

Between the German Model and Liberal Medicine

The Negotiating Process of the State Health Care System in France and Spain (1919–1944)

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Introduction

It is a well known fact that the collectivisation of medical aid began in Germany with the creation by Chancellor Bismarck of the so-called *Krankenkassen* system in 1883. This model was to be adopted by several European countries in the late nineteenth and early twentieth centuries, with the setting-up of social security and collectivised medical assistance receiving a considerable boost in the inter-war period and at the end of the Second World War¹. However, each of the industrialized nations, confronted by similar problems, adopted remarkably different solutions². In each case a solution was sought to suit the existing institutions, administrative traditions, popular customs or financial situation of the country³.

1 Among the many works devoted to this question, let us mention that a summary of information on the process of implementation of collective health systems in different countries is to be found in the now classic works of José M^a López Piñero, “La colectivización de la asistencia médica: una introducción histórica”, in J. M. De Miguel, comp., *Planificación y reforma sanitaria*, (Madrid, 1978), pp. 21–47, and José Luis Peset, “Capitalismo y medicina: ensayo sobre el nacimiento de la seguridad social”, *Estudios de Historia Social*, 7 (1978), pp. 185–216, as well as in Abram de Swaan, *In Care of the State. Health Care, Education and Welfare in Europe and the USA in the Modern Era*, (Cambridge, 1988), pp. 187–217; Dorothy Porter, *Health, Civilization and the State. A History of Public Health from Ancient to Modern Times*, (London & New York, 1999), pp. 196–230.

2 An idea of the different solutions adopted can be gained by consulting the abundant bibliography relative to the emergence and structure of the different policies of social protection and of the so-called Welfare States. In this sense, an interesting study of this subject, relating to Great Britain and France, and, to a lesser extent, to Germany, Sweden and the United States, is given in: Douglas E. Ashford, *The emergence of the Welfare States*, (Oxford, 1986). A comparative analysis of the social protection policies of the industrialized countries may be found in Abram de

Hence the importance of studying, from a comparative viewpoint hitherto largely unexplored, the negotiating process which took place in France⁴ and in Spain⁵ in the inter-war period, leading to the first establishment of compulsory health insurance in both countries⁶. In particular I propose to highlight the differences and similarities between the two negotiating processes, and to point out the main characteristics of the French and Spanish systems, as well as to show the positions and reactions of the doctors of both countries to compulsory health insurance. I shall also analyse the role played in this process by the political, social, and economic factors that existed in both countries. My intention, through this historical study and the preliminary results presented herein on the cases of France and Spain,

Swaan, *In Care of the State. Health Care, Education and Welfare in Europe and the USA in the Modern Era*, (Cambridge, 1988); P. Kohler & H. Zacher (eds), *A Century of Social Security, 1881–1981: The Evolution in Germany, France, Great Britain, Austria and Switzerland*, (Munich, 1982); Margaret S. Gordon, *Social Security Policies in Industrial Countries: A Comparative Analysis*, (Cambridge, 1988); Dorothy Porter, *Health, Civilization and the State. A History of Public Health from Ancient to Modern Times*, (London & New York, 1999), pp. 196–277. The latter author includes a bibliography on pp. 349–356, which is helpful for a deeper knowledge of this subject.

3 At an early stage attention was drawn to this situation by Édouard Fuster, “L’évolution de l’assurance ouvrière en Europe et le Congrès de Düsseldorf”, *Le Musée social: Annales*, 1902, 387–409, p. 388.

4 For the process of development and implementation of social security in France, as well as the illustrative and by now classic work of Henri Hatzfeld, *Du paupérisme à la Sécurité Sociale*, (Paris, 1971) [this was republished in 1989, quotes from this edition], it is interesting to consult Pierre Leclerc, *La Sécurité Sociale. Son histoire à travers les textes. Tome II – 1870–1945*, (Paris, 1996), the Minutes of the annual Symposiums held by the “Association pour l’Étude de l’Histoire de la Sécurité Sociale” between 1978 and 1992, as well as François Ewald, *Histoire de l’État Providence* (Paris, 1986) [I shall quote from the 1996 edition], a study centred on research into the Welfare State in France from a legal viewpoint.

5 An idea of the process of the development and implementation of social security in Spain may be obtained by consulting: Feliciano Montero García, *Orígenes y antecedentes de la previsión social*, (Madrid, 1988); Josefina Cuesta Bustillo, *Hacia los seguros sociales obligatorios. La crisis de la Restauración* (Madrid, 1988); Mercedes Samaniego Boneu, *La unificación de los seguros sociales a debate. La Segunda República*, (Madrid, 1988). Dealing more specifically with compulsory health insurance are the works of José Danón Bretos, “Sobre los inicios de la Seguridad Social en España” and Esteban Rodríguez Ocaña & Teresa Ortiz Gómez, “Los médicos españoles y la idea del seguro obligatorio de enfermedad durante el primer tercio del siglo XX”, both published in M. Valera; M^a Egea & M. D. Blázquez (eds), *Libro de Actas. VIII Congreso Nacional de Historia de la Medicina. Murcia-Cartagena, 18–21 Diciembre 1986*, (Murcia, 1988), vol. I, pp. 482–487 y 488–501, as well as that of María Isabel Porras Gallo, “El camino hacia la instauración del Seguro obligatorio de enfermedad”, *El Médico*, 679 (1998a), 70–77.

