ABSTRACT

The general question addressed in this paper is about the structural basis of social movements. I examine the interplay between occupational changes in the position of the professional salaried middle classes and their forms of collective action in Chile. I deal specifically with physicians and teachers. I will argue that their collective action during the last decade has a strong social-class component that has evolved to a radical opposition to the current Chilean model of development. Although their relative position in a stratification scale did not change during the last decade, their opportunities for social advance were greatly reduced by economic policies. In fact, wages for the salaried have increased at a slower pace than the national average; as a consequence, the relative position of salaried middle classes might remain stable but the rewards to those positions tend to diminish if compared to non-salaried groups. Physicians and Schoolteachers will take in these issues as active collective actors. On the one hand, they have the potential to focus the debate on how public policies affect the distribution of income, and make use of their power to transform policy orientations. On the other hand, they face the dilemma of using their power as a group of interest, to gain particular advantages. I will present the data that supports my position and elaborate on the conditions that favor on one or other orientation.
Introduction

Urban poverty levels changed from 39% in 1987 to 18% in 1998 (Cepal 2000). At the same time, between 1986 and 1998, Chile had a stable economy: inflation was under control, the GDP growing at sustained 7% and unemployment was no concern. Although the slow pace of economic growth since 1999 has somewhat altered this description, general socioeconomic conditions still hold; for example, according to official data, poverty levels in year 2000 have remained as in 1998, despite increased unemployment. The population, however, even before 1999 recession episode, perceived that social rewards were at high imbalance with their personal effort (PNUD 1998, Moulian 1997). In fact, public social policies made of labor market participation the sufficient condition for socioeconomic progress, but many households that have moved beyond the poverty line have gained access to precarious unregulated occupations. Moreover, during the year 2000, the growth of the GDP did not help to reduce unemployment. A combination of macroeconomic success and hard living conditions has been so sustained and deep that make it impossible to think they are an undesirable, albeit temporary, consequence of economic growth or a difficult economic conjuncture.

The contrast between indicators of economic success and the perception of deteriorated living conditions has remained an unsolved puzzle for Chilean scholars and social commentators. However, an analysis of the patterns of social mobility during the last decades in Chile shows that this is not a case of distorted perception but of inadequate indicators. Javier Martínez and Arturo León (1998) have provided a systematic analysis of the modification of occupational structure from 1971 to 1995, based on national data. According to their analysis, economic changes toward neo-liberal economic policies since the mid-1970s, affected mostly the salaried workers, who increased the ranks of the unemployed up to levels of 35%. Since the mid-1980 unemployment diminished markedly giving way to an equally sharp increase in salaried positions, which reach to almost three-fifth of the labor force.

Available data indicate that most of the labor force has experienced an upward movement of their occupational positions since the mid-eighties. Although, salaried working positions increased faster than the growth of the labor force, upward mobility consists mostly of the passing from unemployment or marginal positions to salaried work (Martínez/León 1998). A closer look to the years 1987-1985 will show what kind of employment were created by the current model of development operating at its best. During this "golden decade" of the Chilean economy, social mobility looks no longer as upward mobility because the entrance to salaried positions bears no association with working rewards.

What kind of opportunity did offer a salaried position in the last decade? Available data on income distribution within occupational groups allows one to tackle on this question (Martínez/León 1998). As an average, 1995 income had improved for every occupation compared to 1987 (Martínez/León 1998:300). Now, the distribution of income among workers of the same occupational category shows the quality of rewards associated with their performance. Table 1 compares income distribution within occupational categories in 1987 and 1995, using the percentage workers in the upper 40% income bracket and the percentage in the lower 20%. Occupational categories were further sorted according to the proportion of workers in the higher income bracket for 1995.
Table 1: Income distribution within occupations. (Calculations do not include the unemployed).

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Firm entrepreneur</td>
<td>98</td>
<td>99</td>
<td>0</td>
<td>0</td>
<td>2.7%</td>
</tr>
<tr>
<td>Independent Self-employed</td>
<td>68</td>
<td>77</td>
<td>8</td>
<td>5</td>
<td>8.1%</td>
</tr>
<tr>
<td>Worker in large mining</td>
<td>58</td>
<td>67</td>
<td>4</td>
<td>4</td>
<td>0.8%</td>
</tr>
<tr>
<td>Traditional Crafts</td>
<td>28</td>
<td>42</td>
<td>31</td>
<td>19</td>
<td>5.4%</td>
</tr>
<tr>
<td>Marginal trades</td>
<td>27</td>
<td>31</td>
<td>44</td>
<td>44</td>
<td>3.2%</td>
</tr>
<tr>
<td>Casual services worker</td>
<td>17</td>
<td>26</td>
<td>50</td>
<td>38</td>
<td>2.5%</td>
</tr>
<tr>
<td>Domestic Service</td>
<td>0</td>
<td>0</td>
<td>46</td>
<td>51</td>
<td>5.5%</td>
</tr>
<tr>
<td>Construction worker</td>
<td>28</td>
<td>23</td>
<td>9</td>
<td>16</td>
<td>13.1%</td>
</tr>
<tr>
<td>Agricultural worker</td>
<td>23</td>
<td>18</td>
<td>28</td>
<td>39</td>
<td>15.0%</td>
</tr>
<tr>
<td>Private sector salaried</td>
<td>67</td>
<td>58</td>
<td>5</td>
<td>9</td>
<td>21.3%</td>
</tr>
<tr>
<td>Workers in trade and services</td>
<td>35</td>
<td>21</td>
<td>13</td>
<td>18</td>
<td>15.0%</td>
</tr>
<tr>
<td>Public sector salaried</td>
<td>86</td>
<td>69</td>
<td>1</td>
<td>3</td>
<td>6.8%</td>
</tr>
</tbody>
</table>

Source: Elaboration based on Martínez/León 1998.

The solid line in the middle of Table 1 separates 23% employed, on the upper half, and 77% on the lower half. In the upper half categories the proportion of workers in higher ranks of income has increased, while the proportion in lower ranks has decreased. In the lower half categories one finds the opposite situation. In other words, about 1 out of 4 workers belong to occupations that have improved their income participation above the average. It’s worth noting that categories in the upper half are almost exclusively self-employment, while categories in the lower half are salaried, no exceptions in this case.

One might hypothesize that part of the dynamism observed during the golden decade of the Chilean economy bears upon the relative deterioration of salaried positions. Self-employment categories offer slight chances of economic advance because they grow at the same pace of the labor force. Therefore, entering an independent position is not as hard as sustaining the position over time, amidst fierce competition (Mac-Clure 2001). Salaried occupations, during the same period, grew faster than the labor force; that is, entering into the labor force as a salaried worker occurred was concomitant to the status reduction of these positions.

At this point one can reconcile the images of global economic dynamism and the perception of a deteriorating situation. A trend to the deterioration of income in salaried positions underlies the average growth of income. Indeed, moving from a marginal job to a salaried position constitutes upward mobility; however, seen in the long run, this entering or re-entering the labor force has left salaried workers in a position relatively deteriorated compared to the position they enjoyed in the previous model of development. Another way of looking to the same topic is by observing that urban poverty includes an increasing number of salaried workers.

