

DOCTORS IN DICTATORSHIP: AN ORAL HISTORY APPROACH TO THE CHILEAN MEDICAL  
BODY'S ROLE IN REGIME CHANGE.

by

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## ABSTRACT

ANA JOSEFA URRUTIA BARRAZA. Doctors in Dictatorship: An Oral History Approach to the Chilean Medical Body's Role in Regime Change. (Under the direction of DR. CARMEN SOLIZ)

From 1970 until the end of the military dictatorship, doctors in Chile became deeply entangled with the state in their efforts to secure and expand their professional authority and power. Working both collectively through their professional association, the Colegio Médico de Chile (COLMED,) as well as individuals, doctors played a significant role in the end of the Unidad Popular administration of Dr. Salvador Allende's government, as well as in supporting the military forces' dictatorship. While their efforts to safeguard their control over the medical field were ultimately unsuccessful, their actions ultimately led to the establishing of a new private system as well as a severely defunded public system, which despite expectations, continued to improve many macro health indicators. In spite of their role in the regime change, the medical body, just as many other right-wing civilian supporters, has long been excluded from narrative regarding the rise and establishment of the military dictatorship. Utilizing the medics as a case study of the right wing's civilian support from the professionals' class, I explore the history of the medical body's interactions with the state through the UP government to the military dictatorship, examining the doctors' motivations from a historical and class perspective. Using oral history interviews with medics and health workers active during this period, as well as publications from the COLMED's *Vida Medica* magazine, I delve into why the junta's reforms failed to worsen macro health indicators in public health despite massive defunding and fragmentation of the system. Using the thesis of Jael Goldsmith's work on the PNAC, I conclude that doctors' reluctance to change, even when in support of the junta's regime, ultimately prevented public health from succumbing to the reforms.

### Dedication

I would like to dedicate this thesis to people who live in my heart and whose faith gets me out of bed in the morning.

First and foremost, to my best friend Mallow Dayton, who keeps me sane and makes my life cozier for being in it. You are my executive function and the only person that truly gets me. Whatever happens, we're made of the same stardust, you and me.

Then, to my 19-year-old cat, Panda, who slept behind me through most of the writing of this thesis, and kept me company during the very late night writing. May you outlive us all.

Next, to my sister, Martina Urrutia. I know I make the top ten list of people who annoy you the most, but please remember I only do it because I care. You are forever my favorite person in this world, and my built-in partner in crime. Thank you for being the coolest, most talented sister I could ask for.

And lastly to my Mamá, Francisca Barraza, who taught me all the most important things in life, including the power of spite. Your endless love and support are something I can't ever thank you enough for. Thank you for encouraging me with my studies even when I was being terrible.

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## Introduction

On a spring morning on September 11, 1973, at 10:30 am, Dr. Salvador Allende, 28th president of Chile, addressed the country from the national palace via radio one last time before his death. In his last speech, the first democratically-elected, socialist president in the world spoke to the public, from his supporters in the working class, to the military and the backers of the ongoing coup d'etat. However, in a brief and concise speech, he took precious seconds to name a particular group of people and cite their role in the coup. "I address [...] the professional associations, classist associations that also defend the benefits that capitalist society gave to just a few."<sup>1</sup> These "professional associations," otherwise known as *colegios profesionales*, were organizations which regulated the practice of professions in Chile, and served as representative institutions that had the ability to interact and negotiate collectively with the government and public institutions on behalf of their members. Particularly before the 1980s reforms, the *colegios* had significant political power and influence due to their members' key role in the nations' daily life. One such *colegio* was the *Colegio Medico*, the professional association for doctors, more commonly known as COLMED.

Due to his background as a physician,<sup>2</sup> Allende himself was quite familiar with the *colegios* and the *colegio medico* in particular, being a founding member of the COLMED in his youth and having served as its second ever president. And while they had not always been as politicized as they became in the later half of the sixties, by the spring of 1973, all the *colegios* had thrown their weight behind the armed forces and their coup, disavowing the socialist government of Allende's party, *Unidad Popular* (*Popular Unity*) or UP. Within days of Allende committing suicide and shortly after the armed forces had secured control of the country, the COLMED had published glowing commendations of the junta's actions, expressing how their new government was forced into action by the "grave break of the

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<sup>1</sup> Peter Winn, Elizabeth Q. Hutchison, Thomas Miller Klubock, and Nara B. Milanich, *The Chile Reader: History, Culture, Politics*, ed. Peter Winn, Elizabeth Q. Hutchison, Thomas Miller Klubock, and Nara B. Milanich. (Durham: Duke University Press, 2013), 430.

<sup>2</sup> Victor Figueroa Clark, "Reaching Political Maturity" in *Salvador Allende: Revolutionary Democrat*. (London: Pluto Press, 2015), 27-50.

institutional order” caused by the Marxist administration.<sup>3</sup> The COLMED also called for their colleagues to “collaborate” with the military regime’s “moral and material reconstruction of the country.”<sup>4</sup>

This level of animosity between the COLMED and the state, however, was not normal. If we look back at the 1960s, it is evident that fervent support for a right-wing, military dictatorship was not in the medical corps’ political agenda. Neither was it always the predominant opinion of the COLMED leadership. In fact, it was merely a year before the coup took place that the COLMED began calling for an end to the UP government. In November of 1970, the publications from the COLMED’s official magazine shared a very cordial congratulations to Allende, highlighting his “leadership’s connection to a golden age in the history of the colegio.”<sup>5</sup> So, how did the relationship between the COLMED and the state come to such an antagonistic end? In this thesis I argue that the medical body became invested in bringing the end of the democratically elected government of Salvador Allende, and later in seeking a favorable relationship with the junta’s government, primarily in order to secure their own power and professional autonomy. However, this did not impact healthcare outcomes as expected due to the actions of doctors who continued following the previous approach to medicine instead of actually following in the spirit of the junta’s reforms.

Scholars focused on Chile's dictatorship have primarily focused on the two main political actors on both sides of this conflict; the government on one, and the military and foreign agents on the other. However, over the last two decades, a new generation of historians began turning their attention towards the role of smaller actors, such as worker coalitions, revolutionary militias, and student organizing in order to analyze the government of Allende and the coup from a bottom-up perspective.<sup>6</sup> These studies

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<sup>3</sup> Dr. Ernesto Mundt F. and Dr. Osvaldo Artaza R, “Declaraciones del Colegio Médico,” *Vida Médica*, September, 1973, 17.

<sup>4</sup> Mundt and Artaza, “*Declaraciones*,” 17.

<sup>5</sup> “[Allende] y su liderato están vinculados a una época de oro en la historia del Colegio.” Dr. Gustavo Molina, “El Gobierno de Allende y los Médicos,” *Vida Médica*, November 1970, 12.

<sup>6</sup> For examples of this see Peter Winn, *Weavers of Revolution: The Yarur Workers and Chile’s Road to Socialism*, New York: Oxford University Press, 1986.

Margaret Power, *Right-Wing Women in Chile: Feminine Power and the Struggle Against Allende, 1964-1973*, University Park, Pa: Pennsylvania State University Press, 2002.

Marian Schlotterbeck, *Beyond the Vanguard: Everyday Revolutionaries in Allende’s Chile*, Oakland, California: University of California Press, 2018.



rightfully seek to challenge and understand historical narratives through the lenses and experiences of the historically marginalized collective, the subaltern.<sup>7</sup> Such works first became prominent in Latin American studies through the use of Marxist analysis, and later were expanded on by the emergence of subaltern studies, both which emerged as a response to elite and Eurocentric analysis of history, politics, and culture. By shifting their research towards such subjects, the study of Latin America rightly placed the experiences and perspectives of the public over those of the people governing them. This shift of focus on historical subjects, however, has largely failed to take into account previously dehistoricized groups on the right-wing side. This thesis seeks to help bridge this gap by looking at the case of the medical body, whose leadership overwhelmingly sided with the military government leading up to and following the coup.

This exploration of the right wing is a burgeoning, but rapidly growing field of research. Some works that have explored right wing support among the middle class include Margaret Power's *Right Wing Women in Chile* and David Parker and Louise Walker's *Latin America's Middle Class Unsettled Debates and New Histories*.<sup>8</sup> Theirs and other similar projects have very begun the incorporation of the civilians participation in the rise to power of the armed forces before and after the coup with significant success. Nevertheless, there remains a dearth of work on the middle class's right wing organizing. This has created a glaring blank in our understanding of the broader processes that led the first democratically elected socialist country in the world to become a right-wing military dictatorship.

By studying the case of the medical professional association, from its early sponsorship of Allende, through their support for the coup, and their eventual loss of professional autonomy, this project seeks to understand how one such entity working on the right aided in the elimination of the UP government and the establishment of the military regime. Through this research, I seek to expand our overall understanding of the lesser-known agents involved in the creation of the military dictatorship in

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<sup>7</sup> Dipesh Chakrabarty, *Provincializing Europe : Postcolonial Thought and Historical Difference*, Princeton, NJ: Princeton University Press, 2009.

<sup>8</sup> Power, *Right-Wing Women in Chile*.

D. S. Parker, and Louise E. Walker, *Latin America's Middle Class Unsettled Debates and New Histories*, Lanham: Lexington Books, 2012.

Chile. By looking at the doctors, making use of both economic analysis as well as a social and labor history approach, the gap in the works on this subject can begin to be mended. The scholarship's reductive understanding of the actors involved in the process of propping up the junta's regime can begin to be corrected.

In order to achieve this, it is important to first understand the greater overall context of the Chilean dictatorship. While the *colegios* were by no means the key actors in the conflict, during the later half of the UP administration's time in office they certainly played a crucial role in undermining its authority, backing and later participating in labor strikes as well as publicly calling for the removal of its government.<sup>9</sup> The COLMED in particular, as not only an influential professional association, but essentially a body of Allende's peers, was an especially damning opponent. And while the *colegio's* stance did not actually represent the political opinion of all doctors in the country, it still successfully mobilized most medics under its authority towards undermining the UP administration, effectively placing Allende as the antagonist to the medics, regardless of their shared background. To the public, this must have been a particularly effective voice against the already heavily polarizing administration.

While not studied extensively, across multiple disciplines there does exist a modest amount of literature regarding the medical field in Chile and its adjacent subjects, such as the economics of healthcare in the country<sup>10</sup> and the experiences of its doctors during dictatorship.<sup>11</sup> Unfortunately, there remains a frustrating disconnect between such works, which rarely factor the findings of other fields in their own research. Additionally, another gap in the literature which persists is the relationship between the medical body and Allende himself, a relationship which this study finds to be especially important to

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<sup>9</sup> Sebastian Sandoval Nuñez, "El Rol de los Colegios Profesionales," *El Quinto Poder*, published May 20, 2020.

<sup>10</sup> Ryszard Piasecki, "Reform of Healthcare and Pension Systems in Chile (Conclusions for Poland)," *Comparative Economic Research* 14, no. 2 (2011) 41-60.

Jaime Burrows, "Inequalities and Healthcare Reform in Chile: Equity of what?" *Journal of Medical Ethics* 34, no. 9 (09, 2008).

William Jack, "Public Intervention in Health Insurance Markets: Theory and Four Examples from Latin America," *The World Bank research observer* 17, no. 1 (2002): 67-88.

<sup>11</sup> Horacio Riquelme U., *Médicos Protagonistas. Entrevistas narrativas sobre las condiciones de vida y de ética profesional bajo la dictadura militar*, (Montevideo: Sindicato médico de Uruguay, 1995).

Horacio Riquelme U., *Ética Médica en Tiempos de Crisis: Los médicos y las dictaduras militares de América del Sur*. Chile: CESOC, 2002.

the events leading up to and following the military coup. Allende effectively went from a pioneer and leader in the medical profession, then to a national symbol of doctors across the political spectrum, and finally was transformed into a villain in the eyes of the medical community in Chile, even in the association he himself had helped to found. This relationship not only mirrors that which Allende had with much of the political center of the country, but also illustrates how deeply polarizing he became towards the tail end of his time as president. Hence, in this thesis, I begin bridging the gap between economics, labor history, and political history, as well as create a narrative that explains the common experience of the medical practice through the aforementioned fields of study, including an economic analysis of the practice at the national level through this period.

This thesis is based on research of; the *Vida Medica* magazine archive as well as oral history interviews with doctors themselves. The first, *Vida Medica*, a magazine published by the COLMED since the fifties, is a publication authored by Chilean doctors. Its articles range from updates on the latest medical news nationally and abroad, to think pieces penned by subscribers on any topic tangentially related to the practice of medicine. This publication illustrates the general sentiment of the medical body at any given point in time, and serves as a tool to get a general outlook of doctors' perspectives on current events. By using the magazine's publications from 1962 until 1988, we can see the trends in public opinion amongst doctors through the different governments, as well as the conflicting narratives that emerged among different articles.

The other main primary source this thesis utilizes is one-on-one interviews with doctors who practiced medicine roughly between the 1960 and 1990 in the country. These years were chosen as a frame to seek out interviewees due to their relevance to this thesis' focus, namely the growing polarization in politics in the sixties, the rise and fall of socialism in the seventies, and the grip of the military dictatorship from 1973 until 1989. With these interviews, which were mostly held with individuals in their late sixties to early eighties, as well as with other health care workers and younger physicians, I did not seek to be especially selective of participants. Instead, I sought to broaden the pool of interviewees as much as possible within the medical field. With the exception of two doctors, the

participants in this study were all found through their personal and professional relationship with my own grandfather, Dr. Patricio Barraza. This undoubtedly skewed the pool of interviewees to reflect a specific type of political mindset, more sympathetic to the left than not, which I have endeavored to consider through the development of this thesis. While not all interview subjects practiced medicine during the temporal window of this project, they all provided invaluable insight into the happenings of the medical field in general, as well as brought a broader variety of points of view regarding the larger transformation of healthcare following the reforms.

As multiple doctors mentioned in interviews, a universal trait of their experiences leading up to and after the coup was fear related to their jobs. In the case of known leftist doctors especially, their lives were drastically changed via being punished for their previous political activity, such as being expelled from school and fired at work, being taken prisoner by the armed forces, and even being tortured. This fostered increasingly hostile and paranoid work environments for many during the dictatorship, even those who were largely “apolitical”. These experiences were deeply traumatizing to the medical body as a whole, and left scars on generations of doctors which can still be perceived in medicine today. These interviews, which lasted anywhere from 45 minutes to upwards of two hours, offered individuals’ perspectives regarding their shared common experiences. These interviews are the most significant source in the entire project.

This thesis uses the content from these oral history interviews, the material from the *Vida Medica* magazine, as well as the key legislation regarding the national healthcare system to create a narrative about the evolution of the medical profession and the COLMED in Chile through the greater part of the 20th century. By looking into the reforms enacted both during the UP administration as well as during the military government, this project answers the question regarding the motivations behind the COLMED’s allyship and dissent from the state during a specific period from 1970 until the end of the dictatorship. Then, utilizing Jael Goldsmith’s work regarding the citizen-state interactions in the *Programa Nacional de Alimentación Complementaria*, I argue that favorable health outcomes were results of the actions of the doctors following the junta’s healthcare reforms.

This thesis is made up of two chapters, both concerned with the period from the late 1960s to the 1980s, but from different perspectives. In the first chapter, I investigate the labor and social history of the medical field dynamic with the state, by which I pay special attention to the organization of the medical community around COLMED and its agenda regarding the evolution of healthcare in Chile as a profession. Starting with exploring the rise and history of the COLMED and its relationship with the government through time, and then delving deeper into the secondary sources, this chapter dives into the existing literature regarding the doctors. Finally, this section ponders the implications the dictatorship and its reform had on the working conditions of doctors, and finds that the attempts by the COLMED to secure their professional autonomy and political power were ultimately unsuccessful.

In chapter two, the topic of economic evolution and change in Chilean healthcare is covered. This part explores the financing of the healthcare sector, as experienced by doctors and promoted by the state, concluding that beyond simply being detrimental to patient outcomes, the neoliberal model was also extremely negative for doctors and their labor experience. In this chapter, the historical background of Chile's healthcare system as well as for neoliberal reform is laid out from the start of the twentieth century until the seventies, looking at the successes and failures of the major programs and institutions of this period. This chapter pays special attention to Salvador Allende's early role in public health expansion, and how that impacted the landscape before the economic reforms of the dictatorship. Finally, the chapter delves into the role doctors played in protecting and maintaining the crumbling public health system, and examines how a group of apolitical medics stemmed off the negative impacts of the junta's reforms. How much can unorganized individuals impact a systematic effort? And what does that spell for the further evolution of healthcare in Chile?

