

# INTERRUPTED MODERNITY IN SANTIAGO DE CHILE

## The Political Afterlife of the Ochagavía Hospital

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**ABSTRACT:** The Ochagavía Hospital serves as a tangible reminder of Chile's interrupted modernist aspirations and shifting political ideologies. Conceived in the late 1960s under the principles of the Welfare State, it was envisioned as the largest public healthcare facility in the country, bringing high-complexity services to Santiago's southwestern periphery. Designed with a "tower and slab" typology and influenced by international references such as the Saint-Lô Hospital in France, the project embodied hygienic principles and the role of modern architecture in promoting social equity. However, construction was halted following the 1973 military coup, and for four decades the building remained unfinished, informally appropriated by nearby communities, artists, and activists. This article analyzes the architectural, political, and symbolic trajectory of the Ochagavía Hospital, focusing on how its form, location, and evolving uses reflect broader transformations in Chile's political economy. Combining critical architectural analysis, historiographic research, and the study of visual and literary archives, the article examines how the hospital became both a symbol of abandoned utopia and a stage for memory and resistance. Particular attention is given to the building's resignification during the dictatorship, including the performance "Suda-mérica" by Pedro Lemebel and interventions by Lotty Rosenfeld. In 2013, the hospital was sold and converted into a logistics and office center, erasing its original public intent and marking the final step in its privatization. As an unfinished modernist project turned commercial infrastructure, the Ochagavía Hospital exposes the effects of neoliberal reforms on public architecture, while also revealing the layered meanings that emerge from spatial abandonment and reappropriation. The building's transformation stands as a poignant reminder of Chile's intricate political, social, and economic history. Its unfinished state offers a critical lens through which to understand the broader urban consequences of Chile's political transitions and the enduring legacy of neoliberalism.

**KEYWORDS:** Ochagavía Hospital; unfinished architecture; welfare state; neoliberal urbanism; architectural memory; political resignification

**INTRODUCTION:** The Ochagavía Hospital, conceived as a monumental public health project in the late 1960s, stands as one of the most emblematic and controversial expressions of the Welfare State model in Chile. Projected to be the largest healthcare facility in the country, its "tower and slab" typology, influenced by international references such as the Saint-Lô Hospital in France, was designed to bring high-complexity medical services to the underserved southwestern periphery of Santiago. In addition to responding to modern functional demands, the project symbolized a political and architectural commitment to social and territorial equity. As noted by Illanes (2010), during the governments of Eduardo Frei Montalva (1964-1970) and Salvador Allende (1971-1973), public health was

conceived as a central pillar of a just society. This idea materialized in architectural initiatives such as this one, promoted especially under the political coalition known as the Unidad Popular (the Popular Unity coalition in Chile). The photo in [FIGURE 01] captures a moment of state-led investment in public health infrastructure under the principles of the Welfare State. The modernist design, symbolized by the "tower and slab" typology, reflects the political aspirations of the late 1960s to democratize access to healthcare in Santiago's southern periphery.

However, the 1973 military coup marked an abrupt break in public policies, halting the construction of the hospital and leaving the building unfinished and unused for the next four decades. The transition from a

developmentalist to a neoliberal economic model not only abandoned the vision of a decentralized public health system but also transformed the building into a symbol of institutional rupture and unfulfilled social aspirations. Over time, the Ochagavía Hospital was resignified by its surrounding communities and by artists and writers, who turned it into a space of memory, resistance, and appropriation.

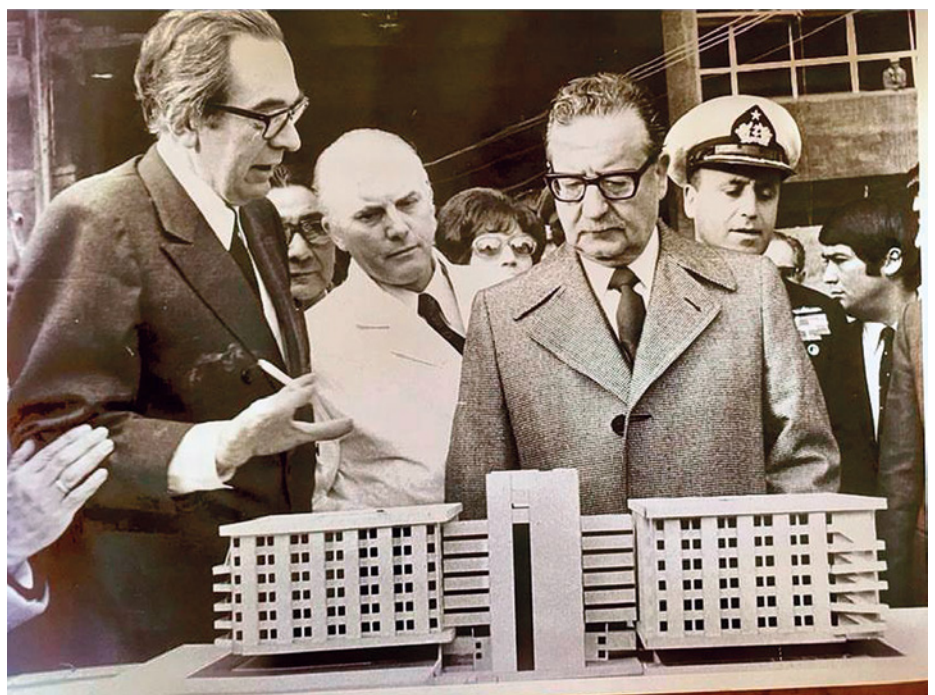
This article explores the architectural, political, and symbolic trajectory of the Ochagavía Hospital, focusing on how its form, function, and evolving meaning reflect broader transformations in Chile's political economy and urban landscape. It examines the building's typology and urban integration, analyzes its historical context, and studies its informal uses during the period of abandonment. Particular attention is given to its symbolic activation through artistic interventions during the dictatorship, including the performance *Suda-mérica* by Pedro Lemebel and the video installation *Cautivos* by Lotty Rosenfeld.