6 There is still no complete research of this type. Until now there have only been a few contributions which look specifically at this issue in France and Spain from a comparative perspective, such as the work of Josefina Cuesta Bustillo & Evelyne López Campillo, “L’Espagne devant le modèle français d’assurances sociales”, in *Colloque sur l’histoire de la Sécurité sociale, Paris, 1989*, (Paris, 1990), pp. 73–91 or that of María Isabel Porras Gallo, “Un foro de debate sobre el Seguro de enfermedad: las conferencias del Ateneo de Madrid de 1934”, *Asclepio*, 51 (1), 159–183.

is to help to offer a better perspective on the process of development and implementation of the different public health protection systems. I also hope to contribute to the debate provoked on this subject during the last quarter of the twentieth century, following on from the successive neoliberal reforms carried out as a result of the economic crisis of 1973, and the beginning of the questioning of the socio-political model known as the Welfare State⁷, which still goes on at the present moment⁸.

To make this paper clearer, I will start with a brief description of the situation in both countries concerning compulsory health insurance and social security prior to the First World War. Next, I shall look at the negotiating process in France, and then I shall deal with what happened in Spain. I shall conclude by showing the major differences and similarities between the two processes, the types of compulsory health insurance established and the role played by doctors in each case.

7 This debate, present almost daily in the social mass media of the countries of the Western World, has found many other forums of expression. In fact, the principal specialist reviews of the different areas involved in the subject (history, sociology, medicine, history of medicine...) have published special issues on the question (such as the February 1997 edition of *Esprit*: "La santé, à quel prix?", or number 93, January-February 1998, of the magazine *M*: "La santé dans tous ses états: assistance, assurance ou droit universel") and a considerable number of monographs have been published from those same disciplines. Among this abundant bibliography, without claiming to be exhaustive, we may mention: Santiago Muñoz Machado, *La formación y la crisis de los servicios sanitarios públicos* (Madrid, 1995); Rafael Muñoz Bustillo (comp.), *Crisis y futuro del Estado de Bienestar* (Madrid, 1989, 1993, 1995); Pierre Rosanvallon, *La crise de l'État-providence*, (Paris, 1981, 1984, 1992); Pierre Rosanvallon, *La nouvelle question sociale: Repenser l'État providence*, (Paris, 1995); Rafael Huertas & Angeles Maestro (coords.), *La ofensiva neoliberal y la Sanidad pública*, (Madrid, 1991); Jean-Pierre Dumont, *Les systèmes de protection sociale en Europe*, (Paris, 1993); Robert Castel, *Les métamorphoses de la question sociale. Une chronique du salariat*, (Paris, 1995); Andrée Mizrahi & Arié, *La protection sociale*, (Paris, 1996); Martin A. Powell, *Evaluating the National Health Service*, (Buckingham-Bristol, 1997); Theda Skocpol, *Boomerang: Health Care Reform and the Turn against Government*, (Morton, 1997).

8 With the beginning of the new millennium, and the background of accumulated experience throughout the 25 years of successive neoliberal reforms of Europe's main collective health systems, works are now appearing which point out that the cost-reductions of these reforms have had little or no effect; and the increasing tendency towards privatisation of health systems and its negative effect of an increase of social inequalities in health and sickness. Of all of these I should like to mention that of Allyson M. Pollock, Professor of the Health Services and Health Policy Research Unit at University College London, on the British NHS. Allyson M. Pollock, *NHS plc. The Privatisation of Our Health Care*, (London-New York, 2004). This author hopes that her book will be an expression of hope for the future, and will contribute to the creation of "a new generation to work towards reclaiming the rights and entitlements that the NHS once conferred, and a new vision of health care for all" (p. x). A similar approach, but referring to the case of Spain, is found in the works of Rafael Huertas, *Neoliberalismo y políticas de salud*, (Mataró, 1999) and of Jaime Baquero, *Privatización y negocio sanitario: La salud del Capital*, (Ciempozuelos, Madrid, 2004).

France and Spain's Attitude to Compulsory Health Insurance Prior to the First World War

At the end of the nineteenth century and the beginning of the twentieth the Third French Republic, against a general liberal economic background, had to deal with a situation of growing social tension, in which socialism and revolutionary syndicalism exerted an increasing attraction over the workers. This situation was further aggravated by France's backwardness in social policies compared to its European neighbours, Germany, Britain, Belgium, and Italy. The Third Republic therefore tried to combat this by seeking a viable formula for national social security which would answer the needs of the workers, but which would be financially sustainable and compatible with the liberal principles of the Republic. Initially, the role of the State was limited to promoting laws of assistance (such as the A.M.G law of 1892) and encouraging the development of the mutualist movement (*Charte de la Mutualité*, 1898)⁹, as a possible vernacular way to overcome France's backwardness in the matter of social protection¹⁰. Little by little the reluctance to accept state intervention and compulsory insurance was overcome: at the turn of the century, and with the debate surrounding the 1898 law of accidents in the workplace and the law of 1910 great progress was made in this area¹¹. However, neither the expansion of the mutualist movement nor the increasing prestige of state interventionism and compulsory social insurance met with the approval of the doctors¹². The latter, organized into unions deriving from the law of 1884, felt that it would reduce the practice of liberal medicine, especially in view of what had happened with the law of Free Medical Aid (1892) and that of Accidents at Work (1898), and what might be entailed by the application of the law of working-class and peasant retirement

9 On the part played by the French State in the development of the *Mutualité*, see: Pierre Leclerc, *La Sécurité Sociale. Son histoire à travers les textes. Tome II – 1870–1945*, (Paris, 1996), pp. 40–61. As this author himself points out on p. 225, the employers did not want the development of state intervention, and the *Confédération Générale du Travail* was guarded in its response to the State's role in the management of social protection.