## Chapter One: A Brief History of the Chilean Medical Body and Its Relationship with the State.

When I began immersing myself into the Chilean medical body's role in the rise of the 1973 dictatorship, one of the first and major challenges I encountered was the sheer diversity in experiences amongst the doctors. Down in the basement of the Museo de la Memoria in Santiago, deep amongst the bookshelves, I was left with just as many answers as brand new questions. I jumped from texts where different cases of medics being complicit or directly responsible for the tortures of political prisoners were described in vivid detail, to others where the story of doctors and other medical workers who had kept patients hidden from the armed forces during the coup at the cost of their own lives were told. I had come into this project expecting uniformity the likes of which I had seen in similar studies, such as in workers and militants, and instead found a group of people seemingly only loosely tied together by their profession. I struggled to not be overcome with worry.

It became apparent that treating doctors as a monolithic entity in my research would be misguided at best and dishonest at worst. When researching in multiple libraries and databases, it also became apparent that at least one of the reasons so little scholarship focused on the entire medical body was due to the diverse experiences that doctors had during this time. Unlike other groups, such as wealthy middle class women for example, there was a wide and conflicting array of motivations found amongst the doctors leading up to the coup. Their backgrounds also seemed to be heterogeneous, varying from long lines of wealthy medical families, to those who pulled their own weight single-handedly through medical school. This, as one might expect, manifested in a politically diverse group, not necessarily bound by their education or professional lives. Therefore, my main problem regarding my subject emerged: How does one go about studying a group composed of both Prisoners and Torturers? Victims and Villains?

In order to best illustrate this conflict, a particular account from a book in the Museo de la Memoria comes to mind. The following story came in the form of a transcript of interviews with a variety of doctors across Chile, Uruguay, and Argentina who recounted their opinions and experiences regarding the coups in their respective countries. In this particular case, a Chilean doctor recounts her personal

experience being detained on September 11th, 1973 directly from the hospital where she worked at the time.

“I was detained. I was a university professor... We lived a very serious crisis in Hospital XX due to the medics' strike in '73 (in opposition to the Allende government, before the coup) in which a horrible polarization occurred... What I can recount accurately is that we were eight detainees, between assistant medics and students, of which five showed up dead, amongst them the chief of staff, who was a priest, two remain missing, one medical student and one assistant, and the only survivor is me... It was not only political, but it also had something to do with the fact that some medics could not stand the idea that us other doctors did not go on strike... I believe that is where something happened amongst medics... because the guild split and they prosecuted us greatly... Our true prosecutors were the medics, more than the armed forces, I mean, the military men were only the executors. It was a persecution in the sense of the detention and later the exoneration; it's undoubtable, for example, that the hospital director allowed them to enter the hospital and allowed our names to be turned over...”<sup>12</sup>

As this doctor's experience illustrates, medics were both the victims of the violence engendered by the coup, as well as the instigators and beneficiaries of it. When studying their collective action as a politically active entity, one must keep in mind that the overall political actions that the medical body took as a collective, such as the support of the persecution of their colleagues, evidently did not reflect the opinions nor the best interest of all members of the corps. We cannot simply treat doctors as a group of

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<sup>12</sup> "...estuve detenida. Yo era docente universitaria... En el Hospital XX se vivió una crisis muy fuerte por el paro médico del año '73 (en oposición al gobierno de Allende, antes del golpe de Estado) en que se produjo una polarización espantosa...Lo que puedo contabilizar en forma precisa es que fuimos ocho detenidos, entre médicos auxiliares y alumnos, de los cuales cinco aparecieron muertos, entre ellos el jefe de personal, que era un sacerdote, dos están desaparecidos, un alumno de medicina y una auxiliar, y la sobreviviente soy yo... Fue no solamente política, sino que tuvo que ver algo con el hecho de que algunos médicos soportaron mal la idea de que otros médicos no hubiéramos ido al paro... Creo que ahí hubo algo en lo médicos... porque el gremio médico se dividió y nos persiguieron tremendamente... Nuestros verdaderos persecutores fueron los médicos, más que los militares, o sea, los militares sólo fueron los ejecutores. Fue una persecución de hecho, en el sentido de la detención y posteriormente la exonación; es indudable, por ejemplo, que el director del hospital permitió que entraran al hospital y permitió que se dieran los nombres..." Horacio Riquelme, *Médicos Protagonistas: Entrevistas Narrativas sobre las condiciones de vida y ética profesional bajo la dictadura militar*, Montevideo: Ediciones Banda Oriental: Colegio Médico de Chile: Sindicato Médico de Uruguay. 1995. 122.

unanimously supportive individuals regarding the coup any more than one can discard the very real and tragic experience that dissident doctors had during and following the events of September 11th, 1973. Therefore, for the purpose of this paper, a dichotomy has to be maintained between the political influence of the doctors as well as the different realities of individual medics in the country.

For the purpose of this chapter, we will not delve into the more extreme experiences of doctors neither as victims of the dictatorship nor as eager participants in the human rights violations of the junta. While their struggle is an undeniable part of this story, these medics have already been granted significantly more attention by academics in comparison to their less politically involved peers. And as their importance will underline the greater conclusions of this work, their specific cases will not be dismissed as other similar projects may opt to, but instead remain mindful of their weight to this community's unique situation. Instead, this project will focus on the less studied, but perhaps more historically impactful (due to their majority) part of the medical corps, who were neither the martyrs of the dictatorship, nor its loyal lap dogs. Rather, this project will study the bulk of the medics working in Chile through the 60s, 70s, and 80s, who largely presented themselves as apolitical, and yet were extremely impactful to the reforms executed by the military regime in their individual lives.

## Introduction & Summary

Exploration of particular groups and locations in respect to the 1973 military coup and subsequent dictatorship have been the interest of scholars of this period for some time.<sup>13</sup> Through different lenses, academics have rightfully sought to challenge the government's right-wing official narrative, and top-down narratives regarding the events of September 11th, 1973, and the drastic, violent actions that took place thereafter. However, while scholarship has successfully enfranchised the voices of the marginal

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<sup>13</sup> Peter Winn, *Weavers of Revolution : The Yarur Workers and Chile's Road to Socialism*, New York: Oxford University Press, 1986.

Margaret Power, *Right-Wing Women in Chile : Feminine Power and the Struggle Against Allende, 1964-1973*, University Park, Pa: Pennsylvania State University Press, 2002.

Marian Schlotterbeck, *Beyond the Vanguard : Everyday Revolutionaries in Allende's Chile*, Oakland, California: University of California Press, 2018.



sectors of the population (i.e., Women, laborers, and dissidents,) it has also long treated the power of the right-wing flank as a monolith, largely lacking in internal dissent or diversity of actors. While labor history in particular has been placed at the heart of academic and political discourse since the fifties in Chile,<sup>14</sup> professionals' history has not been studied nor been included in larger social and historical analysis. In this chapter, I seek to provide a lens of the perspective of the Chilean medical body, which provides a recontextualization of the right wing perspective outside of military and foreign powers' interest, and instead helps us glimpse into a more mundane member of the supporting sector of the population which sought an end to the Allende government.

In this chapter I argue that the medical body, while acting as a collective as well as individuals, unsuccessfully attempted to secure their professional autonomy and socio-political best interest by both allying and colluding against the state through regime change. While understanding and exploring the nature of such politically diverse groups as the medical body was during this period, I maintain a dichotomy between the collective socioeconomic influence of doctors in Chile collectively and the individual experiences of medics who may or may not have aligned with the groups collective action. In this way, I aim to tackle both the larger influence of doctors over the national political discourse during this time as well as attempt to still represent the diversity and nuance of doctors as individual subjects with motivations and beliefs unique from this profession and community.

In the first section, I aim to provide a brief overview of the existing literature regarding doctors, limited as it may be. I will cover the general categories often used to explore different types of doctors during this period as well as some of the historical revisionism present in the history of the profession as a whole. Then, in the second section, I will provide a brief overview of the political agenda of medicine in Chile during the 20th century. I will pay special attention to the formation of the Colegio Medico as well as its political agenda regarding healthcare and doctors in the country. For the third section I will delve into the Allende government's healthcare platform, and how it collaborated and clashed with the

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<sup>14</sup> Ángela Vergara, "Writing about Workers, Reflecting on Dictatorship and Neoliberalism: Chilean Labor History and the Pinochet Dictatorship," *International Labor and Working-Class History* 93, (2018): 52–73. 52.

COLMED's own vision for healthcare. In this section I will argue that doctors predominantly placed their own socioeconomic best interest over the planned expansion of public healthcare. And lastly in the fourth section I will explore the consequences of the guild's allyship with the dictatorship and how it failed to accomplish the wishes of the association. In this section I will explain the fall of the professional associations' authority in the country, and how this went on to further shape the state of healthcare in Chile today.

#### Observations of Existing Literature on Chile's Doctors in Dictatorship.

As mentioned previously, literature on Chile's medics and their role in the September 11 coup is extremely limited. Similarly to literature dedicated to right-wing sympathizing groups outside foreign powers and the armed forces, research regarding the doctors is scarce and fragmented. This gap in the literature regarding groups like this is the next area in which new research must be focused, since the role played by minor, but more populous actors sheds light on the parts of the process through which a country can overturn a stable democracy overnight. Additionally, it presents great examples of how extreme, even fascist ideology can seamlessly seep into the general population, which is a particularly timely topic in the present day. By extending academic focus towards these cases, we will both further our understanding of this particular part of history as well as manage to better prepare for similar situations in the future.

In my research both in the United States and Chile, I have found that there are two primary types of work regarding doctors in this period. The first, which is the least relevant to my research, I have come to think of as heavily censored medical histories. These are the types of works that often span more than just the events of the dictatorship and aim to give comprehensive views of the medical field's journey through time. These books and articles are commonly authored by doctors themselves, usually with a didactic end goal, such as for the education of medical students, as opposed to providing an argument regarding the narratives given. As a result, these works tend to be rather censored and have a propensity for excluding and omitting some of the more controversial topics, such as the participation of doctors in

state-sponsored torture. Texts like *Historia del Colegio Médico de Chile*<sup>15</sup> by Drs. Carvajal and Roman and “Hitos de la Salud Chilena”<sup>16</sup> by the Colegio Medico are some examples of this. Both texts provide a sanitized and rather shallow analysis of the medical body and its collective actions during the dictatorship era.

These texts, while useful to place events in chronological order and to better understand the perspective of a doctor, do not provide much value towards the topic of this thesis. The work, often done by doctors, who seek to act as historians without much, if any, preparation for the task, leaves much to be desired in terms of critical analysis and an academic approach to the subject. As a result, while sometimes used and cited in this work, such works are mostly not included in the bibliography nor were they sought after with nearly the same energy as the second type of work regarding medics.

This second type of text regarding doctors during this period is what I have termed fragmented studies. These works are much more prominent than the previous type, being significantly more interesting to audiences other than doctors themselves. These studies often times narrow down on smaller sections of the medical body, such as the doctors who took part in torture of political prisoners, or focus on more specific subjects in relation to the medical body, such as its participation in protests. These works, while more often having a deeper and more interesting analysis of the corpse’s political motivations, have rarely managed to encompass the entire medical practice. On the contrary to the censored histories, these texts demonstrate a strong disavowment of the dictatorship and the doctors who served to perform and enable torture on it’s behalf, however, they rarely address the less conspicuous facet of the medical field’s political allyship with the junta. This prevents them from effectively filling the gap in the literature regarding the greater, more impactful role that medics collectively had on the rise of the dictatorship. Works in this category include *Traición a Hipócrates*<sup>17</sup> by Francisco Simon Rivas, or

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<sup>15</sup> Carlos Carvajal Hafemann, and Oscar Roman Alemany. *Historia del Colegio Médico de Chile*. Colegio Médico de Chile, 2018.

<sup>16</sup> “Hitos de la Salud Chilena” *Ministerio de Salud: Gobierno de Chile*. Accessed June 2nd, 2023.

<sup>17</sup> Francisco Simón, *Traición a Hipócrates: médicos en el aparato represivo de la dictadura*. Santiago: Ediciones ChileAmérica, 1990.

*Ética Médica en Tiempos de Crisis*,<sup>18</sup> and *Médicos Protagonistas: Entrevistas Narrativas sobre las condiciones de vida y ética profesional bajo la dictadura militar*,<sup>19</sup> both by Horacio Riquelme. Works like these, while often well executed, rarely attempt to work with the collective medical body, and instead fragment it into more easily navigated parts. This, understandably, posed its own challenges in respect to this thesis' research of the corpse's relation to the regime as a collective.

While one half of the source material available regarding doctors was too shallow and not to the caliber to be particularly useful, the other was difficult to utilize for a medical body-wide research project. One cannot extrapolate nor transfer over the observations and conclusions of most of these groups to the larger whole any more than one can presume that the larger trends in the medical body can be indiscriminately applied to random individuals within it. Hence, in order to bridge both the gap between the sources and the material, as well as to test some of the claims drawn in other works, the use of interviews for this project, as described in the introduction of this thesis, was vital.

#### Medicine in Chilean Politics: How Doctors Affected National Change.

In light of the seemingly drastic changes occurring in the medical body during what took place leading up to and during the coup, it is useful to look backwards in the history of medical politics in Chile in order to contextualize them. Therefore, using medical legislation and medical history, one can explore the political agenda and trajectory of the medical body in Chile during the 20th century. By analyzing previous records of medical involvement in politics, we can ultimately better observe both the exceptional and mundane aspects of the events that took place during the UP administration and the junta's regime.

For the sake of the following section, the conceptualization of "law as a process...in the context of the historical development of Chilean society," as used in Dr. Jaime Llambias-Wolff's dissertation,

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<sup>18</sup> Horacio Riquelme, *Ética Médica en Tiempos de Crisis: Los médicos y las dictaduras militares de América del Sur*, Chile: CESOC, 2002.

<sup>19</sup> Horacio Riquelme, *Médicos Protagonistas: Entrevistas Narrativas sobre las condiciones de vida y ética profesional bajo la dictadura militar*, Montevideo: Ediciones Banda Oriental: Colegio Médico de Chile: Sindicato Médico de Uruguay. 1995.

“The Rise and Fall of Welfare Health Legislation in 20th Century Chile: A Case Study in Political Economy of Law,”<sup>20</sup> will be applied. As he claims, we can look towards the way in which lawmakers moved in regard to health legislation to understand “the expression of how society articulates and represents different interests and how health reforms are determined by the influences and capabilities of interest groups.”<sup>21</sup> This section will closely follow important health legislation, and utilize it as a measure of the relationship between medics and the state, as well as its achievement.

The history of the medical body’s dynamic with the state starts in the first few decades of the 20th century, with the multiple economic crises of the era, as well as with the mass migration of peasants from the countryside to the cities.<sup>22</sup> Due to the increasing poverty arriving in urban settings, as well as ideological influence hailing from Europe, a strong societal pressure on the state began to demand healthcare for the working class and their families, seeking to establish what became known as the social safety net. However, the oligarchic and highly stratified Chilean parliament at the time was not moved, so it was not until the military coup of 1924 that what is now known as the welfare state was kickstarter by a series of laws passed by the legislation under the pressure of the armed forces. These laws, while not immediately effective in transforming medicine from an almost exclusively private entity to a public one, still served to begin building the framework of a state-led healthcare system. Among them, the Workers’ Compensation Act, which established compulsory insurance for the destitute, laborers, and elderly was of notoriety due to the range of medical services it offered to beneficiaries as well as its imperative to begin the construction of public hospitals.<sup>23</sup> Additionally, the Ministry of Hygiene, Labor, and Social Welfare was instituted to carry out this new healthcare vision.

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<sup>20</sup> Jaime Llambias-Wolf, “The Rise and Fall of Welfare Health Legislation in 20th Century Chile: A Case Study in Political Economy of Law,” PhD diss, (Osgoode Hall Law School of York University, 2013.) 2.

