ESPRIU FUNDATION

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compartir

The magazine of healthcare co-operativism

MONOGRAPH

The Espriu Foundation, at the forefront of health co-operatives worldwide.

HEALTH

50 years of the Vistahermosa Clinic.

CULTURE

Images by Jesús Jaime Mola, a lesson in life.


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EDITORIAL 5

HEALTH

Sterility: studies detect the origin in 95% of cases **| DR. Adolf Cassan** 6
Vistahermosa Clinic turns 50 **| Editorial team** 8
Good cholesterol, bad cholesterol **| Dolors Borau** 10
Heart in mouth **| D. B.** 12
Fats in our diet **| Dra. Perla Luzondo** 15

HEALTH CO-OPERATIVISM

ASISA hands out its university professorship awards **| Editorial Team** 16
The ASISA Group renews its DisCert certificate, acknowledging its commitment to the integration of disabled people **| R.** 18
Assistència Sanitària is the most highly rated insurer among doctors **| Oriol Conesa** 20
Wise Men of Barça at Barcelona Hospital **| O. C.**
Assistència Sanitària takes part in cardio-respiratory arrest awareness-raising **| O. C.** 21
Barcelona Hospital introduces full traceability in cancer pharmacotherapy **| R.** 22
Activities for young and old at the SCIAS Social Participation Department **| O. C.**
The SUD service turns 25 **| O. C.** 23
Assistència Sanitària contributes to the TV3 telethon, dedicated to neurodegenerative diseases **| O. C.** 24
Centenary of the birth of Dr Espriu **| R.** 25
Programme of Activities 27

MONOGRAPH

Cape Town plays host to the co-operative movement **| Jose Pérez** 30
A distinct space for health co-operatives **| José Carlos Guisado** 32
Modernity and tradition hand-in-hand in Africa's co-operatives **| Josep Maria Ferreiro** 34
Social needs, co-operative responses **| J. P.** 38
Dr. José Carlos Guisado, re-elected President of the IHCO **| R.** 41
The Espriu Foundation, the world's third-ranked health co-operative **| J. P** 42
Measure the growth of co-operatives, of course! But what growth do we mean? **| Claudia Sánchez Bajo i Bruno Roelants** 44
New global image for co-operatives **| R.** 47

CULTURE

Pause **| Josep Porcar** 49
A lesson in life **| Jesús Jaime Mota** 50
On "Evocation of Rosselló-Pòrcel" **| Enric Sòria** 54
Vicious circle **| Joma** 58

The most recent assembly of the International Co-operative Alliance (ICA), held in South AFRICA, highlighted the viability of the co-operative movement and its potential to redress the economy. That is the subject of our monograph section of this issue of **| compartir |**.

| compartir |

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The Espriu Foundation is made up of the organisations Lavinia Sociedad Cooperativa, ASISA, Autogestió Sanitària (ASC) and SCIAS

The Espriu Foundation is delighted at the election of Dr José Carlos Guisado as a member of the Board of the International Co-operative Alliance. An appointment which recognises Dr Guisado's sterling work over many years at the head of the International Health Co-operative Organisation, a role on which **| compartir |** has provided regular updates.

His election should be seen within a broader context, namely the definition of new international balances in a world seriously affected by the economic crisis. The assembly of the International Co-operative Alliance gathered in Cape Town, South Africa, in November helped to highlight the international momentum in favour of the co-operative movement both in terms of the considerable number of participants and the content of its debates. The economic crisis has also been a moral crisis, a crisis of models of business and finance which failed to take into consideration the social impact of their actions. Against this backdrop, co-operatives have emerged with renewed vigour: because co-operative enterprises, thanks to their adaptability to economic fluctuations, have proved themselves to be more efficient in a crisis context; and because, in response to the tragic social consequences of the crisis, the values of the redistribution of labour and profits so clearly demonstrate the virtues of the co-operative model. Furthermore, the staging of the ICA assembly in South Africa illustrated the universality of the co-operative approach to enterprise, with Africa's co-operatives having emerged as a leading agent in tackling such global challenges as food security and the fight against inequality.

The election of the Espriu Foundation's representative to the ICA Board furthermore highlights the fact that over the past fifteen years health co-operatives have acquired a global role. The co-operative healthcare structure (co-operatives of doctors and users of medicine) is so deeply rooted worldwide that the leading experts consider that, faced with the painful consequences of the crisis in the sphere of public health, health co-operatives offer a model which will continue to grow and confirm their status as a vital alternative.

This point is made clear by Dr Guisado in the pages of the monograph section which we here dedicate to the ICA assembly in South Africa: "Health co-operatives have a clearly positive effect (known as the community effect or positive externality, in economic terms) on social well-being. To begin with, they provide a substantial volume of employment for the medical professionals who belong to the co-operatives. Furthermore, patients receive healthcare provision from the co-operative rather than using national health services, reducing their workload and helping to save public resources, which is also to the benefit of society".

The economic crisis makes it a matter of urgency for governments to promote the social economy. And the consequences of the crisis in the field of health make the social benefits of healthcare co-operatives clearer than ever. Within this international context, the Espriu Foundation is more than happy now to be able to contribute with renewed vigour to the work of the International Co-operative Alliance, through the role played by Dr Guisado on the organisation's governing board.

Sterility:
studies detect the origin in 95% of cases

Sterility is a problem which affects between 12% and 15% of couples of fertile age.

Sterility could be defined as the inability of a couple to achieve a pregnancy, despite their attempts, following regular, unprotected sexual intercourse over a reasonable period of time, which could be specified as around two years. It is a problem which, according to calculations, affects between 12% and 15% of couples of fertile age. There are couples who grow impatient before this period of time has passed, but it must be borne in mind that achieving a pregnancy involves a truly complex process demanding that numerous different factors all coincide. To begin with, following coitus the spermatozoa present in the semen deposited in the woman's vagina at the point of ejaculation must follow a long path in search of an egg, and only a small proportion of them will cross through the uterus and ascend the fallopian tubes, where they will only find a mature egg cell for a few days of the month, following the woman's cyclical ovulation. And in the event that this encounter does actually occur, fertilisation must take place, with the spermatozoid and the egg fusing to form the cell, or zygote, which can then give rise to a new life, but which, as a succession of subdivisions occurs, will then need to travel as far as the uterus and find favourable conditions to nest in the wall so as to be able to develop. It is true that many couples achieve a pregnancy during their first few attempts, but it is quite common for others to need a relatively lengthy period until finally all the factors coincide and pregnancy occurs. Until quite recently in many cases it was not possible to discover the origins of sterility. This is, in truth, no surprise, since the process of reproduction involves so many factors that any abnormality, however slight and difficult to detect it may be, would be enough to prevent the couple from achieving their desired pregnancy. Today, though, with the modern techniques available, the reason can be specified in the vast majority of cases: this proves impossible only in 5% of occurrences, and new procedures are perfected daily which are gradually reducing this proportion. The methods employed to detect the origins of sterility may vary considerably from one place to another. Sometimes the cause is brought to light shortly after examination begins, following just a few simple tests. Sometimes, though, numerous tests, at times

of some degree of sophistication, may be required in order to discover the origin or detect the combination of factors causing the attempts to achieve pregnancy to fail. When a couple decides to address the problem, they should be aware that it is impossible to establish in advance which studies will need to be performed, or how long it will take to conduct all the tests which may be necessary. It is therefore not felt to be worthwhile to embark on a study until after around two years of failed attempts, although there are experts who feel it is justifiable after one year without achieving a pregnancy, this period being deemed appropriate if the woman is already aged over 30. It was formerly believed that sterility depended mainly on problems in the woman's reproductive system. We now know, however, that this is not the case. Approximately 40% of cases are mainly down to reasons in the man, another 40% in the woman, while in all other cases there are typically coexisting factors in both members of the couple, the combination of which gives rise to the problem. In an attempt to discover the origins of each case of sterility, then, studies must be performed on both members of the couple. The simplest tests will first be conducted and these can prove effective in detecting the most typical disorders, in both the man and the woman. First of all a detailed clinical history of both of them must be drawn up, along with a comprehensive general physical examination and a study of their reproductive organs, to establish whether they suffer or have suffered any illness which could affect the reproductive function, since if any anomalous factor is discovered then the investigation can directly pursue that direction. Tests are also performed in order to evaluate in general terms the functioning of the genital apparatus. In the man, a sperm analysis will be required, the results of which serve to evaluate the function of all the organs involved in the production of semen: the testicles, the seminal vesicles, the prostate, etc. In the woman her cycles will need to be monitored, as it is vital to establish whether ovulation is occurring normally. There are various procedures to determine this, such as monitoring her basal body temperature, which normally changes at the point of ovulation, over the course of several consecutive cycles. It should be pointed out that if an anomaly is detected in ovulation, the studies will then need to focus on establishing the origin, such as for example hormonal alterations, which play a decisive role in making pregnancy possible. On the basis of the data obtained in these studies, which are simple and cause no discomfort, an idea will then be formed serving to indicate the procedure to be followed. If no anomaly is found, then other, more complex, studies will be pursued. For example, a test would need to be performed to establish whether there is any problem preventing the spermatozoa from accessing the uterus after being deposited in the vagina, as it could be that the characteristics of the uterine secretions are creating a barrier. It may otherwise prove necessary to study the woman's reproductive organs in depth, using endoscopic and radiological procedures to evaluate the state of the uterus, of the fallopian tubes and even the ovaries. It is impossible to know in advance whether more or fewer tests will be needed, as these decisions will be taken progressively as the results are obtained. However, as mentioned above, after a greater or lesser number of studies the origins of the sterility can be detected in close on 95% of cases. Only once the cause is known can the appropriate treatment then begin. This is sometimes relatively simple, for example through the administration of anti-inflammatories or antibiotics if there is a chronic infection or inflammation of the reproductive organs of one of the two members of the couple. It may, though, be necessary to perform a surgical operation, for example to resolve a problem in the woman's fallopian tubes, or to address an alteration in the man, such as varicocele. The possibilities are so wide-ranging that it is impossible to know before the study is complete which treatment method could prove necessary or effective, nor whether it would be simple or complex. Meanwhile, there are now other specific procedures to resolve certain cases of sterility, such as what are known as assisted reproduction methods, which include in particular the various forms of artificial insemination or modern in vitro fertilisation techniques. The diagnostic process may be lengthy and complex, as the treatment of the alterations discovered miight be. The chance of resolving the problem is, however, increasingly great. **Dr. Adolf Cassan**

Achieving a pregnancy involves a truly complex process demanding that numerous different factors all coincide.

Vistahermosa Clinic turns 50

The clinic is staffed by nearly 400 healthcare professionals, and covers more than 30 medical and surgical specialties

The ASISA Group's Vistahermosa Clinic is now 50 years old. Over these years it has been transformed from a maternity and infant clinic to become the flagship hospital in the private health sector in Alicante, equipped with state of the art units and the latest technologies.

Vistahermosa Clinic was set up as a maternity clinic, expanded as a medical and surgical operation, and is now a major hospital. With 50 years of history behind it, it is more than able to cope the challenges of the new healthcare model in Spain. The construction work performed less than 10 years ago increased the area of the buildings by 3,850 square metres to the current size of 10,381 square metres. The capacity for the hospitalisation was therefore increased from 66

VISTAHERMOSA CLINIC IN 1963, WHEN IT WAS FORMALLY OPENED.

to 87 individual rooms, each with a bed for a friend of relative.

The portfolio of services covers more than 30 medical and surgical specialties made up of the following: Hospitalisation Department, Walk-in Clinic, Surgical Department with 9 operating theatres (6 general and 3 for ophthalmology), Intensive Care Unit with 6 treatment bays, Intermediate Neonatal Care Unit, Emergency Room, Haemodialysis Department and a new Specialty Centre (Vistahermosa 76), services which combine a range of different care units equipped with the latest technology. The establishment handles more than 66,000 appointments per year, with 7,000 patients admitted, 33,000 treated in ER and more than 6,000 operations and 145,000 diagnostic tests are performed.

The staff of Vistahermosa Clinic inlcudes nearly 400 healthcare professionals and a process of continuous training is carried out to guarantee the highest quality standards in patient care. This results in satisfaction indices at the clinic in excess of 8.5 points.

In the words of Dr Francisco Ivorra, President of ASISA, "more than two decades ago, ASISA made the commitment to establish a quality hospital in Alicante, which would become a flagship for healthcare in the province. Our aim was to turn Vistahermosa into what it is today: a hospital offering practically every service, with specialist units developing innovative techniques, and with a modern organisational system in place, combined above all with a strategy that aims to grow and develop services based on the principle of excellence".

Research and training

Together with its healthcare operations, the clinic also supports a range of research, development and innovation programmes at the forefront in the field of healthcare in Alicante and throughout Spain. These include the Chair of Reproductive Biomedicine, developed each year by the Reproduction Unit to train students on the Master's course in Reproduction Biology at Miguel Hernández University in Elche.

This commitment to teaching and education is also seen in the internship programmes for Nursing and Nutrition students at universities which include Miguel Hernández and Alicante.

Celebration with Alicante society

ASISA PRESIDENT DR FRANCISCO IVORRA, PRESIDED OVER THE MAIN ANNIVERSARY EVENT, ACCOMPANIED BY THE MAYOR OF ALICANTE, SONIA CASTEDO, AND THE PRESIDENT OF THE PROVINCIAL AUTHORITY, LUISA PASTOR.

"Vistahermosa has become another Alicante institution." With this phrase the President of ASISA, Dr Francisco Ivorra summarised what the clinic means for the city and province of Alicante. And so the hospital celebrated its first half century in existence with an event staged at the Provincial Archaeology Museum of Alicante (MARQ), attended by leading local and provincial dignitaries, as well as representatives from the worlds of medicine, business, academia and culture.

Everyone at the event agreed that the evolution of Vistahermosa Clinic, with its commitment to excellence and quality medicine without ignoring the humanity which is at the heart of medical practice, has made it grow into Alicante's major hospital. These issues were all covered in the speeches given by Sonia Castedo, the mayor of Alicante, and Luisa Pastor, the President of the Provincial Authority of Alicante.

Dr Ivorra himself gave an account of the key events in the clinic's history and also looked towards the future: "The future will be exactly as it has always been: a future filled with success, because Vistahermosa has always enjoyed the support of the people of Alicante and those who work there every day."

