# WELFARE NATIONALISM IN CATALONIA: THE INTERPLAY OF NATIONAL IDENTITY AND WELFARE STATE DEVELOPMENT IN THE CATALAN HEALTHCARE SYSTEM

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**Chapter 1**

**Introduction:**

**Sub-State Nationalism: Reformulations of an Old Debate**

*I imagine Catalonia becoming the Mediterranean Denmark.*

–Artur Mas (2017)[1]

*The problem [with importing the Nordic model] is that Catalonia has very few Swedes.*

–Josep Pla (*Autobiographical notes*, 1979)[2]

The recent upsurge of the Catalan independence movement has reignited the debates on European nationalism. As the right of self-determination collides with the national unity recognized in the Spanish Constitution of 1978, scholars and political leaders disagree on the legal, democratic, and moral arguments about Catalonia and its future. Catalan nationalism poses one of the most serious challenges to the current geographical divisions of Europe, and it has become a *bête noire* of both the Spanish government and the European Union. However, for many in the Spanish region the struggle for independence has become the most decisive factor in electoral decisions and its consequences have entered the daily lives and interactions of every

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[1] Artur Mas was the President of the Catalan regional government from 2010 to 2015, when he became the first leader from the center-right coalition CiU to advocate for a referendum on the issue of independence from Spain. This quote is from an interview conducted at Harvard University in 2017.

[2] Pla (1897-1981) was a celebrated Catalan journalist and author who experienced an extensive and complicated relationship with the political events of 20th century Spain. He lived through the Spanish 2nd Republic (1931-1939), the Spanish Civil War (1936-1939), the subsequent dictatorship of Francisco Franco, and the democratic transition (1975-1981). While he was a proud advocate of the Catalan language and culture, his mild opposition of the dictatorship and his disagreements with Catalan nationalists have earned him a somewhat mixed reputation. This quote, which will be revisited, was a response to a Catalan nationalist leader of the democratic period who referred to Nordic welfare states as an inspiration for Catalonia.

individual. Therefore, to better understand this political movement, it is crucial to shift some of the scholarly focus towards the roots of Catalan separatism and its socioeconomic context.

In a late-capitalist European society like Spain, the provision of social policy represents one of the most powerful resources for the state. On the one hand, social policies can mitigate the impacts of economic cycles and commodification, while on the other hand, political or elite interests can shape welfare provisions to consolidate support for the state and the economic system. While these two tendencies are not mutually exclusive, specific contingencies to each state—of the historical, institutional, political, and economic kinds—typically lead to systematic trends, or path dependence, and clustering of types of welfare states (Castles & Obinger, 2008).

In the more specific context of Catalonia, a series of endogenous historical and cultural elements interact with the institution of the welfare state, offering a more complex view of the common association of one nation with its corresponding welfare state. In fact, the Catalan regional government gained a significant amount of legislative independence in matters of social policy—in healthcare and education in particular—after the democratic transition, which allows for an inspection of the interplay between sub-state nationalism and welfare state building. For the purpose of this work, the realms of healthcare policy and institutions are particularly representative of the welfare state, as they constitute the mechanism for a society and a nation to provide care for its members. The question becomes: How does the public provision of healthcare by a sub-state territory—especially one with cultural devices such as a distinct language and a collective identity— contribute to the shaping of national imaginaries? In other words, how does the existence of a quasi-autonomous regional healthcare system affect how Catalans define themselves as a nation?

***Research design***

The case of Catalonia offers an ideal environment for the observation of the interplay of nationalism and welfare state development because of the region's emerging nationalist movement and relatively late processes of democratization and welfare state formation. Endogenous cultural elements of language and common historical ties— such as the repression of the Franco regime, and the shared experience of obtaining autonomy after the democratic transition— emphasize the distinctiveness of the region from the rest of Spain. The evolution of the welfare state in Catalonia also offers the image of a process differentiated from that of other Spanish regions due to the pseudo-federal administrative nature of democratic Spain and the particular demands for autonomy in Catalonia recognized in the Statutes of Autonomy of 1979 and 2006—laws recognizing the exceptional status of Catalonia as a historical nation within Spain and granting a degree of political and legislative autonomy from Spain.

The comparison with Scotland—another sub-state territory with a tradition of nationalism and a vibrant independence movement—will become relevant at moments, particularly as it relates to McEwen's concept of "State Welfare Nationalism" (2002). This author divides factors influencing popular support for Scottish autonomy from the UK along the three main categories: welfare expectations from the Scottish Parliament as opposed to the British Parliament, cultural identity, and desire for self-determination. As these three factors also represent important considerations in the Catalan case, it will be relevant to draw comparisons when necessary.

In order to analyze the relationship between public perceptions of a distinctive health system in Catalonia vis-à-vis Spain and support for independence, this work employs a qualitative and a quantitative section. The qualitative section draws from primary sources in campaign manifestos, and other publications by some of the most important political parties and

actors in Catalonia in the last quarter of the 20th century—covering the building processes of both regional democratic institutions and the welfare state. The manifestos selected are from 1980, 1984, 1988, and 1992 because those years encompass most of the legislative and institutional progress in health policy in Catalonia. The purpose of this qualitative analysis is to trace the development of health policy under a regional government with newly acquired autonomy, distinct regional institutions and legacies from the dictatorship, yet with a degree of dependence on the central government. The inspection of rhetorical devices of Catalan nationalist parties also attempts to establish the link between nationalism and health policy in the political imaginaries of the region.