1 Large mining workers (0.8%) have raised their income above the average because their unions still retain a strong bargaining power.
workers (Cepal 2000). Middle classes relative income deterioration may be compared to running on an endless belt: any effort counts only to keep the position, it does not amount to any advancement.

In the next sections of this paper I will focus the analysis on the case of middle class salaried professionals. These groups are of particular interest partly because of their symbolic position in the Chilean society, but also because they have kept strong organizations that engage in purposive collective action. They represent a paradoxical case of "status inconsistency" because their educational credentials place them in the higher rungs of an occupational prestige scale; however, the rewards to those positions tend to deteriorate as long as they continue to be salaried. It is my contention that this inconsistency sets the basis for class action.

The professional middle classes

There are some 18,000 physicians and 130,000 teachers in Chile, that altogether amount for 3% of the labor force and 40% of the public sector salaried workers. Medical and teaching professions were closely associated with the development of the Chilean universal social policy in the 20th century. In the first few decades of the 20th century, education became the preeminent vehicle for social mobility. Teachers were responsible for the implementation of obligatory primary education from the 1920s onwards, as well as for the educational reform of the 1960s. For its part, medicine has been the most prestigious and influential profession in Chilean society for decades. Since the late 19th century, physicians called attention to and successfully promoted the State’s responsibility to improve the sanitary conditions of the population (Illanes 1993). In the 1950s, Chilean physicians united in a professional guild to support the development of the national public health system.

Structural adjustment policies, changes in public policy focus and repression of collective action during the military government contributed to a radical transformation of the conditions and outlook of these organizations. The emphasis of public policy on downgrading the State’s role led to the growth of private health-care and educational systems and a shift in the administrative hierarchy of public services from the central government to decentralized public agencies or directly to the municipalities (Raczynski 1994). To a large extent, the reduction of the State sphere, which accompanied the economic adjustment policies and the State’s new role as guarantor of macroeconomic equilibrium determined the actions of both associations in the 1990s.

The 1970s and 1980s brought detrimental changes to both the teaching and the medical professions, both in their working conditions as well as their ability to influence social policy. On the one hand, the changes in public policy involved a loss of professional guarantees. Teachers were stripped of their position as public servants to become employees of municipal corporations, without the professional and labor guarantees to which they were entitled previously. At the same time, the private health system’s fixed salaries as well as the limitations for professional development in the public sector curtailed opportunities for physicians.

The dismantling of the Medical and Teachers Associations added to stimulating unbridled competition in the area of social policy. Physicians, as well as members of other liberal professions, were affected by the decision to change the legal status of the professional
associations. Arguing that these associations were structures of privilege and monopoly, the military government decreed freedom of affiliation and eliminated the requirement of enrollment in these associations for practicing their profession. As a result, the professional associations became trade unions with voluntary affiliation and lost their control over the practice of the profession.

Originally organized in a national labor union, teachers’ leaders had suffered harsh repression from the very moment of the coup d’état, and their possibilities for action as an association were reduced drastically. In order to assimilate them with the other liberal professions, the military government dissolved the teachers’ labor union and forced them to affiliate as a trade union. The new structure was very different from teachers’ traditional forms of organization.

Health, Education and the Modernization of the Chilean State

The “modernization of the State” was introduced in 1978 by the military regime to define structural objectives to its program of political transformations. The so-called “seven modernizations” sought to reformulate the relationship between the citizens and the State establishing the dominance of the market in the allocation of resources. Access to social services ceased to be a right to become a relationship between the service provider and the client, mediated by payment for the service rendered. Indeed, much of the so-called modernization was plain privatization of public services – pensions, education, infrastructure and health care – under the assumption that they would be more efficiently managed by the private sector. Even those services that continued to be the responsibility of the public sector, such as university education and curative health-care, were required to satisfy demands for self-financing.

The underlying assumption of this concept of modernization is that if the country could maintain its economic growth, personal income would satisfy the needs of a growing number of Chileans. Because economic growth alone cannot meet the needs of the whole population, the public sector must subsidize the needy in order to compensate for market inefficiencies. As a consequence, public policy has to be directed toward those sectors disadvantaged by economic growth, an orientation referred to in planning argot as “target efficiency” (Cohen/Franco 1992). In other words, this is the end of universal coverage policies, in the name of efficiency in public spending. This did not mean merely using available resources more efficiently: resources assigned for social spending were cut from 25% of the annual fiscal budget to 10% between 1970 and 1980 (Raczynski 1994). It should be noted that most of this reduction was achieved through cutbacks in investments and salaries.

During the military government, health reform was part of the privatizing wave. The subsidizing role of the State was expressed first in the concentration of resources in primary care and maternal-infant health programs in an attempt target the poorest sectors (Raczynski 1994). Secondly, a process to decentralize the administering of the public health services was initiated in 1979. This reorganization included transferring the responsibility for administering primary care clinics to the municipalities. At the same time, the military government sought to broaden access to a system that would offer more choices for the higher income population. In this effort, the “Isapres” – private health insurance companies – were formed to administer health policies for workers and authorize health-care services through third parties.
As a result of the reform, the National Health Service – created in the 1950s – was separated into three autonomous components: a system of decentralized primary care dependent on and administered by the municipalities; a system of national hospitals and emergency services that depend on the Ministry of Health; and a privately-managed system financed by the workers and under the supervision of the public sector.

In the case of education, expenditure on university education shifted toward elementary and pre-school education (Raczynski 1994). In 1979, a "Presidential Directive on Education" stated the basis for the restructuring of the educational system, which was then implemented through a series of executive orders that paved the way for the privatization of education. Transferal of the administration of educational institutions to the municipalities began in 1981 and was finally concluded in 1987. As a result, the working conditions of teachers also began to deteriorate. Like the health-care system, the nation's public education system was fragmented into three components: public schools are administered by private education corporations authorized by the municipality; private schools that operate with public subsidies; and private education totally financed by students' enrollment fees.

The concept of modernization based on economic growth and the supplementary role of the state was criticized from the first by the elected governments of the 1990s. In his 1990 Presidential Message, recently elected President Patricio Aylwin presented the diagnostic evaluation and guidelines that would set the standard for the decade's social policies. President Aylwin stated that social equity could not be achieved through a “trickle-down policy” of economic growth. While recognizing that this goal might be reached after several decades, he emphasized the urgent need to advance towards social justice and equity, and he warned that, without this focus, modernization would only aggravate the gap between those who were part of this process and those who were excluded. Since continuation of such divisions would endanger economic growth itself, the only alternative was a social policy aimed at achieving equity from the beginning.

In terms of health, the basic focus consisted in guaranteeing all Chileans the right to health; in this case, inequities among the different sectors of the population were revealed by the marked differences in basic bio-medical indicators. With regard to the situation of the public health system, the incoming president identified the primary problems as technological underdevelopment, scant renovation of physical infrastructure, and under financing of the primary care services. President Aylwin also reported that the budget for health had decreased steadily from 7.2% to 3.5% of total fiscal spending between 1974 and 1988. In regard to the issue of personnel, he pointed out the problems of understaffing, limited possibilities for continued education and training, and the absence of a formal civil service career for health personnel. All of this resulted in low wages and the flight of specialists toward the private sector. The situation was termed a “hospital crisis,” and the need for greater public investment was established. The first Presidential Message of the newly elected government made no reference to the participation of the users of the health services or the health professionals’ unions in strategic decisions regarding this sector.