Good cholesterol, bad cholesterol

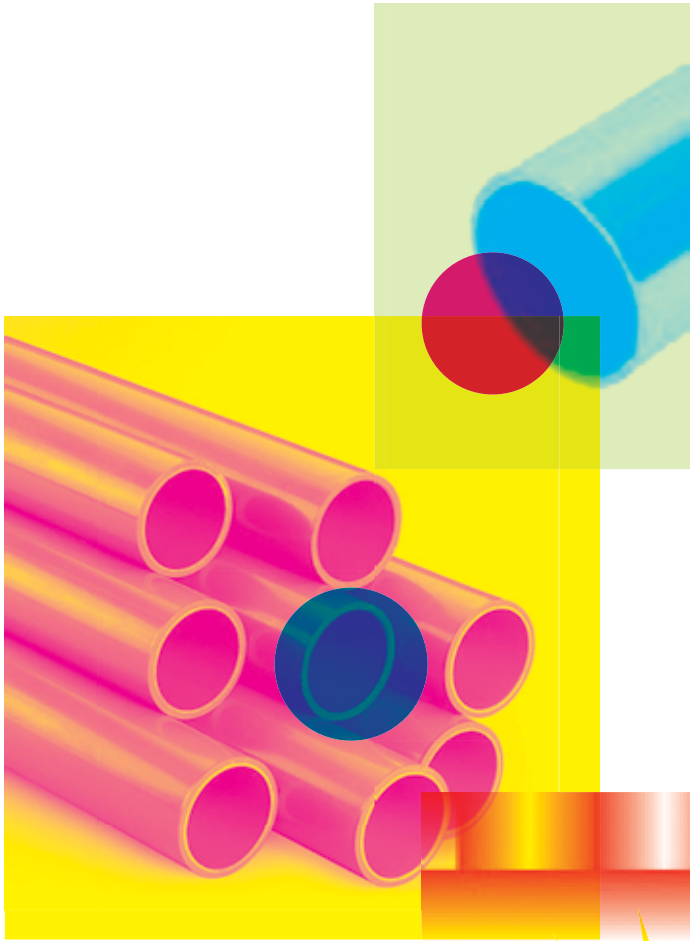
We are aware that we need to keep a check on our levels of cholesterol, as they are linked to our health. We have also heard talk of there being "good cholesterol" and "bad cholesterol"; saturated fats and unsaturated fats, although it is not easy to understand what this all means.

Fats form a part of our diet. We obtain them from cooking oil (whether sunflower or olive) and also lard, butter and margarine. Other fats are more difficult to detect, such as those derived from dairy produce (milk, cheese and yoghurt), above all if the milk used is unskimmed. They are found in meat in visible form (ham, lamb chops, sausages, bacon...) and in cured meats (the white part of mortadella, salami, chorizo...), but there are also fats in biscuits, chocolate, factory-produced pastries and some ready meals.

Within our body, fats form a part of the cellular membrane and represent our main store of energy. It is clear that a diet which is overly rich in fats will lead to an increase in weight, since if not all the energy provided by the food we eat is used up, then all the surplus will be stored in deposits (belly, buttocks, thighs...). It is not, though, simply a problem of weight, but the fact that not all fats are the same. For example, those which are solid at room temperature (such as butter, lard or the visible fat in meat and sausages) are known as saturated fats. Such deceptive vegetable fats as those from palm and coconut are also saturated fats. Meanwhile, those which are liquid at room temperature (such as olive and sunflower oil) are known as unsaturated fats. Our body needs both kinds, although an excess of saturated fats increases the risk of suffering cardiovascular disease, while olive oil is beneficial for the walls of the blood vessels.

And cholesterol? This fat has a different composition from saturated and unsaturated fats, and a defining characteristic: cholesterol is a fat which is only found in animals, and so will only be obtained from foods of animal origin. Vegetables contain none. Humans are animals, and so we need it for the formation of hormones and bile, for the production of vitamin D and the formation of cell membranes. We obtain cholesterol from the foods we ingest, but we also produce it.

In order to be able to metabolise the fats we have obtained from our food, there are substances known as lipoproteins which are responsible for carrying them around the circulatory system. Some of these lipoproteins, known as LDLs (Low Density Li-

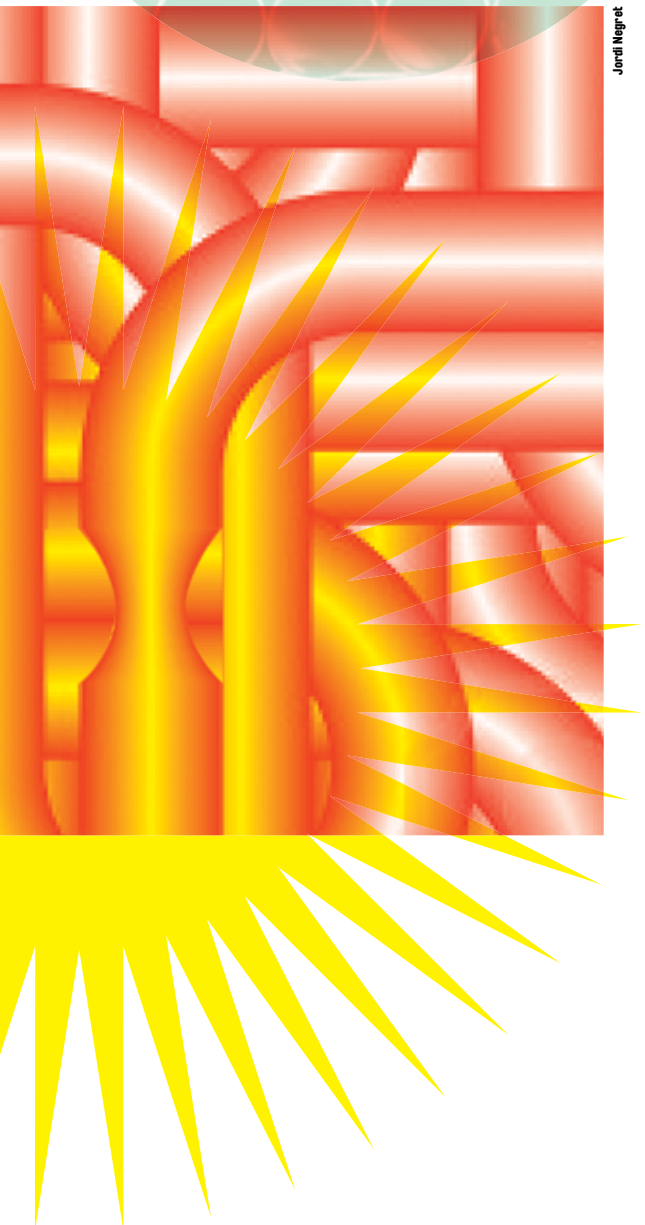


Cholesterol

A fat found only in animals, and so it will only be obtained from foods of animal origin. Vegetables contain none. Humans are animals, and so we need it, and obtain it from the food we eat, but also produce it.

Arteriosclerosis

A process which occurs because of a buildup of fatty plaques, the formation of collagen and the presence of inflammatory cells which ultimately form an atheroma plaque on the inner wall of the arteries. During the process the blood vessels lose elasticity, and their diameter is gradually reduced as they narrow. Once blood can no longer flow around the artery, oxygen does not reach its required destination.



Jordi Négre

poproteins), are responsible for carrying cholesterol and other fats around the circulatory system to the different parts of the body. This is what is popularly known as "bad cholesterol", and should be kept at moderate levels. There are other lipoproteins, known as HDLs (High Density Lipoproteins), which carry cholesterol and other fats from the different parts of the body to the liver. This is what is known as "good cholesterol", and we should try to maintain high levels. The two lipoproteins perform a transportation role, but while LBL carries the fat around the blood vessels, HDL serves to gather up the cholesterol and fats that it encounters, carrying them to the liver so they can be used.

The metabolism of fats is linked to arteriosclerosis, a process which occurs because of a build-up of fatty plaques, the formation of collagen and the presence of inflammatory cells which ultimately form and atheroma plaque on the inner wall of the arteries. During the process the blood vessels lose elasticity, and their diameter is gradually reduced as they narrow. Arteriosclerosis begins at a young age and progresses slowly, but will not typically provoke any symptoms until the blood flow in the arteries is compromised by the narrowness of the vessels. Once blood can no longer flow around the artery, oxygen does not reach its required destination. If the blockage occurs in an artery of the cardiac muscle, this can lead to angina or a heart attack. If the vascular accident occurs in an artery of the brain, it could cause a stroke. As the life expectancy of the population increases, our arteries inevitably also age, and we would be well advised to see a cardiologist if our hearts so require, an angiologist if we suffer any disorder of the circulatory system, or a neurologist if a vascular accident occurs in the brain. Assistència Sanitària and ASISA insureds can choose doctors from all these specialties to perform treatment and follow-up, although it is also important for all of us to take care of ourselves so as to age as healthily as possible. One way of doing so is to avoid overweight, keep tabs on levels of arterial tension, avoid smoking and keep physically fit. Walking every day rather than leading a sedentary life is the only way to help increase levels of the "good" HDL cholesterol.

In summary: the way to maintain healthy levels of cholesterol and fat in the blood is to eat a moderate and varied diet, low in saturated and animal fats, and above all to maintain an active lifestyle. **Dolors Borau**

Heart in mouth

I met up with Anna, and while we were having coffee we spoke mostly about the difficult months she has had at home. Nearly a year ago Joaquim, her partner, suffered a heart attack, and now the family is getting back to normal, Anna is talking about her shock and exhaustion at it all.

One evening, as we often do, the two couples went out for dinner. It was a pleasant, relaxed dinner, with plenty of conversation which we decided to break off after midnight so as not to go to bed too late, as we all had to work the next morning. That night Joaquim, who had been asleep for some time, woke up. It was too early to get up, but he had a real backache and thought that if he sat on the sofa for a while it would pass. And so he got out of bed and on his way went to the bathroom. There he noticed that his left arm hurt, and that little by little the pain began to spread over that whole side. As the pain increased, he felt increasingly poorly, and began to feel dizzy. He found himself growing weaker, and came out in a cold sweat, really soaked through as if he had been caught in a downpour. He managed to get back to the bedroom and woke up Anna. Joaquim told us that when he woke his wife up he already knew he was having a heart attack, but did not tell her straight off so as not to worry her:

"Anna, call a doctor urgently, I don't feel at all well," he said quite calmly.

She saw that his pyjama and his whole body was dripping with sweat, his face looked terrible, and although he did not say it and she had not internalised it, her brain, which was racing, also registered the words heart attack, but she acted sensibly: she lost no time talking or worrying, and phoned the emergency services.

Joaquim's memory of a few things is rather blurred, but what he does remember very clearly is that the pain was severe and constant, and did not fade or dissipate in any way. It made no difference whether he changed posture, moved or stayed still: the severe pain was still there and unabated. Anna explained to the telephone operator about the severe and sustained pain in his back, his left arm and the left side of his body; the pouring sweat and his terrible appearance. They were told that an ambulance would soon be there. One of the doctors who performs home visits was close by and went on ahead. The doctor saw straight away that Joaquim was suffering a heart attack; he spoke to the hospital, and gave him medication there and then. The ambulance arrived shortly and took him out of the house on a stretcher to head to A&E, where he was placed in a treatment bay to be monitored. The electrocardiogram told the full story. Joaquim realised all through the process that it was serious, a major event, but says that at no point did he think he would not live to tell the tale, that he could die. It would seem that it was, however, a major heart attack. An atheroma plaque had come loose and become lodged, like a trapped coin, completely blocking the aperture of the coronary artery. As they phoned straight away and immediate action was taken, despite

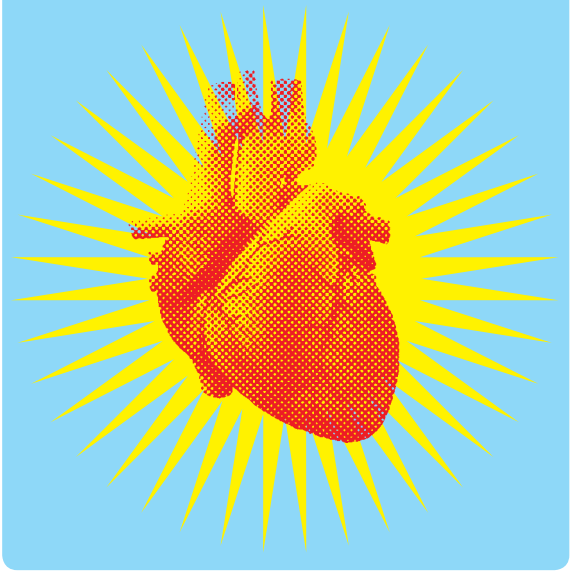
What to do?

Although he did not say it and she had not internalised it, her brain, which was racing, also registered the words heart attack, but she acted sensibly: she lost no time talking or worrying, and phoned the emergency services. She explained over the phone the severe pain in his back, his left arm and the left side of his body; that he was dripping with sweat and looked awful.

Jordi Nègret

The onset of a heart attack

He noticed that his left arm hurt, and that little by little the pain began to spread over that whole side. The pain increased, he felt increasingly poorly and began to feel dizzy. He found himself growing weaker, and came out in a cold sweat, really soaked through as if he had been caught in a downpour.



the seriousness of the lesion the damage was much less than might have been expected. He was left in the treatment bay for a while, and then soon taken down to the operating theatre for a catheter and stent to be fitted. The catheter was passed through his wrist, and he remembers that for the twenty minutes or so that the process took, he could feel a slight burning along the route of the catheter, and a little pain as it was passed over the curve of his back. He was left with just a 10% necrosis. A real success story. No one could understand how a fifty-year-old, easy-going man who did not have particularly high levels of cholesterol or fat could have had a heart attack. Everything, though, has an explanation: he was a heavy smoker, and took hardly any exercise. Tobacco has a devastating effect on the arteries, as it causes the walls to harden and lose elasticity. If the walls are not flexible enough to allow the blood to flow, any slight event could block them.

Joaquim is still off work now. He has given up smoking. He tries to go swimming and walking a few times a week. He has cut down on his intake of certain foods (those with most fat), and has added more fish to his diet. To begin with he had to go and see the cardiologist straight away, then after three months, six months and a year. He has been given a full examination with an electrocardiogram, an effort test and a heart echocardiogram. He has to follow his medication strictly and must keep taking his anticoagulants, a drug to keep his cholesterol in check and one to regulate his cardiac rhythm. It is true that the medication, which he will have to take for the rest of his life since it is a preventive treatment, means that he is reminded every day that he has had a heart attack. And he is also reminded by the fact that, between the lesion and the medication he takes, he suffers certain limitations when forced to make an effort, to walk fast or up a hill: he finds it hard, and gets out of breath. He also acknowledges that he has lost a little of his spark, that their life has a couple has changed, and they have had to learn to live with all that. He does not feel at all depressed; quite the contrary, despite all these limitations he can live a full life and is very grateful for the support he has received from Anna. Life, on occasions, begins again. **D. B.**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Fats in our diet

In developed countries we eat to excess without worrying about the calories contained in the food we consume, or the cooking technique we use, resulting in obesity and cardiovascular problems caused by an increase in lipids in the blood. The calorific value of the same food will vary considerably depending on whether it is grilled or baked, battered or fried, sautéed with bacon or boiled.

There are no bad foods, but simply unfavourable dietary habits; a proper diet for the healthy population should not exclude any food. Fats contain such important liposoluble vitamins as A, D, E and K.

Liposoluble vitamins: They are present in liver, egg yolk, milk, butter, green vegetables and oily fish.

