

E6 | STRUGGLES FOR HEALTH IN EUROPE

Your heart is a weapon the size of your fist. Keep fighting, keep loving.

The global economic crisis has had a deep impact on people's lives in large parts of Europe (see Chapter A2). As the crisis and its consequences continue to escalate, waves of protests and resistance movements have started sweeping large parts of the continent, akin to the anti-IMF demonstrations of the 1980s and 1990s (Kondilis et al. 2013). These target the austerity packages being imposed by the 'Troika' (the European Commission, the International Monetary Fund (IMF) and the European Central Bank) and also the EU-US negotiations for a new free trade agreement (the Transatlantic Trade and Investment Partnership, or TTIP), which poses imminent threats to democratic decision-making and social protection systems across Europe. In this chapter we provide brief vignettes of the rising tide of resistance in Europe against austerity measures being imposed by neoliberal governments in many parts of the continent.

National mobilisations in different countries

In Spain, the moves to privatize healthcare services face resistance from both popular movements of civil society and workers in the public healthcare system. A historic unity, linking the entire range of health professionals (doctors, nurses, health workers), has resulted in the organization in Madrid and other regions of a huge movement, called '*marea blanca*' (white tide). The movement has organized a prolonged strike and massive street protests (Washington Post 2012). Several initiatives, designed to resist the attempts to demolish the edifice of the public health system, have been forged, which unite civil society groups and health workers. These range from advocacy groups, such as the Federation of Associations for the Defence of Public Health (La Federación de Asociaciones para la Defensa de la Sanidad Pública) and the *Dempeus per la Salut Pública* and *Centre d'Anàlisi i Programes Sanitaris* in Catalonia, to a platform of neighbourhood groups that self-manage Primary Assistance Centres – 'Platform of people affected by healthcare cuts' (*Plataforma de Afectadas por los Recortes Sanitarios*).¹

In the face of these struggles, in January 2014 the conservative government of the region of Madrid cancelled its planned outsourcing of management and services at six local hospitals. If implemented, the plan would have transferred six public hospitals to private healthcare management groups, adversely affecting the healthcare of 1.2 million people and the careers of 5,000 health workers (Marcos 2014). While this has been a small victory, *marea blanca* warns that



Image E6.1 Demonstration in Athens against denial of healthcare (Alexis Benos)

the protests should not stop, since a large part of the regional healthcare is now managed or owned by private firms. A very large demonstration was organized in Madrid in March 2014, three years after the *indignados* 15-M protests, in which over a million people participated in a ‘22 M dignity march’. Many others, travelling to the capital on buses and trains, were blocked by the police. The 22 M Manifesto called for the defence of the right to work, housing and social services. It further demanded a halt in cuts in welfare, a moratorium on debt payments, and a rejection of the austerity package imposed by the Troika (Marchas de la Dignidad n.d.).

In Portugal, since the onset of the crisis, four general strikes and a series of national mobilizations involving all sections of the population have been organized to protest against privatization of health services. These include a strike by doctors, in July 2012, which saw the participation of over 80 per cent of health professionals (Soares 2012); and street protest and demonstrations, in September 2012, by hundreds of thousands in all big cities of the country.

Public mobilizations in defence of public healthcare have been less prominent in Italy. A march by health professionals’ trade unions in defence of the national healthcare service (NHS) was held in October 2012 (Quotidiano Sanita 2012). A campaign to ‘Save our NHS’ was launched in May 2013, supported principally by health workers (Salviamo il nostro SSN n.d.). Another campaign that has attracted popular support is led by the main Italian ‘anti-Mafia’ group. It calls for greater transparency and better governance of the NHS, including mechanisms for increasing citizens’ participation (Riparte il Futuro n.d.). A grassroots-driven campaign has been launched by the ‘Network for

Κοινωνικό Ιατρείο Αλληλεγγύης

С 7 ноября 2011 начинает действовать - по принципу общественной солидарности - центр медицинского обслуживания и бесплатной медицинской/стоматологической помощи для греков и иностранцев без медицинской страховки. Nga 7 Nëntori 2011 do të funksionojë Klinika Shoqërore e Solidaritetit (Kinoniko Jatrio Aillegis) duke shërbyer tërësisht falas ilaçe dhe mjekim dentar për grekë dhe të huaj të pasiguruar." Esopu 24, Vardar