10 Above all after the merger of the Mutual Aid Societies into the FNMF in 1902. For more on this subject, consult: Janet Horne, *Le Musée Social aux origines de l'État Providence*, (Paris, 2004), pp. 223–256.

11 Although it failed in the cases of 1898 and 1910, according to François Ewald the law of 1898 led to an atmosphere more favourable to insurance. From that moment on it was easy to accept illness, death, old age, unemployment, etc as another set of general risks to be recognised by legislators and dealt with by means of insurance. Further information on this question is to be found in François Ewald, *Histoire de l'État Providence*, (Paris, 1996), pp. 278–286 and seq., as well as in Henri Hatzfeld, *Du paupérisme à la Sécurité Sociale*, (Nancy, 1989), pp. 33–101.

12 Pierre Guillaume, *Le rôle social du médecin depuis deux siècles (1800–1945)*, (Paris, 1996), p. 123. On the difficult relations between the *Mutualité* and the doctors between 1880 and 1914, see Pierre Guillaume, *Mutualistes et médecins. Conflits et convergences (XIXe–XXe siècles)*, (Paris, 2000), pp. 79–122.

(1910)¹³. Small wonder, then, that the proposed laws on social insurance put before the French Parliament between 1880 and 1914 were not passed¹⁴. Although these initiatives failed, they allowed the creation of a state of opinion favourable to the need to find a way to overcome France's backwardness in social legislation.

As far as Spain was concerned, it is interesting to note that the years between 1875 and the end of the First World War were marked by the Restoration of the Monarchy, which found itself facing a difficult economic, political and social situation, under the influence of *regenerationism* and the desire to solve some of the serious problems then existing and the backwardness in social policies (even worse than that of France) by means of the modernization of the country, particularly in the health and social fields¹⁵. In order, then, to make up for lost time and to deal with the so-called "social question", institutions such as the Social Reforms Commission (Comisión de Reformas Sociales) (1883) or the Social Reforms Institute (Instituto de Reformas Sociales) (1903) were set up¹⁶. These bodies promoted legislative reforms in the area of social protection, embodied in the law on work accidents of 1900, and in the creation of a climate of public opinion in favour of state intervention and the establishment of compulsory insurance¹⁷. However, Spain was further behind in this field than France. Indeed, the idea behind the founding of the Instituto Nacional de Previsión (INP- National Insurance Institute) in 1908 was to set up a system of independent subsidised insurances¹⁸. It would be the economic,

13 To appreciate the positions held by French doctors and the syndicalist strategies they employed, it is worth consulting Pierre Guillaume, *Le rôle social du médecin depuis deux siècles (1800–1945)*, (Paris, 1996), pp. 117–142.

14 Pierre Leclerc, *La Sécurité Sociale. Son histoire à travers les textes. Tome II – 1870–1945*, (Paris, 1996), p. 225.

15 Information on this question may be found in Manuel Martín Salazar's illustrative *La Sanidad en España*, (Madrid, 1913) and in certain recent works, such as those of Esteban Rodríguez Ocaña, "Medicina y acción social en la España del primer tercio del siglo XX" in *De la Beneficencia al bienestar social*, (Madrid, 1985) or that of Delfín García Guerra & Víctor Álvarez Antuña, "Regeneracionismo y Salud Pública. El bienio de Ángel Pulido al frente de la Dirección General de Sanidad (1901–1902)", *Dynamis*, 14, (1994), 23–41. It is also useful to consult Rafael Huertas García-Alejo, *Organización sanitaria y crisis social en España*, (Madrid, 1995).

16 To gain some idea of the importance of, and the role played by, the CRS and the IRS, see: José Álvarez Junco. *La Comuna en España*, (Madrid, 1971); José Álvarez Junco. "La Comisión de Reformas Sociales: intentos y realizaciones" in *Cuatro siglos de acción social. De la beneficencia al bienestar social*, (Madrid, 1988), pp. 147–153; María Dolores de la Calle Velasco, *La Comisión de Reformas Sociales, 1883–1903. Política social y conflicto de intereses en la España de la Restauración*, (Madrid, 1989); Juan Ignacio Palacio Morena, *La institucionalización de la reforma social en España (1883–1924). La Comisión y el Instituto de Reformas Sociales*, (Madrid, 1988).

17 On this subject, consult Feliciano Montero García, *Orígenes y antecedentes de la previsión social*, (Madrid, 1988), pp. 9–208.

18 Along the lines of the initial Belgian and Italian system. For information about the conception of the INP and its characteristics, see: Feliciano Montero García, *Orígenes y antecedentes de la previsión social*, (Madrid, 1988), pp. 209–257, and María Esther Martínez Quinteiro,

political and social crisis of 1917, the inadequate development and implementation of this insurance among the working class, and the great importance acquired by social insurance, which would lead to the Institute's change of attitude in 1917¹⁹, when it began to defend the compulsory nature of the insurance²⁰. This was in line with the ideas of Spanish medical hygienists, who considered compulsory health insurance and social security as important weapons in the struggle against tuberculosis (Congresses of 1908, 1910 and 1912)²¹ and for "hygienic redemption"²². As we shall see later, health insurance and social security were to come into greater prominence between 1919 and 1922.