- Vitamin A: Improves eyesight, growth, skin and mucous membranes, and assists in the task of certain endocrine glands. A shortage leads to skin lesions.
- Vitamin D: Controls the assimilation of calcium and phosphorus. A shortage causes rickets and osteoporosis.
- Vitamin E: A powerful antioxidant. It influences fertility and the sense of smell.
- Vitamin K: Involved in the metabolism of iron and the formation of collagen.

Eating only occasionally and in limited quantities those foods which contain saturated animal fats (butter, lard, full fat milk and cream, cured meats and matured cheeses), and following recommendations to eat foods which stimulate the formation of "good" cholesterol, will help reduce the environmental component (lifestyle and diet) involved in cardiovascular disease and strokes.

Not all fats are harmful for health: foods rich in monounsaturated fatty acids (olive oil) and polyunsaturated omega 6 (fatty vegetables, soya, corn, sunflower oil) and omega 3 (oily fish and marine oils) reduce overall cholesterol.

Omega 3 also helps lower levels of triglycerides and has an effect on blood clotting and arterial pressure.

In summary, it would be fair to say that people with excessive levels of fat in their blood, or those wishing to avoid this, should follow a number of guidelines in selecting their diet.

Diet to reduce cholesterol:

- Eat foods rich in fibre: wholegrain cereals, oats, barley, rice, wholegrain bread and bran (complex carbohydrates), rich in soluble fibre (betaglucans) which traps fat in the intestine.
- Choose skimmed dairy produce.
- Oily fish rich in omega 3.
- Nuts, especially walnuts, rich in phytosterols and alpha-linolenic acid.
- Soya, rich in linoleic and oleic acid, lecithin and isoflavones, especially genistein.
- Legumes, which contain lecithin, saponins, fibre and isoflavones.
- Vegetables such as aubergine, garlic and artichokes.

Artichokes are a vital dietary element to control cholesterol in the blood. They are rich in fibre, antioxidants (vitamins C, E and flavonoids), cynarin, which interferes with the synthesis of cholesterol, and luteolin, which inhibits the formation of cholesterol. Patients with gallstones should eat them in moderation. **Perla Luzondo**

BAKED ARTICHOKES

INGREDIENTS TO SERVE 4:

> 2 artichokes per person
> Salt, white pepper, oregano
> Virgin olive oil.

Joana Amill

> Cut the artichokes lengthwise down the middle; add the salt and seasonings, and a dash of virgin olive oil. Place on a baking sheet in a preheated oven at 180º C for 20-25 min. They should be eaten with the fingers, separating out the leaves and chewing them down to halfway, or dipping them first in a vinaigrette sauce. You could also serve the artichokes with chicken breast, turkey or sardine brochettes, which can be cooked at the same time to give a full meal.

ASISA hands out its university professorship awards

ASISA has presented the awards relating to the chaires of its university, acknowledging a range of projects, works and research carried out in health management, the health economy and humanitarian medicine. ASISA currently has professorial chairs at the Autonomous University of Madrid, the European University and King Juan Carlos University.

At the Autonomous University of Madrid (UAM), UAM-ASISA awards are given out each year in health management and health economy for the best doctoral thesis and the best work in this field which has been published in national and international specialist journals. The awards, which total 9,000 euros, are intended to promote and develop research, teaching and study initiatives, and to promote and develop the presentation and dissemination of knowledge in healthcare management and health economy.

In 2013 the award for the best health management and health economy work published in specialist journals in 2012, now in its fourth year, went to the research project "Factors Affecting Mobile Diabetes Monitoring Adoption Among Physicians: Questionnaire Study and Path Model", by Dr Shintaro Okazaki.

And the study entitled "Analysis of costs and cost-effectiveness of the GESIDA/National Plan preferential guidelines for AIDS in 2012 for initial antiretroviral treatment in adults infected with the human immunodeficiency virus (HIV)", by Antonio Javier Blasco, José Ramón Arribas, Vicente Boix, Bonaventura Clotet, Pere Domingo, Juan González-García, Hernando Knobel, Juan Carlos López, Josep M. Llibre, Fernando Lozano, José M. Miró, Daniel Podzamczer, Juan Miguel Santamaría, Montserrat Tuset, Laura Zamora, Pablo Lázaro and Josep M. Gatell, was awarded an accessit. The ASISA-UAM Chair award for the best doctoral thesis, now in its ninth year, went unawarded.

ASISA-UE Chair of Health Science

Every year the ASISA-European University of Madrid Chair of Health Science gives an award for the best academic record, with a bursary for 7,000 euros to follow a Master's course at the European University of Madrid. It also offers the opportunity to take part in activities organised by the Chair. For the academic year 2012-2013 the award went to physiotherapy student Guillermo Català Sarries.

The ASISA-UE Chair also gives research grants for projects in the field of biomedical and health science. The winning researchers, who each received 6,000 euros for them to pursue their research projects, are: José Ignacio Giráldez, for his project "New services based on medical information systems in the cloud"; María Ascensión Blanco Fernández, for her project "e-patients ande-nutrition": Phase II", and Manuel Martínez Sellés for "Analysis of the cost-effectiveness of different therapeutic approaches in patients aged 18 or over with severe symptomatic aortic stenosis".

(left to right): Dr Vicente Pastor (Director of the ASISA-UAM Chair), Javier Díez Domingo and Val Marrero (winners of the 2012 award), Maria Artola (Director of the UAM General Foundation), Dr Juan Antonio Vargas Núñez (Dean of the Faculty of Medicine at the UAM), Dr Francisco Ivorra (President of ASISA) and Dr Luis Ortiz Quintana (ASISA Director).

ASISA-URJC Chair of Humanitarian Medicine

Lastly, ASISA and King Juan Carlos University in Madrid, through the Chair of Humanitarian Medicine, gave awards to the two students presenting the best final studies in their master's courses in humanitarian medicine and/or development cooperation. The prize-winning students were Diana Galindo, for her project "Monitoring of indicators in a project in response to a nutritional crisis in Burkina Faso" and Patricia Marín-García, for "Immunoproteomic analysis of new antigens of P. Falciparum for the generation of malaria vaccines". These theses were selected because they involved new ideas, services and practices

The professorships recognise the value of a range of projects, studies and research undertaken in the field of healthcare management, the health economy and humanitarian medicine.

which would to promote cooperation and sustainable development in the world's most underprivileged regions.

Each of them received a prize of €3,000 to allow them to continue their work in the field of humanitarian medicine. The aim of the chair is the development of teaching, research and the spreading information about this field of medicine. The chair is also intended to encourage a spirit of solidarity across society, building bridges between the agents involved in the training and management of humanitarian medicine.

(left to right): Jesús Sanz (European University), Sergio Calvo (Director of the Doctorate and Research School), Matilde Cortés (European University) with Guillermo Català (award-winning student), María Tormo (ASISA Director of Planning and Development, and Co-Director of the ASISA-European University Chair) and Enrique de Porres (ASISA CEO).

Change to the postal address of LAVINIA S.COOP.

The street number of the corporate headquarters of LAVINIA S.COOP. has been changed from 10 to 12, by municipal decree. Although this is purely a formal change, as the offices themselves are not physically being relocated, the Governing Council of the Co-operative, at their meeting held on 23 January 2014, gave their approval for the modification, which will be made official very soon.

We would like to stress that as a result of the above, the location of the cooperative remains unchanged – it is only its address details which have changed which will henceforth be as follows:

LAVINIA S.COOP.
Carrer de Juan Ignacio Luca de Tena, núm. 12
28027 Madrid
TAX ID F08440539

Registered in the INFES Register of Cooperatives under number 737 SMT
This is for the information of all members and to allow them to address correspondence by post correctly.

The ASISA Group renews its DisCert certificate, demonstrating its commitment to the integration of disabled people

(left to right): Dr Carlos Zarco (Moncloa Hospital), Dr Luis Mayero (ASISA), Mercedes Jaraba (Ministry of Health), Francesc Saldaña (DisCert) and Isabel Torres (TÜV Rheinland).

The ASISA group has more workers with disabilities than the 2% of the workforce which is the minimum level required. It also has in place agreements to train people with disabilities in a number of different sectors. It is the only health insurance group to hold this European certificate.

The ASISA Group has been awarded the European DisCert Certificate and therefore recognises and confirms the health insurance group as a socially responsible company regarding people with disabilities. The certificate also gives accreditation to the ASISA Group in that it has above the 2% legal minimum level of disabled employees. This is the second year that the company has been awarded the certificate.

The certificate was presented at a ceremony during the "Managing disability in the health sector" event held at Moncloa Hospital by DisCert and TÜV Rheinland with the collaboration of ASISA. Mercedes Jaraba, Deputy Director-General at the Directorate-General for Disability Support Policy at the Ministry of Health, Social Services and Equality was involved in the event. Also participating were representatives from various companies, who presented a number of successful case

studies about integrating people with disabilities into the business world.

The ASISA representative there was Dr Luis Mayero, the company's regional representative for Madrid, who thanked DisCert for recognising ASISA Group's commitment to integrating and improving the quality of life of people with disabilities. He also highlighted the fact that the ASISA Group is the first health insurance group to be awarded the certificate.

In the words of Dr Mayero, "ASISA can only be understood in terms of its social commitment, which is why we dedicate a substantial proportion of our investment to supporting and developing social, cultural, educational and sport initiatives. The DisCert certificate which we are now renewing recognises ASISA's commitment to equality and to the social integration of individuals with any type of disability, so that the can exercise their rights fully and effectively".

Around one hundred employees with disabilities

The ASISA Group currently employs more than 4,000 people and about a hundred of these have a disability, a figure above the minimum legally required level of 2%. At some of the centres belonging to the ASISA Group, this percentage is almost 4 times the minimum level required under the terms of the Spanish Social Integration for People with Disability Act. This is the case in Murcia at the Virgen de la Vega Hospital (7.85 %) and the Nuestra Señora de Belén Clinic (7.6 %).

In order to continue progressing in this field, ASISA is trying to improve its procurement processes with suppliers and external partners through two key objectives: firstly, it wants suppliers to comply with the legislation regarding disability in order to demonstrate their commitment to corporate social responsibility throughout their business dealings. ASISA also aims to identify suppliers who have been classified as special employment centres. so that in future the number of services contracted from companies which show social responsibility in the field of disability will increase. A number of centres belonging to the ASISA Group, therefore, such as Moncloa Hospital, which was the first hospital in the Madrid Autonomous Region to hold the DisCert certificate, have contracted some of their services from special employment centres.

Reinvesting profits in improving medical care: the cornerstone of the new ASISA advertising campaign

ASISA has launched a new advertising campaign highlighting the main issue that makes the company different: the provision of a health care system which reinvests its profits in its professionals and in improving its infrastructure so that quality health care for its policyholders can be guaranteed at an affordable price.

Under the slogan "Our gain is your health", the campaign uses both print and audiovisual media, which will "serve to explain to the general public our commitment to provide an ever-increasing number of people with quality care. We can do this because we have a medical system in which ASISA reinvests its profits to improv our technical and human resources. This permanently guarantees a quality service at an affordable price," says Jaime Ortiz, Commercial and Marketing Director at ASISA.

«ASISA commissioned the agency R* to develop the creative work for the campaign and the advertising space is being managed by Equmedia. .»

Assistència Sanitària is the most highly rated insurer among doctors in Barcelona

The Official Medical Association of Barcelona has announced the results of a survey among 6,000 doctors working part- or full-time in private medicine. According to the replies given by the Association members, Assistència Sanitària heads the rankings of private health companies.

The survey analysed various aspects of private medicine, such as the professionals' working conditions, their relationship with the insurance companies, the competence of organisations in handling paperwork, as well as other issues such as the various types of policy in the sector. Problems with the authorisation of tests and treatments and the level of fees are the two issues generating the greatest dissatisfaction among the respondents. The highest rating goes to Assistència Sanitària.

Assistència Sanitària heads the rankings of private health companies.

More than 6,000 doctors work for health insurers in Catalonia, where such companies have a long-standing tradition. According to the most recent official figures, 2,008,366 people have a private medical care policy in place in Catalonia, amounting to 28.6% of the population in Barcelona.

ASC (ASSISTÈNCIA SANITÀRIA COL·LEGIAL)	7,70
MGC (MÚTUA GENERAL DE CATALUNYA)	7,30
AGRUPACIÓ MÚTUA	6,60
AXA-WINTERTHUR	6,57
FIATC	6,38
DKV	5,37
MAPFRE FAMILIAR	5,15
ADESLAS	4,92
SANITAS	4,45
CASER	4,29
L'ALIANÇA	3,66

Table drawn up by the Official Medical Association of Barcelona.

Wise men of Barça at Barcelona Hospital

MANEL MONTILLA

On 3 January the Three Wise Men arrived early at Barcelona Hospital, where they visited the boys and girls on the wards there. After a training session open to the public, a delegation of top-level executives, coaching staff and first-team players from FC Barcelona football club distributed gifts and, above all, lots of positivity to the youngest patients. On this occasion the club's delegation was headed by the director Josep Maria Bartomeu. Star players Sergio Busquets and Jonathan dos Santos were also keen to take part in the visit. The group was completed by the fitness trainer of Barça's leading players, Aureli Altimira. There was no shyness in sight as the children mobbed their guests in pursuit of a much-prized autograph. Parents thanked them all for the enthusiasm which the visit generated in their sons and daughters.

Assistència Sanitària takes part in cardio-respiratory arrest awareness-raising

Cardio-respiratory arrest (CRA) is the leading public health problem in the Western world: 90% of all CRA incidents occur outside hospitals, most of them in the home. Because it is aware of this problem, Assistència Sanitària has joined forces with an international campaign under the slogan "Your hands can save lives", addressing the importance of proper understanding and an effective response to cardio-respiratory arrest. To coincide with the European Cardio-respiratory Arrest Awareness Day held on 16 October, teams from Barcelona Hospital organised a range of support initiatives (clinical sessions, seminars, publications...), and signed a partnership agreement with the Catalan Resuscitation Council of the Academy of Medical and Health Sciences of Catalonia and the Balearic Islands.

Cardiac arrest is responsible for more than 350,000 deaths per year outside hospitals across Europe. This figure, which in Catalonia represents one sudden death every two and a half hours, in other words close on 10 deaths per day, is 5 times as many as those killed in traffic accidents. Barcelona Hospital has for years been increasingly incorporating systems to address structures, training and to encourage the implementation of international scientific recommendations which is published every 5 years.

Out-of-Hospital CRA (OHCRA) is different from In-Hospital CRA (IHCRA) in that the former is sudden and unexpected, while the latter is typically preceded by alterations in physiological parameters. Early recognition of a patient whose condition is worsening can reduce the incidence of IHCRA and mortality, unexpected admissions to intensive care and inappropriate attempts at resuscitation. A sound organisational system to deal with in-hospital emergencies has a positive impact on patient safety.

Barcelona Hospital introduces full traceability in cancer pharmacotherapy

Barcelona Hospital recently introduced an innovative IT program intended to improve patient safety in the preparation and administration of cancer treatment drugs, and specifically traditional antineoplastics. These are drugs which eliminate both normal and cancerous cells, and there is therefore little margin between the therapeutic and toxic dose, making it necessary to ensure that preparation quality control at hospitals is very strict so that potential errors in medication, which could be particularly dangerous, are avoided.