After determining the importance of the welfare state and healthcare—particularly in terms of legislative autonomy and perceived regional exceptionalism—in the rhetoric of political actors, the quantitative section uses public opinion data to offer more concrete evidence of the nexus of health policy and Catalan nationalism. An analysis of public opinion data from the Catalan Centre d'estudis d'opinió (CEO, Center for Opinion Studies) about the perception and rating of health policy in Catalonia in 2016, uses empirical data to find evidence of the actual importance of health policy for the national awareness of Catalans and for separatist ambitions. The year of 2016 shows the climate of public opinion after decades of nationalist rhetoric referencing health policy and after a peak of support for Catalan independence that can offer evidence of the link between support for an independent Catalan welfare state and support for independence.

A set of logistic regression models partly inspired by McEwen (2002) examines the intersection of nationalism and health policy in Catalonia. Variables relating to language, culture and ancestry—indicators of typically assumed predictors of support for independence—serve as

important control variables or as points for comparison with the Scottish case. I lay out the three hypotheses of interest relating healthcare and Catalan independence. I hypothesize that, everything else held constant, 1) the public opinion rating of the Catalan healthcare system, 2) the relative rating of Catalan healthcare— compared to that of the rest of Spain—, and 3) the level of support for increased public healthcare funding, all have a positive relationship with support for pro-independence parties. The purpose of these postulations is to test the relationship between perceptions of Catalan distinctiveness from the rest of Spain in the area of public health services and support for independence.

I structure the proceeding chapters in the following manner. Chapter 2 covers the appropriate literature regarding nationalism and the welfare state. After a brief history of Catalan nationalism and an overview of relevant theories of nationalism, the literature review highlights the relevance of health policy as a part of the welfare state, and provides a theoretical framework of categories of welfare state regimes. The chapter provides the tools to the understanding of the evolution and interconnectedness of Catalan nationalism and the Catalan health system. Chapter 3 focuses on the political and institutional history of the regional healthcare system in the context of the democratic transition in order to establish a link between health policy and nationalism in the imagination and rhetoric of Catalan political leaders. Chapter 4 defines and describes the variables for a subsequent qualitative study of public opinion data analysis, which tests the aforementioned hypotheses connecting views on healthcare policy and support for independence. The data analysis provides empirical evidence of the impact of sub-state management of healthcare on public perceptions of the national imaginary. Finally, the conclusion reviews the main findings, while drawing comparisons from the Scottish case, and proposing important areas for further study.

# Chapter 2

## Literature review: National Imaginaries and Social Policy

The theoretical basis for this work combines historical perspective and sociological literatures of both nationalism and the welfare state. This section compiles some of the foundational works on which my research relies and connects the two main areas of interest—namely, nationalism and the welfare state—when necessary. This allows for an evaluation of the interconnectedness of these two elements of political and social institutions, which will subsequently apply to the case of Catalonia. The Iberian region will remind the reader of the effects of processes associated with modernity—such as industrialization and capitalism—on the rise of both nationalism and the welfare state.

### *A brief history of Catalan nationalism*

The first attempts to define the northeastern corner of the Iberian Peninsula as a nation arose with the spread of nationalist ideology in mid-19$^{th}$ century Europe. Initially, the formative process of a Catalan national identity was slow and loosely defined,[3] while administrative centralizations ordered by the Bourbon kings of Madrid made the political possibility of the Catalan nation even more difficult. However, those royal decrees—most notably that of *Nueva Planta* in 1716, which abolished regional state institutions of feudal origins, and that of 1834, abolishing Catalan tribunals—would later fuel nationalist resentment. Additionally, the

[3] Some early cultural revivalists such as Victor Balaguer (1824-1901) started their careers writing in Spanish, and only later switched to Catalan.

development of Catalan industry despite the erosion of regional state institutions,[4] created the incentive of industrial protectionism in the minds of nationalists (Conversi, 1997, 11).

The jump towards cultural and linguistic issues owes its significance to the movement of the *Renaixença* (Renaissance) popularized after the revival of a medieval Provençal poetry contest known as the *Jocs Florals* (Floral Games) in 1859. Nationalist idealizations of this cultural revival focused on historical legacies from the Middle Ages— such as the institutions of the Kingdom of Aragon and a body of vernacular poetry—, but the process was inevitably selective and the "rediscovered" cultural elements ultimately suited the interested of the urban upper classes leading the movement (Fradera, 1992). New publishing technologies, techniques, and expanding markets facilitated the spread of Catalan culture, in a way that corresponds with Anderson's description of print capitalism as a driving force for the popularization of national imagined communities (1983). Conversi adds to the modernist counterargument to accounts of idealized cultural revival by identifying the Renaixença as a cultural necessity to placate the challenges of industrialization, or in his own words: "a response to the disruption and violence brought about by modernization" (1997, 16). This view would conform to Gellner's argument on the inevitability of nationalism in modern society (1983).

The fusion of industrial interests, anti-Bourbon sentiments—evidenced in the recurring Carlist Wars derived from a long-lasting conflict over royal succession—and cultural revival generated a political version of Catalanism. This ideology was not separatist in its inception, seeking a form of federalist arrangement at first, and becoming a relevant player in Spanish political institutions. The maturity of Catalan nationalism arrived with Enric Prat de la Riba

[4] The opening of the steam-powered *Bonaplata* mill in Barcelona in 1832 marked the foundation of modern Catalan industry (Thomson, 1992). Additionally, the first Spanish railway outside the colony of Cuba was built in Catalonia in 1848, connecting an 18-mile distance between Barcelona and Mataró. Madrid received a railroad linking the capital with the near town of Aranjuez three years later.

(1870-1917), who formulated a separation between the Catalan *nation* and the Spanish *state* without advocating for independence. This division is not common in most modern theories of nationalism, which seek to explain the ideology as the fusing of the cultural and the political elements of society, but it has nevertheless come to define the ideas of many Catalan nationalists who only aspire to a sort of federal arrangement within Spain.

