SOCIAL STRUGGLES TO DECOMMODIFY HEALTH

IN CATALONIA AND SPAIN:

WHAT LESSONS CAN WE LEARN?

Final Report

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Abstract

In recent decades, Catalonia and Spain have witnessed numerous struggles and resistances on the part of various democratic social movements in an attempt to return privatized and commodified services to public hands. In the case of the health sector, the effervescence of social discontent with the provision of public services through private companies has been particularly evident. This study aims to understand the main characteristics of the processes of deprivatization of the health sector in Catalonia and Spain, as well as the facilitating factors and existing barriers, in order to draw lessons to help strengthen the network of national and international social activism and inspire new actions to decommodify the health sector. The methodology used has a qualitative character based on literature review, identification of cases, and the stories and lessons learned from several cases of deprivatization/decommodification. Among other results, this study concludes that political will, leadership, synergies with political institutions and the alienation or alliance with other collectives (social movements, political parties, trade unions) are, among others, key factors for a social movement to be more likely to achieve a successful outcome. At the same time, citizen apathy or passivity, fear of retaliation, the COVID-19 pandemic and the lack of generational replacement constitute obstacles or barriers that must be overcome in order to achieve more effectively the objectives proposed through social mobilization and protest. In this way, the lessons and recommendations that we have been able to extract are generating new strategies with the aim of increasing the number and frequency of actions that are disruptive, making efforts to recruit more people especially youth, strengthening mobilizing structures and generating action plans, making alliances with other movements and strengthening the presence and leadership of women.

INTRODUCTION

Throughout the world there are deep social inequalities that are structurally determined by socio-political causes that are reflected in the unequal conditions of life, work, housing, education and health services, among other various social determinants, which are expressed in inequalities in health and in the quality of life of the different social groups.

Obtaining the right to health care was, for a part of the world's population, one of the most important social achievements achieved in the second half of the twentieth century. A public good comparable to the right to vote, to education or to have a pension. A historical reference of the countries with public health systems financed directly with taxes was the British National Health Service (NHS), which in 1948 proposed preventive and curative assistance for "every citizen without exception". Together with the United Kingdom, the Nordic and other European countries followed similar processes by establishing health systems based on the principles of public funding, universal access and a wide range of health services regardless of wages, social position or place of residence (Benach et al., 2012). Equitable access to high-quality health care is a key pillar for achieving a highly effective welfare system and the greatest possible equity (Marmot, 2005; Martínez, Smith, Llop-Gironés, Vergara & Benach, 2016).

In recent decades, under the influence of neoliberal policies, the increase in the influence and power of governments, social agents and private companies in the field of health has led to serious consequences for the right to health. Thus, the increasing commodification and privatization of health [12] has prioritized maximizing economic benefits rather than expanding the human right to adequate socio-health services. for the entire population (The Global Initiative, 2020). In addition, these processes have exacerbated existing power inequalities in health care, so that, currently, decision-making about health care is largely in the hands of "biomedical guardians", closely associated with the private sector and the large pharmaceutical companies that make up what is called the *medical-industrial* complex. (Martínez et al., 2016).

In this sense, the scientific literature is strong in pointing out that universal, publicly owned and managed health systems, based on quality primary care, not only offer better health outcomes, but are also more efficient, equitable and humane. The supposed "greater efficiency" of commodified care is largely based on saving on personnel, precariousness and offering low wages and poor employment conditions, all of which affect the health of the socio-health workers themselves and deteriorate the quality of care offered. to the patient. In addition, private centers select patients, give premature discharges, charge per medical act and perform more tests and unnecessary interventions (Benach, 2013). On the other hand, the health crisis caused by COVID-19 from 2020 onwards has shown the disastrous effects of decades of austerity, cuts in health care and the commodification of public services (Kishimoto, Steinfort & Petitjean, 2020).

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[1] Commodification does not lie in the ownership of resources but is the introduction of market elements into the public system, such as the conceptualization of health as a product from which an economic benefit can be extracted.

[2] Privatization is the transfer of resources from the public to the private sphere. Kwiek (2017) describes that the State can provide a certain product, subsidize it and/or regulate its supply. Therefore, in the case of the privatization of health, it implies the reduction of the role of the State in these three dimensions.

INTERNATIONAL VIEW

Neoliberal political-economic regimes have systematically replaced elements such as public property and collective bargaining with deregulation and privatization, promoting the individual over the group and society (Cohen, 2019). The campaign of privatization and deregulation carried out in the 80s by the Conservative government of Margaret Thatcher in the United Kingdom and by the neoliberal government promoted by Ronald Reagan in the United States are the result of this. In fact, Thatcher and Reagan formed a personal and political alliance that influenced the conservative movement around the world. Their alliance promoted an ultra-conservative reformist agenda based on lowering taxes on the rich and big business, deregulating the financial sector, reducing social spending, giving greater power to the mercantile forces, giving maximum freedom to private initiative and constantly restricting the activity of the public sector. in favor of the common good (Viana & Silva, 2018; Wollmann et al., 2010). Importantly, these processes have developed differently in different contexts around the world. In Spain, this process has often followed contradictory paths, since the historical evolution of the State has presented a trajectory marked to a large extent by the dictatorship and by a political transition with abundant political, legislative and management processes of an authoritarian type (Llop-Gironés et al., 2016).

THE SITUATION IN CATALONIA AND SPAIN

The General Health Law of 1986 laid the foundations for a National Health System (SNS) that expanded the coverage and quality of health care for almost the entire population. However, in Spain and especially in Catalonia, publicly funded health care was facing commodification pressures from conservative governments, as well as from international funds and large private companies (pharmaceutical, insurance, technological and hospital), which for decades were progressively increasing the pressure to commodify healthcare (Braithwaite et al., 2011; Benach, 2018). In a phase of capitalist stagnation and reduced profits such as the Great Recession of 2008, health care (and, in general, public services) became an ideal object for doing business and making profits. Let us not forget that the public and private health system are like communicating vessels: for the latter to have the possibility of greater profit, it is essential first to discredit, weaken or even "parasitize" the public sector as much as possible (Benach, Muntaner, Tarafa & Valverde, 2012).

Shortly after the General Health Law was approved (1986), very diverse processes began to take place to favor health privatization and question the Public Health model (FADSP, 2020). In 1991, the "April Report" became the first serious attempt to promote the commodification of the healthcare system in Spain. The ideological arguments used are well known: the "unsustainability" and "bureaucratization" of the public system, the "greater efficiency of the private system", spreading that "health belongs to the personal sphere" or that users "abuse health", are some of them. At the end of the 90s the process of commodification accelerated. In 1997, under the government of José María Aznar, the PP approved (with the support of the PSOE and PNV) Law 15/1997 that legitimized the privatization of health services through public-private partnerships, allowing the entry of private entities in the management of public health centers (Ferran & Puey, 2016). In 1999, with the construction and management of the Hospital de La Ribera in Alzira (Valencian Community), the way was opened to the commodification of health and the promotion of private "business models". In the Community of Madrid, the transfer in 2005 of the Hospital de Valdemoro to the Swedish capital company Capio became, under the PP of Esperanza Aguirre, the spearhead of the construction of private centers.

In Catalonia, a mixed health management system was historically configured where, together with public hospitals, there is an extensive network of semi-public centers with a wide presence of local institutions and

private and ecclesiastical groups, and a public model with a strong business conception. In 1995 the profit motive in the management of public health was accepted; and the successive legal reforms of CiU and the tripartite (PSC, ERC; ICV-USA) further reinforced the so-called *Catalan model.* During the reform of the Institut Català de la Salut (ICS) of 2007 and in the so-called Omnibus Law, the possibility was contemplated that public hospitals would rent private operators on the closed floors or that the operating rooms would stop operating in the afternoons. The justification for this discourse was based on an alleged financial unsustainability and for having "lived beyond our means", while there was a population in *shock* by the strong crisis generated by the recession of 2008. On the other hand, a Royal Decree-Law was approved (RDL 16/2012, April 20) that allowed to move from a national health system to a tripartite system based on health insurance for the rich, social security for workers and charity for the rest of the people. The RDL of the PP government was a health counter-reform that renounced universal health care and excluded the most marginalized sectors of Spanish society (Benach, 2012; Bernal-Delgado et al., 2018). Because of this process, there was a profound impact with a reduction in the quality of medical care and the state of health and quality of life of people (Bernal-Delgado et al., 2018; Martínez et al., 2016).

Currently three quarters of the almost 5,500 existing health centers in Spain are private or concerted where more than 40 percent of their annual turnover (about 5,000 million euros) is publicly paid. This parasitizes the public sector, is managed privately and acts without democratic control (Sánchez Bayle, 2019). Along with these health and social commodification advances, Catalonia and Spain have witnessed numerous struggles and resistances by democratic social movements to return privatized and commodified services to public hands (Estrada Cañón & Milian Nebot, 2020). In the health sector, the effervescence of social discontent was revealed through the mobilization of well-known social agents such as the White Tide, as well as institutions such as the General Council of Colleges of Physicians and the General Council of Nursing (Martí & García, 2018; Ministry of Health, 2018). An example of this has been the deprivatization of the Hospital de La Ribera in Alzira, in the Valencian Community, which in 2018 went from having a private management to a public one (Acerete, Stafford & Stapleton, 2011; Comendeiro-Maaløe, Ridao-López, Gorgemans & Bernal-Delgado, 2019).

Knowledge of the struggles of social movements in defense of public services has been growing in recent years (Spronk & Terhorst, 2013). Despite this, the types and fundamental characteristics of the deprivatizing processes carried out in Catalonia and Spain are still very little known. It is therefore essential to understand as deeply as possible the strengths and weaknesses of the social movements that have fought and continue to fight for the deprivatization/decommodification of increasingly commodified socio-health care in favor of those who can afford it, as well as to achieve the citizen's right to a comprehensive, humane and quality public health model.

RESEARCH OBJECTIVES AND QUESTIONS

This study aims to offer fundamental keys for the understanding of the main characteristics of the deprivatizing processes carried out in the health sector in Catalonia and Spain, with the ultimate goal of inspiring new deprivatizing /decommodifying actions, extracting lessons and recommendations and, with it, strengthen the network of national and international social activism. The main research questions driving this project are three (see Figure 1).

FIGURE 1. RESEARCH QUESTIONS

1) What is the taxonomy of the social movements for the deprivatization and decommodification of healthcare in Catalonia and Spain?

What are the facilitating factors that can enhance or barriers that can hinder the effectiveness of these struggles?

What lessons can we learn from each case, and how can social struggles be made more successful?

The specific objectives expected to be achieved are also three (see Figure 2).

FIGURE 2. OBJECTIVES OF THE RESEARCH

| 1) To know the most relevant aspects of the processes of decommercialization of health and social services that have taken place in Catalonia and Spain in recent years. | To expose the ways in which the actions and relationships between social groups that promote social and health activism have been configured to improve access to health care and improve the social determinants of health and equity. | To understand those aspects that can improve collective actions in defense of the right to health. |

THEORETICAL AND CONCEPTUAL FRAMEWORK

KEY PLAYERS

In any process of commodification, deregulation and privatization of health there are drivers of change, such as political agents and private economic corporations, and recipients of change, such as workers, users of health and society in general. In recent years, workers have been immersed in major changes in the organization of their work that, through the reduction of workforces, job insecurity and subcontracting and the increase of labor exploitation, have aimed to improve efficiency and productivity and increase business profits. For users/patients, the changes brought about by the privatization and commodification of healthcare have a significant impact on the type of care and treatment they receive, such as in terms of limited resources and loss of quality of existing services. at the population level. The impact of these processes on society is also important, since privatization and commodification call into question a right as basic as universal health, which inevitably leads to an increase in social inequalities in health, with even worse consequences in times of pandemic in terms of exclusion, segregation and discrimination of the most vulnerable population (Pericàs & Benach, 2020). However, in the face of the privatization/commodification processes carried out, there are also other social actors, such as the deprivatizing social movements, which try to react and hinder the pressures of political agents and corporations in order to prevent them from achieving their goals. Likewise, social movements themselves can also be promoters of change and prepositive generators (and not only reactive) of new changes that improve population health and equity (see a basic scheme in Figure 3).

Agents of change

- Political agents
- Private corporations

Receptors of change

- Workers
- Patients
- Society

Changeover switches
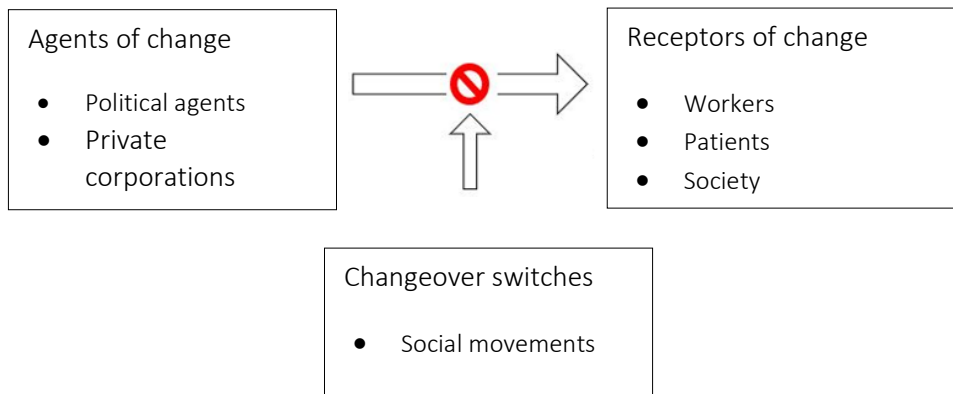
- Social movements

SOCIAL ACTIVISM

Beginning in the 1960s, numerous social theories known as *mobilization* studies began to emerge, focusing on the action and mobilization of social movements. Following this position, we can raise some of the most important theoretical aspects that should be highlighted to study the action and mobilization of social movements to later analyze some of the movements of health decommodification carried out in our environment.

POLITICAL OPPORTUNITY

From the emergence of the concept of political *opportunity,* a new tradition developed in the study of social movements whose importance reaches our days (Caren, 2007). According to McAdam's (1999) definition, a *structure of political* opportunity arises when any social event or process facilitates the questioning of the principles under which a political order has been established. McAdam & Zald (1996) pointed out four different dimensions from which one can speak of the existence of a structure of *political opportunity* (see Figure 4).

FIGURE 4. FOUR DIMENSIONS OF THE STRUCTURE OF POLITICAL OPPORTUNITY

1) The greater or lesser openness of the institutional political system.

2) The stability of alliances existing among the ruling elite.

3) The presence of allies among the elites.

4) The administrative capacity of the State and its propensity to repress.
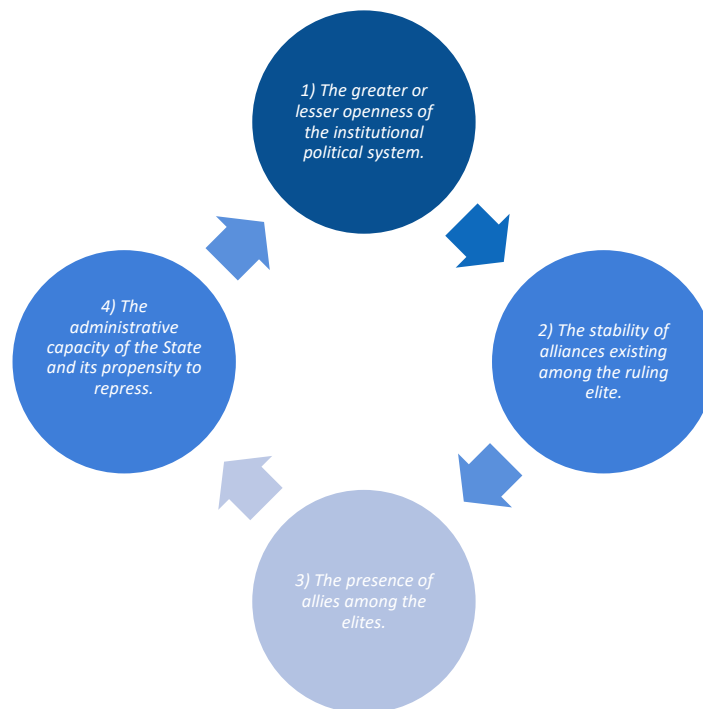
According to this formulation, a structure of *objective political opportunity* arises from the opening of the institutional political system, the destabilization of the system of alliances of the ruling elite, the existence of possible allies in this group or the inability of the state to repress or control the actions of social movements.

