

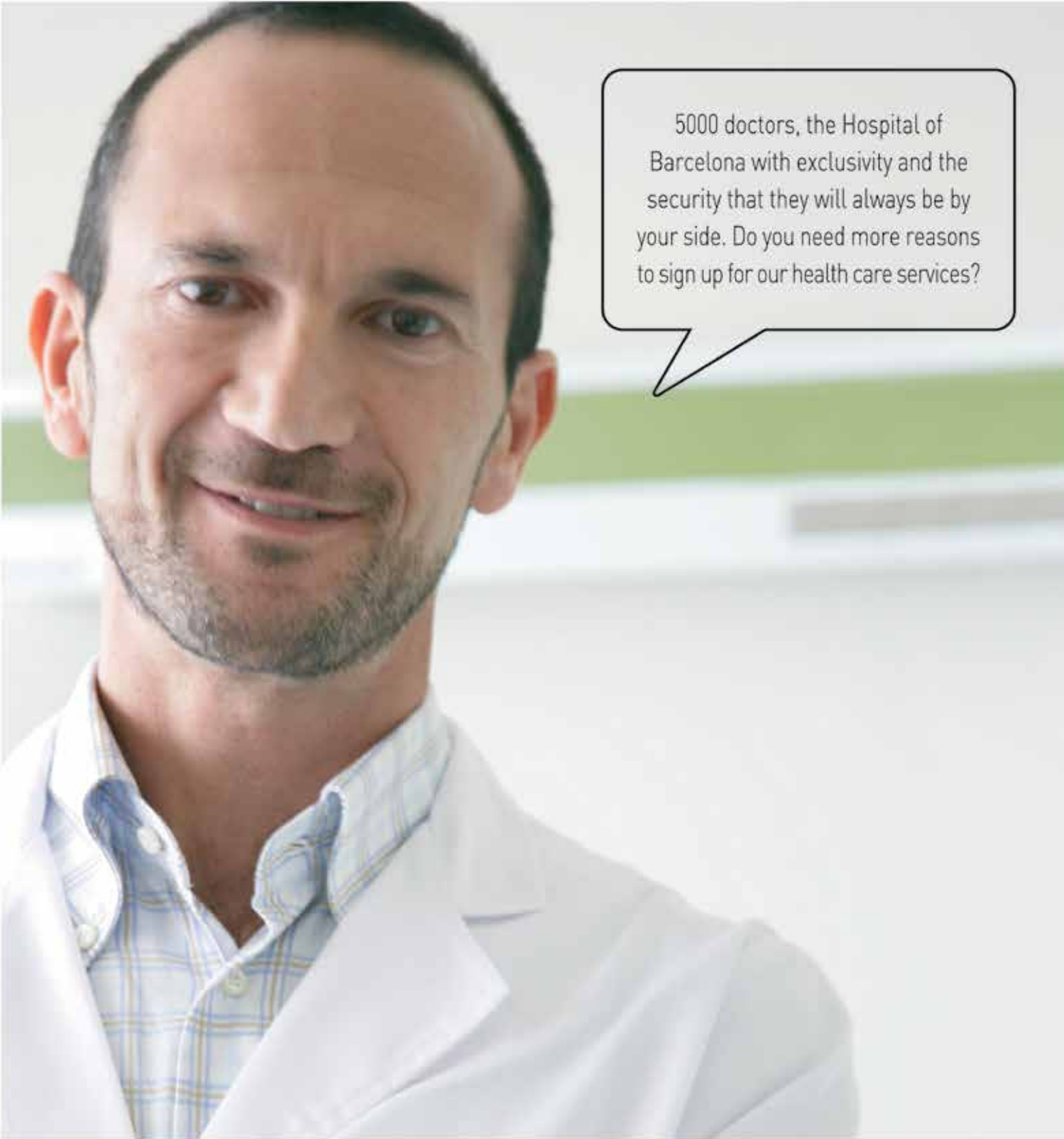
| **compartir** |

The magazine of healthcare co-operativism

**CENTENARY OF THE BIRTH
OF DOCTOR ESPRIU (1914-2014)**

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century health**





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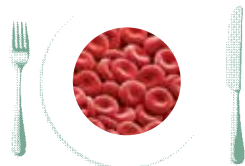
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The legacy of Dr Josep Espriu i Castelló (1914-2002), the driving force behind the co-operative health care movement and the president of the Espriu Foundation, is alive today more than ever. A number of the figures who knew him and worked with him bear witness to this resoundingly in this edition of | **compartir** |.

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

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

In the year in which we celebrate the centenary of his birth, as we look back and remember him, while also considering his work in its present form, we see Dr Espriu as one of the great figures of 20th-century health.

To mark his centenary, *Compartir* has joined the celebrations organised by the institutions he founded - the Espriu Foundation, ASISA, Assistència Sanitària Col·legial and SCIAS - which will culminate in the huge celebration to be held at the Barcelona Auditorium on 13 October. We present our readers here with a tribute edition giving voice to individuals who knew him, who are in a position to judge the historic scale of his contribution, representing public institutions ranging from the Spanish Ministry of Health to the Catalan Regional Health Department and the Mayor of Barcelona.

Dame Pauline Green is the president of the global co-operative movement, giving her particular relevance in opening this issue by asserting that Dr Espriu's co-operative health movement has played a pioneering role in the world and has an outstanding future, offering hope to doctors and patients worldwide. In the same way that the Integral Co-operative Health Movement which Dr Espriu founded in Barcelona, rooted in a highly active civil society, then successfully took root in a range of contexts around Spain, each with its specific features, today this same co-operative idea is making its mark in health care around the globe, under the guidance of the International Co-operative Alliance.

In our interview with him, Dr Ignacio Orce, who was quite literally alongside Dr Espriu during his life's work, speaks of the doctor's relationship with his brother, the poet: "I am certain of the influence of living for so long with his brother, Salvador Espriu, with his intellectual and spiritual values, with his ethical convictions, with his radicalism. As the younger brother, Dr Espriu lived within the reference framework of his poet brother." This reference framework gave rise to a conviction that it was vital to achieve a more satisfactory relationship between doctor and patient, and that this vital task could be achieved. Espriu's immense willpower breathed life into a pioneering project in global health care, thanks to the three other qualities which are also well remembered by everyone who worked with him.

The first is that Espriu believed in his ideas, was fundamentally convinced of their power of transformation. He was never worried about being too radical, or too theoretical, because he knew better than anyone that there is nothing more practical than a sound theory. Espriu's second quality was his ability to convert ideas instead institutions; his supremely creative pragmatism which led him to start out from the social, legal and political contexts of the day, the always limited possibilities offered by reality, and from there to drive forward his project, without forsaking his radicalism. The third unforgettable quality, meanwhile, was his cordiality, his ability to listen, to assert, to question. Behind the institutions he founded there are dozens, hundreds, thousands of hours of cordial discussion, teamwork and friendship.

Espriu wanted his co-operative health movement to occupy an orbit within a constellation of values: the common good, cooperation, solidarity, fraternity, healing others, freedom of expression, the value of words, transcendence through poetry and art. And the value of communication. Espriu was passionate about dialogue. There were few things he loved as much as a long discussion, contrasting opinions, the quest for consensus. | **compartir** |, our magazine, which next year will itself clock up a round hundred of editions, was perhaps the last venture launched by | **compartir** | in the world of communication. He was well aware that words give shape to ideas, and convey understanding between individuals: they are needed in order for communication to exist. And words also today represent the memory of the extraordinary work of Dr Espriu, with the host of colleagues he grouped around him through the strength of his conviction, and who today are still involved in his project, and grateful for it.

A True Co-operative Pioneer

What are the attributes that are to be found in a true pioneer in any field of activity? It varies of course, but first and foremost for pioneering success will always be someone with a strong vision and an equally strong belief in the ability to deliver that vision. Someone with determination and focus, able to withstand disappointments and adapt to circumstances. Perhaps most crucially someone who can inspire others to see and believe in the vision and bring people together in its achievement.

Josep Espriu i Castelló was one such pioneer. A man who believed with a passion in a health service that was built on the presumption that “*there could be no profit at all with the loss of health of anyone*”. A man who believed in the co-operative way to build a better world. Inherent in this pioneering spirit was a man who did not just believe that this was the right way for his community and his nation; but for the global good.

Our international co-operative world owes Dr Espriu a great debt. He brought into being what is now the third largest health co-operative in the world - what we all know as the Espriu Foundation and its organizations. The Espriu Foundation flowed out from the city of Barcelona, then Catalonia and Spain, built on the co-operative model that eschews the maximization of profit, and puts people at the heart of its decision making. Dr Espriu believed in the need to humanize the economy, as does – another visionary, the current incumbent of the Vatican Pope Francis, who talks of the need “*to put people and their wellbeing at the centre of our economic and political life*”, and who also believes that the co-operative movement has much to offer that work.

Today, health co-operatives prosper in many parts of the world – the largest the Brazilian health co-op, UNIMED having the distinction to have been selected to look after the medical needs of the 2014 World Cup in Brazil, including that of football’s greatest investment - its players!

However, there is still much to be done and the message and inspiration of Dr Espriu has much to offer to the developing world in particular, bringing justice, participation and self-administration, (the three principles on which Josep Espriu built his health care co-operative model), to parts of the world still crying out for even the most basic health and medical needs – as recent health emergency in West Africa with the ebola outbreak, shows.

Josep Espriu was the key driver in the creation of the The International Health Co-operative Organisation (IHCO) that rapidly became one of eight key business sectoral organisations in the International Co-operative Alliance. It is IHCO that now advises the Alliance on health issues, brings together health co-operatives around the world and campaigns and promotes the health model to governments and at grass roots level across the world. It was Dr Espriu that argued for the IHCO and helped to set up the committee that eventually led to its foundation.

The Espriu Foundation continues to have a strong commitment to the international movement. In November 2013 in Cape Town José Carlos Guisado, the CEO of the Espriu Foundation joined the global board of the Alliance bringing co-operative health issues to the heart of the future co-operative strategy for growth. He was joined in that work by the Dr Eudes de Freitas Aquino , the CEO

of UNIMED, Brazil. In this way the work and influence of Josep Espriu continues to grow within the co-operative world.

In 2012, at the conclusion of the International Year of Co-operatives, the global co-operative movement adopted a global strategy for the current decade : *The Blueprint for a Co-operative Decade*. The overarching aim of the Blueprint is to grow co-operative enterprise, but to grow it in the context of a world that needs to protect and support our planet, end conflict, defeat poverty, homelessness and hunger. It needs to provide education for all children the world over, support the vulnerable in society and most importantly provide health provision for all. This must happen in a world that is in the midst of the fastest growing period of technological change – a communications revolution, and at the same time the shift of political and economic power from north to south and west to east. It is a dangerous, turbulent and complex moment.

It is also a huge opportunity for a people centred, democratically owned model of enterprise to take its place as a better way to bring the mass of humanity into an effective partnership in the running of the global economy. Co-operatives are already the dominant force in the grass roots 'real economy' in many countries. It is time that that was reflected in the politics of the global economy.

This is the current work of the International Co-operative Alliance – it is the work of all those who believe as Josep Espriu did that the co-operative model was the way to build a humanist concept of medicine.

Working together we can make this happen.

Dame Pauline Green

President. International Co-operative Alliance



Dr Josep Espriu, the driving force behind the co-operative health movement in Spain

2014 is a special year for the Espriu Foundation, which is made up of the ASISA-Lavinia and Assistència Groups, because it is celebrating its 25th anniversary. However, 2014 is also the centenary of the birth of Dr Josep Espriu, the founder and creator of co-operative healthcare in Spain, a model which has spread throughout the world. So for me it is a pleasure to join in this well-deserved tribute to Dr Espriu.

Any discussion of co-operative healthcare in Spain inevitably entails a recognition of its leading promoter and creator, Dr Josep Espriu Castelló (1914-2002), who could be considered as the founder of co-operative healthcare in Spain. His rationale was: “patients find the comfort they are entitled to expect and doctors are happy in their work” and he took this principle to its ultimate conclusion and created institutions which all use the co-operative model, a not-for-profit system of management where profits are reinvested to improve care.

Both doctors and patients manage the organisation and are involved in its decision-making process. Josep Espriu founded ASC, Assistència Sanitària Col·legial in 1959, and Lavinia, Asisa and Autogestió Sanitària in 1971. In 1982, he set up the Office of Co-operative Health Care Studies and Health Promotion and in 1989, the Espriu Foundation, which he used to promote the co-operative movement internationally through the International Health Co-operatives Organisation, the IHCO. He is seen as the driving force behind the social economy system in the healthcare sector.

The profile of co-operative health care in Spain is important but it is not widely known. The International Health Co-operatives Organisation (IHCO) itself belongs to the International Co-operative Alliance (ICA), an independent organisation created more than 100 years ago which represents more than 730 million people worldwide. The ICA was one of the first NGOs to be granted consultative status at the UN, its key role being to ensure the viable development of co-operatives in developing countries. The ICA is also responsible for promoting co-operative principles and values.

The IHCO specialises in the development of health co-operatives worldwide, working closely with the WHO and health NGOs. The organisation forms a part of the ICA structure as a specialist in the promotion and development of health cooperatives. The IHCO, which was set up in 1992, is the most recent of the ICA's specialist organisations.

Many people are unaware that health co-operatives play such a major role in delivering healthcare in this country. Assistència Sanitària provides the clearest example and despite the fact that its activities are confined to the province of Barcelona, it is one of Catalonia's leading insurers. It also provides its clients with cross-subsidised policies, meaning that a 20-year-old youngster pays the same as an 80-year-old. This strategy is based on one of the values of co-operative healthcare, solidarity, and it remains efficient economically even during the current crisis.

The other major social economy enterprise is ASISA, which operates nationwide and is one of the most important insurers in the private healthcare sector in Spain.

Co-management in health care by professionals and citizens has been functioning with proven efficiency for 50 years now.

Dr Josep Espriu, was born in 1914 in Santa Coloma de Farners in the province of Girona. In 1942, he graduated in Medicine and Surgery at Barcelona's University's Medical Faculty, and began practising as a GP in a surgery in the Gràcia district of Barcelona.

His professional approach was always one of decent, non-discriminatory medicine. Over the years he gradually developed this idea, while practising as a family doctor.

In the 1950s, Dr Espriu learned of an initiative in Bilbao based on a collective approach in

which doctors acted as owners and professionals, a model which allowed patients a free choice of doctor, with payment made for each medical activity performed. He was so struck with the idea that he immediately began to set up Assistència Sanitària in Barcelona, with the support of the Medical Association, and its first policy statement appeared on 1 January, 1960.

Dr. Espriu promoted this collective approach through Assistència Sanitària Collegial, before extending this model to the whole of Spain through the creation of ASISA.

As a natural development from his original idea, he promoted the establishment of the SCIAS co-operative which brought together all users within a single organisation and which provided the impulse for the creation of Barcelona Hospital, one of the city's leading medical establishments.

The creation of the Lavinia co-operative in Spain was a major factor in consolidating these principles and values - which was formed as an umbrella organisation for all those professionals delivering care to ASISA clients - as was the creation of the Autogestió Sanitària co-operative.

The two institutions practise Dr Espriu's co-operative healthcare philosophy: the creation of shared, social medicine based on placing people at its centre and involving both doctors and patients. This was the concept behind the Espriu Foundation founded in 1989. It is an organisation that Dr Espriu chaired until his death, its main mission being the promotion of the co-operative healthcare model. The Espriu Foundation today is still responsible for publicising his philosophy of co-operative healthcare.

I do not believe that enough members of the public know about this healthcare model which differs from traditional systems, i.e., that there are co-operative healthcare businesses that have been operating within the social economy without the pursuit of profit for more than 50 years in this country. These days, nearly two million people are treated by doctors who work for Lavinia and ASC.

Lavinia is a co-operative business that was founded in 1977. It consists of 20,000 doctors and it owns 100% of Asistencia Sanitaria Interprovincial de Seguros, SA (ASISA), the non-for-profit health insurance company which provides work for more than 30,000 professionals and delivers services at 199 hospitals, 16 of which it owns. It has 24,313 hospital beds to treat its one and a half million insureds. It is the largest non-public hospital group in Spain and its profits are donated to NGOs such as Save The Children.

And Barcelona Hospital nowadays is owned by 190,000 users belonging to SCIAS and is a well-known and admired institution in Catalonia.

I want to sign off by recalling a phrase spoken by Dr Espriu and which I believe summarises the essence of his concept of co-operative healthcare, something as a doctor, I fully subscribe to:

“I have striven to use concepts which are fair and very simple: patients should speak in confidence to doctors, doctors should care deeply about their patients, and no one and nothing should come between them”.



Ana Pastor Julián
Minister of Infrastructure
Development

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Dr Josep Espriu, a global exponent of the quality and diversity of our health care

As Mayor of Barcelona, it is a pleasure for me to be involved in this special edition of the magazine Compartir to celebrate together the 25th anniversary of the creation of the Espriu Foundation, while also paying a deserved tribute to its founder, Dr Josep Espriu.

