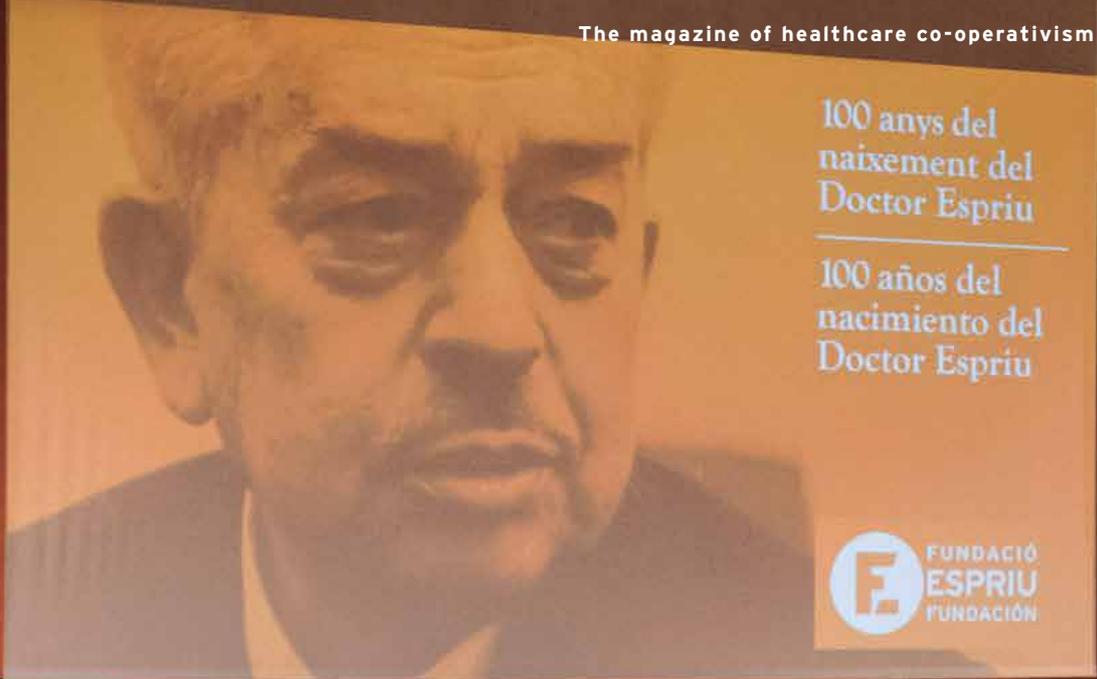


compartir

The magazine of healthcare co-operativism



A CENTURY-LONG DREAM



MONOGRAPH
THE CHALLENGES OF THE CO-OPERATIVE
HEALTH MOVEMENT

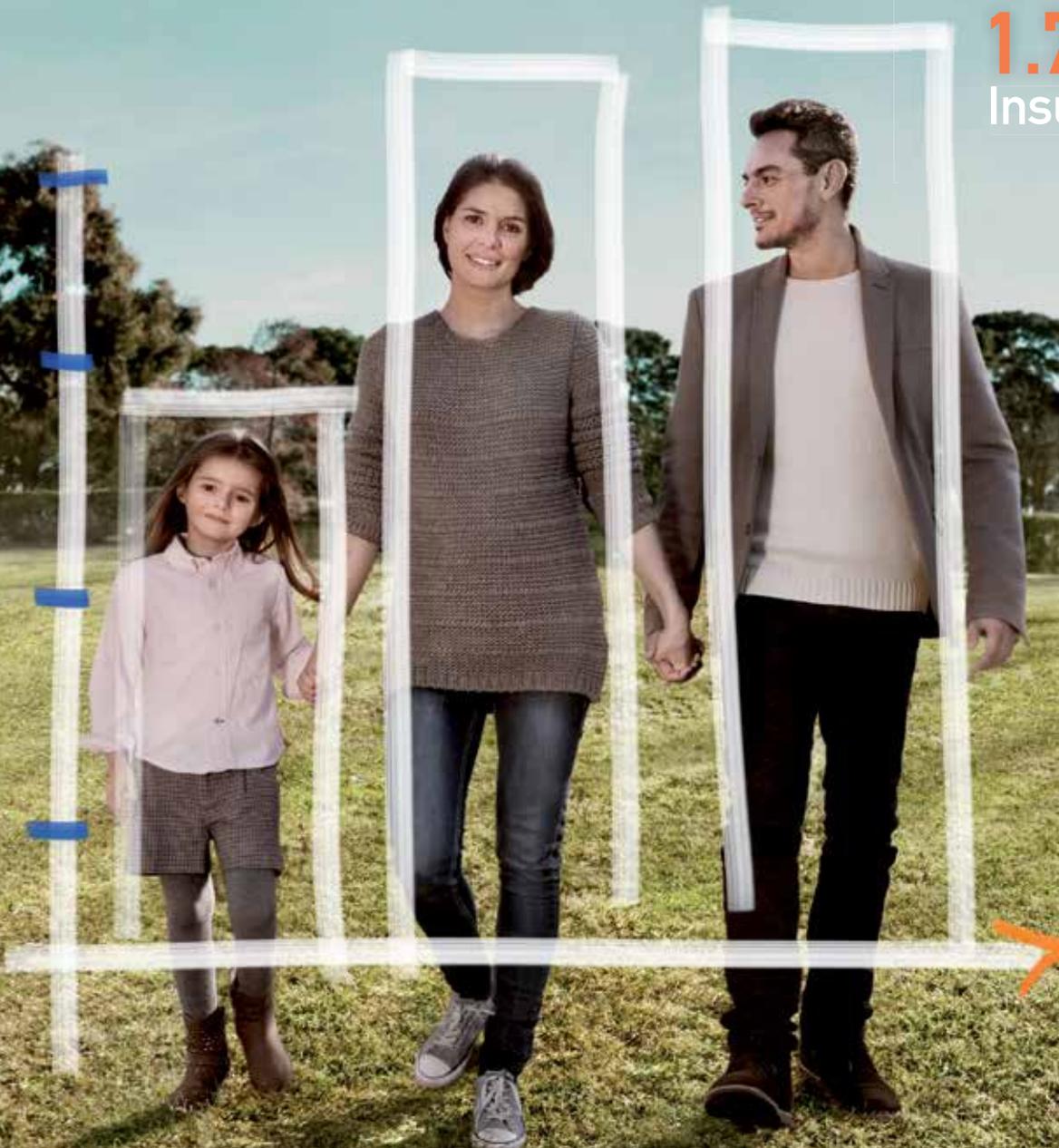
CO-OPERATIVISM
ASISA STRENGTHENS PRESENCE IN ASTURIAS

CULTURE
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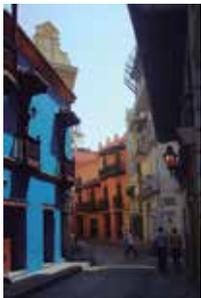
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The mass tribute paid to Dr Josep Espriu to mark the centenary of his birth highlights once again the validity and relevance of his work: a dream which has now lasted a century.

Health co-operatives magazine

Quarterly magazine. Third stage

Num. 97 genvary, february and march 2015 issue

Executive Board: Dr. Ignacio Orce (Autogestió Sanitària-ASC), Dr. José Carlos Guisado (president IHCO), Dr. Enrique de Porres (Lavinia-ASISA), Teresa Basurte (SCIAS), Dr. Oriol Gras (Foundation trustee).

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Photography and illustration: Keith Adams, Mar Aguilera, Edmon Amill, Luis Benzo, iStockphoto, Joma, Carles Torner.

Cover: Fundació Espriu

Proofreading and translation:

Núria Sàbat (catalan and spanish)

Editorial Secretary: Joana Alcocer

Design and page layout: ec.lluch

Printing: Indústries Gràfiques Afanias, S.L.

Copyright Deposit: B. 28059-1991

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

The opinions of | **compartir** | do not necessarily coincide with those of the contributors' articles.

| **compartir** | is printed on environmentally friendly paper and shares growing concerns with the wastage of natural resources.

“The fact is that health cooperatives have recently emerged as a “innovative” explosion, especially in this year, 2014, as is demonstrated by the attention given to them at various conventions and seminars around the globe (Canada, Colombia, London, India, etc.). This apparent emergence or innovation, though, is in truth nothing of the sort. Such cooperatives have been continuously in operation, unseen and persistent over the course of many years, as is clearly demonstrated by the examples reflected here, a fact that is finally being acknowledged.”

At the 3rd Co-operative Summit of the Americas held in Cartagena de Indias from 2 to 7 November 2014, co-operative members from the Americas and the whole world were gathered together under the slogan “For integration generating social change”. The above paragraph sets out the conclusion to the conference presented by Dr José Carlos Guisado, in which he gave an overview of the current vitality of the co-operative health movement on the five continents. The President of the International Health Co-operative Organization (IHCO) and CEO of the Espriu Foundation showed how the co-operative health movement is the vehicle for a quality healthcare model which is very well received in the most diverse social and cultural contexts, precisely because in each community it is based on the active participation of doctors and health users.

This awareness of the importance of the co-operative health model makes it necessary to undertake a detailed analysis of the possible weaknesses of this form of organisation, the threats which it faces, the strengths which it enjoys in various settings, and the opportunities which the new economic and social contexts arising from the economic crisis offer the health co-operatives which have taken root from Tokyo to Kuala Lumpur and from Melbourne to Sao Paulo. In order to make a contribution to this analysis, the monograph section covers the roundtable which involved José Antonio Pedreño, President of CEPES, José Luís Monzón, President of CIRIEC and SCIAS Director Arturo Andújar.

A few weeks before the gathering in Cartagena de Indias, Barcelona Auditorium was the venue for 1,800 people who wished to celebrate the centenary of the birth of Dr Josep Espriu. The event was marked by affectionate memories of our founder, and also the public proclamation of the co-operative health model which Dr Espriu founded. Placed in its international context, the strength with which the co-operative doctors and users have promoted ASISA, Assistència Sanitària and SCIAS is impressive: crossing borders and creating hybrids in a diverse range of societies.

As Dr Guisado asserted in Cartagena de Indias: “I simply aim to encourage all communities and co-operative organisations to dedicate themselves to understanding in greater depth the co-operative health model and implementing it wherever they are, valuing its objectives and achievements and the advantages which it offers society”.

“A way of acting”

The importance of the co-operative health movement has become even clearer as we now celebrate the centenary of our founder, Dr Espriu, not simply because the anniversary on 13 October was marked by an impressive event attended by close on 2,000 people, but also because of its undeniable influence both nationally and internationally. Moreover, 2014 also saw the celebrations for the 25th anniversary of Barcelona Hospital, Vistahermosa Clinic in Alicante and Moncloa Hospital in Madrid, all of which belong to our hospital network. All these events formed a part of the Espriu Foundation’s “silver jubilee” which is covered in full in the pages of the current edition of | **compartir** |.

Although our magazine has aimed to explain and show the operational reality of our healthcare, facilities and premises over recent years, including improvements to the service made available to our doctors and users, we have perhaps been less successful in putting across the fundamental message of our institutions which is based on the principles which inspired Dr Espriu.

And so the Editorial Board of | **compartir** | has decided that in order to emphasise the distinctive values which have always been the inspiration for our professional practice, and which are today an unquestionable reality, our publication should change tack. The aim is that our magazine should in the future be an easier read, reflecting in every edition the fact that our actions are based on the ongoing pursuit of an ideal which many others in the world are now beginning to understand: the values and principles of health cooperatives and the championing of their interests against a dangerous “enemy” which constantly lies in wait, the so-called “market society”, or the pursuit of easy profits without any other consideration.

THE NUMBER OF PEOPLE BELONGING TO HEALTH CO-OPERATIVES WORLDWIDE IS IN EXCESS OF 80 MILLION, DISTRIBUTED ACROSS SOME 5,000 ORGANISATIONS IN 43 COUNTRIES.

The co-operative health movement represents a “way of acting”, a style which is radically different from commercial companies in the sector. This is clearly demonstrated by its capacity to adapt to the current economic crisis, its flexibility in devising ways to perform its function without overlooking its fundamental principles a fact emphasised by figures: co-operatives, as a whole, bring together more than a billion people worldwide. Indeed, the co-operative movement, as highlighted in the recent study presented in Quebec, provides work for close on 12% of the world’s population, in a



global context in which 250 million people out of work, according to figures from the International Labour Organization (ILO).

More than 80 million people belong to health co-operatives worldwide, in some 5,000 organisations in 43 countries. Figures which should serve as an indication, albeit partial, and of course not particularly well-known, of the true standing of the movement.

At the head of these healthcare organisations stands the Espriu Foundation, ranked third in the world thanks to its constant efforts to adapt to new management formulae without forsaking the fundamental principles of our movement, as championed by Dr Espriu, providing an international example and inspiration for other successful models.

THE ESPRIU FOUNDATION IS RANKED THIRD IN THE WORLD THANKS TO ITS ONGOING EFFORTS TO ADAPT TO NEW MANAGEMENT FORMULAE WITHOUT SACRIFICING THE FUNDAMENTAL PRINCIPLES OF OUR MOVEMENT, AS PROMOTED BY DR ESPRIU.

The updating of our co-operative principles ties in with the new initiatives taken by the International Co-operative Alliance (ICA) for the so-called Co-operative Decade (2010-2020), which are based on five fundamental cornerstones: the **sustainability** of enterprises; encouragement of appropriate **legal frameworks**; implementation of adequate **capital management**; renewed support for **participation** by members, all of which go together to make up the **co-operative identity**, cornerstones which ultimately represent a new way of understanding and applying the **seven co-operative principles** reflected by our organisations.

We trust that this new editorial approach will be seen from now on throughout our publication and that the message we aim to convey will provide ongoing confirmation of our efforts and work on behalf of our principles and distinctive value.



APPENDICITIS

A fairly inoffensive inflammation which can have fatal complications

Appendicitis is the inflammation of the cecal appendix. It is a fairly common complaint which, although it may occur at any age, is more frequent among children, teenagers and young adults. If diagnosed and treated correctly it is not usually dangerous, but if the right treatment is not given at the right time then it evolves unfavourably and even becomes life-threatening.