<sup>21</sup> Llambias-Wolf, “The Rise and Fall of Welfare Health Legislation.” ii.

<sup>22</sup> “Migrants transformed the nation from a largely rural society to a decidedly urban one - from one third of the population living in cities in the early twentieth century to two thirds by the 1970s.” Nathan C. Norris. “Squatters, Shanties, and Technocratic Professionals: Urban Migration and Housing Shortages in Twentieth-Century Chile.” (PhD. dist. City University of New York. 2018.) 8.

<sup>23</sup> Law 4,054 (1924). Workers' Compensation Act 4,054, Sickness and Disability (Recasting of Act 4,054).

The legislature's focus on health legislation came as a result of its importance to both the UP government's platform, as well as to the way it led the way in the expansion of the state's control over the countryside. As Llambias-Wolff himself describes it, medicine "was the most interesting aspect of the welfare state, which was to attend to, maintain, and restore the health of the working force."<sup>24</sup> Similarly, in his essay "Milk Makes the State," Jael Goldsmith notes how the presence of the complimentary nutrition public health initiative (PNAC) was "sometimes effectively the first extension of the modern state, only later followed by roads and infrastructure," demonstrating healthcare not only a priority of the state's development program, but rather its gateway.<sup>25</sup> By working to expand the public's health care access, the legislation began a radical shift, marking the end of medical services to the masses through forms of charity, towards an institutionalized, government-led system. And as the medical programs of the state overtook what was previously only serviced through charity, the country steadily began becoming more involved in, and dependent on the government itself.

The state's actions marked a radical shift in healthcare, not just for patients, but also for medical providers. Their previous pool of patients, defined by their ability to pay for the services, was rapidly expanded to include the general masses. And as more expansions in state-sponsored health initiatives passed, their services continued to increase in demand. However, in opposition to the previous dynamic where doctors worked directly for their patients and their families, they now had to contend with an entity like the state mediating between them and their clients. This presented new and unique challenges. Unlike dealing with a patient, individual doctors could rarely, if ever, level with the state and its institutions. This power dynamic, therefore, demanded that doctors use the only effective tool available to leverage against the government's authority; their collective power. This shift in the dynamic directly prompted the creation of medic-based associations, with the most important being the Colegio Medico de Chile in 1948, and ultimately, marked the beginning of the medical body's formal participation in political discourse in the country as a professional group.

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<sup>24</sup> Llambias-Wolf, "The Rise and Fall of Welfare Health Legislation." 57.

<sup>25</sup> Jael Goldsmith, "Milk Makes State: The Extension and Implementation of Chile's State Milk Programs, 1901-1971 1," *Historia* 50, no. 1 (Jan, 2017,) 94.

Early on in the dynamic between the state and the medical body, both friction and cooperation emerged. For instance in 1931, during the dictatorship of President Ibañez del Campo, the state sought to expand its authority through increasingly more audacious public projects. However, the medical body alongside the professionals of the time, widely disagreed with the proposals, and so set out in public unrest in the form of riots against the government. Notoriously, after a medical student lost his life while participating in one of the protests, the COLMED joined in the demonstrations calling for the resignation of the administration.<sup>26</sup> That same year president Ibañez del Campo was forced to resign. The fall of dictatorship did not spell the end of increasingly socialized medicine in Chile, however. As the state moved deeper into a plan of socialized healthcare from the 1930s to the 1960s, the collaboration with the medics and the state allowed the passing of important legislation for both, such as the Medical Employee's Act of 1951, which "fixed wages, limited professional working hours to 36 hours a week and controlled the distribution of hours to be worked in different institutions."<sup>27</sup> These instances of cooperation were vital for the prosperity of the medical field, and would not have been able to pass without a working relationship with the medical body. This constant tension between animosity and allyship has been present through the majority of the 20th century in their dynamic, but would only reach its lowest point later during the events of the coup.

It would be remiss to cover the institutionalization of medicine as a state entity as well as a professional guild without covering the early beginnings of the most important Chilean medical association of the 20th century, the Colegio Medico, or COLMED. Early attempts at private professional societies for Chilean medics began as early as the 19th century, but were generally short lived and under attended by fellow doctors. Early examples include the Doctors' Union (1926), which was quickly absorbed by the Chilean Medical Association (1932). These and other associations lacked the prestige needed to effectively organize doctors against the state during conflicting periods. In 1948, a group of

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<sup>26</sup> "Carlos Ibáñez del Campo (1877-1960)," *Memoria Chilena: Biblioteca Nacional de Chile*, Accessed November 17th, 2023.

<sup>27</sup> Law 10,223 (1951). Established the Medical Employees' Act. Llambras-Wolf, "The Rise and Fall of Welfare Health Legislation," 94.

medics, amongst them future president Salvador Allende, established a professional association in the same spirit of other emerging professional associations or “colegios” named the Colegio Medico de Chile. As article two of Law 9,263, establishing it as a professional association with state-granted authority states, “The Colegio Medico of Chile (COLMED) has as its goal the perfecting, social and economic protection, and the hypervigilance of the profession of medic-surgeon.”<sup>28</sup> Additionally, membership of medics practicing in Chile in COLMED was made compulsory, further solidifying the position of the organization in the medical legislative discourse. This gave the COLMED the necessary bargaining power to level with the state on behalf of all medics. Finally, the country’s doctors could meet with the state on a less unequal negotiations table.

Gaining a more even ground in regard to the state’s legislative efforts was significant. Finally, the medical body could participate in the political dialogue, not only as private individuals, but now as a collective. Their prestige as highly educated and generally wealthier members of society coalesced the COLMED into an especially influential professional association. After all, it was no small feat to be able to freeze the labor of all physicians practicing in Chile with a single communication. This presented the medics with a significant amount of influence in national politics. This presented the board with the opportunity to advance their own interest in legislation considerably more easily. From its formation in the end of the 40’s, until the 60’s, they proceeded to do so on two fronts.

First, the COLMED utilized its political power to improve healthcare services across the nation. This pursuit for the betterment of their patients’ care, while seemingly intuitive for a doctor at first glance, was not necessarily a guaranteed outcome, as the second chapter of this thesis will address. There is a long tradition in the COLMED’s history of seeking improved care standards and systems for the public, regardless of their ability to pay for the services or not. A primary example of this was the role of the COLMED in the formation and implementation of the National Health Service (Servicio Nacional de

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<sup>28</sup> Act 9,263 (1948). Created the Medical College of Chile.



Salud), or SNS, which sought “the functional and organic integration of all health institutions in Chile.”<sup>29</sup> A long standing desire of doctors, the medical body had long called for the standardization of health practices and the strengthening of the state’s role in policing it. This came to a head when in 1952, objectively early in the existence of the COLMED, medics used their political influence both individually and collectively to push for the creation of the SNS in what became Law 10,383 which formally established the SNS institution.<sup>30</sup> This feat occurred largely as a result of the collaboration in the congress of multi-partisan politician-doctors, such as Dr. Allende who introduced the bill, and notorious conservative Dr. Eduardo Cruz-Coke, working together to write and draft the bill, along with the advocacy and support from the COLMED.<sup>31</sup> The SNS was considered one of two key state-led healthcare projects of the time,<sup>32</sup> illustrating the impact that doctor’s work and advocacy went on to have on improving national healthcare standards.

Another case of doctor’s political influence being utilized to further medical progress in the country is the case of the Nacional Workers Health Service, (Servicio Médico Nacional de Empleados,) or SERMENA for short. This law further cemented a changing dynamic between doctors and patients, making the responsibility of doctors as state employees one of further duty towards improving care for the country. Following the early efforts in the first half of the 20th century to provide nationalized healthcare for the most vulnerable members of the population, such as the elderly, unemployed, and indigent, a gap was unwittingly created for those not covered by the new services who could also not afford private care out of pocket, particularly tertiary care, which included most surgeries and other intensive procedures. This group consisted primarily of white collar workers, both in the private field as well as in state jobs. The lack of support or affordable healthcare in the sixties meant these people were often left underserved by the medical field, and therefore had to go through unnecessary struggles to receive care. During this

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<sup>29</sup> “La integración funcional y orgánica de todas las instituciones de salud existentes en Chile.” Carvajal Hafemann, and Roman Alemany. *Historia del Colegio Médico de Chile*. 55.

<sup>30</sup> Law 10,383 (1952). Social security for blue-collar workers.

<sup>31</sup> Vicente Navarro, “What Does Chile Mean: An Analysis of Events in the Health Sector before, during, and after Allende’s Administration,” *The Milbank Memorial Fund Quarterly. Health and Society* 52, no. 2 (1974,) 99.

<sup>32</sup> Eduardo Cruz-Coke Lassabe, *Medicina Preventiva y Medicina Dirigida*, (Santiago: Cámara Chilena de la Construcción, 2012,) ix-xxii.

period, it was a common sight for uninsured patients to have to find “irregular” ways into hospitals in order to receive public care while uninsured. As one doctor witnessed during this period, people had to enter the hospital “through the window,” in order to receive the care they needed.<sup>33</sup> Between approximately 1952 and 1968, this was the way in which healthcare essentially worked in the country for a large section of the population. This ended in 1968, when Law 16,781 established a right to tertiary care coverage for both state and private employees.<sup>34</sup> By pushing towards this outcome, doctors once again demonstrated a commitment towards patients, and utilized their political influence to achieve it. However, being an advocate for legal and systemic healthcare reform was not the only, nor the biggest goal that the medical body had when it came to legislation.

The second, and much more frequent goal that the COLMED and the medical body pursued as a professional association, was to improve the working conditions and economic interest of doctors in Chile. This is by far the most common reason the COLMED became entangled in politics and used its influence in one way or another. As a professional association acting partly as a nationwide guild, the COLMED adapted and utilized common labor organizing tactics previously mentioned in order to pursue these goals. And as a globally popular and effective strategy for unions, strikes have been utilized by the Chilean medical body long before the COLMED’s creation. However, its formation certainly bolstered the capabilities of the doctor’s ability to organize for protesting. While the actions taken by the COLMED in the early seventies are evident examples of this, I will constrict myself to study the sixties in this section in order to better illuminate the long tradition and trend of the COLMED boldly placing its weight towards the improvement of labor conditions in the medical field in this way.

As described by Drs. Carvajal and Roman, the very first struggle the COLMED ever attempted to involve itself with, as well as the first ever medical protest in the country, was the so-called strike of the “ad honorem medics.”<sup>35</sup> In 1948 it consisted of demanding the formal employment of medics as state

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<sup>33</sup> Carvajal Hafemann and Roman Alemany. *Historia del Colegio Médico de Chile*. 68-69.

<sup>34</sup> Law 16,781 (1968). Curative Medicine Act.

<sup>35</sup> Carvajal Hafemann and Roman Alemany. *Historia del Colegio Médico de Chile*. 53.

employees and occurred over the course of approximately four days. As late as 1952, over half of all medics in Santiago were considered to be “ad hominem,” meaning they were being paid in fees instead of in a salary. At this time the COLMED was incapable of becoming directly involved in the protest despite already having been formed, and so the the Department of Medical Work, alongside the AMECH, or Medical Association of Chile “Asociacion Medica de Chile,) were able to step in and fulfill what would have otherwise have been the role of the COLMED. The struggle was successful, and the medics secured a change in the model as well as significant increases in their salaries. However, the failure to include a clause regarding adjusting for inflation quickly rendered the bills improvements useless due to the consistently high rates of inflation at the time.

Another example of the medical body’s protesting for improved labor conditions was the “Pens’ Strike” which occurred in 1962 when medics once again sought a state increase in their salaries, this time in the face of the significant inflation experienced in the sixties.<sup>36</sup> Instead of a classic strike, however, they did not abandon their jobs. Instead, they only functioned with the least amount of attention and documentation, eliminating altogether the use of a doctor’s signature, hence the name of the protest. This case, unlike the previous example, was not successful, and ultimately was quelled by the state. Ultimately, doctors gradually returned to work, with no gains made. While unsuccessful, it marked another instance of the COLMED and the medical body, moving in the political realm in order to improve doctor’s work conditions.

Moments like this and the previous examples make it clear that the medics were ultimately frequent and largely effective users of protests and strikes to pursue their goals. With the introduction of the COLMED in 1948, their efforts became significantly organized and wide-spread. It translated into an empowering of the medical field’s political lobbying for reform and led to a revolution for the medical field, for both patients and medical workers. This was the trend leading up to the events that went on to take place in the early seventies with the rise of the Allende administration, and demonstrate that the actions taken by the medical body then were the culmination of a long-standing tradition for this body.

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<sup>36</sup> Carvajal Hafemann and Roman Alemany. *Historia del Colegio Médico de Chile*. 67-68.

## A Limit on Virtue: Allende, the Medics, and the End of an Era.

As the sixties came to a close, a new and radically different future approached the medical field in the form of the *Unidad Popular* administration and the incoming president-elect, Dr. Salvador Allende. As mentioned previously, Allende had long been a champion of many public health reform projects in the national stage, as a president of the COLMED, as a senator, and even as a health minister. Now, as the new president of the republic, one of his biggest and most ambitious proposals was his plans for a dramatic change in the way the healthcare system functioned in the country at every level, from the way medicine was planned to the ways patients would be eligible for care.

Allende's plan was called the Six-Year Health Plan (Plan Sexenal de Salud).<sup>37</sup> It planned out health reforms and public programs for all the six years his administration would be in power. Amongst its goals, the democratization and expansions of public healthcare, abolishing the free choice scheme, and increasing the health levels of the population were central.<sup>38</sup> In the seventies, despite decades of efforts to further public health, the medical system still did not fully satisfy all members of society lacking the means to pay for private care. Additionally, Allende's previous political achievements had not been without unforeseen or unaddressed flaws. For instance, while useful, the SNS was notorious for tremendous amounts of bureaucracy and a lack of responsiveness to the local community needs.<sup>39</sup> This did not go unaddressed by the UP candidate's platform. His government's plan, "had as one of its basic goals the incorporation of community organization into health decision making through the "democratization" of the Servicio Nacional de Salud."<sup>40</sup> Allende, in his role as president, sought to fix the gap between community needs and the top-down hierarchy in Chilean public medicine through the

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<sup>37</sup> Roberto Belmar, "Evaluation of Chile's Health Care System, 1973-1976: A Communique From Health Workers in Chile," *International Journal of Health Services* 7, no. 3 (1977): 533.

<sup>38</sup> Maria Eliana Labra, "Padrões De Formulação De Políticas De Saúde No Chile No Século XX," *Dados* 43, no. 1 (2000).

<sup>39</sup> Susan Rosenthal, "The Lessons of Chile," In *Sick and Sicker: Essays on Class, Health and Health Care*, Kindle Edition. (ReMarx Publishing, 2017.)

<sup>40</sup> Roberto Belmar and Victor W. Sydel, "An International Perspective on Strikes and Strike Threats by Physicians: The Case of Chile," *International Journal of Social Determinants of Health and Health Services*. Vol. 5, Issue 1 (1975,) 53.

incorporation of community representatives into the medical hierarchy. While originally started by the Frei administration in the form of workforce health councils,<sup>41</sup> the concept did not gain support from workers' themselves, who explained that the councils "[give] our workforce a feeling of participation but without an actual and authentic power of decision."<sup>42</sup> Despite its many similarities with the original Frei administrations' councils, workforce leaders only began trusting them once Allende and his administration demonstrated an interest in giving them real power over hospitals and public health planning. The administration created the Local Health Councils,<sup>43</sup> which "empowered the neighborhood health councils to decide on local health policy."<sup>44</sup> Only then did this process begin making actual headway into transforming health in Chile, and simultaneously, only then did it begin making medics feel as if the state and the working class were stepping on their toes.

Additionally, Allende sought to expand compulsory work amongst medics in order to grow preventative care in marginal communities. Allende had long been an advocate for more aggressive and widespread care (especially preventative care,) for the population.<sup>45</sup> His work on the link between economic inequality and health outcomes had been a "pioneer" in relation to national health planning in the 20th century.<sup>46</sup> As president, he began by enlisting medics to enact his vision for the country's public health. The medic-politician hoped to curb the exceedingly high mortality rates in the country by establishing a better health baseline through expanded services. Public service work was already a long-standing tradition in the medical field at this point in time, with three years of mandatory community service work in urban and rural clinics being the standard for recent medical school graduates.<sup>47</sup> However, Allende's health plan expanded this to five years, seeking to increase coverage in the more vulnerable

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<sup>41</sup> Decree °54 (1969). Approved the creation and functioning of Workforce Health Councils.