The drug traceability and patient monitoring program deals with two different issues (preparation and identification) which are key factors in efforts to ensure correct administration. This first of all entails monitoring the preparation of the intravenous solutions of cytostatics, with the batch and shelflife of the drug identified by a barcode, along with the calculation of doses using highly precise scales and labelling of the preparation. The whole process is performed in a sterile air booth, with software which employs voice recognition and follows the instructions of the oncological protocol selected by the doctor, for the patient and for the drug. Meanwhile, the day clinic supervises patient identification using a barcode. Full details are recorded on the clinical records: drugs administered, dose, batch, stability, shelflife, quality controls, etc.

With this new hospital pharmacy tool, progress is being made in the safety of personnel, quality, quantity and administration.

Within the context of the Assistència Sanitària Oncological Plan, in 2008 Barcelona Hospital had already computerised the 236 chemotherapy protocols, when it set up the Oncology Day Clinic. Since then the tumour register has collated close on 8,000 cases. Now, with this new hospital pharmacy tool, progress is being made in the safety of personnel, quality, quantity and administration.

Activities for young and old at the SCIAS Social Participation Department

The co-operative health movement is not simply a model based on an egalitarian relationship between doctor and user, but it also reflects a philosophy of healthcare. That is why users take part in decision-making and, in one way or another, from a very early age are involved in day-to-day business and decisions. One demonstration of this is the SCIAS Social Participation Department, where young and old alike share experiences and learn about the values of health co-operatives. This Christmas was no exception, with a series of activities for all members of the family.

On 13 December, at the Church of the Discalced Carmelite Fathers, a packed audience enjoyed the Participation Division Christmas Festival, which included the traditional carol concert and poetry reading by the SCIAS choirs. Some days later the Participation Department was itself the venue for the Presentation of Letters to the Royal Page, followed by snacks and then handicraft, music and chess workshops, and martial arts demonstrations. After a few days came a lively children's cinema screening, when the youngest members received their Christmas gifts. On 9th January, to round off the festive season, prizes in the Letter to the Wise Men competition were handed out, with winners named in three categories: drawing up to 6 years (Laia Aresté), drawing from 7 to 10 years (Júlia Solà-Morales) and writing from 7 to 10 years (Begoña Grau).

Aside from festive activities, the other events organised include health and cultural seminars, cinema evenings, courses and workshops, outings and visits, meetings of co-operative teams, secretaries, spokespeople and coordinators.

As well as the specific festive activities, other now "traditional" events were also held, such as health and cultural seminars, cinema evenings, a range of courses and workshops. Outings and visits were also organised and co-operative team meetings, as well as meetings for the secretaries, spokespeople and co-ordinators. The scope of the seminar programme, which dealt above all with medical issues, covered the whole of Barcelona province, with sessions held at most of the Assistència Sanitària regional offices.

The SUD service turns 25

Dr. Gerard Martí, Deputy Medical Director of Barcelona Hospital, and Dr. Ignasi Orce, President of Assistència Sanitària Col·legial, with those taking part at the soirée.

Members of the SUD team.

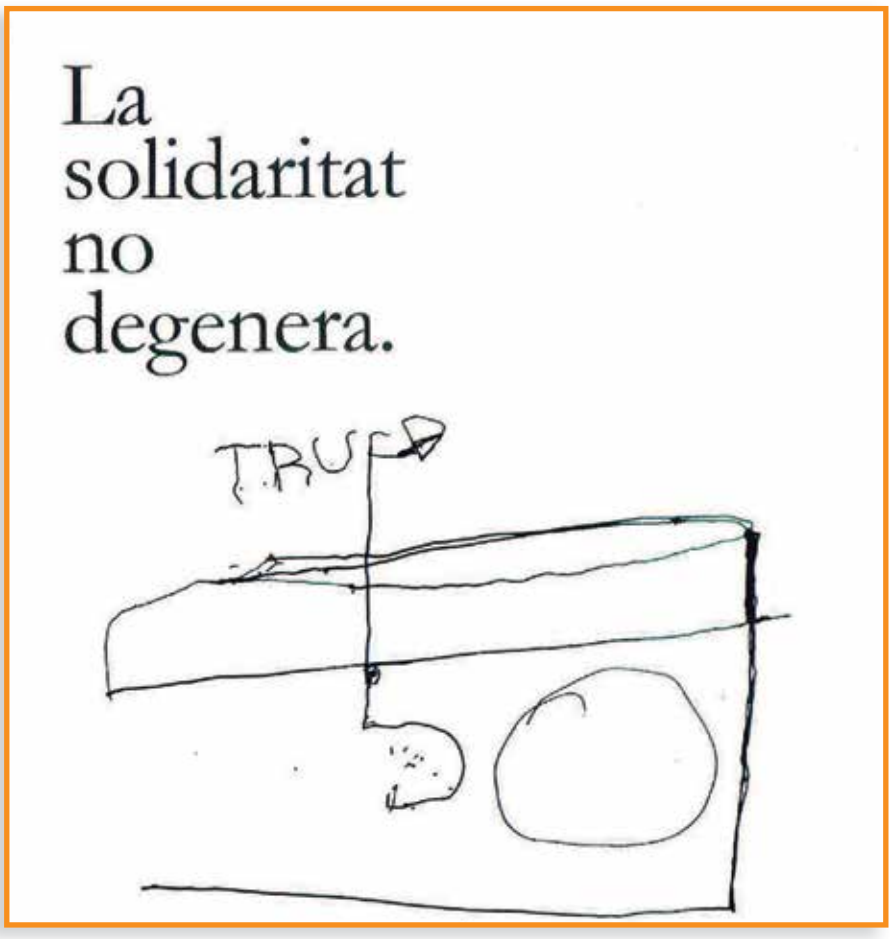
The SUD has performed one and a half million visits, courtesy of 450 doctors, who have covered a total of 13 million kilometres in 168 vehicles.

On the evening of 1 October, an event took place in Barcelona to mark 25 years since the establishment of the SUD Home Emergency Service provided by Assistència Sanitària at the SCIAS Barcelona Hospital. This event was attended by more than 300 people, both members of the SUD itself and managers of other Barcelona Hospital services, as well as a range of departments in the organisation. The presentations given by Dr Ignacio Orce and Maria Teresa Basurte, the Presidents of Assistència Sanitària and SCIAS, respectively, and by Dr Josep Martínez, the Head of the SUD, illustrated the progression of a service over the course of 25 years which provides every day unending outstanding quality care. The performer, Jordi LP, then gave a comedy show which was followed by a buffet for all those attending.

The SUD was set up with the clear intention not to replicate the problems that had occurred in other hospitals, and to avoid the situation where 85% of cases dealt with by the emergency services are non-urgent, as indicated by numerous studies, and could be handled by other healthcare departments. Today, the immediate medical attention offered to Assistència Sanitària insureds is one of the organisation's pioneering services. and provides an example for other services working in the same context. The figures speak for themselves: since the SUD was created, one and a half million visits have been carried out by 450 doctors, who have covered a total of 13 million kilometres in 168 vehicles.

Through increasing the areas it operates in since it was set up, the SUD now provides patients with a doctor at home in an average time of under 30 minutes in the city of Barcelona. It has recently renewed its fleet of vehicles and this is the reason that indicators show that the levels of satisfaction have gone up among users. The team of doctors, administrators and telephone operators work 24 hours a day. Over the years the SUD has established itself as a flagship service for Assistència Sanitària policyholders, and it enjoys a well-earned reputation and a high level of satisfaction among the patients who have made use of its services.

Assistència Sanitària contributes to the TV3 Telethon, dedicated to neurodegenerative diseases



Dámaso Gracia Ube, who has been suffering from Alzheimer's for 5 years, designed the poster for the Marató de TV3 telethon.

For the third year running, Assistència Sanitària has collaborated with the La Marató telethon on TV3, which was held on 15 December. This time the funds raised will be dedicated to research into neurodegenerative disease. With the increase in the average age of the general population, this type of chronic pathology is becoming more frequent, representing a serious health problem for elderly people, and an added complication for their carers.

Throughout the day the television programme screened a series of contributions from eminent doctors in this field, with accounts from sufferers and their families which demonstrated the specific issues faced by these individuals. Representatives of Assistència Sanitària and SCIAS were on hand at the telephone donations switchboard, adding their assistance to the work of the volunteers. At times like the present, with the decline in the resources dedicated to science becoming apparent on a daily basis, it is important to call for solidarity and responsibility across the whole society to raise funds which will develop research already begun in these fields, and which effect so many people either directly or indirectly.

Assistència Sanitària has been aware of this issue and is hoping to demonstrate its main objective through its collaboration which is to support its insureds throughout their life, providing an appropriate, effective and satisfactory response for patients and their families.

Centenary of the birth of Dr Espriu

Josep Espriu Castelló was born in Santa Coloma de Farners in 1914. The family move to Barcelona, because of his father's work as a notary, his own calling as a doctor and subsequent medical studies, the mark left by the Civil War on the family, his work as a doctor very much aware of the relationship with patients, all served to prepare Dr Espriu to be the instigator of a highly ambitious project: co-operative healthcare. Begun in Barcelona with the creation of Assistència Sanitària Col·legial in 1957, followed by the doctors' co-operative Autogestió Sanitària, and later spread across Spain through the creation of ASISA and the Lavínia co-operative of doctors, Dr Espriu's project was crowned by the creation of the SCIAS medical users' co-operative, the owner of Barcelona Hospital, and the creation of the network of hospitals and clinics managed by ASISA. Over the years, the various co-operative bodies born out of the conviction, drive and tenacity of Dr Espriu came together to create the Espriu Foundation, which was to promote the co-operative healthcare ideal around the globe. The Espriu Foundation created and chaired the International Health Co-operatives Organisation as a branch within the International Co-operative Alliance.

This year we celebrate the centenary of the birth of Dr Espriu and, by a happy coincidence of calendars, the centenary will also coincide with the anniversaries celebrated by initiatives linked to his project. Barcelona Hospital, for example, will be marking 25 years as an international benchmark among co-operative hospitals, while Moncloa Clinic, the flagship of the ASISA project, turns 20. The celebrations also coincide with the golden jubilee of Vistahermosa Clinic in Alicante, which ASISA has managed since 1989.

Given all these overlapping anniversaries, over the course of 2014 our magazine will have the opportunity to focus its monograph sections on the figurehead of Dr Josep Espriu Castelló, and the hospitals and clinics he helped to found. It will be a chance to set out his vision of a health system offering the very best care, and to explore how he devised and implemented the most efficient forms of co-operative management. All with a view once again to celebrating the absolute relevance which the co-operative ideals of Dr Espriu, our founder, still enjoy.

Dr Espriu had a vision of a health system which would offer the very best care, and also devised and implemented the most efficient forms of cooperative management.

The co-operative movement is saddened by the loss of life and the damage suffered by the Philippine people as a result of Typhoon Yolanda.

Thousands of lives have been lost, while many more people have been left homeless. We have been in contact with our members in the Philippines who are attempting to evaluate the situation in what are very difficult circumstances.

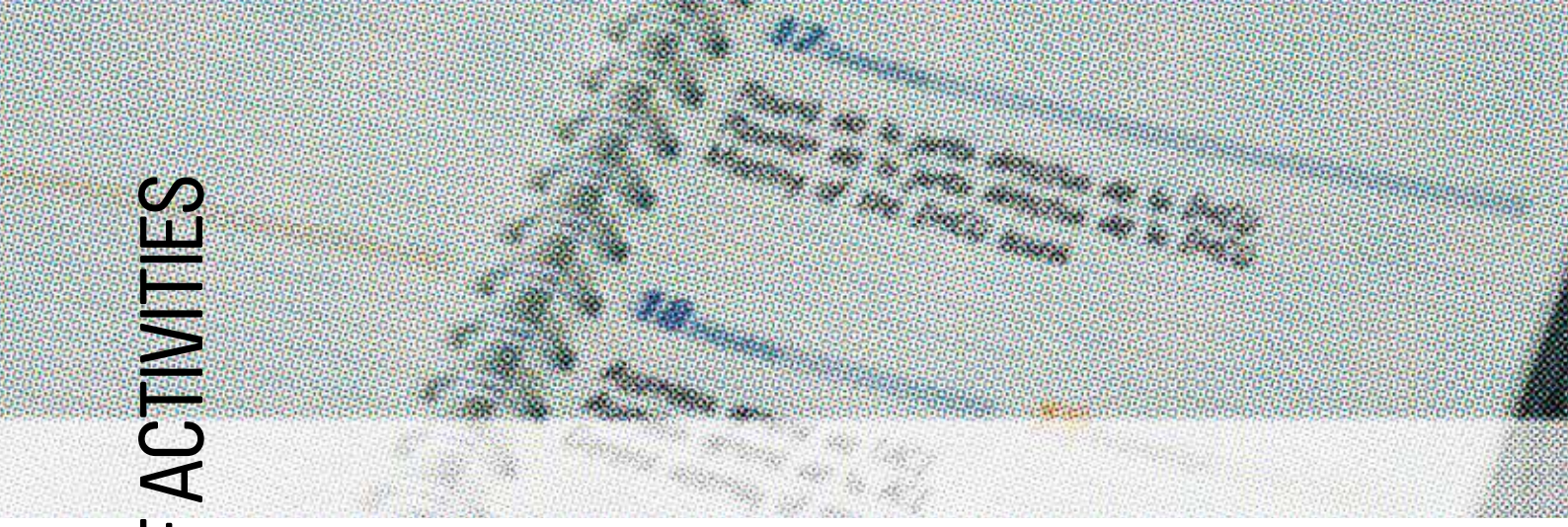
Over recent years the International Co-operative Alliance has acted as a channel for donations by members to support recovery operations. We did so in 2010 after the earthquake in Haiti, and in 2011 following the Japanese tsunami. We have now established a Recovery Fund to be employed in response to Typhoon Haiya.

You will no doubt receive many requests for help in response to this disaster, and you may also have your own preferred charitable organisations. We would encourage you to continue supporting the humanitarian efforts that you trust. The Alliance Recovery Fund will be different, focusing on reconstruction and efforts to restore everyday life and housing based on a co-operative model..

The spotlight will have shifted from the Philippines within a few weeks. When this happens, years of dedication and work will still be needed. Our intention is to ensure that the recovery continues once the cameras have gone.

If you would like to support us and to co-operate in the rebuilding programme,
you can send your donations to the International Co-operative Alliance:
Payee: Alliance Coopérative Internationale
Bank: KBC // Account number: 734-0382579-20 // IBAN: BE28 7340 3825 7920 // BIC/Swift : KREDBEBB

Thank you for your commitment
and support - our colleagues in the Philippines will be very grateful.