أبتداء من السابع من نوفمبر 2011 يتم افتتاح عيادة التضامن و التكافل الاجتماعي، علما بأن الخدمات الصحية تقدم إلى جميع أفراد المجتمع الغير مؤمن عليهم صحيا (يوناني الجنسية و غير يوناني الجنسية) مجانا و تشمل علاج الأسنان بشارع ايسوپو 24 في حي قازداريس

A partir du 7 Novembre 2011, le Centre de Santé pour la solidarité ouvre ses portes et offre accès gratuit aux soins de santé et dentaires pour tous, grecs et migrants exclus de la sécurité sociale. 自2011年11月7日起，本社区医疗联合组织成立并提供免费的医疗、药品及牙医等方面的服务。服务对象为没有医疗保险的希腊公民及非希腊公民，包括外国移民。地址：Aisopou 24, Vardari. Dal 7 Novembre 2011, la Clinica solidarietà sociale offrirà gratis cure mediche e dentistiche ai greci e stranieri non assicurati, Essopu 24, Vardari. From November 7, 2011 the Social Solidarity Clinic will be offering free medical and dental care to uninsured Greeks and foreigners, Aisopou 24, Vardari.

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Image E6.2 Poster announcing the opening of a Social Solidarity Clinic in Thessaloniki (Alexis Benos)

sustainability and health' (MDF 2013). It is promoted by the 'health and degrowth' group of the Italian Association for Happy Degrowth, which advocates against the paradigm of unlimited (and unsustainable) economic growth. The network comprises a wide range of groups and associations, ranging from older social medicine movements of the 1970s (Democratic Medicine, Democratic Psychiatry), to newer groups advocating for the independence of the health sector from private interests. It also includes the Italian Observatory on Global Health (a think tank on global policies/politics and their impact on health), the Association for Person-centred Medicine (which calls for the integration of traditional and non-conventional medicines in the healthcare system), and the Secretariat of the Italian Medical Students (SISM).

Beyond the health sector, grassroots movement are claiming (back) basic rights for the population. In October 2013, a large demonstration in Rome – promoted by radical trade unions – included movements for the right to housing, and movements against 'unnecessary imposed mega projects', such as the high-speed train in northern Italy (No Tav movement). Following the national demonstration, actions have continued to happen in cities – often involving student movements – while the leading groups are increasingly and violently being targeted by police and legal authorities.

In the UK, several public campaigns targeted the top-down reorganization of the National Health Service (NHS) (see Chapter B2). An organization called ‘Keep Our NHS Public’, which is a network of several local affiliates, has been at the forefront of this campaign (Keep Our NHS Public n.d.). After the comprehensive reform of the NHS was pushed through by the government in 2012, a group of health professionals decided to create a new political party to challenge the health reforms at a political level. The National Health Action party is set to challenge the privatization of the NHS and the fragmentation of care accelerated by the Health and Social Care Act and aims to restore the NHS to a service that provides publicly funded healthcare, free to all at the point of need (Lancet 2012).

In Belgium, efforts are under way to develop a coordinated campaign against the privatization of healthcare. The ‘Action platform for health and solidarity’ brings together trade unions and grassroots organizations (Santé & Solidarité n.d.). The Platform is also an endeavour to unite the resistance to neoliberal reforms in the health sector at a European level (Brussels being the main seat of the European Commission). In February 2014, the Platform organized a day of protest followed by an international conference of the ‘European network against privatisation and commercialisation of health and social protection’. The Platform has released a campaign manifesto against the privatization of healthcare and for the promotion of a comprehensive, non-commodified healthcare system based on equal access (European Network 2014).