<sup>42</sup> Navarro, "What Does Chile Mean," 108.

<sup>43</sup> Decree °602 (1971). Creates Local Health Councils.

<sup>44</sup> "History of the health care system in Chile," *American Journal of Public Health* 67, no. 1 (January 1, 1977,) 34.

<sup>45</sup> Salvador Allende, "La realidad médico-social chilena," Santiago: Ministerio de Salubridad, Previsión y Asistencia Social, 1939.

<sup>46</sup> Ana María Oyarce, Carlos Madariaga, Yuri Carvajal. "Diálogo sobre el pensamiento médico social de Salvador Allende Gossens" Streamed live by Escuela de Salud Pública de la Universidad de Chile, on September 7, 2023. 35:25.

<sup>47</sup> Navarro, "What Does Chile Mean," 107.

regions in the country. Along the same lines, the ratio of hours worked in health centers by regular physicians in the public system were expanded in order to better staff clinics. “Out of the six hours a day physicians worked in the [SNS], at least two hours had to be spent in local health centers.”<sup>48</sup> This was not a popular decision with the medical community, fully bringing many physicians directly against Allende. Nevertheless, some workers, particularly younger ones, did agree with the measures and found the work in the clinics meaningful and important. Amongst my interviews with doctors who were completing their education during this time, the experiences they had during their public service work seemed to be particularly formative and would be highly influential through the rest of their careers.

As a result of these reforms, the required expansion in public services as sought by the administration was largely achieved. “Health-center hours were expanded into the late evening, and in some places, like Santiago, remained open twenty-four hours a day. Preventative services, such as immunizations, vaccinations, and prenatal care were emphasized.”<sup>49</sup> The reforms worked as intended, and just in the first six months of the Allende administration, “the number of children visiting medical clinics increased by 17 percent for the whole country and by 21 percent in Santiago.”<sup>50</sup> This is particularly impactful when one recalls that infant mortality rates in Chile had long been especially high, with one in four children dying as late as the 1930’s, only fifty years before Allende took office.<sup>51</sup> Hence, through the expansion of medicine’s working hours, and the push for work in local clinics, the Allende administration achieved their goal to provide much necessary care to the public. Nevertheless, the measures continued being widely unpopular amongst the medical community.

However, none of this is to say that all of the UP platform’s goals were achieved by the time the coup violently brought their administration to a close. For instance, while Allende had advocated for the ending of the free choice system through a Unified National Health System, the medical community,

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<sup>48</sup> Navarro, “What Does Chile Mean,” 107.

<sup>49</sup> Navarro, “What Does Chile Mean,” 107.

<sup>50</sup> Navarro, “What Does Chile Mean,” 107.

<sup>51</sup> Manuel Llorca-Jaña, Rodrigo Rivero-Cantillano, Javier Rivas, and Martina Allende. “Mortalidad general e infantil en Chile en el largo plazo, 1909-2017.” *Rev. Méd. Chile*, vol.149 no.7 Santiago, July (2021.) 1051.

whose members often worked in both public and private practices, ultimately made it impossible for him to reduce, if not outright eliminate, privatized health. Similarly, his plans for changes in practices of social control did not endure. Ultimately, his administration's approach to public health planning, while pioneering and visionary even today, was not well received by the medics tasked with carrying it out.

Despite a long legacy of previous collaboration with the state in order to further the accessible care for the public, especially the working class and indigents, what the Allende administration truly marked for the history of the medical body was a break between medics and the struggle for increasing public healthcare. While previously expansions in state-sponsored healthcare had meant either an increase in the pool of potential patients or at the very least little to no change in their professional lives, the Allende administration, with its revolutionary and oftentimes aggressively anti-bourgeoisie message, effectively turned the majority of doctors away from supporting the reforms. Their personal distaste for the medic-president, along with the personal cost that increasingly more socialized medicine seemed to be promising for them, effectively made doctors shun, and later boycott the president, healthcare agenda, and ultimately the government itself. The administration's advances on undermining and abolishing private healthcare was perhaps the most significant challenge to medics, and became a point of contention that completely reduced what once was a "friendly"<sup>52</sup> relationship dynamic between the COLMED and the state to full antagonism and undermining.

The relationship between the incoming Allende administration and the COLMED began on the best footing it would ever have, with the medical body hesitant but willing to work and negotiate with the government. The rise of the Unidad Popular candidate had made it clear to the public, as well as to the doctors, that the new government sought to bring a new order in the country through the divisive "Chilean Road to Socialism." This, while claiming to be a nonviolent and entirely legal process, still threatened the middle classes with a redistribution of wealth and resources like never before in Chilean history. While a larger trend of redistribution of wealth, particularly in the form of land, was already well underway in the

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<sup>52</sup> Belmar and Sydel, "An International Perspective on Strikes and Strike Threats by Physicians," 58.

form of the agricultural reform sweeping through Latin America,<sup>53</sup> it seemed the Allende government's platform would escalate the magnitude of this process to -what the middle classes considered to be- a much too extreme degree. This was overwhelmingly an undesirable outcome for the medical body, who themselves were solidly amongst the wealthiest class in Chile. Hence, from the inauguration, it became clear that the general goal of doctors was to mitigate the reforms as to "maintain the basic structure of the society," and instead to achieve "only some superficial change," as opposed to a truly radical transformation of the status quo.<sup>54</sup>

As a result of this, during the earlier part of the administration, the use of a "friendly"<sup>55</sup> approach was the tactic adopted by the COLMED leadership, who at this time still believed in and pursued a path of de escalation with the administration. Their promising future at the helm of the president's new healthcare plan, along with increasing authority and funding in public service stipends most certainly helped smooth interactions with the state as well. Nevertheless, as Allende managed to continue moving forward with his agenda, doctors saw their hopes for a natural slowing down of the changes come to an end. Unfortunately for the doctors and the rest of the opposition, as the administration continued its tenure, it only became increasingly more drastic and radical, at least in part due to the militant left's constant pressure.<sup>56</sup> There seemingly was no natural slowing in sight for the rather uncompromising government's plans. The dissident doctors saw themselves needing to change tactics. According to the analysis of the American Public Health Organization, what really marked the change from the diplomatic approach was the witnessed success of the community participation and the increasing power of the local health councils, "Developments included far more emphasis on ambulatory and rural services, on the use of non-professionals and volunteers, and on far greater community involvement in health decisions... In the Chilean context, however, where physician decision making had never been questioned, these

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<sup>53</sup> Peter Winn, and Cristobal Kay. "Agrarian Reform and Rural Revolution in Allende's Chile." *Journal of Latin American Studies* 6, no. 1 (1974): 135-59.

<sup>54</sup> Belmar and Sydel, "An International Perspective on Strikes and Strike Threats by Physicians," 58.

<sup>55</sup> Belmar and Sydel, "An International Perspective on Strikes and Strike Threats by Physicians," 58.

<sup>56</sup> Marian Schlotterbeck, *Beyond the Vanguard : Everyday Revolutionaries in Allende's Chile*, Oakland, California: University of California Press, 2018.



provisions, giving substantial functions to non-professionals and consumer groups that included the poor and illiterate, were quite unsettling.”<sup>57</sup> A lack of compromise from the state, alongside the unfortunate success of their new reforms, seemed to be too much for the doctors. As a result, multiple medical associations, including the COLMED, began to actively push back against the perceived infringement on their authority and prestige. And finally, the increasingly louder voice of the other colegios’ movement brought the COLMED into proper protest territory.

The turn towards direct action against the state by the doctors was finally manifested during the general strike of October, 1972. Commonly known as the bus drivers’ strike of October of 1972, this demonstration is often referred to as a turning point for both the administration as well as for Allende’s opposition. Following the lead of the Truck Owner Confederation of Chile (Confederación de Dueños de Camiones de Chile,) who effectively froze the country’s economy by going on strike against the administration, multiple professional colegios including the COLMED joined in solidarity, mobilizing in protest against the socialist government. As state workers, medics were technically not allowed to participate in a strike, however, they protested under the guise of demanding better access to medical equipment.<sup>58</sup> Additionally, they employed less visible ways in which to undermine the state, from obstructing administrative tasks, to working less hours than contractually obligated to, and even threatening the colleagues who did not participate in the boycott.<sup>59</sup> Estimates on the percentage of medics that participated in this particular protest vary somewhat, but it can be assumed that somewhere between 60 to 65 percent of medics actually joined in the activities.<sup>60</sup> This event effectively emboldened the medic’s opposition to the state, and successfully served to launch their political mobilization against the government.

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<sup>57</sup> “History of the health care system in Chile.” *American Journal of Public Health* 67, no. 1 (January 1, 1977): 33.

<sup>58</sup> Navarro, “What Does Chile Mean,” 117.

<sup>59</sup> Carvajal Hafemann and Roman Alemany. *Historia del Colegio Médico de Chile*. 73-74.

<sup>60</sup> Carvajal Hafemann and Roman Alemany. *Historia del Colegio Médico de Chile*. 73-74.  
Belmar and Sydel, “An International Perspective on Strikes and Strike Threats by Physicians,” 59.

Despite the drastic drop in staff, however, the remaining 35 to 40 percent of doctors who did not participate in the strike successfully managed to carry on with the public health system. Their efforts even helped to not only end the boycott after only twenty days, but also helped to bring together a faction of the medical body in support of the reforms and who saw benefit and importance in including the community in health care planning.<sup>61</sup> Famously, this faction amongst the doctors were joined and aided by other medical workers and medical students, who not only were crucial to keeping public healthcare services afloat, but also became deeply inspired by their work during this period. By laboring amongst other medical workers who were politically aligned with Allende and Unidad Popular, burgeoning medical students and other staff members further embraced and found themselves allying with the state and its mission in public health. Predictably, this quickly led to further division amongst the medical body, which became increasingly hostile. Tensions within the medical body remained high, even following the end of the strike, with the dissident majority even calling for the punishment of doctors not participating in the protests. As if it were a microcosm of the nation, as the country became increasingly more partisan and antagonistic, so it seems did the medical body.

Finally, within the last seven months of the Allende administration, the medical body, particularly its leadership, became more outspoken about its disdain for the president. This began with the outcomes of the senate elections, which served as a sort of litmus test for the amount of public support for the UP party after three years of the Chilean road to socialism. The party, which had barely won the presidential election three years prior, went on to trounce the opposition with close to half the total votes.<sup>62</sup> This was a devastating outcome for the opposition, and it further pushed them towards seeking a non-democratic solution to the issue. Now they were not just calling for an end to the government's reforms, but instead demanding that the military take action to bring an end to things. The medical body itself had become a loud supporter of this, even using the official publication of the COLMED to call for a coup, for the good of the country. As one medic who worked for the armed forces during this time described it, "corn was

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<sup>61</sup> Belmar and Sydel, "An International Perspective on Strikes and Strike Threats by Physicians," 59.

<sup>62</sup> "History of the health care system in Chile." *American Journal of Public Health* 67, no. 1 (January 1, 1977): 31-32.

thrown at the soldiers [by civilians] because they were chickens who were incapable of stopping [the UP government].”<sup>63</sup> This approach of public outcry was successful, as in September the military infamously did just as the doctors and part of the public had requested and ousted the UP government. This was welcomed by the medical body publicly, with an editorial note on the first issue of the COLMED’s publication thanking the armed forces for taking action for the sake of the country. And while the leadership in the COLMED celebrated, the medics who had been deemed to be too entrenched in the UP vision, were quietly disappeared by the armed forces, sometimes to be murdered, tortured, or never to be heard of again.

The violence enacted on medical workers is a particularly interesting aspect of this time. As a point of conversion for the victims of the coup, hospitals were a prime stage for the more gruesome actions taken during September of 1973, and so medics of all political leanings quickly became familiar with the new military government’s preference for force. Many doctors were directly targeted by the junta, but even those considered to not be a threat were subject to the psychological violence of the promise of violence itself. As one young nurse was told a few years later, the armed forces purposely drove fear and compliance into the medical workers. For instance, by accumulating dead bodies in visible spaces inside the hospital, they push the staff into fearful compliance.<sup>64</sup> Simultaneously, many doctors themselves saw this as a perfect opportunity to denounce their peers, and either tattled on their fellow workers’ political leanings to the soldiers occupying the hospitals and streets or simply made up lies in order to get rid of them.<sup>65</sup> What had once been a mostly symmetrical struggle between the two factions in the medical body, now in the post- September 11 stage was a completely one sided persecution of doctors and other workers who had once been supporters of the UP government.

Ultimately, despite a half-century long legacy of cooperation between the medical body and the state in regards to expanding public healthcare service, when confronted with its dramatic expansion at

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<sup>63</sup> Horacio Riquelme, *Ética Médica en Tiempos de Crisis: Los médicos y las dictaduras militares de América del Sur*. Chile: CESOC, (2002,) 247.

<sup>64</sup> Moreno Gonzalez, Gladys Anriana. Interview by author, In-person interview, September 13th, 2023.

<sup>65</sup> Moreno Gonzalez, Gladys Anriana. Interview by author, In-person interview, September 13th, 2023. Tamblay, Jose. Interview by author. Recorded video call. July 20th, 2022.

the cost of the economic best interest of medics, the medical body refused to cede its privilege. Despite their central role in the UP's plan for health planning, the increasingly more powerful position of the community organizations, as well as the potential loss of the private sector, doctors, as what one article describes, "[accumulated] power."<sup>66</sup> since they were, "no longer willing to give up the position they had won in the job market."<sup>67</sup> Meanwhile, the COLMED, standing in solidarity with the dissident medics, refused to let the state deprive doctors of the significant economic benefits that the private sector provided, and was unwilling to let the profession become an entirely public one. By aligning with the economic interest of the middle class, and betraying the faction of its members not in compliance with the dissidence, the COLMED sought to not only defend doctors' economic interests, but also to safeguard their professional autonomy from state encroachment. As we will see in the following section, however, this only proved to be effective in the very short term.

#### A Medic's Conspiracy: The Doctors and Pinochet.

Following the military's coup, the medical body, alongside other colegios, rapidly moved into open and public support of the military regime, publishing open letters and articles touting the necessity of the actions taken in order to stop the "threat" of the UP government.<sup>68</sup> While not insincere, this political positioning so quickly after the violent events of September 11th, even in the face of known imprisonment and disappearance of fellow doctors, was clearly not accidental. The medical body's support, while in part a product of the newly-minted military government's oppression of leftist doctors, as well as the new junta-elected leadership of the association, was also a strategic move on behalf of the colegio in order to secure what their dissidence had largely been in pursuit of: Their professional autonomy.

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<sup>66</sup> Maria Eliana Labra, "Padrões De Formulação."

<sup>67</sup> Maria Eliana Labra, "Padrões De Formulação."

<sup>68</sup> Marcelo Casals, "Estado, contrarrevolución y autoritarismo en la trayectoria política de la clase media profesional chilena. De la oposición a la Unidad Popular al fin de los Colegios Profesionales (1970-1981)," *Revista Izquierdas*, N°44, (Número Especial, junio 2018).

As the plans for a United Health System came to a swift end alongside the UP administration, the COLMED hoped to finish securing their right to control access to the medical profession within the nation's borders through an airtight alliance with the new military government. By fostering goodwill with the new regime the doctors sought to not just roll back the UP government's reforms, but also to prevent a similar change from taking place once again. This meant that not only did they seek to fully comply with the new government's reforms and narrative, but they also disavowed any members of the colegio that did not fall in line. This translated into a long and painful record of medics reporting on fellow doctors for their grievances with the new regime. This was not a selfless action on behalf of the medics reporting their peers, however. This often was a handy excuse to hurt and discredit doctors with whom medics disagreed with or had personal issues with. In one such case, a charge nurse I interviewed talked about being reported to the authorities by a nurse underneath her who had skipped work without notice to go on a public demonstration in support of the junta.<sup>69</sup> The nurse had said the reprimand given to her by the charge nurse was politically motivated, which could easily have led to the charge nurse being fired or even interrogated by the authorities. As one medic warned the charge nurse, taking action against the other woman could be dangerous for her wellbeing. While none of that came to pass, instances like this of medical workers using their political support to target their peers in such a way, as well as the complicity of other medical workers in the face of the blatant abuse due to fear of further reprisal, are common in stories of hospitals during this period.