In the context of the Great Recession of 2008, the existence of a scenario of new political opportunities for the emergence of new movements of protest and social demand was suggested (Grasso & Giugni, 2016). The increase in social deprivation of the population, the worsening of macroeconomic conditions and the application of austerity policies, would have created the right conditions for a resurgence of protest activism, as observed in the increase of various movements in the European countries most affected by the crisis, as are the cases of Spain and Greece, among others. Thus, some social and political conditions can become a structure of political opportunity to propose and effect social changes.

Other perspectives have specified the need to analyze political opportunities (and threats) from the subjective point of view of the individual participants (McAdam, Tarrow & Tilly, 2004). In this line, the importance of the so-called moral *shocks*is pointed out, that is, the generation of an intense collective emotional state where people develop attitudes of anger and indignation before an event of rupture (Jasper, 2014). In this context, those moral shocks would help incorporate more people around the state of protest or resistance being experienced at any given time.

SOCIAL MEDIA

An essential theoretical aspect to understand current social movements is to be able to understand the social networks that are interwoven before, during and after the realization of their activities. Social networks do not include   only what we know colloquially as *online* social networks (Facebook, Twitter, etc.), but must be understood as nodes, relationships, or communication channels, both informal and formal, that connect individuals with each other (Diani, 2013). These channels constitute important general foundations of human interaction and are crucial for social movements (Jasper, 2014). The diffusion of frames, repertoires and even

the triggers (*frames, repertoires* and *triggers,* respectively) of the movements themselves occur thanks to the pre-existence and construction of these networks, in addition to being also fundamental for coordination, the accumulation of resources and collective action (Andrews & Biggs, 2006; Hedström, 1994). It is for these reasons that the importance of social networks in relation to the role of social movements has been suggested (Krinsky & Crossley, 2014).

In any case, there is no doubt that, among the most important points for the structuring of social movements, social networks are a fundamental instrument that has to do with power and leadership, recruitment and continuity, as well as with organizational structures, which are briefly summarized below.

1) POWER AND LEADERSHIP

Even in the absence of formal hierarchies within a social movement, social networks are especially important for the definition of power relations within the movement. For example, in the study of the feminist movement it has been indicated that, in the absence of a formal organization with established hierarchies, it was the pre-existing social networks of friendship that granted power to people who previously belonged to them (Freeman, 1972). Thus, any type of organization, even those that do not have established hierarchies, have informal leaders. This example of the feminist movement allows us to guide the reflection on the emergence of leadership and on the importance of focusing on pre-existing social networks, specifically in the case of movements for the decommodification of health.

2) RECRUITMENT AND CONTINUITY

A large number of studies have analyzed the relationship between an individual's membership of social networks and their recruitment into a given social movement. In general, having networking ties with activists and supporters of a social movement is shown to be one of the best predictors explaining an individual's participation in a social movement, while, instead, having no relationships with participants or opponents of the movement is a predictor of their non-participation (Snow, Zurcher & Ekland-Olson, 1980; Kitts, 2000; McAdam & Paulsen, 1993). However, this does not apply only at the individual level but also at the collective level, as in the case of so-called bloc recruitment, a phenomenon consisting of practically entire social networks (religious, neighborhood, racial, etc.) being mobilized towards a specific social movement, as happened in the case of the civil rights movement in the United States. but also, in reactionary movements such as the anti-abortion movement in various countries (McAdam, 1982; Jasper, 2014). At the same time, social networks have strong effects throughout the lives of individuals, so that a person who has previously participated in a social movement is more than likely to remain active, inspire and have continuity in new initiatives of the movement. .

3) ORGANIZATIONAL STRUCTURES

Social movements are spaces that contain organizational structures, so that their members and the formal and informal organizations that coexist in a certain protest space contain a wide set of possibilities in their compositions and interrelations. In this sense, the organizational structures of a social movement can be understood as the set of "interpersonal networks that link leaders and followers, the center and the periphery, and the different parts of one sector with another, allowing coordination and aggregation, and that make it possible for a movement to persist even in the absence of a formal organization" (Tarrow, 2011). In this way, a taxonomy of social movements has been created according to which their position is classified from the interrelation of the different components of movements, whether formal or informal, or centralized or decentralized (Willems & Jegers, 2012). It should also be noted that the taxonomy does not focus on the existing

organic organizations of one or another association but focuses on the relationships between the different components/actors of a given social movement.

The difference between formal and informal movements must do mainly with the relative degree of formality existing in their relationship structure. For example, a strongly formalized move will be based on legal agreements, contracts, or corporate configurations. The labor movement and the workers' unions could be examples of this. The formalization of these structures is a way to reduce the uncertainty of the organization, as well as to increase its legitimacy towards external actors (Suchman, 1995). In contrast, informal social movements contain more flexible structures that have not been formalized by the procedures described above, that is, they are based on implicit or unwritten agreements. Examples of informal movements could be the relationship between two like-minded independent organizations within the same social movement. These types of relationships are highly contingent and are easy to initiate and maintain in the short term, since their maintenance does not entail large economic costs (Granovetter, 1973).

Apart from these two important axes, social movements can also be articulated centrally or decentralized, hierarchically or laterally. In hierarchical movements there is an actor who has power and authority over the rest. On the other hand, in a decentralized movement, the actors maintain an equal position among themselves. In the case of hierarchical movements, we can frame local organizations with respect to their national referents. On the other hand, as an example of lateral relations, we find organizations that reach an alliance, as is the case of some electoral coalitions.

However, we do not have to understand this taxonomy rigidly, since organizations can contain mixed forms (formal, informal, centralized and decentralized) at the same time. In addition, movements can evolve and mutate over time, so you do not have to understand tremors statically. Finally, it should be noted that the dimensions examined can interact with each other forming networks of formal and decentralized, informal and centralized connections. All possible ideal combinations (according to this theoretical framework) can be seen in the following diagram (see Figure 5).

FIGURE 5. COMBINATION OF THE FORMS OF ORGANIZATION OF SOCIAL MOVEMENTS ACCORDING TO THEIR STRUCTURE
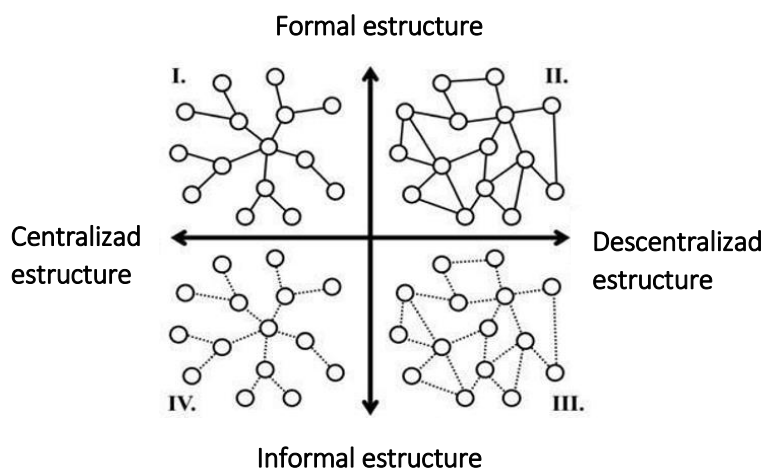
Source: Adaptation of the Willems & Jegers scheme (2012).

CONTAINMENT REPERTOIRES

To achieve their goals, social movements can deploy a very diverse number of actions and interventions. However, these actions are limited in time and space and depend deeply on the knowledge and resources you have and what should or can be done in each circumstance. That is why some authors, perceiving the limited nature of these actions, have conceptualized them as *repertoires of containment* (Tilly, 1986). As we have already mentioned, the repertoires of containment vary according to the context in which we are situated, since there is a great diversity of historical, institutional and geographical conditions that influence the emergence of a certain repertoire. For example, during the nineteenth century, the emergence of industrial capitalism and the emergence of institutional changes, such as parliamentarism in England, opened the door to the creation of new repertoires at the national level focused on parliamentary action. A more current example is the adoption of legal strategies and the creation and dissemination of knowledge by organizations of users of mental health services in Sweden in order to achieve their objectives (Näslund, Sjöström & Markström, 2020).

An important aspect of containment repertoires is their *modularity,* that is, their ability to be transferable to contexts other than those from which they were created. The study of the modularity of repertoires in deprivatization/decommodification movements is important for two main reasons. The first, because the appearance and disappearance of certain repertoires is usually associated with the appearance of protest cycles, so that those actions identified as effective can trigger a new protest movement (Tarrow, 1993). The second reason has to do with the way in which the repertoires are transferred, which can be of great help when it comes to optimizing their transmission. There is a field related to the study of this aspect known as *diffusion studies.* This field of study has emphasized the special relevance of social networks and members of social movements in the transmission of these repertoires. The belonging of social movements to social networks of high density is of great relevance for an efficient transmission of these repertoires, although networks that are too isolated and concentrated can hinder their dissemination in contrast to wider networks (Wada, 2012). Finally, in relation to the specific objective of this study, the scientific literature has mentioned the role of intermediary *agents (brokerage)*to refer to the interactions that occur between the senders and receivers of the containment repertoires that are not known or are not mutually connected and that disseminate information between two movements, as is the case with non-governmental organizations.

SOCIAL ACTIVISM FROM A FEMINIST PERSPECTIVE

Gender equality considerations are particularly relevant in a sector such as health, dominated by female employment. In a social context where women continue to assume most of the responsibilities of caring for children, older people and domestic chores, it is important to assess the work-life balance of women, and how this is influenced by privatization/mercantilist tendencies.

To date, gender has received little attention for research on the impact of privatization and commodification processes and health care. Gender ideologies and representations tend to consolidate existing hierarchical relationships, either in governments themselves in general, or in health facilities. Thus, for example, various studies highlight how the relations of domination, and the economic and political hierarchies of the neoliberal model are deeply marked by gender inequality. For example, the reduction of the State's responsibilities in the field of social welfare leads to the transfer of such important obligations as the family care of the elderly and infants or domestic work on women, in a process that Babb (1996) refers to as women being the ones who "absorb the shocks" of economies in the process of adjustment.

Gender equity and women's agency are basic components of the vision of anti-capitalist struggles for social and economic justice. Fraser, Arruzza & Bhattacharya (2019) point out that all those social movements related to anti-racism, the environment, the rights of refugees and migrants, and the right to equitable health are nourished by the advances made by the feminist movement. Although not formally affiliated with the feminist movement, these movements have much in common with him. The element that unites them is the reaction to neoliberal capitalism and its devastating consequences, as well as the aspiration to address the problems and their causes from their very roots.

In recent decades, women have been protagonists of several revolutionary events and social mobilizations such as, among others, the movements in defense of legal abortion and against gender violence existing in the world. In the case of other movements, women have also been placed at the center of the movements forming most of their components, although in many cases their participation has not had a very visible role. Some authors argue that the gender roles observed in society can also be observed in social movements where women are responsible for performing tasks more related to organization and community, while men are in charge of tasks related to establishing new links and leading (Della Porta & Diani, 2006).

Detailed ethnographic accounts of women's experiences, combined with conceptual frameworks of place-based knowledge and practices, can help gain a better understanding of how to reinforce activism in Catalonia and Spain from a feminist perspective. More specifically, this study may also make it possible to make progress in the analysis of the role of women in social movements related to health.

MATERIAL AND METHODS

METHODOLOGY

The methodology used in this study includes the review of the literature, interviews with experts and the identification and analysis of several cases of deprivatization/decommodification with the qualitative stories and learnings extracted from several of its protagonists.

The fieldwork of the study has been based on the design of an investigation qualitative type phenomena and social-critical, using case analysis without pretend obtain a statistically representative view. The data triangulation technique has been used, with a methodology consisting of five Phases. In addition, in a complementary way, have had also considering the lessons learned from analyzing the institutional-community project *Salut Als Barris*, made in the city of Barcelona. This is a particular case that help to compare and contrast topics related to the community health y reducing social inequalities in urban health, since one of its main characteristics is community participation in actions related to the right to health and the improvement of the social determinants of health. Due to its complementary nature, the results of this additional analysis have been included in the Annex number 5. The phases of the qualitative methodology are described below (see Figure 6).

1) CHOICE OF CASES

FIGURE 6. PHASES OF THE QUALITATIVE METHODOLOGY FOR THE CHOICE AND ANALYSIS OF CASES.

| Case selection | Interview design | Interviewee Selection | Data collection technique | Interview Analysis |
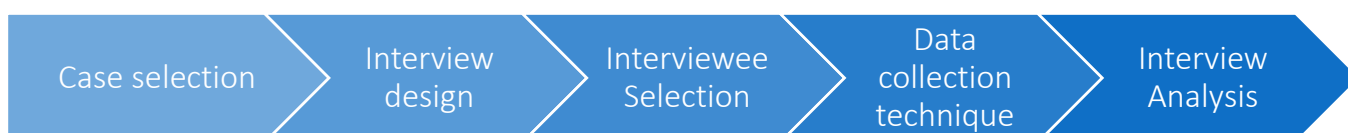
In an initial phase, a first trace of cases of deprivatization/decommodification in Spain was elaborated (see Table 1). Given the current pandemic conditions and the availability of existing information, the selection of cases was carried out through a search through news portals on virtual websites, through the information available on social networks or by the explicit recommendation of activists in the socio-health field. To choose the three most representative cases possible, four specific selection criteria were identified (see Table 2).

TABLE 1. CASES OF DEPRIVATIZATION AND/OR DECOMMODIFICATION IDENTIFIED IN CATALONIA AND SPAIN

Case	Autonomous community	Type of center
CAP of L'Escala	Catalonia	Primary Care
CAP Muralles	Catalonia	Primary Care
Hospital de Torrevieja	Community of Valencia	Hospital Care
Hospital of Denia	Community of Valencia	Hospital Care
Hospital of Elche	Community of Valencia	Hospital Care
Hospital Arnau de Vilanova	Catalonia	Hospital Care / Health Consortium
Aragonese Law	Catalonia	-
Berga Hospital	Catalonia	Hospital Care / Health Consortium
Princess Hospital	Community of Madrid	Hospital Care
Salut als Barris[*]	Catalonia	Community Health

TABLE 2. SELECTION CRITERIA USED TO SELECT CASES OF DEPRIVATISATION/DECOMMODIFICATION IN CATALONIA AND SPAIN

1) It represents the case of a social and health center where there was or is a conflict regarding its privatization and / or commodification.
2) An internal mobilization (with a level of formal or informal organization) and/or also external (citizen mobilization) took place.
3) Gender and democratization processes played a potentially important role in the selected case.
4) The case shows a high potential to draw lessons of interest that serve to strengthen activism networks, whether successful or not.