After a period of repression under the military dictatorship of Primo de Rivera (1923-1930), Catalan nationalism returned to the political scene during the Second Spanish Republic (1931-1939) with a renewed strength and larger support from the lower classes. Right-wing Catalan nationalist leaders lost popularity because of their support for the dictatorship and their opposition to the Republic, while a leftist Republican leader, Francesc Macià, rose to power as the president of the Generalitat. However, conflict with Madrid persisted as a right-wing coalition gained power at the Spanish level in 1933 and vetoed a series of Catalan agrarian laws favoring small landowners. In response, Lluís Companys, successor of Macià as the President of the regional government, declared the independence of a new Catalan Republic, and was jailed shortly after. The return of the Left with the short-lived Popular Front government resulted in the release of Catalan nationalist leaders and the restoration of the General government, but the ensuing Civil War (1936-1939) and the ultimate victory of Franco's military uprising meant that Catalan nationalism would not return to the formal political scene until the democratic transition forty years later.

***Theoretical framework of nationalism***

Anderson's concept of "imagined communities" remains analytically relevant because of its recognition of anthropological issues underlying nationalism, as well as its consideration of

modern mechanisms –particularly print capitalism—in the creation of nations. Anderson considers nationalism as a cultural artifact similar to religion or kinship, which attempts to fulfill the human need to placate the contingencies of life (1983). This definition of nationalism as an "imagined political community—imagined as both limited and sovereign" (1983, 30) will apply to the Catalan case and to the Catalans' understanding of their regional healthcare model as precisely limited (to those living in Catalonia) and sovereign (autonomously managed). Anderson's explanation of the process of "imagining" a nation argues that individuals of even the smallest countries will think of themselves as a community even though it is impossible for them to personally know every other member. This thought process applies to the understanding of the welfare state and the tacit solidarity uniting all of its members.

Although Anderson's theory constitutes an insightful and widely praised approach, it is also relevant to place the concept of "imagined communities" within the broader context of theories of nationalism. Another modernist theory of particular significance is that of Gellner (1983), who sees the process of industrialization— the shift from an agrarian society with rigid and culturally differentiated social strata to an industrial order requiring a more fluid and culturally homogenous citizenry—as the unavoidable cause of nationalism. According to this view, nationalism is the ideology seeking to fuse culture and polity in a nation, arising from a need to educate the masses with the skills required to participate in the modern economy. For Gellner, distinct nationalisms emerge due to the uneven spread of modernity, which incentivizes certain groups to organize around a predominant culture or language and in opposition to other more or less modernized groups. As the competing industrial interests of Madrid and Barcelona evidence, parallel modernizing processes represent an important factor in the rise of Catalan nationalism. For the purposes of this thesis, the distinct developments of health policy resulting

from the regional administration of healthcare in the last forty years evidence a continuation of separate processes of modernization.

Hobsbawm (1990) also offers some insight on the wave of ethno-linguistic nationalisms arising between 1880 and 1914, during which Catalan nationalism matured under the influence of Prat de la Riba. In the author's view, this phase of expansion of nationalist ideology differed from the previous national unifications and consolidations between 1830 and 1870 because it abandoned the "threshold principle" requiring a large state, and started emphasizing linguistic and ethnic factors as decisive and necessary for nationhood. As the previous brief history of Catalan nationalism argues, language was not a central concern for early Catalanism, though it became the most powerful cultural artifact after a process of cultural revival. Language remains to this day the most significant factor in the imaginary of Catalan nationalists, although most residents of Catalonia are able to understand and speak both Catalan and Spanish.[5]

***The welfare state (and healthcare) as imbedded in the nation***

The birth of the welfare state as the ambitious government program dedicated to guaranteeing the security and prosperity of its citizenry has its main roots on political processes derived from similar social realities of industrialization. These processes are exposed illuminatingly in Esping-Andersen's *Three Worlds of Welfare Capitalism* (1990). In the UK, poor houses were gradually substituted by the social insurance programs in the late 19th century and culminated in the post-WWII years during Atlee's Labor government. Of those reforms, the creation of the National Health Insurance is of salient significance because of its universal, tax-

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[5] According to 2013 data from the Instituto Nacional de Estadística (INE, National Institute of Statistics) 94 percent of residents in Catalonia understand Catalan, 80 percent are able to speak it, and 60 percent are able to write in it. The corresponding responses for Spanish are all above 95 percent.

funded nature. The Beveridge report of 1942 provided an ideological basis that emphasized the need to combat the "Five Great Evils" (squalor, ignorance, want, idleness, and disease) of society through government action. The impact of WWII on the need for security and national solidarity among many European citizens contributed to the popularity of Beveridge's ideas in the UK and subsequently throughout much of Western Europe. This process coincided with T.H Marshall's formulation of the concept of social citizenship as one of the three components of citizenship (1950), together with the civil and political elements. Just as civil citizenship recognizes the legal status of citizens and political citizenship grants the right to vote and access democratic institutions, social citizenship guarantees access to social rights intended to protect the individual from poverty and disease.

A parallel process of welfare state formation occurred in Germany under Bismarck, although under different circumstances. For the German chancellor, the interest in preserving the socioeconomic order and the threat of socialism incentivized the creation of social insurance schemes as a form of state intervention known as "corporatist." These regimes reinforce social positions and strata through the administration of social policy, and typically center on the male breadwinner head-of-household and his dependents. In the traditional form of this type of regime, social policy is often linked to contribution-based social insurance schemes that differ for different categories of workers. In this manner, the state can reward workers considered as more essential and can differentiate between insiders (members of a formal workforce) and outsiders (participants in an informal or "underground" economy).