Image E6.3 A popular singer participating in a solidarity concert for the Social Solidarity Clinic (Alexis Benos)

Box E6.1 'Doctors for the People' in Belgium

'Doctors for the People' (DFTP) is a network of eleven community-based primary healthcare centres in Belgium. Currently it employs approximately a hundred healthcare professionals and sixty administrative assistants. It is being supported by hundreds of volunteers. Thirty-five thousand patients are registered in the different healthcare centres (Doctors for the People n.d). DFTP was founded over four decades ago in the wake of the May 68 movement, when family doctors settled in working-class neighbourhoods. Instead of pursuing a profitable career, they shared the living conditions of their patients and struggled together with them for better living and working conditions. Doctors and other DFTP employees choose to work for modest wages and medical care is free for all registered patients. Over the past forty years DFTP has developed into an organization that is able to influence national debates and struggles on a range of issues. DFTP is also a training centre for general practitioners, and the organization works together with several Belgian universities. Daily medical practice is consciously linked with social campaigning, international solidarity with the popular struggle for the right to health around the globe and scientific research on social topics. Many health workers with DFTP have worked (or continue to work) in international solidarity initiatives in the Philippines, El Salvador, Lebanon, Palestine, the Democratic Republic of Congo, Burkina Faso, Cuba, Iraq and Venezuela.

While the impact of the crisis in Europe and the neoliberal response to this crisis has mounted in Belgium, DFTP has been active in supporting the key demands of trade unions: no austerity cuts in public transport or healthcare, a interdiction on closure of companies still making a profit, no wage freeze, etc. DFTP combines work at the local level with wider actions and mobilization at regional and national levels.

The general physicians of DFTP see it as their duty to put their privileged social position and their access to academic and scientific resources at the service of popular struggles for better working and living conditions and access to healthcare. They actively take part in these struggles by organizing and participating in campaigns that result from their research. These campaigns defy corporate interests and clearly demonstrate how the present regime in Belgium is harmful for public health. Following are some examples of how DFTP combines medical care with research, activism and solidarity actions.

Research as a tool for empowerment and struggle As life expectancy has increased steadily over the last decades, many European governments have raised the retirement age to balance the ratio of employed people

and dependent ones. In 2010, an observational study by DFTP assessed the health status and the 'employability' of 2,028 patients aged from fifty-five to sixty-five (Ruelens 2013). The study suggested that early retirement, when their physical or mental ability to work is impaired, should be an option for workers after the age of fifty-five. This study supports the labour movement in its struggle for more humane working conditions, as well as for the retention of the right to early retirement with preservation of full pension rights.

DFTP is also associated with an ongoing project between general practitioners (GPs) of DFTP in Antwerp and the trade unions of a public transport company (De Lijn). The project investigates the working conditions of local bus and tram drivers and was initiated after some GPs noticed a high incidence of low back problems and stress-related health problems among urban bus drivers. De Lijn, as a result of austerity measures, has reduced the number of bus lines and cut down on staff, leading to an increased workload for workers and overcrowded buses. Through focus group discussions with drivers, three principal problems were identified – badly designed seats leading to low back ailments, work overload and repressive measures at the workplace addressing absenteeism (Van Bever et al. n.d.). A survey addressing these problems was initiated among drivers, in the face of negative propaganda by the company. The results of the survey demonstrated a clear link between the drivers' ill health and poor working conditions. These results have been shared with the trade unions and workers and the unions are using the results of the project to demand improved working conditions. During the project, a lot of attention was paid to the participatory approach of research as a strategy for social change.

Another example of DFTP's work on employment conditions is the research work of Karel van Bever, a young DFTP general physician, working in Zelzate, a small industrial town in the north of Belgium. In order to understand the psychological, social and physical problems of his patients with temporary jobs, Karel worked as a temporary worker in the port of Antwerp for nine months. He wrote down his experience in a diary and published his testimony under the title 'Doctor in Overalls' (Van Bever 2008). Karel's book has created a deep impression among trade unions in Belgium. He wrote in his book: 'Never in my life have I worked this hard, have I been this tired, or has my social life been so non-existent' (ACW 2008).

Tackling pollution in Genk Sledderlo is a deprived area surrounding an Arcelor-Mittal steel factory in Genk. In 2005 the general physicians of

DFTP in Genk detected an abnormally high prevalence of respiratory problems among patients living near the factory. An investigation by DFTP in the region confirmed the high incidence of respiratory problems. The research results were presented to the Genk city council and a comprehensive investigation into the different sources of pollution in the area followed. DFTP supported a petition, by the local community, against the polluting industry. Eventually the municipal authorities decided to move the locality's elementary school from the polluted zone. Popular mobilization and media attention forced the regional government to initiate a health survey and the federal government started an investigation in order to detect other polluting hot spots. Ultimately more stringent pollution control norms were imposed on the factory.