Nevertheless, despite the medical body's continued support of the regime and their vehement renouncement of their now-dissident peers, the proof for the state violence against medical workers was only hidden by the thinnest of veneers, and was easily found to be a cover up. International reports and calls for accountability regarding the disappearance of doctors by the state began as early as 1974, when the World Medical Association inquired to the COLMED about the oppression, persecution, and killings of Chilean doctors by the state.<sup>70</sup> The COLMED's answer was dismissive, replying, "there currently

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<sup>69</sup> Moreno Gonzalez, Gladys Anriana. Interview by author, In-person interview, September 13th, 2023.

<sup>70</sup> Carvajal Hafemann and Roman Alemany. *Historia del Colegio Médico de Chile*. 85.

doesn't exist a persecution against medics.”<sup>71</sup> That same year, however, the New York Times reported on the deaths of at least 13 Chilean doctors, and the imprisonment of 40 at the hands of the government.<sup>72</sup> In August of 1976, only a few years after the coup, an anonymous group of medical workers published an article from a conference abroad condemning the negative effect of the new military government on public healthcare, as well as its role in the multiple disappearances of medics. Their findings were extremely concerning, reporting a 16.3% loss of all doctors in the country due to fleeing from the violence in Chile, as well as declaring that 119 doctors had been killed by the military government.<sup>73</sup> And yet, in spite of mounting public pressure regarding their lack of actions from both abroad and domestically, the COLMED refused to cease their support of the official state narrative until the end of the 1970s, when the dictatorship took up the UP's mantle and started their own efforts to undermining the professional associations' interest once again.

Beginning in February of 1979, the military government began enacting laws which effectively gutted the legal power of the colegios, including the COLMED. This measure, while devastating to their once staunch allies in the professional associations, was still concordant with the junta's overarching mission of dismantling the power of workers in favor of themselves and the market. By undermining the political power of colegios, the junta government could prevent them from colluding against their administration as they had once done to the UP government, as well as leave workers less protected against the job market. The first law passed by the junta on the matter was Law 2,516 from the Ministry of Finance which, amongst other things, eliminated the requirement for professionals of being a member of their respective colegios in order to work in the country.<sup>74</sup> This law undermined the COLMED's power of setting professional standards for doctors in the country, and opened the flood for foreign doctors to establish a practice in the country without having to be certified by the COLMED and work within its standards, a measure which remains a source of medical malpractice in the country to this day. Then, two

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<sup>71</sup> “No existe en la actualidad persecución contra médicos.” Carvajal Hafemann and Roman Alemany. *Historia del Colegio Médico de Chile*. 85.

<sup>72</sup> Jonathan Kandell, “13 Doctors in Chile Reportedly Slain After the Coup,” *New York Times*, April 8, 1974.

<sup>73</sup> Belmar, “EVALUATION OF CHILE'S HEALTH CARE SYSTEM,” 535-536.

<sup>74</sup> Carvajal Hafemann and Roman Alemany. *Historia del Colegio Médico de Chile*. 89.

years later in February of 1981, decree 3,621 was passed, which turned all colegios from professional associations into guilds.<sup>75</sup> This virtually erased all legal provisions available to colegios. Furthermore, it prevented them from taking action against physicians regarding potential malpractice. Instead, it left the task up to the Ministry of Health, which was already defunded by the junta, and therefore, even less capable of handling such a responsibility. And so, within two years, and less than a decade after the COLMED and other colegios had played a major role in bringing down a government for taking a fraction of their autonomy as the junta did, the dictatorship effectively ended the role of the COLMED as an institution of medical caliber for more than half a century.

Ultimately, this fulfillment of the COLMED's worst nightmare was the necessary trigger for a change in both direction and leadership for the now-guild. Following the passing of the above-mentioned legislation, the COLMED leadership had a drastic change in their agenda, and so it focused on the issue of human right violations occurring in the country, seemingly becoming a staunch voice for accountability and justice. Under brand new leadership, the COLMED finally began looking into cases of its members' participation in torture of political prisoners.<sup>76</sup> This turn led to an abrupt drift directly into the national struggle against the military government throughout the 1980s, with a focus on the violations of human rights by the junta.

## Conclusion

The story of the COLMED's transformation is one of chilean doctors' pursuit of, and attempt at holding on to power, for a plethora of reasons. From their early attempts to mobilize as a collective to force the state to increase public services, to their pursuit of improved wages and working conditions. The primary goal of the COLMED from its inception until its ultimate defeat as a particularly powerful professional association at the hands of the military government, was an exercise in power building and retaining.

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<sup>75</sup> Carvajal Hafemann and Roman Alemany. *Historia del Colegio Médico de Chile*. 89.

<sup>76</sup> Carvajal Hafemann and Roman Alemany. *Historia del Colegio Médico de Chile*. 90.

Despite its well intentioned beginnings, however, the ultimate lure of class sympathy with doctor's economic best interest led the professional association-turned-guild to largely forsake its obligations such as their duty to the public as well as their oath to do no harm and instead turn a blind eye and even be complicit in the state's violent abuse of power. While its responsibility to doctors did permit them to support their economic interest, it never should have come at the cost of the military dictatorship's reforms and victims. Their support of, and decade-long reluctance to disavow and denounce the junta's actions will forever remain a stain in the COLMED's history, regardless of their attempts at minimizing their role and responsibility during this era.

By fighting against and undermining the Unidad Popular government, as well as by allying with, defending, and colluding with the military government, the COLMED and the medical body as a collective primarily sought to secure their best interest in the political, social, and professional sphere. Their efforts, while not being of unanimous consensus amongst the physicians of Chile, ultimately mobilized their collective influence in order to bring about the end of a long history of democratic rule and instead replaced it with a violent dictatorship which, in the long run, still cost them their power and autonomy, perhaps to a larger degree than if the UP government had prevailed.

The medical body's story is ultimately a case study of the right's mobilization of the professionals, which remains an understudied and misunderstood part of the history of the Chilean dictatorship and of other right-wing dictatorships in Latin America. By exploring how members of the public who were not military and who were not agents of foreign powers became essential in the defeat of the UP government as well as the rise of the dictatorship, we can fully begin to learn how such a terrible regime came to power, not despite of, but rather because of the Chilean people.



## Chapter Two: The Chilean Path to Neoliberalism: Reform and Pushback in Healthcare 1973-1990

Despite being very aware of the contested nature of the dictatorship's legacy within Chile, when it was time for my first interview with a doctor who defended the coup, I couldn't help but feel bewildered. In July of 2022, I met with Dr. Chamas, an old family friend and medical school classmate of my grandfather's to interview him. Although I had never met him before, when I mentioned I was interviewing him my mother, grandmother, and aunts all spoke of Dr. Chamas fondly and with a nostalgic wistfulness in their tone. My grandmother explained that all through medical school, my grandfather and Dr. Chamas had always been great friends, and due to being right next to each other on any alphabetical class roster (their medical registration numbers were consecutive), as well as going into the same specialization (pediatric surgery) they had been close professionally for most of their lives.

However, during our conversation, one of the few I actually conducted in person, I learned of his personal politics very quickly. Dr. Chamas, who was a retired pediatric orthopedic surgeon, was very different from all the people I had interviewed up to that point. He lived in the nicer part of Santiago, in a big house deep in the suburbs of Las Condes. We sat and talked in his beautiful sitting room while his wife served us tea. And as I poked and prodded at his views, the difference between his reasoning and that of the other doctors I'd met rapidly became apparent.

Dr. Chamas' was the first dialogue against the Unidad Popular administration that I encountered in my interviews. Whereas previous interviewees spoke at length of the importance they perceived the UP platform to have had for the role and importance of medicine in Chile, he complained explicitly about shortages and uncertainty in the Allende period, criticizing the state the country's healthcare was in as a result of the socialist government's leadership. He spoke of the hypocrisy of the government's coalition, stating that "the admirals were better off than the troops," referring to the favorable treatment that government workers received during this time.<sup>77</sup> Citing the lack of easy and ready access to basic medical

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<sup>77</sup> Nahuaf Chamas, Interview by author, In-person interview. July 18th, 2022.

supplies, he argued the conditions during this period were entirely detrimental to the practice of medicine, and that when the coup finally took place, he believed that “everybody was relieved.”<sup>78</sup>

Furthermore, Dr. Chamas’ answers were riddled with the constant use of the plural when answering questions regarding his own opinions and experiences. He insisted that “everybody was happy,” when the coup happened and that the medical professionals were “relieved,” to be rid of the Allende problems.<sup>79</sup> Simultaneously, the doctor’s apparent unwillingness to engage with the negative aspects of the dictatorship in the face of the economic improvement, instead pushing the importance of the “tranquility” brought by the military government and the fall of communist ideals, was glaringly different from the previous responses these questions had gotten from other medics I’d met. However, while this conversation was certainly an outlier amongst the previous interviews I conducted, I was aware that this doctor’s views were neither an anomaly nor unpopular.

Scholarship on the military dictatorship worldwide largely disavows the golpe, the junta, and their legacy on the country.<sup>80</sup> While specific outcomes and results of the coup’s leadership, particularly in relation to economics, remains a topic of contention amongst some academics, ultimately no sensible intellectual would indiscriminately defend the atrocities that the regime used in their pursuit of control. However, similar discussions happening amongst actual Chileans in the present, almost 50 years after the coup took place, are nowhere near as unanimous in their dissent from the dictatorship’s actions. Rather, the legacy, and particularly the memory of the dictatorship, remain a hot topic of debate amongst Chileans, with a significant part of the country ranging from ambivalent to fiercely protective of the military government’s legacy in the country today.<sup>81</sup>

Most often, it is the economic impact the reforms had on the nation, which had been deep in an economic crisis leading up to the military’s undemocratic takeover, that is held up as evidence of the good the dictatorship did in Chile. This is especially true amongst the wealthy upper classes. The economic

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<sup>78</sup> Chamas, Interview by author. July 18th, 2022.

<sup>79</sup> Chamas, Interview by author. July 18th, 2022.

<sup>80</sup> Ángela Vergara, “Writing about Workers, Reflecting on Dictatorship and Neoliberalism: Chilean Labor History and the Pinochet Dictatorship,” *International Labor and Working-Class History* 93 (2018): 52–73.

<sup>81</sup> Katie J. Wright, “Portrayals of Pinochet: Historical Narratives in Chilean Schools,” (2016,) Honors Theses. 2-3.

importance of the junta's infamous neoliberal reforms is still commonly held up by many to be anywhere from a silver lining to a complete justification for the military government's crimes. Furthermore, despite growing dissent, Chile is often considered by neoliberalism scholars to be central to the development of neoliberal economic thinking, setting the stage for it to later become the standard in Latin America and abroad.<sup>82</sup><sup>83</sup> And while many economic indicators, such as inflation and GDP growth were drastically and positively impacted by the reforms,<sup>84</sup> this narrative has long now been challenged by researchers, who point towards worsening economic inequality and systemic disparities for the poor and marginalized.<sup>85</sup> Hence, an important debate continues to be had on the legacy of neoliberal reform on a national and global level.

In this chapter, I explore the discourse regarding the dictatorships' economic legacy through the lens of the medical field's case. I argue that in the Chilean healthcare system, the military dictatorship's

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<sup>82</sup> Johanna Bockman, "Democratic Socialism in Chile and Peru: Revisiting the "Chicago Boys" as the Origin of Neoliberalism." *Comparative Studies in Society and History* 61, no. 3 (07, 2019): 654-679.

<sup>83</sup> The Chilean junta's reforms widely differed from the previous direction of healthcare in Chile. Previously an emerging socialist institution, it was utterly transformed by the emerging neoliberal philosophy of the junta and its infamous Chicago Boys, a group of Chilean-born, US-trained economists. These economists were tasked by the junta with designing a new economic model for the nation. These individuals sought to create a plan that would fix the damage left by the previous administration's economic policy. The Chicago Boys, all of whom spent time in the Chicago school of economics in the United States training under the guidance of economists such as Milton Friedman, are often defined in scholarship and popular discourse by their presumed adaptation of the foreign ideals of neoliberalism. However, as Margarita Fajardo argues in *The World that Latin America Created*, monetarism, a key component of neoliberal theory, was already rooted in the work and ideas of Latin American thinkers. As Fajardo states, "In the mid-1950s, before Milton Friedman produced his major works and, along with the Chicago school, became the face of "monetarism" worldwide, *cepalinos* [the name given to the predominant economic thinkers in Latin America at this time, many of them working in CEPAL (The United Nations Economic Commission for Latin America and the Caribbean) which had its headquarters and based much of its theory in Chile] were using "monetarism" to contest the intellectual and moral authority of one of their own."

In reality, despite not being a true opposite to the predominant economic thought of the time (structuralism), monetarism had long been presented as the other side of the coin to economic policy in Latin American and international economic policy debates.<sup>83</sup> This made it a logical path for the junta to follow in its quest for radical economic reform, particularly in order to solve the sky-high inflation rates it had inherited from the UP government's administration, which had peaked at an annualized 700% in the four months before the coup. Neoliberal reform was thus the chosen tool to achieve their goals. The reforms largely sought to curtail government control, privatize industries, open the country up to foreign credit, and liberate the markets. Through these measures, the country rapidly turned away from its structuralist approach towards growth, and instead became the world's first nation-sized neoliberal experiment. María Margarita Fajardo Hernández, *The World That Latin America Created: the United Nations Economic Commission for Latin America in the Development Era*, Cambridge, Massachusetts: Harvard University Press, 2022, 100.

<sup>84</sup> The World Bank, "Inflation, consumer prices (annual %)," Accessed April 18th, 2019.

The World Bank, "GDP per capita growth (annual %)," Accessed April 18th, 2019.

<sup>85</sup> Ángela Vergara, "Writing about Workers," 64.

neoliberal reforms, while radical and deeply impactful to the field, were partially limited in their influence due to actions from doctors. Expanding on the work done by Jael Goldsmith, I argue that while patient outcomes saw lesser decline than expected in the face of a decaying system, it was ultimately the doctors who bore the brunt of the reforms through their worsening working conditions and uncompensated labor. By following the historic tendencies instead of succumbing to the junta's neoliberal reforms, doctors effectively stopped the reforms from completely devastating patients and their care, but paid the price for their efforts in the form of worsened labor conditions by allowing an inherently disruptive system to continue showing signs of progress and improvement to the public and the state.

For the sake of clarification, in this chapter I will be using the term labor conditions particularly to refer to the negative effects in the workplace caused by the oppressive tactics that the regime utilized to pressure doctors and other medical workers into compliance. This use of fear both in and outside the doctors' working hours will be crucial to understanding the impacts that the medical corps' allyship had on their own members and their jobs. As opposed to more common uses of the term to refer to changes in scheduled hours or the adherence to safer conditions to work in, this chapter will largely use it to address the psychology of the working environment.

This chapter will have three main sections. First, I will describe the national history of healthcare through the 20th century, following the rise and fall of public health, and paying special attention to Salvador Allende's role in it. Following that I will discuss the reform to the system enacted by the dictatorship, drawing heavily on my interviews, other scholar's oral history work with doctors, as well as the *Vida Medica* magazine's issues published from 1973 to 1988 in order to explore how the doctor's saw the reforms, and how, either purposefully or not, resisted the changes. Finally, the relevance of this to the current dialogues regarding healthcare policy in Chile will be addressed.

In this section, I will provide the historical background of Chile's healthcare leading up to the iteration which the dictatorship inherited and subsequently reformed. By examining the early beginnings of Chile's healthcare system, we can draw out the general trends present in its history, something which will later be important towards establishing the context of the actions which medical providers sought to follow, even in spite of the military government's reforms. By understanding where healthcare emerged from in the country and how it grew in the century before the junta revamped it, we can better see how doctors themselves charted the path of medicine through their choices as opposed to simply following the state's instruction.

In Chile, the history of the financing of healthcare services offered to the underprivileged began with the predominantly private charity organizations funded through the philanthropic efforts of wealthy families. One such effort was the *Gota de Leche* projects, a series of charity efforts starting in the 19th century which sought to help feed infants and their mothers living in poverty.<sup>86</sup> Such projects, which were the only widely available and free medical services, were the staple of the nineteenth century healthcare in Chile available to the masses. Many of these projects continued into the twentieth century, but the upper class was quickly replaced as the providers of funds by the state.