On the other hand, improvements in education were made a priority in relation to the government’s “social debt” to the poorest sectors, “payment” of which would require establishing the conditions for their participation in a modern society. The situation of the
The presidential messages of the three years that followed presented specific measures. In 1991, more resources were allocated for improving the management of the health and education systems. A Salary Compensation Allotment was provided for the health sector, and new personnel were hired. In regard to the educational sector, the proposed Statute on the Teaching Profession would guarantee teachers’ job security and establish a basic pay scale and mechanisms for increases. In 1992, more health personnel were hired, salaries were increased, and infrastructure was improved. In regard to education, the 1992 Presidential Message stressed the educational programs already underway and the increase in student enrollment; however, no mention was made of teachers’ salaries. Patricio Aylwin’s final Presidential Message in 1993 emphasized improvements in coverage and quality of both health and education. In regard to working conditions, reference was made to a proposed reform of the laws governing personnel of the municipal primary health-care services. In regard to teachers, President Aylwin pointed out the improvements in salaries and the establishment of incentives for professional improvement. He also stressed the Statute on the Teaching Profession, which established a system for the progressive increase of teachers’ salaries.

President Eduardo Frei, who took office in 1994, belonged to the same political coalition as his predecessor; however, the goals he proposed for public policies were more closely tied to the issue of economic growth than political or social policy or human rights issues. President Frei identified an historical opportunity for overcoming the nation’s underdevelopment through sustained economic growth. Health and education goals, which sought to take advantage of this historical opportunity, were summed up as “the creation of efficient, wide-reaching health and educational systems, prepared for the demands of a rapidly growing society” (Frei 1994). Indeed, President Frei’s proposals shifted social policy focus towards the service of economic growth and its need for macroeconomic stability.

The messages of President Eduardo Frei (1994-1999) grant education first priority in the political-social program, expressed in the objective of defining government policy in this area to improve quality. In addition to the commitment to rising public spending on education from 5% of GNP in 1993 to 7% during his term, Frei proposed criteria and guidelines for a reform of secondary education. Improving quality demanded a reform that would successfully extend the school day, invest in school infrastructure, facilitate teachers’ continued education and training, and generate a network of first-rate schools within the subsidized system. Recognizing that this was a complex issue in which a number of interest groups would intervene, President Frei sought to generate consensus in this area.
In this effort, in 1994 the president designated a “National Commission on the Modernization of Education” as well as a “Technical Advisory Committee for the National Dialogue on the Modernization of Chilean Education.” Under the coordination of sociologist José Joaquín Brunner, the commission and its advisory committee brought together a variety of representatives interested in the issue of education, including directors of teaching institutions, prestigious academics, Masons and religious representatives, teachers, businessmen and student leaders. In order to assure that the commission’s conclusions were representative, a process of institutional and regional consultation was undertaken among those who did not participate in the commission. Finally, the commission’s report included the observations of those who wished to expand on some of its comments.

The report of the Commission on the Modernization of Education expressed a clear national agreement on the diagnostic assessment and recommendations (Chile 1997). In addition to the developments of the previous government – based on the concepts of improving quality of education and equitable access – modernization was added as a third dimension. The modernization of education took shape with the Education Reform, initiated in 1996 with significantly increased investment in this sector. The reform included four initiatives: programs to improve and encourage innovation in teaching, curricular reform, the extension of the school day; and continued education and training for teachers. By 1998, towards the end of President Frei’s term, investment in education had more than doubled over 1988 levels. In addition, public school students had noticeably improved their scores on the national scholastic examinations.

Teachers were assigned a crucial role in the reform, but the central issue of salary demands was not acknowledged. Proposing educational reform as a part of the government’s policy of modernization generated a debate in which the salary demands of the professors was only one of many issues. This approach contrasted sharply with Aylwin’s address to Parliament at the presentation of the proposed Statute on the Teaching Profession. According to Aylwin, “overcoming the severe inequalities in the way in which Chilean society rewards the efforts of educators” was a necessary condition for improving teaching quality. During Frei’s government, this factor was reformulated, leaving out mention of pay levels (Mineduc 1998).

Educational reform and increased public investment in this sector generated new organizations working in the area of education through the introduction of modern educational resources, a new focus in supervisory functions, external technical advisors, and participation in programs for teachers’ continued education and training. Initiatives that sought to improve quality of education focused on the provision of teaching materials, libraries, informational networks and investment in infrastructure (Frei 1995). In fact, funds for education tripled from 1990 and doubled those of 1993. These changes meant new conditions for teachers, to whom the government responded with support for professional development to assist teachers in adjusting to the new educational trends, although without accepting the issue of salary adjustments as an inevitable counterpart.

Since 1996, the government has promoted a Program of Professional Development for Teachers, which includes initial training, basic continuing education for teachers who are currently employed, a program of scholarships and internships abroad for teaching professionals, and national awards for excellence in teaching. In 1996, the continuing education program trained 56,000 teachers (Frei 1997). At the same time, the National System
to Evaluate Teaching Efforts awarded the first bonuses to the institutions with the best performance.

In regard to salaries, the government stressed that the levels of teachers’ salaries in 1997 were twice those of 1990. The minimum wage for teachers had also doubled between 1993 and 1999. The government felt that the issue of salaries had been resolved by placing the teachers on the same pay scale of other public sector employees. In this respect, the approach of Frei’s government was quite different from that of Aylwin’s and included an initiative to amend the Statute on the Teaching Profession. Even the “Brunner Report” indicated that teachers’ low wages were the result of “flaws in the labor field,” due to the fact that the public sector is the primary employer of the teaching profession (Chile 1997:111). In analyzing teachers’ low salaries, the diagnosis of the Frei government was that:

Teachers are one of the worst remunerated professions among all those requiring a university degree or its equivalent, despite the wide recognition of the crucial role they play [however,] their chances of improving their relative position are minimal. (Chile 1997:112)

The cause of this deterioration was attributed to the fact that teachers’ salaries are not associated with professional performance. Based on this understanding, Frei’s government proposed a system of remuneration based on pay for merit or results that awarded individual effort. While the Teachers Association did participate in the discussion that led to this initiative, the leaders elected in 1995 would question this vision of the causes of the deterioration of teaching salaries.

In the area of health, the word that defines modernization is no longer “quality” but “efficiency” (Frei 1994). The analysis of the health-care system revealed serious deficiencies and chronic problems: the poorest sectors lacked access to health-care; quality of care in service provision was determined by the users’ level of income; and management was inefficient. President Frei’s proposals in this area sought to improve the operation of the systems of financing and allocation of resources, broaden the coverage of the programs, and amend the law on the Isapres to eliminate multiple subsidies. He also proposed that service providers and users be involved in defining a care model.