The struggle for affordable and quality healthcare Within the national health insurance system of Belgium, since the 1990s, the costs of medicines have contributed the most towards increase in expenditure on healthcare (RIZIV-NIHDI n.d.). Between 1997 and 2004, expenditure on medicines rose twice as fast as the overall expenditure of the national health insurance system (RIZIV-NIHDI 2008). In 2004, DFTP physician Dirk van Duppen published a book, *The Cholesterol War. Why drugs are so expensive*. The book analyses the malpractices indulged in by 'big pharma' and the origin of their enormous profits. It also discusses a specific strategy to ensure lower drug prices, inspired by the drug policy of New Zealand: the so-called 'Kiwi model'. This policy is based on a scientific analysis of national drug needs and the use of a collective drugs purchase system that minimizes prices.

The campaign in the wake of the publication of this book stimulated a broad public debate in the Belgian media, and the commissions on Social Affairs and Public Health organized a joint hearing on the topic. Late in 2005 a coalition of DFTP, civil society groups and the healthcare workers' trade unions gathered 100,000 signatures for the application of the 'Kiwi model' in Belgium. In 2006 pharmaceutical companies started what they called 'their biggest lobby campaign ever' to stop approval of the Bill for the application of the 'Kiwi model' in Belgium. Though they were successful in stalling the Bill, public pressure forced pharmaceutical companies to drastically reduce the prices of 900 drugs. This resulted in an overall reduction of 400 million euros in the costs of the National Health Insurance System in 2006 alone. However, a much larger reduction in costs (an estimated 300 million euros per year in savings for National Health Insurance and a further 110 million euros per year saving for individual patients) would be possible if the 'Kiwi model' were to be implemented in Belgium.

In Germany, ‘Blockupy’ protests – promoted by radical anti-capitalist political groups and networks – took place mainly in Frankfurt in 2012 and 2013 and are poised to continue in 2014, drawing increasing participation every year (Blockupy n.d.).

A rising tide of protests, demonstrations and mobilizations is confronting the planned dismantling of the public health system in Greece (see Chapter A2). Massive gatherings have laid siege to administrative offices of public hospitals, protesting against the levy of a five-euro registration fee for outpatients. In March 2014, primary healthcare doctors, administrative personnel and patients ‘occupied’ several primary healthcare centres to protest against the closure of 380 units by the Health Ministry. As a result of the closures more than 8,500 doctors and primary-care personnel will be sent home with 75 per cent of their salary, and will eventually be assigned to new workplaces, many of them several hundred kilometres away. The decision is part of the latest Greek healthcare reform which threatens to make patients’ access to primary care even more difficult, especially in the countryside and on islands (Keep Talking Greece 2014). In parallel, solidarity movements are being assembled to protect the growing number of jobless people who are being excluded from public health insurance schemes, and solidarity clinics are being organized all over the country. These clinics combine solidarity and mobilization of both health workers and patients against the current policies, which are denying healthcare access to millions of people.

Box E6.2 Solidarity in response to the ‘crisis’

Responding to the catastrophic health crisis in Greece, a vibrant grassroots-driven movement for the right to healthcare is taking shape. Massive protests have been organized in several cities against closures of public hospitals and the dismantling of primary-care services. The movement is also forging a unity between workers in public services unions, local organizations and common citizens. Open popular assemblies are being organized to mobilize for the right to health and healthcare services.

The sudden impoverishment of hundreds of thousands of people has created an immediate need for shelter, food and healthcare. A unique solidarity movement is growing, based on the principle ‘to let no one alone during the crisis’. Solidarity kitchens, shelters for the homeless and solidarity clinics are being organized around the country.

The Social Solidarity Clinics are designed to protect those who are excluded from any form of health insurance scheme. These have spread to different parts of the country, and provide primary-care services. These clinics are managed and sustained collectively by health workers, activists and patients (Solidarity 4 All 2013; Hellenext 2012).

The very process of setting up solidarity clinics is throwing up new lessons for the principles of solidarity, democratic participation and self-organizing. For example, one of the first solidarity clinics set up in Thessaloniki began as a neighbourhood solidarity action to support immigrant workers (Fotiadis 2013). Subsequently the assembly of the solidarity activists decided to keep working together and formed a Social Solidarity Clinic that would respond to the healthcare needs of both immigrants and the local population. The clinic is supported by a wide network of volunteer health workers, and by a parallel movement that collects medicines to be distributed free of cost, and involves a network of health workers, workers' unions, pharmacists and patients.