Another parallel historical route for the welfare state is that of Scandinavian countries, where early alliances between agrarian and industrial interests allowed for a general consensus on the need for social policy provisions (Baldwin, 1989). These welfare regimes combined tax-

funded (through typically high taxation) universal or near-universal coverage, with policies that allowed for high female participation in the labor force, and for relatively low dependence on the market. Though these processes resulted in some of the most admired and robust forms of welfare states, the historical contingencies of Scandinavian countries do not allow for a generalization of their experience. In other words, although Scandinavian social policy might have contributed to the reputation of welfare states as progressive and distributive forms of state intervention, many other types of welfare states correspond to less universalistic principles and objectives.

Esping-Andersen elaborated a typology of welfare states based on the aforementioned historical processes of welfare state formation, which gained success due to its combination of heuristic value with sophisticated historical understanding and sociological insight. The three corresponding models are: the liberal, the corporatist, and the social democratic (1990). Different levels of what the author refers to as "decommodification"— or lack of economic dependence of the individual on the markets—and social stratification—the differentiation of welfare benefits along social strata—explain most of the distinctions among the three models, while historical factors in the process of building political coalitions account for the observed path-dependence of countries associated with each model. The liberal welfare state corresponds with low levels of decommodification and medium levels of social stratification and it is commonly associated with the UK, Australia, and the U.S. The corporatist model displays medium levels of decommodification and high levels of social stratification and it is typical of Central European countries such as Germany, France, or Austria. Finally, the social democratic model, typical of Nordic countries, corresponds with high levels of decommodification and low levels of social stratification.

Some critics of Esping-Andersen's typology often focus on its Western focus, on its initial lack of feminist perspective, or on the empirical support for the concept of "clustering" (or convergence towards specific models) of types of welfare state regimes (Scruggs & Allen, 2006). However, more recent reevaluations of the classic typology seem to support the concept of clustering as well much of the original evidence for the three models. Castles and Obinger (2008) analyze data of 20 OECD countries to examine the resistance of clustering to the processes of European integration and globalization that have developed since Esping-Andersen's seminal study and find robust evidence for the existence of regime types or "families." In fact, the authors conclude that clustering has become more defined, while they slightly reconfigure the original types into "English-speaking," "Scandinavian," and "Continental." Spain, together with Italy and Greece is categorized as a "Southern" sub-group of the Continental type because of the corporatist legacies of authoritarian regimes and patronage systems shared by these Mediterranean countries.

Ferrera (1996) provides further insight into the Southern model of welfare by outlining the observed peculiarities of social policy in Italy, Spain, Portugal, and Greece. The author agrees with the corporatist categorization of policies such as pensions—distributed according to defined social strata, with peaks of generosity, but also with substantial coverage gaps—while highlighting the departure from corporatism in areas such as healthcare—where attempts to establish universalistic NHS-inspired systems are common. As for possible causes for the relative underdevelopment of these welfare states, Ferrera points at the historical weakness of the state, the pervasiveness of local patronage networks as distributors of benefits, and the fragmentation of the political Left.

L. Moreno (2000) contends with the classification of Spain in particular and observes a pattern of convergence with universalistic regimes in the provision of health and education as well as in the level of public expenditure. In the realm of healthcare, Moreno highlights the shift in financing from individual contributions (82 percent of total funding in 1980, but 20 percent in 1993) to taxation, which is characteristic of universalistic systems. On the other hand, he recognizes corporatist legacies as well as the growth of liberal-inspired practices such as privatizations and subsidies of non-state organizations participating in the provision of social policy. However, the main peculiarity of the Spanish case in the view of Moreno is the regional distribution of authority in social policy: "the most relevant factor conditioning its [Spain's] welfare development is the current process of decentralization both at the level of planning and policy implementation." (2000, 148).

On the particular relevance of healthcare as a part of the welfare state, F.J. Moreno (2013) argues that health policy represents one of the areas of greatest public expenditure as well as popular support. Additionally, he considers the link between healthcare systems and individual health. Although mental and physical well-being constitute major priorities for individuals, the author argues that other factors such as economic status or level of dependence are even greater determinants of health outcomes. Nevertheless, healthcare coverage remains an important concern and an essential guarantee for families and individuals because it provides a safety net in the eventuality of disease, disability, or pregnancy. Table 1 below summarizes the main historical processes, and characteristics aforementioned models of the welfare state.

Table 1. Summary of relevant models of welfare states

| *Models* | *Historical processes* | *Characteristics of welfare state* |
|---|---|---|
| *English-Speaking/ Liberal* | Tradition of poor houses, strong role of the market, influence of labor movement and Beveridgeian universalism (UK only), post-WWII solidarity. | Low levels of decommodification and medium levels of social stratification. |
| *Corporatist/ Continental* | Strong central state, threat of socialism, capture of middle class loyalty, traditional family values of Christian democratic parties. | Medium levels of decommodification and high levels of social stratification. |
| *Scandinavian* | Early agrarian-industrial alliance, broad political consensus, high union density, tailoring of services to meet rising standards of affluent middle class. | High levels of decommodification and low levels of social stratification. |
| *Southern (Italy, Spain, Portugal Greece)* | Weakness of state apparatus, local patronage networks, authoritarian legacies, influence of Catholic Church, strong role of family, divided political Left. | Medium levels of decommodification and high levels of social stratification. Large informal economy and role of the family. |
| *Spanish* | Corporatist legacies from Franco's dictatorship, pattern of universalization in education and health, increased public spending, proliferation of some free-market policies, and decentralization. | Medium levels of decommodification and high levels of social stratification, despite convergence towards universalism in health and education. High expenditure in unemployment insurance. Large informal economy. |
| *Catalan* | Weak reach of social policy programs during the dictatorship, complex distribution of authority between central and regional government after democratic transition, impact of nationalist ideology. | Dependence on central government for pensions and unemployment insurance, but autonomy in health and education. Some free-market reforms. |

*Source: author summary of Esping Andersen (1990), Castles and Obinger (2008), Ferrera (1996), and Moreno (2000).*

Social citizenship, and welfare states are not only connected to each other but they are also inevitably imbedded in nation-states and nationalist definitions of citizenship. McEwen (2002) presents a specific case of the interaction of nationalism and welfare state development in Scotland. Departing from the premise that nationalism is a precursor for the creation and sustain of welfare states due to the necessary solidarity underpinning social policy, McEwen argues that in some cases it can be welfare state development that furthers nationalism. Particularly in the cases of sub-state nationalist movements, the conflict between a specific region and the central state regarding social policy can lead to an increase in the support for sub-state nationalist parties. In the case of Scotland, McEwen argues that Margaret Thatcher's neoliberal policies regarding the welfare state—including privatizations and budget cuts —contributed to what he calls "welfare expectations" in the supporters of a Scottish Parliament, who desired legislative autonomy from the UK as a way to protect the integrity of social programs.