Methodologically, the article adopts a multidisciplinary approach, combining historiographic and architectural research with the analysis of literary and visual archives. This allows for a critical interpretation of the hospital not only as an unfinished building, but as a site of ideological transition, contested memory, and architectural afterlife. By tracing the hospital's transformation, from state-led utopia to privatized infrastructure, this study contributes to the understanding of architecture as a political artifact embedded in historical conflict and spatial resignification. This includes comparative typological analysis, interpretive reading of performance documentation, and the integration of urban memory narratives gathered from community-based sources.

## THE HOSPITAL PROJECT: PROPOSAL AND CONSTRUCTION

The design of the hospital was commissioned under the Ministry of Public Health and directed by architect Hernán Aubert through the Sociedad Constructora de Establecimientos Hospitalarios (SCEH) [Hospital Facilities Construction Society]. The project aligned with broader state efforts to decentralize public services and address deep territorial inequalities in Santiago. The selected site, located in the underserved southwestern periphery of the capital, was emblematic of a policy that sought to integrate social infrastructure into areas historically excluded from urban development plans. As noted by Valdivieso and Juricic (1970, p. 483), this decision aimed to provide hospital access to a zone that "lacked its own facility," reaffirming the project's orientation toward equity and universal coverage.

Architecturally, the hospital was designed following the "tower and slab" typology inspired by international precedents such as the Saint-Lô Hospital in France. The plan consisted of a two-story horizontal base intersected by two seven-story vertical towers, resulting in a total of nine floors above street level. This configuration, visible in the original floor plans and sections [FIGURE 04], illustrates a functional division: while the slab contained outpatient and administrative services, emergency rooms, and diagnostic units, the towers were designated for inpatient care, with cross-ventilation, circulation zoning, and vertical service cores. The design prioritized natural light, air flow, and modularity, essential principles in hospital design aligned with hygienist ideals of the time (Severo, 2020).



01 President Salvador Allende reviews the architectural model of the Ochagavía Hospital, ca. 1969–1971. © Rioseco family archives.



02 Ochagavía Hospital during construction. © Public Health Ministry, Chile, 1976.

This concern with hygiene was not only technical but symbolic. Modern architecture, as Colomina (2019) suggests, was intimately connected to medical discourses and new ways of understanding the body in space. Yet Colomina's analysis, which emphasizes the cultural and visual regimes of Modernism, must be complemented by more technical accounts. Kisacky (2017), for instance, provides a valuable perspective on how zoning, material specifications, and the control of movement institutionalized hygienist ideals in hospital design. In Chile, such principles were likewise advanced by public institutions such as the SCEH. As Galeno and Roco (2023) point out, these institutions were instrumental in consolidating a modernist language grounded in standardization, functionalism, and infrastructural ambition.

[FIGURE 02], extracted from a 1976 publication by the Ministry of Public Health, shows the building during its construction phase. It captures the scale and morphological clarity of the structure, although it does not allow for a full assessment of interior layouts or material finishes. While insufficient to demonstrate hygienist principles on their own, such images serve as crucial historiographic documents, providing visual testimony of the state's commitment to building a monumental public health facility in an area that, at the time, had no hospital of its own. They must therefore be read alongside the original plans and project documents to reconstruct the architectural intention behind the design.