While Frei’s speeches in Parliament showed no significant innovations in health policy since 1995, resources for the health sector did increase – especially spending on infrastructure and equipment. Health was second only to education in terms of social spending. Frei insisted, however, that the problems of the health sector could not be attributed solely to the lack of resources but that some were due to shortcomings in management. In all his messages, President Frei insisted that public resources for health-care were being poorly used. In his final annual message, Frei reported that the health-care budget had more than doubled since 1989; he also emphasized gains in terms of infrastructure and equipment which had allowed “the modernization of the public health-care system, the improvement of quality and access to care, and the promotion of equity in opportunity” (Frei 1999).

The salary issue did not take center stage in any of Frei’s presidential messages, but apparently neither was it a priority issue among the physicians’ demands. The health-care professionals accepted the establishment of a technical dialogue on the health-care system, and in his
Parliamentary Addresses

President Frei stressed his collaboration with this sector. For example, in his 1998 Address, Frei indicated that the problems of the emergency care services were reviewed in collaboration with the Medical Association. Although the improvements in health professionals’ salary were less than the gains achieved by the teachers, the guidelines established by the government regarding the system of remuneration was similar to those set up for the teachers. The proposed law, introduced in 1998 would establish bonuses for performance and seniority.

**Professional Associations in the 1990s**

An examination of the public policy focus in the areas of health and education in the 1990s reveals some noticeable differences between the two governments, despite their shared general orientation. President Aylwin’s diagnostic evaluation was sensitive to the demands of the users and workers of both sectors. He was favorably inclined towards teachers’ demands, and he emphasized investment in the area of health, as well. Frei’s vision of the situation was similar, but his evaluation was more technical: he understood education and health as complex systems and focused on quality and efficiency, respectively. As a result of Frei’s concept of modernization, his government sought to use resources efficiently and to establish systems of resource allocation linked to performance.

The government’s vision of modernization had its parallel in the professional associations’ perspectives on this same process. Both associations shared a fairly similar critical diagnosis of the changes that had occurred under the military government. Physicians pointed out the inequities associated with privatization and the ways in which this change had harmed the poorest sectors. Teachers stressed the problems of privatizing education within a democratic system. In both cases, the professionals insisted on a reform process that would recognize health and education as public services. Often, their visions of reform contradicted the governments’ proposals.

**The Medical Association**

The Chilean Medical Association (Colegio Médico) is a professional guild that has united and channeled the interests of the country’s physicians for over 50 years. The central objective of the Chilean physicians’ association is the improvement, protection, development and efficient management of the medical profession.

**Organization and Objectives**

Since its foundation in 1948, the Medical Association has played an active role in the country’s public health concerns. It has also taken care of all aspects of medical practice, including: scientific improvements, hourly and per-service pay scales, professional ethics, fees, job security, the expansion of coverage and of the health service institutions. As a legally incorporated entity, the association successfully proposed a number of important laws, decrees and regulations in an effort to guarantee the health of the population as well as to benefit the physicians themselves.
In 1981, the military government modified the Medical Association’s status as a corporation and reduced it to a trade union dependent upon the Economy Ministry. As a result, the Medical Association lost significant powers, such as the power to require all physicians to belong to the association, to set medical fees, to determine who could practice medicine, and to set professional and ethical standards for their peers. All these powers were considered monopolistic, distorting the allocation of resources by the market. Despite this situation, the association has remained united and preserved not only its prestige but also its considerable social influence.

Today, the Medical Association has some 17,000 affiliates, practically the entire body of practicing physicians in Chile (95%). It has a well-developed national organization with regular meetings, elections and established regulations. Any physician who wishes to become an active member must have obtained the appropriate degree, apply for membership, pay the membership fees and support the association’s general policy orientation.

Main Areas of Action
Throughout its life, the Chilean Medical Association has considered itself part of “a broad national agreement reached in the 1950s among all members of society – including the Medical Association – on the development of a health-care model” (Políticas de Salud para Chile: Nuestra Visión, n.d.). In the 1980s, the Medical Association lost a significant portion of its influence over decisions regarding health policy. On one hand, the organization had suffered the change in its legal status and was now a voluntary-membership association, while on the other hand; the military government was undertaking a large-scale reform to privatize health, undermining the model that the Medical Association had helped design.

Since the 1990s, with the return to democracy, the Medical Association has sought to reverse the decay of the public health system. In this effort, the association has addressed several different issues, including professional specialization of public health physicians, primary health care, emergency services, the National Health Fund (Fondo Nacional de Salud, FONASA), its role in the supervision of medical ethics, children’s rights, environmental concerns, medical leave and the licensing of foreign physicians. On these and other issues, the Medical Association has maintained a permanent dialogue with the executive and legislative branches of the government in an effort to encourage change despite bureaucratic inertia.

Although a number of changes have been achieved in these and other areas, the Medical Association views these as isolated improvements that do not add up to an efficient use of public resources. The members of the association see the measures adopted as merely partial solutions with practically no impact on users’ satisfaction or the state of the public health-care system. They stress, for example, the problems involved in distributing resources for primary health-care as long as the municipalities administer this service and without specific mechanisms for physicians’ professional development.

Given this situation, Chile’s physicians came to the conclusion that real change of the system would require widespread sector reform. The priority issues would have to be approached and resolved through a large-scale plan to restore the National Health System. In the 1990s, the Medical Association drafted documents, carried out evaluations and organized seminars and discussion forums, culminating in a 1997 congress on the issue.
The proposal of reform deriving from these activities focuses primarily on correcting the institutional changes imposed in the health field in the 1980s: the creation of the Isapres and the separation of primary health care from the rest of the public health-care system. Another key aspect is the need to correct the deterioration of health-care personnel's salaries and working conditions in a fair, planned and transparent fashion is also stressed. According to the Medical Association, these distortions have continued and actually worsened since 1994. From the physicians' point of view, current government policy will channel public funds towards the private health-care market through an insurance system offering a limited package of services and will further weaken municipal primary health-care services and the Ministry of Health itself. Dr. Ricardo Peña one of the regional council members aptly expresses the physicians' demands:

“\textit{The medical conflict goes back to the 1970s when the State felt a responsibility for meeting Chileans’ health and education needs. There was a strong public health-care system with respectable salaries and possibilities for professional development. A physician could work full-time in a public hospital, which is impossible today. Since 1974, this spirit has been lost. In 1990, Aylwin recognized the debt to the health sector and began the road towards recovery which was then interrupted by Frei’s government.”}"

\textbf{The Teachers’ Association}

The Teachers Association was created in 1981 by an executive order that effectively replaced the Educational Workers Labor Union (\textit{Sindicato Unico de Trabajadores de la Educación}). In response to the pro-government bias of the Association’s early leaders, a group of anti-Pinochet teachers formed the Chilean Teachers Trade Union (\textit{Asociación Gremial de Educadores de Chile, AGECH}) in 1982. In 1985, the members of the Teacher’s Association held national, regional and provincial elections for the first time, electing leaders who opposed the military government. For the following two years, the Teachers Association and AGECH continued as separate organizations. But since both organizations opposed the government and favored the return of democracy, AGECH was dissolved, and its members joined the Teachers Association.