These elements of the literatures on the welfare state and nationalism intersect powerfully in Catalonia. After the democratic transition and the development of the welfare state with elements of some of Esping-Andersen's models, the importance of health policy and the ability of Catalonia to guarantee the social citizenship rights of its people is increasingly related to the way in which Catalan imagine themselves. As the following chapters attempt to evidence, the welfare state, and healthcare in particular, constitute important elements in the national consciousness of Catalans, and might be a factor in the way they imagine themselves as a country.

# Chapter 3

## Qualitative Analysis: Nationalism and Health Policy After Franco

*The lack of self-government that we suffer leads to our inability to fight against the unjust situation we are experiencing. For that reason, we consider that a transition towards independence from Spain and the defense of the Welfare State are not opposing agendas but instead they are two faces of the same coin.*

—Convergència Democràtica de Catalunya (*History of the Party,* 2017)

It is not possible to understand the creation of European welfare states without considering the elements of national identity and solidarity embedded in state provisions of social policy. The concept of social citizenship developed by T. H. Marshall (1948) remains a core value in efforts to build and expand social services and protections across Europe. Complimentary to the civil and political elements of citizenship—establishing the legal free status of citizens and their rights to participate in government elections and institutions—social citizenship grants the rights and the means for members of a national community to achieve economic security and well-being (Marshall 1948). In the context of modern European nationalism and the development of the nation state, social citizenship and welfare states must also be understood as inherently attached to shared identities and perceptions of belonging to central states—ones who will be responsible for regulations and provisions of social rights, and who will necessarily shape social policy in accordance with the characteristics and the demands of domestic political forces.

In the presence of distinct subnational identities and devolutions of legislative and budgetary power from a central state to regional units—as is the case in Catalonia—defining the relationship between welfare states and national identity becomes more problematic. Some

scholars of nationalism have argued that a shared identity is a precondition for the formation of welfare states (Miller 1995), while others have reversed this causal relationship and claimed that in some cases—particularly at the subnational level—the expansion of state-provided social policies contributed to a nation-building process separate from that of the central state (McEwen 2002). These two views are not incompatible: the existence of distinct national identities within nation-states often leads to devolutions of social policy competences to regional governments, and the subsequent formation of regional institutions of welfare can further social cohesion, awaken perceptions of exceptionalism, and lead to demands for even greater autonomy.

The epigraph at the start of the chapter, extracted from a declaration of intentions on the website of one of the major Catalan nationalist parties, exposes the extent to which the defense of the welfare state has become attached to the nationalist rhetoric in Catalonia. Using Anderson's (1983) theory of nationalism as imagined communities, the phenomenon of a distinct Catalan welfare state can be understood as a powerful element of the national imaginary—one in which fellow Catalans can "imagine" themselves as a community. The interplay of nationalism and welfare state development constitutes a largely unexplored approach—though one with potential explanatory power—to the recent upsurge of the nationalist movement in the region.

This chapter argues that nationalist demands in post-Franco Catalonia led to the devolution of legislative autonomy in matters of social policy, which in turn resulted in the creation of a distinctively Catalan healthcare system. The health policies enacted during the Spanish transition to democracy and the subsequent devolution of partial autonomy to Catalonia resulted in a contradiction between two different models of welfare systems as defined by Esping-Andersen (1990): the universalistic intentions of Nordic social democratic states and the neoliberal reforms similar to those of the liberal model of welfare provisions that originated

market-differentiations of health services. The distinctiveness of the Catalan model, added to the degree of independence that the region received from Spain to manage and legislate in matters of healthcare, contributed to a national imaginary separate from Madrid.

The following sections track the development of the Catalan healthcare system since the post-Franco democratic era and describe the relationship between nationalism and welfare state development. The first part examines the influence of nationalist demands on the construction of democratic Spain and on the devolution of legislative powers in social policy to Catalonia. The second segment describes the characteristics of the Catalan healthcare system using Esping-Andersen's typologies. Lastly, the conclusion considers the role of a separate development of Catalan healthcare in reinforcing national identity and perceptions of regional exceptionalism.

### *Nationalist Demands and Autonomy in Healthcare Policy after the Dictatorship*

After almost forty years of repressive and centralized rule, meeting the demands of regional nationalists was one of the most pressing issues in the process of building democratic Spain. Together with the Basque Country, Catalonia constituted one of the regions where a distinct national identity remained relatively strong and politically mobilized. This became evident on September 11, 1977, when an estimated 1.2 million Catalans—out of a population of approximately six million—marched down the streets of Barcelona to the chant of "Liberty, amnesty, and Statute of Autonomy" (La Vanguardia, Septemeber 13, 1977). Under the leadership of the formerly exiled head of government, Josep Tarradellas, Catalonia placed its demands for autonomy and freedom for political prisoners as priorities in the creation of a new state and a democratic constitution.