I had the honour of meeting Dr Espriu in person, and have fond memories of him. There are many people who have over the decades helped make Catalonia a global flagship for the quality and diversity of our health care. Dr Josep Espriu is unquestionably one of them.

Always in pursuit of excellence and the best possible treatment of individuals, he promoted the co-operative health sector in this country, at a time when the Social Security system was not as developed as it is today.

In this country many of the challenges which we have overcome with time have been thanks to the drive and initiative of civil society and the association, co-operative and Third Sector movement. The field of health is an excellent example of that.

Catalonia today boasts professionals who are leaders in the medical field, a quality public health system, research centres operating at the highest level and a broad-based offering in the co-operative and private sectors, placing us at the forefront of the spheres of medicine and knowledge.

And so I would be delighted for the legacy which Dr Espriu left us and the values which he conveyed in building a better society to be recognised more than ever on the occasion of this 25th anniversary of the organisation which he created with such effort, enthusiasm and a vocation to serve.

During these difficult times, it is essential to promote and support those organisations and enterprises which make up the social economy, in which Dr Espriu firmly believed, so as together to continue building a Barcelona and a Catalonia where economic and social progress go hand-in-hand.

Xavier Trias
Mayor of Barcelona





The advice of Dr Espriu

There were many facets to Dr Josep Espriu Castelló's professional life including not only his medical practice but also his role as a driving force in the co-operative health movement. However, there is one activity which might be less familiar to readers, though not any less significant: his role as a popular medical writer. The truth is that he loved his work and in his articles he used his own experiences with the patients he treated at his surgery. Over several years, Dr Espriu carried out educational work through an extensive series of weekly articles which he wrote under the pseudonym, Cianófilo. These articles were published in a column entitled "The doctor's advice" in the journal *Destino*.

In his articles Dr Espriu combined the experience of his work in healthcare which resulted from the close relationship he maintained with his patients with his constantly updated knowledge of medical and health issues. The latter came from his professionalism as well as his enquiring mind. The column "The doctor's advice" therefore covered a wide range of themes over the years, the common ground being a combination of information and education. He not only provided a reasoned explanation of each issue, but also gave an insight into how to interpret the data provided correctly. He gave accurate information in a readable and accessible manner, engaging both current and future patients, all of which is an outstanding example of his skill in the field of medical education.

The themes covered in Cianófilo's articles vary considerably and cover a wide range of approaches. Some of the articles have a clear educational purpose, explaining in a simple and straightforward way basic aspects of human physiology such as the functioning of the cardiovascular system and the characteristics of the arterial pulse. Others covered common diagnostic procedures, including blood samples and their interpretation, and even basic aspects of the most common symptoms, such as the possible causes and what can be done to cure a cough. Yet

Dr Espriu had a clear vocation to fulfil the medical maxim of *primum non nocere*, "first do no harm".

Dr Espriu played an outstanding role in health education through the publication of an extensive series of weekly articles in the journal *Destino*.

more articles focused on specific illnesses, their cause and evolution and provided guidance and advice to keep the condition under control. They also dealt with many different health problems. In some articles, meanwhile, he was ahead of his time looking at important issues such as the connection between smoking and lung cancer, something seen as unquestionable nowadays but which was still under debate in the middle of the last century. He would also sometimes write about the recent developments in treatments, or set out the scientific information which had become available dealing with complex issues such as, for example, the nature and make-up of genes. He also wrote about general issues, setting out the foundations of his philosophy regarding the relationship between doctor and patient, the state of the health system and the alternatives which he believed could improve public access to better healthcare.

There can be no doubt that for Dr Espriu, Cianófilo, education concerning medicine was important and so he dedicated time and effort to it, with a clear vocation to fulfil the medical maxim of *primum non nocere*, "first do no harm", a principle which is sometimes left out in news items about health issues today, but one which he achieved so well by choosing his words carefully in order to avoid misinterpretation by his readers. He also made sure that his advice would not serve as a substitute for a task which can only be performed by a medical practitioner treating a patient in a surgery. And he did all of this with his particular humanist vision and sensitivity which characterises all of Dr Espriu's work. **Dr. Adolf Cassan**



[HTTP://DOM.CAT/DHG](http://dom.cat/dhg)

DE MEDIODÍA A MEDIANOCHE

MAQUINAS DE INFALIBLE MEMORIA

Los calculadores electrónicos con sus máquinas maravillosas cuyo funcionamiento merece ser conocido por el gran público. La que trabaja con mayor rapidez y que es de mayor tamaño, la IBM 704, ocupa toda una habitación muy amplia, de casi quince por treinta metros. La máquina no es una pieza compacta sino que consiste en unas veinte unidades de inter-conexión; tiene unidades aritméticas; una unidad aritmética; un centro de control; unidades para regular el suministro de electricidad; unidades para entradas y salidas.

numéricas. Pero esa labor de la máquina puede adoptar formas más concretas y vivas, por ejemplo, el control eléctrico de la producción en



Operario reparando un cerebro electrónico tipo «Ramington Univac» que funciona en el Instituto Botelle de Frankfurt

Una unidad de entrada es un dispositivo que permite al operador «emeter» información humana en la máquina. Todos los cálculos que luego haga la máquina se alimentan de la adecuada información proporcionada por esas unidades de entradas.

Una unidad de salidas es un dispositivo gracias al cual puede entregarnos la máquina la información que le pedimos, es decir, los resultados de su cálculo. Por lo general, la unidad de salidas es una imprenta y los resultados nos llegan en forma de palabras o de tablas

una refinería de petróleo, o el control del funcionamiento de una máquina o del vuelo de un proyectil intercontinental.

A nuestros lectores les interesa conocer uno de los problemas que pueden ser resueltos por una de estas prodigiosas máquinas de la memoria. Hace unos cuantos meses, los profesores británicos Hasegrove y Hoyle utilizaron la IBM 704 para calcular un largo periodo de vida del sol, partiendo de un remoto pasado, cuando el sol se formó de una nube de gases, hace la friolera de 3.000.000.000 de años (quizás nos equivoquemos en unos días pero ustedes sabrán perdonarlo). La máquina calculó cómo se había desarrollado la vida del sol en ese espacio de tiempo tan dilatado que produce vértigo. Pero, más interesantes que estos dichos profesores quisieron saber cuál va a ser la futura historia del sol, durante los próximos 5.000.000.000 de años.

La máquina electrónica informó de que la brillantez del sol ha venido aumentando sin cesar durante aquella primera época (es decir, desde su creación hasta hoy). Hubo una época, en los primeros tiempos de la historia de la Tierra, en que el Sol era mucho menos luminoso que ahora. Y en el futuro, según ha comunicado la infalible máquina electrónica, llegará un día en que no haya manera de soportar la fortísima luminosidad solar. Es completamente seguro que los mares estarán hirviendo al sol. Será imposible bañarse en las playas en el verano, e incluso en el invierno cuando luzca el sol.

La máquina tardó de cuatro a cinco horas en obtener tan interesantes resultados. Los cálculos realizados por ella en ese tiempo tardarían unos hombres en realizarlos



LA BOLSA, por Contrary
— Bueno, buena, ya estoy más tranquilo. Parece que la Bolsa ha reaccionado.
— Que tengamos la suerte de que llova no se sabe.

30.000 años. El número de operaciones matemáticas que el robot tiene que hacer es de 300.000.000. Es, pues, de toda evidencia que unos robots haber logrado unos seres humanos llegar a ese resultado sin ayuda de la máquina de la memoria.

El calculador electrónico permite resolver problemas que sin él sería una tarea planteárselos ya que nadie los podría resolver en toda una vida, simplemente por el inmenso número de operaciones matemáticas a realizar. Y esto no se aplica sólo a la ciencia sino a

innumerables problemas de la vida cotidiana.

Aunque le parezca raro al profano, la verdad es que la máquina consigue esos resultados por medios de gran sencillez ya que la raíz de sus operaciones consiste en elementales problemas matemáticos: suma, resta, multiplicación y división.

Todos ustedes están acostumbrados a ver las máquinas registradoras en las tiendas y, como cosa moderna, las máquinas de calcular en los despachos.

Venamos ahora cómo puede ser representada o como se

dice en el sargento científico encamionados por un conductor electrónico. Para escribir un número en un rollo tenemos emplear las cifras 0, 1, 2, 3, 4, 5, 6, 7, 8, 9. Para escribir la fecha a año en que estamos, hemos de emplear las cifras 1, 2, 3, 4, 5, 6, 7, 8, 9. Pero no en el orden natural y normal. Es decir, si servirá 1957, 0 sea, un número se convierte en una combinación de cifras en cada caso según determinado orden.

También se podrán escribir los números con sólo

EL CONSEJO DEL DOCTOR SIGUIENDO A JOSE PLA

LA lectura de un magnífico libro que José Pla dedicó a su vejez pasada a su «Calentador» sin fecha, trajo a mi memoria la deuda que tengo contraída con varios de mis lectores quienes me han escrito y están interesados por el problema de la calvicie.



Con la palabra, calvicie son muchas las personas que desean cualquier falta o pérdida de cabello, sin disminuir su aspecto evolucionado.

Ello no tiene nada de extraordinario si tenemos en cuenta que prestigiosos diccionarios de la lengua castellana, dan idéntico significado a este término.

Sin embargo, en general, cuando en las conversaciones se habla de calvicie y de calvicie, se hace referencia a un tipo específico y bien determinado de enfermedad, para el que creemos sería mejor guardar tal apelativo, designando todas las demás pérdidas o faltas de cabello con el vocablo más apropiado de alopecia. Alopecia que, cuando son parciales y circunscritas, pueden mencionarse con la denominación vulgar de calvas.

De entre todas las alopecias o pérdidas de cabello, la más frecuente es sin duda alguna, la que conduce a la calvicie.

El calvo ha perdido el pelo que recubría toda la parte superior de su cráneo, persistiendo, en cambio, un reborde o corona que lo circunscribe en arco de círculo, interrumpido a nivel de la frente. La piel, desprovista de cabello, es fría, resaca, atrofia, llena de manchas pigmentadas, si se ha expuesto al sol, y muchas veces carece de poros. La corona pilosa que la rodea está integrada por cabello sano y es a partir de ella que, muchos calvas, desean crecer, en desmesura los cabellos que la componen, y los dirigen sobre la zona desprovista de pelo, con la ilusión de disminuir su existencia.

Para poder saber, por lo que respecta a sus causas, pero poseemos dos datos ciertos e incontrovertibles que es propia del sexo masculino, y que es tanto más grave cuanto más precoz es su comienzo.

La mujer puede perder la totalidad de sus cabellos y quedar su cuero cabelludo desprovisto de pelo, pero jamás tal alopecia adoptará el tipo de calvicie que es atributo de la masculinidad.

Y ello es cierto hasta tal punto, que los eunucos, si su castración se ha verificado antes de la pubertad, tampoco lograrán afectarse de calvicie.

Por tanto, una mujer podrá perder sus cabellos, podrá

decaerse, pero, hasta hoy, ninguna ha conseguido «revivir».

La pérdida de cabello, que conduce a la calvicie, va precedida, por la general, de la aparición, alrededor de los quince a los diecisiete años, de una caspilla seca. Esta caspilla no es acompañada de ningún signo que pueda hacer sospechar constituya el primer acto de la calvicie, y es posible que, en algunos casos, su tratamiento detenga la progresión de la enfermedad.

Al cabo de unas meses o años, la caspilla seca que cae al peinarse o nieva los vestidos, desaparece, y es sustituida por caspa grasa, adherida a la piel que la uña, al rascar, recoge como si se tratase de una sustancia mantecosa. Muchas veces, en este momento, una depuración a nivel del cuero cabelludo, hace su aparición.

Se necesita un tiempo muy breve, en los casos graves, y de algunos años, en los leves, para que la caspa grasa decorezca y sea sustituida por una secreción oleosa intensa que oprime los cabellos, al tiempo que se inicia su caída con fuerza y decisión.

El hecho de que la caída del cabello coincida con la aparición de esta secreción oleosa o seboreica, ha hecho depender, en algunas mentes, la una de la otra, y por ello a la calvicie también se la ha denominado alopecia seboreica.

Esta manera de pensar, no ha merecido confirmación universal, sin embargo, por ello, el de tener gran interés como prueba de mejoría e incluso de curación, por cuanto sabemos que, si en tales casos conseguimos dominar el flujo sebáceo, casi con seguridad evitaremos la pérdida del cabello.

Conociendo la localización de la calvicie, fácil será la percutánea de su comienzo. Debata, por lo general, en las partes laterales del cuero cabelludo anterior del cuero cabelludo y de allí, circunscribiendo un mechón central y anterior, que respecta durante cierto tiempo, lo rodea por detrás, para alcanzar de nuevo importancia a nivel de la tonstru.

Una calvicie que empieza alrededor de los diecinueve años, podrá completarse antes de los veinticinco. Cuando comienza cerca de los veintidós, tardará mayor tiempo en definirse, y cuando se inicia pasados los veintiséis, será dominante con mayor facilidad con el tratamiento.

Para saber que cabe esperar de tratamiento de la calvicie, es preciso conocerla y referirse sólo a ella. Quien confunda la pérdida de cabello originada por tal afección, con las otras enfermedades con gran capacidad de provocar alopecias, de aspecto y naturaleza por completo diferentes, estará incapacitado para discriminar el valor que tiene la medicación aplicada a tal fin.

La pérdida de cabello puede ser, además, congénita, es decir, por defecto de constitución, o de naturaleza traumática, por el roce del niño con la almohada, o por un tipo especial que induce al arrancamiento manual de los pelos.

También puede ser consecuencia de múltiples enfermedades de la piel, que se localizan en el cuero cabelludo, o debida a trastornos generales, agudos o crónicos, o a intoxicaciones, enfermedades parasitarias, senectud, etc.

Todas ellas tienen sintomatología propia, que permite su diagnóstico y tratamiento adecuado.

Una vez eliminadas todas estas alopecias y ya en presencia de la genuina calvicie, ¿qué recursos tenemos para combatirla?

Al intentar responder a esta pregunta, no podemos olvidar que desconocemos, casi en absoluto, sus causas directas y que, por lo tanto, el tratamiento interno de la misma será, a la fuerza, muy limitado y circunscrito a mejorar las condiciones higiénicas en que vive el enfermo, corregir, si existieran, sus disfuncionalismos — especialmente deficiencias de sus funciones — y administrar medicación vitamínica y fosforada, con la esperanza de contribuir a su mejoría.

Nuestras mejores posibilidades radican en el tratamiento local que, para cobrar efectividad, deberá ser

continuado durante amplios periodos de tiempo y dirigido por un especialista en enfermedades de la piel.

El dermatólogo, rara vez cura la calvicie, pero en muchos casos, la domina. No olvidemos que curar significa tratar la afección hasta el momento de su desaparición definitiva, y dominar equivale a controlar los progresos de la enfermedad, que puede detenerse, e incluso retrogradar, mientras se presta atención a ella.

Si todos los calvas, antes de serlo, hubiesen sometido su enfermedad a un tratamiento correcto en lugar de lamentarse con amargura, sin haberse esforzado en combatirla, muchos de entre ellos conservarían su cabello y si no en su totalidad, en gran parte, hasta épocas muy avanzadas de la vida.

Es preciso intervenir pronto, cuanto más pronto, mejor, pues una vez encarecido el cuero cabelludo y ya desprovisto de cabello, es imposible, en la práctica, obtener su reposición.

Todo médico ve en su consulta a gran número de calvos y a un número, no menor, de aspirantes a la calvicie. Unos consideran su enfermedad como un pequeño defecto molesto, pero tolerable; otros se desmoralizan ante la sola idea de la pérdida de su cabello; y son mayoría los que no encierran su problema por un camino inteligente, sino como de vez en cuando, aparecen nuevos remedios mágicos para curar la calvicie, los cuales, ensayados por todos aquellos a los cuales esta afección les preocupa lo bastante para ocuparse de ella, pero no lo suficiente para consultar al especialista apropiado, duran unos años, para ser sustituidos por otros, que carecen la misma suerte. La mayoría de estas nuevas locuciones, inyecciones, masajes, baños eléctricos, corrientes, baños cortos de pelo, etc., se han propagado con la idea de captar adeptos ofreciéndoles la curación de su dolencia.

Por nuestra parte podemos afirmar, que nunca hemos visto resultados extraordinarios con todos estos procedimientos, y si bien algunos pueden ser de utilidad, es debido a la segura, irreflexiva, de otros, la posibilidad de atribuirles, en gran parte, la responsabilidad del desmoronamiento en que ha caído el tratamiento de la llamada alopecia seboreica.

Una vez más repetimos que en medicina no existen secretos. En las revistas, reuniones y congresos científicos, cada cual aporta lo mejor de su experiencia, ofreciéndola a los demás, para su control y crítica, sin esperar mejor galardón que la confirmación de sus datos y afirmaciones por parte de los otros colegas.