The cecal appendix is a small organ in the form of a long tube, and is an extension of the cecum, the first section of the large intestine, located in the lower right-hand part of the abdomen very close to the point where the small and large intestines connect. It measures about 8 cm in length and 8 mm in diameter and has a worm-like appearance, and is therefore also known as the vermiform appendix. The interior, which is hollow and connects directly to the large intestine, contains a little mucus material secreted by the few glands present on its inner wall, while the far end of the digestive tube is sealed, like a dead-end street.

In truth the cecal appendix performs no digestive function and has no known significant purpose, although it has recently been suggested that it may fulfil a function within the immune system, perhaps connected with the regulation of intestinal flora. However, paradoxically enough, although it is not an important organ for the body, it can quite easily give rise to a potentially serious condition.

The problem: an obstruction

The problem arises when for some reason the connection with the large intestine becomes blocked, which may happen for various reasons: for example, as a result of impacted faecalytes or an accumulation of faecal matter. The fact is that the contents of the intestines do not normally enter the appendix, and if they do usually simply return to the intestinal passage and continue on their way.

However, some people have a particularly mobile appendix, which means that it may on occasion adopt a position which prevents it from emptying, and it then becomes blocked, leading to an obstruction. The obstruction may occasionally be caused by an over-development of the lymphoid tissue which makes up its walls, or on other occasions a foreign body could cause the blockage: for example undigested remnants of food or parasites. However, irrespective of the reason the result is an inflamed appendix.

Initial symptoms

Typically the first symptom is abdominal pain. To begin with the pain will not be where the appendix is positioned, but instead, because of a reflex nervous mechanism, is typically experienced as a general sensation in the central and upper part of the abdomen, occasionally accompanied by nausea and vomiting. Over the course of a few hours, during the initial stage of the affliction, it is often mistakenly thought that this painful condition has some other cause.

After a few hours the pain will have spread to the lower right-hand part of the abdomen, where it will ultimately become constant and more intense along with an increase in body temperature, although this will not normally exceed 39° C. However, the pain does not also follow this pattern and may on occasion be located elsewhere or have some other characteristics. Therefore, as a first step, it is important to take notice of any abdominal pain and to monitor how it evolves.

Diagnosis and treatment

It is reasonably straightforward to diagnose acute appendicitis with a physical examination as when pressure is applied to certain points of the abdomen, this will generally provoke a uniformly painful reaction. If appendicitis is suspected then a blood analysis will be called for and the diagnosis is confirmed if this reveals certain characteristic haematological alterations, such as an increase in white blood cells, or leucocytes. In the event of doubt, and depending on the facilities available at the health

centre, an ultrasound scan or some other study may be performed, although this is normally not necessary.

Once appendicitis has been diagnosed, then the appropriate treatment will be given, in other words the removal of the inflamed cecal appendix although, in certain specific cases in which the complaint is not acute but chronic, it can be treated with the administration of anti-inflammatories and

antibiotics, while the patient is monitored and the decision whether or not to operate is postponed.

The operation, if performed in time, is a simple one, with a short post-operative period which should present no further problems, while the removal of the organ has no negative impact on the body. It is estimated that one half of all abdominal surgical operations are appendectomies. As has been seen, it is a condition which normally involves little danger... unless the diagnosis comes too late.

Avoiding complications

If it is not diagnosed in time then the inflamed appendix could lead to very serious complications as the swelling of the walls of the organ impedes the local blood supply, making the tissue more fragile and liable to necrosis: if the tissues break, in other words if the organ becomes perforated, then the content of the intestines will enter the abdominal cavity leading to peritonitis, an inflammation of the membrane which covers the abdominal organs. The condition will then affect other organs and could cause a widespread infection, requiring urgent hospitalisation of the patient, as this is a serious condition which, if not treated in time, can prove fatal.

A fairly inoffensive complaint, then, could have lethal complications. The difference lies in whether it is detected in time. This makes it important to know how to react to any abdominal pain which could be a symptom of appendicitis. The approach to follow is quite straightforward: go to see a doctor in order to establish the source of the discomfort, which in some cases will indeed be the result of appendicitis, although in many others it will have some other origin: a duodenal ulcer, an inflammation of the bile duct, a kidney stone, or in the simplest of cases, merely a digestive disorder. However, in order for the doctor to be able to perform a precise diagnosis it is important that the patient not be given any painkillers or other drugs prior to the examination, as they could distort the symptoms or impede or delay the diagnosis. Meanwhile, as in any other case of abdominal pain, it is best not to eat anything, as this could cause additional problems if immediate surgery were needed. **Dr. Adolf Cassan**



[HTTP://CORT.AS/MXVC](http://CORT.AS/MXVC)
[HTTP://CORT.AS/MXV6](http://CORT.AS/MXV6)



The Internal Medicine Department at Barcelona Hospital: comprehensive patient care

Founded in 1989, the year when Barcelona Hospital itself opened, the Internal Medicine Department currently has five internal medicine specialists on its staff, with between 1,850 and 2,000 new patients registering to the service every year.

Internal medicine is a medical specialty which focuses on comprehensive care for patients. It is a “less specialised” specialty which is of great importance at all hospitals. And Barcelona Hospital is no exception. Hence the fact that since it opened on Avinguda Diagonal in central Barcelona, it has had an internal medicine staff. The Internal Medicine Department at Barcelona Hospital now has five specialists working there, with between 1,850 and 2,000 new patients per year.

“The internal medicine physicians at Barcelona Hospital act as a central service handling such areas as new admissions, along with a range of medical and surgical specialties,” according to Joaquim Martínez Montauti, Director of the Internal Medicine Department at Barcelona Hospital.

“At the Internal Medicine Department of Barcelona Hospital we do not simply treat patients, but also coordinate the work of the different specialties, and serve as a bridge between the lab and the patient. If patients so require, we perform lab work (biochemistry, microbiology, haematology etc.. We also handle patients’ urgent requirements,” explains Dr Martínez Montauti, who received his degree in medicine from Barcelona University, before specialising in Internal Medicine at the Autonomous University of Madrid.

The internal medicine specialists at Barcelona Hospital advise the different medical committees at the centre: the pharmacy, the infectious diseases department, bioethics, perinatology, etc., although it does not play an executive role on these committees. For example, the internal medicine phy-



THE INTERNAL MEDICINE DEPARTMENT AT BARCELONA HOSPITAL IN FIGURES

- Founded: 1989
- Number of new patients registered each year at Barcelona Hospital: between 1,850 and 2,000
- Internal medicine staff: : 5



The internal medicine specialists at Barcelona Hospital advise the different medical committees at the centre: the pharmacy, infectious diseases, bioethics, perinatology...

THE BARCELONA HOSPITAL TRAVEL CLINIC

Travelling involves a risk, however small it might be. And this should be minimised as far as possible. That is why Barcelona Hospital offers a travel care service. This is a very recent initiative, set up in the year 2012, under the directorship of Dr Joaquim Martínez Montauti.

The Barcelona Hospital Travel Clinic provides travellers with guidance on what measures to take to prevent health problems during their trip. It also advises patients with chronic conditions or those that are still following a treatment on such significant issues as the adaptation of their medication guidelines to changes in time zone as well as providing information on aspects such as hygiene, what to do in the event of injury and how to put together a first aid kit depending on the country being visited.

This specialist clinic, which forms a part of the Barcelona Hospital Internal Medicine Department, is aimed at those travelling on business, on holiday, for sporting events as well as students travelling to other countries and aid volunteers, the latter representing one of the highest-risk groups in terms of health because they are in such close contact with the population, while the levels of hygiene where they are based can be quite precarious. People who are travelling to visit their relatives also come to the specialist clinic.

The Travel Clinic offers a consultation before travelling, including the following services: medical examination, health advice about the trip, individual advice for travellers with any illness, preventive vaccines, sale of specific medication for travelling, sale of a pre-prepared travel first aid kit and healthcare products for travellers, such as drinking water treatment tablets, mosquito repellent and repellent-impregnated mosquito netting. Travellers attending the clinic can also raise queries online while they are away, and arrange a repeat visit for when they return.



sicians involved on the pharmacy committee give their opinion as to aspects such as the treatment of hypertension, and contribute to the antibiotics policy. Those involved in the infectious diseases committee give their opinion as to the treatment of cancer, the care given to patients admitted with cancer, medical complications associated with cancer, etc. Those who serve on the perinatal committee (treating pregnant women) offer their opinion to women with health complications, whether or not connected with their pregnancy, such as diabetes or hypertension. Meanwhile, the internal medicine specialists on the mortality committee draw up a report of all those who have died, and the reasons behind their deaths, so as to assess which are “justified”.

“We also perform a research function, especially in collaboration with other hospitals. We mainly work with the Infectious Diseases Department at Bellvitge Hospital, and each year publish articles in numerous journals in Catalonia, Spain and around the world. We take part at a great many conventions,” explains Dr Martínez Montauti, who holds a fellowship in Infectious Diseases at Sherbrooke University, in Quebec, Canada.

Dr Martínez Montauti emphasises the fact that “although Barcelona Hospital does not have a research function, essentially focusing on medical care, it makes sense for us to reflect on the work we do and to share it with other professionals. We need to keep up-to-date with the latest research published”. **Daniel Román**

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RICHER IN MICROORGANISMS THAN YOGHURT, KEFIR OFFERS NUMEROUS HEALTH BENEFITS, NOT ONLY BECAUSE IT CAN REPOPULATE THE INTESTINAL FLORA, BUT ALSO BECAUSE IT HELPS THE KIDNEYS, LIVER AND NERVOUS SYSTEM TO FUNCTION PROPERLY.

Fermented milk: kefir

Dra. Perla Luzondo

Fermented foods, because of their probiotic nature, are particularly helpful for our digestive and immune system. Evidence exists of the consumption of fermented dairy produce as long as 10,000 years ago, with variants now existing alongside fermented vegetable and meat produce. Yoghurt, cheese, curds and butter are all foods typically found at home, which share the common feature of being derived from the fermentation of milk. The process of fermentation makes milk more digestible, thanks to the action of the bacteria on the lactose. The structure of kefir contains more microorganisms than yoghurt. In addition to the yeasts which ferment the lactose, there are lactobacilli and *Streptococcus lactis*.

There are three types of kefir:

- **MILK KEFIR:** Provides the benefits of milk with the lactose pre-digested; it regenerates intestinal flora, has an antibiotic and anti-viral effect, prevents intestinal gas and colic, and improves the absorption of nutrients and vitamins. The result is a sour milk.
- **TEA KEFIR:** Also known as *kombucha*. Well fermented, it has a pH 2.7 to 3.2. It contains a high concentration of glucuronic acid.
- **WATER KEFIR:** This is a probiotic drink produced by the fermentation action in water of small, almost transparent nodules, with lower growth potential than milk kefir, which has larger, white-coloured nodules. The resulting water kefir is a slightly sparkling water.

Symptoms such as acidity, heartburn, acid reflux, bloatedness, swelling, pain, excessive gas, nausea or alterations in intestinal transit are all signs that our digestive system is malfunctioning. If for any pathological (auto-immune) or functional reason there is a build-up of waste in the intestine, then this could lead to a toxic overload. Hydrotherapy or colonic irrigation are highly effective, but not all patients will wish to undergo this.

More information is available from the website of the Confederation of Associations of Crohn's and Ulcerative Colitis Sufferers (ACCU SPAIN):



Edmon Anelli



[HTTP://CORT.AS/MONO](http://cort.as/mono)

WATER KEFIR

INGREDIENTS:

- > 3 soup spoons of water kefir nodules
- > 3 soup spoons of brown sugar, or ideally unrefined cane sugar, maple syrup
- > 1 dried fig or prune and a slice of washed lemon (optional)
- > 1 litre of mineral or tap water, filtered

METHOD:

- > Place all the ingredients in a sealed, glass container. Leave to ferment for around three days. Strain the liquid and drink. Clean the container and nodules under the tap and begin the process again..
- > The kefir nodules can be found in organic and dietary food shops (free of charge).
- > The sugar added to the water provides the food which the culture needs to reproduce and activate fermentation. After two days hardly any sugar is left.

HEALTH BENEFITS

- > Favours microbial activity to combat gram+, gram- bacteria and fungi (candida).
- > Repopulates the intestinal flora, with a probiotic effect.
- > Improves milk tolerance and absorption. Alleviates flatulence.
- > Promotes intestinal peristalsis: after one day of fermentation it has a laxative effect, and after two or three days, an astringent effect.
- > Improves kidney, liver and nervous function, thanks to the high B complex content.
- > Cleans the body of heavy metals, salts (bile and kidney stones) and medication.
- > Enhances the immune system. A powerful antioxidant.

With the recent addition of more than 200 new health professionals and the opening of offices in Oviedo and Gijón, ASISA aims to become the leading health company in the Asturias region.

Two new offices open in Oviedo and Gijón to improve policyholder care in Asturias

ASISA has had a direct presence in this part of northern Spain since October, when an office was opened in Oviedo and another in Gijón. These new offices will provide policyholders with an improved service, while underpinning the company's commercial presence in the region.

ASISA has also decided to strengthen its healthcare resources in Asturias with new medical lists increasing both the number of professionals and the number of institutions providing services for its clients. Through this expansion more than 200 new healthcare professionals have been added, which means ASISA has the most comprehensive medical lists in the region, including more than 1,000 practitioners and the leading private health institutions.

The ASISA Regional Director for the Central-Northern Region, Vicente Ferrero, emphasised that "ASISA's direct presence in Asturias through the opening of a regional office not only represents an improvement of its health provision, with expanded medical lists, but also an advance in the quality of service and the relationship with its insureds. Our aim," he declared, "is to make ASISA the leading health company in the Asturias region".

The members of ASISA's Óscar Esplá Quartet with the ASISA President, Francisco Ivorra, along with other company and Albéniz Foundation directors, as well as a number of the guests, including the President of the Asturias Forum, Francisco Álvarez-Cascos, and the Executive Councillor for Education Culture on Oviedo City Council, Inmaculada Concepción González.



ASISA office in Oviedo.