2) INTERVIEW DESIGN

Along with the choice of cases, a preliminary interview script was designed based on the research questions posed and the information previously extracted from the tracking and reading of available studies on social movements. To test the adequacy of this script, a pilot interview was conducted with two independent actors, a man, and a woman, both activists, with different leadership histories and with legitimate roles in territorial social groups. The two people were convened by the organizations that lead actions of change articulated in international organizations such as the People's Health Movement (PHM), the Transnational Institute (TNI) and the Latin American Association of Social Medicine (ALAMES), which were identified by the motor group. Conducting the pilot interviews improved the format and content of the interview. Below are the main blocks of the interview (see Figure 7). The full script of the interview can be seen in Annex 1.

FIGURE 7. MAIN BLOCKS OF THE INTERVIEW

Information about the group

↓

Approach to the movement (strategies, alliances, strengths and weaknesses)

↓

Effectiveness and impact of the movement

↓

Vision of the healthcare model
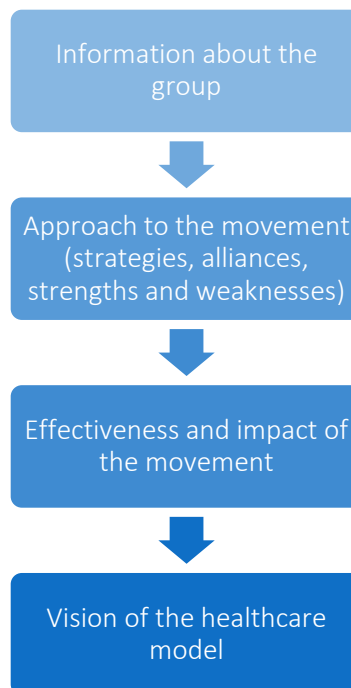
3) SELECTION OF INTERVIEWEES

To make the selection of people to interview, a convenience sampling was carried out through contact searches through the "snowball" strategy, with the aim of locating people with high knowledge and direct or indirect involvement in the decommodification actions of health and social services. Contacts were established by phone and email.

The objective of the research was to get more than one person for each case, up to a maximum of four, being two the minimum number of participants per expected case given the conditions of time and motivation available to carry out the study among the people consulted to participate. The study design tried to have a heterogeneous sample, with a representative balance between women and men from different social groups and jobs. All digital information was archived in the document manager of the free platform offered by Google. Likewise, the additional information provided by the agents and key informants has been coded to preserve the anonymity of the participants and for their necessary triangulation of the theoretical-practical issues related to the analyses carried out. The demographic data of the persons interviewed can be found in Annex 3.

4) DATA COLLECTION TECHNIQUE

Individual interviews or interviews were conducted in groups of two, in a semi-structured form using a previously established script (see Annex). The interviews lasted between 45 and 90 minutes, depending on the availability of the interviewee and were conducted during the month of February 2021. There was no financial compensation, no other incentives or gratuities. All interviews were conducted virtually through the Google Meet platform following the ethical guidelines on confidentiality and data protection, as mentioned below. All the interviews were recorded and partially transcribed for the realization of this report, that is, only the most relevant fragments referring to the objectives of this research were completely transcribed preserving the chronological sequence of the conversation that, if required as a source of verification, can be consulted by the motor group. The most relevant fragments can be found in Annex 5.

5) INTERVIEW ANALYSIS

The testimonies of the interviews were analyzed through a series of categories and subcategories generated from combining the information from the previously examined available literature (see section with the theoretical and conceptual framework) and the emerging comments of the interviewees. On the other hand, several experts in social and trade union movements were interviewed to triangulate the results of the interviews of the cases with the information of the literature and the expert knowledge in trajectory and experiences of the researchers external to the process. With this methodological input, the rigor of the research was reinforced, and the validity of the results obtained was improved.

ETHICAL ASPECTS

During the process of compiling the interviews, the data protection rules have been scrupulously respected. Responsibility has been included to ensure that the information provided is treated in a lawful, fair and transparent manner in accordance with the provisions of Regulation (EU) 2016/679 of 27 April 2016. On the other hand, it is pointed out that the vulnerability of people who, due to their history in these processes, will be considered under the principles of autonomy (who can withdraw at the time they wish), beneficence and justice, explaining the purposes of the investigation and respect for their approaches, the protection of their identity and the confidential nature of the interviews and the dialogues that emerge. The sessions were recorded solely for research purposes. If they are required for other purposes by the funding agencies of the project, the participants must be considered for their moral assent.

Given the current sanitary conditions and the existing restrictions to hold the meetings under the COVID-19 pandemic, the document for informed consent was read before the session and participants were asked to complete a virtual format (see Annex 4).

RESULTS

Based on the search strategy explained in the methodology, three main cases to be analyzed were identified, which are located in different locations in the Catalan and Spanish territory. The cases were agreed with the Motor Group formed to accompany the preparation and subsequent actions related to political advocacy (see Table 3). This section shows a description of the selected deprivatization/decommodification movement and interview analysis. Annex 5 shows the analysis table-summary. All cases are described taking into account the five main sections reflected in the theoretical and conceptual framework: 1) power and leadership; 2)

recruitment and continuity; 3) organizational structure; (4) containment repertoire; and 5) empowerment. For the analysis of the interviews, we start from the categories previously described, emerging in the interaction with the participants and specified in more detail with the interviewed experts. The categories and textual citations are shown in Annex 5. These categories allow answers to research questions and have been distributed according to different categories of analysis (see Figure 8).

TABLE 3. SELECTED DEPRIVATIZATION AND/OR DECOMMODIFICATION CASES.

Case	Locality	Type of center	Institution	Enterprises	Leading actors	Allied actors
CAP Escala	L'Escala, Catalonia	Primary Care	Catalan Institute of Health	Empordà Health Foundation/ Eulen Group	User Group	Empordà Health Foundation/ Works Council
CAP Muralles	Tarragona, Catalonia	Primary Care	Catalan Health Service (Catsalut)	Management and Delivery of Health Services (GiPSS)/Muralles Salud SLP	Grup de Treball en Defensa de la Sanitat Pública	CGT, CUP, Metges de Catalunya
Hospital de Torrevieja	Torrevieja, Valencian Community	Hospital Care	Ministry of Universal Health and Public Health	Ribera Salud Group	Platform for Health 100x100 Public and quality	Pacte del Botànic (PSPV, Compromís and Podem)
Hospital Arnau de Vilanova	Lleida, Catalonia	Hospital Care / Health Consortium	Catalan Institute of Health	Health Services Management (GSS)	White Tide	Civil organizations and trade unions (CCOO)
Salut als Barris*	Barcelona, Catalonia	Community Health	Department of Health - Generalitat de Catalunya	-	Salut als Barris	Civil organizations of the neighborhood, Primary Care Centers, Neighborhood Organizations, Youth Associations and that their participation has continuity in new initiatives of the movement, Civic Centers and other

						interested actors

FIGURE 8. ANALYSIS CATEGORIES
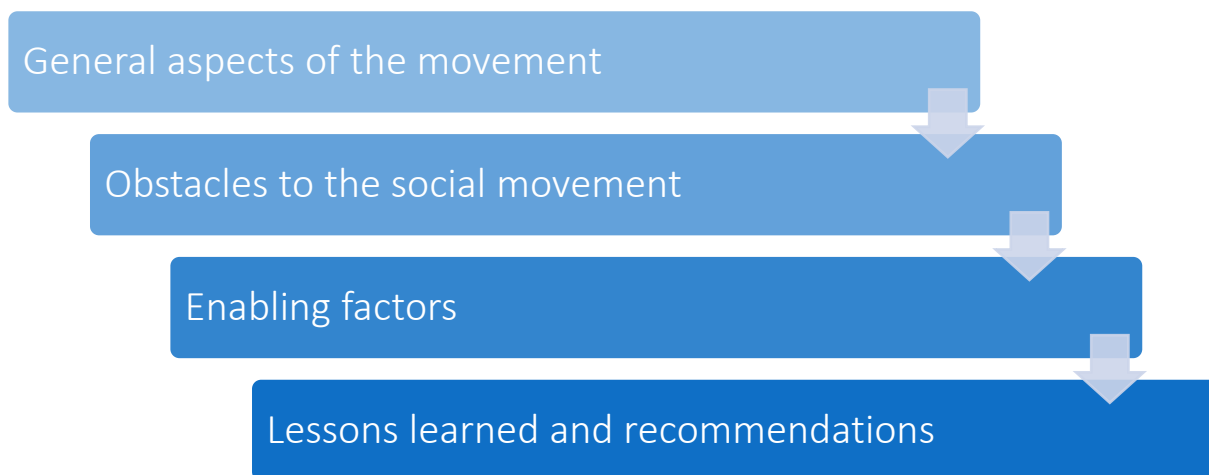
TORREVIEJA HOSPITAL

CASE DESCRIPTION

In 1999, the Popular Party (PP) obtained a parliamentary majority in the Valencian Community. This party promoted public-private collaboration (also known as strategic alliance with Suppliers, AEP) in the hospital management of the area. The public-private collaboration consisted of the private company contributing to the construction of the hospital in exchange for obtaining a period from hospital management (concession), between 10 and 15 years. In October 2020, the contract signed with the concessionaire of the Ribera Salud Group that manages the Torrevieja Hospital came to an end and it was the option of renewing the contract or transferring the management of the hospital to the public sector. However, the renewal of the contract was not assured since, in the elections in May 2015, a new government of left-wing parties acceded to the autonomous government formed by the Partit Socialista del País Valencià (PSPV), Compromís and Podem. These parties had in their roadmap to reverse all those privatizations of health centers that had been carried out during the legislature of the previous conservative governments. Once the PP was out of the regional government, the new *Minister* of Health of the Valencian Community of the PSPV, Ana Barceló, decided not to extend the contract of the Hospital of Torrevieja with Ribera Salud in the Department of Health of Torrevieja [3] in the face of the poor results obtained previously in the management (long waiting lists and precariousness of

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[3] Just like Catalonia (and other autonomous communities) the Valencian Community is divided into different Basic Health Areas (ABS), which are the elementary territorial unit through which primary health care services are organized. Similarly, in the Valencian Community the territorial organization of health is carried out through the health departments.

the health personnel). The same situation took place in the well-known case of the Alzira Hospital, where after 15 years of private management the concession was not renewed.

Several activist groups mobilized to reverse the reversal of the public management of hospitals. In the mobilizations, the definitive withdrawal of the private company Grupo Salud Rivera from the management of the Torrevieja Hospital was requested. From this cause, different social groups were born that acted independently, one of which was the Platform for Public and Quality Health 100x100 (known as the *Platform).* Within its repertoire of actions,[4] there were mobilizations in the main squares and in front of the hospital, as well as several political actions together with local deputies of the Valencian Parliament (see Illustration 9). It was a movement that occurred almost at the same time as COVID-19 and, although not all the actions that were planned from the beginning could be carried out, the movement achieved a large mobilization of local citizens who demanded better health care. Therefore, the case of Torrevieja is a good example of a case in which proactively attempts are made to deprivatize/decommodify an hospital.

FIGURE 9. MEETING AGAINST THE COMMODIFICATION OF PUBLIC HEALTH OF THE PLATFORM

Source: Facebook page of the Platform.

MOVEMENT ANALYSIS

Although the reversal of the Torrevieja Hospital is a project still underway, this is a case from which valuable lessons can be drawn to inspire and extract recommendations for social movements. The highlight for the process of deprivatization of Torrevieja was the synergistic relationship established between those political groups that had in their political agenda to reverse the privatization of hospitals and activist groups with the same objective. Thus, various social activism platforms, together with political parties such as Podemos, managed to approve a Proposal not of law (PNL), which aimed to urge the government not to extend the concession of the Health Department to Torrevieja, to return

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[4] Link to Facebook group of *the Platform*: https://www.facebook.com/Plataforma-por-la-Sanidad-100x100-Pública-y-de-calidad-dep-22-Torrevieja-100560248356296/

management to public hands, the repeal of Law 15/1997 that enables the privatization of public centers and the demand for a process of accountability on compliance with these measures.

EXPLANATORY TABLE. PROPOSITION NOT OF LAW.

> The **Propositions not of Law (NLP)** Are a type of parliamentary initiative through which the legislative (in this case the Valencian Parliament) expresses its opinion on an issue or urges the executive to follow a certain policy or action. Unlike the Ley Positions, they have no legal effect and have no legislative purpose, so their use is restricted to making a statement on the political will of the legislative chamber.

The structure of opportunity arose when the social context allowed the questioning of the principles under which the political order was established, in this case, with three main points:

1) The completion of the concession of the Hospital de Torrevieja after 15 years.
2) A majority of left-wing parties in the Valencian Parliament against the privatization of health.
3) The bad experiences of patients and health personnel.

The last point appeals to the *moral shocks* that McAdam has described as subjective political opportunity. Thus, for example, a retiree and activist of the Platform against privatization points out:

"An important detail of all this to consider is also that citizen mobilization is combined with political pressure. In this sense we have been lucky, I think too, because if I had been governing Valencia, the Partido Popular (PP) or Ciudadanos (C's) we would have had nothing to scratch".

In this case, political opportunity therefore acts as a facilitating element for the movement. However, it is important to highlight how the social movement knew how to use the opportunity to carry out its intended objectives.

The activism platforms had a wide repertoire of educational activities that tried to combine the training of people and members of the association, with activism and protest activities. These acted as a facilitating element. in this regard, a member of the platform testified:

"We had to combine several things: training and activity. In training so that people can understand why it is important to defend the public and also involve them in activities where people could show that they are supporting the cause, in that sense the rallies at the door of the hospital."

In its repertoire of activities were included talks and mobilizations in the central square of the towns. One element that was emphasized during the interview was the continuity and persistence of the people involved in the movement. The interviewees insist that listening and the creation of participatory and democratic spaces where people can express themselves without fear is essential. One of the interviewees says:

"It is important that each person can contribute something and take it into account and give the possibility for people to express themselves. For example, we did a *performance* where people held some letters. That's important because they feel part of the movement."

Another element of success that the interviewees reiterated during the interview was that the "leaders" of the associations are people with a positive reputation and a long history of activism in other areas, such as neighborhood associations. This allows people to have confidence in the person and their way of working, which drives citizens to join the movement. In addition, it was emphasized that the *leaders* of the companies cannot be associated with a pre-established political ideology or an ideology in partisan terms, which gives a greater opportunity to welcome people with different ideologies. Likewise, it is pointed out that one of the key actions was the creation of a very diverse and plural motor group, where people with different areas of experience participate, from doctors to people working in the *marketing* sector.

The Plataforma interviewed is composed of a motor group of twenty people and a larger group of 150 people. One of the most notable barriers in the processes of activism at the Torrevieja Hospital described by the interviewees is that the hospital workers who are part of the movement participate from anonymity, because they are afraid of dismissal. For example, one of the leaders of the movement says:

> "(...) a little, an important fear is the fear of the company as well as the health personnel integrated within the platform."

A more complete summary of the opinions and views of the protagonists interviewed can be found in Annex number 5.

For the social movement at the Hospital de Torrevieja, the COVID-19 pandemic can represent both a barrier and an opportunity. On the one hand, COVID-19 has not allowed the mobilization of people and the growing labor and social precariousness that exists greatly hinders the realization of protest activities, which has hindered the visibility of the movement. On the other hand, however, the pandemic has exposed the disastrous effects of years of austerity and cuts and activated social media. The interviewees highlighted that now is a good time to debate with those people who were not previously affected by the privatization and commodification of health but who, on the other hand, during the pandemic have been affected.

SANITARYCONSORTIUM / HOSPITAL ARNAU DE VILANOVA

CASE DESCRIPTION

In 2014, the Department of Health of the Generalitat of Catalonia Government headed by Convergència i Unió (CiU) announced through a press release the creation of a consortium for the management of Primary Care and the Arnau de Vilanova Hospital in Lleida. This consortium would be formed by the Institut Català de la Salut (ICS), the main regional public company providing health services, and by a public company called Gestió de Serveis Sanitaris (GSS). According to media reports*, the creation of the consortium did not respect the regulations of public contracts, nor the law on control and control of expenses, nor the ley of incompatibility with other positions, thus creating an opaque health system, undemocratic and highly permissive for private interests. Finally, the Ministry of Health headed by Boi Ruiz had to dissolve the public company GSS in 2015, thus paralyzing the creation of the consortium and the commodification process based on a parliamentary motion against its creation.