From the Bismarckian Model of Social Security to Liberal Medicine

First Attempts to Set Up Social Security and Health Insurance after the Return of Alsace and Lorraine (1920-1924)

With the end of the Great War social security took on a new importance in France. This was due, on the one hand, to the poor results achieved by the law of 1910 on worker and peasant retirement and, on the other, to France's backwardness in social legislation. This latter became more apparent with the return of Alsace and Lorraine, which had a generalized compulsory social security system. This, together with the importance attached to social security at an international level, led to the

"La fundación del INP. Las primeras experiencias de Previsión Social" in F. Montero García, *Orígenes y antecedentes de la previsión social*, (Madrid, 1988), pp. 259–330.

19 Very strongly influenced, also, by the opinion of the Second National Economic Congress in Madrid (May 1917).

20 The first insurance of this type to be established was that of workers' retirement in 1919. For more about the importance acquired by social security in Spain from 1917 onwards, see the works of María Esther Martínez Quinteiro, "La fundación del INP. Las primeras experiencias de Previsión Social" in F. Montero García, *Orígenes y antecedentes de la previsión social*, (Madrid, 1988), 259–330, pp. 326–330; María Esther Martínez Quinteiro, "El nacimiento de los seguros sociales, 1900–1918" in *Historia de la acción social en España. Beneficencia y Previsión*, (Madrid, 1990), pp. 241–286, and María Isabel Porras Gallo, "Un foro de debate sobre el Seguro de enfermedad: las conferencias del Ateneo de Madrid de 1934", *Asclepio*, 51 (1), 159–183, p. 163.

21 Jorge Molero Mesa & Esteban Rodríguez Ocaña, "Tuberculosis y previsión. Influencia de la enfermedad social en el desarrollo de las ideas médicas españolas sobre el seguro de enfermedad" in M. Valera; M^a Egea & M. D. Blázquez (eds), *Libro de Actas. VIII Congreso Nacional de Historia de la Medicina. Murcia-Cartagena, 18–21 Diciembre 1986*, (Murcia, 1988), vol. I, pp. 503–505.

22 This was the opinion of Manuel Martín Salazar, *La Sanidad en España*, (Madrid, 1913), pp. 49–51.

start of a process of negotiation whose purpose was to set up a system for the whole of France similar to that in Alsace and Lorraine, including compulsory health insurance²³. To this end, on 22nd March 1921 an extraparlimentary Commission, headed by Cahen-Salvador, Relator (*Maître des requêtes*) of the Council of State drew up and presented a bill before Parliament²⁴. This proposed the Alsace-Bismarck model²⁵ (excluding unemployment), in which Departmental and Regional Funds played a key role, and the management of the insurance was the responsibility of the State. For doctors this model implied restrictions on liberal practice, such as payment *au forfait* (by flat fee) by the Funds; in other words, the *tiers payant* (third-party payment) system, which would provoke the rejection of the majority of the medical community²⁶, with the exceptions of the doctors of Alsace and Lorraine²⁷. It would also be contested by a large sector of French society²⁸ (farmers, employers' organisations, the far right, or the Mutualité, who wanted to play a larger part²⁹). It was supported only by Catholics³⁰ and Socialists³¹, with the Commu-

23 Information on the new French context within which this negotiating process on social security began may be found in: Henri Hatzfeld, *Du paupérisme à la Sécurité Sociale 1850–1940*, (Nancy, 1989), pp. 142–144.

24 Pierre Leclerc, *La Sécurité Sociale. Son histoire à travers les textes. Tome II – 1870–1945*, (Paris, 1996), pp. 227–228.

25 On the rejection of this model by some sectors in France, and Grinda's way of counter-attacking, by appealing to the influence of the Alsace systems in the development of the German model of compulsory health insurance of 1883 and old age of 1889, see: Pierre Leclerc, *La Sécurité Sociale. Son histoire à travers les textes. Tome II – 1870–1945*, (Paris, 1996), pp. 225–226.

26 As will be shown throughout this text, this rejection would continue to increase all through the debate on the social security Law in France, giving rise to an abundant bibliography which appeared in the main medical periodicals of the time, and to an important number of monographs such as that of Fr. Guérmonprez, *Assurances sociales. Études médicales autour de la loi 5 Avril 1928*, (Paris, 1928) or that of Paul Guérin, *L'État contre le Médecin. Vers une renaissance corporative*, (Paris, 1929).

27 An example of the position of these doctors is the text of Docteur Kopp, *Lettres du Docteur Kopp sur les assurances sociales*, (Paris, 1924).

28 A comprehensive view of the reactions of the different sectors of French society to social security can be found in: Henri Hatzfeld, *Du paupérisme à la Sécurité Sociale 1850–1940*, (Nancy, 1989), pp. 142–321.

29 In fact, the Mutualité soon demanded that, for the organization of the future Law of health insurance, it should have the exclusive right to be involved. Paul Boudin, "L'assurance-maladie. L'assurance-maladie obligatoire au XIIe Congrès Nationale de la Mutualité", *La Presse Médicale*, 12, (9–2–1921), 198–200, p. 199.

30 Although the Catholics (especially the socio-Catholics) were in favour of the social security Law, it was considered unacceptable by those who were Catholic doctors. A very informative article on this subject is by Docteur Jean Batailh, "Les Assurances sociales sont-elles un bien?", *Bulletin de la Société médicale de Saint Luc, Saint Côme, Saint Damien*, 3 (mars 1929), 84–93.

31 The wholehearted support of the Socialists was maintained throughout the debate on the social security Law, continuing even after the start of the application of the Law of 1930. An

nists defending a system similar to that of communist Russia³². However, the opposition of the medical community and the Mutualité was concerned mainly with the type of health insurance proposed in Cahen-Salvador's bill. Indeed, in 1920, each of these groups presented bills for the establishment of compulsory health insurance: one with the additional aim of reorganising the hospitals³³, and the other inclining towards the generalization of the Mutualité and the exclusion of any state-related organisation from the application of the law³⁴.