\textbf{Organization and Objectives}

Today, the Teachers Association has some 90,000 members throughout the country, representing 86\% of teachers, and interests in a medical clinic and a pension fund. Approximately 2,000 leaders serve three-year terms of office from the local to the national level. After the General Assembly, the top decision-making body of the association is the National Board of Directors, whose fifteen members meet once a month. While the associations bylaws permit any teacher to join, most members teach primary or secondary school in the public system. Their actions as a powerful association are tempered by their union history. As one of the members stated, \textit{“We are a trade union dressed up as a professional association.”}
In the context of a general evaluation of the changes in the situation of education in Chile, the teachers elected a new board of directors in 1995. After ten years of leadership by Christian Democrats, a member of the Communist Party, Jorge Pavez, was elected president of the board, along with seven other members of his party. Two Christian Democrats, two Socialists and one Radical represent the government coalition party, the Concertación. The only board member from the opposition belongs to the right-wing Renovación Nacional party. The executive committee of the National Board of Directors is comprised of five Communists, a Christian Democrat and a Radical. The predominance of leftist national leaders who were not part of the Concertación was a significant change, not only in the teachers’ leadership, but also to its negotiating style.

In 1997, at the First National Congress on Education, teachers voiced strong criticism of the decentralization of education and expressed their belief that the changes introduced by the governments of the 1990s were insufficient. In their view, the State should reclaim its historical role and take responsibility for the entire educational process, guaranteeing the development of free public education and creating mechanisms for the permanent oversight of the educational system. The teachers acknowledged that many of the changes they desired were impossible to obtain under the current laws; they proposed the repeal of the 1980 Constitution and the adoption of a new educational law with quasi-constitutional rank, known in the Chilean system as an “organic constitutional law.”

**Main Areas of Action**

The model for social policy imposed in the 1980s directly affected the educational sector and significantly changed teachers’ working conditions. The shift to the municipalities meant that teachers lost job security as well as their system of promotions and qualifications, guarantee paid vacations, the fixed salaries of the “Single Wage Scale” and the 30 class-hours/week standard.

Under municipal administration, the teachers lost their perquisites as public employees and gained none of the benefits of the private sector. For example, they were prohibited from engaging in collective bargaining to improve their working conditions and wages: these decisions were left to the municipality, to be decided in accordance with the local financial situation. These same adjustments stripped teachers in private schools of their right to a minimum salary, the system of yearly salary adjustments and seniority-based bonuses. The new set-up ended the tradition of equal pay for teachers regardless to where they worked.

In this changing context, a number of problems soon arose between the municipalities and the teachers’ union. The teachers focused their criticism on the educational model regulated solely by the laws of the market. In 1987, the Teachers Association presented an alternative project that sought to define professional standards through a series of norms. The leaders of the association explain that Patricio Aylwin adopted this project “as a personal commitment,” as a presidential candidate in the reemerging democracy. After being elected, President Aylwin promised to push for a series of programs to encourage improvement and innovation in teaching, as well as changes in educational administration that would favor teachers. In his first message to the legislature as president, Aylwin declared:
It is absolutely essential that we confront the problems affecting teachers. If their conditions are not improved, it will be impossible to fully implant a policy to improve the quality of education. Nor will we be able to address equity in education while inequities persist in the way Chilean society recognizes teachers’ efforts. (Message of the President of the Republic, October 15, 1990).

In 1991, the Statute on the Teaching Profession was passed as Law No. 19.070, fulfilling President Aylwin’s promise to the Concertación-led board of the Teachers Association headed by Osvaldo Verdugo. This new law established the qualifications, duties and rights of all educational professionals and regulated the professional training process of teachers employed by the municipalities, as well as procedures for hiring teachers in the private sector. The most important gains included the right to continuing education and training, job stability for tenured professionals, and a national minimum wage. This law also reinstated the policy of seniority-based bonuses and created a second system of bonuses to reward performance under difficult conditions.

By establishing tenure for teachers in the municipal system, the teaching statute recognized the career status of educational professionals in the municipal system. It also introduced the concept of teaching staff levels, which would be determined by each municipality and approved by the Provincial Boards of the Ministry of Education. In addition to recovering a number of rights, the statute established a series of restrictions on salaries and labor conditions that reduced the autonomy with which the municipalities could adjust the teaching staff, alter salaries and implement monetary incentives.

In terms of collective bargaining, the statute returned the regulation of decisions regarding contracts and pay scales to the Ministry of Education, reducing the autonomy of local officials. This change set the stage for focusing union action on the central government (Marcel 1993). A significant part of the actions undertaken later by the Teachers Association are based on the conditions created by the Teachers Statute. In fact, the Teachers Association managed to obtain new wage scales through a series of negotiations with the government.

Most of the energy of the Teachers Association has been concentrated on improving salaries. In fact, the union actions that received the most public attention were focused precisely on this aspect. Throughout the country, teachers still aspire to earnings equivalent to those of the late 1970s. Despite an increase of 120% between 1990 and 1998, teachers’ salaries continue at the level of the early 1960s. Despite the significant gains in real wages as well as the benefits of the Teachers Statute, the earning power of education professionals has not kept up with the rest of the economy and is actually lower than in the past. Long and complex negotiations with the Ministry of Education have attempted to resolve this situation, which has led to two nationwide teachers’ strikes.

The Dynamics of the Relation with the Public Sector

In the mid-1990s, at about the time of government change, both the Medical Association and the Teachers Association elected new boards of directors. The new leaders adopted a more openly confrontational position towards the government, resorting to strikes and street protests. The change in government in 1994 weakened the relationships between the health
and education professionals unions and the public sector. From the perspective of these groups, the governments of the *Concertación* had done nothing more than efficiently administer the model imposed by Pinochet’s government, rather than the hoped-for structural change. Osvaldo Verdugo, president of the Teachers Association from 1985 to 1995, proposed the need for an overall evaluation of the 1990s in order to determine a new course of action. Dr. Ricardo Peña, president of the Medical Association’s Santiago Regional Council, pointed out that the Frei government had ignored the State’s debt to the health sector, which had interrupted the recovery process and generated conflict. Dr. Peña also proposed a radical reform of the health-care system as a way of solving Chile’s public health concerns.

In the annual management review of July 1998, the teachers proposed that the Ministry of Education reassert its position of leadership, help the State recover its historical responsibility for the entire educational process, guarantee the development of free public education, and create mechanisms for on-going supervision and evaluation of the educational system. The teachers also pointed out that the government was refusing to heed their leaders’ opinions and criticism of the new education policies. Their grievances are many: criticism of the subsidizing role of the State, the failure to include the teachers’ union in the definition of educational policy, the economic focus of the educational system, the disruption and inequity produced under the current model of decentralization (privatization and municipal administration). At the same time, the contents and methodologies being employed in education were failing to encourage students to develop as well-rounded citizens capable of creatively transforming their realities.

The physicians also expressed their belief that the government initiatives were isolated and ineffective since true change of the system could only occur through a thorough reform of the health sector. According to the Medical Association, these concerns should be addressed and resolved through a broad plan for the recovery of the National Health System. Specifically, the association proposed the need to return the administration of primary health-care to the Ministry of Health. They also proposed that the private health-care system of the Isapres be more strictly controlled *Políticas de Salud: Nuestra Visión*.