*Links to the media

https://www.naciodigital.cat/lleida/noticia/18135/consorci-sanitari-lleida-historia-fracas-politic

DESCRIPTION OF THE SOCIAL MOVEMENT

From the publication of the press release, the White Tide organized assemblies of both citizens and health personnel to fight against the creation of the consortium. A citizen consultation was made on the consortium and around 40,000 signatures were obtained*. La Marea Blanca and other sectors of the public camped at the Arnau de Vilanova Hospital to protest against the consortium. More than 400 people from Agramunt, Tàrrega, La Pobla de Segur, Sort and Tremp also staged various encampments in protest. In addition, other civil organizations shared and supported the White Tide initiative (youth associations, the Plataforma for the Right to the Savalanche, etc.) (see Figure 10). The White Tide of Lleida received support from all over the Catalan territory, especially in social networks. Their mobilizations against the consortium represent a reactive case to the privatization/commodification of health.

FIGURE 10. THE WHITE (MAREA BLANCA) TIDE OF LLEIDA DEMONSTRATING AGAINST THE NEW HEALTH CONSORTIUM

Source: *Metges de Catalunya* (https://metgesdecatalunya.cat/es/actualidad/noticias/mc-acusa-al-ics-de-menospreciar-la-marea-blanca-de-lleida-contraria-al-nuevo-consorcio-sanitari)

*In the media, 38.00 0-38.575 signatures are mentioned:
https://elpais.com/ccaa/2015/03/19/catalunya/1426775300_451558.html
https://www.lavanguardia.com/local/lleida/20140724/54412172563/marea-blanca-arnau-vilanova.html

MOVEMENT ANALYSIS

In the various social mobilizations that took place in 2014 and in the following years, a wide repertoire of actions was used with the aim of curbing the population of Lleida, both regionally and locally. At the local level, approaches were made to the citizens of Lleida to inform them of the consequences of the creation of the

consortium and the violation of the right to public health derived from the commodification process of health, as well as the collection of a large number of signatures that led to a democratic process in which people had the opportunity to inform themselves and exercise their right to decide on health.

At the regional level, it is worth highlighting the importance of the numerous and extensive demonstrations that took place in Lleida, with attendees from all over the Catalan territory, both citizens in general and health personnel. A nurse and activist of the movement highlighted:

> "It was convened through social networks and through contacts that we have in different territories because I, via union, the other via party, each one through its own channels we were extending it. For the signatures we sent the copies of the papers and they [the nurses] sent it to us by mail or we picked it up."

And the same nurse also highlighted:

> "We collected almost 75,000 signatures, which are many, we delivered those signatures to the Department, to the Catalan *government*, we made a human chain that went from a square, we made a lot of demonstrations, a lot of talks for the peoples, everywhere in the territory where they wanted to hear us; where they went, then we went to explain it. We made a joint so that they could see that we were not afraid and we were very sure of our truth and what we did was to extend it to all of Catalonia because we wanted to show with people who are in consortia that we were right [...]".

Various mechanisms were observed that acted as facilitators to stop the formation of the Lleida Health Consortium. In the first place, there was a correct delimitation of achievable and formal priority objectives and the clarification of the roles of people within the movement. A nurse activist mentioned:

> "We organized ourselves by making a pact even when we denounced waiting lists: First, that there we were not politicians from different parties, that there we were not trade unionists from different unions, okay? That there we were people, citizens, users of the public health system and we were citizens who wanted to defend this system one hundred percent public and quality, and that therefore everything else was left over, here there are no better or worse. "

From this appointment we can also draw the importance of the collective making sure that each of the members is clear about the objective of the struggle and that they are convinced of why they are fighting. In addition, the in sensibility of shielding the objectives of the movement from personal or political interests through conversations and agreements between the people involved is emphasized.

The empowerment of citizens through individual experience is a factor that can act as a facilitator for the collective since, through lived experience, a commitment and capacity is generated that will subsequently allow them to get involved with a greater commitment in more actions protests and help the movement in general. It should be noted that, for this to be carried out optimally, it is essential to have an adequate and relevant leadership, which assumes the incorporation of people and their own struggles and, subsequently, turn their struggle into the struggle of all and for all. These results are drawn from quotes that activists mentioned during the interview. An example of these is:

> "Another very important thing is that you as a citizen are co-responsible, you have the right to ask for explanations about what is done with taxes, you delegate the management, they work for us and we do not believe it, so I think the right to decide, not only for the issue of independence, but [for] Issues

such as the education and health system, we have the right to decide citizens and get more involved in politics because we give them a blank check. We're all co-responsible for what's going on."

Social networks are important facilitators when convening actions at the regional level. Likewise, in this case the relevance of the personal networks of the members of the collective to extend the information to different sectors and axes of the population is also observed, as well as the importance of leadership at the time of convening actions to inspire and encourage people to get involved in the struggle. A retired doctor activist from Marea Blanca (White Tide) explains:

"In the White Tide, really by the knowledge of reality in [anonymous institution], there are more women than men, and the leader is a woman. A tiny woman who is [name], who is a former nursing assistant of the Vall D'Hebron who has been empowered and is a beast of the leadership of her people... She summons 60 people in front of the hospital when she wants."

However, according to one of the informants, in this movement a relative lack of involvement of young people has been observed, and is or can be attributed to a mentality based – at least partially – on individualism and the competitiveness of today's society, which can lead to the lack of involvement in social actions and organizations:

"I'm very concerned about the dehumanization that is being produced by the individualism that has been fostered by the *very excessive* individuality, the excessive consumerism in young people there are things that are falling by the wayside, and since they have not lived any kind of struggle or found that, then they have to be aware of how easy it is to lose it, of how easy it is to lose it. [...] The social movements for me are fundamental."

Finally, the activists involved in stopping the Lleida Health Consortium are convinced that the ideal model of health should be "one hundred percent public" of a high quality and that takes into account the importance of reducing health inequalities.

CAP (PRIMARY CARE CENTER) DE L'ESCALA / MURALLES

CASE DESCRIPTION

CAP DEL'ESCALA

The case study of L'Escala is a good example of a preventive *movement* in the face of the increasing privatization of public health. In November 2012, the ICS awarded the management of the Basic Health Area (ABS) of L'Escala, which includes the L'Escala Primary Care Center and other facilities in adjacent towns, to an international private company called Eulen, dedicated until now to cleaning and hygiene services and without any prior contact with the health sector. With the news of the concession, part of the municipalities affected by the contract wrote and signed a manifesto against the decision of the public tender.

For its part, the previous winning company, the Fundació Salut Empordà, a non-profit company that carried the concession for more than 20 years and that submitted to the contest, lost the concession. In response to this situation, demonstrations were called against the concession to Eulen, in which the works council of the Foundation played an important role. Faced with the pressure exerted, the Administrative Body of Contractual Resources of Catalonia (OARCC) declared the award null and void arguing in favor of the appeals presented by

the Foundation. This case is a good example of how a privatization process can be stopped before a privatizing/commodification action crystallizes.

CAP OF MURALLES

In the case of the Muralles Primary Care Center of Tarragona, we find a similar case, although different in certain aspects. The CAP Muralles was a health center managed by the public company Gestió i Prestació de Serveis de Salut (GiPSS). In 2012, CatSalut (Servei Català de la Salut) decided to open a public tender for a private company to receive the concession of the management of the center. The process was held, without the participation of GiPSS, the public company that until then had been managing the center, which began to arouse the first suspicions about its manager, the doctor Xavier Bria.

As a consequence, in February 2013, the management of the center was granted to the company Muralles Salut SLP. After his transfer, Bria joined the staff of the company Muralles Salut (the concessionaire company). Subsequently, he bought shares in the same company and became a resident of its Board of Directors, as well as a director of the Board of Directors.

It was at this time that a group of activists in defense of public health, the Grup de Treball en Defensa de la Sanitat Pública de Tarragona, dedicated to combating the privatization of public health in the municipality of Tarragona, denounced before the courts the alleged irregularity and faced the privatization of CAP Muralles. At present, the management of CAP Muralles continues to be privatized under the public-private collaboration regime.

<div align="center">DESCRIPTION OF THE SOCIAL MOVEMENT</div>

CAP DE L'ESCALA

At the time of the possible concession, a group of people from different parties and left-wing organizations began a round of information sessions in the municipalities affected by the concession of ABS from L'Escala to Eulen. In addition, they initiated a contact with the different mayors of the localities with the aim of initiating a political process that would confront the decision at the regional level. In the process, the workers of the centers attached to the Fundació Salut Empordà also mobilized, even calling for rallies in the town of L'Escala (see Figure 11). Currently (September 2021), the award of the center is paralyzed, although the presentation of a new public tender is not ruled out.

ILLUSTRATION 11. 300 PEOPLE GATHERED IN L'ESCALA AGAINST THE PRIVATIZATION OF CAP

SOURCE: THE AVANT-GARDE (HTTPS://WWW.LAVANGUARDIA.COM/FOTOS/20121208/54356182714/300-PERSONAS-SE-CONGREGARON-EN-L-ESCALA-CONTRA-LA-PRIVATIZACION-DEL-CAP.HTML)

CAP MURALLES

In its process of struggle, the Grup de Treball en Defensa de la Sanitat Pública de Tarragona understood the deprivatization of the CAP in a context in which the mobilization went beyond and beyond the specific scope of the CAP, addressing the entire municipal level. The CAP Muralles was a small piece of the network of the privatization process that covered health centers throughout the city, part of the metropolitan area of Tarragona. The protest actions exercised by the group were very diverse (see Illustration 12): from traditional actions, such as the call for demonstrations against the closure of a center, to the undertaking of more innovative or unconventional disruptive actions, such as the occupation of health centers and / or the call for citizen actions that had as their objective require compliance with the legal deadlines for the waiting lists of health patients determined by the law.

Currently (September 2021), the group continues to mobilize and convene weekly assemblies with the aim of paralyzing the commodification and privatization of Catalan public health and, for our interest, of CAP Muralles.

FIGURE 12. RECOGIDA OF SIGNATURES OF THE GRUP TREBALL IN DEFENSE OF THE PUBLIC HEALTH TARRAGONA TO THE CAP MURALLES

Source: @SANITATTGNPUBLI (HTTPS://TWITTER.COM/SANITATTGNPUBLI/STATUS/1438222675403476992)

Although participants in social movements understood that the current management model based on a non-profit enterprise was not the optimum, they came to the conclusion that the concession to Eulen (a for-profit company) would only expand the privatization of public health of L'Escala, perceiving this situation as harmful, in particular for the workers of the affected health centers. This conclusion was reached through the knowledge of other business activities carried out by the company not related to health, such as, for example, the case of the cleaning service in the city of Girona. As one of the interviewees stated:

> "Not only had we lost the ICS, but now a for-profit company was coming in. And also, without previous experience. This company is a very large, multinational company, as it works in different places, but it is from a family. Eulen has private security, cleanliness; the only thing he has about health care are the nursing homes he has both here and in Latin America. This cannot be because the workers protested because they did not want it to be Eulen, as the company had a very bad reputation. They knew that the cleaning service in the city of Girona was given to Eulen, and the workers were mistreated."

However, this case also demonstrates the importance of social networks built in previous socio-political struggles for the construction of current political actors. Thus, trade unions, pre-existing political organizations, and even broad spaces in favor of public health were fundamental factors in organizing organized and effective collective action. On this aspect, one of our interviewees commented:

> "I was a doctor and at that time I was a militant, but I was still part of ICV, which you know has gone bankrupt. [...] There are four of us and it is a coastal town that is right-wing. These people [the group] were from EUiA, that is, communists. And we toured the villages, they were the ones who helped me and some other selfless, but few. Most were from the ICV and EUiA group."

In this sense, the case of the movements against the privatization of L'Escala is an example of how a small well-organized group, although informally, can have an impact on the processes of prevention of privatization/commodification. Among the repertoire of actions carried out by the activists, one of those that we consider most effective was the organization of talks and preventive meetings with possible political allies, in this case, the mayors. Thus, what we could consider the driving *force* of the mobilization managed to meet and talk with the majority of the mayors of the area, awakening their conscience and interests against the concession of the Eulen company, even in political representatives of political formations. in favor of the privatization of health. Although the concession contract was administratively stopped, the media visibility acquired by the concession and the subsequent freezing of the process were probably the result of the actions carried out.

However, the fact that the deprivatizing action has been carried out mainly by a small group of mobilized and politicized people should also make us reflect on the problem of the neglect, passivity or disinformation of a large number of citizens. In the words of one interviewee:

> "People understood that if they didn't have to pay, it was fine. This was a theory of Boi Ruiz who was one of the smartest advisors; bad, but smarter. Bad because he defended the private, but intelligent. And he said that if you don't pay it's public. The hardest part was convincing people that they had to fight."

That is, it becomes very difficult to mobilize the rest of the population when the deepening of the privatization of health centers does not affect the provision of services. Otherwise, if users do not have to pay a cost for the service, it becomes more difficult to convince them of the negative impacts of health commodification, especially when there is a socio-political context where governments and institutions have in general a marked conservative and neoliberal sign. However, the example of this case also shows the existence of a high level of collective self-efficacy. In this sense, the main objective of the mobilizations, that is, to stop the concession to the Eulen company, was achieved.

However, the deprivatization movement does not stop there, since at present the Fundación Salut Empordà continues to control the management and provision of the health centers. Therefore, in the opinion of this interviewee, we should move towards a completely public model, highlighting the struggle for better working conditions for workers:

> "We want it to be directly publicly managed. And this public company, if possible, that considers workers as public workers. I know it's very complicated, but it would be a way for no worker to be unfairly dismissed and to be able to seek compensation. "

On this point, the interviewee stressed that the status of the worker (public or private law) is crucial to understand the predisposition and security that workers have when it comes to getting involved in the struggle for the decommodification of public health:

> "At a demonstration, two doctors, Dr. Vinyes and Dr. Uriel, gave a lot of support and fired them. They had a statutory contract, and for you to see the difference here: they went to court and spent two years litigating; and they won. They were paid for the 2 years they hadn't worked and returned to their jobs, and now the two are happily retired. This does not happen to all public companies, since some have private rights [...]. The difference between one and the other is the assurance that the worker has of whether, for example, his boss does not like his face."

In addition, the interviewees argue that progress should also be made towards a less hospital-focused model, in which primary care services become much more important.

Finally, the interviewee considered important the need for organization and perseverance when undertaking a social struggle. To achieve the expected objectives, it is important to organize and converge in the most massive way possible, since without it is not possible to achieve an effective result. In this context, it is also worth showing the interviewee's concern about the age composition of the movements in favor of public health, such as the White Tide, which have a majority of elderly activists and in which the youngest are scarce.

The case of the Muralles Primary Care Center of Tarragona can be a good example of how, despite not achieving the objectives initially set (the deprivatization of the primary care center), the struggle itself can generate a feeling of collective self-efficacy through social awareness. According to our interviewee:

> "We believe that one of the victories has been to be able to raise the debate in the next 10 years. No more saying that the Catalan Health System is *exemplary,* all of which could generate a political opportunity in the future. "

On the other hand, this case is also a sample of how, in certain cases, it is difficult to understand the social movements around public health as oriented to the deprivatization of a specific health center. The struggle for

the deprivatization of the primary care center, from the beginning, was framed in the collective struggle for public health by the Grup de Treball en Defensa de la Sanitat Pública de Tarragona, a group that overflows the particular struggle for the deprivatization of this specific center and elevates it to the defense of public health to the entire municipal level. Therefore, at certain times, it becomes difficult to delimit at what moments the struggle is limited to CAP Muralles or expands towards broader objectives. This, although it may be a difficulty for concrete analysis, is a facilitator for the deprivatization of other centers, since it links concrete struggles to a more general social and political framework, giving it more resources and greater organizational capacity.

