

Spanish State: Brief strategic notes on the defence of public health in Madrid

Thursday 9 March 2023, by [FERNANDEZ Brais](#), [TESTAS Ánxel](#) (Date first published: 13 February 2023).

“The objective should not be the consultation itself, but to turn it into a moment of social organisation, inside and outside health centres and hospitals, involving all sectors of the working class.”

1. The demonstration on Sunday February 12 in defense of primary care in Madrid as maintained, in a more or less similar way, the numbers on the November 13 demonstration. Beyond the stories or the interests of the Partido Popular (Peoples Party PP) the truth is that there is a large sector of working people in Madrid willing to mobilise constantly in defense of public health. This statement is not merely ideological: most of the people who mobilised today come from the working-class neighbourhoods, which suffer from the consequences of the degradation of public health.

2. The joy and enthusiasm generated by this type of demonstration should not serve as an excuse to ignore the strategic problems that the movement in defense of public health faces. The potentialities as well as the problems must be put on the table. This is a fight that has been going on for two decades in the Community of Madrid and cannot simply consist of going out periodically when conditions worsen for conjunctural reasons. The problem of public health is structural and requires a structural, and therefore strategic, response.

3. There is a big difference between the organisational structure of the movement and its capacity for mobilisation, in favour of the latter. There are some particularly dynamic neighbourhood structures, but on too many occasions the method of fighting for the defense of health is excessively routine and dominated by the old neighbourhood apparatuses. This routine is reflected in the very composition of the movement, whose mobilising nucleus is retired people, with families with small children joining on days of great mobilisation. This is, of course, a great starting point, but it should not be viewed as an insurmountable limit. In reality, it reflects more the power of what is “left out” than anything else: the working class of migrant origin, young workers, broad sectors of the working class... There is a broad spectrum still outside of this mobilising wave that must be incorporated, enriching a class composition that is still too closely linked to the traditional left and that does not reflect all the diversity of the new Madrid working class, which is excluded from political representation. If one lives in a working-class neighbourhood of Madrid and observes with a minimum of attention, one sees more and more evangelical churches and more tables (yes, the traditional “propaganda distribution” table) operating in these sectors. Contrary to what seems to be, the “mountain will not go to Muhammad”: addressing these social sectors systematically and closely, incorporating them into the process of struggle, is a basic precondition for overcoming the current situation of “catastrophic deadlock” between large mobilisations and a PP government that is not willing to give in under any circumstances. Of course, this molecular work is already being done in some places by grassroots movements in defense of healthcare, and it is no coincidence that where it is done, the type of mobilisation is at a higher level. It is necessary to replicate it, extend it and strengthen that type of daily militancy that is so decisive but so little visible.

4. The other problem has a lot to do with the politics of the day. The elections are coming up. The need for Isabel Ayuso (member of the PP and President of the Community of Madrid since 2019) to be defeated at the polls must not be underestimated at any time. Her defeat would undoubtedly strengthen the movement, since it would show that the fight is capable of driving out the perpetrators of the degradation of public health. The problem with this approach is that it tends to weaken what is most necessary: we need to organisationally strengthen the movement, prepare for a “long march” of struggle, and for this, it is essential to create a period of struggle that is different to electoralism. If Ayuso wins again, we will have to keep fighting. The same if she loses. It is obvious that the parties of the institutional left, in their strategic bankruptcy and in their spiral of unfulfilled promises, will promise gold and silver to win the election. We have already seen from Spanish government that they are willing to give in on secondary issues, but never to confront the economic powers. It is necessary to be sensitive towards the “healthy” desire of the popular left to oust Ayuso and, at the same time, be very clear: the Madrid institutional left surfs the process of popular mobilisation, but does not build it from below, does not propose any more strategy than to vote, because any conflict with the economic power that dominates health is excluded from its political programme.