Beginning with the wave of government-led public projects and services starting in 1924, in the era of the "Estado Asistencial," or the welfare state, the Chilean government stepped into the role of financing and providing medical assistance to the general population in the early 20th century.<sup>87</sup> According to Chilean public health historian María Soledad Zárate, there were two key state-led healthcare projects during this period for the development of social healthcare.<sup>88</sup> First, the creation of the *Caja del Seguro Obrero* in 1924, which was the first of its kind in Latin America. Established under a

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<sup>86</sup> Jael Goldsmith, "Milk Makes State: The Extension and Implementation of Chile's State Milk Programs, 1901-1971," *Historia* 50, no. 1 (Jan, 2017): 79-104.

<sup>87</sup> "El Estado de Bienestar Social (1924-1973)," *Memoria Chilena: Biblioteca Nacional de Chile*, Accessed April 28th, 2023.

Ernesto Medina Lois, et al, *Medicina Social en Chile*. (Santiago: Ediciones Aconcagua, 1977,) 164.

<sup>88</sup> Eduardo Cruz-Coke Lassabe, *Medicina Preventiva y Medicina Dirigida*, (Santiago: Cámara Chilena de la Construcción, 2012,) ix-xxii.

principle of shared contributions, the *caja* financed health services for its affiliates -contract employees, their employers, and the state- through the collective fund of the contributions.<sup>89</sup> It was established during the military junta of 1924, led by General Carlos Ibañez del Campo, which sought to replace the charity of the elite with government funding of public projects in order to protect worker's welfare.<sup>90</sup> This was especially important due to its coverage of not only workers' healthcare, but also their families'. Much of the effort of the *Caja* focused around expanding healthcare to rural and remote areas where workers tended to accumulate, such as in the northern desert mining installations. The *Caja* ultimately marked the beginning of efforts to provide public, government-funded healthcare for the Chilean public.

The second project began when the *Caja del Seguro Obrero*, and an extensive list of other health and salubrity institutions, were later combined and centralized through the *Servicio Nacional de Salud* (National Healthcare Service,) or SNS in 1952 during the democratic presidency of Gabriel González Videla.<sup>91</sup> Established through the joint efforts of notorious politicians and medical professionals from both ends of the political spectrum, the SNS was the culmination of a push to cement healthcare as a right as well as a responsibility of the state outside the scope of only contractor workers. First proposed in 1939 by then Minister of Health Salvador Allende, it sought to expand the coverage to all Chileans, even the abject poor.<sup>92</sup> The SNS became the heart of health in Chile, and by 1960 it is estimated that 80% of outpatient care and 90% of hospitalizations were handled between the SNS and SERMENA (Servicio Nacional Médico para Empleados.)<sup>93</sup>

In her new introduction of the father of the Chilean healthcare system, doctor and conservative politician, Dr. Eduardo Cruz-Coke's 1938 text, *Medicina preventiva y medicina dirigida*, Zárate elaborates on the transition of medical services from private hands to government ones in this period:

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<sup>89</sup> "Caja del Seguro Obrero Obligatorio," *Memoria Chilena: Biblioteca Nacional de Chile*, Accessed April 28th, 2023.

<sup>90</sup> VISUALARTE - CENTRO DE PRODUCCIÓN AUDIOVISUAL - CHILE "La Caja Del Seguro Obrero. El compromiso colectivo por el bienestar social," Accessed April 28th, 2023.

<sup>91</sup> Alejandro Goic G., "El Sistema de Salud de Chile: una tarea pendiente," *Revista Médica de Chile* 143, no.6, (June 2015): 777.

<sup>92</sup> Francisco Mardones Restat, and Antonio Carlos De Azevedo. "The essential health reform in Chile;a reflection on the 1952 process." *Salud pública de México* 48, no. 6 (2006.) 3.

<sup>93</sup> "Expansión de la Cobertura de las distintas áreas del Bienestar Social," *Memoria Chilena: Biblioteca Nacional de Chile*, Accessed July 1st, 2023.

“What yesterday was a matter of private means was transformed into a question of public debate that justified the state’s intervention in areas of public good, although to be more precise, of the capitalist economy. The socio-sanitary effects of industrial capitalism such as high mortality and morbidity of the population, and the explosion of contagious diseases in major European cities of the nineteenth century, motivated and justified the intervention of the Liberal State in the name of the threatened public good. And specifically, the relationship between a booming capitalist economy and hygiene were the background for the proposals and studies that backed up the State’s intervention in what was supposed to be part of the private sphere of individuals: personal health.”<sup>94</sup>

This shift in approach on how to tackle the major public health issues of the country, going from a rhetoric characterized by eugenicist and individualized interpretations which was prevalent at the start of the twentieth century’s perspective on the matter, to a more systemic and socialist-tinged perspective, which painted a picture of an international economic engine which induced the conditions that kept the general Chilean population sick and weakened, was revolutionary in the matter of public health planification. It marked a start in the trend of healthcare in the country of expansions to public services targeted primarily at the working class and the marginalized which remained uninterrupted until the junta’s reforms. As the later sections will explain, it was these measures particularly which set the country on the path of amending its notoriously poor health. In fact, it was in this period of expansion that Salvador Allende’s career was forever marked by the country’s medical field.

### Big Dreams, Bigger Plans: Salvador Allende and National Healthcare Policy

As part of the 1973 military junta’s reforms for the nation’s institutions, healthcare in Chile was entirely restructured. This was not an accident. Chile’s healthcare was a prime example of an institution which fundamentally was built on the concept of the government’s responsibility to the marginalized members of society, namely workers and indigents, which was starkly incompatible with the economic

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<sup>94</sup> Cruz-Coke, *Medicina Preventiva y Medicina Dirigida*, xxi-xxii.

and political ideals the Junta were adopting. More importantly, it had also largely been the career-long project of the *Unidad Popular*'s leader himself, Dr. Salvador Allende.

Long before becoming the consummate politician, he was primarily known as, Allende was trained and served as a doctor. He studied medicine in the Universidad de Chile's school of medicine, graduating in 1931, and began working in the morgue of a hospital in Viña del Mar, Valparaíso. Reportedly, besides his active participation in the university's student government, it was his introduction to medics like Professor Max Westenhofer which led him to connect socioeconomic status to healthcare outcomes.<sup>95</sup> As Elizabeth Q. Hutchinson describes in an introduction to one of Allende's speeches' translation in *The Chile Reader: History, Culture, Politics*, "Allende saw politics, rather than a medical practice, as the way to cure the conditions [of the Chilean public]... Allende contended that without structural changes to the economy that would reduce poverty and inequality, medical measures would be ineffective."<sup>96</sup> Allende's career-long commitment and dedication to correcting the underlying causes of the conditions he became intimately familiar with as a medic was evident throughout his actions in different government offices. As one speech of his during his days as minister of health states, "all of those medical steps that can be taken [in response to illnesses and medical conditions] will only provide effective results if economic-financial policies are adopted that allow for the improvement in the standard of living of our fellow citizens."<sup>97</sup> Allende and his political career were marked by his efforts to improve the state of medical services offered in Chile, and his innovations in public health allowed Chile to constantly be ahead of its fellow Latin American nations in the healthcare sector.

Additionally, it was his encounters with the dead of Valparaíso in the basement of the Carlos Van Buren Hospital that further cemented his theory.<sup>98</sup> Allende had graduated from medical school with honors, however, as a result of his political activism in school, his only offer in public healthcare came in the form of the morgue of the local public hospital as an assistant, where he "did the work of three

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<sup>95</sup> Salvador Allende, "La realidad médico-social chilena," (Santiago: Ministerio de Salubridad, Previsión y Asistencia Social, 1939.)

<sup>96</sup> Peter Winn, et al. *The Chile Reader: History, Culture, Politics*. (Durham: Duke University Press, 2014,) 297.

<sup>97</sup> Winn, et al. *The Chile Reader*, 299.

<sup>98</sup> Victor Figueroa Clark, *Salvador Allende: Revolutionary Democrat*. London: Pluto Press, 2013. 30.



doctors, transferring, undressing, cleaning, and autopsying 1,500 bodies.”<sup>99</sup> Spending his days working with the corpses of Viña del Mar having shown him the disparities in medical attention that economic inequality had produced in the people of the city. Later, when he first made his formal jump into politics, it was through the leading of medical organizations. He’d go on to take office as a senator, a minister of health, and as president. Nevertheless, despite his lifelong entanglement with politics, it was undoubtedly his early experience as a medic that chiseled Allende’s political vision at the beginning of his career.

The doctor-turned-politician was not just educated by the medical field, however, but also was fundamental in establishing and consolidating it throughout his career. Allende was a founding member of the COLMED, the professional association of doctors in Chile, having served as its second ever president. Then, as minister of health, he worked to expand public health programs, such as maternity care and centralizing the many medical organizations of the country. It was in this period of his career that he first proposed the creation of a centralized national health service. Only in 1952 during the second administration of Radical Party president, Gabriel Gonzales Videla, working in the senate and in collaboration with the conservative senator, Dr. Cruz-Coke, did he succeed in finally passing the law to create it, which established the SNS. This event alone has been considered by some to be the single most important reform for the later drastic improvement of Chile’s previously dismal health.<sup>100</sup> Additionally, Allende served as an inspiration for many young medic-hopefuls, invigorating the participation of medical students and newly graduated doctors in rural community work known as being a *medico de zona*, or rural medic, back in the early 1970s, where only top students would voluntarily go to underserved areas and be tasked with establishing clinics for the small communities of the area by themselves.<sup>101</sup> While that program preceded Allende’s administration, many of the medics I spoke to who participated in it credited him and the UP’s platform with inspiring them to pursue such jobs with eagerness. In this way, Allende not only consolidated the medical profession throughout his career, but he was also a driving force behind fueling the participation of young people into the field.

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<sup>99</sup> Clark, *Salvador Allende: Revolutionary Democrat*, 30.

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It was in his time as president from 1970 to 1973, that Allende worked to stretch the limits of the government healthcare provisions to unprecedented limits, growing the reach of the public healthcare system to levels not seen before or since. During his brief term, he successfully expanded preventive public health campaigns, such as vaccinations and food programs, worked on democratizing the rigid and hierarchical health system, and furthered the implementation of the multiple healthcare government institutions. First, his work on public health programs and initiatives, especially preventative ones, was crucial and very in line with his previous work as a health minister and senator. For the famous *Medio Litro de Leche* program, which provided a glass of fortified milk to every child in the country for free daily, Allende's administration saw its expansion into record numbers, with the amount of children being provided the supplement milk jumping from an estimated 650,000 to 3,600,000 within the span of three years.<sup>102</sup> The program also helped provide education on health practices for families as well as worked to expand coverage to rural communities previously not reached by hospitals or clinics.

Another concern addressed by his administration was the issue of the lack of effectiveness and community participation in health matters and their decision-making process. During the previous administration, Workforce Health Councils were implemented with the goal of involving local individuals other than doctors and administrators in the leadership and decision making in healthcare for communities. Chile's SNS during this time was a "mammoth,"<sup>103</sup> a "huge, top-down bureaucracy that was not responsive to the needs of health workers, patients and their families."<sup>104</sup> However, as pointed out by the First Congress of the Trade Unions of Chilean Health Work "...our bourgeoisie gives our workers a feeling of participation, but without an actual and authentic power of decision ... with this policy the decisions that are taken by the bourgeoisie are legitimized by the participation of the workers, who not only don't have any power of decision, but do not have the right to complain afterwards about those

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<sup>102</sup> Goldsmith, *Milk Makes the State*, 90.

<sup>103</sup> Vicente Navarro, "What Does Chile Mean: An Analysis of Events in the Health Sector before, during, and after Allende's Administration." *The Milbank Memorial Fund Quarterly. Health and Society* 52, no. 2 (1974): 180.

<sup>104</sup> Rosenthal, Susan. "The Lessons of Chile." In *Sick and Sicker: Essays on Class, Health and Health Care* Kindle Edition. (ReMarx Publishing, 2017.)

decisions either, since, in theory, the workers did participate in those decisions.”<sup>105</sup> The Allende administration intervened by implementing executive local committees which were implemented in every health institution at multiple levels. Therefore, the workforce committee's exclusively advisory role in the decision-making process was corrected by granting them executive control, much to the indignation of the medical profession. However, despite objections from doctors, this did serve its purpose, and as one doctoral thesis concluded, the majority of a community sample reported “satisfaction” to “ample satisfaction” regarding the committee's roles.<sup>106</sup> At every step of his career, the center of Allende’s agenda was concerned with growing the reach of public health and medical services, particularly for the poor, and expanding its access for the masses. Undoubtedly, and in spite of the later disdain of his own professional association, Allende’s career and success were and still are inextricably connected to his dedication to the growth and expansion of public health.

Allende’s political career was emblematic of Chile’s medical profession and of its increasing reach. His life-long work in the health sector, both as a doctor and a politician, are forever immortalized in the great successes he had in the establishment of the nation’s public health since its infancy. Hence, after his death and the fall of the socialist government, it was imperative that the junta reclaim the institution that Allende had been so dedicated to and protective of.

#### History Weights in this Hospital: Neoliberal Health Care Reform in the 1980s

This section will cover the reforms enacted by the junta in healthcare, what the changes meant for the state of the nation’s health institutions, and what the ultimate goal of the reforms were. Drawing from secondary sources’ and their analysis of the state of health through this period, I will draw conclusions regarding the failures and successes of these programs and what they meant for healthcare providers such

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<sup>105</sup> Gaete, J. and R. Castanon, “The Development of the Medical Care institution in Chile During this Century.” Santiago: University of Chile. Mimeographed. (1973), quoted in Vicente Navarro, “What Does Chile Mean: An Analysis of Events in the Health Sector before, during, and after Allende’s Administration.” *The Milbank Memorial Fund Quarterly. Health and Society* 52, no. 2 (1974): 109.

<sup>106</sup> C. Albala, and P. Santander, “Preliminary Study of the Process of Democratization in the National Health Service, Ph.D. thesis.” Santiago: University of Chile. In Spanish, (1972), quoted in Vicente Navarro, ““What Does Chile Mean: An Analysis of Events in the Health Sector before, during, and after Allende’s Administration.” *The Milbank Memorial Fund Quarterly. Health and Society* 52, no. 2 (1974): 110.

as the doctors. Finally, using my primary sources, I will discuss the reaction of doctors regarding the changes and delve into the unspoken costs of the reforms.

As the seventies came to close, and as part of its plans for mass reform of the country, the state stepped in to introduce a new national healthcare system. Healthcare, an institution notorious for its largely public, government-administered system, was a prime antithesis to the newly adopted neoliberal values of the junta, both due to its historic connection with Allende's political career as well as its deeper connection to the welfare state ideology. But reforming the entire country's health system in the image of the junta's ideals was neither a simple nor quick task. Hence it was only in 1979 that the junta was both ready and capable of beginning to implement significant reforms of their own. Until then, only major defunding of programs and healthcare centers was done, largely preserving the previous system even if it did not support nor fully maintain it, leading to shortages in available service as well as restricting access to health care, particularly for the poor.<sup>107</sup> However, once the dictatorship's leadership were in a position to begin breaking ground on its new configuration, the changes were bound to be truly drastic.

The junta first began to implement major reforms to the system's financing in 1979, seeking to start breaking-up the field. Hence, following the Chicago Boys' plan, the military government dissolved what was previously the SNS and SERMENA systems (which the Allende administration had previously sought to consolidate into a universal healthcare system) into multiple, brand-new entities, starting with the single public financial source for healthcare, the *Fondo Nacional de Salud* (National Health Fund) better known as FONASA.<sup>108</sup> This institution, while still a public, government assisted-and-directed entity, was poorly supported by the military state and reversed all the progress regarding the integration of public health that had been made during the Allende administration and previously.<sup>109</sup> Additionally, the *Servicio de Salud* (SNSS,) the *Central Nacional de Abastecimiento* (Cenabast,) as well as the *Instituto de Salud Public* (ISP) were later formed to independently fill the services that the SNS had previously been

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<sup>107</sup> Roberto Belmar, "Evaluation of Chile's Healthcare System, 1973-1976: A Communique From Health Workers in Chile," *International Journal of Health Services* 7, no. 3 (1977): 536.