Regarding the repertoire of actions, the group has deployed a wide variety of methods mainly focused on citizen awareness of the rights of health users:

> "What we have dedicated ourselves to is to carry out a citizen awareness campaign, both on the side of workers and users, to explain how the health system works, and also to raise these battles of specific problems that have been coming our way."

However, the activity has not prevented the use of more disruptive actions such as the occupation of health centers to push the claims of the health rights of users. Also, since the repertoires of action are more widespread in the rest of the social movements, the Working Group in Defense of Public Health also developed a strategic line based on the complaint before the courts of the privatization of the primary care center. The complaint was not made for the privatization itself – which is legal – but for the way in which it was carried out, where the previous director took ownership of the center after being privatized in an allegedly irregular way. This strategy was inherited or, rather, transmitted from other social movements and political parties in the area that understood, in the words of our interviewee:

> "that there is a modus *operandi* in which the health system is a space of spoliation of public resources in private hands".

As barriers, the statements made reveal that although there was no excessive direct frontal opposition from other institutions or agents, such as the city council and the health system itself, especially the management of private health centers, they placed obstacles in the extension of the narrative against the deprivatization of health centers in the city. An example can be seen in an anecdote told by our interviewee about the action of the city council in the deterrence of the call for a demonstration:

> "The city council forced us, with the excuse of social distancing, to hold a demonstration in a square that is 400 meters from the primary care center."

So, although there was no direct sabotage, the effectiveness of collective action was hindered. Finally, and reflecting this same context, the COVID-19 pandemic has been a difficulty for the organization of the movement, although it has not made its development impossible:

> "In these months of COVID, despite the obstacle that has meant for all social movements not being able to hold meetings, talks, demonstrations because of the restrictive measures, it has been possible to mobilize in the CAP both in the western neighborhoods and in the center."

About the facilitators, we found at first that certain events, such as the death of a widely known neighbor due to the lack of an adequate sanitary service, aroused the indignation of the residents of the city. As our interviewee acknowledged:

"With this fatal case (due to lack of hemodynamic service), the CGT and the Grup de Treball took the opportunity to launch a campaign to say that this death could have been avoidable, because if the service had been opened ... With this, some demonstrations were made that were very powerful, as many people mobilized or, especially in the neighborhoods where this person was from!"

This is a clear example of the opening of a political opportunity as a result of a *moral shock,* that is, of the indignation of the neighbors before this situation perceived as morally negative. The subjective perception of this opportunity by activists made it easier to take advantage of the social effervescence of the moment. In addition, it is recognized that the confluence of different unions and political parties has been a great help in the struggle for deprivatization. As the interviewee himself acknowledged:

"The Grup de Treball en Defensa de la Sanitat Pública was promoted by the unions of health workers and by the group of the CUP of Tarragona".

This evidence, as in the case of L'Escala, demonstrates how previous and current social movements are fundamental to understanding the emergence of new social movements and their success in mobilization. Also, the formation of an open assembly group is seen as the best form of organization to help give continuity and solidity to the movement. Finally, in the case of the Grup de Treball en Defensa de la Sanitat Public de Tarragona, the importance of women is recognized. Not only because of their majority composition of the movement, but because of their role in assuming responsibilities and leadership, since it is effectively, they who assume the most important roles. As our interviewee stated:

"In the Health Group, as far as the professionals are concerned, the majority are women, and as far as the users are concerned as well. In the Group, the median number of people participating, 80-85% are women. And that this proportion is maintained in everything that is the activity of the group, for example, when viewing the group, interviews in the media, parliaments in demonstrations, etc. "

BARCELONA SALUT ALS BARRIS: AN INSTITUTIONAL PROPOSAL AIMED AT CITIZEN PRATICIPATION

CASE DESCRIPTION

In 2004 the *Government* of the Generalitat de Catalunya presented the Neighborhood Law (Llei de Barris, Law 2/2004), one of the largest urban renewal policies in Europe. This law aimed to invite neighborhoods, especially those with worse physical infrastructures and with higher rates of unemployment, immigration or social groups at risk of social exclusion, to carry out a comprehensive regeneration of the neighborhood with the aim of improving their health and living conditions (Mehdipanah et al., 2014). Subsequently, the Department of Health of the Generalitat of Catalonia launched the *Salut als Barris* program to intensify the *effects* of this law on neighborhoods.

The *Barcelona Salut als Barris* (BSaB) project is a strategy agreed between the Department of Health of the Generalitat of Catalonia and local entities and neighborhood associations of the city of Barcelona through a participatory methodology, which has been carried out by the Public Health Agency of Barcelona (ASPB) since 2007. The program began with two neighborhoods and progressively increased the intervention in the territory until reaching a total of 25 neighborhoods in 2018. The objective of the community action is to improve the health and quality of life of people living in the most disadvantaged neighborhoods of the city of Barcelona, as well as to reduce social and health inequalities (gender, social class, origin and age), which occur between these

neighborhoods and the rest of the city. Thus, the strategies are aimed at vulnerable populations such as young people, women, the elderly, migrants, and children. The project is carried out by detecting needs, making proposals, and implementing actions aimed at reducing these health inequalities and evaluating strategies.

The BSaB strategy is characterized by being a transversal and interdisciplinary process between the aforementioned institutions through the participatory action of the community, neighbors and various groups and entities of the neighborhood to identify health needs for decision-making, evidence-based interventions, intersectoral work and systematic evaluation of the interventions carried out. The study of this case can allow lessons to be drawn from how to build a public health model that is more community and democratic.

The main activities of the program are as follows:

- o Create from a motor group
- o Know the needs and health assets of the neighborhood
- o Prioritize interventions according to the analysis performed for each stage of life and collective
- o Plan interventions
- o Evaluate interventions
- o Train public health professionals to carry out intervention activities
- o Disseminate the process of interventions
- o Ensuring the sustainability of interventions
- o Ensuring cross-sectoral work
- o Ensure active community participation

The interventions are aimed at young people, adults and older adults, and are adapted to each age group (Daban Aguilar, 2020).

DISCUSSION

SUMMARY OF RESULTS

This study presents a critical reflection of the main characteristics of some of the deprivatizing/decommodifying processes of the health sector in Catalonia and Spain based on the cases analyzed, to identify learnings and / or recommendations that allow strengthening and reinforcing the network of national and international social activism and inspire social mobilizations with greater effectiveness. To this end, three cases have been studied in depth, to which we must add the assessment of the special case of the *Salut als Barris* in Barcelona (see annex 6) that can help complement the information obtained. The results of this study show that the social struggles studied are diverse, with different organizations and structures and that they are characterized by having different objectives. An example of this is that some actions were aimed at paralyzing the privatization of a health center (reactive[5]*mobilization),* while in other cases the objective was to facilitate the process of deprivatization/decommodification that was taking place in the political or institutional sphere(proactive*mobilization).* However, what all the cases have in common is the criticism and rejection of the entry of the private sector and the introduction of market mechanisms in the provision of public health services. It is worth saying that all the cases studied were partially successful in the fight against the commodification

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[5] See annexes 6, to read the explanation of *Salut als Barris* and their respective analysis.

and privatization of health. The following section responds to the objective of detecting the main facilitating factors, the barriers and obstacles identified, as well as the main lessons learned for the action of social movements.

FACILITATORS

There are several facilitating factors at the *macro* and *micro* levels that affect the action and composition of social movements both contextually and concretely. These are mainly five: 1) windows of opportunity; (2) the organizational structure; (3) cooperation with other movements; 4) online social networks; and (5) COVID-19 and the pandemic context.

At *the macro*level, although these elements are more difficult and abstract to identify, there are conditions that can be advantageous for social movements. The first of these is the existence or not of a political window of **opportunity** for **collective action.** A political opportunity occurs when a social event or process facilitates the questioning of the established political order. However, it is not only necessary that political opportunities exist objectively, but it is also imperative that they be perceived and recognized by the social actors in question. Moreover, political opportunities are not generated solely structurally. On what has been said, the case of the movement of the Hospital of Torrevieja is clearly representative. The Platform for Public and Quality Health 100x100 perceived as the *Pacte del Botànic* and the deprivatization of the Hospital de la Ribera, in Alzira, were a political opportunity in the social context of Torrevieja. Another example is that of the case of L'Escala, in which various factors were taken advantage of, such as the fact that the granting of the contract to a for-profit company generated a wave of indignation *(moral shock).*

At this same analytical level, the **organizational structure of the social movement** takes on great importance, especially through its two main axes: formality vs informality and centralization *vs.* decentralization (Willems & Jegers, 2012). Most of the social movements studied tend to formality since the relations between their members are institutionalized through assemblies, governing bodies and their own platforms, having some even their own legal personality. This is the case of the White Tide, probably the most formalized group of all those studied, in the mobilization of the Arnau de Vilanova Hospital, the Public Health Defense Work Group in Muralles and the Platform for Public and Quality Health 100x100 in Torrevieja. This formality allows them to achieve a strength and a support in time with which to maintain social pressure beyond the moments when there is a greater social effervescence. However, the informality of a social movement should not be confused with necessarily having less success in its struggles. In the mobilization against the privatization of the ABS of L'Escala there was a group of activists and militants of political formations who, gathered informally, mainly through relationships of trust, exerted a lot of pressure on the decommodification struggle with a remarkable level of success.

In relation to the centralization *vs*. decentralization, we refer to the relationships that the different organizations of a social movement maintain among themselves. In the case of centralization, this assumes that a specific organization possesses a hegemony **of action over the social movement.** This is the case of the White Tide, possibly the organization with the greatest organizational capacity in Catalonia that, during the period studied, exerted a significant influence on the rest of the organizations and on the objectives of the mobilization. In our study, the case of Torrevieja is also representative of this trend. While within the mobilization there were a diverse series of organizations, it was the Platform for Public and Quality Health of Torrevieja that maintained a hegemonic role. When we analyze the two axes together, we must mention that formality and centralization are not always coordinated. Although it is common for social movements to move towards greater formality

and centralization together, in our study there are cases of informal and centralized movements such as L'Escala, where the movement, despite being highly informal, was very centralized in a specific group of individuals.

At a more concrete level, there are elements that can also facilitate the possible success of a social mobilization. For example, **cooperation with previous social and political movements.** Social mobilizations are not usually born out of thin air but arise from previous structures. In the movement in favor of public health this factor has been fundamental since much of the protest tradition comes from the hand of previous generations that have been socialized in political environments of the 60s and 70s in the neighborhood movement (Lara et al., 2015). This aspect is very relevant in the cases examined as in L'Escala or Torrevieja, where a large part of the leaders who formed the movement came mostly from other political parties or neighborhood associations. But, equally or more important than cooperation with previous movements seems to be **working together with existing social collectives.** In particular, the participation of the workers' unions has been fundamental in all the cases studied, and it has possibly been the group of health workers organized in the centers that have constituted the bulk of the mobilizing force of the cases examined as recognized by the facts and statements of the interviewees. This has been seen, for example, in the case of the Arnau de Vilanova Hospital, in which the health personnel are a key part of the mobilized base sand the leader of the movement. Also, in the case of L'Escala, where the demonstration that brought together more than 400 people (in a population of 10,244 inhabitants) was convened and composed mostly of health professionals. Finally, it also mentions the role of trade unions in the case of CAP Muralles, where the Medical Doctors of Catalunya (MC) unions, the SATSE Nursing Union and the General Confederation of Labor (CGT) have been key players in social mobilization. The reason for this is that workers are, apart from users of public health services, the main affected by the privatization and commodification of the sector, by the introduction of market mechanisms in their jobs that threaten their working conditions (Bayle & Ruiz, 2014) . Following this point, in addition to pre-existing and existing social movements, it is necessary to mention cooperation with political parties and institutional bodies. This type of collaboration was especially important in the case of the Hospital de Torrevieja, where the entry into government of the parties of the *Pacte del Botànic* has meant an authentic political opportunity for the deprivatization of the hospital. However, the risks of this type of collaboration may be significant due to the danger of political co-optation that may exist and the consequent attenuation of the initial objectives, so these factors will need to be examined in more detail in future studies.

Another *micro* aspect that has been relevant as a facilitator in some social movements has been the use **of** online **social networks.** The use of this type of communicative tools has been very important in all cases, but especially in the case of the Vilanova health consortium, in which social networks have not only been useful to communicate the events, convened by the Marea Blanca platform, but also for more practical purposes such as collecting signatures and even maintaining the morale of the mobilization through the support of external users. It is this practical aspect, beyond the communicative, that it seems that the rest of the cases studied have not been explored or used in such depth.

Finally, the role of the **COVID-19** pandemic **as** a **potential facilitator** of collective action needs to be mentioned. Although it has generally been recognized as a major obstacle to participation, the pandemic context could provide some potential advantages for social movements in favor of public health in the future. Chief among them could be derived from public awareness and awareness of public health, especially in relation to primary care, social services and public health. The pandemic has had strong impacts on the health of the population, revealing how the cuts in the health sector have damaged a public health system that has been recognized as essential for the fight against the pandemic, are recognized by the interviewees in the case of Torrevieja. In this

sense, it seems likely that there may be new social demands in favor of the deprivatization of the health sector that, in future contexts, may receive greater attention from citizens. However, like any political opportunity, this possible new scenario will have to be taken advantage of by social movements so that its consequences can be effective.

BARRIERS

This project has highlighted different barriers faced by social movements in favor of the derivatization/decommodification of health services. Specifically, the findings identified in this study have shown four main barriers: 1) social *individualism;*2) the fear of *workers;*3) the COVID-*19 pandemic;* and 4) weak *youth involvement.*

 In the case of **social individualism,** it highlights the little **involvement of the population** in the movements as a consequence of "not feeling the struggles as their own", as well as the different expectations that each individual may have. about movement. This is a difficult element to assess since in contexts where the management of the service, but not its provision, has been privatized to, the users not disbursing a certain amount of money directly but through their taxes, do not directly perceive the privatization of the management of the health center. This barrier also emerges as a concern in previous studies where the lack of a generational change between the new generations has been pointed out (de Lara, Camprubí, Maria de Fátima & Borrell, 2015).

Similarly, **collective identity** is a crucial characteristic that reduces the barrier of social individualism within social movements. Collective identity is the feeling of belonging to a group, the shared goal of a group that derives from the solidarity, experiences and common interests of the members. Therefore, within the movements it is essential to deploy strategies that favor this social process, through meetings, neighborhood assemblies, ceremonies and internal events that allow building the trust and common vision that shape the collective identities of a group with an eye on the objectives of a given struggle (Almeida, 2020; Zermeño, Mora, Rodriguez & Almeida, 2017). In the same vein, some studies on social movements often recommend that, whenever possible, **"mass" recruitment** of activist members be carried out. That is, instead of integrating individuals in isolation, it is more effective to integrate groups and organizations, since this allows adding individuals who already share identities and ideals (Almeida, 2020).

A major barrier is the **fear of workers** to participate in demonstrations and social struggles in general for fear of receiving reprisals within the work environment. Although it has been little explored in the literature due to the lack of an appropriate conceptual framework, the cause of the fear of participation lies mainly in how job insecurity influences the vulnerability of many workers. Thus, workers, especially those with a temporary contract, have a lower level of control over their employment situation, so that, implicitly or explicitly, they are in a situation of greater defenselessness in the face of numerous situations of abuse or arbitrariness associated with labor relations (Amable, Benach & González, 2001; Porthé et al., 2009). It is factor that in many cases many people prefer to make themselves little visible, staying out of social movements or struggles to avoid reprisals and not condition their present or future employability.