In terms of urban integration, the building's placement at the intersection of four major avenues and its volumetric articulation offered a balance between institutional scale and neighborhood accessibility. The horizontal slab was conceived to operate at pedestrian level, with multiple public courtyards, entry ramps, and consultation zones. The towers, by contrast, projected a vertical presence onto the city's skyline, signaling the importance of healthcare infrastructure within the modernist imaginary. As Severo (2020, pp. 61–62) points out, such facilities were not only technical systems but also urban symbols. They were understood as architecture that was difficult to remove or

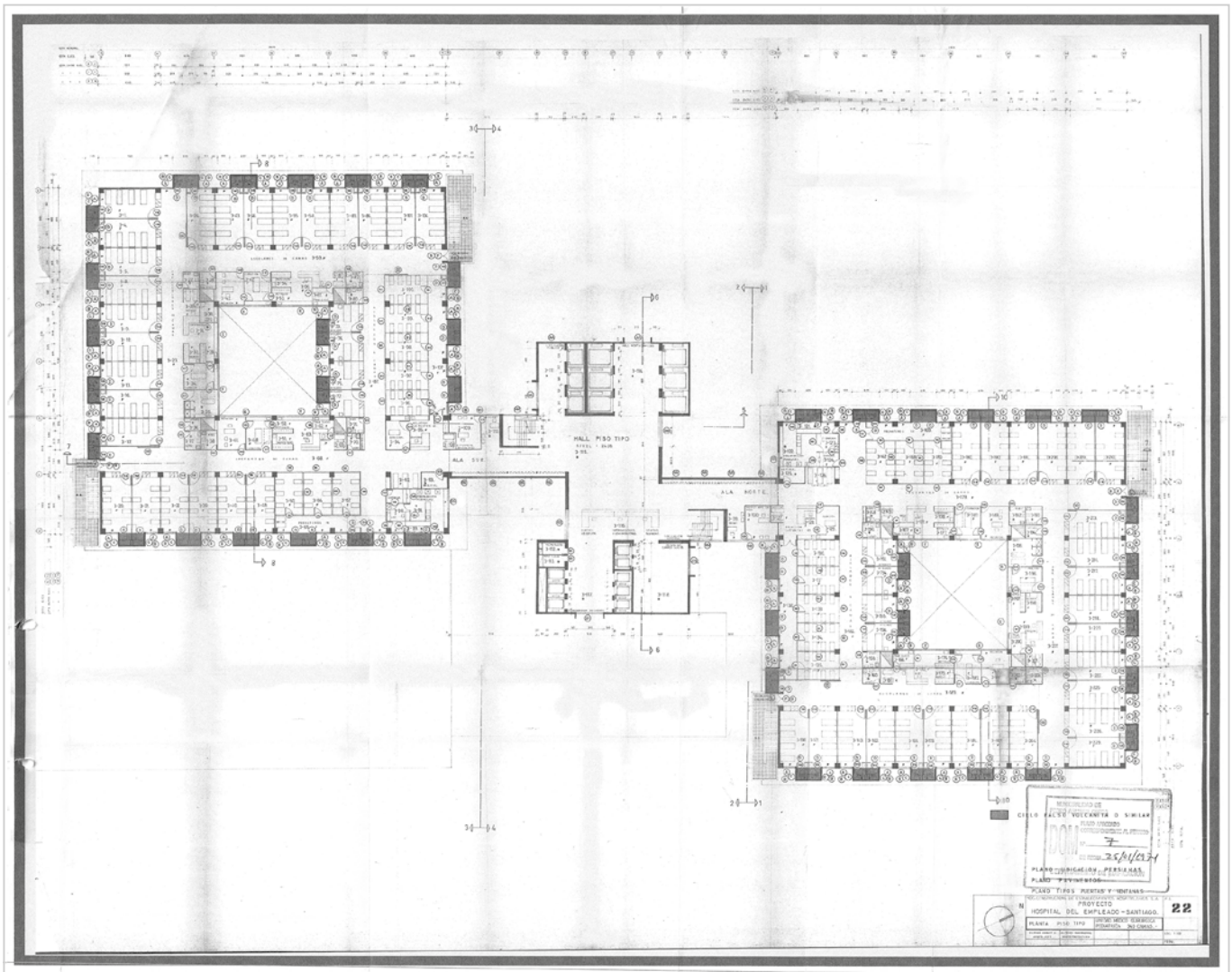
replace, embedded in the territory as markers of a welfare-driven future.

The original projected area of 64,000 m<sup>2</sup> included 988 beds, which would have made the hospital the largest in Chile. Its administrative and care zones were to be equipped with then-innovative medical technologies, while circulation was carefully planned to separate patients, visitors, and staff. [FIGURE 04], which presents the original floor plans, reveals a modular structure with clear zoning and rationalized movement, consistent with international standards of the time.