5. An important starting point, which is reflected in calls such as the one for February 12, is the unity of the movement. There exist not a few structures capable of summoning everyone, above the divisive attempts of the union apparatuses or the neighbourhood movement, which are forced to attend these types of calls. But this does not mean — far from it — that there is strategic unity; that is, the ability to move “manoeuvrable mass” to strike and counterattack in an organised manner at different levels and times. This has a lot to do with the fact that the movement only overcomes through these large calls the division imposed by the very structure of health. Divisions between public and private sector; between workers and users; between primary care workers and workers in large hospitals; divisions between the different job categories. It is not an easy problem to solve, but the starting point should be the ideological struggle against any type of corporatism and its reverse, the idea that “only” citizen mobilisation is capable of overcoming it. The doctors’ strike led by AMYTS, the doctors association of Madrid, is an example of all these contradictions. It is traditionally an organic part of the labor aristocracy, which increasingly suffers from a degradation of its working conditions and a growing loss of its power over its own work and its organisation. Its response has been both combative and strategically limited: it is not enough to deploy degraded strategic power to win, it is necessary to link other categories and sectors on an equal footing to make a qualitative leap in the fight. Extend the conflict to other work spaces such as hospitals, include all categories in a growing plan of struggle without any type of corporate elitism, achieve synergies of neighborhood support, combine methods of struggle such as the occupation of health centres, disrupting the political-administrative structure that makes possible the degradation of public health. Without escalating the fight, as we have seen on other occasions, the mobilisations tend to dissolve. The response must be commensurate with the level of attack.

6. Another big problem that we must put on the table is the incompatibility of public and private healthcare. It is not enough to demand that public financing of the private sector cease: the private sector must disappear. Not only because it is an element of segregation, but because it absorbs a series of resources that lead to the degradation of the public sector: the private one is a great scam that continues to parasitise the public one. And here we come to the fundamental problem: the public model is built on a dialectic in which public managers, the so-called technicians, are nothing more than business executives. That is to say, although the property is formally public, the management tends to reproduce the private model along with its parameters, which is no longer a metaphor if we observe the outsourcing policy that has been imposed on the Madrid public model. In this sense, the unification of the entire movement must also take place around a clear goal: a single public health system for everyone, under the control and management of health workers and

residents, capable of exercising active and direct control over the necessary resources, which come not from “our taxes”, as the outraged middle class often says, but from the indirect salary of the working class.

7. Although in Madrid the politicians responsible for sanitary degradation appear linked to the PP, the response of the institutional left tends to infantilise the working class with the origins of the problems. The origin of the problem is none other than the need for capital to seek new niches in order to reproduce itself: what was, in times of economic expansion, previously safe and protected by a strong labour movement, becomes today a strategic objective for businessmen. In this sense, we must assume that any victory, without a profound transformation along anti-capitalist lines, will be partial; but also that without partial victories, which strengthen the capacity and confidence of our class, which demonstrate that by fighting we can convert our potential strength into real strength, there will be no real possibility of rebuilding a political project capable of overthrowing this system. In that sense, this fight is far from being one-sided. It must become, in the words of Marx, a political struggle: a struggle that rises above corporate particularism and succeeds in unifying the crushed and scattered Madrid working class around common goals, making it aware of its strength. A struggle that also raises the central question: who governs and for whom? Is the right to health possible in a system where only businessmen and their servants plan, where private property and profit are above all else and are imposed on us like an impersonal logic that inexorably drags us down?

8. The coordination of Madrid residents is preparing a mass popular consultation to take the February 12 mobilisation forward. It is, without a doubt, a great tactical success, which will allow thousands of events to be organised in the neighbourhoods and streets. However, the objective should not be the consultation itself, but to turn it into a moment of social organisation, inside and outside health centres and hospitals, involving all sectors of the working class. It will not be easy and there are real difficulties: the electoral calendar, the merely propaganda interest of the parties of the institutional left and of the trade union apparatus, the very weakness of anti-capitalist sectors in a broad sense. But it is undoubtedly through these processes, endowing them with active and conscious self-organisation as a strategic key linking, publicising them, building them and converting them into a political force, that we will be able to overcome the atomisation that the State imposes from above on our class. Get involved in this fight with the perspective that we have outlined, trying to organise and convince others of this strategy, joining forces with everyone and seeking synergies with those people who share the need to build a class strategy capable of putting health at the service of the workers and workers: that is our task today.

13 February 2023

ÁNSEL TESTAS, BRAIS FERNANDEZ

P.S.

• IVP. THURSDAY 9 MARCH 2023:
<https://internationalviewpoint.org/spip.php?article8015>

• Translated by David Fagan from *Viento Sur*:
<https://vientosur.info/breves-anotaciones-estrategicas-en-torno-a-la-defensa-de-la-sanidad-publica-en-madrid/>