Given the similarities between the views of the teachers and the physicians, it is unsurprising that professionals from both sectors have organized protests against the public sector from 1996 onward. While the immediate aim of the protests were salaries and working conditions, the underlying issue was a demand for transformation of the current focus of the public health and education services. The unions believed that the public sector should recover its lost position. The following section examines two conflicts that reveal how these reactive and proactive positions are intertwined in the issues raised by both associations throughout the decade.

**Teachers’ Salary Demands**

In 1998, the conflict between the teachers and the Ministry of Education regarding salary negotiations for 1999 and 2000 led to a strike lasting from October 1 to the 28. This strike was directly related to the 1996 protest when salary demands were backed up by protests for the first time. The 1996 and 1998 strikes were part of the same union strategy: negotiations with the public sector were complemented by widespread grassroots protests. These mobilizations were made possible because the Teachers Statute directed negotiations to the Ministry of
Education. The 1996 strike, which lasted for the first 13 days of October, ended with an agreement for a salary increase and the presentation of a new law.

The National Program Assembly held January 16-17, 1998, proposed the creation of a special commission to develop a salary proposal for presentation to the government. On April 6, the Ministry of Education received a letter containing the association’s demands. Chief among these was the goal of a minimum monthly salary of five minimum incomes (equivalent to some US$700), as established earlier. In the first stage, the teacher’s minimum salary would be raised to three minimum incomes, beginning February 1, 1999. Including the guaranteed bonuses, this implied a 48% increase. The teachers’ petition then invited the government to negotiate on the issue.

The government indicated on May 18 that salary levels would be considered only after the budget was determined, and it proposed that a work group be formed to negotiate other pending, long-term issues. In the National Assembly held July 18, the Teachers Association set a deadline for negotiations with the government: by August 31, the government would have to propose an amount and the procedure for raising teachers’ salaries. After the government response, a National Assembly would be held on September 4.

On July 31, the government and the Teachers Association signed the draft of a six-point agreement that included but did not resolve the issue of the special salary adjustment. Government authorities agreed to set the amounts and procedures for salary improvements during September and October of 1998. By the teachers’ August 31 deadline, the government had not presented any figures at the negotiating table. Held as planned on September 4, the National Assembly rejected the Ministry’s position and decided to hold a nationwide consultation of all union members during September 14-15.

In this consultation, the affiliates were asked if they approved of demanding an answer to the salary petition from the Ministry of Education by September 30 and, if no satisfactory reply were received, beginning a strike on October 1. The measure was approved by 68.2% of the teachers who voted (more than 60% of the total membership). The consultation was not free from internal conflict, however, since it coincided with the campaign for the board of director’s election scheduled for October 8-9. Union leaders who belonged to parties of the governing Concertación and the right-wing opposition Renovación Nacional criticized alleged irregularities in the consultation process. For its part, the Communist Party denounced a smear campaign.

On September 25, a meeting with the government and the teachers ended in a stalemate. Finally, on September 30, the government made a 45,000 million-peso offer for 1999 and 2000, the equivalent of a 3% and 4% adjustment, respectively. The Association considered the government’s offer unsatisfactory and called for a national strike to begin on October 1. At this time, a conflict erupted among the leaders, which was called “the first institutional split” (September 30). The teachers linked to the Concertación ignored the call to strike and offered to negotiate until dawn, October 1. If the government increased the amount, they would hold a new plebiscite. If there were no new offer, then they would join the strike that same day. The Concertación-affiliated leaders felt that the agreement to present the government’s offer to the membership had not been honored. The Communists rejected a new plebiscite, arguing that this group was not authorized by the association’s grassroots base to settle the strike.
Development of the Conflict

The teachers’ strike began October 1 and lasted until October 28. On the first day of the strike, the government declared that the requested amount should be less than 60,000 million pesos and that it would only negotiate after the election of the board of directors. On October 2, the “second split” occurred within the Teacher’s Association when the Concertación accused its adversaries of issuing defamatory statements about the Trade Union Recuperation Movement. After resolving its internal conflicts, the Teachers Association proposed that the government reduce the request to the same amount that had been disbursed in 1996.

On October 8-9, the board of director’s election was held, with Communist Party representatives winning a 63% majority. On October 11, the government made an informal offer of 60,000 million-peso, on the condition that the strike is ended. The Association rejected this proposal. From this day on, a series of rallies, nationwide marches and protests were held. On October 15, since no agreement had been reached, the government sent Parliament a top-priority bill for the law on the salary adjustment, keeping the original offer from September 30 of 45,000 million pesos. Negotiations shifted to Parliament, where the offer was increased. Even though the teachers rejected the new proposal, on October 21 the Chamber of Deputies passed Law No. 19.598 on salary improvement, setting the amount at 55,000 million pesos, 53,000 million for wages and the remainder for scholarships. On October 23, the Teachers Association held a nationwide consultation, which showed that only two or three regions were in favor of continuing the strike. There were also other signs of weakening in various regions and municipalities throughout the country. In addition to the internal conflict, the Catholic Church and other sectors also criticized the strike for its excessive demands. All these pressures led the Teachers Association to reach an agreement with the Ministry of Education, before the strike lost its force. An agreement was reached on October 27, and the strike was called off the next day.

This agreement between the Teachers Association and the Ministry of Education included several of the demands issued at the 1998 National Assembly. However, it also explicitly stated that there was no agreement on salaries. The teachers stressed this point: we emphasize that we do not accept the crumbs offered by the government, and therefore, no one can say that we have signed an agreement with the government on this issue. In addition, in the National Assembly held January 1999, the Association emphasized that it would continue to fight for a minimum salary of five minimum incomes. With regard to other issues, the agreement signed with the government included a number of benefits, including scholarships for teachers’ children.

Physicians and Health Care

Throughout the 1990s, negotiations between physicians and the government also have had their moments of conflict and rupture. In 1992, a national strike was held in the public Emergency Services to protest what the Medical Association perceived as excessive delays in the elaboration of a government plan given the serious nature of the crisis. This conflict led to the resignation of the Minister of Health and finally concluded with an agreement that enabled the emergency care services to resume. A similar situation occurred in 1996 when a nationwide strike paralyzed primary health-care services.
Organized by a significant sector of emergency care doctors, the 1992 strike was the first time the physicians came in conflict with the new democratic government. The doctors demanded improved safety conditions, the resources necessary for providing quality health care in the emergency services, improved salaries and the restoration of benefits that had been lost under the military regime. They also stressed the need for more institutional support for their professional endeavors, especially in regard to legal situations. “The conditions were terrible. We lacked resources, medicines, exams, and on top of all that, our salaries were very low.”

Minister of Health Jorge Jiménez had promoted a bill for this sector to resolve its medium and long-term deficiencies. However, the proposal failed to resolve the crisis, which exploded in October 1992, before the Minister could initiate the reform process. The physicians abandoned the emergency care services in a coordinated action in which most of emergency-care physicians throughout the country participated. The gravity of the situation required the intervention of the President’s top political advisors in a series of high-profile negotiations; eventually, the Minister of Health resigned. The Medical Association called a special session of the Regional Councils, which recognized the legitimacy of the emergency-care physicians’ demands but also stressed that the Medical Association code of ethics prohibits any act that endangers the life and health of the population.