The enquiry into Cahen-Salvador's bill by the Commission of Hygiene, Insurance and Social security of the Assemblée Nationale³⁵, headed by the doctor and mutualist Grinda, changed the conditions of application of the law concerning the free choice of doctor (limited, from a set list), the collective contract (very different depending on region and means) and payment, introducing the *ticket modérateur* (partial payment by the patient) and keeping the *forfait*, or flat fee. In addition, the departmental and regional Funds lost importance, with the insurance being managed by those involved, without State intervention as one great mutual benefit society³⁶. With these modifications Parliament passed the bill on 8th April 1924, sending it to the Senate where it was scrutinised by the Senate Hygiene Commission under Dr Chauveau, another mutualist but, as Guillaume has pointed out, more sensitive than Grinda to the opinions of the medical community³⁷.

The Loucheur Law (5-4-1928) on Social Security, the Reunification of the Medical Union Movement and the Triumph of Liberal Medicine

After considerable discussion in the Senate Commission, a new text was prepared which the Senate approved on 7th July 1927, and which became the Law of 5th

expression of this support can be found in: Georges Buisson, *Pour connaître les Assurances Sociales. Entretiens sur la Loi du 5 Avril 1928, modifiée par les Lois du 5 Août 1929 et 30 Avril 1930*, (Paris, s.d); Georges Buisson, *Les Assurances Sociales en danger*, (Paris, 1932).

32 An example of this is: Georges Levy, "Les Assurances Sociales. Les dangers du Projet Grinda", *L'Humanité*, (8-11-1923); R. Jacquet, « Les travailleurs contre la loi d'escroquerie. Le projet de la C.G.T.U. », *L'Humanité*, (3-7-1930); Racamond, "Les Assurances sociales dans l'U.R.S.S. », *L'Humanité*, (6-7-1930).

33 This proposal was reproduced in: "L'Assurance-Maladie. Proposition de loi ayant pour objet la réorganisation des hôpitaux et l'établissement de l'assurance-maladie et invalidité prématurée", *La Presse Médicale*, 69, (27-8-1921), 1249–1252.

34 Pierre Leclerc, *La Sécurité Sociale. Son histoire à travers les textes. Tome II – 1870–1945*, (Paris, 1996), pp. 227–228.

35 Presented 31 January 1923.

36 Further information on the Commission's report in: Chambre des Députés, *Journal Officiel*, documents annexes, n° 5505, session du 31 janvier 1923.

37 Pierre Guillaume, *Le rôle social du médecin depuis deux siècles (1800–1945)*, (Paris, 1996), p. 187.

April 1928, or the Loucheur Law³⁸. The practically unanimous vote of the House has been explained as proof of the boredom of the Assemblée and of the need to finish with such a long debate at the end of the mandate. In fact, medical demands for total freedom of choice of doctor and direct payment by the insured were still on the table. Although the new text re-established free choice of doctor (since the list of practitioners was drawn up by agreement between the Funds and the professional unions), the *forfait* was eliminated and a “fee-for-service” or mixed system was accepted³⁹. On the other hand, the Mutualité did not get the monopoly it wanted, since the insured could sign up for health insurance in a wide variety of funds. All of this caused the hostility of the Mutualité and the medical community to become even greater, not only in the closing months of 1927 but also after the passage of the law of 1928. Thus in 1929, as Pierre Guillaume has pointed out, Raoul Peret declared that “social security will be done by the Mutualité or not at all”, and in January 1930 the Mutualité sought to reform the law by turning the *Conseil Supérieur de la Mutualité* into the *Conseil Supérieur de la Mutualité et des Assurances sociales*, eliminating the national and departmental funds⁴⁰. Although this proposal was unsuccessful, it provoked the wrath of the medical unions, who could sense their old enemy raising its head again⁴¹.

For their part, the medical unions, divided since the crisis of 1926⁴², now reunited (with the creation in 1927 of the Confédération des Syndicats Médicaux de France) and gained the commitment of all doctors to the principles of the *Charte de la Médecine Libérale*⁴³ to present a united position against health insurance⁴⁴.

38 In order to gain a comprehensive view of all the texts, reports and steps taken from the first tabling of the social security Bill to the French Parliament until the passing of the so-called Loucheur Law, consult Henri Hatzfeld, *Du paupérisme à la Sécurité Sociale 1850–1940*, (Nancy, 1989), pp. 144–154.

39 A text which is useful to appreciate the Law of 5 April 1928 is that of Étienne Antonelli, *Guide pratique des Assurances sociales. Commentaire et texte complet de la loi 5 avril 1928*, (Paris, 1928).

40 Pierre Guillaume, *Le rôle social du médecin depuis deux siècles (1800–1945)*, (Paris, 1996), p. 195.

41 To learn the positions of the Mutualité and the French medical union movement on social security, and the relations between them, see: Pierre Guillaume, *Mutualistes et médecins. Conflits et convergences (XIXe–XXe siècles)*, (Paris, 2000), pp. 122–160. For the position of the Mutualité, see also: Bernard Gibaud, *De la Mutualité à la Sécurité Sociale. Conflits et convergences*, (Paris, 1986).

42 Comprehensive and informative details about the disparity of opinions of medical syndicalism concerning the proposed bill on social security prepared by the Senate Commission, and the split of 1926 may be found in F. Jayle, “L’Assurance-maladie et la scission à l’Union”, *La Presse Médicale*, 60, (28-7-1926), 955–956.