After the decree of the State of Alarm of March 14, 2020, due to the pandemic caused by COVID-**19,** all non-**essential activities** in the territory were suspended (BOE, 2020). This measure resulted in the slowdown of many

activities and processes carried out by social movements and a lower approach of many people concerned about their labor and social situation. Likewise, as it is a primarily health crisis, the demands **of effort, time and emotional load** to which the socio-sanitary workers were subjected reduced their possible involvement in the movements by having to prioritize the responsibilities derived from their employment situation. It is known that when there are high quantitative and qualitative demands for a long time, a negative impact on mental health is generated, particularly with regard to the symptoms of anxiety and depression (Baka, 2015; Strazdins et al., 2011), so it seems more than likely that workers have not been able to assume their involvement within the movements due to their situation of tiredness, exhaustion or even *burnout.*

Finally, in the movements there has been a relative ***lack of involvement of young***people, which decreases the representativeness and heterogeneity of the participants in the social movements against the deprivatization/decommodification of health. This is in itself a barrier, since how have highlighted some of our interviewees or how refers to the academic literature itself, youth participation is important due to its greater energy and capacity for innovation when developing collective actions (Fillieule & Blanchard, 2007). However, in the current context, it is not surprising that usually in social movements there is a majority of adults or retirees, since they have much more free time than the younger precarious or unemployed working population.

PRINCIPALES LESSONS AND RECOMMENDATIONS

The extraction of the lessons and recommendations derived from this study can help social movements in the health field (and other movements with similar contexts) to be strengthened, creating useful strategies in the short, medium and long term. so that social movements fighting for the decommodification of health can strengthen their networks of activism and their protest actions more effectively. The following five lessons are translated into recommendations (Figure 13) that place special emphasis on the forms of organization, interaction and communication of movements.

FIGURE 13. SUMMARY OF RECOMMENDATIONS BASED ON LESSONS LEARNED

To generate strategies to increase the number, frequency and continuity of novel and disruptive actions.

To make efforts to recruit more individuals and youth groups to join the movement.

To strengthen structures and generate action plans.

To make alliances with other social movements that fight for similar causes, or that have social agendas that allow for synergistic actions.

To Strengthen the presence and leadership of women

1. GENERATE STRATEGIES TO INCREASE THE NUMBER, FREQUENCY AND CONTINUITY OF INNOVATIVE ACTIONS THAT ARE DISRUPTIVE

This study has shown that movements are characterized by meetings, assemblies and demonstrations. Although many of these actions have been hindered by COVID-19, the realization of actions that can prevent or stop the activities and proposals for health commodification established by those who want to carry out their privatization agenda is a fundamental factor. In this context, the realization of formativeventshas been valued as highlyeffective, since these serve to achieve a greater social awareness of the privatized problem. Mostof our interviewees have recognized the effectiveness of these practices, so their realization should be prioritized. In thisway, the incorporation of elements to the formations that can attract the attention of the population,such as the presence of cultural references, has been perceived as important. According to statements by our interviewee in the case of CAP Muralles, the beginning of a training campaign with a wide-ranging television referencewas helpful in incorporating new activists:

> "Se throws a campaign called Expediente ICS, playing with the name of Institut Catalá de la Salud y la serie americana, and begins to organize talks to communicate how the health system works [...]. From here the group begins to gain people, who begin to work in thegroup. "

However, it is also important to carry out activities that go beyond the formative and that try to involve the largest number of activists. In the case of Torrevieja, our interviewee commented on that point by pointingout:

> "We had to combine several things: training and activity. In training with a little bit so that people can understand why it is important to defend their audience and also involve them in activities where people could show that they are supporting the cause; in that sense, the concentrations at the door of the hospital".

Although it has not been possible to collect a greater amount of evidence on the relevance of the disruptive actions carried out, so we have been able to appreciate in the case of Muralles its importance does not seem to be insignificant.

2. MAKE EFFORTS TO BE ABLE TO RECRUIT MORE PEOPLE AND GROUPS OF YOUNG PEOPLE TO JOIN THE MOVEMENT

The study has shown that it is often older people who make up most people participating in social movement groups for the right to health. The main reasons for this age selection probably have to do with the social consciousness derived from previous political experiences and social struggles, the concern to visualize the gravity of the commodification drift of health, and the disposition of the resources and time necessary to be able to carry out political activism. However, there is no generational change for these activists. So, so that this previous experience is not lost, and the movement can endure over time, it becomes necessary to increase the number of young people who join the movement. This need to recruit younger people has been a recurring theme in some of our interviews. As one of our interviewees stated:

> "And that young people do a little, to Marea Blanca is true, damn that little youth we have. They were all old and old, the vast majority were old people. "

The capacity to recruit more young people can be increased through educational, information or advertising campaigns in universities, youth associations or in places where they can become more socially aware of health problems. These campaigns can have several forms, including acquiring names of well-known cultural references, such as the one we have mentioned above organized by the Grup de Treball en Defensa de la Sanitat Pública Tarragona.

Another possible channel through which young people can join social movements is through the most popular social networks such as TikTok or Snapchat, as some social movements have done especially after the outbreak of theCOVID-19 pandemic (Lee, 2021). However, we have not seen their widespread use in any of the cases described, since these are very recent tools and that only lately begin to be used in political mobilization. Beyond this, the use of social media should not be approached uncritically. Although its use can help to disseminate problems, raise needs or sensitize and recruit people, it is important not to abandon face-to-face spaces where it is more feasible to debate and increase participation and levels of empathy and trust to share, reflect and act on existing problems and needs. But this has not been the case in any of the cases examined, so the negative consequences of exclusively telematic activism on movements against the commodification of public health should be examined more deeply in future studies.

3. STRENGTHEN STRUCTURES AND GENERATE ACTION PLANS

The cases examined have demonstrated the importance of creating organizational structures (more or less formal) so that struggles can be sustained over time, so that it is possible to cope with the continuous and successive waves of privatization and commodification. In the case of Torrevieja, one of the interviewees expressed it as follows:

> "One of the key actions has been the creation of a very diverse and plural motor group."

Or as another interviewee put it even more clearly in the Arnau de Vilanova Hospital case:

> "The most effective action was constancy; the most important thing is that it does not look like a spontaneous rebellion of two days and then disappears. But the constancy in the claim".

It is in this sense that the organization of the mobilization is useful and that it allows to maintain the pressure of social effervescence beyond its own immediate outbreak.

Beyond the organization, the ability to be attentive to the windows of political opportunity that may arise is also of great importance. This means having the ability to anticipate future events. As we have been able to examine in the case of L'Escala, social mobilization had already begun when the process of granting ABS was made public, well before its execution. As our interviewee stated:

> "The workers protested since they did not want it to be Eulen"

In this case, the workers knew what the concession meant for their working conditions. This anticipation conferred on them a capacity to put pressure on the institutional process, contributing to the eventual paralysis of the process. Otherwise, preventive action must also be based both on the previous experiences of the movement or similar movements, as well as on a deep knowledge of the socio-political reality and on the knowledge of the adversary. The activists' knowledge of the predisposition of the mayors and workers of the area to stand against the concession and the prior widespread knowledge about Eulen were key to the effective mobilization in the case of L'Escala.

For this, it is important to have the infrastructures and analysis teams to study situations and changes in advance. In the same way, it is also necessary to plan the strategies and actions of social impact that can be more effective. In addition, from the organizational point of view it is essential to assess the best strategies for the involvement of many affected workers. We must be aware that a large part of the health personnel of many privatized hospitals are in a very precarious position, without the time and motivation necessary to be part of a formalized social movement. This means being able to find a balance between the involvement and the workload of the people concerned.

4. MAKE ALLIANCES WITH OTHER SOCIAL MOVEMENTS THAT FIGHT FOR SIMILAR CAUSES, OR THAT HAVE SOCIAL AGENDAS THAT ALLOW SYNERGISTIC ACTIONS

It allows collaborations with other social movements, both within the same cause and in other similar ones, with unions and political parties. In our study we have been able to verify how co-working with other social movements is a strong component of the deprivatizing movements.

With regard to the previous social movements, we have found that a large part of the interviewees have been part of previous social movements (of mobilizations for public health previous as in the case of the Arnau de Vilanova Hospital and the members of the Marea Blanca interviewed) of trade unionism as in the case of L'Escala, of previous neighborhood movements as in the mobilization of Torrevieja, or of a confluence between unions and political parties as in the case of Muralles. This has been a great help thanks to the recognition given by previous activism in the first place. As our interviewee from Torrevieja acknowledged:

> "We are well-known people in our environment for many years but not then a certain day was to work on it [reality] a reality that is already there."

However, this collaboration is not limited to previous mobilizations but also to current ones. As the interviewee himself pointed out:

> "Very concerned about this issue, not only the platform working in the field of health, but also the association of pensioners and neighborhood associations were very concerned about the issue of reversal."

Establishing alliances and coalitions with other social movements can not only provide a source of new members for the organization already familiar with the dynamics of social movements, but also create organizational synergies and unity of action. These people can come from anti-neoliberal and/or anti-capitalist movements such as the trade unions, the feminist movement, etc. In this regard, special mention should be made of workers' unions. Health workers have in most cases been the social base that has pushed the demands of the movement against deprivatization. Both in the case of the Arnau de Vilanova Hospital, as well as in L'Escala and Muralles, the health personnel through the union, have massively attended the demonstrations called, as well as being part of the leaders of these movements. In this way we believe that a good relationship with the health workers' unions is fundamental to the success of the mobilization, and we also believe that the union-mobilization connection needs to be investigated more deeply in the future.

In addition, collaborative work with those political parties that are concerned with the decommodification of health is perceived as a political opportunity for the entry of new participants and help in negotiations with legislative and parliamentary bodies. This aspect can be perceived very clearly in one of the statements of one of the interviewees of the Torrevieja case:

> "An important detail of all this to keep in mind is also that it is important to combine citizen mobilization with political pressure. In this sense, we have been very lucky, I think, because if I had been governing the Valencian Community, Partido Popular or Ciudadanos we would have nothing to scratch. And then to put pressure on the political groups in that regard because it has been easier."

But also, in L'Escala where, despite the fact that the pressure was not exerted via political parties, the tension exerted directly on the closest political representatives (the mayors) had an important effect on the visibility of the social movement, as recognized in the interview:

> "The nine mayors put a lot of pressure, and then the townspeople started asking what was going on."

However, it is essential to be cautious, since political parties and representatives are not always possible allies or have the same interests as social movements.

Finally, therefore, it seems logical that communication spaces and trust mechanisms should be created to discuss and promote common activities. This may require meetings and meetings between representatives of the groups to find common organizational points, harmonize work agendas and establish synergies of action. These collective strategies should not be detrimental to each group being able to generate its own agendas of action in specific social contexts and situations.

5. STRENGTHENING WOMEN'S PRESENCE AND LEADERSHIP

The results of this study highlight the importance of the presence and leadership of women in movements on the deprivatization and decommodification of health. In that sense, the role of women is vital because in most cases they constitute a very important quantitative basis, as one of our interviewee's states about the case of CAP Muralles:

"The health system to begin with is a very feminized system; within the professionals the majority are women."

In addition, their ability to promote less masculinized, more empathetic and representative leadership is also essential. One of our interviewees from the Hospital Arnau de Vilanova confirmed these better communicative skills:

"Nurses let's say they explain it much better."

Currently, their representation in leadership positions within social movements seems to have increased as many of our interviewees claimed, but it is still very limited. Everything indicates that in the formation of social organizations and in their ability to mobilize more effectively, the visibility and empowerment of women must play a fundamental role, especially if it seeks to involve a greater number of workers since at the moment, they are the main group of this group.

CONCLUSION

The struggles of social movements to return privatized and commodified services to public hands suffer various ups and downs in their reaction to strong neoliberal capitalist pressures, which have led to many public services being privatized or commodified in recent decades. The privatization of health centers worsens the medical and socio-health care of many patients, especially those with fewer resources and are more precarious, leading to the proliferation of social and health inequalities in Catalonia and Spain. This study has exposed various decommodifying struggles of the socio-sanitary sector in Catalonia and Spain. Through the qualitative analysis of several selected cases, this study has been able to observe some of the most relevant aspects in the processes of decommodification, identifying facilitating factors and barriers to change and, with it, extracting lessons and making recommendations to achieve a more effective collective action. Despite the fact that social movements present a great historical and geographical variety, which makes it difficult to detect effective tactics and strategies for all contexts, the knowledge we can extract from past struggles is fundamental to strengthen the network of activism in favor of health and public health. In another way, even with the limitations of its design and methodological and temporal characteristics, this study shows that the social struggles studied are diverse, with different organizations and structures and that they are characterized by having objectives and strategies different from them. On the case of the Torrevieja Hospital, and partly also in that of the CAP Muralles, in Tarragona, it has been the parliamentary struggle and / or pressure through political parties the distinctive feature of this social movement. The political opportunity offered by the change of parliamentary and government majorities has been very relevant to the capacity of action of this social movement. However, this has not been possible in other cases, so the courses of action have varied. In the case of the Arnau de Vilanova Hospital, in Lleida, not having the possibility of establishing an alliance with the ruling elite, the action has gone through a massive citizen mobilization in the territory through a wide variety of repertoires (collection of signatures, demonstrations, formations.) which ended up leading public opinion in favor of the non-creation of the consortium. While in the case of CAP Muralles we find a similar situation based on citizen mobilization, this strategy is combined with action in the courts. The Group de Treball en Defensa de la Sanitat Pública, picking up the baton of other territorial organizations that had undertaken similar struggles, understood the

privatization of the public health sector as a plunder, a private dispossession of the public that was not always carried out legally.

With regard to the facilitators and barriers of the cases examined, we have been able to appreciate that there are certain common elements that favor or hinder the action and success of social movements. In the field of facilitators, we have perceived how the windows of political opportunity and cooperation with other movements, such as workers' unions, among others, have been especially relevant. And on the side of the barriers, we have seen how social individualism, the fear of workers due to precariousness and weak youth involvement have been the obstacles that the informants have commented on the most. Taking these factors into account, the recommendations we have made have been elaborated. Everything indicates that in order to increase the chances of success in the deprivatization/decommodification of health, Spanish social movements, in addition to carrying out reactive actions, must acquire a more preventive role and be able to anticipate future events and political opportunities. Time and place are two key variables to understanding the success of some of the social movements we have studied. Also, in relation to the actions to be developed, social movements must learn to develop innovative and disruptive tactics to attract the attention of users and workers. In addition, it is important that these actions are as broad and inclusive as possible to strengthen the bonds of participation between the activists of the movement. There has also been a need to strengthen alliances both within the movements and with other external movements such as political parties and interested groups and, in particular, with the workers' unions. These types of alliances make it possible to build political blocs against deprivatization that are much more effective and powerful than the partial and segmented struggle of different disorganized actors.

Social movements in favor of public health should not limit themselves to deprivatizing/decommodifying health, but must go further, taking advantage of the infrastructures created to fight for fair, egalitarian and high-quality health services. The case of Salut a*ls Barris* in the city of Barcelona shows that it is possible *to* advance in the creation of more democratic socio-health services, based on high quality scientific evidence and with greater accessibility for all citizens. In this way, it is essential to create health services that are less medicalized and that emphasize the biopsychosocial aspects of health. Therefore, it is recommended that the objective of the movements in relation to the deprivatization of health centers is to fight for a truly public and higher quality socio-health system, which puts the quality of life of people at the center, instead of being oriented to profit. the profits of a few who intend to leave the common good in the hands of charity. As everything indicates that commodification trends will tend to accentuate in the coming years, the role of social movements is and will be more relevant than ever.