Although a satisfactory agreement was finally reached, the physicians charge that the problems have continued since the terms of the agreement have not been respected. In their opinion, the resources allocated by the Concertación for health failed to gauge accurately the magnitude of the health sector crisis.

In 1996, a new strike – this time under the broader leadership of the Medical Association – focused on salary issues. The leaders of the National Confederation of Health-Care Workers (Confederación Nacional de Trabajadores de la Salud, CONFENATS), the Federation of Professional Associations (Federación de Colegios Profesionales), and the Federation of Health-Care Professionals (Federación de Profesionales Universitarios del Servicio de Salud) requested a salary increase amounting for some 40,000 million pesos and a bonus based on seniority adjusted every three years. Never before had the Medical Association established cooperative relations with these organizations.

The leaders of these organizations held several meetings with the government, and expressed their willingness to negotiate in order to avoid a strike. Nonetheless, an agreement could not be reached, and the strike began on November 11. The paramedics, medical aides and administrative staff belonging to CONFENATS joined the hospital workers strike along with physicians, nurses, physical therapists, social workers, nutritionists and other health-care workers – 60,000 employees in all. An agreement finally ended the strike nearly a week after it began.

This strike revealed the weakness of the Medical Association’s links with other medical unions and associations. The Association has been a part of the Federation of Professional Associations since 1991, and it also belongs to the Movement for the Defense of Public Health together with the other organizations that called on the strike. During the health workers strike the physicians emphasized the overall crisis of the health-care system, rather than the need for better salaries.
In November 1999, a new protest was organized under the leadership of the Medical Association. According to regional leader Dr. Ricardo Peña, this conflict arose when “the current government failed to follow the schedule established under the Aylwin government. After six years without a wage increase, we began to mobilize. In July, the psychiatrists went on strike, and a negotiating commission was established. This commission broke up in September when the government decided that the doctors were owed nothing. At this point, we organized a rotating strike that finally became a general strike on November 12. On Thursday the 14th, there was a march in the northern sector of Santiago for the first time in decades, supported by the medical students. This was only the second time in the union’s history that physicians took to the streets in protest.”

This was also the first time that the physicians’ demands were so clearly focused on salary improvements. Although the publications of the Medical Association gave no hint of this course of action, the goals of this mobilization seem to indicate that the organization’s internal priorities had shifted from demands for structural reform to demands for better salaries. This time, both the physicians’ and the teachers’ demands converged on a topic related to the distribution of resources, a central issue in Chilean society.

CONCLUSION

The professional middle classes have taken the center of the stage in the dispute about the distribution of income, challenging to a large extent the centrality of working class movements on these issues. In fact, labor union activity has nowadays an extremely low profile; its affiliation, number of strikes, bargaining power and social legitimacy has been dramatically reduced. The changes in the occupational structure can explain part of the union movement weakness. The manufacture lost its relevance in the national economy to an increasing white-collar employment, especially salespeople, that encompass the largest proportion of workers. The working class culture has been dissolved in symbols of middle class identity and aspirations of individual upward social mobility. As a result, the working class and the poor put scarce if any pressure on the dispute for the distribution of income and wealth. The middle classes have not only stronger organizations but also a key position in the occupational structure. White-collar employment is the largest occupational category and has greater income participation than manual occupations.

The collective action of physicians and teachers tends rapidly to politicization because it has its main opponent in the State rather than a private employer. The challenge to the State occurs on two counts: as a responsible for state policies and as their employer. The interplay between these two dimensions is one of the richest aspects of the collective action of these middle class groups. True, these are powerful pressure groups and can take corporate advantage of their position. However, part of their identity stems from the building of the Public Policies of the national State during the 20th century.

The action of the professionals associations in the 1990s features these two components: one reactive based on corporate interests and the other pro-active, oriented toward encompassing social issues. Their reactive actions sought to protect or recover the influence over the health and educational systems, which they had enjoyed under the previous model of development.
The pro-active component involved taking a position on the modernization of the State. In this regard, these organizations sought not only to defend their own interests but also to represent broader sectors of society in the name of equity, with a special appeal to the middle class. These two components define a field of negotiation for the relationship between civil society and the State. The actions of these associations combine elements of collective defense as interest groups with a model of social development from civil society.

The specific actions undertaken by each of these organizations focused on different areas. The Medical Association saw itself as an interlocutor with the government on a variety of issues related to the reform of the health-care system. The Teachers Association, on the other hand, focused on labor union action, primarily improving the salaries of affiliated teachers. The conflicts between the members of these professions and the government that occurred in the 1990s, but they responded to different motivations.

The proposals of the physicians and teachers are similar in their focus on the need to restructure the health and education systems based on the criteria of equity and universal coverage that characterized them before the military dictatorship. Their harshest criticism targeted the privatization of public services, which they blamed for the growing social inequalities in Chilean society. While both organizations were interested in modernizing their work, they disagreed with the way in which the public health and education services were reorganized during the military government.

Teachers and physicians sought to recover the prestige that they previously enjoyed within the Chilean model of development. Their proposals took into consideration the entire range of health and education needs of the Chilean population and sought the support of the populace. The radicalization of both associations is also rooted in their shared dissatisfaction with the limited changes of public policies during the 1990s, changes that according to these actors, were mere cosmetics of a system inherited from the dictatorship.

In the case of the physicians, we can observe the increasing radicalization of their actions throughout the course of the decade. The doctors assumed the role of representing society at large, advocating the complete reform of the health system. They aspired to a health system developed through the consensus of all interested parties in order to return health to its privileged status of the 1950s and 1960s. Thus, the physicians’ actions cannot be reduced to a single aspect because they point to a health system reform. In this aspect, they differ significantly from the teachers whose demands tend to be reduced to the issue of wages.

The teachers also underwent a process of radicalization throughout the decade. The elections of 1995 marked the end of the “honeymoon” with the governments of the Concertación. Indeed, at that time government efforts were evaluated as commendable but insufficient, and radical change in the policy framework was proposed. The new board of directors took two years to resort to nationwide teachers’ strike, while salary negotiations with the government continued.

The relationship of physicians and teachers with the government was different from the very start, and the latter enjoyed a marked advantage. The teachers were successful in getting the president to reconfirm his campaign promise about the labor statute for their profession. The physicians’ boast no such achievement. By concentrating their demands on salaries, the
teachers made gains on this issue much more quickly than the physicians did who focused on a technical discussion on the restructuring of the health-care system.

The teachers managed to move one step ahead of the physicians in the struggle to recover their social position thanks to the Teachers Statute, a legislative gain unequaled by any other profession in Chile. The main effect of the Statute was to validate the Teachers Association as a legitimate negotiating partner with the Ministry of Education on working conditions. This is probably why certain class logic predominates in the teachers’ actions, as reflected in their focus on salary demands. The negative aspect of this position is that the association risks becoming a special interest group whose range of demands is reduced to lobbying for specific advantages. The physicians, on the other hand, try to reform the system as a whole since no single issue is as important to them as salary is for the teachers. In fact, the physicians seem to resist the increasing focus on wages that has become the emphasis of health system reform. They do not just seek improved working conditions, but rather a change in policy that improves public health as well as the doctors’ situation.