43 On the significance for French medical syndicalism of the seven principles laid out in this document, see: Pierre Guillaume, *Le rôle social du médecin depuis deux siècles (1800–1945)*, (Paris, 1996), pp. 195–197.

These principles were to respect the absolute freedom of the patient to choose his doctor; professional secrecy; the right to fees for any patient attended either in hospital or at home; direct payment of the doctor by the patient; complete freedom of treatment and prescription; and the control of doctors by themselves (their unions)⁴⁵. The final medical offensive against the 1928 Law was based on absolute respect for these principles, until they achieved the passage of the new Law on Social Security of 30th April 1930, in which the *tiers payant* was eliminated and the demands of the medical unions were fully satisfied, giving practitioners total freedom (including in the matter of fees)⁴⁶. In this way it was possible to establish a compulsory system of social protection in France, although for the insured it was a law of subprotection as far as health insurance was concerned⁴⁷: it was necessary to introduce improvements in the years that followed, particularly with the decree of 28th October 1935. In spite of this it was only with the inauguration of the Social Security in 1945⁴⁸ that patients achieved the benefits provided for in the government plan of 1921⁴⁹.

Compulsory Health Insurance in Spain in the Inter-War Period

First Attempts to Design and Apply a Compulsory Health Insurance

As I mentioned earlier, although the boom in social insurance took place in 1917, it was to become more prominent between 1919 and 1922, under the influence of the serious effects of the flu epidemic of 1918-19 and the First World War, and indeed

44 An exponent of this is F. Jayle's article, "Vers l'accord entre l'Union et la Fédération sur l'Assurance-maladie", *La Presse Médicale*, 37, (7-5-1927).

45 "Le Congrès des Syndicats médicaux de France", *La Presse Médicale*, 97, (3-12-1927), 1488.

46 F. Jayle, "La loi des Assurances sociales du 5 Avril 1928 complétée par la loi du 30 Avril 1930", *La Presse Médicale*, 57, (16-7-1930), 969-971; F. Jayle, "Les Conventions-types pour l'Assurance-Maladie", *La Presse Médicale*, 70, (30-8-1930), 1181-1183.

47 Pierre Guillaume, *Le rôle social du médecin depuis deux siècles (1800-1945)*, (Paris, 1996), p. 213.

48 On this subject, consult Bruno Valat, *Histoire de la Sécurité Sociale (1945-1967). L'État, l'institution et la santé*, (Paris, 2001) and the bibliography included.

49 In fact, according to Hatzfeld, it would not be until 1960 that the majority of those covered by the social security would receive refunds of their medical expenses, in accordance with the wishes of the legislators of the nineteen-twenties. Henri Hatzfeld, *Du paupérisme à la Sécurité Sociale 1850-1940*, (Nancy, 1989), p. 289. On relations between French doctors and the Social Security, see: Henri Hatzfeld, *Le Grand tournant de la médecine libérale*, (Paris, 1963).

was even put forward as an element suitable for the public prevention of infectious diseases⁵⁰. No wonder, then, that the French law on Social Security, the reactions it provoked in French society (most particularly among doctors) and the long-drawn-out negotiations which took place aroused the curiosity of the Spanish and influenced some of the actions taken in Spain in the 20's of the last century⁵¹. Indeed, the presentation to the French Parliament in 1921 of the social security bill gave rise to the drafting in Spain of a bill- inspired by the German model, and very similar to the French⁵², on health, maternity and invalidity insurance, which would be presented at the National Insurance Conference in Barcelona in 1922⁵³. However in Spain, as in France, some major difficulties arose which prevented its early acceptance and implementation. Indeed, at the 1922 Barcelona Conference an important section of doctors and (private) medical companies voiced their disagreement with the project, particularly concerning compulsory health insurance. Only the hygienists, the socialist doctors, and the doctors belonging to the INP (National Insurance Institute) defended the immediate implementation of the model of health insurance put forward in Barcelona. On the other hand, the majority of the doctors, formed into different professional associations, opposed it and demanded other different models. Thus, while rural practitioners asked for the nationalisation of medical care, the professional colleges and medical unions of Catalonia defended a system in line with the principles of liberal medicine. Like their French colleagues, they demanded freedom to choose a doctor, direct payment by the patient for each medical service, and their own intervention in the control of health care in exchange for their support for compulsory health insurance⁵⁴. This discovery of the strength of the organised medical profession led the Spanish government to estab-

50 I dealt with this subject in: María Isabel Porras Gallo, "La profilaxis de las enfermedades infecciosas tras la pandemia gripal de 1918-19: los seguros sociales", *Dynamis*, 13 (1993), 279-293 and María Isabel Porras Gallo, "La lucha contra las enfermedades 'evitables' en España y la pandemia de gripe de 1918-19", *Dynamis*, 14 (1994), 159-183.

51 The reactions of Spanish society to the French social security law, from the presentation of the first proposal to Parliament until its application, and the influence which it had in Spain have been studied by Josefina Cuesta Bustillo & Evelyne López Campillo, "L'Espagne devant le modèle français d'assurances sociales", in *Colloque sur l'histoire de la Sécurité sociale, Paris, 1989*, (Paris, 1990), pp. 73-91.

52 On the similarities and differences between the French proposal of 1921 and that prepared in Spain by the INP to be presented to the Barcelona Conference, see: Josefina Cuesta Bustillo & Evelyne López Campillo, "L'Espagne devant le modèle français d'assurances sociales", in *Colloque sur l'histoire de la Sécurité sociale, Paris, 1989*, (Paris, 1990), pp. 77-82.