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1. INTERVIEW SCRIPT

1. Informed consent (before by email)
2. Participant Information
   a. Age, sex, occupation, employment status and "deprivatizing" action.
3. Collective information
   a. Can you explain, from your point of view, what this movement was for this specific case?
   b. What were your goals?
4. Approach to the movement
   a. Strategy and partnership
      i. What have been your forms of organization? What have been the protest actions?
      ii. Who has been the spokesperson of the movement? How were you selected as a spokesperson? How was the acceptability of the movement's spokesperson?
      iii. In this project, we are interested in knowing the role of women in activism, women were the spokespersons.
5. Strengths and weaknesses
   a. What were some of your barriers to acting? (resistors)
   b. Why do you think they are against it? What strategies did you have to face the resistance?
   c. What formal and informal supports did they have?
6. Interrelationships with a gender perspective
7. Effectiveness (collective effectiveness) and impact
   a. Have the expected objectives been achieved? Has something come up that I didn't expect?
   b. Which action did they see as more effective?
   c. Do you have any examples of any of those goals that have been accomplished?
8. Looking Forward
   a. Lessons. Recommendations for other movements (What would you do differently?)
   b. Alternatives of the deprivatization system (there is an alternative model vision) / public health model (What are its references?)
   c. Is there continuity after the mobilization?

2. SCRIPT TO INTERVIEW WITH EXPERTS

Elements of success

In our analysis we have as facilitators of success: perseverance and organization, leadership, alignment of objectives with different members, cooperation with other groups, political opportunity and COVID-19 (gives visibility to the problems of the health system)

1) Do you agree? Are you missing any key elements?
2) What are for you the keys to success for an activism movement?
3) What do you think is the key for a social movement to have continuity?

Barriers

In our analysis we have as barriers to an effective movement, the lack of political will, moral grievance, personal fears, social individualism …

1) Do you agree? Do you miss any elements?
2) What are those aspects that are frequently seen in social movements and that you think are NOT effective?

Policy opportunities:

There is a strong dependence between political opportunity and social mobilization (arbitrary action-defensive reaction). Understanding that political opportunities are not only given, but as social movements can also generate moments of political opportunity.

1) Could comment on this aspect
2) How important is it that there are other similar movements happening in parallel? Do you have any examples?

Youth and social movements:

In social movements, in general, and in those studied in particular, we have found mentions of the lack of participation of the young population. The majority of activists, or at least a large part, are retired. (Intergenerational activism)

1) Why does it happen, is there a problem of generational change?
2) Where can future solutions go?

Women and social movements:

In her article she mentions that women can be initiators/generators of change.

1) How has the role of women in social movements evolved over the years?
2) What have been the drivers of change?
3) How important do you think the role of women in social movements is?
4) Do you have any examples?

New technologies:

Apart from having historically been an instrument of deepening the

commodification logics.

1) To what extent can online (social) networks be useful as instruments of activist communication and mobilization?
2) What role can activism play in shaping public opinion through social media?

Structure of social movements:

Recently social movements have begun to rationalize their structures of activism.

(ex: Sindicat de Llogaters/Marea Blanca).

1) How can this help combat the spontaneous tics of social movements?
2) How can they be central to the fight against the commodification of everyday life?
3) Are there more primordial struggles than others? (work versus housing, housing versus healthcare etc...)
4) How can the formal and informal structure be balanced within a social movement? Is it recommended?

Social movements and political parties:

The commodification of the welfare state has a totalizing dimension that affects most aspects of everyday life. However, social movements usually concentrate on a single object of this aspect (for example: housing, health ...), so their action is limited to being a pressure group towards political parties.

1) How beneficial is this interaction?
2) How can a balance be maintained between the spontaneous logic of the MS and the bureaucratic logic of the parties?

Types of actions

1) What are the main repertoires of containment of the trade unions, and which of them could be applied in the social movements in general, and those of health in particular?
2) What are the main groups of people that move this type of social movements? What characterizes them? What motivates them? Why them?

Relevant authors:

1) Which actors do you think are relevant to answer our research questions?

3. DEMOGRAPHIC INFORMATION OF THE INTERVIEWEES

Hospital de Torrevieja n=4			
			Occupations
Age	30-40	0	
	41-50	1	Politics
	51-60	1	Hospital Manager
	61+	2	Retired
Sex	Woman	2	
	Man	2	
Lleida Health Consortium n=3			
Age	30-40	1	Institute Teacher
	41-50	0	
	51-60	0	
	61+	2	Retired/Nurse
Sex	Woman	1	
	Man	2	
CAP L'Escala and Muralles n=2			
Age	30-40	1	Institute Teacher
	41-50	0	
	51-60	0	
	61+	1	Retiree
Sex	Woman	0	
	Man	2	
Salut als Barris n=4			
Age	30-40	1	Public Health Technician
	41-50	1	Public Health Technician
	51-60		
	61+	2	Public Health Technician/Retired
Sex	Woman	4	
	Man	0	
Total respondents=13			

4. INFORMED CONSENT

Project Information

Equitable access to high-quality health care is also a key piece in the puzzle to address the challenges of social inequalities and one of the fundamental pillars to achieve the highest possible welfare state. In recent years, the increased presence and power of private actors in the field of health has had serious consequences for the right to health. In addition, privatization has created and exacerbated power imbalances in health care.

The objective of the project is to understand the characteristics of deprivatizing processes in the health sector, in order to draw lessons and strengthen the network of social activism in Catalonia and Spain.

The main focus is a three-case study on these decommodification processes. The three cases are characterized by having been deprivatized, these are the Hospital of Torrevieja (Valencia), Arnau de Vilanova Hospital (Lleida), Primary Health Center of the Escala i Muralles (Girona).

This project will provide new perspectives on the processes of health decommodification in Catalonia and Spain.

Information about your data

Your answers will be confidential, anonymous and for purely scientific purposes.

All identifying information (e.g., your name and contact details if you fill them in) will be kept separate from your responses.

The sole purpose of the processing of personal data is academic research and will be done in accordance with the data protection legislation of the Spanish and European State.

Organization

Developed by the Research Group on Inequalities in Health, Ecology, Employment Conditions Network (GREDS-EMCONET) – Pompeu Fabra University, under the coordination of the principal investigator Joan Benach de Rovira. This study is funded by DRETS, SALUD I ACCIÓ.

I confirm that...

- o   I have read the information sheet of the research project
- o   I've been able to ask enough questions about the project
- o   I have received enough information about the project

I give my consent to...

- o   Be asked or asked about sensitive data, such as health, occupation and place of residence
- o   To participate in this project
- o   I do not consent to participate in the project

If you have agreed to participate, please enter the following information:

- o   Name
- o   Sex
- o   Occupation
- o   Place of residence

THANK YOU VERY MUCH FOR YOUR PARTICIPATION IN THE STUDY

If you have any questions or would like to have a copy of the study results when they are published, you can contact Mariana Gutierrez-Zamora Navarro(mariana.gutierrezzamora@upf.edu).

5. TABLA OF RESULTS

HOSPITAL DE TORREVIEJA

Category	Subcategory	Definition	Example (citation)
Process objectives	Collective self-efficacy	Ability to achieve collective goals	n/a
	Political opportunity	A structure of political opportunity arises when any social event or process facilitates the questioning of the principles under which a political order is established.	"An important detail of all this to take into account is also that citizen mobilization is combined with political pressure. In this sense we, I think too, because if the Partido Popular(PP) or Ciudadanos (C's) had been governing the Valencian community, we would have had nothing to scratch"(Retiree, activist, Torrevieja).
Repertoire of actions	Cultivation of resources and strategies	Different ways to convey a message	"We had to combine several things: training and activity. In training so that people can understand why it is important to defend the public and also involve them s in activities where people could show that they are supporting the cause, in that sense the concentrations at the door of the hospital"(Retired, activist, Torrevieja)
Characteristics of the people involved	Profile of movement participants		"One of the key actions has been the creation of a very diverse and plural motor group, that is, we are not only citizens like us, but there are also health workers and staff from all over the Valencian community involved who also work for the reversal of the public." (Retired, Torrevieja activist)
Barriers	Political will		n/a
	Social individualism		n/a
	Citizen neglect		"Our area is generally inactive in the face of demands. But really with this issue yes that an expectation was achieved in the citizenship in general I do not say that it is massive, but it is important that it was what somehow encouraged us to follow and propose new things " (Retiree, activist, Torrevieja)

	Capitalization of voluntarism		n/a
	Moral grievance		n/a
	Fears	Feelings of anguish caused by facing a danger, in this case the possibility of losing your job.	"a little, an important fear is the fear of the company as well as the health personnel integrated within the platform"(Retiree, activist, Torrevieja).
	COVID-19		n/a
Facilitating factors	Organization and consistency (recruitment and continuity)	Constancy is the key element for the mobilizations to be maintained and taken seriously by the political powers.	"One of the key actions has been the creation of a very diverse and plural motor group, that is, we are not only citizens like us, but there are also health workers and staff from all over the Valencian community involved who also work for the reversal of the public." (Retired, activist, Torrevieja)
	Leadership	Ability of a person or group to influence, motivate, organize and carry out set objectives.	"We are well-known people in our environment for many years so one day it was to work on it a reality that is already there" (Retiree, activist, Torrevieja)
	Cooperation with previous movements	The actions of previous social movements influence the development of new movements (*Difussion studies*)	"We have taken advantage of the experience of the Alzira, of course, since they are direct protagonists who have been there [...] I had a direct link and communication also with the department of Elche and because they are two twin departments, and they are related. That is, the key has been to create a citizen network as professionals quite extensive and intense" (Retiree, activist, Torrevieja).
	Cooperation with other groups (synergies)		"Very concerned about this issue, not only the platform that works in the field of health, but also the association of pensioners and neighborhood associations also cared a lot about the issue of reversal" (Politics, Torrevieja)
	Political opportunity	a structure of political opportunity arises when any social event or process facilitates the questioning of the	"An important detail of all this to keep in mind is also that it is important to combine citizen mobilization with political pressure. In this sense, we have been very lucky, I think, because if the popular party or citizens had been governing the Valencian community, we would not leave anything to scratch. And then

		principles under which a political order is established.	put pressure on the political groups in that sense because it has been easier" (Retiree, activist, Torrevieja)
	Covid-19		"We must take advantage of it because it seems that it is an important moment to be able to debate with those people to be well the whole of the workers, of the citizenship because they really see what things we do as citizens and we have to consider if we have to be there" (Retired doctor, activist, Torrevieja)
Lessons	Social empowerme nt	The process of strengthening and gaining confidence, especially in controlling one's own life and claiming one's rights at the individual or group level.	"Itis important that each person who can contribute something and take it into account and give the possibility for people to express themselves. For example, we did a 'performance' where people held some lyrics. That's important because they feel part of the movement"(Retired, activist, Torrevieja)
	Establish new links	Pact/coalition between different like-minded social groups	"It has been possible to mobilize communities of neighbors who were not mobilized through talking to them and informing them" (Retiree, activist, Torrevieja)
	Education + communicati on	Communication tools	"If the first, is the first issue of pedagogy I sincerely one of the problems that I have seen in our model and that I already tell you as an older person I also assume my share of responsibility I believe that little pedagogy has been done" (Board of Directors, Hospital de Torrevieja)
Other aspects	Gender	As a concrete state it acts as a differentiating and discriminating element between two or more groups.	"When you go out to the highchair to debate, women are the least listened to. And I don't tell you anymore if you are older or of migrant origin" (Woman, politics, Valencia)
	Intergenerati onal activism	Connection between people of different age groups in the same movement.	"It costs a lot to generate new fabrics of citizen participation and extend the circle of our platform" (Retiree, activist, Torrevieja)

Category	Subcategory	Definition	Example (citation)
Process objectives	Efficacy	Ability to achieve collective goals	"I would tell them to take concrete actions to enlist citizens in these demands and in the struggle itself people will be empowered if they have good advisors who make them see beyond the concrete struggle. It is not good to be above the people who fight for their concrete demands, you have to be with them, you do not have to be above, you have to be with them, help them to that process of empowerment and thus the movement is achieved". (Retired doctor, activist in Marea Blanca, Lleida Health Consortium)
	Political opportunity	Events that facilitate the questioning of the established order	"I believe, this is an opinion, we place it as a dichotomous struggle. Let me say, a struggle where there were two options. We know that reality is not like this and that in public policies there are many intermediate spaces. We place it as two options. We did not amend the project, but the one we questioned was in the model. Therefore, focus on the contradiction between public and private administration, and an increasing need to consolidate a public network. This is one thing that not all unions can agree [...] I think this is a tool that helped us. We try to translate this into the billboard and the speech." (Retired doctor, activist in Marea Blanca, Lleida Health Consortium) "Here we also have to recognize that there were communicative errors on the part of the administration and government. In this sense we won them." (Retired doctor, activist in Marea Blanca, Lleida Health Consortium)
Repertoire of actions	Cultivation of resources and strategies	It is essential to know the legal framework and evidence of the problem in order to address it.	"The Lleida consortium had a trap that was that it let in private entities and this according to European regulations of what can be considered a public entity ... according to the regulations, it is what is financed mostly by public money, 90% and its governing bodies are constituted by entities of public law, even if it is not the state or the deputation". (Retired doctor, activist in Marea Blanca, Lleida Health Consortium)
	Forms of communication	The media and social networks as a key factor to call for action	"Very effective really were the two giant demonstrations that were made, this came out a lot in the media, on television and in the local press, this was perhaps the most effective and after that the collection of signatures served to explain what it meant in consortium" (Retired doctor, activist in Marea Blanca, Lleida Health Consortium)." It was convened through social networks and through contacts that we have in different territories because if I via union, the other via party, each one by its own means we were extending it. For the signatures we sent the copies of the papers and they sent it to us by mail or we picked it up." (Nurse Activist at CCOO, Consorcio

