



Excerpted and translated from Salvador G. Allende, *La Realidad Médico-Social Chilena*. Chile: Ministerio de Salubridad; 1939.

The country's distressing demographic and health picture should make all Chileans reflect deeply: rich and poor; leftists and rightists; governors and governed. The problem of the nation's health affects everyone. No social class, however biologically advantaged it may be, has immunity from epidemics or freedom from the risk of infectious and contagious diseases. Environmental conditions affect everyone. It is certain that those who are biologically stronger can better resist the pathological challenges of an unhealthy environment; but it is also certain that germs, infectious organisms, and vector agents can attack without drawing social distinctions.

It is possible that a summary of our health reality will astonish many of our citizens; I do not believe that anyone can be indifferent when faced with its magnitude. Some may try to search for guilty parties who have caused the people's invisible tragedy. Few will take comfort in the real-

Considerations on Human Capital

ization that other nations face similar challenges.

We cannot simply and sadly accept present reality. It is important that the vitality of the nation and the resilience of the people be put to the test, with the purpose of validating the quality of our people and their right to live in a civilized society. The entire nation must react and mobilize to overcome past mistakes and the earlier lack of foresight. All the economic, moral, and spiritual resources of our people must be joined together in unified action to improve the health of the country, to establish conditions that permit Chileans to develop within a more favorable environment, to initiate a tenacious fight against scourges and vices, and to bring the advances of sanitary engineering and social medicine to the most remote corners of this country.

The bluntness with which we have analyzed our national reality has as its object the recognition of the full magnitude of the problem and the weight of the legacy that we have inherited; but it also allows us clearly to project the future and to consider the most appropriate solutions.

I know that we have come a long way from the days when it was considered unwise and unpatriotic for a State Minister to tell his fellow citizens the factual and straightforward truth. This is no longer the public mindset, nor is there any other way to face our current realities. In these important matters, neither subtleties nor simulations may be allowed.

Social hygiene, public health, and medicine cannot be treated as business transactions.

Infirmity, malnutrition, alcoholism, endemic diseases, epi-

demics, and ignorance can erode everything we have achieved and are inexorable in their effects. Our country has been a victim before and that is why we now face an alarming social-medical reality.

Human capital, which is the fundamental base of a nation's economic prosperity, has been discounted and the people have been left to fend for themselves. In that lies the primary cause for the slow growth of our population; given the quality of our native stock, our population should grow easily. Its progressive growth is the first condition for our nation's prosperity, and will result from a state of health and a level of civilization for the whole country. . . . Any government plan requires a numerous, healthy population, capable of production and of making industrial and economic development flourish. This is the mission of human capital.

Whole other forms of wealth—raw materials, machinery, and so on—lose their meaning for the country that possesses them if they are not in the hands of people capable of valuing and defending them; if one cannot, in short, count on a robust and strong population that can put them to use.

Our human capital has been . . . seriously affected by neglect and lack of social foresight. We have . . . almost the highest infant and adult mortality in the world, comparable only with the most backward nations. Morbidity statistics are terrifying, and document the havoc [caused by] tuberculosis, syphilis, and infectious and contagious diseases. The numerical growth of the population is below the norm, which means that in sixty years,

Chile has only increased from 2,075,871 inhabitants in 1876 to 4,200,000 in 1936. The average life of the Chilean, statistically, reaches at most 24 years, while the average life span in Switzerland, Germany, Denmark, England, exceeds 50 years.

The enormous number of deaths and rising morbidity, as shown by our demographic indices, keep our population growth rate low, influence the volume of production and greatly affect [our] general economic potential, because the lost hours of work and consequent decline of consumption lead to a considerable decrease in the national wealth.

Because of our social pathology, 20% of the active population is removed from the workforce, reducing the value of national production by an equivalent amount. This is the same as if one fifth of the workers were on strike, but nonetheless, neither the employers nor the society at large feels any urgency to find the causes and their remedies. To this must be added the temporary absence from the workforce of the worker who falls sick, or whose illness leads to diminished productivity.

We must add, finally, the enormous number of undernourished and malnourished people who provide favorable soil for epidemics and other calamities; the lack of suitable clothing and shelter; the large rural population; the slow development of genetic knowledge among the inhabitants; and the increasing number of the illiterate, and we have, then, a true picture of the Chilean social reality.

Past governments considered investments in national health to be postponable expenditures, of

Salvador Allende

Physician, Socialist, Populist, and President



BORN ON JULY 26, 1908, IN VALPARAISO, SALVADOR ALLENDE came from an upper-class Chilean family with a long history of political activism. His grandfather was one of the founders of the Chilean Radical Party in the 1860s, and his father and uncles were also Radical Party militants.¹ After graduating from secondary school at the age of 16, Allende enrolled in the Coraceros Cavalry Regiment and, after a tour of duty, entered medical school at the University of Chile. Medical school helped further radicalize him as he lived, in very humble circumstances, with a group of students attracted to the writings of Marx, Lenin, and Trotsky. Allende became a student activist and was arrested twice and expelled once during his medical school years.² He graduated in 1932 but, because of his radical history, was turned away from the Valparaiso hospitals and had a difficult time finding work as a physician. Allende was forced to take work as a pathology assistant, performing autopsies on the cadavers of the poor. He found the work dull, but it reinforced his dedication to social justice. He eventually established a practice among public welfare patients in Valparaiso.