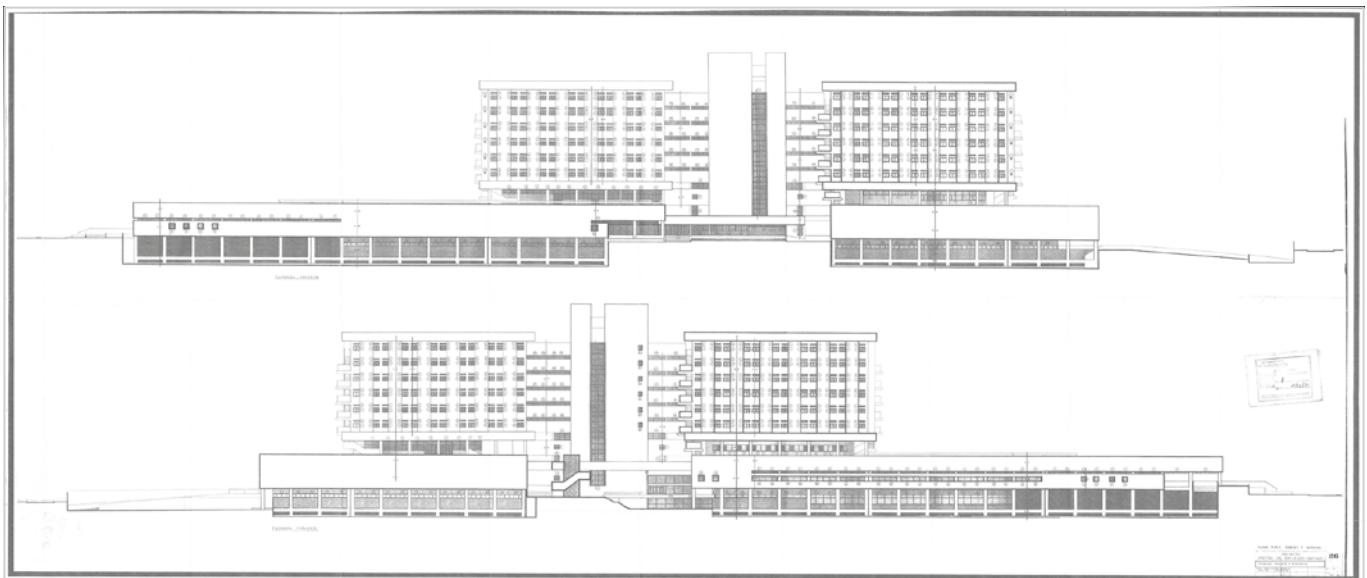
Before construction began, President Pedro Aguirre Cerda had already articulated the political ideal behind such projects with his phrase: "To govern is to educate and provide health to the people." (Allende, 1939, p.5). This vision was later taken up by Salvador Allende, both as Minister of Public Health and as President, when he advocated for comprehensive reforms in healthcare infrastructure. His book *The Chilean Medical-Social Reality* (Allende, 1939) laid out a public health vision that found architectural expression in projects like the Ochagavía Hospital. The project was not only a technical undertaking but the built manifestation of a political horizon that linked architecture with social transformation.

Despite the clarity of its design and the initial political support it received, the project was abruptly suspended following the 1973 military coup. Construction ceased at 80% completion, and the building was left exposed to the elements for the next four decades. Its unfinished structure, stripped of technical equipment and public function, became a symbol of interrupted modernity—a state-led utopia that never materialized. The transformation of the Chilean health system began soon after, with Law 2,763 of 1979, which restructured the Ministry of Public Health and created the Sistema Nacional de Servicios de Salud (SNSS) [National System of Health Services] by merging the Servicio Nacional de Salud (SNS) [National Health Service] and the Servicio Médico Nacional de Empleados (SERMENA) [National Medical Service for Public Employees]. The same reform created the Fondo





03 Floor plan of the Ochagavía Hospital Project (folding lines have been digitally removed from the scan). © Public Health Ministry, Chile, 1976.



04 Section of the Ochagavía Hospital Project (folding lines have been digitally removed from the scan). © Public Health Ministry, Chile, 1976.

Nacional de Salud (FONASA) [National Health Fund] to manage financial operations, consolidating a new administrative and economic model. As Gattini (2019, p. 49) argues, these reforms were emblematic of “the neoliberal restructuring of the Chilean state,” a process that shaped healthcare provision well into the democratic period.

## THE IMPACT OF THE 1973 COUP D'ÉTAT AND NEOLIBERAL POLICIES

The idea of building the Ochagavía Hospital emerged during a period when Chile’s macroeconomic policy was guided by state-led development. As Ffrench-Davis and Stallings (2001, p. 25) observe, this development model was based on “stable macroeconomic policies

and an active role of the State in the economy.” Under Eduardo Frei Montalva’s administration (1964-1970), and later with greater emphasis during Salvador Allende’s presidency (1970-1973), the Chilean government implemented structural reforms aimed at democratizing access to health, education, and land. These included the nationalization of copper, expansion of public services, and the intensification of agrarian reform—policies that aligned with a broader vision of social justice expressed materially in state-financed infrastructure projects.