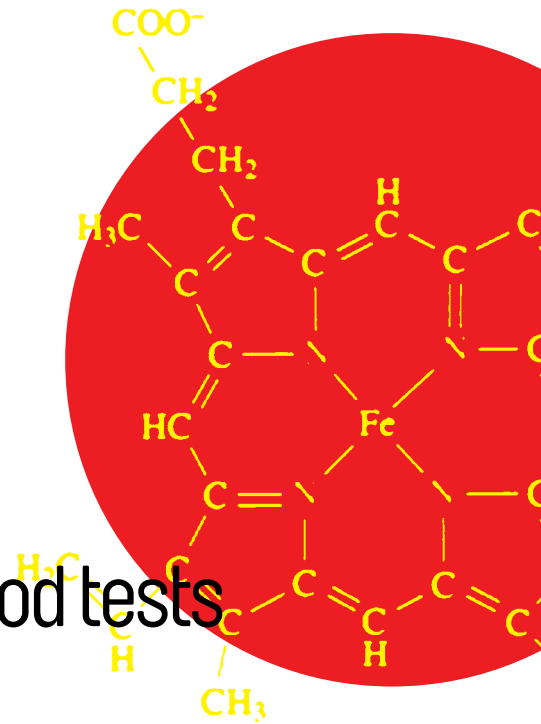
Podemos afirmar, sin miedo a errar, y esta afirmación extraña nuestro consejo de hoy, que si bien es verdad que en los últimos años pocos progresos se han realizado por lo que respecta al tratamiento de la calvicie, la terapéutica dispone de un número de medios para defender el cabello de gran número de nuestros enfermos, que, si seguimos sin inteligencia y constancia las prescripciones que su dermatólogo les ordenará, sacarán un positivo beneficio de su consulta.

Esperamos haber complacido a los interesados por la calvicie, a quienes debemos advertir que, habida cuenta la dificultad del tema, suplicado, hemos acudido de nuevo a la bondad complaciente cordial con que nos distingue nuestro maestro Xavier Vilanova, catedrático de dermatología de nuestra Universidad, para que nuestra nota de hoy sea fiel reflejo de su indiscutible autoridad. Suplicamos la inmensa mayoría de las palabras que acaba usted de leer, y cuyos son, desde luego, que cubra usted conceptos que hemos expuesto hasta aquí, razón suficiente para que usted, y «CIANOFILO» tengan una nueva deuda de gratitud para con nuestro querido profesor y amigo.

En resumen, pues, nuestra labor de hoy responde a una petición reiterada se basa en el saber y en la experiencia de un maestro, y está escrita siguiendo a José Pla



Iron, red blood cells and blood tests



In this section, we'll talk about a very important mineral: iron. As is the case with other minerals needed for living (calcium, magnesium, potassium, phosphorus, zinc...), we must also get it from the food we eat. The human body contains 4 grams of iron which is a very small quantity compared to the 1,000 grams of calcium we store inside us. More than half of this iron is found in a molecule called haemoglobin which is a part of red blood cells.

Haemoglobin is a compound formed by an iron atom and a protein. The prefix hemo is of Greek origin and means "blood". This is why doctors ask for a hemogram or full blood count when blood tests are required as it means they need an analysis of the blood cells: the red blood cells, white blood cells and platelets. Today, we will focus on red blood cells which are also called erythrocytes (which means "red" in Greek) because this pigment with iron, known as haemoglobin, is responsible for the red colour of blood. The purpose of haemoglobin is to capture oxygen as blood passes through the lungs and carry this oxygen to all of the body's tissues. If there is a shortage of red blood cells (also called RBCs), there will not be enough haemoglobin to capture the necessary oxygen. This is why it is very important to show the red blood cell count in tests in millions per mm³. Normal values in men are between 4.3 and 5.9 million and between 3.5 and 5 million in women. Another widely used parameter is the packed cell volume which represents the percentage of red blood cells in the total blood volume. This percentage in men is between 40-50% and between 36-44% in women.

However, if the quantity of red blood cells is important, so too is their size and, therefore there is a value that refers to the size of the red blood cells: the MCV (mean corpuscular volume). If these cells are not of the corresponding size, there is some type of pathology that is altering their production.

Obviously, the quantity of haemoglobin in red blood cells is assessed along with other values such as the MCH (mean corpuscular haemoglobin) which refers to the quantity of haemoglobin in each red blood cell and the MCHC (mean corpuscular haemoglobin concentration) which relates the quantity of haemoglobin in each cell to the volume.

A blood count reading makes it possible to deduce whether the blood cell count and the quality of the cells are ideal or if there is some type of pathology present. For example, a low red blood cell count as far as the percentage of hematocrit in the quantity of haemoglobin in addition to the presence of small red blood cells are parameters that indicate a lack of iron and, thus, the possibility of anaemia.

When someone has anaemia, less oxygen is carried to their tissues which means that they feel tired, weak, lose their appetite, have palpitations and their skin and mucous membranes are very pale.

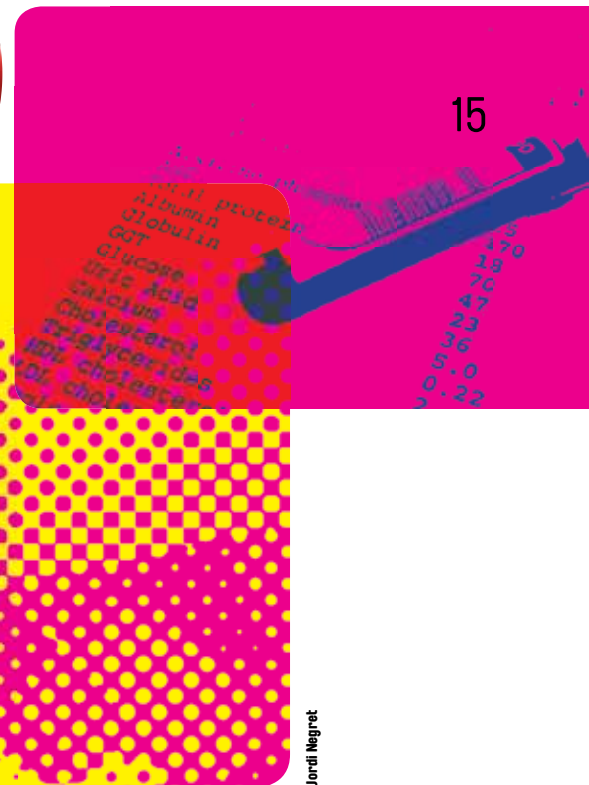
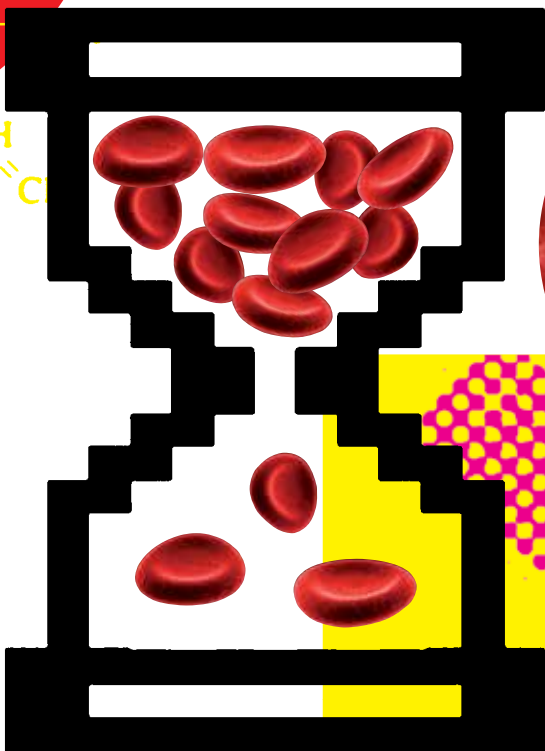
The amount of iron in the body varies between men and women and children and adults. Women, especially those who are at childbearing age, lose a higher quantity of this mineral during menstruation so the levels are lower and, when pregnant, they need to take in more iron. Babies are born with more haemoglobin than needed and its destruction causes jaundice in newborns. This excess of haemoglobin compensates for the low iron content of breast milk.

You can get iron from your diet as well as from the haemoglobin in the red blood cells that are destroyed when their time comes (they have an average lifetime of 120 days). Whether it is absorbed from one's diet or from the destroyed erythrocytes, iron cannot circulate freely through the blood, especially in the spleen. It does so by joining a protein to form transferrin. This is used in bone marrow to produce new red blood cells and it is used in the spleen to destroy germs and fight infections. The iron that is not needed is stored in the



Iron and haemoglobin

Haemoglobin is a compound that consists of an atom of iron and a protein. Its purpose is to capture oxygen as the blood passes through the lungs and carry this oxygen to all of the body's tissues



Jordi Negret

Anaemia

When someone has anaemia, the number of red blood cells circulating through the blood decreases and there is less oxygen carried to the tissues which means that people feel fatigued, weak, experience a loss of appetite, palpitations and their skin and mucous membranes become very pale.

liver, spleen and bone marrow bound to another protein in the form of ferritin.

When treating anaemia, it is important to establish the ferritin values in order to find out how much iron is being stored in the body. In any case, anaemia must always be treated because blood cell health and humans' well-being are closely related to each other.

Dolors Borau



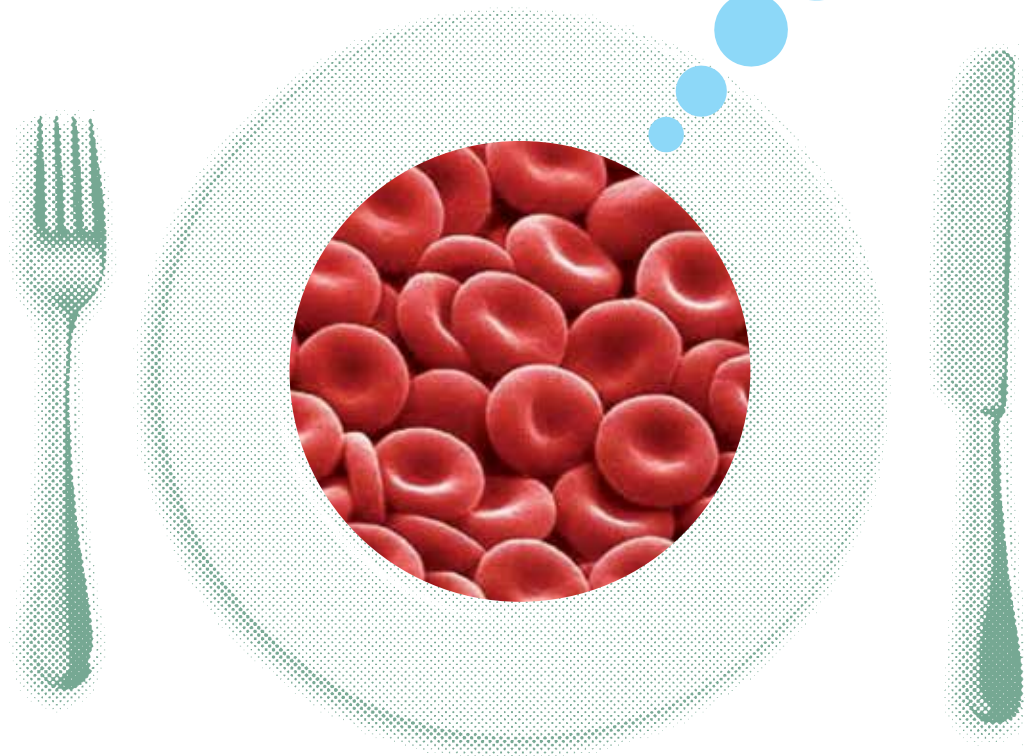
[HTTP://DOM.CAT/DHI](http://dom.cat/dhi)



An iron constitution

Iron in the diet

The iron in vegetables is non-haem and its absorption is lower. Pulses, nuts and seeds, dried fruit and olives have a high iron content and if animal protein is consumed along with vegetables or food with vitamin C in the same meal the absorption of non-haem iron is aided. In contrast, it is necessary to cut down on fibre-rich foods, vinegar, tea or coffee in the same meals as the vegetables.



Jordi Negret

I'm godmother to Silvia, my best friend's eldest daughter, and as I've known her since she was born I know she was always a very poor eater. She was also always very skinny and much too slight for her age. I always told my friend that would change over time, but I was wrong.

For a few years she decided not to eat meat or fish, not through conviction, but because she didn't like them. She wasn't a committed vegetarian since she doesn't like vegetables either, so she ate bread, cheese, pasta dishes, chips, sweets and some fruit. She said she felt really good and had no intention of changing. Until she got pregnant. She was very excited but didn't look well at all. She said it was because of the nausea and sickness, but she was weak, she had trouble going to work, and when she got home, she had to go straight to bed. In addition to being exhausted, she was even thinner.

As her partner could not go with her to her next gynaecologist's appointment, Silvia went with her mother. At the appointment, the doctor showed her the results of the blood tests she had had done. The figures for the blood count, that is to say, the blood cells, especially the red and white cells, were altered: she was anaemic.

The gynaecologist explained that in her case the anaemia appeared to be the result of low iron intake in her diet, which had not been covering her daily needs for a long time. The lack of iron caused a drop in haemoglobin and in turn, the size and number of red cells were affected, modifying the exchange of oxygen of the cells. This was why she felt so tired, experienced palpitations and headaches, was so pale and suffered hair loss.

My friend, Silvia's mother, was glad she was able to go along with her daughter, because that meant she had been able to hear her doctor. Silvia looked unwell because of the nausea and vomiting, but also because these worsened a pathology which had been present for a long time. How long was it since she had eaten a complete meal with reasonable portions? Perhaps she never had, but since she moved in with her partner and meals depended solely on her, her diet was limited to the four things she liked.

To start with, the doctor signed her off work and ordered her to rest. To mitigate the nausea and vomiting she was to eat little and often, light food cooked using gentle culinary techniques: boiled vegetables and grilled meat and fish, and if she felt dizzy while cooking she was to ask for help. She was also told to

continue taking a folic acid supplement, a vitamin that is part of the vitamin B complex and is found especially in green-leafed vegetables, which she had rejected and is recommended to pregnant women because it contributes to the formation of blood cells and genetic material.

In the case of pregnant women who need it, an iron supplement is prescribed in the second or third trimester, but in her case since she had severe anaemia it had to be prescribed from the start and she was to follow some dietary advice. This mineral is found in different foods, but in the case of red meat, fish and poultry it is haem iron, which is connected with haemoglobin, meaning that a higher amount is absorbed. In contrast, in the case of vegetables with non-haem iron the absorption is lower. Even so, certain vegetable foods such as pulses, nuts and seeds, dried fruit and

olives have a high iron content which can be absorbed in higher amounts if certain recommendations are followed: animal protein should be consumed together with vegetables as this aids the assimilation of the iron they contain, while taking food with vitamin C in the same meal encourages the absorption of non-haem iron. In contrast, consuming fibre-rich foods, vinegar, tea or coffee along with the vegetables is discouraged since it reduces absorption.

The doctor was understanding, yet firm, as there was a lot at stake. Silvia was to follow a diet suited to her situation and it had to be varied and include all food groups. She had to do this even if she found it difficult. She knew she had to learn to look after herself so she could have an iron constitution, because it was the best she could do for herself and for her child.