PROGRAMME OF ACTIVITIES

16/17 January 2014

European Congress on entrepreneurship and social economy

The European Commission will be staging a European Congress in Strasbourg on entrepreneurship and the social economy. The Congress is promoted by the European Economic and Social Committee (EESC) with the aim of analysing the role of and opportunities provided by the sector in the light of the numerous provisions approved over recent years by the institutions of the European Union in favour of the social economy. The event will provide a wonderful occasion for all those interested in the social economy and who see it as a sector for social enterprise with a commitment to all European citizens.

25/28 June 2014

ICA Co-operative Research Conference

The ICA's Co-operative Research Committee is staging an international research conference from 25 to 28 June 2014 at Juraj Dobrila University in Pula, Croatia. The conference will bring together researchers and students from co-operative enterprises and the social economy, along with other fields of co-operative research, providing an opportunity for them to share experiences with local co-operatives.

3/4 April 2014

Co-operatives Europe Assembly

The European regional branch of International Co-operative Alliance is staging its General Assembly on 3 and 4 April 2014 in Warsaw, Poland. The event is organised by the National Co-operative Council Poland.

10 April 2014

IHCO Board meeting

The Board Meeting of the Council of the International Health Co-operatives Organisation (IHCO) will be held on 10 April in Barcelona. It will be chaired by Dr José Carlos Guisado, CEO of the Espriu Foundation.

6/9 October 2014

International Summit of Co-operatives

This Summit is held biennially and provides a platform for leaders from the co-operative and mutual society world who wish to raise their concerns about current and future challenges. The Summit presents the possibility to establish a global network that could create a real sphere of influence in political and economic terms ensuring that co-operatives assume their rightful place on the global economic stage. On this occasion, one of the main themes of the summit will be access to health care and health services.

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The Espriu Foundation, at the forefront of health co-operatives worldwide

Every year co-operatives from all round the world gather at the General Assembly of the International Co-operative Alliance. This alliance, which dates back more than a century and a half, defines international priorities, recognises emerging co-operative movements, and serves as a single forum for dialogue among co-operatives. The ICA co-ordinates, gives voice to and represents the co-operative movement before such major international organisations as the United Nations, the International Labour Organization, as well as intergovernmental organisations on each continent. The ICA assembly held in Cape Town, South Africa, last November, demonstrated the desire to support the co-operative movement on a continent, Africa, where co-operation is well rooted in community traditions.

Cape Town was also the venue for the meetings held by the sectoral organisations of the ICA. **| compartir |** chose to emphasise the seminar which brought together health co-operatives and those from the industrial, arts and crafts and service sectors. In South Africa these two branches of co-operation defined different ways in which they could collaborate with one another in order to maintain their efficiency, given their impressively extensive presence worldwide: there are some three hundred million people whose healthcare provision is provided by co-operatives; more than two thousand co-operative schools operate worldwide, without mentioning that 10% of old people in Europe live in residential accommodation created by co-operatives. The Espriu Foundation played a key role in the development of the assembly's work in South Africa, and its representative, Dr José Carlos Guisado, was elected a member of the ICA Council, and re-elected as President of the International Health Co-operatives Organisation (IHCO).

THE GLOBAL CONFERENCE OF THE INTERNATIONAL CO-OPERATIVE ALLIANCE, WHICH GATHERED IN NOVEMBER IN CAPE TOWN, SOUTH AFRICA, DECLARED THAT AFRICA HAS OPENED ITS EYES TO CO-OPERATIVES.

Cape Town hosts co-operative movement

José Pérez

The International Co-operative Alliance (ICA) held its Global Conference during the first week of November in Cape Town, South Africa. It was attended by more than 1000 people from 88 different countries and was the co-operative movement's first General Assembly to be held on the African continent. The conference represented an important milestone on the way to achieving the objectives set out in the 2010 Vision statement. In the words of Tepsy Ntseoane, the President of South African Women in Co-operatives: 'The ICA Global Conference was an eye-opener for Africa.'

ICA President, Dame Pauline Green, reported to delegates on the key events over the past four years: "When the International Co-operative Alliance board was elected in 2009, it set out a programme of radical change. These changes would make it an important voice for the global movement," said Dame Green. She went on to say that the Alliance now "influences global institutions and media".

The President of the ICA recalled the major step forward taken by the co-operative movement when the UN designated 2012 as the International Year of Co-operatives. She said that the possibilities provided by this initiative had been exploited to the full and the opportunity to make internal changes had been taken.

Dame Green explained that there had been a move to decentralise to the benefit of the regions, and also to improve the distribution of subscriptions. "In 2007, the global office kept 83 per cent of subscriptions paid by members and distributed 17 per cent to regional offices," she said. She also spoke about the various sector organisations, saying that "there was no funding to sectors and this had to change. By 2011, the much valued business sectors re-

«Charles Gould: co-operatives are a growing and sustainable form of enterprise, a message of hope which is particularly necessary and opportune at this specific point in history.»

The new ICA Council, with José Carlos Guisado and Eudes Aquino, on either side of its President, Pauline Green.

ceived ten per cent of the global subscription funding". She also explained that there had been reductions in costs, above all in terms of personnel, which had fallen from 80% of the budget to less than 50%, as well as a diversification in sources of revenue.

Meanwhile, ICA Director, Charles Gould, told the Assembly that the foundations had been laid for The Co-operative Decade, the design of a new corporate image, and the establishment of the Blue Ribbon Commission to address the funding of co-operative growth and to study sustainability data. Regarding the *Blueprint for a Co-operative Decade*, Mr Gould said that this contains one key message: "Co-operatives are a growing and sustainable form of business, and this is a message of hope and promise that is very much needed and welcomed at this particular point in history".

Mr Gould also reported that transferring the organisation's headquarters from Geneva to Brussels had been completed and announced that the ICA has now been registered in accordance with Belgian law as a not-for-profit association. The ICA is hoping to share its offices with other co-operative organisations located in the Belgian capital.

During the Assembly, the new Global Board, which will steer the path of the co-operative movement over the next four years, was elected. As well as the re-election of Britain's Pauline Green as President, mention should also be made of the election of the Espriu Foundation CEO, José Carlos Guisado, as a member of the board representing the varioius sectors, and also of Eudes Aquino, President of Unimed do Brasil. For the first time in the history of the ICA, two health sector representatives will be sitting on the highest governing body of the institution.

HEALTH CO-OPERATIVES GENERATE A DISTINCTLY POSITIVE EFFECT (KNOWN AS THE COMMUNITY EFFECT, OR POSITIVE EXTERNALITY, IN ECONOMIC TERMS), UNDERPINNING THE WELL-BEING OF A SOCIETY.

A separate space for health co-operatives

JOSÉ CARLOS GUISADO
José Carlos Guisado, President of the International Health Co-operatives Organisation

Cape Town staged the General Assembly of the International Co-operative Alliance (ICA) and also the assembly of the International Health Co-operatives Organisation (IHCO), which is a part of the ICA. At the former event Dr José Carlos Guisado was elected as a member of the ICA Council, and at the latter was re-elected as President of the IHCO.

The International Health Co-operatives Organisation (IHCO) is the official sectoral health branch of the International Co-operative Alliance (ICA), and traces its history back to 1996 in Costa Rica, following a series of preliminary initiatives which began at the Alliance's assembly held in Tokyo in 1992.

It became clear there that co-operative healthcare organisations occupied their own space within the range of co-operatives across the world, highlighting the need to set up a specific sectoral body.

From its very beginnings the IHCO set about bringing together and promoting health co-operatives from around the world so that they could work together to learn about their

«The co-operative system provides appropriate structures offering doctors and patients healthcare based on principles of fairness, participation and self-management, excluding the interests of investors and shareholders.»

similarities and differences in terms of operational approaches through the exchange of ideas and experiences, while also addressing the need to explain our ideas and experiences to the global community.

Because the fact is that the co-operative system provides appropriate structures offering doctors and patients healthcare based on principles of fairness, participation and self-management, excluding the interests of investors and shareholders. They are enterprises which operate on the basis of the principles of the so-called Social Economy, but likewise compete in the marketplace on equal terms.

Also from its outset, the IHCO has aimed to bring together all co-operative organisations dedicated to health, irrespective of their initial structural formation. In other words to group together consumer co-operatives, service provider cooperatives and those which we believe offer fundamental value-added in terms of health, namely those co-managed by users and professionals, which have been founded around the world following the inspiration of the ideas of Dr Josep Espriu, with Spanish organisations playing a prominent role among them.

Meanwhile, health co-operatives have a clearly positive effect (known as the community effect or positive externality, in economic terms) on social well-being. To begin with, they provide a substantial volume of employment for the medical professionals who belong to the co-operatives. Furthermore, patients receive healthcare provision from the co-operative rather than using national health services, reducing their workload and helping to save public resources, which is also to the benefit of society.

In the current economic context, the rising costs of healthcare represent a substantial financial burden for governments who are faced with the need to offer medical care to an increasingly long-lived a population, with increasingly costly treatments.

It has been shown that health co-operatives have a particularly important role to play in addressing these challenges.They can act as a supplement, or even an alternative, to national health systems, while covering shortfalls in those countries where healthcare is inadequate. There are a diverse number of possible formulae, and these can be adapted to the needs of the populace.

The flexibility and capacity for adaptation of the co-operative model in relation to healthcare have helped it spread throughout the world, providing millions of people with access to healthcare. According to the *World Co-operative Monitor* published by the ICA in 2012, 62 co-operatives or co-operative groups working in the field of health have been registered in 18 countries, with a turnover in excess of 20 billion dollars. In the current report, for 2013, the figures have increased to a total of approximately 21.8 billion dollars, providing services to more than 3 million people. The Espriu Foundation is ranked in third place internationally.

Our objectives over the coming decade are essentially to undertake a global study of all health co-operatives in existence, as many of them are not included in the aforementioned figures, while also raising the profile of this model to the level which it clearly deserves. We will also be acting with all governments to demonstrate the ideas behind our organisation and our experiences emphasising and publicising the clearly proven contribution made by healthcare cooperatives in withstanding the crisis and improving health conditions of the highest quality across the globe, including the possibility of close collaboration with such global organisations as the WHO and others with a clear social influence.

THE GROWTH OF AFRICAN ECONOMIES HAS LED TO THE PROMOTION OF WOMEN AT CO-OPERATIVE ENTERPRISES AND IN POLITICS.

Modernity and tradition hand-in-hand in Africa's co-operatives

The ICA assembly, an opportunity for African co-operatives

Josep Maria Ferreiro

It is about a change in perspective. Often perceived simply as a means out of poverty, co-operatives must also be understood as an enterprise model, a means of promoting efficiency, prosperity and also the equitable distribution of business profits. However, the tension between a co-operative model suited only to situations of vulnerability, and co-operatives seen as a business model, is often clear to see. This tension was particularly visible at the International Assembly of the International Co-operative Alliance, which was held in Cape Town, South Africa, between 1 and 5 November 2013. According to Tepsy Ntseoane, President of South African Women in Co-operatives, speaking at one of the Assembly's sessions,"Co-operatives are the vehicle for the promotion of an inclusive model of economic growth". "We can be successful enterprises," she insisted within a context which brought together the good and the best of the international co-operative movement. She spoke together with Simel Esim, director of the co-operative branch of the International Labour Organization: "Co-operatives are not merely small companies," he asserted. "We need to ensure that their voice is heard. We need to get this message out to our leaders who are making these decisions about laws, policies and allocations. We need to get this message out to the private sector as well because co-operatives could help make the value chains more competitive and fairer at the same time."

The key challenge, in the South African context, is the funding of co-operatives, hence the repeated calls during the working sessions at the assembly for African governments to offer subsidies to this type of enterprise when working as part of the social economy. Basic support would help start up projects which would then rapidly become of interest to the banking sector: "The financial sector will get involved once it is offered a solid business plan," argued Tepsy Ntseoane, while emphasising that another major challenge is a lack of training, the fragility of the skills of workers who come together at a co-operative.

"We need to think big, though," said the ILO representative. Co-operatives are much more than good instruments for the economic development of small communities. "We need to forge chains in which the development of agriculture, the expression of values and African commercial networks are well integrated." Eslim proposed as a model to follow "the co-operatives' paradise" of Québec.

A solution to youth unemployment

The Regional Director of the International Co-operative Alliance in Africa, Dr Chiyo-

Dr Chiyoge Sifa, of Kenya, Regional Director of the International Co-operative Alliance in Africa.

> **«Dra. Sifa: co-operatives are nonetheless active in all sectors, and could be more so. Co-operatives in fact train young people and start them out in the world of work in numerous fields of the economy.»**

ge Sifa, highlighted throughout the ICA assembly that co-operatives are a part of the solution to youth unemployment. Through its Youth Network, the ICA has managed to get them involved in decision-making at the highest level. With two hundred million young people across Africa and an average youth unemployment rate of 60%, Dr Sifa was at pains to show how co-operatives are nonetheless active in all sectors, and could be more so. Co-operatives in fact, she insisted, train young people and start them out in the world of work in numerous sectors of the economy.

Chiyoge Sifa, Professor of Policy Management at the African Nazarene University in Kenya, cited as an example a joint project of the African section of the ICA and the United Nations Research Institute for Social Development, which has led to clear growth in agricultural co-operatives in Kenya. "This model could be repeated in numerous African countries," she said, before detailing the steps being followed by the new co-operative development strategy promoted by the ICA in Africa. In accordance with the ICA's Blueprint for a Co-operative Decade, the strategy is based on five themes: participation, identity, sustainability, capital and legal framework.

The assembly also listened keenly to the words of Stanley Muchiri, Vice-President of the ICA for Africa, who called for support of African co-operatives, mainly in the field of agriculture. "It is a sector in need of greater attention," argued Mr Muchiri, in order to guide farmers towards those products for which there is genuine demand on the domestic market. ICA Africa will be dedicating resources over the coming years to convincing governments to offer support to farmers allowing them to feed the growing population of our countries." Stanley Muchiri presented the ICA with a challenge: "Africa aims to be a key agent in the international co-operative movement, which means that the ICA will need to dedicate more intensive efforts to our situation."

Co-operation, a hallmark of African culture

One of the opening addresses at the international assembly came courtesy of Zimbabwean politician Sithembiso Nyoni: "Our economies are growing, at times at a faster pace than those of the developed world." This growth has led to genuine promotion for many women, who have taken on roles at companies, above all co-operatives, but also in politics. Ms Nyoni's tone was testimonial: Africa is on the move, women are in the lead, walk with us. The major agricultural operations have realised that they cannot progress

Sithembiso Nyoni, of Zimbabwe, gave one of the opening addresses at the ICA assembly.

«Dr. Nyoni: As Africans we are used to working together to bringing in the harvest when it ripens, to building houses collectively, to performing all manner of tasks as a group.»

without small-scale undertakings. Co-operatives become essential in such a context: because they can be inclusive, adaptable to economic change, and can provide a more balanced leadership ratio between men and women.