Musical celebration

To mark the opening of the new offices in Oviedo and Gijón, the company staged a concert by the ASISA Óscar Esplá Group of the Albéniz Foundation. The quartet performed works by Franz J. Haydn and Franz Schubert at the Prince Felipe Auditorium Chamber Orchestra Room.

The concert was attended by the ASISA Chairman, Dr Francisco Ivorra, a number of the company's directors, regional representatives and executives, along with a number of local and regional dignitaries, as well as representatives of the worlds of medicine and culture.



As every autumn, ASISA marked the start of the academic year by handing out the awards offered by the key university departments which it sponsors within the field of Health Sciences. The awards represent a commitment to training, research and support for talented youngsters and researchers making significant theoretical and practical contributions.

University department awards and bursaries handed out

The Medical Faculty at the Madrid Autonomous University and ASISA handed out the UAM-ASISA Healthcare Management and Health Economy awards for 2014, honouring both the best doctoral thesis and the best work in the field published in specialist national and international journals.

In 2014 the ASISA-UAM Chair award for best doctoral thesis, now in its 10th year, went to the study Comparison of two Models in the field of Internal Medicine: traditional model and model based on coordination with Primary Care, written by Dr. José Manuel Machín Lázaro. Meanwhile, the fifth annual award for the best Healthcare Management and Health Economy work published in a specialist journal in 2013, this went to the research paper Estimating Total Informal Care Costs in Spain. Can Formal Care Reduce It?, produced by Pau Moya, Francisco Escribano and Isabel Pardo.

After the jury had met, an academic ceremony was held to hand the awards out to the 2013 winners, during which the President of ASISA, Dr Francisco Ivorra, emphasised the contribution made by the UAM-ASISA Department, which this year celebrates its first 10 years of existence: "When we launched the Department, ASISA's aim was to tap the capacity for innovation held at the university, which is vital for any organisation, with the idea of providing a different way of understanding medical practice, limiting as far as possible any intermediaries between doctor and patient. 10 years later, and we have entirely fulfilled our expectations".

ASISA-European University Department

Meanwhile, the ASISA-European University Health Science Department handed out its award for the best academic record in the 2013/2014 year, which went to the nursing graduate María Pilar Espinosa Hernán-



dez. The award comes with a bursary of 7,000 euros to complete a master's course at the European University, while also offering the opportunity to take part in the activities organised by the Department.

The Department also handed out its Research Grants for projects addressing Biomedical Science and Health Science. The researchers, who received 6,000 euros to undertake their research projects, were Enrique Puertas Sanz and María Ascensión Blanco Fernández.

The ASISA European University Department of Health Science Award was founded in 2010 with the aim of acknowledging the merits of the very best academic records. The CEO of ASISA, Dr Enrique de Porres, recalled that "ASISA works with the European University in the quest for excellence, talent and innovation. The award for the best academic record and the research grants are the expression of the essential collaboration between university and company. They also offer recognition for the work of young students and researchers making a significant contribution in the field of Health Care, which is vital for economic growth both in the present and the immediate future".

Left to right: Prof José María Martín-Moreno; Dr Luis Ortiz Quintana, ASISA director; Dr Juan Antonio Vargas Núñez, Dean of the Medical Faculty of the UAM; María Artola, Director of the UAM General Foundation; Dr Francisco Ivorra, ASISA President; Dr Antonio Javier Blasco and Shintaro Okazaki, winners of the 2013 award; and Dr Vicente Pastor, Director of the ASISA-UAM Chair.

Ebola: public health, ethics and communication

The ceremony to hand out the ASISA-European University Department award and bursaries was staged in parallel with the ninth edition of the Health Management Seminar, entitled "Ebola in Spain: public health, ethics and communication".

The roundtable discussion involved Fernando González Urbaneja, a journalist and a member of the Journalism Arbitration, Complaints and Professional Ethics Commission of the Federation of Journalists' Associations; Benjamín Herreros, Director of the Francisco Vallés Ethics Institute; and Dr Ángel Gil,

the Vice-Director for Development Cooperation, Volunteering and Institutional Relations at King Juan Carlos University, and the Professor of Preventive Medicine and Health; along with Dr María Tormo Domínguez, ASISA's Director of Planning and Development, and Co-Director of the ASISA-European University Chair, as moderator.

During the debate the experts emphasised the need for professionals to lead the response to crises such as Ebola, which combine healthcare aspects with a potential social dimension.

The book, published in collaboration with the Royal Academy of Gastronomy, is the first volume in a series dedicated to the promotion of healthy dietary habits, demonstrating ASISA's commitment to disease prevention.

Presentation of *Healthy Cardiovascular Cuisine*

ASISA, with the coordination of the President of the Royal Academy of Gastronomy, Rafael Ansón, and of the President of the Spanish Nutrition Foundation, Gregorio Varela, has released the book *Healthy Cardiovascular Cuisine*, published by Everest.

The launch of the new book was attended by the President of ASISA, Dr Francisco Ivorra, alongside Rafael Ansón and Gregorio Varela, as well as by the Secretary-General for Health and President of the Spanish Food Safety and Nutrition Agency (AESAN), Pilar Farjas, and Ismael Díaz Yubero, the first winners of the National Healthy Cuisine Awards.

The book is the first in a series dedicated to the promotion of healthy diets, aiming to emphasise that fine cooking is compatible with health, and is one of the primary sources of enjoyment when preventing or even suffering from a disease.

Great chefs

In order to demonstrate fully these principles, fourteen of Spain's leading chefs contributed their knowledge and creativity to the book, serving up healthy and highly appealing dishes. Juan Mari Arzak, Martín Berasategui, Ricard Camarena, Ramon Freixa, Juanjo López Bedmar, Nacho Manzano, Francis Paniego, Toño Pérez, Fina Puigdevall, Joan Roca, Paco Roncero, Mario Sandoval, Pepe Solla and Óscar Velasco were given the task of creating fourteen appetising, affordable and healthy menus devised to allow those who have suffered cardiovascular disease to continue enjoying food.

In the foreword to the book, the President of ASISA, Dr Francisco Ivorra, emphasises that "although a diagnosis of cardiovascular disease normally comes with a diet setting out the most appropriate foodstuffs for the patient, who could recommend giving up a pleasure which can furthermore be very healthy? And



Rafael Ansón, President of the Royal Academy of Gastronomy; Pilar Farjas, Secretary-General for Health and Consumer Affairs; Dr Francisco Ivorra, ASISA President; Ismael Díaz Yubero, winner of the National Healthy Cuisine Award, and Gregorio Varela, President of the Spanish Nutrition Foundation.

so the key is to learn new guidelines and new ways of preparing the recommended foods to prevent eating from simply becoming an act of refuelling".

ASISA's commitment

ASISA maintains a firm commitment to a healthy diet, one of the fundamental elements in disease prevention. It has for this reason been working with the Royal Academy of Gastronomy for some years now with the aim of promoting healthy eating, and is a Founding Sponsor Enterprise of the Association of Friends of the Royal Academy of Gastronomy.

Within the context of this partnership, ASISA has supported the Royal Academy of Gastronomy in setting up the National Healthy Cuisine Awards to recognise the efforts made by an individual and an institution to promote healthy eating. In their first year the awards went to Ismael Díaz Yubero and the Spanish Food Safety and Nutrition Agency (AESAN).

ASISA joins the Board of Protectors of the Royal Foundation of Toledo

ASISA has joined the Board of Protectors of the Royal Foundation of Toledo, which this year celebrates its 25th anniversary, in working to protect the historical centre and heritage of the city of Toledo. The Commercial and Marketing Director, Jaime Ortiz, represented the company at the reception held for the Protectors of the Royal Foundation by the President of the Regional Governments of Castile-La Mancha, María Dolores de Cospedal, staged at the Fuensalida Palace.

The decision by ASISA to join the Board of Protectors

of the Royal Foundation of Toledo represents a further step in its commitment to the conservation and popularisation of cultural and artistic heritage and support for the arts in all their facets.

In relation to this, ASISA regularly collaborates with a range of institutions, such as the Albéniz Foundation and the Archaeological Museum of Alicante (the MARQ), while also sponsoring a number of artistic and cultural events, including its International Photography Competition (ASISAFoto).

Dr. Manuel Viola exhibits his photographs at Barcelona Hospital

On 19 November Barcelona Hospital was the venue for the formal opening of the exhibition of the work of Dr Manuel Viola, a professional doctor and expert photographer. His photo-portraits will be on display for a number of months so that the thousands of people who pass through the institution's premises, specifically the lobby and the auditorium, will be able to enjoy them. The exhibition takes us on a journey which is the result of years travelling around countries in Asia, Africa and the Americas, with images showing other cultures and ways of life, through a committed, direct and unaffected perspective, conveying the emotional charge of the moment. The title of the exhibition, "Erroneous and Simultaneous", is a phrase which the author borrowed from his father, who used this expression to define life itself.

At the Exhibition's opening presentation the hosts, Dr Orce and Ms Basurte, thanked the photographer for choosing Barcelona Hospital as the venue for his works, adding that the catalogue published to accompany the exhibition is available at the hospital shop. To take advantage of the occasion, Montserrat Sastre's sculptures inspired by organic forms which were recently installed in the lobby of Barcelona Hospital, were also presented with the sculptor showing her satisfaction at the recognition they received.



Embryologist Klaus Wiemer delivers a seminar at Gravida

A large group of gynaecologists from the Assistència Sanitària medical lists with a particular interest in human assisted reproduction attended the seminar "Oogenesis: its relevance in the clinical sector", organised by Gravida and held in the Barcelona Hospital auditorium. The leading American embryologist Klaus Wiemer, director of the Poma Fertility laboratory in Seattle and an external consultant of Gravida, had the task of delivering an address intended not only to refresh the knowledge of medical professionals, but also to establish a dialogue among those attending, many of whom took part in the animated discussion which followed.

The seminar, presented by Dr Carlos Humet, Medical Director of Barcelona Hospital, and introduced by Dr Carmen Márquez of Gravida, was delivered in English. After it finished refreshments were served for those who attended on the terrace of the cafeteria. The satisfaction of the partic-



ipants was evident during the debate, particularly in relation to the thesis presented by Dr Wiemer, who has been a pioneer in the successful introduction of a number of human assisted reproduction treatments.

Assistència Group receives Josep Trueta Award



Dr. Ignacio Orce, President of Assistència Sanitària, receives the Josep Trueta Award plaque.

In September the Catalan Government presented Assistència Sanitària with the Josep Trueta Award at a ceremony at the Palau de la Generalitat. The Award was given in recognition of the progress and contribution that Assistència Sanitària has provided to improve healthcare and is also an acknowledgement of the co-operative healthcare model it represents, which ensures that the health problems of its clients can be addressed within a healthcare system allowing for equal dialogue between doctors and patients, the founding aim of Assistència Sanitària.

The organisations which make up Assistència Sanitària, headed by two co-operatives (one of doctors and another of users) are inspired by the free and voluntary association of individuals. With a history dating back to 1957 and close on 5,000 doctors practising freely, 200,000 users and 1,100 workers, the Assistència Group keeps the legacy of Dr Josep Espriu

i Castelló (1914-2002), the creator of the co-operative health movement in Catalonia, alive in this year which is the centenary of his birth.

The Josep Trueta Awards, the highest honours given in Catalonia in the field of healthcare, were created by the regional government in 1997 to coincide with what would have been the 100th birthday of the esteemed Catalan doctor and scientist that carries its name. In the field of health they provide recognition of practical achievements, and in the words of Dr Ignacio Orce, President of Assistència Sanitària, who expressed his thanks for the award, “it encourages us to continue doing our job well, with the continuous support of our doctors and the collaboration of our users, as well as initiatives which foster the ongoing training of professionals, ensuring that they can improve their employment prospects, while also enhancing the Catalan healthcare system is a whole”.

Almost 4,000 children attend the Super Festival

On 25 and 26 October 350,000 boys and girls and their families took part in more than 153 activities and over 50 shows organised at the Montjuïc Olympic Complex in Barcelona. For the 18th consecutive year, the Lluís Companys Olympic Stadium hosted a hugely successful Super Fiesta, an event which each year attracts the youngest members of the household together with their relatives. Assistència Sanitària was keen to take part in the festivities too, and during the two days gave out 10,000 balloons in the colours of the organisation and distributed 5,000 flyers, while also holding a prize draw for the 3,800 boys and girls who visited their stand and took part in its activities with the prize being two tickets to an FC Barcelona match at the Camp Nou. Super3 is proving more popular by the year, as demonstrated by this mass annual event which has now become a firm fixture on the social calendar.



SCIAS worker members celebrate 25 years of Barcelona Hospital



Since it first opened its doors on 12 June 1989, Barcelona Hospital has represented an example of joint management by doctors and users unique in the hospital world, a model of private healthcare in Catalonia which each year handles over 85,000 cases at the hospital itself, and 60,000 emergency home callouts, with 1,000 Assistència Sanitària doctors working there in its various specialist fields. To celebrate these 25 years, the people who every day help this beacon of the co-operative health movement operate successfully attended a celebration organised especially for the occasion, held at Barcelona's Teatre Príncipe in October.

As the central event of the 25th anniversary, the working community of SCIAS gathered together for the screening of a commemorative audiovisual work which looked back over the key events in its history through accounts provided by the management team, and took part in the awarding of the SCIAS gold and silver insignias, and overall enjoyed an emotional experience with their colleagues. The performance by Divinas and the buffet providing a fitting climax to the event.



The season begins with an increase in membership and activities at the SCIAS social participation division

Following the summer break, the SCIAS Social Participation Division is once again back up and running, this year with a substantial increase in membership, and consequently more people of all ages taking part in its leisure and cultural events. The range of activities has increased in line with the increased numbers, with some of the activities proving very popular such as the Pilates sessions for younger members, the cloth and wood printing workshop, the German, French and English classes for children and the family outings.