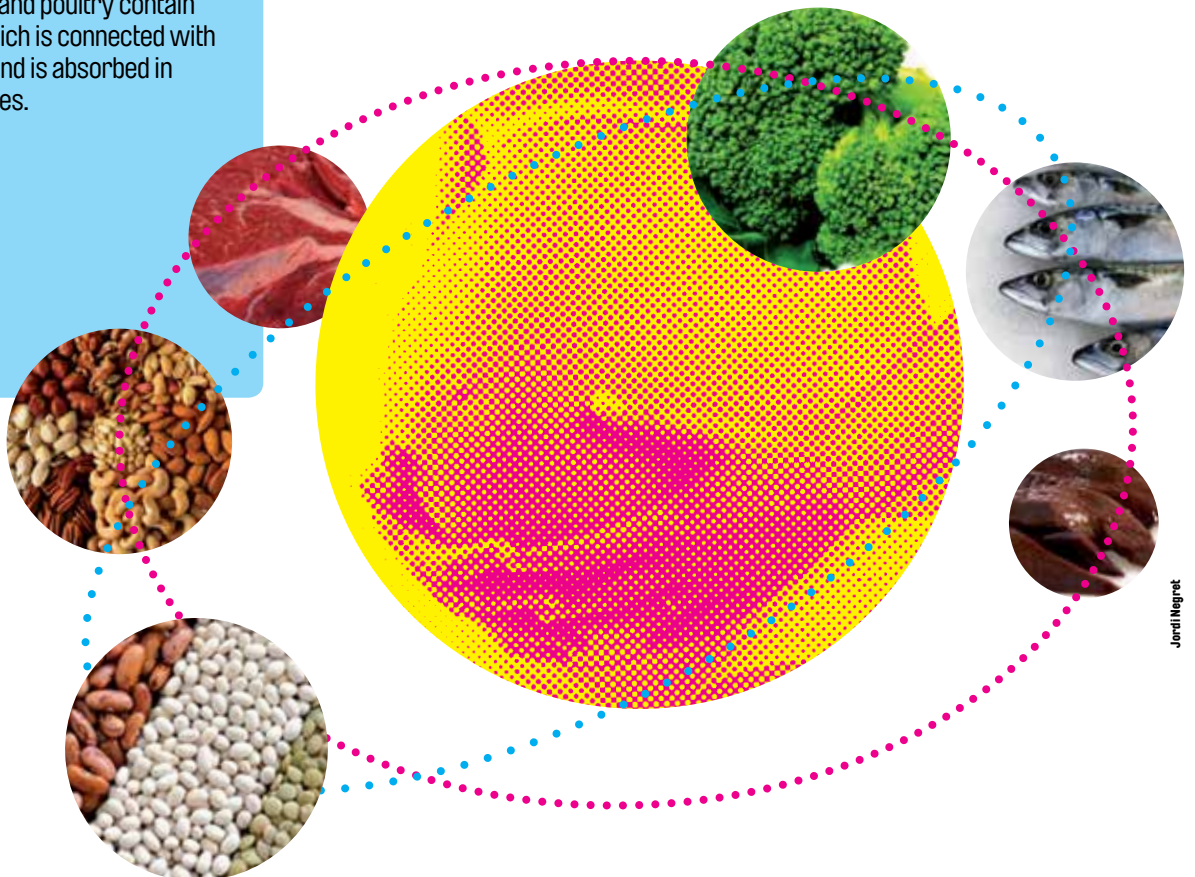
Dolors Borau

Anaemia

It appears as the result of a diet low in iron which fails to cover daily needs for a long time. There are different foods with iron content, but red meat, fish and poultry contain haem iron, which is connected with haemoglobin and is absorbed in higher quantities.



WEB: [HTTP://WWW.FERRITINA.ORG/BAJA/](http://www.ferritina.org/baja/)





Roast shoulder of lamb

Dra. Perla Luzondo

In a conversation with his niece Isabel Bonet, Dr. Espriu told her of a particular dish that Dr Espriu really liked - possibly due to the influence of his Aragon-born wife- roast shoulder of lamb.

Lamb meat is recommended for healthy people of any age as long as it is consumed in moderation as the adult animal has a high fat content. The parts with the least fat are the shoulder and leg whereas ribs should be eaten roasted or grilled.

Young lamb is eaten in Spain as the older ones are exported. Lamb meat is at its best during the spring. Suckling lamb is meat from an unweaned lamb about 4-6 weeks old with around 9% fat, ternasco lamb is from a lamb a maximum of 4 months old fed with the mother's milk and grass with 18% fat and, finally, lamb is between 4-12 months old and is only fed grass; it contains 35% fat.

Lamb was traditionally considered to be very healthy meat without any surface fat as the animal fed freely on grass without being afflicted with any of the diseases found in the stables.

Eating suckling, paschal or ternasco lamb offers an important source of:

- high quality proteins.
- vitB2 or riboflavin which boosts the immune system and the production of red blood cells.
- vitB12 which is only found in animal-based foods, a shortage of this vitamin causes anaemia and nervous system disorders.
- vitB1 and vitB3.
- easily-absorbed heme iron which helps with the formation of haemoglobin.
- Phosphorus which is useful for the nervous system and muscular activity.
- Antioxidant zinc improves one's sense of smell and taste.



YOU CAN FIND MORE INFORMATION AT THE WEBSITE:
[HTTP://DOM.CAT/DIF](http://DOM.CAT/DIF)

INGREDIENTS TO SERVE 4

- > 750g shoulder of lamb
- > 2 potatoes, 1 tomato
- > 1 onion, 1 head of garlic
- > 1 small glass of white wine
- > 1 small glass of water
- > 1 bouquet garni, 1 lemon
- > salt, ground pepper, extra virgin olive oil.

METHOD:

- > Salt and pepper the shoulder of lamb and place in an oven dish. Let stand while you preheat the oven to 180°. Slice the onion and the potatoes and add them along with the head of garlic, the tomato cut in half and the aromatic herbs to the lamb. Pour the white wine, water and olive oil over it and roast in the oven for 40 minutes, turning the lamb every 20 minutes and basting it with some of its juices and a bit of lemon juice. Remove the grease and serve.

Recognition from the Autonomous University of Madrid (UAM) for the UAM-ASISA Department on Health Management and Health Economics on its 10th anniversary



Dr Francisco Ivorra along with Ángel Gabilondo, former Minister of Education in Spain and the Former Dean of the UAM, and Dr Vicente Pastor, Director of the UAM-ASISA Chair.

The UAM paid tribute to the 32 sponsored departments it maintains active with different companies in several academic fields

The Autonomous University of Madrid has paid tribute to the Sponsored department the institution maintains active with the participation of several companies including ASISA. Participating in the tribute were the Dean of the UAM, José M. Sanz, the Executive Director of the Autonomous University of Madrid Foundation, María Artola, and the Chairman of ASISA, Dr Francisco Ivorra, in addition to other speakers. With this event, the UAM wanted to recognize the important role of the Sponsored Chairs in its students' education and the promotion of research programs.

It was with this aim that the UAM-ASISA Department on Healthcare Management and Health Economics was founded in 2004. In the last ten years, it has worked to promote the development of post-graduate teaching activities and research in this field as well as to facilitate job training and insertion for UAM students. In order to make this commitment to training and research a reality, ASISA has not only provided economic and material resources but also its experience as a company that is always willing to put the innovations generated by the University into practice.

In the words of Dr. Francisco Ivorra: "When we set

up the UAM-ASISA department ten years ago, one of our main goals was to create closer ties between the work we do as companies and the work done at the university, which is the most powerful institution our society has in terms of research. The preparation of the faculty and students and the quality of the work done by the department prove that this alliance is more necessary than ever if we wish to continue exploring paths that allow us to be more innovative and efficient when it comes to providing the highest quality healthcare".

The UAM-ASISA Prizes acknowledge high quality work

To this end, the Department has established the UAM-ASISA Prizes in Healthcare Management and Health Economics which are awarded each year and recognize the best doctoral thesis as well as the best paper published in this area in national and international specialist journals. Top quality work has been presented in the various editions offering new scientifically-based proposals with practical implications so that the healthcare system can become more and more integrated, efficient and sustainable.

The UAM currently has 32 active sponsored departments, 23 of which work in experimental fields and the others in social science fields.

Lavinia holds its 38th General Assembly in Toledo

The Assembly analysed ASISA results for 2013 which saw a 3% growth, a rise in the number of insured clients and a consolidation of profits.

The medical cooperative Lavinia, the sole shareholder in ASISA, held its 38th Ordinary General Assembly of Delegates in Toledo in June. Representatives elected within the various provinces by the nearly 12,000 physicians associated with the largest Spanish medical cooperative as well as some ASISA executives all participated.

The Lavinia Assembly analyzed the results of the last fiscal year - which ASISA closed with a larger volume of premiums and number of clients for the fourth consecutive year- and established the general policy the cooperative and the insurance company will implement in the immediate future.

Present at the Assembly opening ceremony were the mayor of Toledo, Mr Emiliano García-Page, the Chairman of the Toledo Medical Association, Dr. Luis Rodríguez Padial, as well as the Chairman of ASISA, Dr. Francisco Ivorra, and the delegate in Toledo, Dr. Gerardo Vilar, as well as all the other Lavinia and ASISA executives and authorities.

More premiums and clients in 2013

The data presented at the Assembly show that Grupo ASISA continued growing last year above the sector average: the premium volume totaled 9698 million euros, which is 3.03% more than in 2012 and above the sector average which grew only 2%. The number of private health insurance members increased by 8.39%. In addition to the growth seen in the last few years, this above-sector growth has made it possible for ASISA to strengthen its market share during the 2009-2013 period to more than 14.1% of the total health insurance sector. During this same period, the cumulative profit before tax exceeded 138.1 million euros which enabled significant investments in the health-care network and made it possible to strengthen the insurance company's sales network.

In the words of Dr. Francisco Ivorra: "In 2013, Grupo ASISA consolidated the good results it obtained over the last three years with increases in premiums and

client membership above the sector average. These very positive four years for ASISA have coincided with a particularly complicated and adverse social and economic environment due to the most serious and deepest crisis seen in many decades. This makes these figures even more valuable".

In 2013, the ASISA Hospital Group attended 670,000 outpatient visits, performed 89,000 surgeries and managed 405,000 emergencies.

The growth of ASISA Dental and a reinforced sales network

Just as significant as the company's overall progress is the growth that has been seen in ASISA Dental with the number of customers increasing by 16.6% in 2013. Moreover, ASISA has continued to develop its own dental provider network with the opening of new clinics. ASISA Dental closed 2013 with 21 of its own clinics after new ones opened in Barcelona, Malaga, Toledo and Motril.

To achieve this growth in both medical as well as dental and life insurance, ASISA continued to reinforce its sales network in 2013 with the opening of 15 new agencies throughout the country. The distribution agreements implemented in prior years (Banco Santander, Banca March and El Corte Inglés) were strengthened and the exclusive agent network was reinforced to now rely on 760 agents.

ASISA hospital group: 92 million euros in investment since 2009

In 2013, ASISA continued improving its own health-care network which now has 14 clinics and hospitals and more than 1,250 hospital beds throughout the country making the ASISA hospital group the third leading private group in number of beds and the leading insurance company in this field. The clinic and

hospital turnover continued to increase, totalling 255 million euros (2% more than in 2012).

ASISA invested 92 million euros during the 2009-2013 period to renovate infrastructures and make improvements in its equipment so that keeps up to date with the latest technological advances thereby increasing the quality of the care offered at ASISA Hospital Group centres. These investments have allowed it to maintain its quality certification policy at all centres given that they all hold the various certificates endorsing the processes done at each one.

Users recognize the quality of the care they receive with the ASISA Hospital Group and rate the quality of the medical and human care received with a score of 88.6 out of 100.

In 2013, the ASISA Hospital Group attended 670,000 outpatient visits, performed 89,000 surgeries and managed 405,000 emergencies.



Participating in the opening of the Lavinia Assembly were the Chairman of ASISA, Dr Francisco Ivorra, the Mayor of Toledo, Mr Emiliano García-Page, and the Chairman of the Medical Association of Toledo, Dr Luis Rodríguez Padial

A study on prostate cancer co-financed by ASISA was presented at ASCO, the largest oncology congress in the world

The work concludes that it is safer for patients to delay hormonal treatments when treating prostate cancer relapses detected by PSA indicators until the disease shows symptoms of development.

A Cancer research project paper co-financed by ASISA was presented at the American Society of Clinical Oncology (ASCO) Meeting held in Chicago, which is considered the largest oncology event in the world. The paper, entitled “Immediate versus deferred initiation of androgen deprivation therapy in prostate cancer patients with PSA-only relapse”, which was written by Dr Xabier García-Albéniz and funded by a grant from ASISA, outlines the author’s work at the Harvard University School of Public Health in Boston.

The study presented at ASCO concludes that delaying androgen deprivation therapy in patients who have been treated

for prostate cancer when a relapse is detected through the PSA (prostate-specific antigen) indicator until symptoms appear or the cancer appears on a tomography does not substantially compromise their long-term survival. This delay in treatment would allow logically delay the side effects of hormonal therapies on the patients as well as reduce costs. The study was conducted on a sample of 60,000 American men.

Dr Xavier García-Albéniz, who led the research, explained that, “Increased PSA levels cause a lot of anxiety and many patients wish to initiate treatment as early as possible. These findings suggest that it may not be necessary to precipitate androgen deprivation therapy. If our results are confirmed in random tests, patients may feel more comfortable waiting until they develop symptoms or signs of the

appearance of cancer before starting with androgen deprivation therapy”.

Besides ASISA, the Spanish Oncology Medical Society (SEOM), National Institutes of Health, the University of California San Francisco and the CaPSURE Program all helped fund the work.

Supporting this type of research is part of ASISA’s strategy to support research and training as reflected in the agreements the company has signed with the Harvard University and University of Michigan Schools of Public Health whereby researchers working under ASISA grants work on various research projects. These initiatives, along with its alliances with other Spanish and international universities, are a part of ASISA’s commitment to research and training in the field of health science.

FC Barcelona players undergo medicals with Assistència Sanitària



Ever since Assistència Sanitària became the Official Partner of FC Barcelona for insurance and medical services, the stars of the football team have entrusted their health to the organisation's professionals. As a result, new signings arriving at the Catalan club from other teams, or those suffering any type of injury or requiring a physical assessment after a period out of action, undergo the relevant tests courtesy of the doctors at the medical centre or at Barcelona Hospital.

Following the summer break and the World Cup held in Brazil the new arrivals, such as Ter Stegen, Bravo, Rakitic, Mathieu and Luis Suárez, began training along with the rest of the squad, under the new coach, Luis Enrique. On day one they were put through their medical paces by Assistència Sanitària.



Barcelona Hospital presents its 25-year history

Barcelona Hospital opened on 12 June, 1989, and the following day the first surgical operation was performed there. Since then, it has continued to be the only example of joint management by doctors and users in a hospital which is structured according to the co-operative health model. To celebrate its 25 years in operation, a number of events have been planned during 2014 such as a big celebration for the people working at SCIAS who today make the success of Barcelona Hospital possible.

Together with other initiatives, a special commemorative logo has been designed for all official documentation produced, and it will be on view at various locations around the hospital such as on the outside of the building, on the flags which hang from poles at the main entrance and in the lobby, corridors and communal areas of the Hospital. This will show users and others entering the premises that the organisation is celebrating two and a half decades in the rudest of health and is today one of the most prestigious private medical facilities in Catalonia.

Assistència Sanitària bursary programme diplomas awarded

On 3 July the 34 students working in the field of health who were awarded grants under the annual Assistència Sanitària bursary programme gathered at Barcelona Hospital. Students and their relatives attended a master class delivered by Dr Genís Carrasco of Barcelona Hospital Teaching Commission, and received diplomas recognising their academic achievements. Afterwards, light refreshments were served to everyone there.



Success of the SCIAS Social Participation department summer activities

The SCIAS Social Participation Department's events traditionally finish in June before the summer break, but this year some activities continued throughout the summer. However, the end of the season in June was still celebrated with a conference in the city of Barcelona, an outing by the mountain climbing group, a cultural tour of Lloret de Mar and an exhibition by the photography group. These were preceded by a concert given by all the SCIAS choirs at the Church of the Discalced Carmelite Fathers and a performance of the play, *Hostal Flora*, by the theatre group. The end of year party was held on 19 June, with the traditional trophy and diploma awards ceremony. One of the most emotional moments came with the award of posthumous SCIAS silver insignias to the relatives of both Núria Cortadellas García, a former member of the organisation's Resources Committee, and David Invers Aymerich, a former board member of SCIAS.

However, this year the Social Participation Department did not finish all its activities in June, and instead, in response to demand from members, organised tai chi and Pilates workshops and a summer camp for its youngest members. For the first time more than 20 boys and girls aged between 5 and 12 "took over" the Social Participation Department's premises in the morning until five in the afternoon. All kinds of activities went on throughout the month of July, including games, treasure hunts, film screenings, study and sports sessions, handicrafts, cultural visits and leisure pursuits. The success of the venture, judging from the positive response from members and the satisfaction of those taking part, means that it will be repeated every morning in September before the beginning of the school year.

¡In September the regular Social Participation De-



Information on all the Social Participation Department activities can be found on the website and via the email address info@participacio-scias.com.

partment's activities will once again begin, with new activities for members - registration opens in July (for those involved in the Assembly) or September. The latest activities include patchwork and fabric-painting workshops, a flamenco dance course and language classes (German, French and English for children). There will also be talks/seminars which members can sign up for which will be given by experts in a new format and include a range of issues including the importance of women or how memory works. After the summer holidays academic support classes and Pilates will also return due to popular demand.

Success of 3rd Seminar on pathology during pregnancy

More than 120 obstetricians, midwives, paediatricians, neonatal and internal specialists, together with doctors and maternity and infant department nurses filled the Barcelona Hospital Auditorium to take part in the third *Assistència Sanitària* seminar on pathology during pregnancy which this year focussed on infections.



Assistència Sanitària unveils new website

The desire to introduce new technology which will be of benefit to policyholder and partner services has always been a feature of Assistència Sanitària. The new website offers numerous options, and provides a further example of the organisation's dedication to facilitating access to medical care. A change was recently made to the general design with the aim of increasing accessibility and facilitating the relationship between users and the organisation.

