso-Aconcagua está conciente de que la situación económica del médico es actualmente muy difícil, particularmente la de los médicos jóvenes y de los jubilados y que esta situación debe ser considerada a la brevedad posible. Sin embargo estima que, simultáneamente, se debe ir a una reestructuración de la política previsional y de salud, ya que el sistema existente es muy oneroso, en extremo ineficiente, anticuado, incapaz de adaptarse al progreso tecnológico, deshumanizado y desacuerdo con el progreso social y cultural que ha experimentado el pueblo de Chile. Además limita excesivamente la participación de la iniciativa y capacidad creadora del sector privado. Estima el Consejo Regional Valparaíso-Aconcagua que es la suma de los dos factores enunciados en el párrafo precedente la que está estimulando la fuga de médicos hacia el extranjero.

- Este Consejo Regional ve con preocupación el confusionismo que actualmente reina por la contradicción entre la economía de mercado que se va implantando paulatinamente y la orientación que se le pretendería dar a la salud, encuadrándola dentro de un marco monopólico del estado sin una verdadera regionalización y sin ninguna participación del sector privado tanto profesional como de los usuarios. A este Consejo Regional no le cabe la menor duda de la tarea clandestina de los comunistas en promover el estatismo como una cabecera de playa para sus propósitos.

- El Consejo Regional Valparaíso-Aconcagua concuerda plenamente con las líneas directrices contenidas en la Declaración de principios de la H. Junta de Gobierno y en el discurso del general señor Gustavo Leigh a la Convención Médica de Junio 1974. En embargo, reconoce que su realización es asunto de gobierno y complejo a lo cual el gremio médico debe aportar su experiencia en aquellos aspectos que le son específicos. Por tal motivo decidido realizar una Convención en su jurisdicción en un emplazo de la que debería haberse realizado hace exactamente un año atrás a nivel nacional. Para esta Convención desea invitar al señor Ministro y al señor Subsecretario de Salud.

=====

Appendix S.

Report by Ernesto Mundt condemning  
the action of Raul Hurtado to remove  
Salvestrini's Executive Committee.

LOS HECHOS.

- 1.- Dr. Hurtado (Presidente Consejo Regional Santiago) llamó el Lunes 24 del 75 a Serena y Valdivia diciendo que no habría Convención. Esto lo hacía 24 horas antes de la sesión espúrea en que se acordó en el Consejo General la postergación de dicha Convención y de lo cual no quedó constancia en el Colegio porque la cinta magnetofónica fué retirada por alguien.
- 2.- Dr. Herrera (Consejero General por Santiago) pregunta ayer 24 del 75 en una reunión informal que cual era la representatividad de los demás Consejos Regionales, y agregó que si el Consejo Regional tomaba una resolución ella sólo representaba al 60 por ciento de los médicos de Chile.

-----

Lo primero constituye un abuso y un atropello a las más elementales normas de ética gremial y, lo segundo, es una demostración más de la prepotencia de las camarillas capitalinas que miran al resto del país como colonias subalternas.

LA AUTORIDAD MORAL DEL DR. HURTADO Y DE SUS CONSEJEROS  
PARA PROCEDER COMO LO HICIERON. -

- 1.- Con motivo del paro gremial de Octubre 1972 y 1973 el Consejo Regional Santiago se mostró siempre vacilante y débil, siendo, finalmente, sobrepasado por sus bases como lo demostró la votación de Septiembre de 1973 que apoyó el paro en más de un 80%, ¿Representaba al Consejo o sus bases?
- 2.- Caída la Mesa Directiva el 8 de Septiembre del 73 por el manejo torcido del paro, trasando con el Ministro Lagos en contra de la voluntad expresa de la mayoría de los Consejos Regionales y del propio Consejo Regional Santiago al cual representaba, el Consejo Regional Santiago demoró largo tiempo en renovar la representación en el Consejo General y solamente removió al Dr. Ruben Acuña y al Dr. Edgardo Cruz, y no tocó al Dr. René Merino, que era el Vicepresidente de aquella Mesa chusca ¿Representaba a sus bases?
- 3.- Vuelto el Dr. Acuña al Consejo General en representación de Punta Arenas, el Dr. Hurtado participó en conversaciones para convencer a los representantes del extremo Sur de la inconveniencia de dicha designación y les entregó los antecedentes que obraban en su poder y en virtud de los cuales Santiago le había pedido la renuncia. Cuando el Regional de Valparaíso pidió a Santiago un sumario al Dr. Acuña por graves faltas a la ética gremial, acompañando el libelo acusatorio correspondiente, el Consejo Regional Santiago lo absolvió por las mismas causas por las cuales antes le había pedido la renuncia y por las cuales había participado en conversaciones con los Consejeros de Punta Arenas para que reconsideraran la designación del Dr. Acuña. ¿Es posible que sea así de chusca la mentalidad de toda la base médica de Santiago que el Consejo Regional Santiago pretende representar?

- 4.- Después del 11 de Septiembre del 73 el Consejo Regional Santiago terminó por intervenir y suspender la actividad capitular y no la ha restablecido hasta la fecha ¿tiene contacto con las bases a las cuales pretende representar?.
- 5.- Después del 11 de Septiembre del 73 el Presidente del Consejo General tuvo que disponer que todos los asuntos del Regional Santiago debían ser resueltos por él. La verdad es que los Colegiados de Santiago llevaban sus problemas a la Secretaría del Consejo General porque en el Regional Santiago penaban las ánimas. ¿Mantenia un Servicio adecuado para las bases que pretendía representar?.
- 6.- El Capítulo del Hospital José J. Aguirre presidido por el Dr. Arab, comenzó a atender pacientes de Sermana. Hicieron un fondo común a beneficio del Hospital pero en forma totalmente ilegal porque las Órdenes y Programas no las firmaban los médicos que habían dado las prestaciones sino que todas las cobraba el Dr. Arab. Fueron muchos millones de escudos. Esto constituía un flagrante atropello a las disposiciones legales vigentes que imposibilitaba el control ético que, por ley es competencia y obligación del Colegio Médico. A pesar de las múltiples advertencias de la Comisión de Medicina de Libre Elección la irregularidad siguió, motivo por el cual dicha Comisión tuvo que instruir a la Inspección Médica en el sentido de no seguir autorizando el pago.

El asunto fué puesto en conocimiento del Consejo Regional Santiago, presidido por el Dr. Raúl Hurtado Edwards pero éste no tomó ninguna medida y se dejó atropellar por el Dr. Broxoo, Vicerrector de la Sede Norte.

¿Así cumple el Regional Santiago con su obligación de cautelar la ética profesional y el cumplimiento de las disposiciones legales vigentes?.

- 7.- El presupuesto del Colegio Médico de Chile arrojó para Diciembre 1973, un déficit de aproximadamente 4 millones de escudos. Revisada las cuentas de los colegiados del país, se comprobó que se adeudaban al Colegio más de 3 millones de escudos no reajustados en cuotas atrasadas desde hacía muchos años. De esta cifra, más de 2,5 millones correspondían a cuotas del Regional Santiago, que seguía manteniendo un contador irresponsable a cargo de su contabilidad, sin tomar medidas. No se de extrañar que con esta lenidad de los representantes de las bases médicas de Santiago hayan sido víctimas de un desfaldo en su Tesorería.

Toda esta situación financiera obligó a la Mesa Directiva de aquel entonces del Consejo General un acuerdo que contemplaba severas medidas para recuperar los dineros adeudados.