A year later, in December 6, 1978, ninety percent of Catalans voted in favor of the newly enacted Spanish Constitution that recognized the plurinational—though inseparable—nature of the state and the co-official status of regional languages. In 1979, Catalans voted again to approve their Statute of Autonomy—a law that granted a limited legislative power and independence to the institutions of the regional government, or Generalitat. After the results of the referendum on the Statute were released—with around eighty-eight percent of voters in favor and a participation rate of nearly sixty percent— the long-awaited return of autonomy became a tangible and exciting reality. An editorial in *La Vanguardia,* one of the oldest and most widely distributed newspapers in Catalonia, conveyed this renewed sense of autonomy in the region:

> *We will need to prove that the power of our Autonomy is more efficacious than that of the central State, and there will be no room for improvisations. We will have to count on, thus, with time for learning and preparing for a complex mechanism that has been systematically denied to Catalonia. –La Vanguardia*, "Puerta Abierta," (October 26, 1979)

In "Puerta Abierta" ("Open Door") the newspaper expressed pride in the institutions of Catalonia, and confidence in the ability of the regional government to better serve the interests of Catalans. But the newspaper also allowed for a dose of caution and anticipated the complex and arduous processes ahead.

Social policy constituted a major area in which the region received power to legislate autonomously from the central state, as well as one that would prove most contested. This was partly due to the importance of education policy, which was crucial for the goals of preserving the Catalan language and culture, but it also resulted from demands to regulate the health system independently from the Madrid government. In 1981, Catalonia became the first Spanish Autonomous Community—the legal term for each of the seventeen territorial administrations

recognized in the 1978 Constitution—to receive legislative control of health policy. On that same year, the Catalan Secretary of Health Josep Laporte expressed his support for a regionally managed system with a column in the Spanish newspaper *El País* addressing Prime Minister Calvo Sotelo. In his editorial, Laporte—a renowned doctor and politically unaffiliated member of the government of Catalan nationalist party CiU—also demonstrated his pride in the Catalan language and institutions by criticizing the Prime Minister's use of the Castilian Spanish word "consejería" instead of the Catalan word "conselleria" to refer to the Catalan bureau of health (Laporte, December 16, 1981).

Although all seventeen Autonomous Communities eventually received the power to legislate in matters of health policy as mandated by Article 143 of the 1978 Constitution, the issue remained contested in those regions with active nationalist movements because of disputes over funding and budgetary authority. As of 1991, regional governments contributed with twenty-two percent of the funding, local administrations with seventeen percent, and the central government with sixty-five percent (Moreno and Sarasa 1993, 62). This arrangement has resulted in budgetary constrictions from Madrid that restrict autonomy in the development of health policies in the Autonomous Communities, which regions with strong national identities (mainly the Basque country and Catalonia, but to some degree also Galicia and Valencia) have received with particular hostility. Budgetary and fiscal concerns also appear in campaign slogans by major parties supporting independence such as the left wing ERC— "Madrid ens roba. Cap a la independència [Madrid steals from us. Forward to independence]" (2017) and the centrist coalition CiU—which only started openly advocating for independence at the beginning of this decade—"L'Espanya subsidiada viu a costa de la Catalunya productiva [Subsidized Spain lives at the expense of productive Catalonia]" (2013).

Healthcare provisions represented a crucial concern in the development of democratic Spain, which, in a territory with politically mobilized national identities, became strongly associated with self-determination. Catalan uniqueness and a strong and politically active national identity influenced the processes of devolution of legislative power in social policy and remain at the heart of budgetary disputes between the central and regional governments. But the question now remains of how a region with strong nationalist parties such as Catalonia has shaped its healthcare system independently from the rest of Spain. What were the ideologies and values behind that model?

### *The Idiosyncrasies of Catalan Healthcare: In between Two Worlds of Welfare*

The juxtaposition of the two quotes in the beginning of this thesis evidences the contrast between two conflicting views of Catalonia's path after the democratic transition. Artur Mas, president of the Generalitat from 2010 to 2016 and member of the nationalist CiU, announced his vision—his national "imagination," as Anderson might say—of a future independent Catalan state with a strong social safety net during an interview at Harvard University in March of 2017. Though relatively recent, this proclamation of social democratic ideals is no outlier in the history of Catalan nationalism in the post-Franco era. Almost forty years earlier, at a stage when democracy and regional autonomy in Spain were still young and underdeveloped, Catalan writer Josep Pla expressed his concerns about nationalist politicians importing the sociopolitical model of an advanced democracy to the regional government of Catalonia. Writing in his memoires at the age of 82 after a life dedicated to the Catalan language during the years of the dictatorship, Pla remained skeptical about the applicability of social democratic policies in his native land.

This section investigates the contradiction between the Nordic-inspired social policy ambitions of democratic Catalonia and the endogenous factors of the region that limited those aspirations. Esping-Andersen's typology of welfare states provides a solid theoretical foundation to explore the two conflicting models. Some subsequent contributions have added the category of Southern welfare states, united in their late development and the influence of their patronage networks, while closely associated with the corporatist model from Esping-Andersen's typology (Castles & Orbinger, 2008).

While this use is certainly narrower than intended by Esping-Andersen, it is possible to identify the normative and institutional characteristics of each of the models of welfare states in the realm of healthcare. The choice of health policy as a way to investigate welfare state development at the subnational level presents a case in which the regional government had an autonomous legislative power over a sector of social policy. That condition allows for an exploration of the evolution of social policy in a context where the regional power holds most of the policy-creation responsibilities.

With the death of Franco and the return of regional institutions, Catalan nationalists saw the opportunity to promote a system of social services that would expand social citizenship and be attached to national identity. The admiration of Nordic models of social democracy constituted a defining factor in the universalist ambitions of the healthcare policy in Catalonia. With the goals of modernization and European integration in mind, social democratic models of welfare states represented the most appealing choice for the rhetoric of nationalist politicians with the ambitions of Catalan exceptionalism and distinctiveness.