However, the implementation of these reforms generated fierce political opposition, both domestically and internationally. As noted by Stallings in the 2001 CEPAL report *Reforms, Growth, and Social Policies in Chile Since 1973*, this instability was due “in part to the internal and external activities of the opposition aimed at destabilizing the government, but also to the fact that the policies implemented were not viable” (Ffrench-Davis & Stallings, 2001, p. 26). By 1973, social demands had expanded, inflation had surged, exports had declined, and foreign capital inflows had contracted, leading to a sharp economic and political crisis that culminated in the September 11 military coup.

The coup marked a rupture not only in governance but also in the ideological orientation of the Chilean state. Although the new military regime initially lacked a coherent economic strategy, by the mid-1970s, a group of economists associated with the Pontificia Universidad Católica de Chile [Pontifical Catholic University of Chile] and the University of Chicago—known collectively as the “Chicago Boys”—had begun to implement far-reaching neoliberal reforms. These policies promoted privatization, deregulation, and a drastic reduction in the state’s role in social provision. The 1980 Constitution<sup>2</sup> codified this shift by establishing that individuals could choose between public and private health providers, thus institutionalizing the logic of free market choice over the Welfare State model<sup>3</sup>.

In 1979, the government passed Law N° 2,763, which restructured the Ministry of Public Health and created the Sistema Nacional de Servicios de Salud (SNSS) [National System of Health Services], merging the Servicio Nacional de Salud (SNS) [National Health Service] with the Servicio Médico Nacional de Empleados (SERMENA) [National Medical Service for Public Employees]. This reform also established the Fondo Nacional de Salud (FONASA) [National Health Fund] to manage public healthcare financing and, a year later, the Instituciones de Salud Previsional (ISAPRES) [Private Health Insurance Institutions], which took responsibility for managing workers’ mandatory contributions (Aguilera et al., 2019, p. 57). Together, these changes laid the foundation for Chile’s dual health system and marked the consolidation of a neoliberal approach to health governance.

Within this new paradigm, large-scale public investments such as the Ochagavía Hospital became increasingly untenable. Though the structure had reached approximately 80% completion, it was soon abandoned and left without technical equipment or operational capacity. As Lemebel (1998, p. 276) wrote in his chronicle dedicated to the building, “Dr. Allende’s boundless dream did not measure its affection against the practical implementation of the project. And there it remained, like a monument punished by the justice of the social body.” For Lemebel, the hospital stood not only as an unfinished building but as a political and symbolic remnant of a utopia that never came to fruition. He would later add: “It was so close to being implemented, that concrete elephant (...) everything suggested that, with great effort, the Workers’ Hospital would one day operate fully” (p. 276).

The hospital’s incomplete state rendered it highly vulnerable to environmental degradation, informal appropriation, and abandonment. With no roof or interior finishes, the building was quickly stripped of equipment, furniture, and symbolic meaning. It became both an eyesore and a refuge. Local residents referred to it as “the largest animita in Santiago” (Tamayo, 2013, p. 31). In Chilean popular culture, an animita is an improvised shrine, often placed at the site of an untimely or unjust death. These vernacular memorials are usually adorned with candles, flowers, and handwritten messages, becoming spaces of mourning, devotion, and popular spirituality (Foerster & Montecino, 1996). Tamayo’s metaphor casts the hospital not simply as an incomplete project but as a funerary monument—haunted by expectations and filled with lingering presences. It was, he writes, a place “full of spirits waiting for the building to be completed,” and a shelter for “the hopeless, the out of time, the ones filled with questions, filled with waiting, the ones with pleading gazes” (Tamayo, 2013, p. 32).

As shown in [FIGURE 05], the building remained suspended in a liminal state: materially present yet socially voided. It offered shelter and anonymity, attracting marginalized populations and, at times, criminal activity. The absence of state oversight transformed the structure into a space open to multiple and often contradictory appropriations. This dual condition, simultaneously a site of symbolic mourning and material neglect, reveals how the architecture of abandonment can register both dispossession and latent potential.

While the neoliberal state promoted private clinics in affluent areas of Santiago, the Ochagavía Hospital, massive and unfinished, stood inert over one of the city’s most underserved sectors. The contrast was stark. What had once been planned as an emblem of collective care now became a ruin, marked by silence, graffiti, and dust. The failure to complete the hospital was not merely technical

05 The Ochagavía Hospital in a state of abandonment, c.2000s.  
© La Segunda, Foto 7, Cerda, 2016.



or financial; it was political. It exposed the vulnerability of socially ambitious architecture in the face of abrupt ideological shifts. What remained was not a hospital, but a haunted shell, part ruin, part promise, awaiting new inscriptions by those left behind.