- 8.- Para realizar construcciones en el Club de Campo de Santiago el Fondo de Solidaridad Gremial prestó dinero sin reajuste, en circunstancias de que todos los otros préstamos eran con reajuste, incluso, el que se otorgó a Concepción para la terminación de su Casa del Médico. Esto constituye un verdadero robo a los médicos de todo Chile afiliados al Fondo puesto que los dineros, colocados en cuentas de ahorro reajustables, permiten el reajuste adecuado de las cuotas mortuorias.

¿Es de extrañar que el Tesorero de la actual Mesa Directiva cuestionada por el Consejo Regional Santiago, esté pidiendo una auditoría ocntable, que nunca se había realizado antes.

Estando pendiente la deuda del Club de Campo al Fondo, el Consejo Regional Santiago acordó, sin consulta a sus bases una cuota ex-

- 3 -

traordinaria de N°.30.000.- para la compra de 10 hectáreas adyacentes al Club de Campo. El negocio debía hacerse rápidamente.

El dinero fué recolectado pero el negocio no estaba seguro porque no existía ninguna escritura de promesa de compra-ventas. El vendedor dió plé atrás, aplazó su pronunciamiento hasta su retorno de España y ahí quedó el dinero de los médicos de Santiago, desvalorizándose en espera de una posible operación a futuro.

¿Así cautela el Consejo Regional Santiago los intereses de sus propias bases que dice representar ? y ¿así dispone el Consejo Regional Santiago, presidido por el Dr.Hurtado Edwards, de los fondos previsionales de los médicos de todos los Regionales del país?

- 9.- La Convención citada para los días 24, 25 y 26 de Abril de 1975, según acuerdo N°.406 del Consejo General, de fecha 15.4.75, tenía carácter informativa, quedando a criterio de la propia Convención el darle o no darle carácter resolutivo.

¿Porqué el Regional Santiago pretendió evitar que los demás Regionales del país pudiesen gozar de esta ocasión para tener por lo menos una información oportuna sobre materias de tan alto interés, como las que se iban a tratar?

Es evidente que hubo una maniobra del Consejo Regional Santiago en este sentido porque de otro modo no se entiende que el Dr.Raúl Hurtado haya comunicado la suspensión de la Convención a Serena y Valdivia 24 horas antes de que se tomara el acuerdo en el Consejo General.

Esta gestión del Dr.Raúl Hurtado constituye una maniobra que atenta contra el respeto mutuo y que está desprovista de la más elemental ética gremial. Los demás Regionales del país, en defensa de sus legítimos prerrogativas y del prestigio de todo el gremio no la pueden tolerar.

Los demás antecedentes más arriba expuestos demuestran, una vez más, que la estructura de nuestro Colegio, permite que camarillas irresponsables se apoderen del poder gremial para llevar agua a sus molinos con el más profundo desprecio por las bases que ellas dicen representar. A esta vergüenza debemos decir ¡ BASTA !

DR. ERNESTO MUNDT FLUEHMANN  
ex-Presidente  
Colegio Médico de Chile  
Consejo General.

Appendix T.

Letter from the President of the  
Regional Council of Valparaiso,  
Jorge Aguirre to Ernesto Mundt,  
the new President of the Colegio  
Médico, criticizing the methods  
used to bring down the old  
Executive Committee of the Colegio  
Médico.

(COPIA)

MEDICO DE CHILE

EJO REGIONAL

VALPARAISO-ACONCAGUA

1080 - TELEFONO 3726

VALPARAISOREF: Censura Mesa Directiva Consejo  
General.

---

Nº. 894

VALPARAISO, 25 de Agosto de 1975.-

Señor

Dr. Ernesto Medina

Presidente

Consejo General

Colegio Médico de Chile

SANTIAGO

Sr. Presidente:

La Mesa Directiva del Colegio Médico de Chile que Ud. preside se hizo cargo de su mandato, existiendo serios problemas a nivel gremial que habían causado polémica y división que, por lo tanto, debían ser encarados con decisión para conseguir una solución pronta y satisfactoria para todos.

Al asumir, hizo un llamado a la concordia y unidad que, obviamente, tenía que materializarse en hechos concretos.

Este Consejo Regional ha esperado pacientemente a que esos hechos se materializaran pero debe reconocer que ello no solo no se produce sino que nuevos acontecimientos se han venido a sumar, que contradicen las palabras expresadas por Ud. al comienzo.

Convención. La primera condición que puso nuestro Regional para aceptar por cierto el deseo de concordia y unidad expresado por Ud. y la nueva Mesa Directiva, era la pronta convocatoria a una convención para tratar, entre otras cosas, la reestructuración del Colegio Médico y la implementación de la nueva Política de Salud como temas fundamentales. En cambio se nos ofreció la oportunidad de una reunión exclusiva de Presidentes y solo con carácter informativo.

/ 2 /

MEDICO DE CHILE  
CONSEJO REGIONAL  
SANTIAGO-ACONCAGUA  
689 - TELEFONO 3726  
P A R A I S O

Debe Ud. comprender que, si el país inició una nueva era a partir del 11 de Septiembre 1973 porque estaba cansado de las antiguas estructuras y prácticas que lo tenían prostrado, los médicos de Chile también estamos cansados de una organización gremial basada en el ya gastado centralismo paternalista que nos resulta funcionalmente frustrante y económicamente oneroso sin provecho proporcional para los médicos de cada región.

Fondo de Solidaridad y CODEME. La Mesa Directiva anterior denunció irregularidades iniciadas en 1972 en el manejo de los fondos del Colegio Médico que afectan al Fondo de Solidaridad Gremial y problemas que dicen relación con la Cooperativa de Médicos CODEME. En dicha denuncia, que todos los médicos de Chile teníamos el derecho a conocer, aparece involucrado el Consejo Regional Santiago. Nosotros hemos exigido una auditoría contable para esclarecer los hechos hace ya bastante tiempo y todavía no la hemos podido conocer.

Alegar que el Club de Campo, construido con dineros del Fondo de Solidaridad, es de todos los médicos del país, no pasa de ser una ridícula disculpa porque, si resulta que todos hemos aportado parte de nuestros fondos previsionales a su creación, son solo los colegiados de Santiago los que puedan disfrutar, realmente de sus beneficios.

No deja de ser sugestivo que la censura a la Mesa que hizo la mencionada denuncia, partió en esa misma época y del mismo Consejo Regional que aparece involucrado en los hechos denunciados.

La nueva Mesa Directiva que Ud. preside es, indudablemente, el fruto de la maniobra realizada por el Consejo Regional Santiago para derribar a la anterior. Sin embargo, al asumir sus funciones, automáticamente se ha transformado en representante de los médicos inscritos en todos los Regionales del país y, por lo tanto, debe velar por los intereses de todos ellos in discriminaciones y rendirles cuenta. En el caso concreto que

MEDICO DE CHILE  
EJO REGIONAL  
ISO-ACONCAGUA  
1089 - TELEFONO 3726  
P A R A I S O

comentamos, la única forma de dar satisfacción es una auditoría contable con la firma de un auditor responsable y de indiscutido prestigio profesional. No hacerlo así es dar lugar a la sospecha de que la actual Mesa Directiva, elegida en las circunstancias ya referidas, desea acallar los hechos para que paulatinamente se olviden, favoreciendo con ello al Consejo Regional que la llevó al poder.

Distribución a nivel nacional del folleto impreso titulado "Colegio Médico de Chile- Consejo General y Regional Santiago informan a los colegiados de todo el país sobre:

- Libelo de la ex-Mesa Directiva del Consejo General.
- Respuesta del Consejo Regional Santiago
- Club de Campo
- Situación de Tesorería
- Censura a la ex-Mesa Directiva del Colegio Médico de Chile.