The solidarity clinics are not organized around a 'charity model' and do not seek to replace necessary public health services. Instead they combine solidarity and mobilization of both health workers and patients against the austerity measures being imposed in Greece. Patients are sensitized to understand that they are not mere passive users of healthcare services but are partners in the movement for the right to health. The collectives that run the solidarity clinics periodically organize visible actions demanding comprehensive healthcare services and articulate the acute healthcare needs of the people (Nissiotis 2014).

The Social Solidarity Clinics incorporate a new vision regarding the organization of healthcare services. Patients and health workers work together in open assemblies and in a non-hierarchical fashion to collectively decide how best to run and expand the solidarity clinics and the solidarity movement for the right to health. The solidarity clinics are fast becoming the backbone of the movement for health as a social right.

While the clinics provide healthcare to people who are most in need, they have also stimulated ideological discussions about the development of a new paradigm for popular movements and their relationships with progressive political parties and organizations. There are several experiences of the social solidarity clinics that could have implications for the building of progressive movements in Europe. These clinics have grown out of a spontaneous upsurge, have been sustained as a continuing grassroots activity, and are managed exclusively by general assemblies.

The Social Solidarity Clinics and the growing movement around them share common characteristics with other 'anti-austerity' movements in Greece. The massive movement against the privatization of water companies was founded on a similar perspective, and is now organizing a plebiscite against water privatization. Other similar groupings include movements against extractive industries, unfair taxation (the 'no pay' movement) and evictions.

Transnational solidarity and mobilization

Europe is also seeing the rise of transnational solidarity and political actions. A characteristic that is common to many of these actions is that they are being organized by networks of community groups, with little or no connections with traditional political parties and trade unions. At the same time, more structured initiatives by traditional political formations are also visible.

In December 2013 the Spanish government declared abortion to be illegal except in the case of rape or when there's a risk to the physical and mental health of the mother. While protests mount in Spain, solidarity actions were organized all over Europe in front of Spanish embassies, on 1 February 2014, and again on 8 March on the occasion of International Women's Day. The European network against privatization and commercialization of health and social protection met in Brussels in early February 2014, to demonstrate against the widespread dismantling of public health and welfare systems across Europe. With the aim of influencing candidates before the European elections scheduled for May 2014, a week of action was organized around World Health Day on 7 April.

The movement against 'Unnecessary Imposed Mega Projects'

An important issue that is linking national struggles in Europe is the movement against 'Unnecessary Imposed Mega Projects' (UIMPs). It was scheduled to organize its fourth international forum in Roşia Montană (Romania) in May 2014. The movement brings together diverse groups such as those in Susa Valley (Italy) fighting against a high-speed train project, in Notre-Dame-des-Landes (France) struggling against the construction of a new airport in Nantes, in Stuttgart struggling against the new underground railway station, the UK-based 'Stop H2S' movement against the proposed ultra-high-speed railway line, and the Romanian anti-mining movement. March 22 2014 was observed as a day of action in many countries in solidarity with the endangered communities of Notre-Dame-des-Landes, the Susa Valley and Halkidiki (Greece) (the latter struggling against a gold-mining project; see Chapter E7). The struggles against UIMPs incorporate a broader critique of the current policies of the EU, and a call for a different Europe which prioritizes well-being, freedom, solidarity, justice and democracy rather than finance, markets and competition.

Box E6.3 Statement against UIMPs

The movement against UIMPs issued the following statement before the 2014 European elections:

UIMPs are Crimes against Humanity, which have caused immeasurable losses to tens of millions of people and destroyed entire ecosystems.

These crimes are committed by our rulers who are slaves of the laissez-faire ideology of the free market and unhindered competition, by financial institutions and bankers obsessed with global hegemony and by entrepreneurs compulsively seeking to gain the most profit at any cost. ... Mega Projects represent a new means to plunder and colonise from within. These projects always keep the persons affected outside of the decision-making process. ... UIMPs produce ecological, socio-economic and human disasters; they cause the destruction of natural areas and farmlands, of artistic and cultural treasures; they contribute to producing noxious and degenerative effects and environmental pollution with grave consequences for inhabitants. ... These initiatives generate enormous debt, they do not create employment, they concentrate wealth in the hands of the ruling elite, they impoverish society, they permit global predators to tighten their control of the world and they cause irreversible damage to ecosystems. (FAUIMP4 n.d.)