### THE RESIGNIFICATION OF THE SPACE DURING ITS ABANDONMENT

The decades of abandonment that followed the halt of construction at the Ochagavía Hospital turned the building into a powerful space of symbolic resignification. No longer a functioning institution, it was nonetheless a persistent presence in the landscape of Santiago's southwestern periphery—an architectural ruin that recorded the failure of a state-led utopia and invited new meanings from those who lived in its shadow.

In his short story *El hospital*, writer Luis Alberto Tamayo opens with a fictional exchange between two neighbors: "When will they remember us?" asked Ladislao. "They will never remember us," replied Remigio, "because that's how they talk..." (Tamayo, 2013, p. 31). Through this allegorical dialogue, Tamayo gives voice to the building itself, recasting it as a living yet forgotten presence—one that speaks not only for its own abandonment but also for the community surrounding it. In a striking passage, the narrator says: "I started dying because they ignored me, they looked at me and looked away (...) as if I were dead" (Tamayo, 2013, p. 31). The Ochagavía Hospital becomes a proxy for a collective social body abandoned by the state.

Pedro Lemebel, one of Chile's most important queer writers and performers, deepened this symbolic dimension through his work. Known for his political militancy, gender nonconformity, and poignant chronicles of marginal life in Santiago, Lemebel co-founded the performance collective *Yeguas del Apocalipsis* alongside Francisco Casas in the late 1980s. Their work challenged the military regime not only through its content, but also through its form: public interventions that reclaimed space through the performative presence of the queer body.

In 1989, Lemebel carried out one of his most emblematic performances at the ruins of the Ochagavía Hospital.

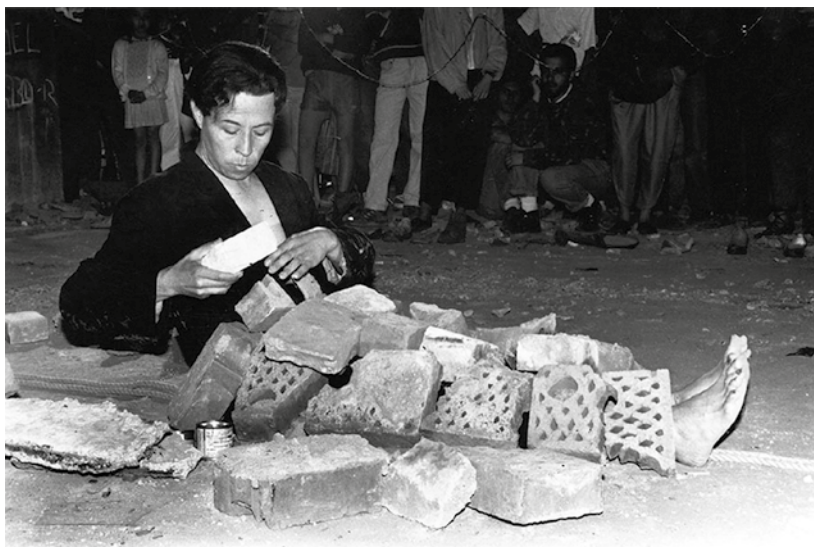
Titled *Suda-mérica*, the intervention was part of a series of actions responding to the political repression and the persistent social inequalities at the end of Pinochet's dictatorship. Clad in a neoprene suit and surrounded by rubble, Lemebel set himself on symbolic fire, transforming the hospital's abandoned shell into what he called "the great theater of helplessness" (Lemebel, 1998, p. 276). In doing so, he activated the ruin as a stage for memory, protest, and poetic occupation.

This action, preserved in the audiovisual documentary *Corazón en fuga* (Qüense, 2008), has become a fundamental reference in Chilean counter-memorial practices. Lemebel's body, a site of non-normative identity and political dissent, stands in stark contrast to the institutional failure symbolized by the hospital. The structure, stripped of its function but saturated with memory, becomes a container for a different kind of archive: one inscribed through performance, pain, and defiance.

As shown in [FIGURE 06], the contrast between the fragility of the human body and the scale of the unfinished hospital highlights the spatial violence resulting from abandonment. The architecture is not merely a backdrop; it is a participant in the performance. The exposed concrete, the rubble, the vast emptiness, all these elements contribute to a dramaturgy of absence. In this sense, the hospital operates as what Diana Taylor (2003) has called a scenario of memory: a physical and social space where history is not simply recalled but re-enacted.