Santiago, Julio de 1975.

Dicho documento impreso contradice abiertamente el llamado a la concordia y unidad que Ud. hizo al asumir el cargo de Presidente del Colegio Médico de Chile. Con él se reabre la polémica que culminó con la renuncia de la Mesa anterior.

Contiene ese escrito falcedades y acalla otros hechos que salieron a la luz en aquella reunión que reemplazó a la frustrada Convención de Abril de este año, sobre los que no nos extenderemos por el momento pero constan en actas. Tampoco dice que todas las acusaciones contra la Mesa presidida por el Dr. Salvestrini fueron contestadas, refutadas y aclaradas, una a una, por los mismos acusados en la citada reunión del mes de Abril.

Llama profundamente la atención que, siendo un documento del cual participa el Consejo General, no lleve en ninguna parte la firma de su Presidente y que tampoco figure el pié de imprenta que debería llevar.

DICO DE CHILE

REGIONAL

- ACONCAGUA

- TELEFONO 3726

RAISO

Cabe solo dos posibilidades: o el Consejo General estuvo involucrado en su publicación y en tal caso sería, por su parte, un documento apócrifo, o el Consejo General fué sorprendido por el Consejo Regional Santiago en una maniobra de muy baja calidad moral. Lo primero sería una acción en extremo grave y censurable y lo segundo habría obligado a la actual Mesa Directiva a protestar de inmediato, incoar el sumario correspondiente y comunicar con urgencia tal irregularidad a todos los Regionales del país. Ello no ha ocurrido por lo cual nos sentimos aún acreedores a una explicación sobre tan grave materia que desprestigia a nuestro gremio y, también, sobre el origen de los fondos empleados en la impresión del citado e infeliz libelo.

Medicina Curativa SERMENA. El día 4 de ~~enero~~ Julio de este año se promulgó el decreto-ley 1087, modificatorio de la Ley 16781 de SERMENA y al día siguiente la prensa puso en boca del Subsecretario de Salud declaraciones tan antojadizas que crearon serias molestias, confusión y alarma entre los beneficiarios de dicha Ley. Dirigentes gremiales que antes del 11 de Septiembre, junto a la Unidad Popular, nos atacaban arteramente, no perdieron la ocasión para volver a la carga en forma pública contra nosotros. Posteriormente el Ministro de Salud, en una actitud que no logramos entender, en vez de aclarar el verdadero alcance del citado decreto, aparece en la prensa amenazando a los médicos que adoptaren una actitud precisamente acorde con las declaraciones atribuidas al Subsecretario y no desmentidas por éste.

Ignoramos qué informaciones habrá recibido el Ministro para haber tomado tan insólita, hostil e inexplicable actitud hacia nuestro gremio.

Hasta este momento la Mesa que Ud. preside no ha contestado en forma pública - respetuosa pero firme- a estas públicas declaraciones contra nosotros. Debemos recordarle una vez más, señor Presidente, que el Consejo General y su Mesa Directiva representan legalmente a todos los médicos de Chile. Lamentamos tener que decirle que con su silencio ante este retorno de los ataques a nuestro gremio, nosotros no nos sentimos debidamente representados porque a lo menos en nuestro Regional, hay unos 600 médicos inscritos en la lista de Libre Elección atendiendo, no por imposición ni amenazas sino libremente, a los benefi-

EDICO DE CHILE

- 5 -

JO REGIONAL

SO-ACONCAGUA

389 - TELEFONO 2726

P A R A I S O

nuncias de parte de SERMENA ni de sus imponentes, Nosotros, por lo tanto, tenemos derecho a saber en este Regional hacia donde iban dirigidas las amenazas del señor Ministro y los ataques del Señor Mujica, de la Directiva de CEPCH, aparecidos en la prensa y que Ud. debe conocer.

Política de Salud. Durante más de veinte años la Salud en Chile fué conducida en forma centralista y burocrática hacia la ineficiencia técnica y la quiebra económica con la consecuente demoralización de los médicos y el deterioro de su imagen ante la comunidad. Esta situación llegó a su cúspide durante el Gobierno de la Unidad Popular hasta tal punto que provocó la reacción de la inmensa mayoría de nuestros colegiados en la forma que la historia no podrá silenciar.

Una nueva política de Salud fué delineada en dos Convenciones después del 11 de Septiembre 1973 y la Mesa Directiva anterior, manteniéndose fiel a dichos acuerdos, colaboró con el Ministerio de Salud en un proyecto que, finalmente, cristalizó en forma legal al ser publicados en el Diario Oficial los "Programas Ministeriales 1975".

Una de las materias que queríamos tratar en la frustrada Convención de Abril era la implementación de esta nueva Política de Salud. Era menester conocer la opinión, experiencia y sugerencias de todos los Regionales, verdaderos conocedores de la realidad urbana y rural que se vive en cada región.

Comprenderá Ud. que los médicos queremos volver a ser participantes activos de nuestro quehacer para dignificarlo y ponerlo eficazmente al servicio de la comunidad. y no seguir siendo meros ejecutores de teóricas elucubraciones de escritorio para cargar después con la responsabilidad del fracaso.

Sentimos la necesidad imperiosa de prepararnos para el cambio y para afrontar en la mejor forma posible el período de transición.

CO DE CHILE

REGIONAL

MACONCAGUA

TELEFONO 3726

R A I S O

Han pasado los meses y lo único que se observa son reducciones presupuestarias angustiosas - sin objetar con ellos su imperiosa necesidad - pero sin que se vislumbre un horizonte que augure una compensación que haga más eficaz nuestro servicio al país.

En contraste con la tan criticada Mesa Directiva anterior, la actual mantiene silencio, favoreciendo con ello el desconcierto y paralizándolo iniciativas que, por lo menos en nuestro Regional, no han dejado de surgir pero que no prosperan porque no se sabe cuáles son las verdaderas reglas del juego.

Tenemos serias dudas acerca de cuál es la Política de Salud que, en verdad, se está gestando a nivel ministerial. Desconfiamos de los mandos medios y asesores que operan en círculos de Ministerio de Salud. Sabemos en forma documentada que hay personas que colaboraron directamente con la Unidad Popular y que ahora aparecen proclives al actual Gobierno. No sería de extrañar, conociendo sus tácticas y procedimientos, que estén esperando pacientemente su hora para horadar las iniciativas tendientes a construir un Chile nuevo. Esta situación se dejó entrever en la reciente reunión de Papudo sobre regionalización docente-asistencial de la 5a. Región. Con razón estamos profundamente inquietos y preocupados.

Los problemas son difíciles y complejos y diferentes a lo largo del país. Conciente de ello, nuestro Regional apoya al actual Gobierno y está dispuesto a colaborarle en la reconstrucción nacional pero en el bien entendido que tiene el derecho reconocido por la propia Junta de Gobierno a la crítica honesta y constructiva en todas aquellas materias que, técnica y profesionalmente, le son específicas y en las cuales tiene experiencia acumulada.

Lamentamos tener que decirle con absoluta franqueza que no nos sentimos representados por la actual Directiva del Colegio Médico de Chile. Un Consejo General en el cual sigue llevando la voz cantante y sonante los mismos que nos traicionaron

- 7 -

MEDICO DE CHILE

O REGIONAL

O-ACONCAGUA

99 - TELEFONO 3726

A R A I S O

antes del 11 de Septiembre 1973., en un acto que favorecía el fracaso del ~~pro~~ gremial y que habría servido para ganar tiempo para consumar el siniestro "plan Z", y una Mesa Directiva que calla y otorga no nos puede satisfacer.