			Sanitario de Lleida)
Characteristics of the people involved		Profile of participants in the movement	"There are people who have nothing to do with the health world, as is my case. We simply have interest, and we joined from the first commissions of the 15 M in the squares of Lleida. This evolved as a collective until it had its own dynamics." (Professor at Institute, Activist in Marea Blanca, Health Consortium of Lleida) "The platforms of activists do not have to be only health, others do not, they need some advice from professionals a little more expert than a nurse or someone who has done assistance because this enriches a lot, training sessions, importance of primary, the importance of a model" (Retired doctor, activist in Marea Blanca, Lleida Health Consortium)
Barriers	Political will	Generation of confusion in the population to obscure the understanding of the problem	"One of the barriers we encountered was the administration's own traps. [...] Give it, for example, in the first months a participatory process. Therefore, that it was not an imposed policy. But we were not invited. It was not a participatory process. [...] Then it generates a citizen observatory that is still a trap. [...] It is also an impediment that in the middle of the process I changed the name. They started as a consortium and then changed to an integrated system of the west and Pyrenees. This creates confusion." (Professor at Institute, Activist in Marea Blanca, Health Consortium of Lleida)
	The hegemonic of the private	Predominance in the thought that the private is more efficient than the public	"The local authorities, even the city council seemed to him that this of making a consortium adding private and public hospitals was good, it is the cultural hegemony, they have managed to make the hegemonic the public-private [...] we have to break it and return to the hegemony of the public of more guarantee for health and not for business." (Retired doctor, activist in Marea Blanca, Lleida Health Consortium)
	Social individualism	Tendency to disinterest in struggles not to feel them as their own experiences	"I'm very concerned about the dehumanization that is being produced by the individualism that has been fostered by the very *excessive* individuality, the excessive consumerism in young people there are things that are falling by the wayside and since they have not lived any kind of struggle or found that, then they have to be aware of how easy it is to lose it, of how easy it is to lose it [...] social movements for me are fundamental." (Nurse activist at CCOO, Consorcio Sanitario de Lleida)
	Citizen neglect		n/a
	Professionalization of social solidarit	Waiting for an economic retribution for	"I was very worried when the first people said: okay, I sign up, but it's charging, right? To me this that people of 20 years tell me who live in their house, who are working and that the money is for their body worries me." (Nurse Activist at CCOO, Consorcio Sanitario de Lleida)

	y intervention tasks	solidarity actions	
	Moral grievance		n/a
	Fears		n/a
	COVID-19	Slowing down processes due to the COVID-19 pandemic	"Due to Covid we have not been able to have so much contact with people" (Nurse activist in CCOO, Lleida Health Consortium) "Stop because of COVID and a little progress. Like all the social movements of the territory we are all in this situation. The situation is difficult. We've put the batteries with online assemblies, but it's not the same. The lack of mobilizing dynamics and networks with the collectives [...] They also asked us for press releases, but my colleagues tired of work did not have time to do so. They had to read, for example, the new medication protocol." (Professor at Institute, Activist in Marea Blanca, Health Consortium of Lleida)
Facilitating factors	Organization and consistency (recruitment and continuity)	Constancy is the key element for the mobilizations to be maintained and taken seriously by the political powers.	"The most effective action was perseverance; the most important thing is that it does not seem like a spontaneous rebellion of two days and then disappears. If not the constancy in the claim" (Retired doctor, activist in Marea Blanca, Consorcio Sanitario de Lleida). We collected almost 75 thousand signatures that are many, we made the delivery of those signatures to the department, to the Catalan government, we made a human chain that went from a square, we made a lot of demonstrations, a lot of talks for the towns, for all parts of the territory where they wanted to hear us, where they went later, we went to explain it. We made a joint so that they could see that we were not afraid and we were very sure of our truth and what we did was to extend it to all of Catalonia because we wanted to show with people who are in consortia that we were right [...] (Nurse activist at CCOO, Consorcio Sanitario de Lleida)
	Leadership	A person capable of inspiring, mobilizing and guiding a group of people	"In the White Tide really by the knowledge of reality in (anonymous institution) there are more women than men and the leader is a woman. A tiny woman who is [name] who is a former nursing assistant of the Vall D' Hebron who has been empowered and is a beast of the leadership of her people... She summons 60 people in front of the hospital when she wants" (Retired doctor, activist in Marea Blanca, Lleida Health Consortium)

		towards the goal	
	Alignment of Objectives	All members of organizations directly or indirectly must move towards a common goal.	"We organized ourselves by making a pact when even when we denounced waiting lists: First, that there we were not politicians from different parties, that there we were not trade unionists from different unions, okay? That there we were people, citizens, users of the public health system and we were citizens who wanted to defend this 100% public and quality system and that therefore everything else was left over, here there are no better or worse" (Nurse activist, Lleida Health Consortium)
	Cooperation with other groups (synergies)	Joint action of groups and individuals in the realization of an objective	"We had the three demonstrations that were how ... now you look at a demonstration of 2500 people and it seems little. In this context and also for an issue of the privatization of health, which, at that time of the functional plans of Tarragona, the moment of the SIMS project of Girona. Everything was going at the same time. Generates instrumental tools to escape from public law, oversight, parliamentary control" (Professor of Institute, Activist in Marea Blanca, Lleida Health Consortium)
	Political opportunity	a structure of political opportunity arises when any social event or process facilitates the questioning of the principles under which a political order is established.	"This is also interesting because from the beginning it is a very large space where people from different spaces meet, of course with a year and a half was happening positioning of town halls. [...] There was also the search for institutional support [...] but also entities. It was also key that motions were approved, there was support for other entities" (Professor of Institute, Activist in Marea Blanca, Health Consortium of Lleida)
	Covid-19		n/a
Lessons	Social empowerment	The process of strengthening and gaining confidence, especially in controlling one's own life and claiming one's rights at the individual or group level.	"Another very important thing is that you as a citizen are co-responsible, you have the right to ask for explanations about what is done with taxes, you delegate the management, they work for us and we do not believe it, so I think the right to decide yes not only for the issue of independence but also for wealthy issues such as the education and health system, we have the right to decide the citizens and get more involved in politics because we give them a blank cheque. We're all co-responsible for what's going on." (Nurse activist at CCOO, Consorcio Sanitario de Lleida)

	Establish new links	Pact/coalition between different like-minded social groups	"From there the tangle, the tangle, the tangle was created in such a way that in one of the calls for demonstration that was made came coaches from all over Catalonia of unions, associations, the Catalan white tide" (Nurse activist in CCOO, Health Consortium of Lleida)
	Education + communication		n/a
Other aspects	Gender	Women as key members of organizations	"The White Tide issue really for the knowledge of reality in (anonymous institution) there are more women than men and the leader is a woman. A tiny woman who is Tina who is a former nursing assistant of the Vall d'Hebron who has been empowered and is a beast of the leadership of her people... She summons 60 people in front of the hospital when she wants" (Retired doctor, activist in Marea Blanca, Lleida Health Consortium)"The nurses let's say and explain it much better. The women are the ones who form the assembly of the tide and those who are more at the foot of the canyon. It is a very feminized movement" (Professor of Institute, Activist in Marea Blanca, Health Consortium of Lleida)
	Intergenerational activism	Youth in the movements for deprivatization and the presence of older people due to the availability of time	"I don't know! I listen to a lot (young people). I think the youth movement has been. [...] I believe that young people have to generate their own spaces, with dialogue [...] I'd be in these spaces punctually." (Professor at Institute, Activist in Marea Blanca, Health Consortium of Lleida)." Older people, because they have more time to devote, they do not work, they are retired, older ladies and gentlemen who have union experience, had militated in unions or in left-wing political parties that when they are retired join the platforms of their neighborhood and are empowered in the issue of health. " (Retired doctor, activist in Marea Blanca, Lleida Health Consortium)

CAP DE L'ESCALA AND MURALLES

Category	Subcategory	Definition	Example (citation)
Process objectives	Collective self-efficacy	Subjective perception about the objectives achieved?	"Man, in principle yes. Yes, with the Eulen case but not with the case of the Foundation. With the case of the Foundation[...] The objectives would be that I see it as very difficult..." (Retired, activist, Escala)

			"We believe that one of the victories has been to be able to raise the debate in the terms that clash. No more saying that the Catalan health system is exemplary" (Muralles)
	Political opportunity	Events that facilitate the questioning of the established order	"This Foundation, being threatened, makes a resource in the Generalitat. At this time the Generalitat had an office that was called OAR (Órgan admistratiu contractual resources). It is now called the Catalan Court of Public Sector Contracts. They changed the person who was, who was a very upright person. This gentleman, who was a single-person court, was Josep Antoni Gallo. He is a great hiring technician, who has worked in many parts and then in generality. And since it was so much bonus they left it sunny. The first one that comes to him is Eulen and he undid it, since the contract was wrong." (Retired, activist, l'Escala)" "With this fatal case (death due to lack of hemodynamic service), because of course the CGT and the Tarragona Health Group took the opportunity to launch a campaign to say that this death could have been avoidable, if the service had been open [...] With this there were demonstrations that were very powerful since many people are going to be mobilized, especially from the neighborhoods where this person was from!" (Muralles)
Repertoire of actions	Cultivation of resources and strategies		"What we have dedicated ourselves to is to make a citizen awareness campaign, both for workers and users to explain how the health system works, and also later going forward raising these battles of concrete problems that come out" (Muralles)
	Forms of communication	Ways in which an individual or collective organizes debate and social action?	"And also, I looked for support, a small group of 5 or 6 people who were going to see the mayors of the 8 or 9 towns that were around, if you want to know the names. They explained them and then we made talks, telling him what it meant that with our health it would go business. " (Retired, activist, Escala) "The Tarragona Health Group organizes information tables at the entrances of hospitals and primary care to inform people and claim complaints about the issue of waiting lists" (Muralles)
Characteristics of the people involved		Profile of participants in the movement	"I was a medical doctor and at that time I was a militant, but I was still part of ICV, which you know has gone bankrupt. [...] There are 4 of us and it is a coastal town that is right-wing. These people (the group) were from the EUiA, i.e. communists. And we toured the villages, they were the ones who helped me and some other selfless, but few. Most were from the ICV and EUiA group." (Retired, activist, l'Escala) "The Working Group in Defense of Public Health was promoted by the unions of health workers and by the group of the CUP of Tarragona" (Muralles)

Barriers	Political will	Intentionality on the part of political institutions to bring about change	"At that time the mayor was a socialist, and with him the other eight mayors went to see Boi Ruiz. But this before the tender was annulled. And well, they got very strong, I know from several of them. And it had that the CUP, the mayor of [name], that Bueno "is not going to bite the Boi Ruiz, something else and bites him." The 9 mayors put a lot of pressure, and then the townspeople started wondering what was going on." (Retired, activist, l'Escala)" "The city council forced us with the excuse of social distancing to make a demonstration in a square that is 400 meters from the primary care center" (Muralles)
	Social individualism		"People understood that if they didn't have to pay, it was fine. This was a theory of Boi Ruiz who was one of the smartest, bad but smartest advisors. Bad because he defended the private but intelligent. And he said that if you don't pay it's public. The hardest part was convincing people that they had to fight." (Retired, activist, l'Escala)
	Citizen neglect	Lack of desire or interest on the part of citizens with respect to the object of mobilization	"We were people who came from politics, a marriage that there was in Cuba, very politicized people, a lot of leftists. But the rest of the townspeople were desperate. We told them they were going to privatize health care. And they said oysters we will have to pay for health. And we said no. Then they answered us: oh and then you explain to me." (Retired, activist, l'Escala)
	Professionalization of voluntarism		n/a
	Moral grievance	Emotional state in which people develop attitudes of anger and indignation at a breakup event	"This cannot be because the workers were protesting since they did not want it to be Eulen, since the company had a very bad reputation. They knew that the cleaning service of the city of Girona was given to Eulen, and the workers were badly treated." (Retired, activist, l'Escala) "The GIPSS that was the organ that managed the BOSS. We receive information that tells us that the GIPSS wants to put out in competition the management of this boss. Only a single company is presented. And the contest is deserted. It reopens and this same employee reintroduces herself and wins. Then this boss goes from being managed by the GIPSS by this other private employer, but it is sold as an EBA" (Muralles)
	COVID-19		"In these months of COVID, everything and the obstacle that has meant for the whole movement not to be able to hold meetings, talks, demonstrations on the subject of restrictive measures, because if these mobilizations have been made in the CHIEF both in the western neighborhoods and in the center" (Muralles)

Facilitating factors	Organization and consistency (recruitment and continuity)		"The GST is nothing more than an assembly that meets weekly, where its members are both workers and users, they propose the campaigns that need to be done or the actions that are considered appropriate. Be an assembly movement where everyone can participate on an equal footing" (Muralles)
	Leadership		n/a
	Alignment of Objectives		"The rectors of the parishes that had historically supported the Foundation. This Foundation to be threatened makes a resource in the Generalitat"(Retiree, activist, l'Escala)" "This, the CGT had already been demanding the opening of the service (of hemodynamics)" (Muralles)
	Cooperation with other groups (synergies)		"From here they added the unions of workers who work to the GIPSS company, and therefore, there were not only the Health Group but there are all the professional unions of the company." (Muralles)
	Fears	Anticipating the consequences of privatization	"This cannot be because the workers were protesting since they did not want it to be Eulen, since the company had a very bad reputation. They knew that the cleaning service of the city of Girona was offered by Eulen and the workers were badly treated." (Retired, activist, l'Escala)" "In a demonstration, two media, Dr. Vinyes and Dr. Uriel, gave a lot of support and fired them. They had a statutory contract, and for you to see here the difference: They went to court and spent two years litigating, and they won. They were paid for the 2 years they had not worked and returned to their jobs and now they are both happily retired. This does not happen to all public companies, since some have private rights [...]. The difference between one and the other is the security that the worker has of whether, for example, his boss does not like his face"(Retiree, activist, l'Escala)
	Political opportunity	a structure of political opportunity arises when any social event or process facilitates the questioning of the principles under which a political	"that there is a *modus operandi* that the health system is a space of spoliation of public resources in private hands"(Muralles)

		order is established.	
	Covid-19		n/a
Lessons	Social empowerment		"And the platform, of which I have also been, people came to you crying, overwhelmed and left happy. The satisfaction that a person feels when he is in an organization to help people, without any interest, is healthy; the struggle is healthy. " (Retired, activist, l'Escala)"
	Establish new links		"Let them associate. For example, in health there is Marea Blanca. We met in Barcelona (and Girona). Let them seek and associate. At Marea Blanca we are not only health workers but also users. [...]. That they are going to look for people to be for that. As, for example, with the issue of housing. In the PEC, Platform of people affected by the mortgage, you have a mayor, listen that she was a spokesperson." (Retired, activist, l'Escala)" "A campaign called Expedient ICS is launched, playing with the name of Institut Català de la Salut and the American series, and begins to organize talks to communicate how the health system works [...]. from here the group begins to gain people, who begin to work the group." (Muralles)
	Education + communication		n/a
Other aspects	Gender		"In the Health Group, as far as the professionals are concerned, the majority are women, and as far as the users are concerned, too. In the Group, the median number of people participating, 80-85% are women. And that this proportion is maintained in everything that is the activity of the group, for example when viewing the group, interviews in the media, parliaments in the demonstrations etc." (Muralles)
	Intergenerational activism"		"And that young people do a little, to Marea Blanca is true, ostia that little youth we have. They were all old and old, the vast majority were old people. But, people who have endured fighting, who know the best there is for health." (Retired, Activist' l'Escala)

HIGHLIGHTS OF THE INTERVIEWS

In the first place, all actions within the BSaB strategy are carried out **democratically,** that is, it is not assumed a priori what people need or want and rather seek the consensus of the people involved. A quote that illustrates the democratic process of Salut als Barris: "A session is set up one day and people vote, both professionals and neighbors are invited, a prioritization is made, it is said that it is worth, the most important needs of this neighborhood are: school failure in young people or the lack of job opportunities in young people or loneliness in older people and with that theorization but also with the vision of the experts they begin as to define the lines of work and if there are already months or workspaces, those tables are used and if not, they are created". (Technician in Public Health 2 at the ASPB, Salut als Barris).

Secondly, decision-making is based on the most recent **scientific evidence** and from the prioritization of actions. This allows clarity and systematization of the actions, as well as the possibility of replicating **and evaluating it** to implement aspects to improve. A BSaB technique explains: "Once the motor group is there, we make a diagnosis of the situation of the neighborhood both quantitatively by taking all the records that we can have at a quantitative level and at a qualitative level through discussion groups, interviews with key people, focus groups of technical personnel or citizens, understanding citizenship not to social status but to the people neighboring the neighborhood [...] once the diagnosis is made that the needs and strengths of the neighborhood are seen, what is done is a prioritization that is done in a day with the different people who work and live in the neighborhood so that they vote what interests them most, once this vote is made work groups are generated or the different spaces that already exist in the neighborhood are working in coordination with the different agents of the territory doing actions that respond to that need".

Thirdly, working **groups** and new alliances are often established to achieve the objectives as efficiently as possible. For example: "When we arrive in a neighborhood, the first thing we do is generate synergies, we talk to the district, we ask for permission in a certain way to enter, a working group is generated with the key agents of the territory, neighborhood associations normally, proximity facilities, the CAP, social services and that motor group is the one that supervises the process a little [...]we join spaces that already exist" (Public Health Technician at the ASPB, *Salut als Barris*).