In the health seminars, Dr Joseph spoke about the advances made in research into a vaccine for AIDS, while Dr Aliaga gave an introduction to chronic respiratory diseases, whilst dieticians from Barcelona Hospital spoke about balanced nutrition as a means of preventing illness. In the cultural and educational areas, the seminars on the music of the War of the Spanish Succession, courtesy of musicologist Joan Vives, and the meteorology talk given by Dani Rodríguez were particularly popular. The cycle of seminars is also supplemented by a season of talks addressing women's issues, delivered by an expert and offering members the chance to speak and enrich the session with their own experiences and opinions. In October and November the themes covered work related with memory, the passage of time and changes in society.

During the final quarter of the year, the cultural visits, outings and excursions have taken various formats. The mountain group went on outings to the Northern Maresme district and the springs of Argentona, a trip to Agramunt to discover the Nougat and Chocolate Museum and the Espai Guinovart, as well as a guided tour of the Born Cultural Centre.

Finally, on 22 November the autumn meeting of secretaries, spokespeople and coordinators of SCIAS was held, on this occasion it was accompanied by a presentation on the co-operative courtesy of Dr Martí, Deputy Medical Director of Barcelona Hospital.

A centenary dream

On 13 October, Barcelona Auditorium was the setting for a mass tribute paid by the Espriu Foundation to its founder, marking the centenary of his birth.

The Catalan Regional Health Minister, Dr Boi Ruiz, and the Mayor of Barcelona, Dr Xavier Trias, were among the 1,800 audience members at the commemorative event, which recalled the significance and current relevance of the work of Dr Espriu.

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100 años del nacimiento del doctor Espriu.



The tribute was attended by close on 1,800 guests.



From left to right: Dr Ignacio Orce, President of Assistència Sanitària; Dr Francisco Ivorra, President of ASISA, and Teresa Basurte, President of the Espriu Foundation.



From left to right: Dr Jaume Padrós, President of the College of Physicians of Barcelona; Dr Ignacio Orce, President of Assistència Sanitària; Dr Boi Ruiz, Catalan Regional Health Minister; Teresa Basurte, President of the Espriu Foundation; Dr Xavier Trias, Mayor of Barcelona; Cristina Iniesta, President of the Barcelona Public Health Agency, and Dr Francisco Ivorra, President of ASISA.

“Today we pay sincere and emotional homage, while also highlighting the scale and ongoing validity of the work of Dr Espriu”. With these words Teresa Basurte, President of the Espriu Foundation, opened the commemorative ceremony staged by the organisation to mark the centenary of the birth of Josep Espriu.

Barcelona Auditorium was the venue where close on 1800 people paid a warm tribute to Dr Espriu, acknowledging him as one of the most important figures in Spanish health care in the 20th century.

Dr. Ignacio Orce, the President of Assistència Sanitària, asserted that the companies grouped together within the Espriu Foundation “our enterprise is based on people, not on capital”, and that although it is a little more difficult to run and expand them, they have become a “flagship in the sector”.

In the middle of the 20th century Dr Espriu began to devise a healthcare model in which the truly central role in medicine would be the users and professionals.

“He was an innovator who was capable of seeing what others did not,” declared Dr Francisco Ivorra, President of ASISA-Lavinia, likewise recalling “that for a whole generation of doctors this represented an ideal which allowed us to view the relationship between doctor and patient in another way”.

The event, characterised by the affection and recollection felt for the founder, was attended by the Regional Minister of Health of the Catalan Government, Boi Ruiz, and the Mayor of Barcelona, Xavier Trias, both of whom are doctors, who emphasised the importance which the institutions of the Espriu Foundation have for health in Spain.

The tribute also featured the premiere of the documentary *A Centenary Dream*, produced specifically for the occasion, and to round things off the attendees were treated to a performance by the Symphonic Orchestra of El Vallès.



Teresa Basurte, President of the Espriu Foundation, was given the task of opening the event.



Dr Ignacio Orce, President of Assistència Sanitària.



Dr Francisco Ivorra, President of ASISA.



Dr Boi Ruiz, Catalan Regional Health Minister



Dr Xavier Trias, Mayor of Barcelona.



The Board of Trustees of the Espriu Foundation thanked Teresa Basurte for her dedication in organising the tribute.



A number of the guests, during the drinks reception served after the formal event.



The El Vallès Symphony Orchestra provided musical accompaniment for the proceedings.



The attendees received as a memento a copy of the documentary premiered at the event.



The tribute to Dr Espriu was held at the Barcelona Auditorium.

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

The institutions that make up the Espriu Foundation come third in the worldwide ranking of health co-operatives in accordance with their annual turnover according to the *World Co-operative Monitor 2014*, presented during the International Summit of Co-operatives in Québec City, Canada.

THE TOP 10 HEALTH COOPERATIVES IN THE WORLD

RANKING	ORGANISATION	COUNTRY	2012 TURNOVER IN MILLIONS OF DOLLARS
1	HealthPartners Inc	United States	3.980
2	Group Health Cooperative	United States	3.630
3	Fundació Espriu	Spain	1.800
4	Groupe Welcoop	France	1.210
5	Central Nacional Unimed	Brazil	900
6	Southern Cross Medical Care Society	New Zealand	540
7	Intercommunale de Sante Publique du Pays de Charleroi	Belgium	510
8	Cooperativa de Salud y Desarrollo Integral	Colombia	330
9	Association Intercommunale de Soins et d'Hospitalisation	Belgium	190
10	Centre Hospitalier Universitaire et Psychiatrique de Mons-Borinage	Belgium	190



If the business sector is not taken into account, the ranking also reveals that the Espriu Foundation would be among the 300 largest co-operatives in the world, being placed 237th.

The study also includes an indicator based on the ratio between annual turnover and GDP per capita in the country to which the organisation analysed belongs. GDP is defined as the monetary value of the final output of goods and services of a country during a year. GDP per capita measures the purchasing power of a country in order to allow for international comparisons. In other words, the turnover of co-operatives in terms of GDP per capita can be used to establish a more uniform indicator allowing for more precise comparisons. In the case of the Espriu Foundation, this indicator would place it 175th out of the 300 largest co-operatives in the world.

The World Co-operative Monitor is the work of the International Co-operative Alliance and the European Research Institute on Co-operative and Social Enterprise, and is sponsored by the Espriu Foundation. The aim of the publication is to expand and improve the information available regarding co-operatives, in order to present a detailed vision of their true contribution to well-being in countries around the world. The data which it contains clearly demonstrate the scale and viability of co-operative enterprises as an alternative to the traditional capitalist enterprise model.

This year's edition brings together information on 1,926 co-operatives from 65 countries, with a total turnover in 2012 of 2,623.1 billion USD (2,105.68 billion euros). 68% of the co-operatives studied turn over more than 100 million dollars (80.3 million euros).

The study highlighted the fact that the turnover of the 300 largest co-operatives increased by 11.6% over the period 2010-2012, amounting in this last year to 2.2 trillion dollars (1.77 trillion euros), the equivalent of the GDP of Brazil.

RANKING	COUNTRY	TURNOVER OF CO-OPERATIVE BUSINESSES IN 2012 IN MILLIONS OF DOLLARS
1	United States	669.860
2	France	377.130
3	Japan	360.540
4	Germany	291.730
5	Netherlands	132.560
6	Spain	85.210
9	United Kingdom	83.480
10	Switzerland	78.620
11	Finland	66.130
12	Denmark	64.850
13	Italy	54.920
14	South Korea	54.440
15	Canada	51.190
16	Norway	33.350
17	Austria	33.250
18	New Zealand	33.070
19	Belgium	29.470
20	Sweden	26.610
21	Australia	17.480
22	Singapur	14.410
23	Brazil	7.220
24	Polonia	5.460
25	India	5.070
26	Ireland	4.880
27	Colombia	4.460
28	Argentina	3.630
29	Czech Republic	2.310
30	Malaysia	1.980
31	Saudi Arabia	1.500
32	Turkey	1.060

The members of the IHCO Global Council establish their working plan for 2015

The delegates at the meeting, held in Quebec, tackled, amongst other subjects, the governance, sustainability and identity of Health cooperatives. The meeting also provided the occasion for the presentation of *Better Health & Social Care* a research report about the contribution of health cooperatives to healthcare worldwide.

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Representatives of various countries participated in the IHCO Board.

The growing visibility being enjoyed by health co-operatives as an innovative model for the provision of health services was one of the main issues discussed at the meeting of the Board of the International Health Co-operatives Organisation (IHCO) held on 7 October in Quebec. “Health co-operatives are exploding” according to José Carlos Guisado, the President of the organisation, “the movements in different parts of the world, including Columbia, Nepal and the United Kingdom, demonstrate the rediscovery of a consolidated health model which has in some countries proved a success for more than 50 years”.

The delegates at the meeting, representing 10 countries, debated the possibilities for inter-cooperation among different organisations, and set out the working plan for the year 2015, with the aim of raising the participation of members and the governance of health co-operatives to a new level, positioning them as tools for sustainability, consolidating their identity, ensuring legal frameworks which support

their growth, and improving the management of capital.

The event also provided the opportunity to present two major projects. Following the conference held in September in Cape Town, which provided ample evidence of co-operatives addressing aspects of general interest not covered by the provision of the public sector or traditional private enterprises, a campaign was devised under the title *Social Needs, Co-operative Answers*, which, employing a range of digital platforms, aims to show how co-operative enterprises represent the most important expression of the needs and aspirations of citizens, and emerged through a natural process to offer appropriate solutions to satisfy the needs of communities worldwide.

The study *Better Health & Social Care*, co-sponsored by the IHCO, was also presented revealing that at least 81 million people worldwide make use of the health services provided by the 4961 co-operatives researched in 43 countries.

A recent study co-sponsored by the International Health Co-operatives Organisation and conducted in 43 countries reveals, among other data, that such bodies provide a service to at least 81 million people worldwide.

More than 81 million people worldwide use health services provided by co-operatives



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What contribution do co-operatives make to global healthcare? How can they improve access to health? What are their most innovative strategies? These and many other questions were addressed by the research team which produced the study *Better Health & Social Care*.

Directed by Jean-Pierre Girard and co-sponsored by the International Health Co-operatives Organisation, the research reveals that at least 81 million people worldwide make use of the health services provided by the 4961 co-operatives covered in the report from 43 different countries. No research of this type has been carried out and published since 1997, when the United Nations published a report on the co-operative health movement worldwide.

The study defined health co-operatives as those whose principle operational objective is tied to health care provision, including co-operatives which provide health services, co-operatives which manage hospital facilities, co-operatives which promote disease prevention and welfare, and those providing health insurance or plans. One other sector covered is pharmaceuticals, both from the perspective of consumers and also wholesale and retail distribution and production.

Co-operatives operating in other sectors also often



cover the provision of certain health services for their members, as in the case of the Guatemalan agricultural co-operative El Recuerdo, which serves close on 100,000 citizens.

In countries such as Argentina, Uruguay and Costa Rica, the State trusts in co-operatives to guarantee the provision of health services for substantial sectors of the population. In Spain, the network of cooperatives that make up the Espriu Foundation is responsible for the running of a number of publicly owned hospitals, a measure which has proved to be efficient, and has increased user satisfaction.

Particular mention should be made in the pharmaceutical sector of the German co-operative NOWEDA, which is one of the 150 largest companies in the country.

Delegations from Brazil, China and South Korea visit Barcelona Hospital

Considered a flagship hospital, its co-operative management model attracts the interest of health administrators from other countries.

The Hospital de Barcelona, the creation of which was conceived of 25 years ago by those influenced by the spirit of service, and the product of the collaboration of hospital professionals and users, has today become a model in the field of medical service, attracting the interest of both doctors and professionals as well as government officials from other countries, who travel to Barcelona to learn about this initiative at first hand.

On 12 September a group of hospital executives and lawyers from Beijing specialising in health care visited the Hospital de Barcelona where they met Teresa Basurte, the President of the Espriu Foundation, and with Gerard Martí, the Deputy Medical Director of the hospital.

On 22 September a delegation of medical co-operatives from the Unimed Cerrado federation for the Brazilian states of Goiás, Tocantins and Distrito Federal took part in an information session held at the co-operative hospital. Gerard Martí and José Carlos Guisado explained how the medical institution functions and as well as describing the care network provided by the institutions which make up the Espriu Foundation and answering the questions raised by the professional delegates from Brazil.



Teresa Basurte, President of the Espriu Foundation, met with the leaders of the Chinese delegation

Three days later, it was the turn of representatives of the health co-operative department of the South Korean government to visit the SCIAS co-operative hospital where they met managers of the Espriu Foundation in order to learn about the details of managing a co-operative hospital, and the structure given to the relationship between the different groups that work together in the institution.



The Brazilian co-operative members during their visit to Hospital de Barcelona

23/24 Cooperatives Europe Assembly

April
2015

Co-operative enterprises and organisations from all over Europe will be meeting in Paris on 23 and 24 April 2014 to share experiences and develop new formulae to enhance the co-operative enterprise model, in the interests of a more prosperous and equitable Europe.

27/30 International Co-operative Alliance Research Conference

May
2015

The International Co-operative Alliance Research Conference will take place in Paris from 27 to 30 May. It will bring together researchers, political leaders and professionals from a range of co-operative, economic and social settings in numerous countries to debate the creativity which must characterise co-operatives in order to innovate and develop new solutions for their members.

4 International Co-operatives Day

june
2015

International Co-operatives Day will be held on 4 July 2014 with the aim of raising the profile of co-operatives and promoting the movement's successes and its ideals of international solidarity, economic efficiency, equality and world peace. The International Co-operative Alliance celebrated the date for the first time in 1923, and it is now takes place every year in collaboration with the UN.

8/10 General Assembly of the International Health Co-operatives Organisation

november
2015

The General Assembly of the International Health Co-operatives Organisation (IHCO) will be held in Antalya from 8 to 10 November 2015, prior to the Alliance's Global Conference.

International Co-operative Alliance Global Conference

10/13
november
2015

The Alliance's global conference, to be held in Antalya, Turkey, from 10 to 13 November 2014, will provide an opportunity to take stock of achievements, but also of the challenges to be addressed in order to achieve the objectives set out in the Blueprint for a Co-operative Decade. It will comprise four plenary sessions debating intersecting issues, including co-operative identity, and four working sessions, each of them linked to one of the cornerstones of the Blueprint (sustainability, participation, legal frameworks and capital).

