Healthcare Crisis in Northern Santiago: 16-Hour Wait Times in Emergency Rooms

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Original article: La salud en la urgencia: 16 horas de espera

By María Elena Valenzuela Pino, candidate for deputy in District 9

Recently, a neighbor invited me to accompany him to the emergency room at San José Hospital. Upon my arrival, he had already been waiting for at least 12 hours for medical attention, stuck in a crowded area.

After much insistence, and I won't deny that my background as a social worker helped, he was finally seen after nearly 16 hours of waiting.

During a recent community outreach event in the Colón market in Independencia, I encountered a healthcare professional who expressed that while complaints about poor service are widespread, they, as health workers, were «doing their best» and were not solely responsible for the hospital's dire situation.

The healthcare system in the northern sector, part of District 9, is facing a severe crisis. This situation invites reflection on what has led us to such a state. According to the WHO's definition of health, which our healthcare system adheres to, health encompasses not just the absence of disease but also a state of complete physical, mental, and social well-being.

Additionally, the Guidelines for Network Planning and Programming (2024) from the Undersecretariat of Health Networks highlight that good healthcare services effectively, safely, and quality provide care to those in need. The situation I mentioned at the start of this article starkly contradicts this principle of good healthcare services.

Moreover, healthcare management and assistance bear the responsibility of planning operational actions necessary for health facilities to function properly. The aforementioned document from the Undersecretariat also emphasizes that health is a fundamental human right, acknowledging the right to healthcare services.

In light of all this, the northern sector of Santiago, particularly San José Hospital, is failing to deliver quality healthcare, which directly impacts the lives of residents in this area. It is disheartening to see that despite the changes in government, along with various ministers and undersecretaries, this hospital remains in critical condition.

With deplorable sanitary conditions, a lack of professionals and staff, a shortage of beds, and an overwhelmed emergency department, many additional challenges persist. Unfortunately, members of the legislature have not taken action to find a concrete solution to these issues.

This candidacy is committed to advocating for a **urgent intervention** at San José Hospital and fighting for a **new hospital** for the northern and northwest areas of Santiago.

In this context, adopting a different analytical perspective, the social determinants of health—both *structural*, which refer to the social standing of individuals, and *intermediary*, related to life and work conditions that create disparities in vulnerability and health—are changes that are not merely needs but can distinguish between life and death.

The National Health Strategy 2021-2030 sets decade objectives to enhance the health and well-being of the population, reduce inequalities, and ensure the quality of healthcare services.

It also states that individuals over 60 years old, those with disabilities, and their caregivers receive priority healthcare. Most importantly, it establishes a **comprehensive family and community health care model centered on people**, highlighting Primary Health Care (APS) as the «heart of the reform».

For this vision to materialize, it's not only essential to intervene at San José Hospital or advocate for a new facility but also to urgently **strengthen primary health care**, ensuring it has available professionals, an efficient scheduling system at all care centers, and dignified treatment for patients, doctors, and workers alike.

Improvements like these will only be possible through a significant, rather than marginal, increase in per capita funding, which currently stands at a mere \$11,794. Without this investment, the universality suggested by this care model will remain unattainable. In this regard, Confusam proposed a gradual increase in per capita funding to reach \$15,680 by 2027, but this proposal was not accepted.

If primary health services do not receive increased state funding and municipalities are left to maintain the system, the infringement of people's rights will deepen and persist, particularly given the known inequalities in income among municipalities. Without a hospital serving the entire District 9 population, improvements will remain elusive.

I am committed to advocating for healthcare reform, and you, are you willing to join me?