<sup>108</sup> "Reformas Sociales." *Memoria Chilena: Biblioteca Nacional de Chile*, Accessed July 1st, 2023.

<sup>109</sup> Navarro "An Analysis of Events in the Health Sector."

responsible for.<sup>110</sup> Lastly, and arguably most importantly, in 1981 a separate, private financial source type system with no equivalent from the pre-coup years called *Instituciones de Salud Previsional*, or ISAPRES for short, was introduced. ISAPRES were the crown jewel institution of the dictatorship's new healthcare plan, representing the implementation of unprecedented government support for a largely unregulated and unaccountable private healthcare sector. ISAPRES plans, as opposed to previous private healthcare services, would be financed with the mandated healthcare tax on income.

The dissolution of the highly consolidated SNS and SERMENA, as well as the introduction of a new institution of privatized healthcare by the military government, were done in the spirit of decentralizing medicine.<sup>111</sup> Like many other public fields, medicine was deemed as inefficient under government control. Following neoliberal doctrine, the state sought to decrease bureaucracy and administration-related costs by splintering the two into multiple, fragmented entities. According to one anonymous report by Chilean healthcare workers published in 1976, while from 1964 to 1974 the state dedicated 8.1% of the annual budget to health services, with 1973 peaking at a 9.3% of the total budget, by 1974 the section of the budget dropped to only 6%, and then further to 5.3% the following year.<sup>112</sup> These budget cuts that took out over a third of the previous budgets came at the cost of both the number of physicians employed as well as the employment of dedicated administrative staff. As a result of this, most public health institutions were put in the hands of municipalities to run and administer in the place of a central government agency. Municipalities, which were unprepared and ill-equipped to handle such responsibilities, faltered and became hard-pressed to serve the public's health care needs properly, especially in less urbanized regions.<sup>113</sup> By making municipalities responsible for public healthcare, the state's healthcare system put an unprepared and overworked leadership in charge of administering the only healthcare system which the vast majority of the country could realistically afford.

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<sup>110</sup> "Hitos de la Salud Chilena," Ministerio de Salud, Accessed April 29th, 2023.

<sup>111</sup> Daniel Titelman, "Reformas al sistema de salud en Chile: Desafíos pendientes," *CEPAL - Serie Financiamiento de desarrollo*, n.104. (September 2000): 11-13.

<sup>112</sup> Belmar, "Evaluation," 535.

<sup>113</sup> "Hitos de la Salud Chilena" *Ministerio de Salud: Gobierno de Chile*, Accessed June 2nd, 2023.

Together, ISAPRES and FONASA made up a mixed dual health financing system, created with the intent of introducing competition by allowing Chileans the opportunity to choose between them. Following its implementation in the eighties, global financial institutions framed this model as an innovative and pragmatic path towards providing affordable healthcare while simultaneously encouraging growth.<sup>114</sup> Additionally, in the same vein as other social services, the overall government expenses on healthcare per capita were drastically decreased, with total per capita spending on healthcare dropping from \$28 per capita in 1973 to \$11 in 1989,<sup>115</sup> which was celebrated as evidence of the programs' success. Simultaneously, new profit-incentives stimulated capital to flow into healthcare investment and expansion, providing new funding for establishing medical centers such as clinics and hospitals, both employing more doctors and other medical providers, and improving the equipment, as well as establishing more comfort-oriented care facilities,<sup>116</sup> as opposed to the public hospitals and clinics, which one doctor described as only being "functional."<sup>117</sup> All of these things enabled Chile to be perceived by the international community as being at the helm of cutting-edge health services in Latin America.

This reputation was not without merit. Private investment into healthcare was an effective route towards acquiring the quality of healthcare services previously only found in fully industrialized western economies, such as the United States, for Chile. And while it is true that the care most often found in Chilean hospitals could be antiquated, if not downright nonexistent, private hospitals and clinics were capable of operating at the same standards of care as the top western institutions did, and continued to work towards improving their facilities and services.<sup>118</sup> Neoliberal doctrine successfully integrated western standards in Chile's health system, and has continued to stay on par with new and improving

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<sup>114</sup> The World Bank, "World Development Report 1993—Investing in Health," (1993): 11.

<sup>115</sup> Joseph Collins and John Lear, *Chile's Free Market Miracle: A Second Look*, Institute for Food & Development Policy (January 1, 1995), cited in Jael Goldsmith, "Facing the State: Everyday Interactions Throughout Regime Change: Chile's State Milk 1954–2010," *Social science history* 42, no. 3 (2018): 469–494.

<sup>116</sup> Marcus Taylor, "The Reformulation of social policy in Chile, 1973—2001: questioning a neoliberal model," *Global Social Policy* 3, no. 1 (2003): 24–26.

<sup>117</sup> Alejandra Palma, Interview by author, In-person interview, September 30th, 2022.

<sup>118</sup> Andres Aizman, Interview by author, In-person interview, October 7th, 2022.

science. While small changes in restrictions and coverage have been enacted over the years, this healthcare system remains virtually intact and in use in Chile today.

This system, however, introduced a number of problems unique to such a financing model for healthcare. First and foremost, private ISAPRE programs and all their superior practices and technology were only realistically available for the wealthiest families in the country. While some ISAPRES plans were available with the same contribution as a wealthier FONASA beneficiary would be required to make (4% of income from 1980 to 1988, and then 7% of income until the present-day),<sup>119</sup> the real costs of the private plans are simply unrealistic for most middle-and-lower class individuals to afford, not to mention individuals working in the informal economy or the destitute. Additionally, ISAPRES insurance programs have been allowed to discriminate against their clients based on age, gender, and health status. This has led to what one researcher termed the “creaming” of the low risk beneficiaries from the public system. The creaming has meant that the people most in need of healthcare (i.e. the sick, the elderly, and those in more vulnerable stages of their medical life) have been under served by the admittedly better-quality services of the private system compared to their less financially risky counterparts (i.e. The young, healthy, and male.)<sup>120</sup> Since it is the richest individuals who opt into ISAPRES plans, their not-insignificant mandatory contributions have been subtracted from the collective funds that would otherwise help to finance public healthcare. Traditionally, financing of healthcare seeks to distribute risks by collecting the funds of all affiliates and pooling their resources together, as per the system famously first established in Germany by the Bismarck model. By removing themselves from that collective fund of dispersed risk, richer ISAPRES affiliates inadvertently lower the security of those in the public system, decreasing the available funds at their disposal, and further widening the gap between the care they each receive.<sup>121</sup> Instead, their contribution goes towards paying for a particular medical insurance plan for

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<sup>119</sup> “Hitos de la Salud Chilena,” *Ministerio de Salud*.

<sup>120</sup> Claudio Sapelli, “Risk Segmentation and Equity in the Chilean Mandatory Health Insurance System,” *Social science & medicine* 58, no. 2 (2004,) 261.

<sup>121</sup> Sapelli, “Risk Segmentation and Equity,” 261.

themselves. Hence, through the implementation of this dual system, previously nonexistent or inconsequential problems have become prevalent in health services.

These problems, however, were no surprise for the medical field. From the very beginning doctors doubted a mixed system. Based on the articles published in medical magazine *Vida Médica* around the time ISAPRES were introduced, there existed a significant concern regarding the possible full privatization of the country's healthcare. One article about a health minister's speech, whose title reads "Minister Rivera Calderon: Health will not be Privatized" certainly seemed intent in assuaging such fears from the magazine's readers. "I must be very emphatic in affirming that these measures have never had a secondary intention, as has been insinuated, regarding that they will be deteriorating the current government system," the minister's speech adds, "It would be absurd to want healthcare without medics, like thinking in providing healthcare without an authority that will execute the government policies in favor of the common good."<sup>122</sup> Comments in other articles in the same magazine mention the doubt, even outright disdain, regarding whether patients and providers would retain the ability to choose between the public and private financing options. An article published in 1981 states, "from the point of view of [ISAPRES] it seems evident that they are only interested in attracting such family groups of high income and low need of care."<sup>123</sup> Evidently, the reforms' first changes had a luke-warm reception at best from the medical profession, even in the face of a public overwhelmingly in favor of a return from the socialization and democratization of medicine.

At the same time, changes to pre-existing public services were being implemented across the country. Along with the health insurance reshuffling, the military government slowly but surely began pulling funding and coverage of the preexisting health programs, such as PNAC or *Programa Nacional de Alimentación Complementaria* (National Program for Complementary Foodstuff.) This program

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<sup>122</sup> "Debo ser muy enfático en afirmar que, estas medidas nunca han tenido una doble intencionalidad, como se ha pretendido insinuar, en el sentido que irán en desmedro del actual sistema estatal." "sería tan absurdo querer dar salud sin médicos, como pensar en dar salud sin una autoridad que ejecute las políticas del gobierno en favor del bien común." Colegio Médico, "La Salud No se Privatizara," *Vida Médica Vol XXXII N.4*, January 1982, 7.

<sup>123</sup> "desde el punto de vista de estas entidades [ISAPRES] parece evidente que ellas estarán interesadas solo en atraer a aquellos grupos familiares de alto nivel de ingreso y baja demanda de atención." Ernesto Medina Lois, "ISAPRES y Colegio Médico" *Vida Médica Vol XXXII N.2*, June-July 1981, 17.



famously sought to combat high rates of malnutrition in Chilean children through state-provided milk being given to expecting mothers and their offspring all through their infancy. In his work on the PNAC, Jael Goldsmith explores the program's perpetuity through multiple changes of government, despite the military government's efforts to eliminate it. During its time in power, the junta implemented multiple strategies such as worsening provisions, scare tactics, and prompting distrust amongst service providers in order to either end or shrink the PNAC significantly.<sup>124</sup> Clearly, the state was discreetly attempting to erase the public services which had become so intrinsic to healthcare in the country previously. This both aimed to stop the massive spending that those programs required as well as sought to undermine the quality of the public services in comparison to the private ones. However, their efforts were ineffective.

Theories as to why this did not seemingly translate into worsened health outcomes vary. For instance, one theory claims the exodus of individuals from the public system into the private sector meant the population retained access to high quality services, but as one study found the numbers do not support this.<sup>125</sup> Another cites the junta's pointed targeting of the issue of infant and mother mortality rates precisely due to it being a well-known issue of the country at that time.<sup>126</sup> However, as Goldsmith points out, one aspect largely ignored in the literature still remains to be accounted for: The citizens themselves.

As he concluded, on the contrary to popular theories as to why the systematic undermining of the public healthcare sector did not manifest into worsened macro health indicators, this was ultimately due to the citizens -including medical providers- continued interacting in "quotidian" ways with the military regime's state.<sup>127</sup> The public and providers' strategic defiance of the decaying quality of a service which had been cemented as a basic expectation of their government's services ultimately meant that very little negative change was actually achieved in patient outcomes by the Junta's efforts, despite the new system's implementation. This "understudied" aspect of healthcare during the dictatorship, argued

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<sup>124</sup> Goldsmith, "Facing the State," 478-482.

<sup>125</sup> Dagmar Racynski, and Cesar Oyarzo (1981) "¿Por Qué Cae la Tasa de Mortalidad Infantil en Chile?" *Colección Estudios Cieplan* 6 (55): 45-84.

<sup>126</sup> James McGuire, (2010) *Wealth, Health, and Democracy in East Asia and Latin America*. New York: Cambridge University Press.

<sup>127</sup> Goldsmith, "Facing the State," 479.

Goldsmith, effectively provides missing context to the paradox of the continued improvement in health outcomes.

Following the junta's rise to power, an attempt by the state to begin dismantling the very popular PNAC program was met with resistance from both families and the workers that administered the program's service. When the state began changing the provided milk for rice, tried dismantling the PNAC centers, and attempted to decrease the spending it did on the program, providers organized the families benefiting and helped to find ways to "quietly" protest the reforms, such as find alternate uses for the poor quality foodstuff provided by the government to impoverished families,<sup>128</sup> even in the face of a violent, intolerant state. Their efforts were successful, and ultimately the junta was forced to reverse their reforms, with Pinochet himself publicly announcing the reinstating of the milk distribution and the continuation of the program as the center of the junta's public policy.<sup>129</sup> As Goldsmith explains, "Surprisingly, some aggregate-level welfare outcome indicators -such as infant mortality and malnutrition- do not reflect these [reforms'] disruptions."<sup>130</sup> He continues, "Welfare provisions occur in on-the-ground encounters between state workers and citizens, and there is often a large gap between central policy and the informal institutions that coexist, compete, and clash with formal rules."<sup>131</sup> Goldsmith's thesis hinges on the actions, conscious or not, of workers in the face of the state's refusal to continue issuing the same benefits following the change in regime. In the case of the PNAC program, despite chronic attempts at defunding and undermining its services, most of the program survived intact, and even today the government continues to provide fortified milk for children.<sup>132</sup> Popular metrics, like life expectancy and infant

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<sup>128</sup> Goldsmith, "Facing the State," 482.

<sup>129</sup> Jael Goldsmith, "Using Critical Junctures to Explain Continuity: The Case of State Milk in Neoliberal Chile: Using Critical Junctures to Explain Continuity," *Bulletin of Latin American research* 36, no. 1 (2017): 52–67.

<sup>130</sup> Goldsmith, "Facing the State," 469.

<sup>131</sup> Goldsmith, "Facing the State," 470.

<sup>132</sup> One doctor I interviewed, Dr. Fernandez, who worked in the PNAC service, reported that under the dictatorship the charts to measure the health of children being serviced by the PNAC were changed to artificially inflate the results. This is the only mention of such action I was able to find in my research, however. Therefore, I did not find reasonable cause to not believe the success of the program even during the Pinochet regime, especially since infant mortality did continue to diminish, as corroborated by third-party sources.

mortality,<sup>133</sup> the latter, which had been of great concern to the Chilean medical community, continue to improve. Ultimately, even in a time where criticizing the state was dangerous, beneficiaries and healthcare workers successfully managed to pressure their leaders into conserving the quality of service that they had previously been entitled to.

While Goldsmith's thesis limits itself to the scope of the PNAC case, I found in my research that similar results were prevalent throughout public medicine. I argue that Goldsmith's thesis is also applicable to the greater medical profession and the public healthcare system. Ultimately, the main reason why even in the face of such drastic neoliberal reform, macro healthcare outcomes did not falter, as was the case for life expectancy or infant mortality was partially due to the doctor's passive action in the face of a new formal institutional structure. Even while new incentives and deterrents such as decreased hours and increasingly limited facilities became the standard in public healthcare, it was the doctors who worked in increasingly more flawed conditions that maintained the positive trends in Chile's healthcare. Even in the face of potentially better working conditions, typically in the private healthcare system, it was the doctor's willingness to stay (or more likely, reluctance to change) that ultimately kept afloat the medical system since the reforms of the 1980s.

Even in a strongly profit driven system, healthcare's long history of working towards helping others as the main driving force had not been stamped out. As described earlier in the chapter, voluntary work as a *medico de zona*, which was popularized in the 1960s and 1970s, while severely undermined by the violence and the changes implemented by the junta, did not suddenly taper off into oblivion. Instead, it persisted, even if it worsened in prestige and social importance through the years until it was faced out long after the dictatorship ended.<sup>134</sup> This reluctance to simply drop the previous priorities of healthcare services in the face of new central policy perfectly reflects Zeki Sarigil's thesis on path dependence. Sarigil argues that in addition to traditional binary models of dependence, there exists a third alternative often neglected in the study of institutional paths: habitualism. According to Sarigil, "In the social and

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<sup>133</sup> The World Bank, "Mortality rate, infant (per 1,000 live births) - Chile," Accessed June 10th, 2023.  
U.S. Bureau of Statistics, "Life Expectancy at Birth, Total for Chile." Accessed June 10th, 2023.