Struggles against extractive industries

The diverse struggles against extractive industries are being supported by international mobilizations, across Europe, and in other parts of the world. The solidarity actions recognize that these ecologically and socially unsustainable mining projects are being promoted, across the world, by very similar strategies (false economic justification, intimidation and criminalization of protest movements) and often by the same companies (including a number of Canadian companies) (see Chapter C6). For example, communities in Roşia Montană (Romania) face loss of livelihoods and environmental degradation, as a consequence of the activities of the biggest gold-mining project in Europe, run by the Canadian company Gabriel Resources. Promoted through corrupt means, intimidation and repression, the project is fraudulently presented by the company and the Romanian government as a tool for growth and employment. The movement against the project, initiated in 2000, has snowballed into the biggest social and environmental struggle against the Romanian government's neoliberal policies (ibid.). Communities in Bulgaria, Greece (Halkidiki) and Turkey (Bergama) are fighting similar battles (Franco and Norras 2013; Coban 2004).

The struggle against the Transatlantic Trade and Investment Partnership (TTIP)

Another terrain of struggle at a pan-European level is the growing movement against a free trade agreement between the EU and the United States, the Transatlantic Trade and Investment Partnership (TTIP) (see Box E6.4).

Box E6.4 What is TTIP?

TTIP is designed to create the world's largest free-trading bloc. The stated aim of the TTIP is to increase trade between the EU and the USA, not just in goods, but also in services and procurement, by harmonizing existing regulations on international commerce, customs tariffs and non-tariff standards (most notably uniform environmental, health and social security standards). While TTIP is ostensibly about promoting growth and job creation, the evidence advanced for this is weak. On the basis of industry-funded research, a 1 per cent increase in GDP growth has been promised together with the creation of 'hundreds of thousands of jobs'. However, the European Commission's own impact assessment concluded that a growth rate of 0.1 per cent would constitute a more realistic expectation. On the other hand, the potential socio-economic and environmental risks could be catastrophic. The increased competition associated with the liberalization of trade could trigger economic restructuring that leads to job losses. Generally, US laws and regulations offer significantly less protection to citizens than in Europe and the proposed harmonization of legislation would greatly undermine the level of social protection still available in Europe. The TTIP seeks to harmonize rules and regulations in almost every economic and social sphere – ranging from agriculture to financial services, investment, social services such as healthcare, intellectual property rights (IPR), labour rights, etc. In other words the TTIP has the potential to radically change the already crumbling edifice of the welfare state in Europe.

As is the case with all free trade agreements, negotiations on the TTIP are being conducted in secret. The negotiated text is not shared with elected representatives of member-state parliaments or with civil society groups (apart from when leaked documents become available); on the other hand, the corporate sector has been invited to make many formal submissions. If the treaty is signed, the European Council, together with the European Parliament (and the Congress for the USA), can only approve or reject the final text, without making any amendments (European Network 2014; Bizzarri 2013).

In late 2013 and early 2014, demonstrations against the agreement were held in a number of cities, including in Brussels and Rome (during the visit of President Obama). Platforms against TTIP are being created, both within existing movements and as new networks. In Italy, a national campaign against TTIP was launched in February 2014. In Belgium, the Alliance D19-20 is trying to bring together trade unions and grassroots organizations in the

struggle against the agreement. In December 2013, the European district in Brussels (encompassing the headquarters of the European Commission, the European Parliament and the Council of Ministers) was successfully blocked by several hundreds of protesters (Alliance D19-20 n.d.).

Note

¹ See Federación de Asociaciones para la Defensa de la Sanidad Pública (n.d.), www.fadsp.org; Dempeus per la Salut Pública (n.d.), dempeusperlasalut.wordpress.com; Centre d'Anàlisi i Programes Sanitaris (n.d.), www.caps.cat; A las Barricadas (n.d.), www.alasbarricadas.org; Cooperativa Integral Catalana (n.d.), cooperativa.cat/en/; and cooperativa.ecoxarxes.cat, accessed 6 May 2014.

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