Though the directives from the central state during the 1980s also encouraged social democratic goals, the issue of healthcare belonged de facto to the regions because of the

territorial distribution of power recognized in the Constitution. Since the regional administrations were the ones who legislated and managed their own public health institutions, this area of social policy became attached to particular identities, and even more so in the case of Catalonia. The socialist Prime Minister of Spain at the time, Felipe González, and Catalonia's leader, Jordi Pujol—who remained as president of the Generalitat between 1980 and 2003—exhibited similar rhetorical commitments to the expansion of the welfare state, but they differed in their territorial interests. González and his party—the Spanish Socialist PSOE— allowed for regional autonomy in social policy, but also depended on the success of the collective project of Spain, while Pujol responded to exclusively Catalan interests and defended regional identity and exceptionalism. Furthermore, Pujol and his centrist coalition were not as ideologically committed to workers' rights or as dependent on the support of unions as González and the PSOE.

During the summer of 1973, Pujol released a document in which he defined his political positions and established the ideological bases for his brand of moderate nationalism. In this early manifesto, Pujol defined his ideology on what he called "a Christian humanism, both individualist and nationalist," and recognized Swedish social democracy as the source for inspiration for his vision of the new Catalan government institutions (CDC, 2017). After the democratic transition and the return of regional powers, the main actors in the creation of health policy—Pujol's close coalition of the two similarly minded parties *Convergència i Unió* (CiU, Convergence and Union), and the Catalan socialists of the *Partit Socialista dels Catalans* (PSC, Party of Catalan Socialists)[6]—would claim similar social democratic values to build and expand the new model of healthcare. In the last two decades of the twentieth century, CiU controlled the

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[6] Though it remains a branch of the *Partido Socialista Obrero Español* (PSOE, Spanish Socialist Workers' Party), the PSC receives some autonomy from the central party and uses the Catalan language in speeches and manifestos. Despite its greater regional focus and support for Catalan identity, the PSC cannot break party lines with the unionist PSOE on the issue of secession.

presidency of the Generalitat and a parliamentary majority, and PSC represented the second parliamentary force and an important actor at the municipal level.

Both parties championed the cause of self-determination in the legislative process and advocated for a universalist and publicly financed healthcare system, which allowed for a relatively wide consensus in the process of building the new Catalan healthcare system. Opposition from the pro-Spanish unity right-wing parties was minor and not very vocal due to their miniscule representation in the regional parliament (only six seats out of 135). In 1986, the socialist central government recognized both the independence of regions in healthcare policy and the common goal of free, publicly funded and universally accessed medical services through the General Law of Health. Four years later, the Catalan parliament passed its own health law that ascribed to the principles of universality and equality. But the language of the governing nationalist Catalan party, CiU, avoided framing social progress in the region as a continuation of central mandates, and instead preferred alluding to convergence with advanced democracies. When presenting its proposals for healthcare in its 1996 manifesto, CiU referred not to a Spanish, but to a "global defense of the Welfare State," as well as to a need to "respect the history and diversity of the structure of health institutions in each of the Autonomous Communities" (CiU, 1996, 110).

Both the CiU and PSC reflected the basic values of social democratic welfare states in their manifestos, at least beginning in the mid-nineties. In the aforementioned 1996 manifesto, CiU published a whole section titled "The Society of Welfare," which explicitly supported a healthcare system planned and funded publicly, with universal coverage, and with the goal of "promoting equality" (1996, 110). A year earlier, the Catalan Socialists also emphasized the right to "dignity and equality in access to a free and universal care" (PSC, 1995, 73). These ideals

were unequivocally social-democratic following Esping-Andersen's definition, as they promoted universal and equal services across the population. The reality of Catalan healthcare, however, showed a more complicated picture that included values from other welfare state models.

The legacy of an underfunded and centralized public healthcare during the dictatorship facilitated the project of creating a new system in Catalonia under democracy, but other endogenous factors complicated the social democratic aspirations of the region. Franco had created mandatory sickness insurance for workers under a certain level of income in 1944 and extended it to all workers under the Social Security system in 1967. These were steps towards wider coverage, although public healthcare was still limited to workers and their dependents and its budget was low even as of 1974—1.8 percent of total government spending in that year (Marset Campos et al., 1995, 220). Independent doctors and the action of families complimented the marginal role of the state in providing medical attention to rural and excluded sectors of Spanish society. Additionally, Catalonia relied on private and religious medical centers, which were far more abundant than State-controlled ones. This factor, as well as the growing influence of neoliberal ideology— which advocates for private ownership and management of health services coupled with deregulation and tax breaks—in the management of healthcare, created impediments to the universalist ambitions of the Catalan model.

When Catalonia received the power to make health policy decision in 1981, only thirty percent of hospital beds belonged to state-controlled institutions. The other seventy percent were in the hands of private and religious organizations that had supplemented the precarious medical services provided by the Franco regime. Since this public-private distribution was radically different from that of other regions—where publicly owned beds constituted an average of seventy percent of the total—the ambitions of a public and universal medical network in

Catalonia faced an early burden (Allué, 2015, 21). The absence or lack of access to sources from the healthcare system of the Franco era makes it difficult to explain the different public-to-private distribution of the Catalan model, but the distrust towards Catalonia from the Franco regime might offer an explanation. In the face of an uphill struggle to obtain more resources from the dictatorial regime, the Catalans might have opted to increase their autonomy and quality of coverage by expanding the presence of non-state actors in health services. With the arrival of democracy, the Generalitat decided to include some of these institutions under the umbrella of public overseeing agencies that would dictate regulations and provide funding, but that would often leave management on private hands—of both for-profit and non-profit actors.

