

# A True Jewel In The Annals Of Social Medicine: Young Allende's Early Legacy

*Claudio Schuftan*

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The publication in *Social Medicine* of selections from “Chile’s Medical-Social Reality” (see page 151) brings to an international audience another historical piece way ahead of its time. It comes to us this time from South America and its protagonist is Salvador Allende, a militant of the Socialist Party and a physician.

In 1938, the international economic recession resulted in a conjuncture that led a coalition of left parties – the Popular Front – to ascend to the presidency of the republic under a (center-left) Radical Party president. As President Aguirre Cerda formed his cabinet, the Socialist Party was assigned the Ministry of Health. Dr. Allende was the nominee.

Allende approached his new position by embarking on a ground-breaking socio-political analysis of the medical reality of his country. He and his team prepared the, by now historical, document “Chile’s Medical-Social Reality.” Chile had been scathed by the global recession of the early 1930s; in Allende’s words “the Chilean economy had become a ‘slave’ of global events”. The social costs of the recession - as Chile lost lucrative world copper and nitrate markets – had been devastating for the poor. Allende understood how this impacted on health and this is *why* he embarked in this analytical piece at the start of his mandate as Minister.

The result of his inquiry is the serene yet passionate socio-medical report two of whose sections are here presented. *How* he undertook the task of writing this report is also an important lesson for us in 2006. The report outlines the ‘crude reality’ (his words) of the true conditions of health and hygiene of the country which he had gathered by extensive travels. He documents in all its magnitude the state of misery of the people; he tells us how he

learned first hand the urgent and acute problems which needed to be tackled; he emphasizes that the state of national health has consequences for everyone. Allende further makes it a point through his report to show his citizens the bare facts.

Allende was clearly ahead of his time. He saw Chile’s alarming socio-medical reality resulting from a hierarchy of causes ultimately brought about by structural determinants. Not only was he vocal about those determinants, but also clear, unambiguous and absolute about the ultimate remedies needed to improve the situation sustainably.

In his report, Allende makes a number of observations and advances certain predictions that are truly of global significance and not simply of national relevance to Chile of the 1930s. These observations/predictions (irrespective whether they were fully original or not) turned out to be prophetic. Read in 2006, they evoke a frustrating sense of *deja-vu*.

Consider that in ten short pages Allende speaks:

- of ‘free competition’ (our current free market) being the culprit of many of the social evils affecting Chile’s proletariat and peasantry at the time;
- of the need of overcoming exploitation and ignorance to foster a healthy and educated people;
- of the cultural colonialism that impeded social progress in Chile of the late 1930s;
- of the fact that ‘progress’ had bypassed the great majority of Chileans – those who created most of the wealth of the nation;
- of the fact that foreign companies (who received favorable tax breaks) served the interests of economic imperialism and not those of the country;

- of agriculture exploiting man more than the soil;
- of an economy that forces Chile to become a consumer of goods manufactured by large industrial countries (thus making the country dependent);
- of international Capitalism only being interested in profits through production “to satisfy market demands and no more”... with its enterprises not being concerned about the fact that the working population lived in deplorable conditions; and do remember that this is said in 1939!

Allende goes on to note:

- that the first obligation for action for governments (note he speaks in plural here!) is to defend themselves from the economic imperialism that roams the world;
- that, therefore, the good will of statesmen has its limits in the relations that the laws of the world economy impose on dependent countries;
- that the working class has been kept ignorant of the bare facts the report uncovers. This deprives them of tools they need to organize and conquer the right to their own well-being, health and culture by breaking the trend of history and installing a government able to deliver the fruits of progress, which have always been the patrimony of a minority;
- that medical measures only produce benefits *if* they are accompanied by economic and financial resolutions;
- that it is not possible to provide good health to malnourished people working under merciless exploitation;
- that it is no consolation for Chile that other countries suffer similar ills;
- that Chile’s socio-economic structure must undergo fundamental modifications to guarantee citizens conditions of welfare, i.e., that the solution to the socio-medical problems foremost requires solutions to the economic problems affecting the proletariat;
- that the state must intervene in establishing appropriate norms and regulations to guarantee the above needed changes; and
- that there is an ‘imperative necessity’ to use all means to deal with the dangers that threaten the health of the poor.