Ante toda esta realidad que estamos exponiendo, nos permitimos sugerirle que, en un acto patriótico y generoso, La Mesa Directiva de pronta cabida a una reestructura y luego abdique, entregando el mando a un nuevo Consejo General que, realmente, represente el pensamiento de todos los Regionales del país y no solo a uno que, por ser el más grande, cree poder ignorar la voluntad de todos los demás, tal como lo expresara el Dr. Mario Herrera Moore en una de las reuniones sostenidas en el mes de Abril de este año en la fecha de la frustrada convención.

Estamos ciertos que el Poder Ejecutivo, al ver a un gremio como el nuestro con la sincera voluntad de darle una nueva organización más acorde con el espíritu y la organización del Chile nuevo que está naciendo, no tendrá inconvenientes en estudiar y otorgar las reformas correspondientes a nuestra ley.

Sin otro particular, lo saluda atentamente.

DR. JORGE AGUIRRE JULIO  
Presidente

c/c. Consejos Regionales  
Presidente Capítulos  
Drs. Darwin Arriagada  
Oscar Avendaño Montt

## INTERVIEW METHODOLOGY

Interviewees :4 groups of interviewees were identified:

1. Principal actors

These included all former Colegio Médico Presidents and Government health figures covering the period of my study and before. From these interviews, information on the history and structure of the Colegio Médico and the Chilean health service was obtained, as well as the politics of the actual period under review.

2. Main political groups among the profession

I managed to obtain a sample of doctors from the five main political groupings which were active inside the Colegio Médico. These doctors came from the National, Christian Democrat, Radical, Communist and Socialist parties.

3. Doctors from the Regional Council of Valparaiso

The aim of interviewing a sample of doctors from one Region was to determine in what manner the Regional Council of Valparaiso related to the Colegio Médico as a whole. Interviews were conducted with 15 doctors.

4. Doctors from the Capitulo Barros Luco, Santiago

The aim of interviewing doctors at the hospital level was to determine their opinions, concerns and activities and to assess in what way these related to the position being adopted by the Colegio Médico. Co-operation to carry out this study was obtained from the Barros Luco capitulo.

The carrying out of interviews

Questionnaires were rarely used. On the few occasions this approach was used, it proved to be unsuccessful. For example, 40 questionnaires were delivered to doctors in the Hospital Barros Luco; not one was filled in. Doctors, quite understandably were unwilling to write down their opinions on paper for fear of reprisals from the authorities.

All interviews were structured in an 'open ended' fashion. Due to the delicate nature of the Chilean political environment, interviewees were at best cautious, and at worst reluctant to speak at all and this method of informal, open ended questioning encouraged interviewees to relax .

Most interviews were conducted over at

issues in a general fashion. A second meeting was usually arranged some months later. At this, questioning was more detailed. It was also important at this interview to verify the accuracy of the interviewee's story from the first interview.

It was sometimes necessary to organize a third or even fourth meeting in order to check one interviewee's story against another's.

A tape recorder was normally used at all interviews unless the interviewee specifically objected .

S O U R C E S

NOTES ON SOURCESUnpublished sources on the Colegio Médico de Chile

The major source for this thesis is the minutes of the meetings of the governing body of the Colegio Médico, the Consejo General (General Council) from 1970 until 1980. These minutes are verbatim accounts of meetings which were held every week. They are not summaries of what was said, but textual accounts.

Another source is the minutes of the meetings of the Regional Council of Valparaiso from 1970 to 1980. During the Popular Unity period it became the most important Regional Council. Having both these sources it was possible to determine what went on in the most detailed fashion, not only within the General Council and the Regional Council of Valparaiso but within other Regional Councils as well. The minutes of the General Council are by far the most important source. All the activities of the other Regional Councils were discussed there. The General Council provided a global picture of Colegio Médico activities.

Both these sources were found at the archive of the Regional Council of Valparaiso. Apart from the minutes, this archive included all correspondence between the Regional Council and the General Council, and correspondence to the Regional Council, reports of meetings and conferences at which the

reports, and other documents which the General Council had sent to the Regional Council archive.

Access to this material was not easy. The General Council in Santiago refused to grant me permission to read the Colegio Médico minutes. Even basic data such as election results (pre-1973) was not made available to me. Some General Councillors such as Raul Donckaster tried to get this unpublished material on my behalf, but failed. The 4 man Executive Committee of the Colegio Médico unanimously turned down my request to see their sources.

The Regional Council of Valparaiso although unaware of the difficulties I had encountered in Santiago was more forthcoming. Its President, Hernan Krause kindly granted me permission to consult the minutes of this Regional Council. Once installed in their offices in Viña del Mar, I was able to read the minutes of the General Council which had been sent every week since 1964 when the painstaking recording of meetings of the General Council was begun. I am grateful to all the staff at the Regional Council for their help and especially the Permanent Secretary whose kindness was quite unforgettable.

These minutes, reports and correspondence were photocopied by me and then microfilmed. This material will eventually be housed in a University

Published sources on the Colegio Médico de Chile

The Colegio Médico de Chile is responsible for three publications:

Vida Médica (1952-monthly) -the Colegio Médico's professional magazine.

Cuadernos Médico Sociales (1960- monthly)- a journal of high quality on the social environment of health care in Chile.

Revista Médica de Chile ( monthly)- Chile's scientific medical journal.

Vida Médica is most useful for examining the political behaviour of the profession. It never publishes the minutes of General Council meetings but it does record the conclusions of each meeting.

Chilean Newspapers and Journals

El Mercurio (Santiago) 1964-1980

El Mercurio (Valparaiso) 1970-1973

El Mercurio (Antofagasta)1970-1973

El Siglo 1970-1973

La Nacion 1970-1973

Las Noticias de la Ultima Hora 1970-1973

La Prensa 1970-1973

La Tercera de la Hora 1970-1980

Clarín 1970-1973

Puro Chile 1970-1973

Weekly Journals

<u>Ercilla</u>	1970-1980
<u>Que Pasa?</u>	1970-1980
<u>Chile Hoy</u>	1970-1980
<u>Punto Final</u>	1970-1973

Monthly Journals

<u>Mensaje</u>	1970-1980
----------------	-----------

I N T E R V I E W S

Interviews conducted in Chile:  
October 1979 to August 1980.

1. *Dr. J. Jimenez, President of the Association of the Capítulos, 1978-present.*
2. *Dr. E. Villarroel, President of the Colegio Médico, 1965-67; 1969-73, Consejero, 1973-80.*
3. *Dr. G. Venturini, Consejero Regional, Santiago Council, 1970-79.*
4. *Dr. W. Inostroza, President of FEMECH, 1962.*
5. *Dr. J. Tellez, Consejero Regional, Santiago Council, 1964.*
6. *Dr. R. Merino, President of the Association of the Capítulos, 1971-73, Consejero General for the Regional Council of Santiago, 1973-75, Director General of the Servicio Nacional de Salud, 1975-78.*
7. *Dr. P. Silva, Director General of the Servicio Nacional de Salud, 1966-70, Consejero General, 1970-73 for the Regional Council of La Serena.*
8. *Dr. E. Medina, President of the Colegio Médico, 1975-79.*
9. *Dr. H. Salvestrini, President of the Colegio Médico, 1973-75.*
10. *Dr. O. Artaza, Consejero General, 1972-73, Secretary General of the Colegio Médico, 1973-75, Consejero General 1975-present.*
11. *Dr. D. Arriagada, Consejero General 1972-73, Director General of the Servicio Nacional de Salud, 1973-75.*