NOTICE

FOR CO-OPERATIVE MEMBERS OF
LAVINIA, S. COOP.

THE 38TH ANNUAL GENERAL ASSEMBLY OF DELEGATES OF LAVINIA, S. COOP., HELD IN TOLEDO ON 20 JUNE 2014 UNANIMOUSLY APPROVED A PARTIAL MODIFICATION TO THE CORPORATE BYLAWS, AFFECTING THE FOLLOWING PRINCIPLES: ARTICLE 11 (MEMBER RIGHTS), ITEM 5, AND ARTICLE 33 (POWERS, APPOINTMENT IN RESPONSIBILITY OF THE DIRECTOR). THE AFOREMENTIONED MODIFICATION WAS FORMALISED BY MEANS OF A PUBLIC DEED EXECUTED ON 16 JULY 2014 BEFORE THE NOTARY OF MADRID FRANCISCO JAVIER GARDEAZÁBAL DEL RÍO, UNDER NUMBER 1659 OF HIS PROTOCOL, AND WAS REGISTERED WITH THE REGISTER OF CO-OPERATIVE SOCIETIES ON 23 SEPTEMBER 2014, UNDER ENTRY NUMBER 41.

THE FULL TEXT OF THE ARTICLES REFERRED TO IS PUBLISHED ON THE WEBSITE OF ASISA (WWW.ASISA.ES), NOTWITHSTANDING WHICH IT IS ALSO AVAILABLE TO ALL CO-OPERATIVE MEMBERS AT THE PROVINCIAL DELEGATIONS.

MADRID, 16 OCTOBER 2014

SIGNED: ANTONIA SOLVAS MARTÍNEZ

SECRETARY OF THE GOVERNING BOARD OF LAVINIA, S. COOP.



The challenges of the co-operative health movement

The rise of co-operatives on the international stage is indisputable. This has been amply demonstrated by the figures provided by the most recent edition of the *World Co-operative Monitor*, presented at the International Co-operative Summit held last October in Québec. Nonetheless, although their global impact, in both economic and social terms, is unquestionable, given that they have provided a solution for numerous problems and needs faced by the general populace, the co-operative model in general, and in healthcare particular, faces an appreciable number of challenges. The III Cooperative Summit of the Americas, held in early November at Cartagena de Indias, acknowledged these issues that we will address in the following pages. To protect themselves from these challenges that threaten them, cooperatives needed not only to analyse and recognise their weaknesses – so as to overcome them – but also their inherent strengths which are linked to their distinctive approach, the key hallmarks of which are participation, shared responsibility and user service.

AN ANALYSIS OF THE FACTORS INVOLVED IN THE GROWTH OF THE CO-OPERATIVE HEALTH MODEL BEGINS WITH AN INITIAL EXAMINATION OF THE INTERNAL NATURE OF SUCH INSTITUTIONS, THE SOURCE OF THEIR WEAKNESSES, WHICH IN NO CASE ARE INSURMOUNTABLE, AND THEIR STRENGTHS. A SUBSEQUENT ANALYSIS OF THE EXTERNAL CONTEXT SERVES TO ESTABLISH THE THREATS FACED BY THE MODEL, AND THE OPPORTUNITIES AVAILABLE IN ORDER TO DELIVER A MORE EFFECTIVE SERVICE.

Incentives and obstacles for the co-operative health model

José Carlos Guisado
CEO of the Espriu Foundation

These factors affect health co-operatives in a fairly similar way to the co-operative movement as a whole, and it would therefore perhaps be useful to employ a SWOT analysis to evaluate them, even though the process could reveal that most of the factors are interconnected and are already being addressed within the programme and actions raised by the ICA for the Co-operative Decade.

I have therefore employed a number of current bibliographical resources, and essentially some of the studies set out and published recently during the Quebec International Cooperatives Summit held in 2014, as may be seen from the quotes and footnotes.

However, I should point out that the following reflects my thoughts on the issues and follow on from my succession of personal experiences at health co-operatives around the world, due to the work I have been engaged in for some considerable time at the International Health Co-operatives Organisation (IHCO), and my own experience as a grassroots co-operative member.

The SWOT analysis

This method is commonly used and start with a number of elemental considerations, which can be applied to a wide range of circumstances. We begin by analysing the internal context of our institutions, performing as detailed an analysis as possible, set out in simplified form over the following pages to make it easier to understand our weaknesses (W), which immediately give rise to a number of challenges which must be addressed, corrected and improved on.

As mentioned earlier, these are weaknesses from the internal perspective, and should not be seen as insurmountable obstacles, but rather as opportunities to strengthen our model.

We then look at the threats (T) derived from the external environment, which in our case is the external market, or as we say today the market society, which imposes styles or behaviours which threaten our models or run counter to our values, which means we must act within their logic, without losing sight of our essence.

In order to address these threats and act accordingly, we need once again to look to and examine our strengths (S). This should not prompt us to rest on our laurels, as they should instead be used to lend momentum to our reaction to a more or less hostile environment, or to pursue alternative operational approaches.

Lastly, from these strengths we look outside to find opportunities (O) which we need to take advantage of in order to establish ways to improve our model and, in accordance with the five cornerstones, make it more sustainable, effective, efficient and adaptable in the interests of our way of acting, and our community in general.

Application to health co-operatives

What we have attempted to do over the following pages is to set out an initial analysis in accordance with this methodology, in order to provide readers with specific examples in each section, and how they could apply to our specific circumstances.

The aim is not to set out a detailed or com-

We must make use of our strengths as the spur for our reaction to a more or less hostile environment.

prehensive study at this initial stage, but simply to provide more objective evidence of our present corporate situation and the protection of our interests.

It may also be seen that a number of our systemic weaknesses are only superficial while others are genuine, very much involved in daily operations and easily open to improvement, while also being ongoing, and are aspects which perhaps we do not focus on enough because of their immediate and everyday nature, or because we believe them to be unimportant.

These weaknesses are inherent in any model (and ours is no exception), and must prompt us to reflect, to take them into consideration and ensure that they are not overlooked, however obvious they may seem (one example could be our lack of visibility), acting accordingly to overcome them, as part of a continuous improvement process in pursuit of excellence.

We need to make sure we know how to act in response to challenges which essentially come from constant market pressures, which are acute and reveal an ever-increasing number of new trends, and which in a way dictate our daily work, at times with clear implications for our activities, with the risk that our response could go against our essential nature.

We need to focus, then, on our strengths, of which there are many, and behave as active agents, participants in the co-operative health movement, proud to belong to an ideal, a utopia (as imagined by Dr Espriu) which is feasible, and beneficial to us and everyone else.

The battle is not lost, though, as these strengths of the co-operative movement not



only allow us to “defend” our model, addressing our weaknesses, but also to engage with and uncover any opportunities which may arise in the external environment, the market itself which lies in wait, and in dealing with which we must show neither cowardice nor confusion.

I hope that what we have undertaken here, with the corresponding development and the examples cited, will be of use to our readers, and reflect to an extent the current situation facing our sector, along with the responses which we could offer from our unique position in championing the ideas of Dr Espriu.

THEIR INHERENT DIVERSITY AND THE DIFFICULTIES THEY FACE IN FUNDING, ALONG WITH A LACK OF KNOWLEDGE ABOUT THE CO-OPERATIVE MOVEMENT, NOT ONLY ON THE PART OF SOCIETY AT LARGE BUT ALSO THOSE IN GOVERNMENT, REPRESENT, TOGETHER WITH THE LACK OF A CONSISTENT LEGAL FRAMEWORK, SOME OF THE WEAKNESSES WHICH HEALTH CO-OPERATIVES MUST OVERCOME.

Weaknesses and threats facing the co-operative health model

■ Staff

A SWOT analysis begins by listing and studying in detail an institution's weaknesses. The huge diversity in the types of health co-operative which exist worldwide, aside from being a weakness in itself as it makes it harder to present a clear image of the co-operative health sector, also creates difficulties for a general analysis. Although not all co-operatives share the same weaknesses, an attempt to list them in the form of the challenges facing the model is particularly useful, specifically in order to begin establishing a shared overall image.

Among the weaknesses we find there are three major shortcomings: a lack of visibility of health co-operatives, a lack of collaboration between these co-operatives and official bodies and governments, and a lack of consistent legal frameworks at national levels allowing for coordinated action by the International Co-operative Alliance. Four further difficulties present to a greater or lesser extent depending on the context should be added: difficulties in the internal governance of co-operatives, problems with sustainability, added to problems with funding and the issue of critical mass. The picture is completed, as mentioned at the outset, by the inherent typological diversity of co-operatives, which raises an even greater challenge.

This initial level of analysis of weaknesses and challenges, then, is vital in order to set out the threats, strengths and opportunities currently facing the model, as it forces us to take as our starting point the reality of health co-operatives as they exist today and as they have spread across different countries.



Lack of visibility

- Because of the lack of visibility which co-operatives suffer, society at large is not aware of the value they contribute.
- People are aware of “brands” when they have benefited in terms of their housing, their electricity supply, their supermarket or their health system. But they don't associate these brands with the co-operative movement.
- The International Co-operative Alliance has initiated a programme to raise the profile of our movement through the Blueprint for a Co-operative Decade.

-2-

Lack of collaboration from official bodies and governments

- Governments do not make the effort to engage with the co-operative health model, often because they are not fully familiar with it.
- Political organisations fear they will lose a public value then can “sell” in relation to health.
- Public health systems in truth represent competitors for any alternative system, including health co-operatives.
- In short, those on the right view co-operatives as communists, and those on the left dismiss them as capitalists.

-3-

Difficulties in the internal governance of co-operative organisations

- Efforts to improve governance capacity is on the agenda of the Board of the International Co-operative Alliance, and must be an ongoing task at our organisations.
- Without concerted efforts to avoid a culture of complacency, the need for members to identify with the organisation can raise challenges for innovation.

-4-

Lack of appropriate and consistent legal frameworks

- The disparity and sheer number of legal frameworks in which cooperatives operate is clear for all to see, and the Alliance therefore views legal uniformity as one of the cornerstones to be supported through the Blueprint.
- Spain is one of the few countries to have a specific law governing co-operatives and the social economy. Nonetheless, it prevents insurance policies from being arranged with those who are not members of the co-operative (the general public), forcing us to employ alternative legal recourses.

-5-

Difficult sustainability

- The market and traditional commercial businesses claim that co-operatives are not sustainable, perhaps in order to avoid competition from us within their sector.
- Sustainability is one of the five fundamental cornerstones of the ICA Blueprint.
- There are clear examples which demonstrate quite the opposite: health co-operatives which have not only survived but have grown within their respective fields: Coomeva, in Colombia; HeW, in Japan; Unimed, in Brazil, and the institutions of the Espriu Foundation in Spain: ASISA, ASC and SCIAS.

Funding

One clear case of funding problems is provided by the US co-operative HealthyCoOp, in Las Vegas, Nevada, established as a result of a seminar organised by the International Health Co-operatives Organisation (IHCO) in Washington. The local banks would not let it open a current account because it was a co-operative! The issue was resolved thanks to the intermediation of the IHCO with the NCBA and Dr Wise, the promoter of HealthyCoOp, embarked on a public crowd-funding campaign.

-6-

Funding difficulties

- Setting up and maintaining a co-operative (above all in healthcare) requires financial support and appropriate capital management.
- The International Co-operative Alliance has launched its Blue Ribbon programme for the Co-operative Decade, with a particular emphasis from the International Health Co-operatives Organisation.
- There are various sources of funding through financial entities integrated within co-operative groups and credit co-operatives specialising in the financial management of co-operatives.

Diversity

There are three basic types of Health co-operative:

- a) Consumer-owned.
- b) Health worker-owned.
- c) What are known as multi-stakeholder organisations, in which all groups are involved: users, doctors, workers, etc.

-7-

Typological diversity

- The existence of different sub-types within the co-operative health model probably contributes to a lack of understanding of the true situation.
- The same objectives are shared by all of them, they:
 - a) Contribute to improved community health at an affordable cost (cost efficiency).
 - b) Support employment and participation by both workers and civil society.
 - c) Contribute to the development of the communities where they are based.

-8-

Problems of “critical mass”

In order to deliver cover effectively within a health system, a “critical mass” of members and citizens to be covered must be attained.

BETWEEN PUBLIC AND PRIVATE HEALTHCARE, THE CO-OPERATIVE HEALTH SECTOR REPRESENTS A THIRD WAY IN WHICH THE QUALITY OF CARE, THE NEEDS OF USERS AND THE REINVESTMENT OF PROFITS COME FIRST AND FOREMOST. FURTHERMORE, ITS ECONOMIC PERFORMANCE OVER RECENT YEARS HAS BEEN EXCEPTIONAL, WITH A 70% INCREASE IN TURNOVER COMPARED WITH THAT WHICH IT HAD AT THE ONSET OF THE ECONOMIC CRISIS. NONETHELESS, ITS SOCIAL AND ECONOMIC SIGNIFICANCE IS AS SUBSTANTIAL AS IT IS UNKNOWN.

THE CO-OPERATIVE HEALTH SECTOR IN SPAIN

As important as it is unknown

■ Paz Hernández

Spanish co-operatives

24,597
co-operatives

293,387
jobs

132,310
billion euros in
turnover

The principle challenge faced by the co-operative health sector in Spain is to raise its profile, to make society aware that it represents a different model and approach, as an alternative to both public healthcare and private ventures run for profit. This was one of the conclusions of the co-operative health debate held in early December last year at the headquarters of Servimedia, involving Dr José Carlos Guisado, CEO of the Espriu Foundation and President of the International Health Cooperatives Organisation; José Antonio Pedreño, President of the Spanish Social Economy Enterprise Confederation (CEPES); José Luis Monzón, President of the International Public, Social and Co-operative Economy Research Centre (CIRIEC), and Arturo Andújar Cobo, SCIAS director for Seville, and the Managing Director of the SOCOESREMA co-operative, the owner of the CER old people's home, Dr Gregorio Medina Blanco.