If this all is not highly current in 2006, then the author wonders what is.

Under his proposed plan of action, Allende is perhaps one of the first to call for investments in ‘human capital’. He sees the latter as the fundamental base of economic prosperity, as the basis of all wealth and thus the maximum responsibility of the modern state. Allende reckons that without a social security system human capital has been abandoned to its own fate.

He describes the ‘social pathology’ of the country that neither the employers nor society are moved to change and remedy. He does not stop short of identifying what we today call social determinants of health, i.e., malnutrition, the lack of shelter and sanitation, illiteracy and other such factors which he correctly places at the center of the social reality of Chile in the late 1930s.

Towards the end of the selection, Allende keenly notes that we cannot waste any more time – a cruel reality when looked at from a 2006 perspective – in putting into action a ‘massive project’ aimed at intensifying health prevention, promoting literacy and tackling of the socio-medical determinants of health he so ably depicts in the report.

In the closing line – and perhaps with premonition – Allende tells us that Chile in 1939 was ‘in pursuit of its rights’; he did not foresee that, by the end of the century, the UN would make human rights (the right to health included) the center piece of its development outlook for the coming century.

How much impact the report had in Chile and in the rest of Latin America is difficult to assess. It must have played a role in the annals of social medicine in throughout the continent. The School of Public Health of the University of Chile – a school that followed the methods of this 1939 report – became the alma mater of a generation of Latin American ‘salubristas.’

Allende’s thinking is contemporary, because the issues he identified have not yet been resolved. They are the same ones many of us are still talking and writing about 65 years later. One cannot but sadly note that the world ignored Allende’s advice in 1939 much as it does today in 2006. The forces that benefit from the current structures that result in preventable deaths, preventable ill-health and malnutrition are still well entrenched and remain

firmly in command. Two generations of our peers seem to have lost Allende's vision and denunciatory courage and to be sucked into dreaming that *technical* solutions in public health would right the wrongs.

We must be keenly critical of the way the prevailing system pushes us to devise pat solutions such as improving the management and efficiency of health programs or throwing two-year projects at major global health problems. It is as if Allende's 1939 piece – and for that matter the 1978 Alma Ata Declaration – had never existed. We have to denounce this state of affairs and become active protagonists in changing the entrenched attitude that ignores the social determinants of health with impunity. In 2006, nothing short of a(n) (updated) return to the principles of the Alma Ata Declaration will do. The People's Health Movement is a network doing just that. Check them out and join the movement; visit [www.phmovement.org](http://www.phmovement.org).

Allende did not change his views. In his long political career Dr. Allende remained a physician at heart and he endlessly built on the foundations laid by this report. For many years he served as a Socialist Party Senator in the Chilean Parliament. In this role he prepared legislation creating the Chilean National Health Service in 1952, a first in the

Americas. He made three unsuccessful attempts to run for President. The health platform of one of these attempts is reprinted in the Spanish Edition of this journal.

Finally, in 1970 Dr Salvador Allende was elected President of Chile, the first democratically elected Socialist President on the continent. In this role Allende introduced further progressive health and nutrition reforms in which the author was proudly involved. Tragically, his government was toppled by a bloody military coup in 1973 and Dr. Allende committed suicide when troops stormed the presidential palace. And then the pendulum was to swing backwards. 17 years of military rule dramatically undid the gains in social medicine Chile had made in the preceding decades. These gains have seen only a partial recuperation in the ten years of democracy that have followed the fall of the infamous general Augusto Pinochet.

*Social Medicine* thinks the lessons of history have to be brought back to the fore, particularly the positive ones. The piece by Dr Allende in this current issue could not have been better chosen for its relevance in 2006.

Ho Chi Minh City

Claudio Schuftan, [claudio@hcmc.netnam.vn](mailto:claudio@hcmc.netnam.vn)