On the same day as Lemebel's performance, artist Lotty Rosenfeld, member of the *Colectivo de Acciones de Arte* (CADA) [Collective of Art Actions]<sup>4</sup>, presented her video installation *Cautivos* in another section of the building. Art historian Nelly Richard describes the action as an incendiary act that "made the rooms of the abandoned hospital burn" through "the image of one of its disobedient crosses, drawn on the city pavement" (Richard, 2018, p. 5). The performance linked fire, territory, and female resistance in a gesture that echoed urban barricades and grassroots insubordination. The building, already a ghost of its former promise, became a contested site of representation and insurgency.





06 Pedro Lemebel performance at the Ochagavía Hospital on December 5, 1989. © Tatiana Ipinza, Fortín Mapocho archive.

More than a decade later, in 2002, artist Juan Castillo created the photographic project *Geometría y misterio de barrio*, also engaging with the Ochagavía Hospital. In this work, Castillo sought to map local memories, voices, and mismatched identities against dominant historical narratives. By photographing community members in dialogue with the structure, Castillo transformed the building once more, this time into a backdrop for popular sovereignty and quiet endurance.

Across these works, the Ochagavía Hospital becomes an active archive of social frustration and creative response. While the state failed to fulfill its vision of collective care, artists and writers developed their own readings of the space. Through bodily action, visual inscription, and narrative reimagination, the hospital was reactivated as a ruin of resistance. As Tamayo suggests in the closing lines of his story, the building may never have been inaugurated, but it was inhabited by hope, by memory, and by those who asked, even after the return of democracy: “When will they remember us?”

## FROM APPROPRIATION TO PRIVATIZATION

Following the democratic transition in the early 1990s, the Chilean state faced the challenge of managing numerous unfinished or abandoned public projects inherited from the previous regime. Among them was the Ochagavía Hospital—an enormous, deteriorating structure occupying a strategic location in Santiago’s southern periphery. In 1994, the property was transferred to the Ministerio de Bienes Nacionales (MBN) [Ministry of National Assets] and subsequently to the Servicio de Vivienda y Urbanización (SERVIU) [Housing and Urban Development Service], the public agency responsible for social housing and urban development. The goal was to find a viable function for the building through public-private collaboration or a tender process.

In 1999, during the government of President Eduardo Frei Ruiz-Tagle, the hospital was sold to the private company Inmobiliaria Mapocho S.A. through a public bidding

process. The sale price, 1% of the original estimated value, was, as local media reported, equivalent to “the cost of paving three blocks with sidewalks.”<sup>5</sup> This transaction exemplifies the neoliberal logic that had by then become entrenched in Chilean urban policy: large-scale public investments were liquidated for minimal returns, justified by the state’s inability (or unwillingness) to maintain their original social purpose. Pedro Lemebel captured this absurdity and alienation in his chronicle:

*“A mall, a shopping center, a condominium (...) so many ideas from companies, all of which ended up swimming in the empty body of the giant”*  
(Lemebel, 1998, p. 278).

Despite this first sale, no project materialized. The “ghost” of the building, as Lemebel described it, seemed to reject each attempt at reinvention. For more than a decade, the structure remained in limbo—used sporadically for clandestine activities, but officially frozen. Its ominous presence provoked discomfort, and at times fascination. In Tamayo’s fictionalized chronicle, the characters narrate a rumor: “Last night rumors came again that they are going to sell and turn the hospital into a shopping center. Rumors always come” (Tamayo, 2013).

In 2009, SERVIU initiated a new bidding process. This time, the sale succeeded. In 2013, the property was acquired by MEGACENTRO S.A., a logistics and real estate company, which proposed transforming the structure into a business and warehouse complex, preserving the concrete skeleton but erasing all traces of its unfinished past. Their promotional slogan: “Un viejo sueño que renace” [An old dream reborn], stood in ironic tension with the building’s actual history. While the phrase evoked continuity, it actually signaled erasure: the original dream of a public hospital was not being fulfilled but replaced.

According to architect Juan Sabbagh (as cited in Narváez, 2019), who participated in the rehabilitation, the project was “an icon of failure and abandonment”<sup>6</sup> at its inception. Nonetheless, in a remarkable turn of

07 Exterior of the Ochagavía Hospital after its transformation into the Megacentro logistic and office complex. © Paul Plaza — LUN, Foto 8, Cerda, 2016.



narrative, the revamped building received the Premio Aporte Urbano (PAU) [Urban Contribution Award] in 2015, celebrating its role in revitalizing the industrial district of Pedro Aguirre Cerda. This recognition, while understandable from an architectural recycling standpoint, underscores the paradox of memorialization in neoliberal contexts: a project once abandoned by the state is later celebrated for its commercial reintegration.

As shown in [FIGURE 07], the new façade retains the formal logic of the original design, yet its function, symbolism, and institutional meaning have been entirely redefined. The spatial memory of the hospital is now buried beneath glass panels, corporate logos, and functional efficiency.