13. *Dr. Shuster, Director General of the Servicio Nacional de Salud, 1979-present.*
14. *Dr. M. Requena, Jefe Técnico del Servicio Nacional de Salud, 1970-73.*
15. *Dr. Almeyda.*
16. *Dr. J. Alvaray, interviews conducted in Vina del Mar, in the winter of 1980.*
17. *Dr. G. Alvarez.*
18. *Dr. J. Venezian, Consejero Regional for Valparaiso, 1971-present.*
19. *Dr. A. Costa, Consejero Regional for Valparaiso, 1970-73.*
20. *Dr. E. Cruz Mena, Secretary General of the Colegio Médico, 1971-73; Under-Secretary of Health, 1976-79.*
21. *Dr. J. Montt, President of the Young Doctors' Association 1979-present.*
22. *Dr. J. Vega, member of the Young Doctors' Association.*
23. *Dr. A. Goic, Secretary General of FEMECH, Editor of the Revista Medica de Chile.*
24. *Sr. J. Aritzia, Head of SERMENA, 1979-present.*
25. *Dr. J. Infante, Permanent Secretary of the Consejo Regional, 1978-present.*
26. *Dr. W. Stiehl, member of the Young Doctors' Association.*
27. *Dr. F. Quesney, Delegate to the Government on the Servicio Nacional de Salud, 1976-79.*
28. *Sra. Pura Ortiz, Sociologist in the Ministry of Health.*

31. *Dr. R. Acuna, President of the Colegio Médico, 1973; Consejero General 1973- present.*
32. *Dr. O. Roman, Consejero General 1970-73.*
33. *Dr. Cohen.*
34. *Dr. Ascora, Consejero de Consejo Regional de Valparaiso, 1971-73.*
35. *Sr. L. Vilarin, President of the Truckers' Union.*
36. *Dr. Patri, President of the Department of Public Health of the Colegio Médico de Chile.*
37. *Dr. J. Valdes, Vina del Mar, 1980*
38. *Dr. M. Contreras, Vina del Mar, 1980.*
39. *Dr. M. Ipinza, London 1979, Santiago 1980.*
40. *Dr. Zapata, Secretary General of the Colegio Médico 1968-70.*
41. *Dr. Gallo, Consejero General, 1971-72.*
42. *Dra. Cecilia Albala.*
43. *Dr. Diaz, Capitulo Barros Luco, Santiago.*
44. *Dr. Tonio Infante.*

B I B L I O G R A P H Y

## I. THE CHILEAN HEALTH SERVICE AND THE MEDICAL PROFESSION

1. ACADEMIA DE MEDICINA DE CHILE.(1979). 'Análisis crítico del documento, la restructuración en salud'. Revista Médica de Chile 107, 540.
2. ALBALA, C. (1972). 'Estudio Preliminar del Proceso de Democratización en el Servicio Nacional de Salud'. Universidad de Chile, Departamento de Salud Pública, Santiago. 1972.
3. ALLENDE, S. (1939). La Realidad Médico -Social Chilena. Santiago.
4. ALLENDE, S. and VIZCARRA, J. (1935) Estructuración de la Salubridad Nacional. Santiago.
5. ARGUS, A. (1974). 'Medicine and Politics in Chile . World Medicine April 10
6. BELMAR, R. SIDEL, V.W. (1975). 'An international Perspective on Strikes and Strike Threats by Physicians: the case of Chile.' International Journal of Health Services 5(1):53-64.
7. BELMAR, R. (1977). 'An Evaluation of Chile's Health Care System, 1975-1976: a communique from health workers in Chile.' International Journal of Health Services 7(3):531-40
8. BIZE, R. (1979). 'Asignación de Recursos Financieros a Las Regiones de Salud y Sistema de Costos Hospitalarios.' Documento de Trabajo N° 183, Corporación de Promoción Universitaria. October.
9. BRAVO, A.L. (1979). 'Principios Básicos para la Organización de un Sistema de Servicios de Salud. Documento de Trabajo N° 181, Corporación de Promoción Universitaria. October.
10. BRAVO, A.L. (1979). 'Los médicos que Chile necesita'. Hoy. Santiago Año 11 N°102.
11. BRAVO, A.L. (1979). 'Medicina Social y Economía Social del Mercado.' Vida Médica 28(March-April) .21.

12. BRAVO, A.L. (1979). 'Opiniones' .Hoy 24 April.
13. BROCKINGTON, F. (1962). 'Informe sobre la Salud Publica en Chile.' Revista Médica de Chile. 90:374
14. CASSIDY, S. (1977) Audacity to Believe .Collins.
15. CHANFREAU, D. (1976). 'The Ideology of the Chilean Medical Profession and its Influence on the Health Care System of Chilean Society.' M.Sc. Sociology of Medicine thesis, Bedford College, London.
16. COMISION DE DERECHOS HUMANOS. 'Politica de Salud de Chile'. Santiago, August 1980.
17. CORNELLY, P.B. et al, ALPHA TASK FORCE IN CHILE (1977). 'History of the Health Care System in Chile.' American Journal of Public Health. 67.1. 31-61.
18. CRUZ-COKE, R. (1979). 'Defensa de la Tradición Médica de Chile.' Letter, Revista Médica de Chile. Vol 107.N°8. August.
19. CRUZ-COKE, R. and GOIC, A. (1973). 'Cambios socio-economicos e indices de Salud Publica.' Revista Médica de Chile. 101.996
20. DEKADT, E. (1973). 'The Distribution of Health in Chile'. Institute of Development Studies, University of Sussex. July.
21. ERCILLA. (1975). 'Epidemia de Censuras.' 14 May. 13.
22. ERCILLA. (1977). 'Hospitales: el Enfermo es el Presupuesto.' 4-10 May.
23. FREI, M.E. and VALDIVIESO, O.R. (1965). 'Proposed form of Law to establish medical treatment for employees.' Odontol. Chile. 14(78):13-15, May-June.
24. GAETE, J. and CASTANON, R. (1973) 'El desarrollo de las instituciones de atención médica en Chile durante este siglo.' Universidad de Chile, mimeo.
25. GARCIA, C. (1964). 'Comportamiento de las elites

26. GLAZER, W. (1960). 'Doctors and Politics.' American Journal of Sociology 66 :230-245.
27. GNECCO, G. (1978). 'Politica de Salud y Recursos'. Presentación en el Seminario, 'Recursos Humanos en Salud' del Circulo de Salud de la Academia de Humanismo Cristiano. October 28.
28. GOIC, A. (1978). 'Visión crítica del Servicio Nacional de Salud.' Mensaje. August.
29. GOIC, A. and ROESSLER, E. (1979). 'La Atención hospitalaria en Chile.' Documento de Trabajo N°190, Corporación de Promoción Universitaria. October.
30. GOIC, A. (1979). 'Recursos Médicos y Tecnológicos para un sistema de Servicios de Salud.' Documento de Trabajo N°193. Corporación de Promoción Universitaria. October.
31. GOIC, A. (1979). 'Salud en Chile: El Problema de Fondo.' Mensaje. September
32. GONZALEZ, D. A. (1971). 'Medicina y Socialismo.' Santiago.
33. GUZMAN, J. (1971). 'El desafio gremial'. Que Pasa? 25th October.
34. HALL, T. L. (1971). 'Chile Health Manpower Study: Methods and Problems.' International Journal of Health Services Vol. 1 N°2.
35. HALL, T. C. (1970). Recursos Humanos de Salud en Chile. Ministerio de Salud Publica, Santiago de Chile.
36. HAMILTON, G. (1981). 'Professionalism: lessons from Chile, Part 1-Popular Unity.' Medicine in Society Vol. 7/2 and 3.
37. HAMILTON, G. (1981). 'Professionalism: lessons from Chile, Part 2-After the coup.' Medicine in Society Vol. 7/2 and 4
38. HERRERA, F. (1975). 'El Ministro y la Política de Salud.' Que Pasa? 6:32-33. February.
39. HORMAZABAI, G. M. (1967). 'Project of medical service