In 1933, Allende was one of the founders of the Chilean Socialist Party, which was based on Marxist principles but was intended to be specifically Chilean rather than broadly international in its orientation and parliamentary rather than revolutionary in its politics. In 1937, he was elected as a Socialist deputy to the Chilean National Congress (the lower house), where he introduced legislation on public health, social welfare, and the rights of women. Two years later, Allende was named minister of health, prevention, and social assistance in the Popular Front government, a position he held until 1942.

In 1939, he published *La Realidad Médico-Social Chilena* (*The Chilean Socio-Medical Reality*), the source from which the excerpt published here in translation is taken (pages 195–198). Howard Waitzkin notes that this book “conceptualized illness as a disturbance of the individual fostered by deprived social conditions.”^{3(p.75)} It focused on specific

secondary importance. They neither wanted to act preventively, nor did they stop to think that conserving human capital, which is the basis of the nation’s wealth, is the highest responsibility of the modern State.

The Minister of Health must now adopt a progressive stance and must not lose any more time. The great restorative enterprise of our nation must be planned, organized, and implemented in three fundamental ways: effec-

tive economic improvement of the laboring classes; intensification and extension of the methods of prevention and preservation of national health; and an intense literacy campaign among the nation’s uneducated. The Popular Front has been created to accomplish this immense task.

The Chilean Medical Convention, convened in 1936 in Valparaiso, has already declared that “our socio-economic structure must undergo fundamental modi-

fications to assure optimal conditions for people’s well-being through an equitable distribution of the fruits of work”; it also declared that the State should regulate “the production, distribution, and price of articles of food and clothing”; it affirmed that “housing is in essence a social function and the State should intervene by appropriate taxation policy and assurance of housing quality”; and it affirmed, finally, “that the problems faced by workers

health problems that were generated by the poor living conditions of the working class: maternal and infant mortality, tuberculosis, sexually transmitted and other communicable diseases, emotional disturbances, and occupational illness. He concluded the book with the Ministry of Health's proposals for health improvement that emphasized social change rather than medical interventions: income distribution, a national housing program, and industrial reforms.

In 1942, Allende became the leader of the Chilean Socialist Party and in 1945 he was elected to the Senate (the upper house of parliament). During the 1950s, he introduced the legislation that created the Chilean national health service, the first program in the Americas to guarantee universal health care.⁴ Allende would remain in the Senate until 1970, and for nearly a decade during his tenure served as vice president and president of the Senate. He ran for president on 4 occasions: in 1952, 1958, 1964, and 1970. In the latter year, as head of the Unidad Popular coalition, he won 36.3% of the popular vote in a 3-way race. The Chilean Congress then chose him as president. Allende called for profound economic and social change focused on improving the condition of the poor and decreasing the role of private property and of foreign corporations.⁵ As president, he sponsored the decentralization of health care by empowering local health councils that worked with social service sectors to serve the impoverished masses. Chilean doctors often felt threatened by Allende's health care policies, which focused on public rather than private care and thus meant less income for private physicians.

Other democratic nations, most notably the United States, found Allende's brand of democracy intolerable and gave millions of dollars to his various opponents, including organized medicine. Factional divisions within the Unidad Popular and the Socialist Party, political opposition from the Chilean center and right, and economic instability all contributed to undermining Allende's presidency.⁶ On September 11,

1973, his government fell to a military coup led by General Augusto Pinochet. Allende was found dead that same day. While the Chilean government maintains that he committed suicide, many others claim that he was assassinated by Pinochet's troops. ■

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References

1. Lavretski J. *Salvador Allende*. Moscow, Russia: Editorial Progreso; 1978.
2. Debray R. *Chilean Revolution: Conversations With Allende*. New York, NY: Pantheon; 1972.
3. Waitzkin H. *The Second Sickness: Contradictions of Capitalist Health Care*. New York, NY: The Free Press; 1983.
4. Waitzkin H, Iriart C, Estrada A, Lamadrid S. Social medicine then and now: lessons from Latin America. *Am J Public Health*. 2001;91:1592–1601.
5. Allende Gossens, Salvador (1908–1973), president of Chile (1970–1973). Available at: <http://www.utm.utoronto.ca/~w3his290/A-Allende-biography.html>. Accessed July 22, 2003.
6. Waitzkin H, Modell H. Medicine, socialism, and totalitarianism: lessons from Chile. *N Engl J Med*. 1974;291:171–177.

should constitute a medical concern because of disastrous working conditions, the high number of diseases and deaths among the laboring classes, and because of deficient regulations governing the relationship between capital and labor." By saying this, it wanted to indicate that the solution of the country's social-medical problems would first require the resolution of the economic problems affecting the proletarian classes.

With the frankness that has characterized all his political actions, and understanding his present responsibilities perfectly, the Minister of Health warns, then, that the country should be considered in a state of emergency, and he signals the urgent necessity to pursue all possible means to remove the dangers that threaten the nation's existence. It is necessary that the owning classes, without resistance, contribute for their own se-

curity. It is necessary that each and every citizen join in and contribute to the enormous task of raising the country economically, socially, and culturally, which will be of tremendous benefit to the Republic. . . .

We must remember that Chile is in reality a people that are pursuing their rights and that the country is staking out its own destiny. ■