The increase in the number of procedures performed online means that the website is constantly evolving. The medical list consultation feature provided by the website allows searches to be conducted with a number of filters, including times, days of the week, town and district. Vouchers can also be purchased in the private section exclusively for policy holders and 27% of such vouchers are currently purchased directly online. The website can also be used to begin the process of arranging a policy, to consult cover provisions, find out the latest news... Meanwhile, new functions will soon also be added, such as requests for service authorisations. Furthermore, the private section for doctors provides them with access to practical guides and protocols, and also facilitates administrative procedures.

The website can also be used to begin the process of arranging a policy, to consult cover provisions, find out the latest news...



Refurbishment of Barcelona Hospital cafeteria

The area dedicated to the restaurant and cafeteria at Barcelona Hospital was recently refurbished under the continuing plan to improve the facilities at the Hospital. This included both the indoor section and the outdoor terrace. Like the other investments made to increase the comfort of users and enhance energy efficiency (including changes to the lighting infrastructure, toilet facilities and outfitting of rooms), the idea was to update the interior to give a warmer feel to two of the busiest areas of the Hospital which are used by patients and their relatives and visitors.

The change has been substantial but all the reaction has been positive. Apart from considering its image, thought was also given to how the services are used in the cafeteria and catering service and which of these are most necessary to ensure the outcome satisfies all requirements. This involved the creation of an area with table service whilst the comfort of the terrace area has been improved using designer furniture.



Espriu Foundation: one of the leading Social Economy organisations

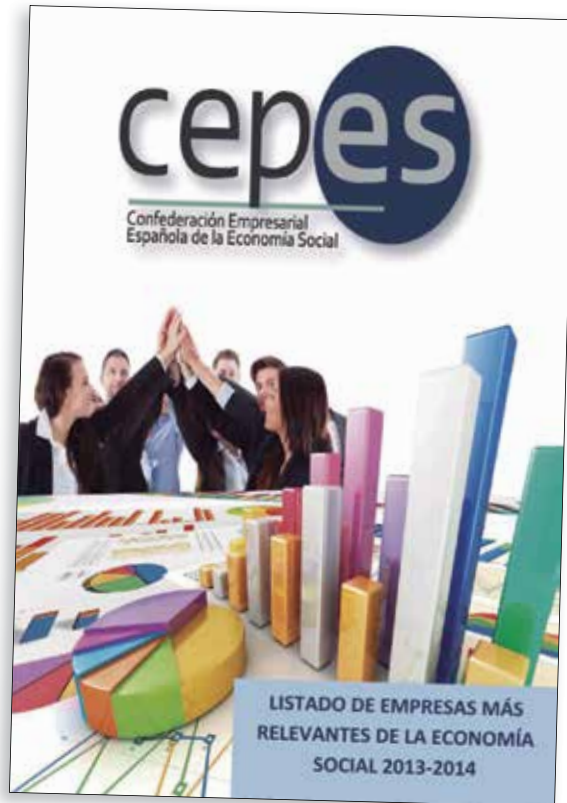
CEPES, the Spanish Business Confederation of Social Economy, has recently published its annual list of the most significant social economy enterprises. The Fundación Espriu is shown to be near the top of the list as the third largest Spanish business group in the sector.

The institutions grouped under the umbrella of the Fundación Espriu had a total turnover of more than 1.448 billion euros in 2013 and employed over 36,000 people. The Assistència and Asisa groups, meanwhile, together deliver first-rate health care services to over 1.9 million citizens.

The study carried out by CEPES compiles information on 809 social economy organisations, their various legal structures together with the social economy business groups belonging to the confederation.

The purpose of the report is to raise the profile of this business model, made up of co-operatives, workers' companies, mutuals, employment inclusion enterprises, special employment centres and fellowships of fishermen. The report also provide information on the sectors in which they operate as well as employment and turnover figures.

According to the 2013 data, the social economy sector in Spain involves more than 44,500 business with a total turnover of 150 billion euros, representing 12% of GDP. The sector also directly or indirectly employs more than 2,215,000 people.



www

THE DATA FROM THE REPORT CAN BE ACCESSED ON THE CEPES WEBSITE AT WWW.CEPES.ES/RANKING

25

Espriu Foundation adopts global co-operative logo

During the International Year of Co-operatives declared by the United Nations in 2012 what became apparent was the the positive response to having a common image to identify the international co-operative movement. So in November, 2013, the International Co-operative Alliance approved a logo which co-operatives worldwide can use at both national and international level. This initiative confirms one of the five central objectives of the *Blueprint for a Co-operative Decade*, namely that of «strengthening the co-operative

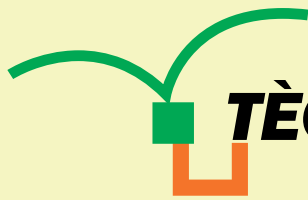


message and consolidating a co-operative identity».

Fundación Espriu has adopted the idea of this global co-operative image and has incorporated it into its own logo beside the caption *Co-operatives enterpris-*

es build a better world. Fundación Espriu is now also using the .coop domain in its online communications.

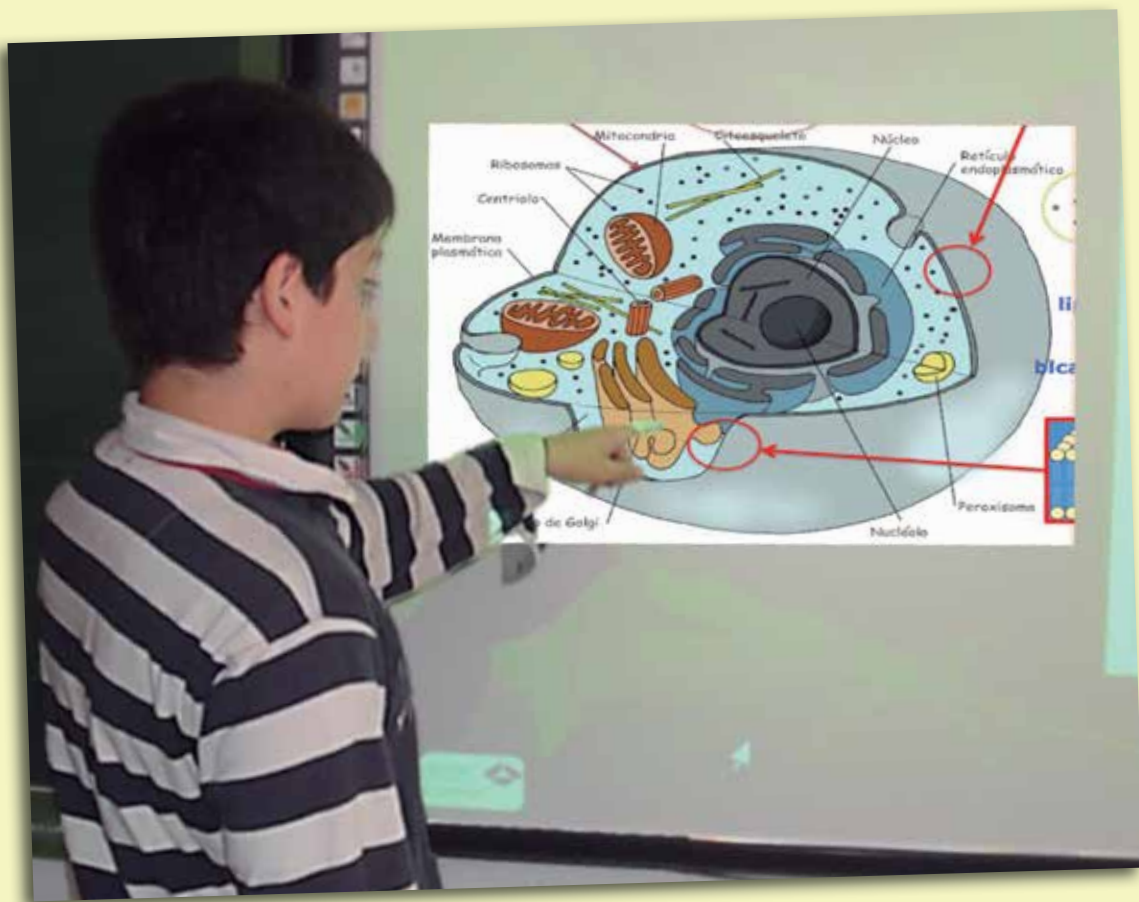
This initiative brings the Fundación Espriu into line with the objectives of the International Co-operative Alliance for the year 2020, which aim to raise the co-operative enterprise model to another level, confirming it as the leader in economic, social and environmental sustainability, as the preferred business model and the fastest-growing form of business in these areas.



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PROGRAMME OF ACTIVITIES

6 Exchange and learning about good practice
october
2014 Under the title Share, Listen and Learn, this event will be held in the city of Quebec and will be for sharing and exchanging experiences of projects and practices in health cooperatives. This event will be organised by the Health Care Co-operatives Federation of Canada.

6/9 International Summit of Co-operatives
october
2014 The International Summit of Co-operatives is a biennial event which brings together the leaders of co-operative enterprises in Quebec to debate the current and future challenges effecting them. One of the key issues will be the co-operative answer to access to health services. The Espriu Foundation will be presenting its co-operative health model at a plenary session of the Summit to be held on 8 October.

8 Meeting of the IHCO Board
octubre
2014 On 8 October the International Health Co-operatives Organisation, or IHCO, will be holding its Board meeting. The meeting will take place in Quebec City and will be chaired by Fundación Espriu's CEO, Dr José Carlos Guisado.

13 Tribute to Dr Josep Espriu
october
2014 To mark the centenary of the birth of Dr Josep Espriu, the Espriu Foundation will be holding a tribute to Dr Espriu in Barcelona on 13 October. This will feature the premiere of a documentary about the co-operative network as it is today, a network begun by Dr Espriu more than 50 years ago.

29/31 30th CIRIEC International Congress
october
2014 The CIRIEC (International Centre for Research and Information on the Public, Social and Co-operative Economy) will be holding its 30th International Congress in Buenos Aires. The gathering will debate, among other issues, partnership to finance large infrastructures, the management of common goods and the access to health care.

2/7 3rd Co-operative Summit of the Americas
november
2014 Cooperatives of the Americas, a regional prganisation of the International Cooperative Alliance, will bring together the American co-operative movement for the 3rd Co-operative Summit of the Americas to be held in Cartagena de Indias under the title "Integration that Generates Social Change".



Letter of thanks

I write these lines to thank the company ASISA for what it did for me 23 years ago.

My name is Isabel, and I am the widow of Dr Jesús Lozano García, who died in an accident at the age of just 35. My husband, an internal medicine specialist, had been working for ASISA for only a very short time.

On 4 February 1991 he headed to Zaragoza to give a presentation at a convention, but was never to return. I received many phone calls, letters and telegrams both from individuals and official bodies (patients, companies, government departments, local councils, etc.). In short, a deluge of affection and acknowledgements, which is so important in such difficult times.

After about 15 or 20 days I received a phone call from ASISA, to tell me they had something to give me. I went there and was met by Diego, the Regional Representative, who said he had a cheque for 7,340,000 pesetas for me. He told me that the money came from a mandatory insurance policy for ASISA doctors to cover such situations, but in the case of the death of someone so young the compensation was higher, a practice totally different from the norm. With a heavy heart I cashed it.

I was terrified of using the money, and left it in the bank. Interest rates were high at that time, and I built up quite a lump sum of money which helped me put my two children through university. My daughter is a lawyer, and my son an internal medicine specialist, and I feel so proud of them.

And so I only have words of thanks for ASISA, and in particular the man whom I am told devised the insurance, Dr José Espriu, and the man who contacted me to give me that cheque, Diego Lorenzo.

Thank you. Thank you so much.

ISABEL HERRERO,
widow of a doctor.
Murcia, 9 July 2014



A huge legacy, more relevant now than ever

Various professionals from the field of medicine and health policy who knew and worked shoulder-to-shoulder with Dr Josep Espriu (1914–2002), the promoter of the co-operative health movement and President of the Espriu Foundation, the centenary of whose birth is celebrated this year, have contributed to this monograph section. Their words highlight the fact that Dr Espriu's determination in no way undermined his affable nature, a characteristic which is unquestionably an essential tool for teamwork. They also remind us that Josep Espriu established a successful health care model which is today recognised worldwide: co-operative health care. In the words of the Catalan Regional Health Minister, Boi Ruiz, "Dr Espriu's legacy is a huge one, and demands that the Foundation which bears his name should always rise to the occasion whatever the circumstances, an aspect that is highly recommendable". The vitality of the Espriu Foundation demonstrates that his legacy is today more relevant than ever.

The legacy of Dr Espriu

José Carlos Guisado
Foundation trustee and CEO of Fundación Espriu

It would be fair to say that 1914 was the year that changed history, and not only in that it “marked the start of the Great War, but also because of numerous other events, reflecting the profound transformations which at the global level brought the 19th century to an end, and gave rise to a shortened 20th-century... All of these events making 1914 much more than the year of the Great War: it was the year that changed history”.¹(sic) .

One of these events has been rather overlooked in universal history, although not by Spanish and even international society in general: that year a doctor was born in Santa Coloma de Farners, a man of unique characteristics who clearly left his meaningful mark on our society, and more specifically on contemporary medicine: Dr Espriu Castelló, whose centenary we celebrate today.

And on this anniversary it falls to us to discuss his inheritance, or strictly speaking his legacy, as he gave out his assets in life not solely to our community, but to all those of us who had the honour to learn, work and co-operate through and with him.

Because when we speak of his assets, we speak not only of his creations, the enterprises founded by him, which began cautiously at first, and which have now evolved into a reality which has scaled widely celebrated heights (Autogestió, Lavinia, SCIAS, ASISA, Assistèn-

cia Sanitaria Col·legial, Montepíos, etc.) and those which arose as a consequence of them, which could scarcely have been imagined at the outset.

He left us what I must cite first of all, not in chronological order but because of its transcendent value: the **Integral Health Co-operative Movement**, as championed and promoted by the Foundation which bears his name, and which brings together all the fundamental institutions established by him. This concept summarises a set of values and ideas held by Dr Espriu, and which represent a genuine legacy.

Because nothing to do with his creations can be understood without an understanding of the man himself.

The social conscience which characterised him² was probably the key driving force behind his initial thinking. A conscience which worked hand-in-hand with the passionate love he felt for his profession, his art: medicine, which at that time did not reach much of the population and required original, imaginative and even revolutionary formulae at that time, but which have proven themselves to be effective not only in contexts similar to the 1950s and the surrounding sphere, but have likewise proved their validity in countless social, geographical and economic environ-

“For Dr Espriu, one of his key values was consideration for people, whatever their role. This is the idea behind the need to gather them all together around one shared purpose: to achieve better health for everyone.”

“His training and the principles of his upbringing he learnt from early childhood gave him a wonderful way with people and approach to work, which he instilled in all his colleagues.”

ments, as seen worldwide today.

Because one of his core values, which he instilled in all of us and which always held pride of place, was consideration for individuals, whatever their role, whether as professionals, patients, or simply as citizens, an idea which gives rise to the need for all of us to come together with one shared role: that of achieving the best health for all.

None of which can be understood without recalling that his training and the principles of his education from childhood gave him an exquisite touch in his way of dealing with everyone, his *savoir-faire*, which he inculcated in all those of us who worked with him.

To this I would add his dedication to work and in the pursuit of his ideals, which some even misinterpreted as “stubbornness”, although he was always blessed with a huge capacity for open and reasoned dialogue.

As a direct result of the above, he conveyed to us his ample skills as a communicator and his talent for education, a facet which he began at a very early stage in his work (one need only recall the articles written as *Cianófilo* in the journal *Destino*), and through which he always startled us with his spontaneity and oratorical ease in any circumstances, likewise creating an impression which today has turned to nostalgia. He could leave an audience “agog”, whoever they were, while opening their eyes to a reflection on the co-operative movement and medicine.

All of this, though, and perhaps as a direct consequence, must be seen within the context of a man who was always a tireless worker, who instilled in all of us the importance of persistent and limitless effort. This passion for work made a clear impression on those of us who knew him and worked with him.

To all of these values we must add an as-





Vote by co-operative members from around the globe at the International Co-operative Alliance (ICA) assembly held in 2013 in Cape Town, South Africa. Dr Espriu ensured that the Espriu Foundation had its own vote within the ICA, while giving it an international voice. He also founded the International Health Co-operatives Organisation, which is now chaired by Dr José Carlos Guisado in the name of the Espriu Foundation.

“Dr Espriu was a thinker and creator who succeeded in making the co-operative health movement a utopia, but a feasible utopia.”

pect which guided him throughout his life, and which also provided the spur for his own life and work: P.P. Espriu, as he liked to sign his name, was an eternal perfectionist. He believe that everything could be improved on, perhaps through what today is known as the permanent pursuit of excellence.

It is not hard to understand that the vocation to serve his ideals also left a huge mark on his followers, just as we admired his skilful ability to remain one step ahead of the future.

Because this aspect of the visionary genius is far from commonplace, and is always present in figures of historical transcendence like him.