Moderated by Arturo San Ramón, Communication Director of Servimedia, the round table delegates were invited to begin their debate with a presentation on the role of health cooperatives in Spain. In this regard, José Antonio Pedreño recalled that the Spanish co-operative health sector, and specifically the part represented by the Espriu Foundation, has become a "threefold beacon". "Its concern with prioritising the interests and fulfilling the needs of individuals, which has been its aim ever since it was founded, has made the Espriu Foundation a beacon for the co-operative model, but also," the CEPES President added, "for the health sector and the international co-operative movement, providing an example for such countries as Canada and Brazil, to name just two".

José Luis Monzón, President of CIRIEC, then focused his address on the role of co-operative healthcare within the context of the welfare state, one of the fundamental cornerstones of which, together with education, corresponds to health provision. Irrespective of the lead role played by public authorities in guaranteeing such rights, within a plural economy there must coexist, according to Mr Monzón, different forms of providing, financing and guaranteeing such services. "And within this context," he asserted, "the co-operative health movement has an outstanding future. Both because of its own values and principles and also the way these are developed, it represents the form of enterprise which best combines guarantees of freedom of choice together with public service, while also competing in the marketplace," the CIRIEC President concluded.

Reinvestment of profits

In addition to these considerations, the economic figures also confirm the rise of the co-operative health sector in Spain, with turnover increasing by 70% compared with the years prior to the economic crisis. "We do not set out to make money, but to provide a service," emphasised Dr José Carlos Guisado, CEO of the Espriu Foundation. "If this results in a surplus, which we are obliged to achieve, then what we do is reinvest. In other words, we return the gains to our users by improving the service," he added, referring by way of example to the hospitals run by the institution he represents.

One of the problems facing co-operatives, in the opinion of Dr Guisado, is that they are often employed as a resource to

Health co-operatives are often a resource to solve problems even at the expense of their own corporate interests.

Spain's social economy: 12% of GDP

The Spanish Social Economy Enterprise Confederation (CEPES) represents 44,563 Spanish businesses, the greatest proportion of which are co-operatives, followed by worker-owned companies, fishermen's associations, mutual societies, special disabled employment centres, job creation enterprises, disabled associations and foundations. Overall they account for 12% of GDP. The economic figures for 2013 were as follows*:

150,978 billion euros in turnover

2,215,175 jobs

2,822 newly created enterprises in 2013 in the first 3 months of 2014

13,695 new jobs in 2013 in the first quarter of 2014

16,528,039 people associated with the social economy

(*) Source: CEPES

resolve problems, even if this comes at the expense of their own corporate benefit. And he cited the MUFACE mutual as an example: "The system was created not to offer benefits to civil servants, but because the health system had neglected them. And although this costs us money every month," he explained, "we decided to become involved in order to offer a benefit to society at large, in the broadest sense, because that is what we give to our users and professionals".

Arturo Andújar Cobo, who besides having been a MUFACE user since it was founded is also a member of the governing board of SCIAS, stressed "personal, high-quality care" as one of the distinctive features of health co-operatives, which he defined as "a highly attractive formula for users". Meanwhile, in his opinion, they also play a fundamental social role, in that they "help the State to guarantee the right to health by providing an alternative to public provision at a highly affordable price. And that," he concluded, "can only be offered by a co-operative".

A great unknown

However, if there is one problem which does affect the co-operative health sector, it is its invisibility. All those taking part in the debate organised by Servimedia agreed on this point, and were unanimous in their diagnosis that the social and economic importance of co-operatives is as substantial as it is unknown.

The problem, according to José Antonio Pedreño, is "the same one which affects the social economy as a whole ... Although these are enterprises which are resolving problems in all sectors and in all regions, the social



Left to right: Arturo Andújar, Dr José Carlos Guisado, José Antonio Pedreño and José Luis Monzón. On the right, Miguel Ángel Cabra de Luna, Director of Social and International Relations and Strategic Plans at the ONCE Foundation, who welcomed the roundtable participants on their arrival at the headquarters of Servimedia

economy, and co-operatives in particular, are the big unknown," explained the President of CEPES, who complained that on forums debating public policy, social economy enterprises do not have a presence. "We were unable to take part," lamented Pedreño, "in the drawing up of the strategic plans of practically all the autonomous regions of Spain, all of which were established over the course of 2012 and 2013, with the involvement of business leaders and trade unions, and which provide the basis for strategy over the next seven years".

An "oversight" which, in the opinion of the President of CEPES, is the result of the fact that "many political leaders have not yet realised that society has changed, that it is no longer simply made up of business owners, or employers, and employees, and so institutionally there is no space for those organisations which represent an alternative model of enterprise, other than private or public employers".



JOSÉ ANTONIO PEDREÑO

PRESIDENT OF CEPES

«The Espriu Foundation represents a threefold beacon: of the co-operative model, of the health sector and of the international co-operative movement.»

“In the case of the health sector,” Mr Pedreño continued, “people talk about public health or private health, but no one says that co-operative healthcare represents a different concept of service, focused on the needs of individuals, redistributing profits or reinvesting them in order to improve care. And as people are not aware of this, our organisations are not as well received or widely used as they should be”.

Even though, according to José Antonio Pedreño, CEPES, the organisation he presides over, is making efforts to change this state of affairs, the political class need to facilitate the process. Prof José Luis Monzón agreed adding that “to legitimate the importance of co-operatives in the eye of public authorities, and for them to give us priority, we must emphasise that these are service enterprises created to satisfy the needs of individuals, and which increase efficiency and fairness in any system”.

One second argument in favour of the co-operative health sector was cited by the President of CIRIEC, who recalled that “historical experience has demonstrated that single-strand solutions, whether through the State or the free market, have been an outright failure, and in this regard co-operatives represent a third way, not in order to do away with the

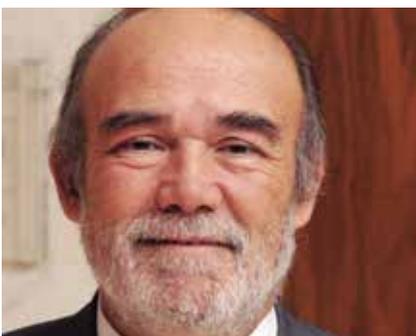
State or private capitalist initiatives, but as an option which strengthens and enriches the system, with the market serving as the basic institution, but by no means the only structure”.

According to Prof Monzón, health is a very specific service in which patients delegate to medical professionals the resolution of their problems, establishing between them a relationship of trust “which fits the co-operative sector like a glove, thanks to its non-profit nature, and above all the fact that its key interest is in serving patients, not profits, as a mere instrument in order to continue caring for people”.

Causes and solutions

Prof Monzón drew his contribution to a close with a reference to the opportunity which the current political climate in Spain represents for co-operatives. The rewriting of the political map suggested by opinion polls, which is forcing all political parties to rethink their programmes, is, according to the President of CIRIEC, “a chance for the social economy to take the initiative, to set out its arguments and to deploy its full potential in political debates”.

Nonetheless, combating the current lack of familiarity will be no easy task. José Antonio Pedreño recounted the occasions



JOSÉ CARLOS GUISADO

CEO OF THE ESPRIU FOUNDATION AND PRESIDENT OF THE IHCO

«The lack of visibility of co-operatives is the result of their proximity, the fact that they are too close at hand.»



JOSÉ LUIS MONZÓN
PRESIDENT OF CIRIEC

«Within the context of the welfare state and a plural economy, the co-operative health sector has an outstanding future.»

on which, as President of CEPES, he has witnessed the surprise with which political leaders, even a succession of Spanish Prime Ministers, have received the figures reflecting the social economy. “They don’t realise what it represents and the extent to which it permeates society, because there is not one single village in Spain without a social economy enterprise,” he remarked, before adding that “the capillary nature of the Spanish social economy is shared by no other model of enterprise”.

Dr José Carlos Guisado, reaffirmed Pedreño’s comments with examples from his own experience, adding that “the lack of visibility on the part of co-operatives is precisely the result of their proximity, the fact that they are too close at hand”. This circumstance goes hand-in-hand with the at times inconsistent role played by the media: “When a co-operative goes under then people talk about co-operatives, but when it is the third-largest in the world, no one says it is a co-operative,” he complained.

According to Dr Guisado, although there are plenty of theoretical studies into the co-operative movement, what is needed is a genuine interest in taking the issue further and establishing greater knowledge. “This year,” he continued, “there has been an ex-

plosion in the international co-operative system, which has been the focus of co-operative summits in Canada, the summit in Cartagena de Indias... There will soon be a gathering in London, another in India, another in Singapore... It is as though all of a sudden,” he added, “people have discovered health co-operatives, and we must seize the moment”.

Alongside the key challenge of invisibility, health co-operatives also face other issues, to which the roundtable participants eventually made brief reference. According to Arturo Andújar “we must encourage more user participation”. José Luis Monzón, meanwhile, saw as vital the “emphasis on the civic dimension of the co-operative movement in order to ensure that they are properly respected by public authorities”.

Both Juan Antonio Pedreño and Dr José Carlos Guisado agreed as to the need to showcase the positive strengths and benefits of health co-operatives. The former stressed the need to “explain their statement of intent, which is simply to satisfy the needs of individuals”. Dr Guisado, who drew the debate to a close, acknowledged that this task must be performed “with persistence and continuity”. “We must make the most of our strengths, which include active participation,” he concluded.



ARTURO ANDÚJAR
DIRECTOR OF SCIAS

«Health cooperatives help the State to guarantee the right to health and are a very attractive formula for users.»

THE THREATS AND WEAKNESSES WHICH, AS WE HAVE SEEN ON PREVIOUS PAGES, ARE FACED BY THE CO-OPERATIVE HEALTH MOVEMENT, GO HAND-IN-HAND WITH OTHER FACTORS WHICH ALSO REPRESENT A DEGREE OF RISK TO THEIR STABILITY, INCLUDING A POTENTIAL LACK OF IDENTITY AND COMPETITIVENESS. THESE THREATS ARE, HOWEVER, COUNTERED BY THE STRENGTHS WHICH IN FACT DO LEND IDENTITY TO THE MODEL, SUCH AS ITS ABILITY TO ADAPT AND ITS PARTICIPATORY COMPONENT.

Threats to the co-operative health model

■ Staff

Having established the weaknesses and challenges which forms the focus of the opening pages of this monograph section dedicated to an analysis of the co-operative health sector as seen by the International Health Co-operatives Organisation, we now look at the threats currently faced by the model. As the co-operative health sector, based on thousands of daily encounters between doctors and patients to care for the health of the latter, is a collective experience which takes place within a specific context, each society, with its own economic and cultural reality, provides the setting where health co-operatives take root.

The international economic crisis has gone hand-in-hand with the triumph of an economically minded attitude which pays scant attention to the values of collaboration, co-operation, caring for the weakest, the protection of human dignity and healthcare, and instead aims to maximise corporate profits. Against this backdrop it comes as no surprise that three of the threats facing health co-operatives are: a lack of competitiveness, appropriate capital management and the way in which doctors are viewed as simply sources of health expenditure. To these must be added the threat of a loss of identity at co-operatives, which paradoxically increases the more successful they are.

¹ *Mrs. Life*. Josep Espriu. Ed. Fundación Espriu, 1995.

² *Member Driven Strategies – Leveraging Cooperatives’ Competitive Advantage*. Bain & Company, Quebec International Summit, 2014.

Loss of identity, also known as “demutualisation”

- The more complex and “successful” a co-operative enterprise becomes (above all in economic terms as we typically understand them), the more dangerous this is for its identity.
- Our founder, Dr Espriu, warned of this danger almost twenty years ago now.
- According to the report by Bain & Company: “large co-operatives tend to become more complex and distanced from their members”.

Lack of competitiveness

- Health co-operatives are obliged to compete in the marketplace, and the work performed by commercial enterprises in this regard is constant and highly demanding, as they tend to offer services at all-inclusive costs with which it is frankly difficult to compete.
- Co-operatives therefore tend to avoid any reduction of the sector.
- Greater competitiveness means offering quality services tailored to the individual, allowing the public to perceive this distinctive value in us when assessing the various offers available.



Most recent assembly of the UNIMED do Brasil health co-operative, a founder member of the International Health Co-operatives Organisation (IHCO).

Appropriate capital management

- Although funding difficulties can limit access to capital.
- The perception that profits are incompatible with co-operative values can also prove a barrier to building the required financial capacity.

Consideration of doctors simply as sources of expenditure

- From a strictly market perspective, healthcare professionals are often seen as being responsible for commercial organisations' expenditure.
- Doctors are seen as “the enemy” when cutting costs, and hence the enemy of corporate profit.
- These professionals should instead be viewed, and we must act, as “expenditure managers”, or more accurately as “efficient managers of healthcare expenditure”.
- As a result, according to some variants of our co-operative model, co-management by professionals and patients/users/citizens is seen as the real milestone to be achieved in order to bring about appropriate administration of healthcare, thereby achieving “socially satisfactory medicine for doctors and patients” (Dr Espriu).

Healthcare professionals: from “sources of expenditure” to “efficient managers of healthcare expenditure”

A strictly market review sees professionals as being responsible for health expenditure. Commercial organisations simply see them as those responsible and as such “the enemy” when attempting to reduce costs and increase corporate profits.

It is true that as doctors we hold the so-called “power of the pen”, in prescribing ever more expensive (and on occasion unnecessary) tests, while it is likewise important that we should learn to take into consideration the burden which this can represent for the sustainability of the system.

We must, though, remember that healthcare professionals have an important social role for the benefit of the so-called PUCC (patients-users-consumers-citizens).

We must challenge this simplification of healthcare, highlighting our distinctive value, which some may see as intangible. Responsible doctors make sure they talk to their patients, understand their suffering, call for the tests required in order to establish a proper diagnosis, and consequently arrange the most appropriate treatment. They take into account two of the basic principles of our art: “first do no harm” and “alleviate, often; heal, seldom; support and console, always”.

Viewing the medical profession simply as a mechanical function, without taking into consideration its social role, undermines the essence of medicine, and that will not bring about any positive result. Professionals should instead be considered, and we must act, as “efficient managers of healthcare expenditure”.

According to some variants of our co-operative model (and to an extent worldwide), co-management by professionals and PUCCs is seen as the true milestone to be achieved so as to manage healthcare properly.