Sithembiso Nyoni emphasised the value of co-operation as a distinctive hallmark of cultural communities across all of Africa. And therefore, modernity and tradition go hand-in-hand at African co-operatives. "Co-operatives are the way in Africa, I'm saying that because this is not a new model for Africans. As Africans we are used to organising ourselves to go and plough the crops together; to build homes together and to do certain tasks together. The only difference is that we were not registered," said Ms Nyoni. "It's now time to modernise this concept and to be a part of the global movement. Co-operatives bring together those who are usually pushed into the margins. Co-operatives are the best model to take Africa to the next level."

Fourteen African countries share co-operative goals

The timely decision to stage the ICA general assembly in South Africa brought about rapid returns. The 10th African ministerial meeting to discuss co-operatives was staged in Rwanda in November 2013, shortly after the Cape Town assembly. 14 ministers came together to lend support to the development of the co-operative movement in their countries. The Prime Minister of Rwanda, Dr Pierre Damien Habumuremyi, opened the session by declaring: "this year creates an opportunity for the global co-operative movement and has allowed governments across the world to debate co-operatives and reach decisions for their future." According to Dr Habumuremyi, it is a question of promoting regulations and legislation to support co-operatives: "Co-operatives open the way to economic development, and offer a dynamic and flexible enterprise model."

Pauline Green, President of the International Co-operative Alliance, who also took part at the meeting, expressed her faith in Africa's ability to respond to the food crisis which will become manifest once the global population reaches nine billion by 2050. "We have the responsibility to make a significant contribution to improving food security. We have the financial and agricultural knowledge to build an independent network and a sup-

Pauline Green, President of the International Co-operative Alliance, with Mary Mercy Munene, of Kenya, who was involved in the debates in Cape Town.

«Pauline Green: We have the financial and agricultural knowledge to build an independent network and a supply chain which could become a significant building block for the development of the whole region, and not only in the field of agriculture.»

ply chain which could become a significant building block for the development of the whole region, and not only in the field of agriculture."

The title of the meeting was "Co-operatives build a better Africa", and the debates at the symposium resulted in a number of agreements. The resolutions passed aim to promote the introduction of new laws and policies to support co-operatives, the project for the creation of regional and national financial co-operatives, and to guarantee training processes for the creation and sustainability of co-operatives. Resolutions were also passed in the field of inter-co-operation (collaboration and trade between co-operatives) and tax benefits for social economy enterprises.

This raft of recommendations makes up a plan which will be implemented in all the countries involved in the meeting by 2015: Angola, Algeria, Botswana, Burkina Faso, Burundi, Cameroon, Congo Republic, Egypt, Equatorial Guinea, Ethiopia, Gabon, Gambia, Kenya, Lesotho, Malawi, Mali, Mozambique, Namibia, Rwanda, Swaziland, South Africa, South Sudan, Tanzania, Togo, Uganda, Zambia and Zimbabwe.

Meeting of African ministers in Rwanda to define policies to support the co-operative movement.

DURING THE STAGING OF THE ICA ASSEMBLY IN CAPE TOWN, THE INTERNATIONAL HEALTH CO-OPERATIVE ORGANISATION, IHCO, AND THE INTERNATIONAL ORGANISATION OF INDUSTRIAL, ARTISANAL AND SERVICE PRODUCERS' CO-OPERATIVES, CICOPA, ORGANISED A SEMINAR.

Social needs, co-operative responses

Jose Pérez

Teresa Basurte, President of SCIAS and the Espriu Foundation, explains Barcelona Hospital's experience of participation..

The universal declaration of human rights decrees that every person has the right to health care, education, social services and housing. These are the basic needs of individuals which demand specific responses from society. Over recent decades, however, there have been far-reaching changes in societies worldwide. Family structures have been radically altered, women have progressively joined the workforce, and people are frequently forced to travel far from their place of origin in order to work. This society in constant flux must still, though, continue to offer a response to the fundamental needs of people, including certain new necessities such as those connected with the environment.

Co-operatives, as an expression of the needs and aspirations of citizens, have traditionally been a natural and appropriate solution to the fulfilment of social needs. Co-operatives are in general managed by people who have some form of interest in the objective of the co-operative itself. This serves to establish beneficial synergies between the different actors involved: public authorities, users and service providers. This in turn guarantees participation in decision-making by all stakeholders, so that the responses offered are the most appropriate possible in the general interest.

The showcasing of this and other benefits offered by co-operative enterprises in general interest service provision was the priority aim of the session held on 3 November in Cape Town, within the context of the Global Conference of the International Co-operative Alliance, or ICA.

The structure was based on the 5 strategic areas of the Blueprint for a Co-operative Decade: participation, sustainability, identity, legal framework and capital. A series of roundtables were held, at which co-operative experts and leaders addressed the achievements and future challenges of different examples in which co-operatives have become the channel providing citizens with access to general interest services.

The seminar, which was organised by the International Health Co-operatives Organisation (IHCO) and by the International Organisation of Industrial, Artisanal and Service Producers' Co-operatives (CICOPA), began with an overall presentation of those sectors in which co-operatives are involved in the provision of general interest services. The figures which were announced were striking in their magnitude. For example, 300 million people worldwide have their health care needs met by co-operatives, while there are more than 2100 co-operative schools, and 10% of European citizens live in accommodation of co-operative origin. Such data confirm the major impact generated by co-operatives in society.

«Society is in constant flux and must continue to respond to people's fundamental needs; and even some new requirements, such as those associated with the environment.»

Participation

The first roundtable, moderated by journalist Peter Eneström and involving Sarah Alldred, Director of International Programmes at the Cooperative College; Teresa Basurte, President of the Espriu Foundation and Patrick Lenancker, President of the Confederation of Production Co-operatives of France, addressed the issue of participation. Co-operatives are enterprises to which their members belong, playing an active role in defining corporate strategy, management and oversight of corporate performance. It is increasingly common for the co-operatives which provide society with services to include among their members the service providers, the service users, public authorities and representatives of civil society, all of whom play an active role in the enterprise, with decision-making powers through their votes.

One shining example would be Barcelona Hospital, owned by the SCIAS co-operative and featured in the presentation given at the session by its President, Teresa Basuarte. The Barcelona-based health centre provides a successful case study thanks to the active participation in daily management by consumer members and worker members of the SCIAS co-operative, engaged shoulder to shoulder with the doctor members of the co-operative Autogestió Sanitària.

Mr Lenancker explained the energy management model implemented by the French co-operative Enercoop, which was set up as a result of the deregulation of the energy market in France. It is characterised by the involvement in the project of different actors with potentially opposing interests (producers, consumers, associations, authorities and employees), and is governed by a democratic model based on the "one person, one vote" principle.

Debate on co-operative groups, with contributions by Dr José Carlos Guisado.

Intercooperation, environment and sustainability

The President of Unimed Brasil, Eudes Aquino, who shared the table with the CEO of the Espriu Foundation, José Carlos Guisado, and with the President of the Italian Mestieri Consortium, Mauro Ponzi, declared the importance of networking and the shaping of horizontal strategies for collaboration among medical co-operatives in allowing the development of the Unimed group, which is today the most popular non-public health option in Brazil on the part of both doctors and patients, and is considered the largest co-operative health care group in the world.

José Carlos Guisado emphasised how the Espriu Foundation has developed from the original vision of its founder, a network of health care co-operatives extending across Spain, adapting to different regional nuances and consolidating its position as a leading player in the sector after more than 50 years in operation.

«Co-operatives do not relocate offshore, but are rooted in the local community and managed by local agents who are in the best position to respond to local needs.»

Pedro Razquin explains ASISA's equity consolidation process.

Mauro Ponzi recounted the example of Consorzio SIS, founded in Milan in 1995 and today grouping together 30 co-operatives delivering social services providing third-age and disabled care, child care, the integration of vulnerable individuals within the labour market, and administration of social housing.

One of the innovative aspects incorporated by co-operatives and supporting their sustainability is a commitment to the social and environmental development of the local region. Co-operatives do not relocate, but are rooted in the local community and are managed by local agents who are in the best position to respond to local needs. Rebecca Campbell, President of the US Federation of Worker Co-operatives, presented the example of the Evergreen co-operative, founded in 2007 in Cleveland, Ohio, by the city council, the university and a number of local organisations. This American co-operative has created an innovative model for the creation of employment, wealth and sustainability based on ecological activities. The enterprise, which is owned by its workers, provides a decent salary to residents in depressed areas of the city, supporting social inclusion in the development of the local economy.

Financial instruments and public policy

Another of the key aspects affecting the functioning of co-operatives providing general interest services is financial management and the implications of the legal framework within which they perform their operations. In this regard Pedro Razquin, financial adviser of ASISA, a co-operatively owned enterprise providing health services, explained how, through the reinvestment of surpluses and efficient resource management, over recent years the organisation has consolidated its asset position and increased its worth by a percentage three times greater than the results obtained, placing it in a position which will allow it to embark in the near future on new investments in infrastructure, technology and patient care.

Adriano Soares recounted why Brazil's Unimed co-operatives need short- and long-term financial availability in order to guarantee the health services delivered to users. He explained that they employed for this purpose financial resources offering immediate short-term liquidity, along with long-term capital reserves which deduct between 3% and 4% from annual results.

Co-operative identity, a tool for social integration

One key element of co-operatives involved in delivering services to society is their sense of identity, above all in the case of co-operatives involved in the reintegration of vulnerable people into the labour market. By becoming involved in a co-operative, members are able to reassert their own social identity. That is vital in order for marginalised individuals to resume a full role in society. As demonstrated by the examples presented by Jose Orbaiceta of the Federation of Worker Co-operatives in Argentina. The Elefante Negro and Kbrones co-operatives have been set up by prison inmates, performing their work while they serve their sentences. Elefante Negro is a textile co-operative in the province of Corrientes with 25 inmate workers and 10 worker members, 2 of whom are subject to court orders restricting their civil liberties. The inmates see the co-operative as their own, and feel so-

Toshinori Ozeki, Vice-President of the Japanese health co-operatives, speaks about the co-operative identity.

cially respected while also acquiring economic independence and the job skills which will allow them to face the future without the risk of slipping back into a life of crime.

Toshinori Ozeki, Vice-President of the Japanese Federation of Health and Welfare Co-operatives, spoke of how co-operatives create health amenities and organise campaigns to promote health risk prevention and publicise healthy lifestyles. Mr Ozeki likewise emphasised the cohesive element of co-operatives, which above all comes to the fore in the event of such natural disasters and catastrophes as seen following the earthquake which affected north-eastern Japan in March 2011.

The seminar involve more than 200 people, including economist Paul Singer, the Secretary of State for the Social Economy in Brazil, and Roberto Rodrigues, the former Brazilian minister and former President of the International Co-operative Alliance. Mr Singer emphasised that "co-operatives serve not only to resolve society's problems, but also to increase social participation".

The President of the IHCO, José Carlos Guisado, and the President of the CICOPA, Manuel Mariscal, brought the session to a close, both of them conveying the message that co-operatives bring together different types of member: doctors and patients, teachers and students, social workers and beneficiaries, forming a vital element in the solution of social needs.

Dr. José Carlos Guisado, re-elected President of the IHCO

On 2 November Dr José Carlos Guisado, CEO of the Espriu Foundation, was re-elected as President of the International Health Co-operatives Organisation at the IHCO assembly in Cape Town, South Africa. A new global board for the institution was also elected, with Eudes Aquina, of Unimed do Brazil and Toshinori Ozeki, of Hew Coop Japan, as the new Vice Presidents. Elected to the board are Ricardo López, Argentinian Federation of Solidarity Entities, Vanessa Hammond, Health Care Co-operatives Federation of Canada, and Jagdev Singh Deo, Medical Co-operatives of Malaysia.

At the assembly, Dr Guisado reported on activities since the previous meeting in Mexico, in particular the conferences in Cancun, Mexico, in November 2011, and in Levis, Canada, in October 2012. He was happy to announce the success of the two gatherings, the high level of participation at each one and the richness of the content involved.

The delegates agreed that the IHCO should collaborate in organising the 2014 International Co-operative Summit to be held in Québec in October, 2014. This summit will address issues around access to health care and services via co-operative models.

It was also agreed to support the study entitled *Health Co-operatives of the World*, an international initiative which will be undertaken by a Canadian team in collaboration with the IHCO.

Dr José Carlos Guisado, re-elected President of the IHCO.

Jagdev Singh Deo, President of the KDM doctors' co-operative in Malaysia, explained that a plan to set up more than a thousand co-operative pharmacies over the next 5 years had been developed in Malayisa He reported on the work done and the difficulties that had cropped up in building a co-operative hospital. He also spoke about the investment that had been made in the only Malaysian company engaged in stem cell research.

Toshinori Ozeki presented a project which is being implemented at co-operative health centres in Japan. This aims to adapt health provision for the elderly in accordance with World Health Organisation guidelines. The project has three main activities: training of professionals, improved management systems and adaptation of the physical environment.

The Health Care Co-operatives Federation of Canada representative, Jean-Pierre Girard, explained to the assembly delegates that the current priorities of the organisation are home care, access to culturally appropriate services, and support for disabled people in accessing the labour market.

Eudes Aquino, President of Unimed in Brazil, spoke about the work being done by the Quality Innovation Centre which the Brazilian co-operative group has set up.

THE 2013 *WORLD CO-OPERATIVE MONITOR* IS A REPORT DRAWN UP BY THE ICA AND THE EUROPEAN RESEARCH INSTITUTE ON CO-OPERATIVE AND SOCIAL ENTERPRISES, EURICSE. IT GATHERS TOGETHER IMPORTANT FACTS AND FIGURES ABOUT THE GLOBAL CO-OPERATIVE MOVEMENT AND REFLECTS ON THE EXISTENCE OF CO-OPERATIVE ENTERPRISES IN MORE THAN 56 COUNTRIES.

The Espriu Foundation, the world's third-ranked health co-operative

Jose Pérez

The *World Cooperative Monitor 2013*, launched during the General Assembly of the International Co-operative Alliance (ICA) places the institutions which make up the Espriu Foundation in third position worldwide in its ranking classifying health co-operatives in accordance with their annual turnover. The study sees the Espriu Foundation rising one place from the fourth position it held in the 2012 edition.

Without taking into account the sector of activity, the ranking likewise establishes that the Espriu Foundation would be among the world's leading 250 co-operatives based on the same criteria. In this ranking it has risen from 244th position held the previous year, to 236th in this year's report.

One new feature of the 2013 edition of the *World Cooperative Monitor* is an indicator based on the ratio between annual turnover and GDP per capita in the country to which the organisation under analysis belongs. GDP is defined as the monetary value of the final output of goods and services by a country during a year. GDP per capita measures the purchasing power of a country, allowing it to be compared internationally. As a result, by relativising co-operatives' turnover in terms of GDP per capita, this establishes a more uniform indicator allowing for more precise comparisons. In the case of the Espriu Foun-

«Co-operatives are not small or marginal organisations, but represent a valid model as an alternative to conventional enterprises, the aim of which is purely economic profit.»