Crucially, the rehabilitation made no reference to the building's decades-long history of informal appropriation. The traces of performances, graffiti, and the community's memory were not preserved or acknowledged in the new complex. The spatial history of resistance and mourning described by Tamayo, Lemebel, and Rosenfeld was effectively erased from the material narrative. What was left was a "clean" surface, efficient, rentable, depoliticized.

The Ochagavía Hospital thus moved from a symbol of public utopia to a product of urban commodification. Its privatization marked not just a legal transfer of ownership, but a semantic transformation: from architecture as a right to architecture as an asset. The building was no longer a monument to care and inclusion, but a warehouse of goods and services, part of a new urban logic where health, like memory, is a transaction.

This transformation is not unique to Chile. Across Latin America, numerous modernist state buildings have been reabsorbed into the circuits of private capital under similar dynamics. However, the scale, history, and visibility of the Ochagavía Hospital make it particularly revealing. It embodies a deep contradiction: that a structure designed to serve the most vulnerable became a silent witness to their displacement, not through demolition, but through architectural repurposing.

## CONCLUSIONS

The transformation of the Ochagavía Hospital condenses over four decades of political, architectural, and social upheaval in Chile. From its conception as a monumental public health facility under the Welfare State, to its abandonment following the 1973 military coup, and ultimately its privatization and reinvention as a logistics center, the building stands as a material chronicle of shifting ideologies. It is a structure that never fulfilled its intended purpose, but whose unfinished presence has generated a multiplicity of meanings.

Originally projected as a beacon of territorial equity and modern care, the hospital was an architectural manifestation of a political utopia—an ideal of universal access and state-led development. Its interruption, brought on by the radical reorientation of Chile's economic and institutional frameworks under the dictatorship, reflects more than the failure of a single project. It marks the end of an era in which architecture served as an instrument of redistribution and inclusion. What was left behind was not just an empty building, but a hollowed-out promise.

During the decades of abandonment, the hospital did not remain silent. On the contrary, it became a powerful and contested space of appropriation. Through literary narratives, urban myths, and especially performative interventions such as *Suda-mérica* by Pedro Lemebel, the building was resignified as a stage of memory and dissent. These actions reactivated the structure as a site where politics, identity, and pain converged. The ruin spoke, not as a symbol of decay, but as a living archive of what could have been, and of those who refused to forget.

The later privatization of the hospital, and its reintegration into the city's logistics and commercial circuits, sealed a second transformation: not just of the building, but of the very notion of public space. The "revitalization" celebrated by awards and urban discourse obscured the memory of the communities that had once inhabited the space symbolically, if not materially. The concrete structure remained, but its social content was evacuated



and overwritten by a new language of efficiency and investment.

This case reveals the layered temporality of architecture: buildings are not static entities, but are constantly rewritten through use, policy, and perception. The Ochagavía Hospital functions today not as a monument to the Welfare State, but as a palimpsest, bearing traces of care, violence, resistance, and commerce. Its trajectory illustrates how built form can become both victim and vector of political transformation, and how architecture continues to mediate the relationship between collective memory and structural change.

More broadly, this study suggests that the reading of incomplete or reappropriated architecture offers critical insight into the social histories of cities. The Ochagavía Hospital, far from being a failed object, emerges as a lens through which to understand the unfinished work of justice and the unresolved tension between public aspiration and neoliberal reality. In that sense, it remains, as Lemebel once described it, the great theatre of abandonment, but also of enduring memory.

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## ENDNOTES

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- 2 "Political Constitution of the Republic of Chile. Text promulgated by Supreme Decree No. 1,150 of the Ministry of the Interior on October 21, 1980." Available at: <https://obtienearchivo.bcn.cl/obtienearchivo?id=documentos/10221.1/60446/3/132632.pdf>
- 3 Ministry of the General Secretariat of the Presidency. Political Constitution of the Republic of Chile [Internet]. Chile; 1980. Available at: <http://bcn.cl/1uva9>
- 4 "In 1979, visual artists Juan Castillo and Lotty Rosenfeld, sociologist Fernando Balcells, writer Dialema Eltit, and poet Raúl Zurita formed the Collective of Art Actions CADA. Neustadt, R. (2001) CADA DÍA: The creation of a social art"
- 5 Claudina Núñez cited in Fariás, Roberto (2012). The White Elephant of Santiago. 2016, from Diario La Tercera Website: <http://diario.latercera.com/2012/06/04/01/contenido/santiago/32-110439-9-el-elefante-blanco-de-santiago.shtml>
- 6 "As soon as I received the assignment, I thought it was a hassle. I immediately thought of the excuses I would give to avoid doing it, and it wasn't just any building. It was the icon of failure and abandonment." Juan Sabbagh: the architect who will "re-found" the white elephant of Pedro Aguirre Cerda. La Tercera, June 10, 2013.