THE STRENGTHS OF HEALTH CO-OPERATIVES ARISE PRECISELY OUT OF THE IDENTIFYING HALLMARKS OF THE MODEL ITSELF AND ITS DISTINCTIVE “WAY OF ACTING”, CHARACTERISED BY THE INVOLVEMENT OF ALL MEMBERS, SHARED RESPONSIBILITY AND A CAPACITY TO GENERATE INNOVATIVE SOLUTIONS IN TIMES OF CRISIS.

Strengths of the co-operative health model

■ Staff

Following on from analysis of the weaknesses of health co-operatives and the threats they face, we now discuss the strengths of our model, allowing us to address the previous points while also explaining the current success of the model. These are the distinctive features of the social economy. Co-operatives are born with a specific social base or group to which they are dedicated, giving them support and roots in a specific community. The participation of each co-operative member (whether doctors or patients) gives it considerable strength which, in the current context, in comparison with other economic perspectives, has particularly highlighted their resilience or robustness in response to crises. In each neighbourhood, each city, each workplace, health co-operatives serve as a focal point for the development of the communities they serve. Meanwhile, another far from insignificant strength in challenging economic difficulties, is the shared responsibility that co-operative workers (healthcare staff) and their users (patients) have for the costs of the health system, making the co-operative enterprise model a sustainable one.

¹ *El desarrollo y la iniciativa local y el papel creciente de la sociedad civil*. Alejandro Saenz (Mendoza, Argentina) Scripta Nova. Revista Electrónica de Geografía y Ciencias Sociales. Universidad de Barcelona [ISSN 1138-9788], nº 45 (26), 1 de agosto de 1999.

² *Cooperativas y empleo: un informe mundial*. CICOPA & Grupo Desjardins, Quebec Summit 2014.

³ *Using empowerment theory in collaborative partnerships for community health and development*. Stephen B. Fawcett, Adrienne Paine-Andrews, Vincent T. Francisco, Jerry A. Schultz, Kimber P. Richter, Rhonda K. Lewis, Ella L. Williams, Kari J. Harris, Jannette Y. Berkley, Jacqueline L. Fisher, Christine M. Lope. American Journal of Community Psychology; October 1995, Volume 23, Issue 5, pp 677-697.

Grass-root to grass-root

- The co-operative health formula has spread worldwide, without any geographical differences, with a clearly defined “way of acting” and with specific approaches depending on the context in question.
- In this regard we need to shout from the rooftops about this service, not simply the members involved. We need to convince the citizens we cover to join our organisations as members, but even if they do not, that does not affect the value of our co-operatives themselves, in offering care.
- Our colleagues from Argentina say in a significant economic study that our organisations grow “from bottom to top and from the inside out”¹.



Brazil's Unimed co-operative provides health cover to more than 20 million people.

Participatory component

- As co-operatives are owned by their members, they can adapt to the changing needs and priorities of the communities they serve.
- The challenge is to achieve committed participation by members, since as they become established and grow they must strive to avoid a falling-off of member participation.

Co-operatives act as a central point for community development

- “Community empowerment models help us to understand the process of gaining influence over the situations which matter to people who share neighbourhoods, workplaces, experiences or concerns. These contexts can help us improve collaborative associations for community health and development.”³

Resilience or resistance to economic crisis

- “The resilient capacity of co-operatives is based on their strong tendency to generate innovative strategies, from the organisational, social, technical and management perspectives.”²

Shared responsibility in the costs of health and the maintenance of sustainable health systems

- This factor is not typically given its due importance. One significant example is provided by our Espriu Foundation, thanks to which the so-called MUFACE system, through which we provide care to civil servants, the army and court employees, achieves “savings” of nearly 40% for the Spanish health system, offering the same levels of service quality, or even higher, and with a higher degree of citizen satisfaction, as demonstrated by the fact that 85% choose us again as their service providers on an annual basis.
- This saving is largely, though not entirely, the result of responsibility shared by those receiving the service for the corresponding cost.

NUMEROUS OPPORTUNITIES ARE OPENING UP FOR HEALTH CO-OPERATIVES, ALTHOUGH LENGTHY AND CONTINUOUS WORK WILL BE NEEDED TO MAKE THE MOST OF THEM. THE PROSPECTS ARE EVEN GREATER IN EMERGING COUNTRIES, WHERE IN MANY CASES HEALTH CO-OPERATIVES REPRESENT THE ONLY POSSIBILITY FOR MILLIONS OF PEOPLE TO ACCESS HEALTHCARE.

Opportunities for the co-operative health model

■ Staff

As health co-operatives do not exist in isolation, mention must be made of the opportunities currently offered by society in general for the co-operative health model. Following on from an analysis of weaknesses and strengths, essentially internal aspects of co-operatives, we here focus on external elements generated by the social context, providing these opportunities as well as the threats described above.

Just as there are many types of co-operative, there are also wide-ranging opportunities available to them in different countries. One initial realisation, then, is that emerging countries present great opportunities for the co-operative health model, whereas the opportunities would seem to be rather less in developed countries. Following on from this initial observation, the current economic context offers clear opportunities for co-operatives because they offer a buffer against unemployment, because they are instruments for social inclusion and because they benefit from multi-level networks (the structuring of co-operatives at the regional and international levels). There are three fundamental factors intrinsic to the co-operative movement which provide genuine opportunities: they encourage long-term thinking (within a context of immediacy and short-term returns), they attract talent and, because of their style of thought and action, are fully aligned with the UN's Millennium Development Goals. Meanwhile, as co-operatives always involve a networked approach, the digital revolution has helped strengthen them considerably.

¹ *China's public health-care system: facing the challenges*. Yuanli Li. Bull. World Health Organ. Vol. 82, n^o. 7, Ginebra, julio de 2004.

² *Mejores servicios sanitarios y asistencia social: ¿Cómo las cooperativas y mutuales impulsan la innovación y el acceso?* Jean-Pierre Girard et al. LPS Report, Quebec Summit, 2014.

³ "La Economía Social como agente económico: necesidad de su participación en la interlocución social". Marcos de Castro Sanz; CIRIEC-ESPAÑA, n^o extraordinario 47/2003.

⁴ From Public Policy Forum, Published in the Quebec Cooperative Summit, Quebec 2014.

⁵ www.un.org/millenniumgoals

⁶ <http://www.cicopa.coop/Necesidades-sociales-respuestas.html>

Clear opportunities in emerging countries, less so in the so-called developed countries

- The gap between opportunities in emerging and developed countries is essentially the result of a lack of knowledge and political interest.
- "In developing countries, health plans provided by co-operatives and mutuels are often the only affordable option for millions of people."²

Contribution to relieving unemployment

- The opportunity derived from the resilience of co-operatives in response to the economic crisis, given their emphasis on democratic values and community empowerment, allows co-operatives to promote economic resilience.
- The vital role of organisations such as the Confederation of Social Economy Enterprises (CEPES) in Spain, which through its ongoing efforts and studies demonstrates that the social economy contributes around 10% to Spain's GDP.



The Argentinian federation of health co-operatives undertook a cardiovascular risk prevention campaign.

Co-operatives (above all health co-operatives) are tools for social inclusion

- The co-operative model and the social economy in general are valued in social terms because of their capacity for inclusion.
- “The social economy is able to satisfy needs which neither the public sector nor the market can fulfil” and “this is the challenge for the social economy, which it will never give up on, because the creation of greater social fairness is not a marginal objective but a substantive one. We will need to stress this point with public authorities until they also take this belief on board, and consequently write it into their declarations. Building a society of and for all is increasingly urgent, as demonstrated by data on market behaviour.”³

Take advantage of networks

- «“Multi-level networks can help catalyse changes through the exchange of ideas, professional knowledge and resources.”
- The value of forums such as that provided by the International Health Co-operatives Organisation (IHCO) cannot be underestimated as they encourage interchange, the learning from experiences and the comparison of opinions, while also highlighting the fact that we collaborate with other international organisations, governments, etc.

Opportunities in China

“The commercial focus of the health sector, on the supply side, along with the lack of sickness insurance cover, on the demand side, further aggravate the problems faced in the scarcity of certain public services, such as health monitoring and preventive care. Over the last 25 years, the Chinese Government has viewed economic development as the greatest priority on its agenda, at the expense of public health, above all in terms of access to healthcare on the part of the 800 million people who live in rural areas. A substantial increase in investment by the Government in public health infrastructure, which had been long awaited, is proving insufficient in resolving the problems in the healthcare system. China needs to reorganise its public health system and strengthen both vertical and horizontal links among the various public health organisations in the country.”¹



Leaders of Beijing’s hospital sector took an interest in the co-operative model of Barcelona Hospital.

Co-operative jobs and unemployment

“According to the ILO, the world is suffering from an unprecedented level of unemployment (more than 200 million people), a drastic situation of youth unemployment, historic levels of migration and a highly significant presence of informal and precarious employment. Meanwhile, the report estimates that co-operative employment, both full-time and part-time, engages at least 250 million people worldwide... with a combination of economic rationality, the pursuit of efficiency, shared flexibility, a sense of involvement, a family-type atmosphere, pride and reputation, a strong sense of identity and a focus on values..., which means that employment at or within the scope of co-operatives covers at least 250 million people worldwide, representing 8.73% of the world’s working population.”



Encourage long-term thinking

- “Given the stability of member ownership, long-term planning of investments helps give the enterprise viability, since all sectors face complex challenges.”

5



Attract talent

- “A democratic approach, based on co-operative principles, offers an attractive alternative to young people, and draws in individuals with an interest in collaboration.”

6



President of the assembly of members of the Nepal Health Care Co-operative Ltd. (NEHCO), founded in March 2006.

Contribute to the development of the Millennium Development Goals (MDG)

The Millennium Development Goals (MDG) are:

- 1. Eradicate extreme poverty and hunger.
- 2. Achieve universal primary education.
- 3. Promote gender equality and empower women.
- 4. Reduce child mortality.
- 5. Improve maternal health.
- 6. Combat HIV/AIDS, malaria and other diseases.
- 7. Ensure environmental sustainability.
- 8. Develop a global partnership for development.

The digital revolution

- A necessary, growing, unstoppable and highly useful revolution has become a part of all of our activities, and we must ensure we take full advantage of the benefits of this to help achieve our goals, through development at two levels:
- Internal development, to improve efficiency and achievement of objectives, using this technology in ad hoc systems and applications, as many successful co-operatives are already doing.
- External development, in communication and the dissemination of knowledge about institutions and the model, through social networks. (See the new website on “Social needs, co-operative responses” created jointly by CICOPA and IHCO.)

Co-operatives as tools for social inclusion

It is impossible not to mention the work carried out by Consorzio SIS in this area. Founded in Milan in 1995 and it today groups together 30 co-operatives which provide social services for the elderly and disabled, childcare and the integration of vulnerable people within the labour market, along with the administration of social housing. Another example is the Evergreen Cooperative, founded in 2007 in Cleveland, Ohio, by the city authority, the university and a number of local organisations. It has created an innovative model for the creation of jobs, wealth and sustainability based on ecological activities. The cooperative, which is owned by its workers, provides a decent salary to those living in depressed areas of the city, thus encouraging social inclusion and the development of the local economy.

digit@l rewwwolution



One of the main challenges facing the co-operative movement is the lack of visibility, among both the general populace and public authorities, both of which are often unaware of their economic and social significance. In Spain, with the Espriu Foundation as the leading light in the co-operative healthcare sector, the situation is no different. People forget that health co-operatives almost always provide a resource to resolve problems and strengthen and enrich a health system which must guarantee the right to health to all citizens. Nor is it always remembered that their capacity to adapt to times of crisis is exceptional, as demonstrated by the fact that they have practically doubled their turnover compared with the years prior to the economic downturn. Within the context of a market economy, health co-operatives now represents a third way between public and private healthcare, with the needs of users prevailing over profits, which are reinvested so as to guarantee even better care. The real work that the co-operative health movement still has to do is to showcase these values.

Behold the dead soul...

Behold the dead soul, girl,
and if you say “share”
then write “faith” on the sheets.
Just now the wind passed through the leaves
and the copper stained the soil with blood
for the dawn should have been beautiful
with the announcement of joy.
Look at each branch, the green knot
and the shoot beneath the bark
and the sap white as the moon
which none squeeze between their hands.
Know, then, that generosity too
will be strong as the stone
that covers the tomb of time;
perhaps love can achieve all
and light up reason, from time to time,
as the covetous lips light up in the east.
Truths and lies we tell ourselves
so death will no longer court us.

From: Francesc Parcerisas, *Seixanta-un poemes*, Barcelona,
Quaderns Crema, 2014. Translated by Sam Abrams



MAR AGUILERA

Benzo Light

THE WORLD SPINS ROUND



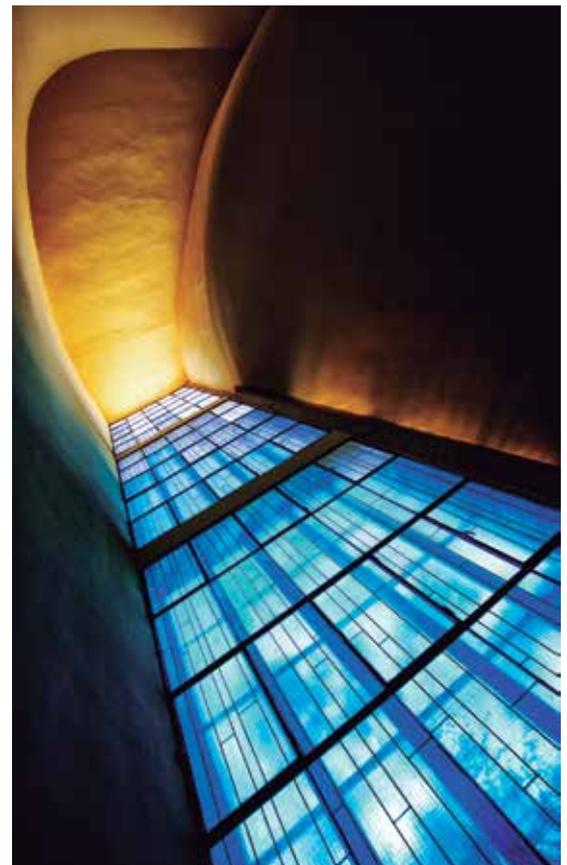
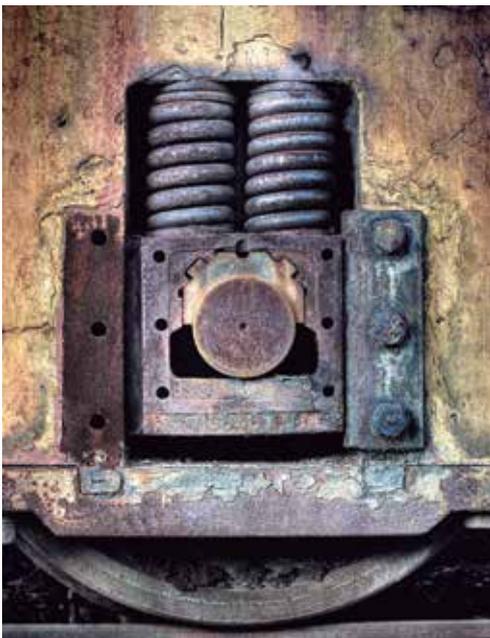
Luis Benzo came to live in Malaga by chance. He's been a photography fanatic "ever since he can remember", a tireless seeker of quality in both the capturing and reproduction of his images.