<sup>134</sup> Alejandra Palma, Interview by author, In-person interview, September 30th, 2022.

political worlds, agents quite often act by habit, without calculating whether their behavior would be efficient in terms of utility maximization or be morally appropriate or legitimate in a given social setting.”<sup>135</sup> By sticking to previous systems and objectives, even if not consciously, doctors maintained the practices of a healthcare system more aligned with a previous governments’ vision instead of that of the dictatorship. Dr. Palma, whose historically-public hospital had been privatized following the reforms, put it best when she said, “History weighs on this hospital.”<sup>136</sup> What should have been a purely profit driven institution like other private hospitals I got the opportunity to visit, instead was still functioning very much like a public institution.

However, despite the unplanned resistance to the reforms, the junta’s actions did impose a new state on the medical practice. As a result of both their reforms as well as their violent oppression of dissidence, the dictatorship did effectively transform the way doctors were forced to navigate the medical system in order to do their jobs. From its start with the rounding up of known politically active doctors and students during the coup, until the end of the dictatorship’s regime, doctors felt the strain and fear that the coup and the armed forces brought to their hospitals and clinics, for crimes both real and not. One doctor I interviewed who was in medical school during the coup, and who had been part of the Socialist Youth (Juventud Socialista,) was taken from the hospital during a shift and imprisoned when one of his classmates reported him to the authorities, who held him for months afterwards.<sup>137</sup> Another doctor who was employed by the armed forces’ hospital during the coup and for years afterwards described the constant fear of reprisal from her employer for her then-husbands’ known sympathies for the UP government.<sup>138</sup> That fear was present in her life both professional and private, and worsened the overall labor conditions for many doctors during this period.<sup>139</sup> This constant threat of being sold out by

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<sup>135</sup> Zeki Sarigil, "Showing the Path to Path Dependence: The Habitual Path." *European Political Science Review: EPSR* 7, no. 2 (05, 2015): 230.

<sup>136</sup> “La historia le pesa al hospital.” Palma, Interview by author, September 30th, 2022.

<sup>137</sup> Jose Tamblay, Interview by author, Recorded video call, July 20th, 2022.

<sup>138</sup> Marcela Veal Aubry, Interview by author, Recorded phone call, July 27th, 2022.

<sup>139</sup> For the sake of this project, what is meant by “worsened labor conditions” may differ from its more popular use and definition in other studies. Particularly in this chapter, labor conditions refers particularly to the work environment and how employees (in this case, doctors) felt while doing their jobs. It particularly narrows down on

colleagues was common, especially amongst doctors who did not support the junta and its coup. Even doctors who were “apolitical” felt the tension, watching their colleagues disappear, sometimes never to be seen again. Such was the experience of Dr. Barraza, my own grandfather, who grimly remembered both the state of fellow doctors after their release from the armed forces, as well as those who were disappeared by the state.<sup>140</sup> All of these cases, (which as early as August of 1974 numbered 119 doctors assassinated by DINA, and 655 doctors moving abroad in a body of medics which numbered 7,144 by the best-known estimate)<sup>141</sup> speak to the real threat brought on by the state’s violence, for doctors both in favor of as well as against the state. Hence, the constant and real threat of reprisal became a lasting cost of the junta’s influence in the healthcare field.

Furthermore, and perhaps the most long-lasting effect of the dictatorship’s reforms, was the impact of privatized healthcare in the administration of hospitals and clinics in Chile. With the advent of the ISAPRES financing system, and the state’s favoring of privatized healthcare, a wave of not just the establishment of entirely new, private hospitals and clinics, but the transformation of previously public institutions into privately owned and managed ones became rampant. Decision making that had previously been spearheaded overwhelmingly by doctors and the state, transitioned into the hands of the new owners of the hospitals in the private healthcare system, equity groups and other private entities. This marked a change in the direction of hospitals and clinics, which focused their efforts into expanding the type of services that were profitable for the institutions, instead of focusing on the most needed services for the country collectively. As one doctor who works in one such private hospital explained, the amount of energy dedicated towards making the hospital he worked in more comfortable for patients and families reached a point of impracticality, with some private hospitals acting more like “boutiques” than healthcare centers.<sup>142</sup> And while extreme comfort is certainly preferred over the outdated and understaffed public counterparts in the city, there is something to be said for the disparity between the healthcare

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whether doctors felt that the state and its agents were an obstacle from them completing their work as well as a threat to their personal well-being.

<sup>140</sup> Patricio Barraza Ruiz, Interview by author, Recorded phone call, May 30th, 2022.

<sup>141</sup> Belmar, “Evaluation,” 535.

<sup>142</sup> Andres Aizman, Interview by author, In-person interview, October 7th, 2022.

provided for privately insured individuals versus those in the public sector, and how perhaps this would not have happened under the decision making of a doctor or a government institution that did not include the investment of the private sector. Ultimately, it is undeniable that the dictatorship's choices have led us to a drastically different path for healthcare's development in Chile from the one in place before it, and it has come at the expense of placing the doctor's necessities over those of shareholders and private equity.

While difficult to deny that patients in the public healthcare system were the ones primarily affected by the neoliberal reform enacted by the junta, it was also the doctors who saw themselves burdened with the new system, both through its remodeling of health service order as well as the systemic defunding of the programs. Doctors, whether supportive of the coup or not, all saw their profession as well as their roles in healthcare be drastically transformed through the process of regime change and the later transformation of the health system, and hence, in the face of an increasingly strangled medical system, were forced into a difficult position professionally. This was the real hidden cost that allowed an intrinsically flawed system to remain functioning despite every expectation.

## Conclusion

In an article published in 1981 "ISAPRES y Colegio Médico," a doctor presented the main questions and potential problems that he anticipated ISAPRES could bring to the practice. He concluded, "It seems evident that the ISAPRES are organizations that seek to gain money at the expense of the work of medics."<sup>143</sup> Such concerns unfortunately turned out to be very accurate. Costs to the patients remain undeniable if we look at a broad view of the field, if not to the extent they by all accounts should have been. However, labor conditions in the medical field are an unsung victim of the reforms, making the medical profession an increasingly worse one for future doctors with each bit of authority and decision-making power gained by private entities. As the same article continued to propose, "the elimination of

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<sup>143</sup> "Parece evidente que las ISAPRES son organizaciones que esperan ganar dinero a expensas del trabajo de los médicos." Ernesto Medina Lois, "ISAPRES y Colegio Médico" *Vida Médica Vol XXXII N.2*, June-July 1981, 17.

[ISAPRES]... could have benefit to the [medical] profession.”<sup>144</sup> While the total abolition of privatized healthcare may or may not be the answer, the reevaluation and correction of the juntas’ reforms should definitely be a part of that process.

When I left Dr. Chamas’ house, I thought about the reasons people used today to justify and rationalize their support for the dictatorship. I had come into the interview knowing I would hear an opinion I likely wouldn’t agree with, yet I had hoped I would be able to find the perspective that would make such support seem reasonable. However, I drove away feeling even more strongly centered on my own views. Dr. Chamas had been a wonderful host, not letting me leave before reminiscing about his friendship with my grandfather and his hopes to see him soon, but his dismissal of topics I had previously discussed at length with other doctors came across as callus at best, and unaffected at worst. I left his beautiful home and thought about the many doctors like Dr. Chamas, who followed the COLMED’s decisions unquestioningly, either in sincere agreement or abject apathy, who now got to sit back and enjoy retirement while new generations of doctors were forced to navigate a system no longer designed to aid them, but instead to obstruct and overwork them.

These same doctors, however, are inextricably tied to the healthcare successes of the last 50 years or so. Through their direct work, and their willingness to practice a type of medicine that was only incentivized before the reforms of the 1980s, they managed to continue the success story of patient outcomes in Chile until today. Whether it was done out of a sincere feeling of duty or a lack of willingness to change their habitual decisions, doctors both partial to the military government and against it were key in counteracting the worst of the symptoms that an increasingly privatized and underfunded healthcare system felt.

In a lot of ways, as I continued with my research after that interview, Dr. Chamas became the image in my head of the medics I went on to read and learn about, who overwhelmingly favored the first alternative available to the Allende administration and its planned solution for Chile’s health care

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<sup>144</sup> “La eliminación de estos intermediarios podría tener beneficios para la profesión.” Ernesto Medina Lois, “ISAPRES y Colegio Médico,” 17.

problems, even if they commonly aided in deterring that same junta's plans without necessarily meaning to. In a country where economic inequality and healthcare disparities remain rampant issues even after the fall of the dictatorship and the restoration of democracy, and where doctors continue to struggle to do their jobs within an increasingly profit-driven field, it was Dr. Chamas and his colleagues who aided the process which led to these conditions. It was their participation in strikes and boycotts which ultimately helped bring down a government. And yet, here they were, the generation that lived through this process of change and reform, retired and sitting in the fruits of their labor, while younger generations of doctors were left to grapple with a system that did not value their insights enough to make them the priority in planning and decision-making. But at the same time, it was the efforts of this generation that defended the state of medicine in the country, even in the face of drastic defunding and structural reform. This medical body's mixed legacy, so at odds with itself, had somehow brought Chile some of the most advanced healthcare in the region while also completely depriving the majority of the population from accessing it.

It is easy to observe Chilean medicine's steady descent into neoliberalism and, at first glance, conclude that it was largely unopposed and uncontested, partially as a result of the ever-constant threat of suppression from the state as well as the support from a part of the medical body in the country. However, the efforts of members of the medical field in the form of voluntary labor and education, as well as the ever-present spirit of doctors' commitment to their patients, even among the staunchest supporters of the military government, were the real unsung heroes which helped stave off the worst of the symptoms that the new system brought into Chilean healthcare. Doctors, through their support of the military government, seemingly both drove medicine into the ground while also continuing to rescue it. This is the legacy which current doctors are forced to navigate through, for better or for worse.

Ultimately, while doctors in the seventies can be faulted for their lack of solidarity with the working class and their staunch support for a coup that placed a violent and irresponsible regime in power for 17 years, it was only through their and other healthcare workers' actions which rescued what would otherwise have been a doomed health system and its patients. By continuing to work for their patients'



best interest, doctors practiced an especially powerful type of solidarity during a time where such actions were largely oppressed by the state, and in doing so, defended an essential public institution.

Doctors, in the face of systemic defunding, state-sponsored hostility, and profit-led decision-making, managed through small acts of defiance and resistance, to safeguard the care and service of their patients. Despite their own role in instating the people responsible for these labor conditions, they also managed to show how their duty to their work and their willingness to provide aid superseded the government's plans. Their unique socio-political position allowed them the leverage needed to do both of these things, making them an exceptional case study of the history of workers' support for the coup. Hence, by studying the medical body and its role in the reforms, we can discern the inherent complexity of both the grassroots groups which aided the junta's rise to power, as well as the overall way in which those groups saw themselves ultimately hurt by the same leadership they aided. Ultimately the medical body, as a privileged sect of society, used their especially strong amount of agency, even in the face of state oppression, to both aid the military state as well as defy it.

## Conclusion

In 2022, when I set out to write about doctors, one of my concerns was that I would not manage to find anything useful from the answers of the people I would interview. Doctors seemed just too distant from me and my own area of expertise, and based on my very little knowledge about them and their history, I expected to face mostly disinterested retirees with no sympathy for some graduate student's research. My own grandfather would be the exception, and even then, I didn't have very high hopes about what he would be able to tell me. Additionally, my trip just so happened to coincide with the vote on whether to approve a new constitution following months of nation-wide protests regarding the legacy of the military dictatorship. As the chant went, "It's not thirty pesos, it's thirty years." I worried that I would inevitably come to a shallow conclusion that would just present medics as bitter and greedy upper class (the word I'm looking for here is *cuico*) people with a self-interested agenda, and that I would end up having to skirt around the topic of my thesis with family members working in healthcare for the foreseeable future.

Then, I ended up meeting some of the most interesting and inspiring people over the course of the six months I spent in Chile studying and interviewing doctors. Doctors who showed a deep concern about the evolution and future of healthcare, the future of the country, and the legacy of the dictatorship. People who had once been deeply inspired by the Allende government and its vision, now gave up what once brought them towards medicine in the first place in the face of the military regime. People who often seemed just as confused, and as invested in making sense of the story of their profession as I was. In the end, I had come all the way around to being scared of eventually coming to a conclusion that would just put all individual medics on a pedestal.

Ultimately, I think the thesis statements I settled on became reflections of the conflicting feelings that marked my investigation. Doctors both colluded against and sought to curry favor with the changing regimes in order to secure their power and authority. They utilized their strength and influence in order to bring down a democratic regime, even calling for a violent coup in order to achieve so for their own best interest, which led to a terrible period of violence and political oppression which directly ruined decades

of efforts to build public healthcare in Chile. However, it was these same doctors who managed to salvage the public sector and keep patients afloat, even in the face of worsened labor conditions. They were both part of the problem as well as the solution. As simple as it seems, it took an embarrassingly long time for me to figure it out.

Medics, while unsuccessful in their efforts to safeguard their field's socio-political interest and professional autonomy through multiple bouts of regime change, ultimately were the key to defending patient outcomes in the public system following the reforms enacted by the military state. However, they paid for this feat through their worsened labor conditions. The real tragedy of this process is that while the military government's actions brought a flourishing public medical system to the ground, it did not suffer public reprisal for it. Instead, the junta simply secured another feather to its cap purely due to the efforts of the medics, who they run down politically and professionally. Undeserved as it may be, supposed success in healthcare is another way in which the dictatorship is still defended by the right-wing public to this day. And so, doctors were hit by the health reforms, while simultaneously being responsible for fixing the gaping cracks in the system with little to no support from the state.

Evidently, the case of Chile and its doctors, from the rise of the Allende administration to the end of the dictatorship, is a story of the pursuit of political power and professional authority. From their dissent from the socialist UP government, to their unsuccessful attempt at currying the favor of the junta, it is evident the COLMED and the medical body's primary goal was to secure their control over the practice of medicine in Chile. However, as Vicente Navarro puts it, "the healthcare sector in any society mirrors the rest of that society."<sup>145</sup> If we observe the medical body's story as a case study of the grassroots support of the right, then it becomes so much more. It is a story about the dangers of greed for power and status, and of the innate dangers of trying to negotiate with a violent authoritarian regime. Tragically, it is also a story of what turning a blind eye to its own members' suffering does to an institution. The COLMED ignored both national and international calls for justice for doctors killed, tortured, and

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<sup>145</sup> Vicente Navarro, "What Does Chile Mean: An Analysis of Events in the Health Sector before, during, and after Allende's Administration." *The Milbank Memorial Fund Quarterly. Health and Society* 52, no. 2 (1974): 94.

disappeared by the junta for years in the hopes of getting the military government to aid them in securing control over their field.<sup>146</sup> This was not just a shameful display of avarice; it was also a violation of doctors' oaths. Their support for the junta essentially led much of the medical field to forsake its duty, just for power and authority over the medical field, and it is a stain that will continue to taint the history of the COLMED for years to come.

However, it is also a tale of the power that individuals can have within a system. Even in the face of a brutal regime, doctors managed to defy the odds and continue to provide care to patients with continuously improved results. Doctors are just one example of the way the small players in the greater narrative about the dictatorship managed to change what otherwise seemed an inevitable result. Their efforts translated into saving the lives of people who would have otherwise succumbed to a crumbling public healthcare system. They were one impossible cog that somehow kept a machine bound for breaking down working.

This story demonstrates that we still have much to learn from the right-wing history of the rise of the military dictatorship. As the protests I witnessed while I was in Chile showed, we are still far from really understanding what happened in 1973. Chile's own lack of mutual understanding and consensus on what the dictatorship's legacy meant for Chile both then and now is not just a symptom of a denial of the atrocities committed by the military regime, but rather a symptom of how much is still not understood about this event. This work just takes a single, very small step in that direction, but it is imperative that research into the Chilean and Latin American right-wing, especially from the dictatorship period, be expanded. Because as long as we continue to ignore their half of the equation, we will not be able to neither understand how democratic regimes came to be toppled one after another, as well as to foresee it in the future.

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<sup>146</sup> Carvajal Hafemann and Roman Alemany. *Historia del Colegio Médico de Chile*. 85.  
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### Interview Appendix

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Barraza Ruiz, Patricio. Interview by author. Recorded phone call. May 30th, 2022.

Chamas, Nahuaf. Interview by author. In-person interview. July 18th, 2022.

Fernandez, Angela. Interview by author. Recorded phone call. June 25th, 2022.

Moreno Gonzalez, Gladys Anriana. Interview by author. In-person interview. September 13th, 2023.

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