53 More detailed information on the characteristics of this first Spanish social security proposal, and on the Conference, are to be found in: INP, *Conferencia Nacional de Seguros de Enfermedad, Invalidez y Maternidad. Barcelona, noviembre de 1922. I. Ponencias, actas y conclusiones. II. Documentos de información*, (Madrid, 1925), 2 vols.

54 For further details on the different medical attitudes held, see: INP, *Conferencia Nacional de Seguros de Enfermedad, Invalidez y Maternidad. Barcelona, noviembre de 1922. II. Documentos de información*, (Madrid, 1925), t. II, pp. 251-294.

lish compulsory maternity insurance in 1929 and to set aside the implementation of health insurance until the arrival of the Second Republic⁵⁵.

Compulsory Health Insurance during the Second Republic

It was at this time that social insurance once again became an issue⁵⁶. On one hand, the new Republican Constitution (in Article 46) recognised work as a beneficiary of the laws of social protection, among others that of health insurance⁵⁷. On the other, in 1932 the Republican government ratified the agreements of the International Labour Conference of 1927 on the implementation of compulsory health insurance for wage earners in industry, commerce, agriculture, and domestic service. With this in mind, by a decree dated 10 May 1932, the Minister of Labour and Social Security, Francisco Largo Caballero, commissioned the National Insurance Institute (INP) to prepare and implement a complete and unified system of social security⁵⁸. The Institute proposed a model similar to the German type, and whose introduction as we have seen was tried in France; but managed by the National Insur-

55 However, the matter was not totally forgotten. Indeed, the text of the 1928 French social security Law was published almost immediately in the *Boletín analítico de la Secretaría de la Cámara de Diputados*, [4 (1928), 9–35 y 5 (1928), 230–248].

56 The actions of the Second Republic in matters of Social Medicine have been dealt with by: Esteban Rodríguez Ocaña & Alfredo Menéndez Navarro, “Objetivos y estructura de la Medicina Social en la II República. El primer Congreso Nacional de Sanidad”, in M. Valera; M^a Egea & M. D. Blázquez (eds), *Libro de Actas. VIII Congreso Nacional de Historia de la Medicina. Murcia-Cartagena, 18–21 Diciembre 1986*, (Murcia, 1988), vol. I, pp. 514–523; Isabel Jiménez Lucena, *Cambio político y alternativas sanitarias: el debate sanitario en la II República*, (Málaga, 1995), unpublished doctoral thesis; Isabel Jiménez Lucena, “El Estado como aliado. Los médicos y el proceso de estatalización de los servicios sanitarios en la Segunda República española”, *Asclepio*, 49 (1) (1997), 193–216; Isabel Jiménez Lucena, “De intereses y derechos. Elementos del debate en torno a la asistencia médico-sanitaria durante la Segunda República”, *Trabajo Social y Salud*, 43 (2002), 67–90.

57 Recent works dealing with compulsory health insurance during the Second Republic have been: Isabel Jiménez Lucena, *Cambio político y alternativas sanitarias: el debate sanitario en la II República*, (Málaga, 1995), unpublished doctoral thesis, pp. 158–181, 219–224, 246–257 y 298–324; María Isabel Porras Gallo, “Los médicos y la prensa frente al seguro de enfermedad en la primavera de 1934: una respuesta a la creación del Ministerio de Trabajo, Sanidad y Previsión”, in J. Castellanos; I. Jiménez Lucena, M^a J. Ruiz Somavilla & P. Gardeta, *La Medicina en el siglo XX. Estudios históricos sobre Medicina, Sociedad y Estado*, (Málaga, 1998b), pp. 183–192; María Isabel Porras Gallo, “El Seguro de Enfermedad en la II República española: del decreto del 25 de diciembre de 1933 al I Congreso Nacional de Sanidad”, in S. Castellano & J. M^a Ortiz de Ortuño (coords.), *Estado, protesta y movimientos sociales*, (Bilbao, 1998c), pp. 171–176.

58 Information on this subject and a summary of events concerning health insurance from the 1922 Barcelona Conference until the establishment of the Second Republic can be found in: INP, *Unificación de los Seguros Sociales. Antecedentes de los Seguros de Enfermedad y de Invalidez y Muerte*, (Madrid, 1932).

ance Institute (INP) and including preventive medicine. Although this model had enjoyed the support of the republican Government during the two-year rule of Azaña's Socialists, as well as that of most of the conservative sector⁵⁹, it was again disputed by a large part of the medical fraternity. True, the socialist doctors defended it, but the anarcho-syndicalists thought it was insufficient and the Communists, like their French colleagues, remained faithful to the USSR model. The rest, the majority of doctors (organised and grouped into professional associations, colleges and unions), criticised the lack of "freedom of choice" of practitioner and demanded a type of health insurance similar to that established in France in 1930. That is, closer to liberal medicine, but run entirely by the doctors with two different types of system for the payment of fees: in towns, it would be via a medical cooperative and in the country areas through the "igualada" (flat fee) system controlled by the Medical Colleges⁶⁰.

Negotiations which took place during the Second Republic to try to overcome the doctors' resistance and to gain their support only allowed the drafting of a new bill by the INP to unify social security, very similar to the German model, including health insurance⁶¹. The outbreak of the Civil War was to prevent its implementation.