We, though, prefer to remember him not as a quixotic visionary, but rather as an ideologist with practicable dreams well founded in reality, not just an alternative, but an approach which meant he kept his “feet on the ground”,

despite always aspiring towards greater and better goals.

I remember very clearly his thinking at a certain point about spreading the model, his co-operative health model, to every corner of the globe, and it is no coincidence that today he is a figure known and acknowledged together with his work on the international stage, inspiring many to pursue co-operative health care as a shining example.

His whole legacy can be summarised only in the words written in here, and which I feel myself to be scarcely able to cover to their full extent, but as I like to repeat on practically every forum, this unique individual, this thinker and creator, helped make the co-operative health movement a utopia, but a feasible utopia.

Thank you Dr. Espriu; thank you P.P.

Dr Espriu, a fine example of the traditional capacity of our society to create and contribute values

Boi Ruiz

Boi Ruiz, Catalan Regional Health Minister

The doctor-patient relationship is the core of medical practice. Mutual respect without intermediaries allows the former to organise their affairs, and the latter to make a choice.

The open, co-operative, non-profit model allows involvement in the governance of the institutions within which one side practise their profession, and the other receives care.

That is the contribution made by Dr Josep Espriu to professional practice within the context of the social economy. His legacy represents an example of the traditional creative capacity and value contribution of our society. Values focused on the needs of patients, providing doctors with the very latest technology and the best equipment possible to perform their roles as medical carers within the context of respect for their professional judgement.

Dr Espriu's legacy is immense, and it is to its credit that the Foundation which bears his name offers an entirely adequate response to the circumstances, at all times.

The celebration of a centenary occurs only in those cases where the individual has left a remarkable imprint over the course of his life. This is just the case for the birth of a figure like Dr Espriu.



«Dr Espriu's legacy is immense, and it is to its credit that the Foundation which bears his name offers an entirely adequate response to the circumstances, at all times.»

Dr Espriu, a man of honour

Julián García Vargas
Former Minister of Health



I arrived at the Ministry of Health at the end of July 1986 with the Healthcare Act recently approved. The majority of the PSOE, its Parliamentary Group and in the Ministry itself, I encountered supported its implementation, a position I did not share due to the lack of willingness to cooperate with the private healthcare sector. I set out to establish a means for dialogue and understanding with the insur-

ance companies in order to channel the role of MUFACE, and with the private clinics to update the economic agreements. It was not a very easy issue because there was little economic margin and relations with the Ministry had been rather muddled. Nevertheless, these relations resumed largely thanks to ASISA and ADESLAS which also took up this goal with a realistic and flexible approach. The private clinics did as well.

It was in that context that I met Dr Espriu accompanied by the always alert Dr Carreño. They formed an effective team: the first was more general and reflexive with a long-term vision and the second focused on the specifics. These contacts were some of the most gratifying I had during my nearly five years in the Ministry of Health and we were all very well in tune with each other.

Dr Espriu was a great human being with whom it was easy to empathize: courteous, enlightened, conversational, experienced and unhurried. He would speak to me of ASISA and its problems, of healthcare cooperativism, which was a good idea that was beginning to prove difficult to apply due to the surplus of medical graduates which caused so many headaches (we should remember the conflicts with the resident physician programme and the exam calls) in addition to his personal, professional and political experiences. We would talk whenever we had the chance about Catalonia and its unique nature.

That personal harmony with him was a sign of the times, the last phase of the Transition which is so unfairly analyzed today by people with a lack of criteria. Espriu was a conservative and a Catalan, the brother of an icon in Catalan language and literature. I'm from Madrid, a civil servant of the Spanish State and from a very different political tradition. In relation to our relative ages, a whole generation separated us. Yet, we understood each other,



Dr de Porres (ASISA), Julián García Vargas (Ministry of Health and Consumer Affairs, 1986-1991), Dr Espriu and Economics Professor José Barea, who died recently.

«Dr Espriu was a great human being with whom it was easy to empathize: courteous, enlightened, conversational, experienced and unhurried..»

respected each other and admired each other. We would have lunch at the Ministry and he would imbue me with that humanist spirit that characterized so many veteran doctors at that time. It was because of him that I learned the history and organization of medical care and of Catalonia as well as its cultural atmosphere. He has come into my thoughts many times of late as I watch the rather unreasonable drift away of that part of Spain.

Dr Espriu was a man of honour. In recognition of my attention and efforts to improve

how MUFACE was treated, he so graciously gave me the Great Cross of Healthcare that he held. He passed it on to me during one of his final visits arguing that I would know how to look after it: it was a gesture of great affection that compensated me for my work as the head of the Ministry. I still keep the Cross as if Dr Espriu had officially awarded me with it.

It is with these very fond memories that I quite sincerely join in this celebration of the centenary of his birth and the 25th anniversary of his Foundation.

Dr. Josep Espriu, social entrepreneur

Isabel Vidal
CIES-University of Barcelona



Firstly, I would like to thank Dr Guisado, CEO and Trustee of the Espriu Foundation for inviting me to write a few lines about my relationship with Dr Espriu and what the action for change that he put in motion has meant for the cooperative movement and for society in general. Writing an article about these two issues requires me to look back and use of my memory.

Let us begin with my first subject: my relationship with Dr Espriu. My first formal relationship with the Grupo Asistencia Sanitaria goes back to 1986 when, in collaboration with Juan Rovira, we won the José Espriu Castelló Award for the study *Posibilidades de desarrollo del cooperativismo en el sector sanitario español* (1987). At that point the Grupo Asistencia Sanitaria had an office for the study and promotion of health cooperativism, a precursor to the Espriu Foundation. In the 1990s, Dr Espriu invited a group of teachers and experts in cooperativism to hold regular meetings where we could discuss those issues which eventually provided content for the journal now known as *Compartir*. I remember how after every meeting he would invite us to dinner. I also remember that for our work we were given a bonus, which we were then invited to donate to the Foundation, in exchange for a certificate that we could use for a tax rebate. In the 90s, there was great interest in topics relating to the crisis of the welfare state and the possibilities of cooperativism as a tool for resolving the shortcomings of the market and the inefficiencies of the public sector. Victor

Pestoff, then a lecturer at the University of Stockholm and a renowned international expert on cooperativism, interviewed Espriu in the first headquarters of the Foundation and visited the Hospital de Barcelona. Pestoff was extremely enthusiastic about the chance to meet and talk to a social innovator like Espriu, who knew how to use cooperativism, which was frankly underutilised, as a tool relating to sectors other than just the traditional shopping basket and job creation. The last time I was in close contact with Espriu was probably when we were putting together the *Libro Blanco de la Economía Social en Cataluña* (2001), at the request of the Generalitat de Catalunya. This book coordinated by CIES was produced collectively in very close collaboration with agents from the different branches of cooperativism, as well as non-profit organisations, associations and foundations. The method followed included setting up several workshops depending on the type of cooperative and legal form. Espriu was an active participant in two of these seminars, held at the Faculty of Economics and Business at the University of Barcelona. I would like to say that every time Espriu asked for my collaboration, he got it and every time I asked for his, I got it.

As regards the second aim of this article, I am going to focus my attention on the entrepreneurship of Dr Espriu during the 1970s, a decade which was characterised by insufficient public health services and private healthcare that was concentrated in small surgeries where doctors carried out

«Espriu as a person who worked tirelessly to resolve a social problem using an entrepreneurial approach based on the intelligent, innovative and imaginative use of different types of cooperativism, mostly consumer based and the like.»

their work in a traditional and almost altruistic fashion.

The way the economy was working in the 60s sowed the seeds for our welfare state. The creation of wealth made it possible to consolidate a middle class that could consider private access to health services for the first time in the history of Spain; however, there was an absence of a renewed tender which fitted the expectations of the new demand. This is where Dr Espriu's entrepreneurship made its grand entrance. Experts in cooperativism remember Espriu as a person who worked tirelessly to resolve a social problem using an entrepreneurial approach based on the intelligent, innovative and imaginative use of different types of cooperativism, mostly consumer based and the like.

Espriu, social entrepreneur

The social entrepreneur label has become fashionable over the last two decades. Many books and articles on the interpretation of the term "social entrepreneur" have been written in English. There are multiple definitions which are, for the mostpart, complementary. A social entrepreneur is someone who creates new products, processes and structures which enable an unsatisfied demand to be satisfied in a specific territory or community and point in time. The shortcomings of the market and the inefficiencies of the public sector create new possibilities. Social entrepreneurs are defined as agents for change who act bravely and tirelessly, know how to make use of the opportunities afford-

ed by their environment and work to reach their community goals. The literature far too often focuses on social entrepreneurs individually; however, a more detailed analysis shows that these social entrepreneurs do not act alone. On the contrary, they build up and head networks of strategic alliances between different interest groups. Let us consider the capacity for both leadership and persuasion which Espriu needed to employ in order to convince his colleagues, general practitioners, to come together in an associated work cooperative, creating an insurance company that was the property of medical cooperatives and subsequently building a consumer cooperative, whose members are clients of the insurance company.

Early uses of the social entrepreneur label date back to the early 1990s (Waddock and Post, 1991). However, social entrepreneurs have always existed. The lack of sufficient health services in early 1970s Spain awoke the public conscience of the doctors' collective regarding this social problem. A group of doctors, headed by Espriu and using the Official College of Doctors of Catalonia as their first base, began to create social health system based on a collective vision and gathering the necessary resources in order to be able to put this vision into practice. The use of the cooperative formula as a legal tool makes it possible for new social groups in new fields of activity to use cooperativism. In addition to resolving the problem of a chronic shortage of beds in the country's health system at the time, the creation of a

«Espriu showed his ability to build a network of relationships between different interest groups based on trust, credibility and cooperation.»



hospital with the legal form of a consumer cooperative showed that society can be organised to work towards providing for its unfulfilled needs.

Final considerations

Espriu was a leader, and as such he realised there was an opportunity to satisfy a demand for health services. He was able to gather the necessary resources and use them to create a social health capacity through the progressive construction of the workings of different organisations, medical cooperatives, consumer cooperatives, insurance companies, Foundation.... and although these do not take the form of a business group as such, they do act as a network of complementary organisations (Martí, 2009). This strategic alliance allowed Spain today have a health cooperative network that is unique in the world. We owe this current reality to an ambitious and daring person who knew how to communicate an inspiring vision and how to build teams. Espriu showed his ability to build a network of relationships between different interest groups based on trust, credibility and cooperation.

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A life's mission: safeguarding the health of communities

Eudes de Freitas Aquino
Unimed do Brasil Chairman

It is with great satisfaction and pride that we congratulate Fundação Espriu for completing 25 years of actions, incentivizing cooperative work to take more and more health protection solutions to communities.

We, from Unimed do Brasil, consider undeniable Dr. Josep Espriu contribution for the consolidation of cooperative values turned to health. Therefore we commemorate the centenary of his birth together with you, with the certainty that his legacy remains alive in the practice of social medicine shared in the entire world.

Unimed is the largest medical cooperative work system in the world and is also the largest medical assistance network in Brazil, present in 83% of the national territory. The Sistema Unimed was born with the Unimed Santos (SP) Foundation, in 1967, and today is composed by 353 medical Cooperatives, that provide assistance to over 20 million customers all over the country. Unimed customers have more than 110 thousand active doctors, 107 own hospitals, 2,960 accredited hospitals and 11 day hospitals, besides emergency rooms, laboratories, ambulances and accredited hospitals to guarantee the quality of medical, hospital assistance and complementary diagnosis.



«From Unimed do Brasil, we consider undeniable Dr. Josep Espriu contribution for the consolidation of cooperative values turned to health.»

TEN YEARS AGO RAMON RIUS I MOSOLL PUBLISHED HIS BOOK *CONVERSATIONS WITH JOSEP ESPRIU* (BARCELONA, ED. ANGLE, 2004). HIS LONG RELATIONSHIP WITH DR ESPRIU OVER MANY YEARS MADE HIM A COLLEAGUE, A FELLOW TRAVELLER IN HIS CO-OPERATIVE VENTURE, A CONFIDANT, A FRIEND. COMPARTIR WOULD LIKE TO THANK HIM FOR THIS WONDERFUL PORTRAIT OF THE FOUNDER OF THE INTEGRATED CO-OPERATIVE HEALTH MOVEMENT, FRUIT OF THIS INTIMACY.

■ The boy who liked to lose at games

■ Ramon Rius i Mosoll

It will soon be twelve years since Dr Espriu left us. Time is a little boat in the Espriu world, sailing on implacably, plotting new courses while healing old wounds. The emptiness left by his absence no longer bleeds as it did for days and days: now, under the calmness of his gaze, the scar slowly forms. I am undoubtedly helped by his photograph which looks down over my study, from where he smiles with eyes which reveal the tiredness of those who have achieved peace.

Josep Espriu retained that limpid gaze throughout his life. The gaze of a child, I would say. Of a child who at a very young age realised that when playing board games with his siblings or in the street, when playing with the boys from Can Palomer, Can Rogers or Can Claravalls, he preferred to lose rather than win.

-The reason is quite simple, he would say. He continued: When I won I felt bad about being happy while my friends contained their sobs. If I lost, though, seeing them so happy at their victory gave me huge pleasure, and I felt even more content than them.

A brief anecdote which is unquestionably a truthful portrait of how he lived his life. A life dedicated to others, transparent, with no trickery or pretence, dictated by the desire to share, to cooperate, to offer his hand, to dedicate all his strength to making others happy, and incidentally, making himself happier than anyone.

- Happiness withers away unless it is shared by all. How can one person alone enjoy the bounties which life offers us, while seeing that those around him are excluded? And thereupon he would raise his glass and clink it with mine. How nourishing it was to speak to him over lunch: how I miss those talks!

Starting out from this fundamental approach to life, it is not hard to understand how he discovered and established himself in the world of co-operatives, moving into co-operative health care. And it is even clearer to see

how comfortable he felt in a social economy enterprise, sharing his fate with thousands of professional colleagues and hundreds of thousands of users of self-managed services. Which explains why he, who never made any effort to buy his own flat, strove to the utmost to establish his own hospital, with the condition and thrill of sharing it with thousands and thousands of members. The fact is that all the enterprises he established had the same sense, the same vocation, the very same purpose: sharing the common good. Which means that our magazine, Compartir, almost named itself.

He was well aware that he was swimming against the tide in his approach, but he came up with a name to describe it, to convince everyone: *playing the fool*. He would never tire of repeating it when talking to the workers at the group of companies, or at the numerous addresses which he gave all around the region:

- Don't worry about playing the fool. Some might seem to take the Mickey, but in truth it is the only way to be happy. This was the true essence of Dr Espriu, the essence of that boy who played to lose, so that in truth he would win.

The final years of his life were particularly difficult for our dear friend. The loss of his wife really took the wind out of his sails, although he tried to conceal it:

- It is lucky that she went first, although I should have died before her. But if I had, I don't know how she would have managed, all on her own.

From that point onwards he never got used to loneliness, and living in such a big flat, so alone and full of memories. Maybe he suffered from insomnia, and his mind could not stop thinking things over. He would call me more often at that time, to meet up for lunch:

- I have so many things to tell you!

Those things were, in truth, the same as ever, but his loneliness made them loom larger and more urgent: he was worried about the future of the health enterprises which he had

founded, the lack of co-operative conviction among their members, the lack of genuine engagement by workers and users, the high cost of health care and services, the lack of interest in developing the permanent co-operative training school...

Of particular importance was the viability of the Sinera co-operative, and above all the creation of the second-level co-operative, Elaia: that was his great frustration! Almost whenever we spoke he would reveal his fine sense of irony:

- When I die, you know I will be watching over you, and if I realise that you are not doing everything you can to set up the second-level co-operative, I will sneak in at night while you sleep, and pull your big toe under the sheets.

The last year of his life, though, was quite distinctive and different. I am convinced that he was very aware that death was coming, and often spoke to me about it. His health became visibly and substantially worse. He lost the vitality which was always his hallmark. And above all he showed a great desire to be reconciled with everyone, but also with himself, often blaming himself for not having done more, for not having worked hard enough. Little by little we stopped talking about business, and he began to show a clear interest in theological and religious matters.

In the spring of 2002 my wife and I celebrated our 25th wedding anniversary. Our children prepared a surprise party. Dr Espriu, as refined as ever, of course, wanted to come by train to sit at our table, making an extraordinary effort. He wanted to be there by our side, to show us his great affection. A few months earlier he called me up and said:

- Set a Sunday aside for me: I would like you and your wife to come on a trip with me to Viladrau and Sinera.

And so we did: a wonderful, unforgettable day. It was only some time later that I realised he wanted to say goodbye. We saw "Can Mueca", we visited the farms and ate at Can Bofill.

Espriu was beside himself with joy. He was thrilled at his memories. His eyes shone more than ever. We spent the afternoon in Arenys, the manor house and the cemetery. From the summit we could make out the beach, and he said "adieu and farewell" to his sea. On the way back to his flat in Els Jardinetes in Gràcia, he sprung the last surprise of the day on me:

- I really should write another book. There are so many things I have to tell, you know!