THE WORLD'S TEN LEADING HEALTH CO-OPERATIVES

Rank	Organisation	Country	Turnover *
1	HealthPartners Inc.	United States	3.860
2	Group Health Cooperative	United States	3.490
3	**Fundació Espriu**	**Spain**	**1.760**
4	Unimed Riu	Brazil	1.560
5	Unimed Paulista	Brazil	1.330
6	Unimed Belo Horizonte	Brazil	1.050
7	Central Nacional Unimed	Brazil	820
8	VHA	United States	700
9	Unimed Porto Alegre	Brazil	680
10	Unimed Curitiba	Brazil	660

*2011 TURNOVER IN MILLIONS OF DOLLARS

dation, the new indicator places it 187th out of the world's leading 300 co-operatives.

The report, drawn up by the ICA and the European Research Institute on Co-operative and Social Enterprises, EURICSE, includes other significant data on the global co-operative movement, covering co-operative enterprises in more than 56 countries, with a turnover in excess of 2.5 trillion dollars (1.9 trillion euros).

As for the health care sector, the document contains information on 53 co-operatives in 12 different countries, with an aggregate turnover of 20.840 billion dollars (15.128 billion euros).

In national terms, particular mention should be made to the position of leading Spanish co-operatives among the world's top 300. In addition to the Espriu Foundation's network of co-operatives, the rankings also include Mondragón, Eroski, Grup Asces, Consum and Croen.

Given the difficulty in obtaining comparable data, the *World Co-operative Monitor* attempts to reflect the economic impact of co-operatives, thereby demonstrating that co-operatives are not small or marginal organisations, but rather they represent a valid model which is an alternative to conventional enterprises which are focused purely on economic returns.

TOTAL CO-OPERATIVE TURNOVER BY COUNTRY

Rank	Country	Turnover*
1	United States	662.230
2	France	363.630
3	Japan	358.810
4	Germany	284.080
5	Netherlands	116.230
6	Italy	95.060
7	Spain	85.610
8	Switzerland	85.510
9	United Kingdom	84.150
10	Finland	64.110
11	Canada	52.330
12	Denmark	51.640
13	South Korea	39.390
14	Austria	31.390
15	Brazil	30.300
16	New Zealand	30.220
17	Norway	29.070
18	Belgium	23.380
19	Sweden	21.120
20	Australia	19.140
21	Singapore	5.300
22	Ireland	5.200
23	India	4.410
24	Colombia	3.230
25	Argentina	1.960
26	Portugal	1.910
27	Malaysia	1.700
28	Saudi Arabia	1.180

*2011 TURNOVER OF CO-OPERATIVE ENTERPRISES IN MILLIONS OF DOLLARS

A DEBATE HAS EMERGED AS TO THE IDEA OF "GROWTH", BECAUSE THE CONCEPT IS NOT DEFINED IN THE BLUEPRINT FOR A CO-OPERATIVE DECADE, UNANIMOUSLY APPROVED BY THE EXTRAORDINARY GENERAL ASSEMBLY OF THE INTERNATIONAL CO-OPERATIVE ALLIANCE HELD IN MANCHESTER IN OCTOBER 2012.

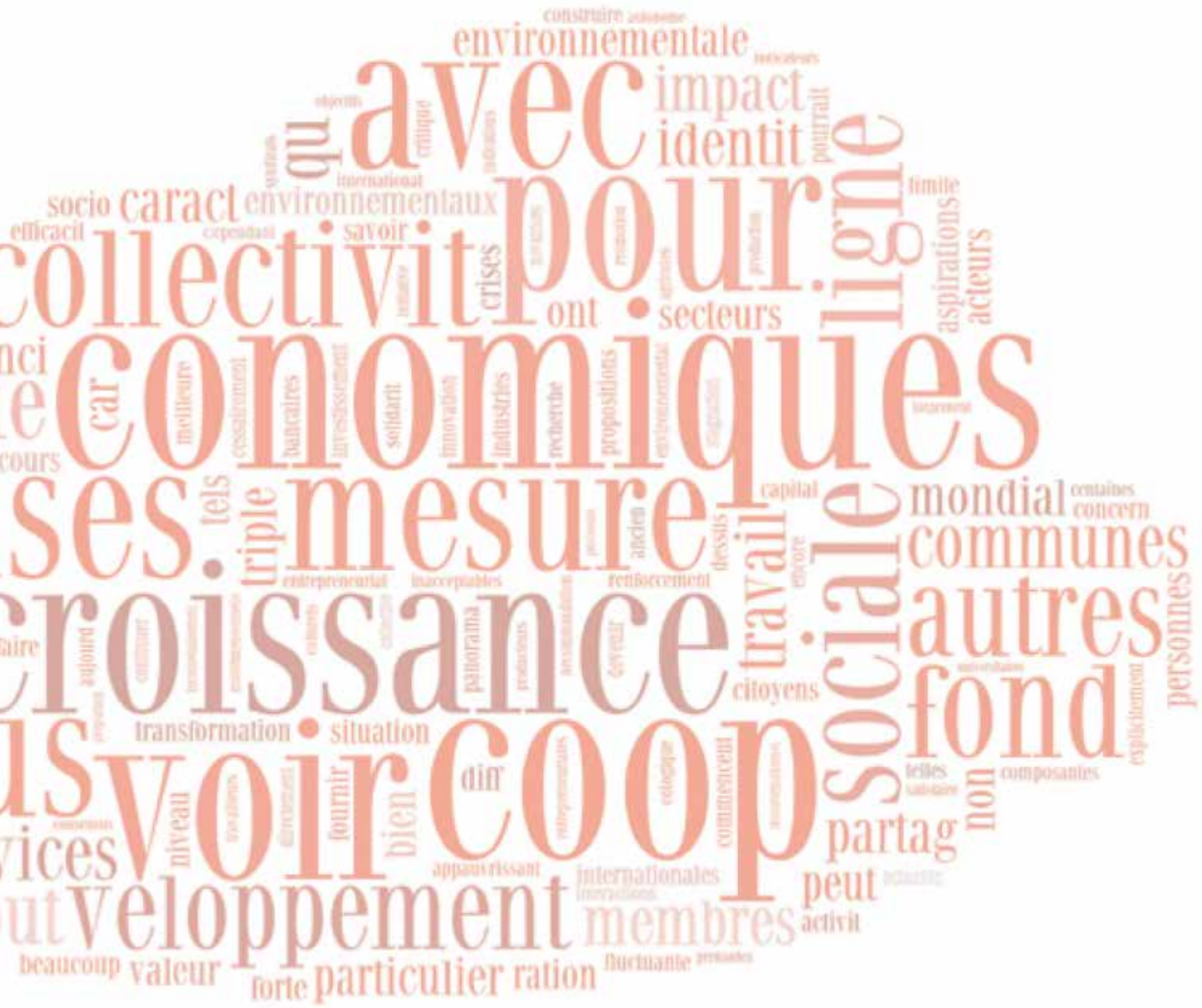
Measure the growth of co-operatives, of course! But what growth do we mean?

Claudia Sánchez Bajo & Bruno Roelants

The Blueprint for a Co-operative Decade, unanimously approved by the Extraordinary General Assembly of the International Co-operative Alliance held in Manchester in October 2012 to mark the International Year of Cooperatives proclaimed by the United Nations, declares the ambition that, by 2020, co-operative enterprises should have become "the fastest-growing form of enterprise".[1]

A debate has emerged, though, as to the idea of "growth", since the concept is not defined in the aforementioned document. The question is not a purely academic one. In fact, once we reach the 2020 deadline, how will we be able to evaluate whether cooperatives represent the fastest growing segment of the economy, and hence if the objective set out in 2012 has been achieved? What indicators should we be using to measure this "growth"?

[1] http://ica.coop/sites/default/files/media_items/ICA%20Blueprint%20-%20Final%20-%20Feb%2013%20ES.pdf



«Nobel Economics Laureates Joseph Stiglitz and Amartya Sen are questioning the relevance of GDP in measuring the economy.»

The easiest answer is to measure it on the basis of the evolution of the aggregate turnover of cooperatives, compared with the evolution of economic activity in general over the same period, aware that GDP (gross domestic product) is a fundamental figure here. This is the measure commonly used in the current context. But does it make complete sense when linked to the internationally recognised definition of what a co-operative is?[2]

A growing number of economists, including Nobel prizewinners Joseph Stiglitz and Amartya Sen, within the context of a special commission launched in this area by the French government,[3] and such public authorities as the state of Maryland in the USA, are questioning the relevance of GDP in measuring the economy. The fact that a US state, Maryland, has adopted the Genuine Progress Indicator (GPI), with 26 variables,

[2] A co-operative is "an autonomous association of persons united voluntarily to meet their common economic, social and cultural needs and aspirations through a jointly owned and democratically controlled enterprise", *Promotion of Cooperatives Recommendation*, 2002 (No. C 193), article 2, available at http://www.ilo.org/dyn/normlex/es/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:R193 [3] Commission on the Measurement of Economic Performance and Social Progress, http://www.stiglitz-sen-fitoussi.fr/en/index.htm

[3] Commission on the Measurement of Economic Performance and Social Progress, http://www.stiglitz-sen-fitoussi.fr/en/index.htm

«Most co-operatives tend to pursue a threefold economic, social and environmental logic, while their overall turnover does not reflect their contributions to development.»

has attracted the attention of authorities and institutions in various countries.[4]

The fact is that GDP, namely the sum of economic transactions, is not a completely truthful reflection of the real economy, and may even be deceptive in not providing reliable information about the economy (for example, when the GDP of the USA was booming just before the outbreak of the major crisis of 2007-2008) on the one hand, while giving a positive value to factors such as the proliferation of diseases and the cost of curing them, since any transaction is welcomed as an increase in GDP. Consequently, a preventative medicine could be seen as a potential reduction in the rate of GDP growth.

It is vital to acknowledge that neither GDP nor mere aggregate turnover is capable of reflecting the full extent of the multi-dimensional contribution made by cooperatives in satisfying the social and economic needs and aspirations of populations, which require a high level of efficacy and sustainability, both socially and economically, a factor which, according to an increasingly widespread interpretation within the co-operative movement of the seventh co-operative principle of community commitment, also includes environmental sustainability. Most co-operatives tend to pursue a threefold economic, social and environmental logic, while their overall turnover does not reflect their contributions to development. And so to assert that aggregate turnover should be the main compass guiding growth would be to overlook the great opportunity to measure their mission.[5]

The co-operative movement could, through a global consultation, select a series of indicators to measure its growth, including the accumulation of common reserve funds, employment, levels of social protection, levels of inclusion and fairness, the ability to retain knowledge at enterprises, social innovation and the impact on sustainable regional development of an ecological nature.

Once the measurement indicators and baseline hypotheses have been selected, it would be appropriate to perform a pilot project, selecting a few regions where the public authorities are prepared to collaborate in the implementation of the measure, both for cooperatives and the rest of the local economy. Use of the measurement system could then be extended to other regions, and gradually to the rest of the world. In this way the pilot regions would contribute reliable data on the growth of the contribution made by cooperatives in comparison with other surrounding operations, in accordance with a threefold economic, social and environmental logic. Such a measurement system would necessarily cover an integrated concept of development: in other words it would attempt to measure growth in the contribution of cooperatives to the integrated development of populations and the regions where they are rooted.

[4] see http://www.dnr.maryland.gov/mdgpi/whatisthegpi.asp

[5] Bruno Roelants (coord.) (2013): Cooperative Growth for the 21st Century , with contributions by Patrizio Bianchi, Anup Dash, Hans Groeneveld, Pierre Laliberté, Claudia Sanchez Bajo, Vishwas Satgar and Zhang Xiaoshan (Brussels: International Cooperative Alliance), available at http://ica.coop/sites/default/files/media_items/Cooperative%20Growth%20for%20the%21st%20century%20-%20SP.pdf and http://www.cicopa.coop/IMG/pdf/SPANISH_newlogo_web.pdf

THE INTERNATIONAL CO-OPERATIVE ALLIANCE GAVE ITS APPROVAL TO A NEW GLOBAL IMAGE FOR CO-OPERATIVES WORLDWIDE AT THE GENERAL ASSEMBLY IN CAPE TOWN.

New global image for co-operatives

Jose Pérez

The new global image of co-operatives.

The International Co-operative Alliance presented its new global image for co-operatives at the conference held in early November in Cape Town. The new marque, which was designed by a British co-operative, forms a part of the *Blueprint for a Co-operative Decade*.

The design was adopted after consulting the opinions of members of the co-operative movement as expressed in a survey undertaken in April 2013, which received over 1000 contributions from 86 different countries.

The results of the survey were used to define the graphic designs, the colour scheme, the slogan and language of the logo. It is a brand image with which all co-operatives around the world can identify, setting them apart from other types of enterprise.

At the launch of the logo, ICA President Pauline Green declared that its creation had been a necessity for some time, recalling the success achieved by the logo for the International Year of Co-operatives in 2012, which was widely used throughout the world.

The President of the ICA Communications Committee, Ed Mayo, declared that "the great quality of the co-operative marque, is that you look at it and immediately you think yes that's us. That's who we are".