Compulsory Health Insurance: A Necessity for the New Franco Regime

Under the new circumstances existing in Spain at the end of the Civil War compulsory health insurance again came to prominence. On one hand, on the international level, the majority of European countries had already set up a system of compulsory health insurance. On the other, Spain's internal situation, characterised by the poor social, economic and sanitary conditions of the post-war period, and the new regime's need to establish its legality, made it advisable to set up a social security system and, more specifically, compulsory health insurance. So although (as on

59 However, as was made clear by the extraordinary Congress of the Socialist trades union Unión General de Trabajadores (UGT) in 1932, there was no unanimity within the socialist ranks about the kind of public health service to be put in place: "XVII Congreso de la Unión General de Trabajadores", *El Socialista*, 17 October 1932. "XVII Congreso de la Unión General de Trabajadores", *Anales del INP*, 24 (99), (1932), 697–700.

60 A more detailed account of the type of compulsory health insurance wished for by the majority of the organized Spanish medical fraternity is to be found in: Ateneo de Madrid, *El Seguro de Enfermedad y los Médicos Españoles. Ciclo de conferencias organizado por la Sección de Ciencias Médicas*, (Madrid, 1934). In an earlier work I have analysed the contents of these lectures: María Isabel Porras Gallo, "Un foro de debate sobre el Seguro de enfermedad: las conferencias del Ateneo de Madrid de 1934", *Asclepio*, 51 (1) (1999), 159–183.

61 On the characteristics of the health insurance included in this Bill, see: INP, *El Seguro de Enfermedad en el Proyecto de unificación de Seguros Sociales*, (Madrid, 1936).

other occasions) there were protests from the doctors⁶² and other sectors of Spanish society, compulsory health insurance was established by the Law of 14th December 1942⁶³, although it was not put into effect until 1st May 1944. A few days before this date, in true demagogic style, the health insurance was presented as “the Great Undertaking of the National Movement” (the National-syndicalist Falange) which was possible because Spain was at peace, unlike its neighbours who were at war. The insurance was presented as an element of unity between all the classes, and it was emphasised that its aim was to put the health and hygiene of all Spaniards at the highest technical level, and to prevent disease entering the homes of the workers and leading them away to misery and death⁶⁴.

The way in which the spheres of power were distributed among the different groups that made up the rebel side at the end of the Spanish Civil War meant that the National Health was tied to military and Catholic interests, and fell outside the scope of power of the Falange. On the other hand, with the appointment of the Falangist Girón de Velasco as Secretary of Labour, this Ministry and, therefore, the National Insurance Institute would remain under the control of the Falange. Hence the important role of the Falangists in the preparation and implementation of the law on compulsory health insurance, which would ultimately determine that the model finally adopted would be more like that of Germany than of Italy, although it included some of the modifications made by Mussolini. The National Insurance Institute would be in sole charge of the management of the insurance. The distribution of powers mentioned above also meant that the network of health insurance would be totally separated from that of the National Health System⁶⁵, and that the participation of the Medical Colleges would be completely dispensed with⁶⁶.

The implementation of this first compulsory health insurance was gradual. It was extended and introduced changes with which it sought (without any clear criteria) to adapt itself to the political ups and downs and the process of industrialization

62 An idea of the distrust shown by doctors, and of some of the strategies adopted to try to combat it, may be gained from: Sebastián Criado del Rey, *Problemas sanitarios del Seguro de enfermedad*, (Madrid, 1947).

63 On the characteristics of this first compulsory health insurance, see: INP, *Seguro de Enfermedad. Reglamento. Decreto de 11 de noviembre de 1943*, (Madrid, 1943).

64 On this matter, consult: INP, *Ante una ofensiva nacional. El Seguro de Enfermedad visto por quienes lo crean y organizan*, (Madrid, 1944).

65 As Molero has indicated, this distribution of power and the protagonism of the Falange in the elaboration and application of compulsory health insurance frustrated the creation of an insurance directed exclusively against tuberculosis. Jorge Molero Mesa, “Enfermedad y previsión social en España durante el primer franquismo (1936–1951). El frustrado seguro obligatorio contra la tuberculosis”, *Dynamis*, 14 (1994), 199–225.

66 This attitude against the Medical Colleges, according to the Falangist Doctor Alfonso de la Fuente Chaos, was justified because they had not blocked the access of the enemies of the new regime to the National Health Service, nor had they shown any remorse: Alfonso de la Fuente Chaos, *Política sanitaria*, (Madrid, 1943), p. 161.

and modernization of Spanish society. After numerous reorganizations, the Bill of 1963 led to the transition towards a Social Security System which would imply, among other things, an increase in coverage (54% of the population in 1968). The passage towards a British-style National Health System would be made with the General Health Law of 1986, in a different political context.

Epilogue

The foregoing account has allowed us to see how, at the end of the nineteenth and beginning of the twentieth centuries, there was a shift towards positions progressively more favourable to state intervention, and the establishment of compulsory health insurance and social security in France and Spain. These factors would become more important at the end of the First World War, given the internal and external circumstances of the time, and the backwardness of both countries (even greater in Spain) in social legislation. Hence the start in both cases of a process of negotiation designed to set up a social security system, which would include compulsory health insurance. However in Spain, as we have shown, the doctors' opposition to health insurance prevented it from being realised for more than twenty years, until the socio-economic situation and political circumstances at the end of the Civil War acted as the driving force for the establishment of this insurance and the choice of a specific model (similar to the German system). On the other hand, in France political and socio-economic factors influenced the decision to install social security, but the sustained offensive of medical syndicalism (which got progressively stronger) against health insurance finally achieved the establishment of a model of compulsory health insurance which respected the principles of liberal medicine. This was the model which would be adopted, in spite of the fact that, just as in Spain, the point of departure had been the German system, and that the system finally set up was a model of underprotection for the patients.

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