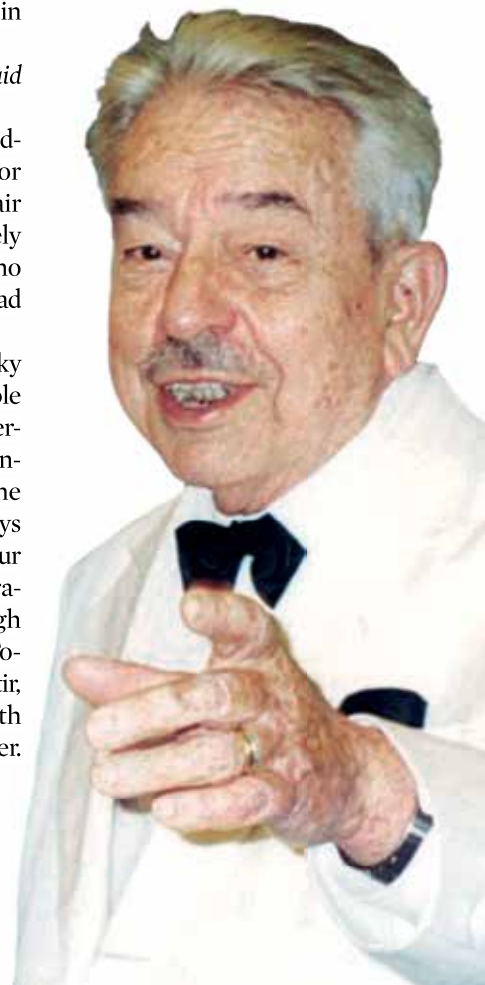
It must have been in late July when he fell ill and was taken into Barcelona Hospital. On Sundays I would go to mass with him, in the hospital chapel itself. Afterwards, on the cafe terrace, looking out over the wonderful gardens right there on Avinguda Diagonal, we would talk for hours over a glass of vermouth. Sometimes a friend or relative would join us. If we were alone, though, the conversation will always veer off onto a religious topic; he particularly enjoyed discussing the gospel. When we said goodbye he was especially effusively in his thanks, adding:

- Have you given any thought to what I said about the book?

The last Sunday in September I said goodbye to my dear friend and kindred spirit for the last time. I pushed him in his wheelchair back to his room. Frail, exhausted and hugely tired, I could see clearly in him the man who would always played to lose. And finally he had achieved it.

My good friend, I must confess I was lucky to have spent hours and hours sharing a table with you, enjoying your hugely affable conversation, always passionate, lively, sincere, spontaneous, fresh, ingenious and sharp, like the sparkling water with plenty of ice you always used to order. It is worth having lived to savour so many moments filled with true consideration. I am sorry that there was not enough time to write another book, as you wanted. Today, though, from the pages of your *Compartir*, I would like to thank you, publicly and with all my heart, for all we lived through together.

«Josep Espriu retained that limpid gaze throughout his life. The gaze of a child, I would say. Of that child who, when playing board games, preferred to lose rather than to win.»



Health policy demands decision: Dr Espriu as an example

Guillem López i Casasnovas
Professor of Economics at the UPF
President of the International Health Economics Association (2007-13)

In health policy there are more words than actions. More talk than problems addressed. And ultimately it seems that the focus is on what is urgent, not what truly matters. This is at least a general issue often encountered when public policy needs to be filled with content: it is easier to agree about the sauce than the fish; in other words the forms with which things are dressed up, rather than the content itself¹. And so in health policy we come across numerous clichéd euphemisms employing vague terms to allow for an initial consensus, but where, as soon as we scratch beneath the surface of the details of the supposed agreement, it is clear that no one really knows what has in fact been agreed. Abstract terms such as *public-private partnership*, *civil society responsibilities*, *clinical governance* and *the participation of professionals in administration*, not to mention the more traditional guarantees of a supposed right to health, achieved *simultaneously through efficiency and fairness*, provide ample examples of this.

There is nothing wrong with using a degree of “packaging” to create a more amenable context and helping agreement to be reached. We find this in the political claims of the desirability of “pacts of state”, as if ideologies, cultural diversity, reputation and the records of the past did not exist. The problem lies in not advancing in content terms beyond this fine-sounding approach. We need to be able to translate words into actions, as Dr Espriu did with his co-operative health movement. We must be aware that health creates wealth, that it is an investment and element in social

cohesion; but we are also aware that it involves expenditure, the salaries of organised professionals who do not fit the prototype of normal employees, and industrial supply groups present at multiple levels. As a result, often as we aim to keep control over funding matters can easily get out of hand, and the parties involved must be reminded, must be made aware of the limitations in terms of the resources available, and a good ethical and efficient sense in sound management.

Giving content to proposals means being clear about those dilemmas requiring consideration. For example, if someone says that the guaranteeing of equality of access to health services should be applied to health outcomes, then they need to be told that this could involve interference in a whole range of individual spheres of decision-making, overriding the will of individuals in the use of resources if the outcomes are to be made effective. And many people would not find that acceptable. It also, of course, means taking health services out of their niche, an additional ingredient which, like education and employment, also has a health impact. Similarly, when we say that professionals should not simply be passive participants, but should be engaged in clinical management - providing the bacon, in the same way as the pig and hen invited to a cooked breakfast by the retired farmer - it is important to remember that this necessarily demands acceptance of a risk. Nothing is for free. By the same token, those who agree to the granting of effective autonomy to suppliers must accept greater management of

¹A number of the initial ideas in this text can be found in the author's article published in *El Punt Avui*, “La salsa i el peix”, on 8 August 2010



«We need to be able to translate words into actions, as Dr Espriu did with his co-operative health movement.»

their asset capabilities: resources available, although there is a long waiting list. This is simply a reflection of the limitations on public funding resources, which cannot meet all the demands permitted by the available supply. Those wishing to decide on their own account and avoid being treated as an employee, which they find unacceptable, will at least need to share in the daily financial difficulties of their patrons. They must be aware that autonomy means accepting the consequences of one's own decisions, including in financial matters. If we want health institutions to govern their professionals effectively, then this should correspondingly mean that they agree to be "shareholders", to be bound to "results". That implies that they must be prepared to underwrite the capital, the cost of the facilities granted to them for management, if they are public, either through their own initial funding or through future remuneration received in part in the form of "paper", which is the co-operative return or value of the shares in the management companies which they could themselves own. And this must be performed on a voluntary basis, respecting the rights

acquired, without any enforced retroactivity. And not only through public limited companies, but also mutual co-operatives, as created by Dr Espriu, or other mixed economy organisations. And if civil society becomes a part of boards of trustees and government organs, it must be reminded that it is assuming a responsibility before the community, with civil and criminal consequences. Meanwhile, those calling to exclude such matters from public administration, using hybrid forms in public-private dealings, with flexible budgetary and accounting management, must be aware that this means competing for funding based on private competition rates, without being able to consolidate and generate guaranteed funding year after year, irrespective of the levels of efficiency achieved. This is in any case demanded by the European Public Accounting System in order to take advantage of such classification, beyond fine words, lest anyone forget.

The health care dynamic in this country today features a wealth of public partnerships, foundations, consortia, professional associations, co-operatives, all of which make their contribution to improving management, outside the traditional model which has no further mileage left in it. But unless we are precise in identifying the issues we discuss, we could well find ourselves reaching agreements which we do not understand. The acid test is in this sense to achieve unequivocal "action" rather than ambiguous "talk". To move from speaking to doing, in the way that doctor Espriu exemplified.

JOSEP ESPRIU I CASTELLÓ, DR ESPRIU, WAS AN INTRIGUING MAN AND SOMEONE WHO ENRICHED PEOPLE'S LIVES. ONE OF THOSE RARE INDIVIDUALS WHO RISES ABOVE BEING SIMPLY A PROFESSIONAL AND WANTS TO KNOW THE WHYS AND WHEREFORES OF EVERYTHING THAT HAS AN IMPACT ON THEIR WORK. TO HAVE SUCH AN UNDERSTANDING DEMANDS AN EFFORT, BUT FOR HIM THIS BECAME A WAY OF LIFE, AND ONE WHICH HE ALSO ENJOYED SHARING.

Josep Espriu, doctor of communication. As well.

Enric Lluch

Graphic designer | **compartir** |

It is well known that Dr Espriu was an important pioneer in the co-operative health movement throughout the second half of the 20th century. His contribution was such that, two decades later, he continues to receive widespread recognition throughout the co-operative movement and above all in health care to which he dedicated nearly 50 years of his long and full life.

What is undoubtedly less well known, however, is his interest in communication at a time when the need to explain in explicit and visual terms what was going on or what was being proposed did not seem as important as it does today. He quickly realised the need to inform the public about his overall project because otherwise what would be the sense of heading up co-operative initiatives if the general public was not aware of it? Did it make sense to focus only on the specialists, the companies and institutions with whom he was working to produce was a pioneering project in this country? For him, unquestionably not.

Dr Espriu had a huge capacity for different initiatives as demonstrated among other things by the book *Mrs Life* and the well-known articles in the journal *Destino*, "The doctor's advice" section written under the pseudonym of *Cianófilo*. He was convinced that he needed a way in which communicate within the organisations he headed and to the co-operative members who were joining them all the time - a way of expressing himself in writing that would be published regularly that had a clear editorial line, a coherent argument, that would help establish the co-operative health movement as a leader in health care in this country. And that is exactly what he did.

He was much more, though, than a doctor. Committed to society and culture, he wanted not only to present the fundamental and central aim and crux of his project: medicine and co-operative healthcare, but also to provide a showcase for Culture with a capital 'C' with specific sections dealing with social disputes,



film, education... page after page on literature, photography... campaigning illustrations... and of course, for obvious reasons, on poetry. This was the poetry of the other Espriu and of new generations who were either following in the footsteps of his older brother or opening up new ways of writing and found, and still find, a space set aside for them in one of the longest surviving publications in the country. I refer, of course, to **| compartir |**. The title itself is highly meaningful: 'compartir' - 'sharing'.- undoubtedly one of the most beautiful words to be found in any dictionary in the world

And so we come to my first meeting with Dr Espriu. I remember it as if it were yesterday. At the time I was working with David Lorente, and he asked us to propose a graphic design for a new magazine published by the Espriu Foundation. At the time I didn't know what the newly created foundation was all about, and in fact only knew of *Assistència Sanitària Col·legial* because I was a member and an occasional user whilst finding out about such organisations was not as easy as today, when one simply turns to Google or Wikipedia, to gain a comprehensive overview in the blink of an eye.

This commission, what today we would call a briefing, came at the request of the members of the first editorial team of the new magazine:

From left to right: Joan Simó, Josep Espriu, Isabel Bonet and Ramon Rius, meeting three co-operative members.



Isabel Bonet, Joan Simó, Edmon Amill, Ramon Rius, Mariví Linati, Dr Espriu himself and some other contributors. The idea was to create a magazine for the members of Assistència Sanitària and ASISA, the medical profession and the individuals and organisations working in the co-operative health field, or internationally. It was also intended for anyone with an interest in the co-operative movement or in cultural and social issues connected with the magazine and the Foundation.

The name of the publication, agreed after hours and hours of meetings and debate, made me realise that it was not a question of simply designing a magazine, but helping to create it, offering and contributing my vision to the project, and with all humility, my knowledge. And so **| compartir |** was created, a magazine devised and overseen by an individual with a matchless gift for bringing people together around a table and giving them the chance to have their say, to be listened to, and ultimately to be taken into consideration, like no one else I have known.

I do not want to write long personal anecdotes of little interest to readers, but do have a very clear memory of the meetings which Dr Espriu held with the rest of the team: they were always at long tables, in big rooms, full

of people, and there was always coffee, water, biscuits or a decent meal on offer, depending on the time of day. Who of those present at these meetings does not remember the gatherings at the Doctors' House in Barcelona at dusk discussing the last issue and to "grapple" with the next one, until well into the night? I think that the whole "staging" of these meetings was the first of Dr Espriu's communication strategies. He would call you to a meeting (you knew the start time, but never when it would finish), welcoming you in with all the humanity and humility in the world. He would usually give a brief introduction, slow, with pauses, reflective, and then invite all those seated around the table to speak. editors, coordinators, contributors, proofreaders, translators, photographers, illustrators, designers... Everyone had their say. The various articles were discussed, the layout for the next issue was addressed point by point, the tone which the different sections should have, the illustrations and photographs for the lead articles, readers' letters, the inputs we received, new additions, page design... always everything down to the last detail. Many of those actively involved in the magazine will, I am sure, recall the interest shown by Dr Espriu in printing it on recycled or environmentally friendly paper. I am talking about more than 20 years ago, when concern with environmental issues was very much in its infancy. Painstaking care was taken to ensure that the magazine offered a consistent and appealing line. Finally, having listened more than he spoke, he would bring the meetings to a close with a brief summary of each of our responsibilities. - an exercise in democracy by a learned, humane and approachable man, which showed all of us that he was sharing with us in this new venture, through which he aimed to convey his message. And today, more than 20 years later and with almost 100 issues behind us, it still has the same validity and drive as back in the nostalgic era of 1991.

Dr Espriu let people speak, he listened and took all the magazine contributors' opinions into consideration –an approach which could be seen in every issue of | compartir |.»

NOBODY, PERHAPS, WAS AS FAMILIAR WITH DR ESPRIU'S APPROACH AND WORKING METHODS AS DR ORCE SINCE DAY-BY-DAY HE WAS AT HIS SIDE AND ABLE TO LEARN OVER MANY YEARS. TO MARK THE CENTENARY OF THE BIRTH OF JOSEP ESPRIU, WE ASKED DR ORCE TO GIVE US A DETAILED ACCOUNT OF THEIR RELATIONSHIP, OF WHERE THE ETHICS OF ESPRIU'S CO-OPERATIVE MOVEMENT CAME FROM AND THE KIND OF RELATIONSHIPS THROUGH WHICH HE CREATED A HEALTHCARE MODEL WHICH IS ACKNOWLEDGED THROUGHOUT THE WORLD TODAY.

Interview with Dr Ignacio Orce:

“The ethics of our approach and the rigour with which it is put into action are the result of the relationship between Espriu and his brother.”

Carles Torner
| **compartir** | executive Editor



Dr Ignacio Orce, now chairman of Assistència Sanitària Col·legial, learned his trade during the many years he worked alongside Dr Espriu.

To what extent was Dr Espriu aware of the scale of what he had created? Was he aware of the future which lay in wait for co-operative healthcare?

Towards the end of his life Dr Espriu saw that gradually many of his initiatives had grown a lot. ASISA, to take just one example, was a small organisation until the law passed by the last parliament under Franco gave civil servants the option of choosing their health-care system, either private or public, and all of a sudden there were a million extra people who could choose between private insurers and the Social Security. 85% of those people, although they can change every year, still choose private care today. That gave ASISA the opportunity to grow hugely. And thanks to that opportunity, ASISA has thirteen clinics and numerous partnership agreements with other medical institutions. And here in Barcelona we developed through the hugely innovative approach of co-management. And so by the end of his life Dr Espriu, when he told me of his fears and worries, was no longer afraid that his project would only last for a one generation. By the end he realised that his model would continue to develop.

Could one say, then, that he was satisfied with the work he had done?

Dr Espriu was a real perfectionist. He was never satisfied with what he had achieved. We had a number of difficult years, because on occasion I was forced to contradict him although he had himself asked for my opinion. For me he was unquestionably like a second father but we did go through a difficult period until, after many requests from us, he agreed to become involved again in everything we had achieved and to end his days at the hospital. Now that we are celebrating his centenary we need to shout from the rooftops that he made one of the greatest contributions of his generation to the enrichment of our country from the perspective of economic activity and employment, but above all in leaving us with a highly socially-advanced health care model, which has become known and admired internationally. The poet Salvador Espriu left his mark on the country, and his brother, Josep Espriu, also left a profound impression. This is demonstrated by the Espriu Foundation group organisations, including the Barcelona group and ASISA, which have an annual turnover of one billion seven hundred and sixty



The Espriu siblings in the 1920: At he back, Francesc, the oldest, who died in an accidental fall at the port in Arenys; Salvador, on his right, and Josep, on the left. In the centre of the photo, Maria Isabel, who died when all the brothers caught measles.

thousand million euros, employ more than thirty thousand people, have fifteen private hospitals and clinics and offer services to a million and a half insured people.

What influence did his brother, Salvador, have?