Co-operativism: benefits for the economy and the user

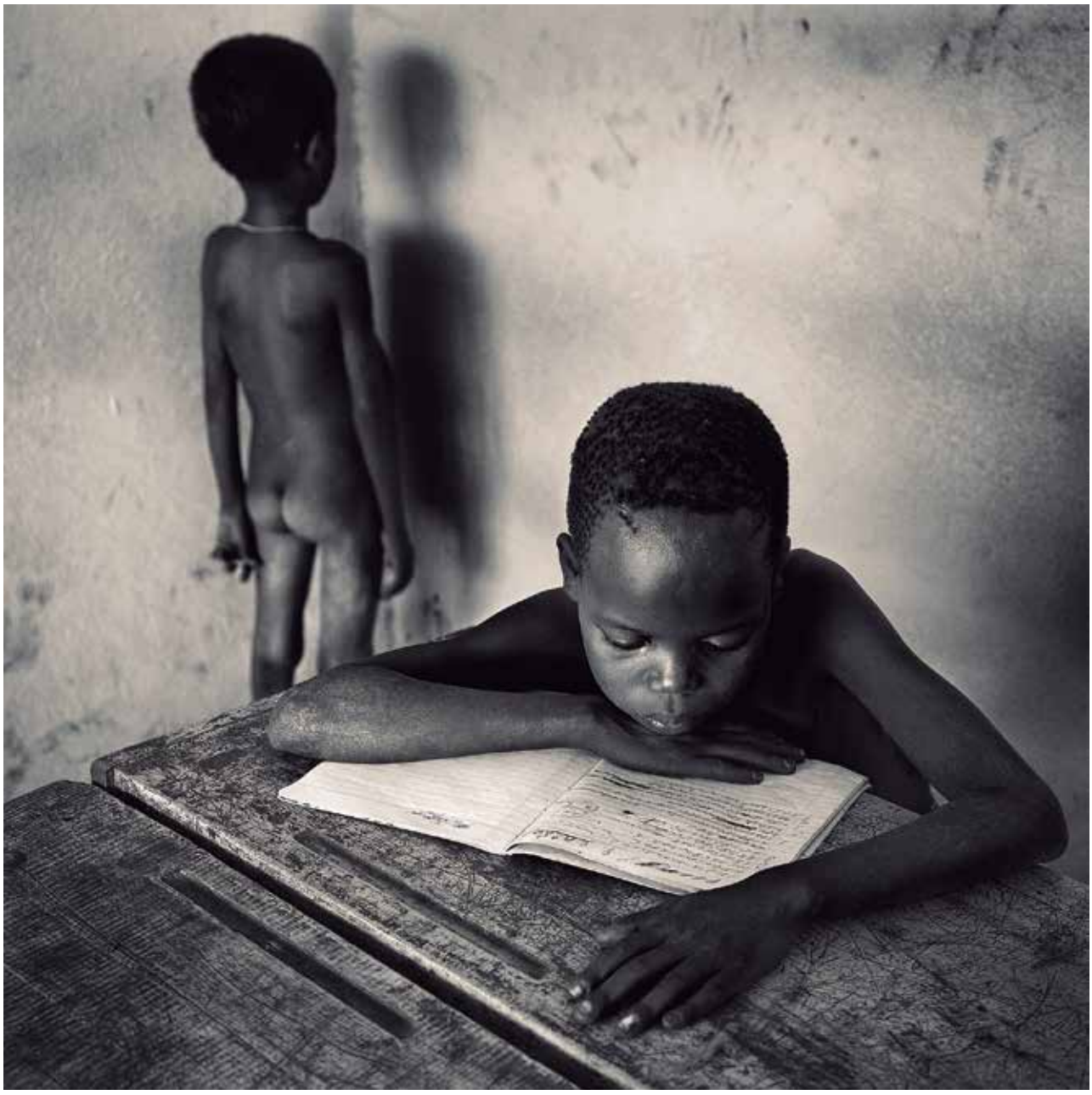
Everyone knows that the world economy is going through difficult and complex times, but there are causes for hope. One of them is unquestionably the lead role being played by co-operatives in practically every country of the world. Co-operatives are not a remedy to all, of course, but they have proved themselves to be an effective tool for a country's economic system. In most African countries, for example, co-operatives provide the ideal working method. In fact, Africans are used to organising themselves in co-operative structures. This was highlighted at the most recent assembly of the International Co-operative Alliance (ICA). "Flexibility", "capacity for adaptation", "participation", "self-management"... are some of the assets of co-operatives mentioned by José Carlos Guisado, President of the International Health Co-operatives Organisation, IHCO, in one of the main articles in this monograph section. He is referring to health co-operatives, but in truth this could also apply to co-operatives in general. Such assets, which form a part of the co-operative DNA, unquestionably help to improve the economy, but also benefit patients, in the case of health co-operatives, as well as the more general users of the health system.

Refraction

From a balcony, under cover,
a child makes a mirror flash
at a beehive, a squeaking wheel,
an open window, a whirling
weathervane, a fluttering petal.
A harmless enthusiast, changing
like the wind that rocks all things,
smoothing the world down without a burn,
he flashes sight, beat and breath,
with light that doesn't hold,
that doesn't blind, that doesn't end:
plume of smoke, shoe, cherry tree.
From crane to street lamp, antenna to balding head.
And in the puddle, the statue's beautiful slim
fingers and the teary eyes of a passerby.

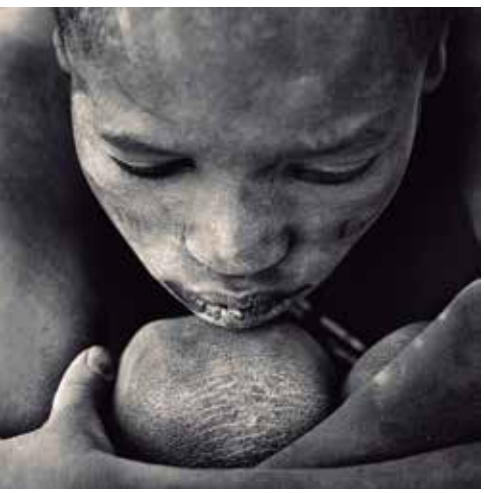
Josep Porcar
(Llambreig, Barcelona: Tria Llibres, 2013)
Translation: Sam Abrams

MAR AGUILERA



A lesson in life

Jesús Jaime Mota



To speak of Jesús Jaime Mota is to speak of photography. Of photography in capital letters, because it comes from the heart and expresses a multiplicity of emotions in depicting the soul of each of its subjects.

A measured consideration of each of his images is needed in order to dive into the worlds suggested by the artist, territories which present a masterful account of a life which is disappearing, but which still today appears full of hope, a vital relationship between man and nature, which only he, thanks to his humanity and empathy, is able to show.

His works are masterfully sculpted by the light, a light which he always eagerly seeks out, as it allows him to compose and construct his images without leaving anything to chance or luck.

In such a vigorous, fast-moving, electrified world, photographers like Jesús Jaime Mota take their time to travel, to turn their voyages into lessons in life, so as then to allow us to recognise in these documents these lives in each photograph.

Gabriel Brau Gelabert

On "Evocation of Rosselló-Pòrcel"

« "You are not, meanwhile, permitted to revolt against the fugacity of play, the astute alternation of resignation and anguish does not keep the sun any longer in the garden. Look, and the luxury of light has passed, the message of things is over for you. Little by little it brings you the death of those you love, and no thought chained by words will fill your emptiness; your solitude will go unaccompanied. Mouths of gargoyles cast out above you sparks of joy and hope, the obscene garb of common sadness, and you lick with nausea some fragment of their procession. You are so eager for yourself that God no longer suffices, and this radical blasphemy becomes your hell. The seer and the barbarian block the paths of ancient wisdom, the problematic canon of serenity which your modernity longs for, and you burn without passion, amid the twinned ruins of the forum and the cathedral, the parliament and the school, in the imitated flame of your brain. How would you bring your life, so damaged, into the atmosphere of poetry? Or how would you set your darkness against the dawn, always renewed, of violence and crime? You shuffle without argument towards the precipice, querying your dumbstruck soul on the great question of you yourself. And when there is no longer in the mirror any image of your enigma, someone asks you who was your friend, your fellow traveller, this one or that, the distant stranger behind the beating of drums, deep in the windy night, quite nullified in the rain." »

Salvador Espriu (translation from Catalan by Sam Abrams)

CALLIGRAFY KEITH ADAMS

tan avar de tu
que Déu no et basta,
i, d'aquesta radical blasfèmia
t'esdevé l'infern.
El vident i el bàrbar t'interdien
els camins del savi antic, el problemàtic
cànon de serenor que la teva modernitat enyora,
i cremes sense passions, enmig de
les ruïnes agermanades del
fòrum i la catedral, del
parlament i l'escola,
en la flama imitada
del teu
cervell

Salvador Espriu: Evocació de Rosselló-Pòrcel: MCCCCLVIJ

'Ocnos i el parat esglai' features some of the author's finest prose: subtle or mordant, of polished irony or of an elegiac and transparent clarity, always tense and dense, with a unique expressive power, plunging us deep into the world of a great master of words.

From this side of the wall

The publication of *Ocnos i el parat esglai (Ocnos and the Arrested Terror)*, a practically complete collection of Salvador Espriu's non-narrative prose, courtesy of his executor Ramon Balasch, is an exceptional and long-awaited literary event. More than 30 years have elapsed since Espriu himself began to prepare the volume, before it has finally come to pass. It is worth mentioning that the circumstances surrounding its slow gestation are alarming. The fact that a publishing house such as Edicions 62, which for years has handled the publication of the complete works of Salvador Espriu, should have refused to publish it is a very serious symptom of the arbitrariness and crass incoherence (to put it as mildly as I am able) which now prevails in the world of Catalan publishing. We should, therefore, give even greater thanks to Ramon Balasch that, faced with no other option, he has taken the risk of publishing it on his own account.

Because *Ocnos* is an extraordinary work. Naturally, an anthology of this nature is full of commissions which the author was unable or unwilling to reject (Espriu was an author in great demand who did not know how to say 'no'), and circumstantial papers, whilst it is also true that, in such cases, the evasive tactics of the author (the recourse to the generalisations or the reticent modesty of the prologue-writer who does not believe in the usefulness of prologues) may prove repetitive. Beyond this padding (where nonetheless some pleasant surprises are to be found), we are left with an outstanding core which includes some of the author's finest prose: subtle or mordant, of polished irony or of an elegiac and transparent clarity, always tense and dense, with a unique expressive power, plunging us deep into the world of a great master of words.

What is more, this edition provides us with access to all Espriu's critical work: his texts dedicated to discussions of literature, both his own and that of others. If we also overlook here individual commitments, we are left with a set of highly revealing comments and applications, both acute and intelligent. These texts are easily distinguished by the meticulous consideration of the details, and the very verbal temperature which saturates them. All the prologues to his own works are magnificent, along with those dedicated to the friends and authors whom he most valued: Guerau de Liost, Clementina Arderiu, Tomàs Garcés, Joan Llacuna, Llorenç Villalonga, Rosa Leveroni, Jordi Sarsanedas, Blai Bonet, Martí de Riquer, Ricard Salvat and Antoni Comas. Not much later are a number of pieces which refer to the plastic arts (Apel·les Fenosa and Joan-Pere Viladecans. Espriu was a keen follower of modern art), and Raimon. One of the comments dedicated to Josep Pla is a minor masterpiece, and it is also of interest to see how Espriu makes the effort to give a considered opinion of the work of a poet who was as far removed from him as Miquel Martí i Pol. The two texts on Joan Vinyoli, written long before the poet enjoyed the general esteem which he unquestionably deserved, are of a truly outstanding perspicacity and generosity. Espriu was a very skilled reader.

And there are also a number of texts written in memory of Bartomeu Rosselló-Pòrcel, which on their own are worthy of a place of honour in the history of our literature, and which range from grieving evocation to reportage, and finally the emotive and distant memory (not without traces of irony in certain passages) of the introductory speech to the Royal Academy of Fine Letters of Barcelona in 1984, Espriu's last homage to a friend and great poet who died during the war.

The war provides the backdrop for the passage chosen on this occasion, drawn from "Evocation of Rosselló-Pòrcel", which served as the foreword to the first edition of the latter's *Lyrical Works*, in 1949. Ten years later, the post-war landscape still evoked destruction. The death of loved ones, violence and crime, ruins, the collapse of the hopeful enthusiasm of the Republic which he shared. Death and desolation become commonplace. The memory of a lost friend raises questions about the life of the survivor, unknown to himself, an unanswered enigma within an obscene and quite incomprehensible reality.

Within the self-unfamiliarity being queried, there remains the evasive and difficult memory of a friend, who dives down the dark alleyways of death, following an inveterate ritual. In a slightly later poem the sound of the drums receives a more explicit amplification such as that of a remote ritual: "Sounding timbers, rattles / secret tom-toms of the jungle", but the

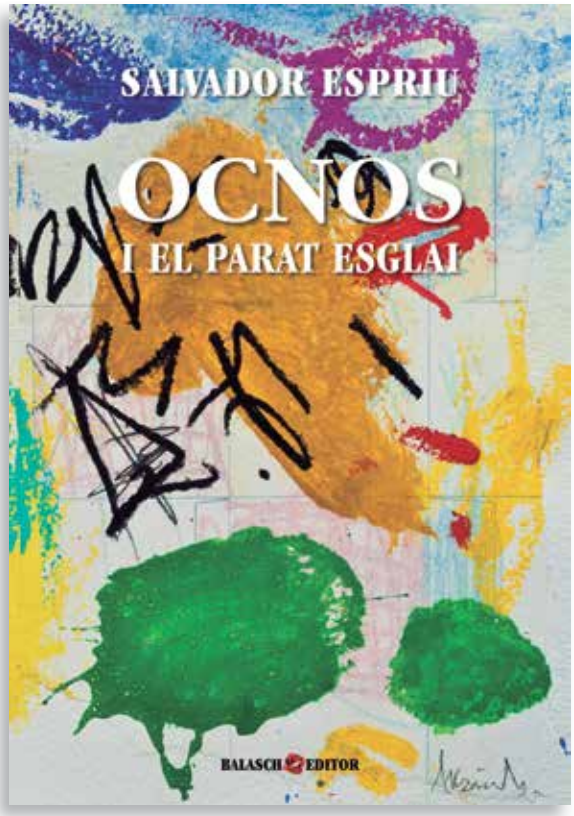
irrevocable distancing would be maintained, with a memorable conclusion, very close to the prose which inspires it:

... you depart
today over ice, canticle
quite nullified in the rain.

These are times of anguish and disquiet, while the canticle (the fine poems which Rosselló-Pòrcel could no longer write) are extinguished. Following a brief, sardonic reference, in the paragraph before that selected to the banality of consolations, the question of God suddenly arises, as another recourse, which cannot so easily be subjected to sarcasm. The sarcasm then falls on the figure asking this question of himself: "You are so eager for yourself that God no longer suffices, and this radical blasphemy becomes your hell".

In a number of interviews Espriu was always reticent or ambiguous in classifying his beliefs. At one point he defined himself as an agnostic *sui generis*. That could well be the case. The examples cited by Joan Ferraté in asserting Espriu's belief in the afterlife based on three poems are inconclusive. One is an epitaph, and as is typical in this genre, it speaks to us of the faith of the deceased, not necessarily that of the author. The others lie within a cultural tradition dear to Espriu, and employ conditional tenses. They cannot be read literally. In the phrase quoted from the foreword, it is the lack of a clear and simple faith which represents the blasphemy, hell in the land of this agnostic *malgré lui* here stripped bare.

As revealed to us years ago by Rosa Delor, Espriu, the former history student and aspiring egyptologist well familiar with the Greek world, was a conspicuous Platonist in his youth. To a great extent his fixation with the grotesque labyrinth as a symbol of our pitiful condition comes from this. *Grotesque* is derived from *grotto*, like the cave of Platonic shadows in the famous allegory in the *Republic*. Light and truth lie beyond the wall, and in this simulacrum of life which we inhabit, Ariadne's thread is of very little use. Later on, Espriu discovered Neoplatonism and its derivations. The kabbalah, which is in essence a Neoplatonist influence in the Hebrew world, and the negative theology of Meister Eckart and the great Nicolas of



Cusa, another Neoplatonist influence, this time in the Christian world. It still surprises us that this tradition should end up at Spinoza, Goethe and Lessing (Espriu often quotes the former two), representing one of the cornerstones of the Enlightenment. Espriu was familiar with this world of thought, thoroughly grasped it and admired it. Ultimately, between the entirely inconceivable God of Cusa, to be found beyond language and being, and who can be described only by what he is not, on the one hand, and the agnosticism of the Enlightenment, on the other, there is simply the question of faith, and this, whether we find it sufficient or not, is a question which can not be answered on this side of the wall. All that remains is the territory of seers or barbarians, absurdities, omnipresent errors which block the longed-for path of ancient knowledge, the luxury of light, here and now a nostalgia for unachievable serenity, as we forge our way through the grotesque labyrinth.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