40. INFORME DE LA COMISION INVESTIGADORA DEL SERVICIO NACIONAL DE SALUD, Camara de Diputados, Boletin N°11. 208. 13th April, 1972.
41. INFORME PRELIMINAR SOBRE POLITICA DE SALUD EN CHILE. CESPO. August 1979.
42. JEFTANOVIC, P. (1974). 'Estudio sobre Determinaciones del Arancel del Colegio.' Communication of the Department of Public Health of the Colegio Médico de Chile.
43. JENSEN, A.R. PAREDES, A. SAGAN, L. (1974). 'Doctors in Politics: a lesson from Chile.' Letter. New England Journal of Medicine. 291. 471-2. 29th August.
44. JIMENEZ, J. (1977). Medicina Social En Chile. Ediciones Aconcagua. Santiago.
45. KENDALL, J. (1974). 'Thirteen doctors in Chile reported slain after the coup.' New York Times. April 8th.
46. LARGA, G.L. (1974). 'Asociacion del SNS y la Universidad.' El Mercurio. July 12th.
47. MATTHEI, F. (1977). 'El Gobierno estudio con compheension los problemas que aguejan el gremio.' Vida Médica. 26:25-27. May-June.
48. MEDINA, E. and CRUZ COKE, R. (1975). 'Chilean Medicine under Social Revolution.' New England Journal of Medicine. Vol. 295. N°4.
49. MEDINA, E. (1977). 'Salud y Dinero.' Ercilla. April 6th to 12th. 44-47.
50. MEDINA, E. (1977). 'En un extremo peligroso.....'. Vida Médica. 26:10-13. March-April.
51. MEDINA, E. (1979). 'El Desarrollo del Sistema de Servicio de Salud en Chile: Perspectivas Historicas.' Documento de Trabajo N° 188. Corporación de Promoción Universitaria, October.
52. MODELL, H. and WAITZKIN, H. (1974-75). 'Medicine and Socialism in Chile.' Berkeley Journal of Sociology. 19, 1-35.

53. MONTES, H.L.(ed).(1979). Desarrollo Social y Salud en Chile. Corporacion de Promocion Universitaria, Santiago.
54. NAVARRO, V.(1974). 'What does Chile mean: an analysis of events in the health sector before, during and after Allende's administration.' Milbank Mem.Fund Q. 52(2):93-130. Spring.
55. NAVARRO, V.(1974). 'The Underdevelopment of Health or the Health of Underdevelopment.' International Journal of Health Services. 4.1. 5-27.
56. NEGhme, A.(1979). 'Memorandum sobre los problemas de Salud y médicos que preocupan a los academicos.' Revista Médica de Chile. 107, 540.
57. NORMAN, C.(1974). 'Reprisals against Chilean Doctors.' Nature 252:433. December.
58. PARROCHIA, E.B.(1979). 'Reflexiones en Torno a los Requerimientos de Médicos en Chile.' Documento de Trabajo N°186, Corporación de Promoción Universitaria, October.
59. QUESNEY, F.(1979). 'El ideologo del SNS.' Ercilla 29th May.
60. RACZYNSKI, D. and LIVINGSTONE, M.(eds)(1976) Salud Publica y Bienestar Social. EDEA. Santiago.
61. SANTA CRUZ, E.(1973). 'Caracter Clasista de la Medicina Social.' Punto Final. June 19th, 11-13.
62. SCHNEIDER, O.(1979). 'Un programa de Desarrollo Integrado.' Documento de Trabajo N°189, Corporación de Promoción Universitaria. October.
63. SEPULVEDA, C.(1970). 'Roles Profesionales y atencion de la Salud.' Vida Médica. September N°3.
64. STEPHEN, J.(1975). 'Cuba and Chile: differing philosophies in health care.' World Medicine . 7th May, 79-85.
65. UGARTE, J.A.(1976). 'Algunas características de la población médica chilena en el extranjero.' Cuadernos Medico Sociales. September.

67. 'VEINTICINCO AÑOS DE LA SALUD PUBLICA EN CHILE: 1952-77. GOIC, A. (ed) Revista Médica de Chile 105:649-746.
68. VENTURINI, G. (1979). 'Atención Primaria de Salud'. Documento de Trabajo. N°182, Corporación de Promoción Universitaria, October.
69. VENTURINI, G. and PALMA, C.P. (1979). 'Características de la Formación Médica Chilena y su relación con el sistema de Salud.' in MONTES, H. (ed) Desarrollo Social, Salud Publica en Chile. Corporación Promoción Universitaria, Santiago.
70. VILLARROEL, E. (1972). 'El Paro medico.' Mensaje N° 215, December.

## II. HEALTH STUDIES IN GENERAL

1. ABEL-SMITH, B. (1978). The NHS: the first 30 years. HMSO.
2. ALFORD, R. R. (1975). Health Care Politics. University of Chicago Press.
3. DOYAL, L. and PENNEL, I. (1979). The Political Economy of Health. Pluto Press.
4. ECKSTEIN, H. (1960). Pressure Group Politics: the case of the British Medical Association. London. Allen and Unwin.
5. EHRENREICH, B. and EHRENREICH, J. (1974). The American Health Empire: Power, Profits and Politics, a Report from the Health Policy Advisory Centre, New York. Vintage Books.
6. FOOT, M. (1973) Aneurin Bevan: A Biography Vol. II. 1945-60 Davis-Poynter.
7. FORSYTH, G. (1966). Doctors and State Medicine: A study of the British Health Service. Pitman Medical.
8. GORDON, H. and ILLIFE, S. (1976). Pickets in White: Junior doctors' dispute of 1975, a study of the medical profession in transition. Printing Rye Press.
9. ILLICH, S. (1975) Medical Nemesis: the Expropriation of Health. Calder and Boyars.
10. NAVARRO, V. (1978). Class Struggle, the State and Medicine. A Historical and Contemporary Analysis of the Medical Sector in Great Britain. Martin Robertson.
11. ROBSON, J. (1976). 'Quality, inequality and health care.' Special edition of Medicine in Society.
12. STACEY, M. REID, M., HEATH, C. DINGWALL, R. (eds) (1977) Health and the Division of Labour. Croom Helm.
13. TUCKETT, D. (ed) (1976). An Introduction to Medical Sociology. Tavistock.
14. VALDES, N. P. (1971). 'Health and Revolution in Cuba.' Science and Society. Fall Vol. XXXV N°3.
15. ZOLA, I. K. (1972). 'Medicine as an institution of social control.' Sociological Review. (New Series) Vol. 20 N°4,

### III. CHILEAN POLITICS.

Given the extensiveness of the literature, particularly on the Allende period, this is only a select bibliography. For a work of bibliography on this period with over 1,000 references see GARRETON, M. and HOLA, A. (1981) Bibliography of the Chilean Process 1969-73. Philadelphia; Institute of the Study of the Study of Human Issues.