We should examine two considerations. The first deals with the social origin of these mobilizations. The organizations of the physicians and teachers have established an active and direct relationship with the government. These two organizations have distanced themselves from partisan identification with the government and seek structural reform that reestablishes the State’s role in establishing solid public services. They believe in a citizenship rooted in social rights and a permanent debate on redistribution of resources. However, this time, the leading actor is not unionism, but rather the middle-class professional sector. This is the mobilization of a sector whose sense of citizenship goes back to the 1940s and 1950s, when a strong public service sector was established, setting the structural bases for a professional middle class linked to the state bureaucracy. More than citizenship, what seems most important is the class-bound relationship to the structural foundation.

The organizations leading these mobilizations are powerful, in terms of number of affiliates as well as in the economic resources at their disposal. Their power is also derived from the prestige these organizations have achieved and because of their internal democratic practices guarantee their vitality as organizations. They have bylaws, established electoral procedures, the periodic renewal of their boards of directors, and the participation of the membership in important decisions through plebiscites. They are the direct opposite of those organizations based on assemblies where an oligarchic leadership is imposed upon the will of the majority.

We should however examine an internal tension common to both movements. Towards the middle of 1999, there appeared to be a contradiction between the physicians and the teachers: the former promoted structural change above salary demands while the teachers held the opposite position. The physicians’ strike on November 12 shifted this paradigm, placing first priority on the issue of salary adjustments. This seems to indicate that “unionist” tendencies exist in both organizations but respond to different sensitivities. While the previous board of directors of the Teachers Association viewed issues of management, participation in the educational system, improvements in teaching methodologies, and other technical concerns as equal in importance to issues of salary, the current leaders have labeled this earlier generation as “wimpy” and too conciliatory.
The physicians and the teachers took different routes, but both groups finally concentrated their actions on the issue of salaries. While this is evidently not the only concern of these professionals, it mobilizes the associations to undertake more militant actions. However, these demands did not form part of a political strategy for confronting the government.

The teachers moved towards increasingly radical political demands and finally proposed the abolition of the National Political Constitution in their 1997 congress. However, the teachers' mobilizations were focused primarily on issue of salary. The physicians, on the other hand, moved from demands for a transformation of the health-care system towards more specific demands regarding salaries. In the 1999 strike, they marched with giant photocopies of their paychecks to prove that they earned much less than was widely believed. However, these actions are not supported by a corresponding and explicit political position, as in the case of the teachers, but rather reveal the physicians’ disillusionment with the leanings of the second Concertación government.

Working conditions changed during the second government of the Concertación when social policy was no longer focused on the payment of the social debt but on modernization and economic growth. The government became concerned with the quality of education and the efficiency of health-care services. In the case of education, the government managed to define a consensus on improving the quality of education. However, the teachers did not accept the government’s view that salary issues were resolved. They also rejected the link between further increases and performance. As a result, the teachers’ actions focused on salary. In regards to health, there was no attempt to reach a consensus on health policy, but rather to improve efficiency. For the first time in Chile’s history, an economist was named Minister of Health, rather than a physician! In these conditions, the physicians tried to show that the public system manages resources efficiently. The government increasingly dismissed the technical proposals of the physicians until finally their demands focus on salary issues.

How much of civil society is represented by these professional associations? They undoubtedly represent a civic tradition even though they may not be part of the “usable past” (Putnam 1993). But here important differences arise. Physicians act in the name of the general citizenry and seek to improve the health of the whole population. They hope that their position will attract the support they need, but they are quite insular in establishing working relations with other social groups. The Medical Association represents a powerful and influential movement whose actions are mostly autonomous. For example, it has been hard for the association to establish working relationships with professionals from the municipal sector, where they even promoted an organization under the association’s guidance. The teachers, on the other hand, are heavily influenced by their labor union history. As a result they share strong ties with the Central Worker’s Union (Central Unitaria de Trabajadores), and they ally themselves with union struggles. While both professional associations influence the development of laws, their strategies are quite opposed to one another.

In one way or another, these are two organizations that have managed to obtain a position enjoyed only by the “de facto powers” – the business elite, the armed forces, the Church – direct access to the highest levels of the Executive branch. They maintain this access through their involvement in various working groups and have demonstrated negotiating clout. The influence of the Medical Association and the Teachers Association extends even to Parliament, as seen in their impact on legislation, either through changes in the law or the elimination of
some of the Executive’s proposals. Physicians and teachers intervene with relative ease in direct negotiations with the Executive branch, and the physicians, at least, have demonstrated their ability to negotiate with the legislature.

What is the meaning of physicians and teachers mobilization for the Chilean Society? These associations belong to a tradition of organizations arising from the conflicts generated by the distribution of resources within Chilean society. For this same reason, these organizations were founded to lead the processes of negotiation and struggle with the State. These professional associations actually correspond to the profile of "politically-motivated civil societies" (Andrew Lee, 1999). These associations interact with a government that has its own ideas about how public services should be organized.

The first government of the Concertación sympathized with the demands of the professional associations, and the associations sympathized with this government. The teachers managed to get their professional status recognized through a law that places their labor relations in the public sector. The physicians sought to define a health policy and thereby established a working relation with the government.

The results of the teachers’ and physicians’ mobilizations reveal the institutionalization of the debate on redistribution of wealth. In contrast to the situation of labor unions and other grassroots groups, these professional organizations are legally guaranteed participation at a central level. The governments’ greatest power over other social movements is the possibility of dividing them through individual negotiations. This strategy was used successfully with labor unions through negotiations on a company-by-company basis. By contrast, both the Medical Association and the Teachers Association are quite effective in influencing the development of laws and the distribution of public resources.

Due to the significant income participation of the salaried middle classes, the salary demands of the professional associations has created an open conflict between these organizations and the government over the unequal social conditions that accompany macroeconomic stability. The strict adherence of the Concertación to economic stability has made it impossible for this government to debate the modernization of the State because they think that any change in the terms of the Washington consensus could create instability. Thus, the government of the Concertación has lost the sympathy of the groups that once composed its base of support. Due to their liberal tendencies, it would be quite unlikely for the physicians and the teachers to ally themselves with the right. As a matter of fact, in April 2001 the leaders of physicians and teachers, along with other prominent members of the civil society converged to create "The Social Force" self-defined as a reference point for the Chilean society.

The Chilean civil society has a strong component in a middle class mobilized against the State, which can open the space for the expression of other social and citizen movements. Its potential for change depends on the widening of the debate on the distribution of income. Physicians and teachers could widen the debate on income redistribution in Chile and have significant effects only if they establish contacts and links with other social groups. Otherwise, their salary demands will be reduced to interest group negotiations. The chances for such coordination seem scant in the case of the physicians, since they have not even managed to join the efforts of public health physicians, municipal doctors and other health workers. On the other hand, the teachers’ increased coordination with other social groups is made possible
through its role in the Central Workers Union, which links all of the country labor unions. Chile’s teachers hold an influential position in this organization, and they are constantly undertaking protest actions that could lead to national strikes. However, the rate of unionization in Chile is barely over 12% of the total labor force, and the radical political positions promoted by the union leadership find limited political support among the general population.

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References