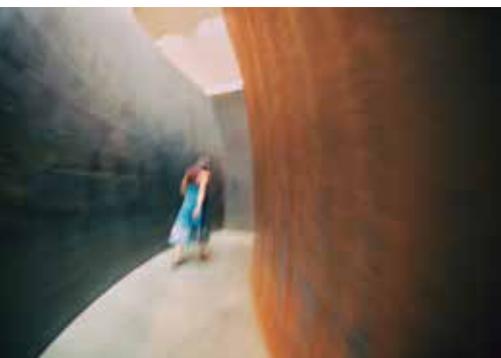
A sarcastic and intelligent critic, he possesses a real winner's touch, as demonstrated by the numerous awards he has won in his distinguished photographic career.

He has played an active role in two associations: first Aula 7, and now the Malaga Photographic Society.

His images, most of them in black-and-white, provide palpable evidence of his ability to adapt to the moment. Nonetheless, within this broad spectrum of interpretation Luis's work reveals a subtle and constant feature: his particular way of capturing and interpreting light. And so this "Benzo Light" is the common factor of his images, and hence his style.

Photography: LUIS BENZO
Text: Eladio Garesse Martín





The Song of Esther

When you are lost in
the desert of the afternoon
and thirst after the blue
of the sea so distant,
and feel yourself watched.
by your own gaze.

Eternal Prince, Jacob,
you will always have company
on your pilgrimage
through channels and words.
You will bear death,
like the branch does the bird.

Ah, antagonistic path
of hours and water,
gallop of haughty archers
against the statue
of salt of one who wished
to become marble!
If you fall, your eyes
will freeze hopes.

Sad people, with the memory
of such burnt cities.
There is no welcoming rest for you
in the pleasant shade, of home.
Just dreams, at the far end
of my gaze.

Salvador Espriu: Poem included in the
First Story of Esther (1948).
Translated by Sam Abrams.

The definitive moment in my relationship with the work of Salvador Espriu is intrinsically tied to the appearance before me, in the lecture rooms of Barcelona University, of a young lecturer in Catalan literary history, who over recent decades has completely transformed the academic attitude towards Catalan theatre. I speak of Dr Enric Gallén i Miret.

I have never, as was typical up until that time, seen our traditional theatre as second rate. And those of us who were students of that generation, at Barcelona University in the Eighties, owe that act of cultural justice to that young lecturer. We never had to discover the importance of Espriu's theatre, as from the very outset we were given a rigorous, reasoned and lively understanding of Salvador Espriu's dramatic output. It is no coincidence, then, that Dr Gallén was given the responsibility of editing the centenary edition of his *Theatre* (Edicions 62, 2013). The foreword to this volume and other articles that he has written about the author can be wholeheartedly recommended.

The *First Story of Esther* was published in 1948. It had been presented that same year at a reading held at the Literary Circle of the French Institute in Barcelona. In 1952 a performance was organised to be acted at a private house (with actors including Joan Oliver, Rosa Leveroni, Dr Gonçal Llovera and others), although it was cancelled for reasons which vary depending on who tells the tale... In 1957 though, under the direction of Jordi Sarsanedas, the ADB drama group in Barcelona premiered the first performance of the work at the Palau de la Música Catalana. And in 1962, this time directed by Ricard Salvat, the Adrià Gual School of Dramatic Art staged a second production at the Teatre Romea, which subsequently toured a number of theatres in Barcelona and around Catalonia, before being revived in 1968 and taken to San Sebastian and Nancy. The work was subsequently staged on three occasions, courtesy once again of Ricard Salvat (at the Teatre Grec, 1977), Lluís Pasqual (with the Teatre Lliure company, 1982) and Oriol Broggi (TENC, 2007).

Let us, though, place this song within the context of the play. As in Valle-Inclán's dramatic works, Espriu interweaves poems and songs throughout the script.

The Jew Mordechai seeks out Esther (his niece), distressed at the news of the Royal decree to exterminate the Jews. Esther is now the wife of King Ahasuerus, precisely thanks to the intervention of Mordechai. The King is unaware that she is a Jew. Mordechai seeks her out to give her the news, so that she can intercede on behalf of her people. Secundina, the doorkeeper (a character played on stage, among others, by Maria Aurèlia Capmany), tells him where

she is and what she is doing: “She is on the lookout, singing and at play. You can hear her from here”. And it is then that we hear the Song of Esther.

The biblical Esther (Est 4:17), having received the news brought by Mordecai, “took off her sumptuous garb and put on mourning robes”, removed her gold and covered herself in ash... And prayed: “Blessed are you, God of Jacob! Help me, for I am alone, and have no help but you... O Almighty God, hear the voice of the desperate, free us from the hands of the wicked and free me also from my fear”. The biblical Esther passionately pleads for help in the form of divine punishment of the enemy. Espriu’s Esther dispassionately, resignedly, believes in the lucid prophecy of a future of diaspora and resistance. The biblical Esther has faith in her mighty God; Espriu’s Esther has faith in the tenuous and desperate, but unbreakable, power of humanity, of the “dreams at the far end of my gaze”.

These are not the only biblical references in the poem. We also find a reference to Lot’s wife (Gen 19:26), who, when she turned around to gaze on Sodom, became a “statue of salt”. Or the reference to Jacob, as an emblem of the Jewish people, to whom God said: “Henceforth you will be no longer named Jacob, but Israel” (Gen 32:26). And also: “A people, a gathering of peoples will be born of you” (Gen 35:11).

And these lines of verse from the song are not the only ones spoken by Esther during the play. A quartet is first dedicated to King Ahasuerus, who has just chosen her as his new bride, and says that he aspires “only to calm, to be softened bit by bit with a slow sweetness”. And Espriu’s Esther answers in:

“Rest your head, King, on my chest
scented with orange blossom.
Rest your head on my breast,
As if it were your pillow”.

Rhyming verse upsets the king, and he requests of Esther “free” verse, in other words without rhyme. She admits that she finds poetry difficult, and her new husband does not contradict her: “I am pleased to see so from your example. Do not worry”. Espriu through the mouth of King Asahuerus makes fun of lines which he himself has written, it is true, but is well aware I believe that they strike an echo of the poetry of other Catalan authors of his generation. They are malicious lines, then, in this scene of the play, because they show the cynical irony of Esther, who is attempting to ingratiate herself with Asahuerus. And they also strike me as malicious at a secondary level of meaning, as a gesture of complicity between the author and his readers or audience.

And if I perceive this twofold meaning or interpretation, it is because I feel it is likewise recognisable in the Song of Esther which we are discussing

here. In fact this twofold attitude is evident throughout the play, in a reading which weaves in and out of fiction, and the various layers of fiction (found in the garden in Sinera, the “puppet” theatre in a biblical setting), with a challenging mystery.

In theatrical terms Espriu positions the song at a point at which Esther is no longer in dialogue with anyone else. She sings, under her breath perhaps, to herself. It is an intimate dialogue. All of the sudden her Uncle Mordechai calls her and they begin to speak, and Esther once again becomes cynical and sarcastic; “phlegmatic” is the word which Mordechai employs. Esther distances herself from the drama, setting herself apart because she is overwhelmed by a lucid pessimism. She does not believe in any possibility of averting the situation. But this does not prevent her from being aware of its seriousness, and being able to suffer from the pain it will cause. She has in fact, in the song, accepted that the future will mean bearing the danger of the extinction of a people. Although as we have said, with one inevitable survivor, which could in the long term prove fertile: the “dreams” present in the stubborn “gaze” of the person who preserves them. Once again the parallels between Esther (and the Jewish people in the Bible) and Espriu (and the Catalan people under the scourge of Franco) become clear.

In literary terms the great discovery, Espriu’s genius, is to achieve a warm, poetic, lyrical vibration amid the grotesque and unsubtle (puppet-like, baroque) context of the play. As Dr Gallén wrote: “In certain very select cases, when the situation lends itself, the puppets also express themselves in the purest lyrical and elegiac vein of our author. Two examples: the first, in the lookout scene: whilst at frivolous play, Esther abandons her puppet-like pose, becomes human, and recites a meaningful poem in which she grieves at the sad fate of a people, her people, pursuing perhaps an impossible dream. ...” A very well chosen phrase, I feel: the character “becomes human” through the song.

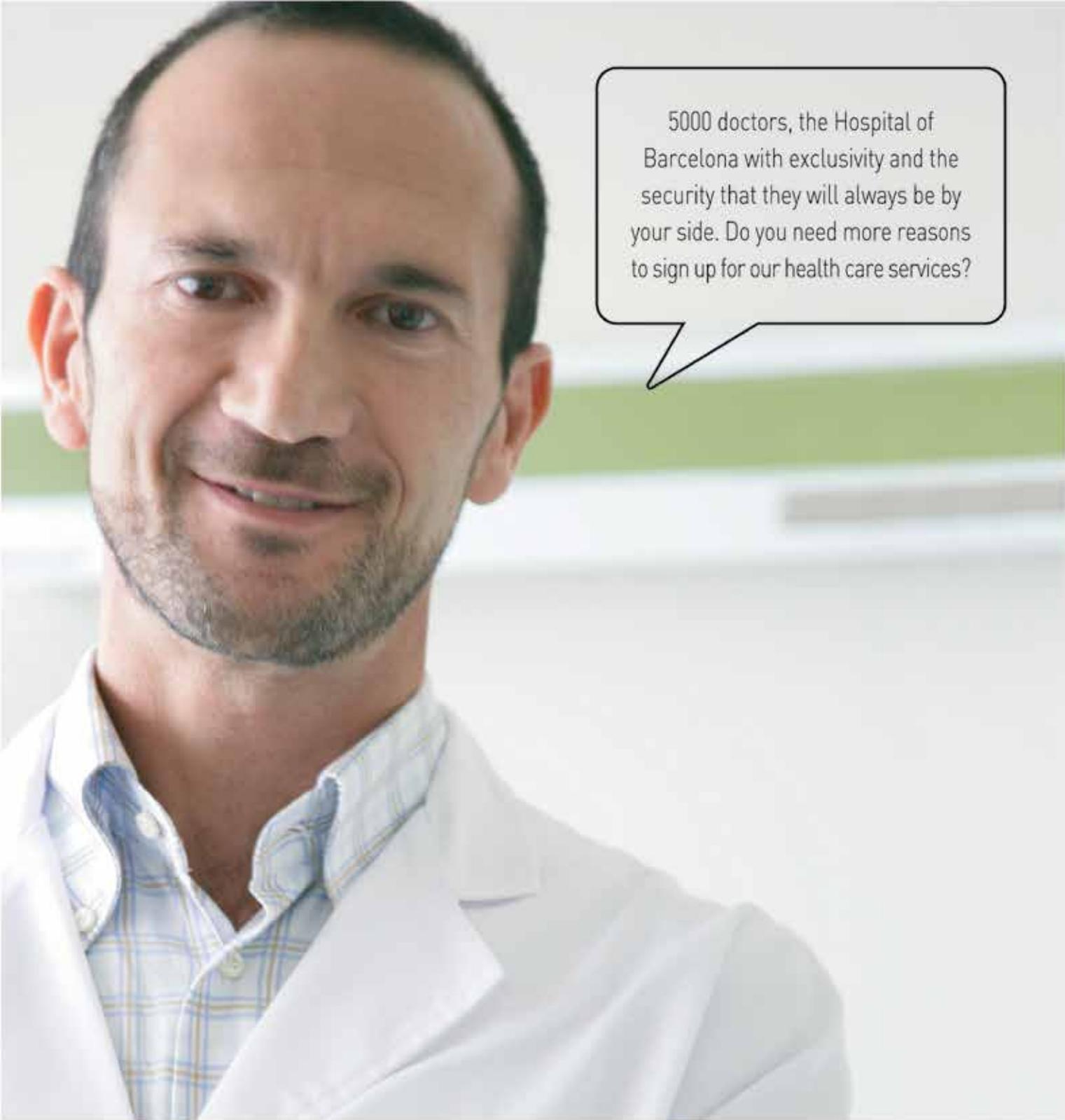
The Song of Esther is “recited” or “sung under her breath” (according to Espriu), but it could be sung out loud. Manuel Valls i Gorina, who wrote the incidental score for the play, set it to music. Ricard Salvat did not believe in it, felt it to be “of great formal beauty, but without that “culinary” approach which I believe necessary for Espriu’s play”. It is, without question, an inevitable and hugely intriguing dramatic debate when one reaches this point of the *First Story of Esther*: should one push the song towards the general tone of the work, a “puppet-like”, “culinary” style, or heighten its lyricism to the utmost, provoking the effect of contrast?

It is without a doubt a further example of the deliberately uncomfortable writing, and literary risk-taking (and challenging) approach of a humanist steeped in modernity.



The tragic human trail
of migrant smuggling

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