Josep Espriu had charisma and prestige but he lived a modest life. He never had any interest in buying another suit or having a flashy car. I am certain that living with his brother, Salvador Espriu, for such a long time had a profound effect on him since the poet had such intelligence and spirituality and held ethical convictions and radical ideas. And, as the younger brother, Dr Espriu lived within same frame of reference as his brother. The ethical and moral values which Espriu brought to the business world were remarkable at that time, and continue to be so today. The two Espriu brothers talked to each other a great deal, they shared everything, they influenced one another and lived their whole life under the same roof. Salvador Espriu was also linked to ASC, and he always discussed the big ideas at our organisation. There can be no doubt that the ethics of our approach and the rigour with

«The virtue of dialogue is that many ideas that seem set in stone and institutions that seem inflexible no longer do so after you have been talking for a while.»

which it was put into action are the result of that relationship between the brothers. That also came to the fore at difficult times, because there were some: when we owed the doctors' six months' pay for their work when others with less daring would have shut up shop. But Dr Espriu didn't give up and found a way out thanks to a moral strength which helped him to overcome challenges.

Within Espriu's social vision, what relationship did he see between the health cooperative movement and public medicine?

He was born into an era when public medicine was a profession that gave doctors very little satisfaction. Because of budgets, difficulties in getting to people, overcrowding... When he worked at his practice on Plaça del Diamant and felt himself largely dissatisfied with the way or working, he started thinking

«By the end of his life Dr Espriu was no longer afraid that his co-operative model would only last for a generation and he realised that it would continue to develop.»

about the Bilbao co-operative insurance model, and began considering how to improve it. He felt that above all what was needed was a relationship of trust between doctor and patient. In the public health system you see the doctor you are assigned to and might feel able to trust him or not. Espriu felt that trust was essential. The model of free choice and payment per medical intervention appealed to him, because patients were able to choose their doctors. Espriu argued, and I also believe, that if the doctor-patient relationship is based on trust, then the patient plays an active role in the treatment. If you see a doctor you have not chosen but have been assigned to and have doubts about them in the consulting room, that lack of trust will mean that patients don't feel they have been tended to properly. Why? Well, because doctors have gradually been replaced by drugs and tests, so it is impossible to establish a relationship of trust. Some time ago we performed research into the average pharmaceutical spend of those attending social security clinics and a group of four or five thousand ASC clients. And we were spending less than half the figure for public sector patients on outpatient pharmaceuticals. Why? Because we do not make up for the patients' practical lack of knowledge about a drug. If there is trust and the doctor tells you that before taking any medication, you should try something else, then you will be actively involved in the treatment. If there is no trust, though, then you will just ask for medication. Espriu felt it would be marvellous for the public health system to give you the option of choosing doctors. He felt that what we were doing in private care had positive ideas to offer the public system. He was very aware, though, that the responsibility of a welfare state to provide universal provision for the entire population makes this very difficult.

What gave Dr Espriu this twofold capacity as a visionary who was able to shape the actual legal and corporate structures for his ideas?

Espriu had a remarkable capacity for dialogue. He was able to convince anyone of the things that really mattered to him. Dr Espriu was convinced of his ability to persuade through dialogue. He did not have any children, and dedicated his full intellectual capacity to others. He slept little, refining his ideas, setting them aside and then perfecting them, tirelessly seeking out a practical way to improve the conditions of the health care received by people, or their access to healthcare systems, or the working conditions of the doctors. In his way of thinking there was one fundamental idea: to link medical professionals and users together without any intermediaries. And if possible, without profit playing a part, and instead they would have a more natural relationship. Controversial, stubborn, tireless; those who were close to him learned a great deal.

What was Dr Espriu's daily work like?

I was lucky enough to work beside him when I was very young. My desk was never far from his. And so whenever he received a visitor then I could hear it all and would learn from it. Every day before we finished we would go through what he called the "traffic lights", discussing together what had happened during the day: "What did you make of that? And how about that?" (he always used the formal kind of address when he spoke to me although I was much younger). And so that was an endless source of knowledge for me. First, it was as if I was part of the furniture: observing and listening. And then later he involved me in the meetings. And later still, a thousand other things, sharing responsibilities. But I learned the way he steered a conversation: how a visitor entered the office, how the dialogue devel-

«I am certain that living with his brother, Salvador Espriu, for such a long time had a profound effect on him since the poet had such intelligence and spirituality and held ethical convictions and radical ideas. And, as the younger brother, Dr Espriu lived within same frame of reference as his brother.»



Dr. Lluís Rodà, Maria Maymó (SCIAS), Dr. Josep Espriu i Dr. Ignacio Orce (ASC).

oped, the conclusions and agreements which came out of it... It was a living education.

Where had he picked up those teacher's qualities?

That was the way he learned too. He was from a well-to-do family and his parents would hold soirées at home, inviting friends, and discussing everything in front of their children. Whether it was politics, culture or bullfighting. From a very young age the boys were introduced into the culture of debate, discussion, amassing anecdotes, it was a living education which has now largely been lost because of audiovisual media, but which he

delighted in sharing. I remember very clearly what he used to ask me: what did you make of that? Does it seem fair to you? The virtue of dialogue is that many ideas that seem set in stone, and institutions that seem inflexible, no longer do so after you have been talking for a while. He was an educated, sensitive man with a remarkable respect for the person he was speaking with, whoever it was, making no distinction in terms of social status. Even when he was really angry he never lost his respect for the person he had in front of him. Maybe it was his polite upbringing, maybe he had unconsciously taken in a respect for people however different they might be.



“Now that we are celebrating his centenary we need to shout from the rooftops that he made one of the greatest contributions of anyone of his generation to the enrichment of our country’s economy and employment. But above all he gave us a highly socially-advanced health care model, which is known and admired throughout the world,” says Dr Ignacio Orce in an interview reported by the editor of **| compartir |**, Carles Torner, in the monograph section. In the same interview, Dr Orce says that “the poet Salvador Espriu left his mark on our country, but his brother, Josep Espriu, did so as well to a huge degree”. Today the institutions of the Espriu Foundation, including the Barcelona-based group and ASISA, are in very good shape. The figures speak for themselves: the Foundation has an annual turnover of 1.76 billion euros, employs more than thirty thousand people, and has fifteen private clinics and hospitals. Few of its million and a half insureds fully understand who Dr Espriu was although they all benefit from his legacy. The fact that his project still continues today is the finest tribute that could be offered to him this year, the centenary of his birth.

«Amid»

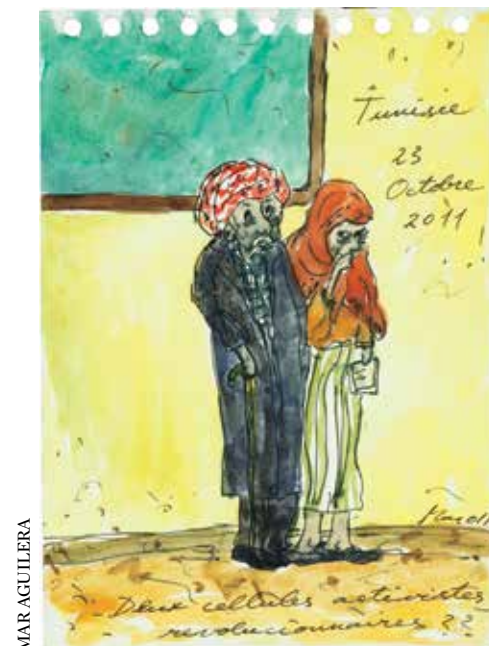
As we walk through Barcelona
I hear and feel that, together,
at night, amid the empty streets,
the whole time we're walking together.
(I hear the sound of nearly
silent steps of feet braiding us,
and every move leaves a splash
like rain making its debut
over a sandy desert. Caprice
or perversion, I count every single
time that, amid these steps,
there rises a sand drift
of desire).

Esteve Miralles

Esteves Miralles, from *As if you had time*
Translation: Sam Abrams

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An aside: “lines, beyond the pathway”, by Salvador Espriu

«POEMS, FURTHER
ALONG THE PATH»

I would like my poems
to come to be the color
of old silver, the noble,
timeworn color of silver.

Confronted by death,
wearing hidden signs
of the face I see
when I look at myself,
I search through them
for the sea’s faded voices,
passing clouds, distant springs.

Saddened and free, I walk
before death as he watches,
in the light, for the timeworn
silver of my poems.

Salvador Espriu, from *Mrs. Death*
Translation: Sam Abrams

I had always imagined the silver referred to by Espriu in “Lines, beyond the pathway” like that of antique cutlery, veiled behind that dark patina, and needing to be rubbed with some special liquid to regain its lustre. One fine day, though, I believed I had understood the sense of the poem, and it may be that which allowed me to write one of the works included in my first book of poetry, “Song of Red Ochre” (“The crickets I have not killed”, 1998).

Those three verses (of 4, 6 and 4 lines of feminine hexasyllables, as there are no oxitone lines in the whole book) can be understood as a poetic elegy in line with much of Espriu’s lyrical output, which strives to recover (albeit in a fragmentary manner) that which he knew and saw, an “antique” and “noble” world which has now disappeared, because those who inhabited it have died, because the I is no longer to return to it, or because reality has become so transformed that the physiognomy of the present prevents us from recognising the features it had.

From the outset of “Lines, beyond the pathway” (even in *Mrs Death*), the use of a verb of desire in the conditional is striking (such as “would like”), as I do not believe such usage to be particularly common or by any means typical in Espriu’s work. The poet, though (presented as such) confesses to us that he would wish the lines he is writing to be “of the colour of old silver”, as such a tone strikes him as “noble” and “antique”, perhaps because of the past world he

Versos antics de plata

DVN VELL COLOR DE PLATA
JO VOLDRIA QUE FOSSIN
ELS MEUS VERSOS: DVN NOBLE,
ANTIC COLOR DE PLATA.

DAVANT LA MORT, QUE PORTA
SECRETS SENYALS DEL ROSTRE
QUE JO VEIG EN MIRAR-ME,
CERCO AMB ELS EXTINGIDES
VEUS DEL MAR, PAS DE NUVOL,
LES DISTANTS PRIMAVERES.

TRIST I LLIURE, CAMINO,
DAVANT LA MORT QUE EM GIRA,
LA LLUM PER LA PLATA
ANTIGA D'ELS MEUS VERSOS.

Antics versos de plata

aims to reflect.

In the second verse, the poetic I appears to us facing death, confronted with the fear of his own disappearance (but also that of what he has loved or what has made him what he is). The death that stands before him, and which he perceives in the mirror (because it is observing him) has the marks which he discovers in his face when he gazes upon it. Nonetheless, the true revelatory value of this verse lies elsewhere: it goes on to speak of the lines and their usefulness. Thanks to this lyrical writing he succeeds in locating and reviving “extinguished voices of the sea”, which perhaps would never again have been heard, or could never have been recorded. He likewise confirms the transformation of reality and the passage of time, while illustrating the “passage of a cloud” and reflecting “the distant springtimes”. He lastly thinks, and succeeds in writing of, “the light of the old days”, having been forced to forget “hours, clouds” (as we read in “Against the Wind”).

In other texts of Mrs Death or of this era, where Espriu’s poetic I speaks of the present it is surrounded by silence, in the midst of winter (one thinks of the “black winter” of “The Sea” or “The Words”). There are no voices (much less of our kind), and the life cycle corresponds to the moribund end of the year, the decadence of being, leaving well behind the happy childhood of spring time, when everything was an outburst of life and promise of desire.

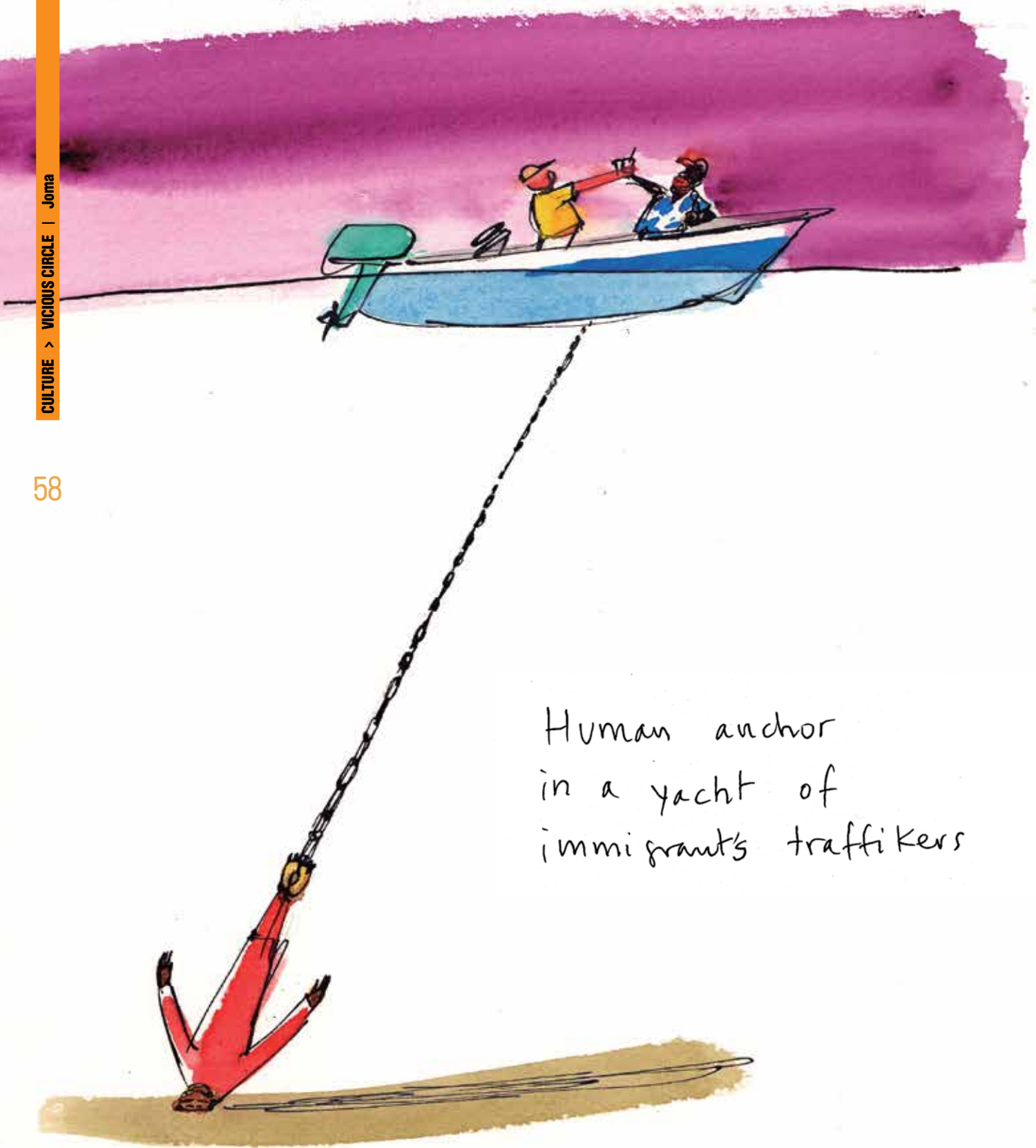
Death is observing him, he says in the last verse, and he sees himself as decadent (physically and morally), together with all that surrounds him, while nonetheless walking towards the light: towards the brightness of the time of the past, or towards future salvation through words. (In the poem “River” we will read how, transfigured into a beggar prince on the happy shore, he carries the “light of words” by night.) That is why he declares himself to be “sad and happy” because, although he cannot transform his world, he perceives this happiness in recovering what he no longer has and engaging in a poetic revolt by evoking the past (however much he can no

longer inhabit or restore it). As he writes in “Diptychs of the Living”, regarding the personal and collective shipwreck currently suffered by the poet, “I must be saved perhaps by one line, a few clear words”.

In the poem “The Olive Trees”, which precedes “Lines, beyond the pathway”, the poetic I, condemned to silence but aware of secrets (like the prophetic flights of the falcon), wishes to convert itself into a guide for other men, and to assist them in overcoming their defeated nature. If this were possible (following presentation as a combatant poet), his lines would be “like immortal lances” and would serve to conjure up the appearance of “the empire of eternal light”, which “would come through the old silver of trees”, which in this case would be the olive trees, giving sense to the title of the poem.

We must, though, speak of the last two lines of the text which here concerns us, and the ambiguity which I find in it. The poetic I walks towards the light, and does so “through the antique silver of my lines”, as if the writing of poetry and salvation of a past, happy world gave sense to existence and had the value of a precious metal such as silver. Aside from this sense of purpose, though, could we see therein a locative value, walking within the lines, along the antique silver they contain? What is more, should we understand that the silver gives a qualifying value to the lines, or should we read it in its literal sense? In ancient times mirrors could be made of burnished silver, although in the modern world silvered glass is used, to ensure a reflection of reality. Espriu’s lines, then, serve to reflect and revive an ancient world which has disappeared, where the poetic I takes on life and walks. If in the true mirror he discovers decadence and death, then in the lyrical mirror he achieves the plenitude of life and happiness.

As the title explains it is in an aside, “beyond the great silence of the pathway” (which we will read in the poem “River”), set apart from the grey, veiled present, in lyrical writing, that the poet finds an exercise in freedom and salvation from his past and from his linguistic, personal and collective identity.



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