1. ALEXANDER, R.J. (1978). The Tragedy of Chile. Westpoint, Conn.
2. ANGELL, A. (1972). Politics and the Labour Movement in Chile. London. OUP.
3. AMPUERO, R. (1969). La Izquierda en punto muerto. Santiago Editorial Orbe.
4. BERLINGUER, E. (1974). 'Reflections after the events in Chile.' Marxism Today. February 39-50.
5. BOORSTEIN, E. (1977). Allende's Chile. New York; International Publishers.
6. CAMIONERO (1972). Organo Oficial de la Confederacion Nacional de Duenos de Camiones de Chile. Ano 11, N°18 October 1972. Santiago.
7. 'CHILE: Un project de revolution capitaliste.' (1981) Amerique Latine N°6 été.
8. CHOSSUDOVSKY, M. (1975). 'The neo-liberal model and the mechanisms of economic repression: the Chilean case.' Co-Existence. 1st May 34-57.
9. EVANS, L. (ed) (1974). Disaster in Chile: Allende's strategy and why it failed. New York. Pathfinder Press.
10. DAHSE, F. (1979). Mapa de la Extrema Riqueza: las Grupos Economicos y el Proceso de concentracion de Capitales. Ed. Aconcagua, Santiago.
11. DEBRAY, R. (1971). The Chilean Revolution: Conversations with Allende. New York, Random House, Vintage Books.
12. DURAN, C. (1973). Chile: Revolution and Counter Revolution. Social Praxis. 1.4. 337-358.

14. GARCIA, F. (ed) (1973). Los Gremios Patronales. Santiago.
15. GARRETON, M. A. (1982). 'Partidos Politicos y Democratizacion en el Cono Sur: Notas sobre el caso chileno.' mimeo.
16. GARRETON, M. A. and MOULIAN, T. (1977). 'Procesos y bloques politicos en la crisis chilena 1970-73.' FLACSO. Santiago. April.
17. GARRETON, M. A. and MOULIAN, T. (1978). 'Analisis Coyuntural y Proceso Politico las Fases del Conflicto en Chile.' FLACSO. Santiago.
18. GIL, F. (1966). The Political System of Chile. Boston. Houghton Mulin Co.
19. HALPERIN, E. (1965). Nationalism and Communism in Chile. Cambridge. Mass. MIT Press.
20. HAWORTH, N. and RODDICK, J. F. (1981). 'Labour and Monetarism in Chile. Bulletin of Latin American Research Vol. I N°1. September .London.
21. JOHNSON, D. L. (1983). 'Chile: before and during.' Science and Society. Winter Vol. XLVI N°4.
22. JOHNSON, D. L. (1982). Intermediate Classes: Social Class and Social Developemnt on the Periphery. Beverley Hills, California. Sage Publications.
23. Latin American Perspectives. N°2. Summer 1974. Special Issue on Chile.
24. MacEION, G. (1974). No Peaceful Road: The Chilean Struggle for dignity. New York. Sheed and Ward.
25. MAGDOFF, H. and SWEEZY, P. (eds) (1974). Revolution and Counter-revolution in Chile. New York: Monthly Review Press.
26. MARIANI, R. (1972). 'El Camino legal y las capas medias.' Chile Hoy N°7. July-August.
27. MATTELART, A. (1974). 'La bourgeoisie à l'école de Lenine: le gremialismo et la ligne de masse de la bourgeoisie chilienne.' Politique Aujourd'hui. January. Paris.
28. MEDHURST, K. (1979). Allende's Chile. Hart-Davis MacGibbon.
29. MOFFIT, M. and LETELIER, I. (1978). Human Rights, Economic

30. MOULIAN, T. (1973). 'Lucha politica y clases sociales' .  
Santiago. FLACSO. October-November.
31. MOULIAN, T. and VERGARRA, P. (1979). 'Estado, Ideologia  
y Politicos Economicas en Chile.' Estudios, CIEPLAN  
Santiago.
32. MUSALEM, J. (1973). Cronica de un Fracaso. Santiago.
33. O'BRIEN, P. J. ROXBOROUGH, I, and RODDICK, J. (1977).  
Chile: The State and Revolution. Macmillan.
34. O'BRIEN, P. J. (ed) (1976) Allende's Chile. New York.  
Praegar.
35. O'BRIEN, P. J. (1982). 'The New Leviathan: The Chicago  
School and the Chilean Regime: 1973-1980.' Occasional  
Papers N°38. Institute of Latin American Studies,  
University of Glasgow.
36. PETRAS, J. (1974). 'Reflections on the Chilean Experience,  
The Petite Bourgeoisie and the Working Class.' Socialist  
Revolution. January-March 39-57.
37. PETRAS, J. and MORLEY, M. (1975). United States and Chile.  
New York: Monthly Review Press.
38. SIGMUND, P. (1977). The Overthrow of Allende and the Politics  
of Chile 1964-76. University of Pittsburg Press.
39. VACCARO, V. (1972). 'Las capas medias otra vez.' Chile  
Hoy N°24. November.
40. VALENZUELA, A. (1978). The Breakdown of Democratic Regimes:  
Chile. John Hopkins University Press.
41. VARAS, A. (1976). 'La dinamica de la oposicion durante  
el Gobierno de la Unidad Popular. FLACSO. July-August.  
Santiago.
42. VUSKOVIC, S. (1972). 'De la Incapacidad del sectarismo.'  
Principios N°146 July-August.

#### IV. THEORY: CLASS AND THE PROFESSIONS

1. ANDREW, E. (1975). 'Marx's theory of class.' Canadian Journal of Political Science. Vol. 8 N°3. September.
2. BAIN, G.S. (1970). The Growth of White Collar Unionism. Oxford. Oxford University Press.
3. BANCK, G.A. (1973). 'Dependency and the Brazilian Middle Class: Case Study' in Dependency in Latin America. CEDLA. Amsterdam.
4. BARAN, P. and SWEEZY, P. (1968). Monopoly Capital. Harmondsworth Penguin.
5. BARBER, B. (1963). 'Some problems in the sociology of the professions.' Daedalus. Fall, 661-88.
6. BECKER, H.S. (1962). 'The nature of a profession' in Education for the Professions, the Sixty-First Yearbook of the National Society for the Study of Education, Part II, distributed by the University of Chicago Press, 27-46.
7. BENDIX, R. and LIPSET, S.M. (eds) (1967). Class, Status and Power. London. Routledge and Kegan Paul.
8. BENDIX, R. (ed) (1974). Work and Authority in Industry. Berkeley. University of California Press.
9. BEYNON, H. (1973). Working for Ford. Harmondsworth. Penguin.
10. BERLANT, J.L. (1975). Profession and Monopoly: A Study of Medicine in the United States and Great Britain. Berkeley. University of California Press.
11. BLAU, P.M. (1967). 'The hierarchy of authority in organizations.' American Journal of Sociology Vol. 73 N°3, 453-467.
12. BLAUNER, R. (1964). Alienation and Freedom. Chicago . University of Chicago Press.
13. BURAWOY, M. (1978). 'Toward a Marxist theory of the labour process.' Politics and Society. Vol. 8, Nos. 3-4, 247-312.
14. BURNS, V. (1980). 'Capital Accumulation and the rise of the New Middle Class.' Review of Radical Political Economics 12. 17-34.

16. CARCHEDI, G. (1975). 'On the economic identification of the new middle class.' Economy and Society Vol. 4 N°1, 1-86.
17. CARR SAUNDERS, A.M. and WILSON, P.A. (1964 Reprint). The Professions. London. Frank Cass.
18. CROMPTON, R. (1979). 'Trade Unionism and the insurance clerk.' Sociology Vol. 13 N°3. September, 403-26.
19. CROMPTON, R. and GUBBAY, J. (1977). Economy and Class Structure. London. Macmillan.
20. DEKADT, M. (1975). 'Management and Labour', review of Bravermann. 'Review of Radical Political Economy, Vol. 7. N°1, 84-90
21. DOS SANTOS, T. (1970). 'The Concept of Social Class'. Science and Society. Summer.
22. ESLAND, G.M. (1976). 'Professions and Professionalism.' Unit 12 of DE 351 People and Work. The Open University Press.
23. FRIEDSON, E. (1970). Profession of Medicine. New York. Dodd/Mead TABS.
24. FRIEDSON, E. (1970). Professional Dominance. Chicago. Aldine.
25. GARDINER, J. (1977). 'Women in the labour process and class structure.' in HUNT, A. (ed) Class and Class Structure. London. Lawrence and Wishart, 155-63.
26. GOLDTHORPE, J. et al. (1968). The Affluent Worker: Industrial Attitudes and Behaviour. Cambridge University Press.
27. GEORGE, V. and WIDING, P. (1976). Ideology and Social Welfare . Routledge and Kegan Paul.
28. GIDDENS, A. (1973). The Class Structure of the Advanced Societies. London. Hutchinson.
29. GOSPEL, H. (1982). 'The development of management organization and industrial relations- an historical perspective.' in THURLEY, K. and WOOD, S. (eds); Management Strategy and Industrial Relations. Cambridge. University of Cambridge Press.
31. HIRST P. (1977) 'Economic Classes and Politics' in

32. HUNT, A. (1977). 'Theory and Politics in the identification of the working class.' in HUNT, A. (ed) Class and Class Structure. London. Lawrence and Wishart, 81-111.
33. HYMAN, R. (1973). 'Industrial conflict and the political economy.' Trends of the sixties and prospects for the seventies in MILIBAND, R. and SAVILLE, J. Socialist Register. 1973. London. Merlin Press.
34. HYMAN, R. (1975). Industrial Relations: a Marxist Introduction. London. Macmillan, 83-93 and 159-71.
35. JACOBY, R. (1977). 'Review of Bravermann.' Telos N°29. Autumn, 199-207.
36. JOHNSON, J. J. (1958) Political Change in Latin America: the Emergence of the Middle Sectors. Stanford.
37. JOHNSON, T. (1972). Professions and Power. London. Macmillan.
38. JOHNSON, T. (1973) 'Professions' in HURD, G. (ed) Human Societies: an introduction to Sociology. Routledge Kegan Paul, 120-135.
39. KLEIN, R. (1977). 'The Corporate State, the Health Service and the Profession.' New University Quarterly. 31(2) Spring.
40. LITTLER, C. R. (1978). 'Understanding Taylor.' British Journal of Sociology. Vol. XXIX N°2, 185-202.
41. LITTLER, C. R. (1981). Control and Conflict: The Development of Modern Work Systems in Britain, Japan and the USA. London. Macmillan.
42. LOCKWOOD, D. (1958). The Blackcoated Worker. London. Allen and Unwin.
43. MARX, K. (1959) Capital Vol. I. London. Lawrence and Wishart.
44. MARX, K. (1962). 'Manifesto of the Communist Party.' in Marx-Engels Selected Works. Vol. I. Moscow. Foreign Languages Publishing House.
45. MAXMEN, J. S. (1976). The Post-Physician Era. New York. Wiley.
46. McDANIEL, T. (1976-77). 'Latin American Dependency Theory.' Berkeley Journal of Sociology Vol. XXI.

49. MILLS, C.W. (1956). The Power Elite. New York. Oxford University Press.
50. MILLS, C.W. (1963). The Marxists. Harmondsworth. Penguin.
51. NICHOLS, T. and ARMSTRONG, P. (1976). Workers Divided. London. Fontana.
52. NICHOLS, T. and BEYNON, H. (1977). Living with Capitalism. London. Routledge and Kegan Paul.
53. NICHOLS, T. (1977). 'Review of Braverman's Labour and Monopoly Capitalism.' Sociological Review Vol. 25, N°1 192-4.
54. OPPENHEIMER, (1975). 'The Proletarianization of the Professional.' Sociological Review Monograph N°20.
55. PALLOIX, C. (1976). 'The labour process: from Fordism to neo-Fordism in CSE Pamphlet 1. The Labour Process and Class Strategies. Stage 1. London. Conference of Socialist Economists, 46-67.
56. PARRY, N. (1973). 'Power, class and occupational strategy.' Paper presented at the B.S.A. Conference.
57. PARRY, N. and PARRY, J. (1976). 'The Rise of the Medical Profession: a study of collective mobility. London. Croom-Helm.
58. PARSONS, T. (1954). 'The Professions in the social structure in Essays in Sociological Theory rev. ed. Glencoe. Free Church.
59. PARKIN, F. (1971). Class Inequality and Political Order. London. MacGibbon and Kee.
60. PETTIGREW, A.M. (1973). 'Occupational specialization as an emergent process' in ESLAND, SALAMAN and SPEAKMAN (eds) (1978). 258-74.
61. POULANTZAS, N. (1975). Classes in Contemporary Capitalism. London. New Left Books.
62. POULANTZAS, N. (1977). 'The New Petit Bourgeoisie.' in HUNT, A. (ed) Class and Class Structure. Lawrence and Wishart, 113-24.
63. PRECHT, J. (1970). 'Rol Politicos de los Estratos Médicos Latinoamericanos.' Cuadernos Realidad social. Enero

65. ROSLENDER, R. (1981). 'Misunderstanding Proletarianization: A comment on recent research.' Sociology 15, 428-430.
66. SCHWARZ, B. (1977). 'On the monopoly capitalist degradation of work.' Dialectical Anthropology. Vol. 2, N°2, 159-167.
67. STARR, P. (1978). 'Medicine and the waning of Professional Sovereignty.' Daedalus. Vol. 107. N°1, 175-194.
68. STEDMAN-JONES, G. (1975). 'Class Struggle and the Industrial Revolution.' New Left Review. N°90. March-April, 35-69.
69. TAYLOR, F.W. (1911). Scientific Management. New York. Harper and Bros.
70. THURLEY, K. and WOODS, S. (1982). Management Strategy and Industrial Relations. Cambridge University Press.
71. TOURAINE, A. (1975). 'Les classes sociales dans un société dépendante.' Revue Tiers-Monde. Vol. 16. 22 April-June.
72. URRY, J. (1973). 'Towards a Structural Theory of the Middle Class.' Acta Sociologica. Vol. 16 N°3
73. WEBER, M. (1930). The Protestant Ethic and the Spirit of Capitalism, Talcott Parsons (trans.). Foreword by R.H. TAWNEY. London. George Allan and Unwin, reissued 1965. Unwin University Books.
74. WEDDERBURN, D.L. (1974). Poverty and Class Structure.
75. YOUNG, B. (1976). 'Review of Braverman . Radical Science Journal. Vol. 4, 81-93.
76. WOOD, S.J. (1980). 'Corporate Strategy and Organizational Studies.' DUNKERLEY, D. and SALAMAN (eds) Organizational Studies Yearbook. London. Routledge and Kegan Paul, 52-71.
77. WOOD, S. (ed) (1982). The Degradation of Work. Hutchinson.
78. WRIGHT, E.D. (1976). 'Class boundaries in advanced capitalist societies. New Left Review. N°98 July-August, 3-4.
79. ZIMBALIST, A. (ed) (1979). Case Studies on the Labour Process. New York. Monthly Review Press.