In 1983, the Institut Català de Salut (ICS, Catalan Institute of Health) became the agency overseeing and financing services in public hospitals and primary attention centers. In 1985, the Xarxa Hospitalària d'Utilització Pública (XHUP, Network of Hospitals of Public Use) received the authority over public, and publicly owned but privately managed hospitals. Lastly, the Catalan health law of 1990 created CatSalut as the public health agency of the highest level that would select and finance medical centers of very diverse nature. Policy experts have defined this convoluted system as "mixed but integrated" because it combines different models of medical services under the regulations and financial authority of the state (Allué, 2015, 24). The nature of this model, however, is not truly universal because it creates the potential for privately managed centers to create differentiated services with the goals of reducing costs. This characteristic, echoing privatizations of management of medical centers in the UK during the Thatcher era, is more common in liberal models of welfare systems that create market-differentiated services among recipients (Esping-Andersen, 2014, 144).

The Catalan nationalists of CiU reflected the influence from this current of liberal thought by the beginning of the twenty-first century. In their manifesto of 2000, they repeated the exact same words about their commitment to a global concept of the welfare state that they expressed in their document of 1996, only this time they included another section about a "more efficient management of the health system." Under this section, the manifesto expressed a need to provide more independence to medical centers, and the introduction of "business-like management" that would respect the history and the distinctive nature of the regional system or "historical reality of healthcare in Catalonia" (CiU, 2000, 68).

This does not represent a fundamental shift of mentality in the values of public healthcare, but an inherent contradiction between the social democratic ambitions and rhetoric of nationalist politicians and the growing influences of neoliberal thought and of a market-oriented reality in a large share of privately managed Catalan medical centers. Nevertheless, it is evident that a rhetoric inspired by Catalan nationalism—advocating for either social democratic or market-oriented values—was crucial in the creation of health policy and institutions of the post-Franco era.

# Chapter 4

## Quantitative Analysis:

## The Exceptionalism of Catalan Healthcare in Public Opinion

The question at the core of this quantitative study is the relationship between perceptions of exceptionalism about the Catalan healthcare model and support for independence from Spain. More precisely, the following analysis seeks to understand the role of public healthcare in the formation of a Catalan national imaginary. Do perceptions of the distinctiveness of the Catalan healthcare model have a positive relationship with support for independence? How important is public healthcare, the collective tool for a society to care for itself, to pro-secession Catalans?

In order to examine the importance of a shared system of socialized healthcare in the "imagined community" of Catalans, this study uses a series logistic regression models with different sets of independent variables and relates these to the likelihood of voting for pro-independence parties in the 2015 elections to the regional government. The first three models include the fundamental groups of variables which I then reconfigure into more complex regression models. The first one represents demographic variables typically used as controls for age, sex, class identity, and education. The second model employs two variables strongly indicative of Catalan identity such as language and family roots in the region. The third model uses three independent variables related to perceptions of the Catalan healthcare system.

The source of the data is a 2016 survey conducted by the Centre d'estudis d'opinió (CEO, Center for Opinion Studies), a publicly-funded Catalan agency responsible for public opinion surveys in the style of the Eurobarometer. The specific survey used in this analysis is the Baròmetre Sanitari 2016, a public opinion survey focused on the issue of healthcare produced in

2016 and published in 2017. The sample size includes about 2,000 people with residence in Catalonia, whom the interviewers contacted by phone.

Table 2. Descriptive statistics of independent variables and dependent variable

| Variable | N of valid responses | N missing | Mean | Median | Mode | Standard deviation |
|---|---|---|---|---|---|---|
| Age | 2000 | 0 | 47.33 | 46.00 | 40 | 17.580 |
| Sex | 2000 | 0 | 1.51 | 2.00 | 2 | 0.500 |
| Class identity (1-5) | 1957 | 43 | 2.56 | 3.00 | 3 | 0.792 |
| Education (1-11) | 1990 | 10 | 5.76 | 5.00 | 4 | 2.087 |
| Catalan grandparents (0-4) | 1974 | 26 | 1.21 | 0.00 | 0 | 1.627 |
| Catalan language (0=other than Catalan, 1= Catalan) | 1997 | 2 | 0.389 | 0.00 | 0 | 0.487 |
| Rating of healthcare (0-10) | 1988 | 12 | 6.99 | 7.00 | 8 | 1.845 |
| Comparison with other regions (1= worse, 2=same, 3= better) | 1063 | 937 | 2.32 | 2.00 | 2 | 0.662 |
| Support for more funding (more=0 much more=1) | 1973 | 27 | 0.342 | 0.00 | 0 | 0.474 |
| Voting for pro-independence parties (No=0, Yes=1) | 983 | 1017 | 0.496 | 0.00 | 0 | 0.500 |

*Source: CEO, 2016*

### *Dependent Variable: Support for Catalan Independence Parties*

In order to determine support for pro-independence parties, I constructed a binary variable that represents the respondents who reported voting for parties supporting Catalan secession in the 2015 regional elections. The parties included under this category were Junts pel *Sí* (JxSí, together towards the "Yes"), the main pro-secession coalition— as well as its integrating parties Convergència Democràtica de Catalunya, (CDC, Democratic Convergence of Catalonia) and Esquerra Republicana de Catalunya (ERC, Republican Left of Catalonia)—and the far-left Candidatura d'Unitat Popular (CUP, Popular Unity Candidacy). These electoral groups hold many ideological differences along the traditional left-right spectrum, but are united in their support of Catalan secession. As Table 2 above illustrates, responses for the question on electoral behavior show a large amount of missing cases (due mostly to answers of "do not answer," "do not remember," "did not vote," or "could not vote"). The observed responses, however, show an almost even split between voters of pro-independence parties and other voters.

### *Attitudes about Catalan Health Care System: Variables*

The independent variables of interest for the analysis derive from some of the survey questions related to the respondents' perceptions of the Catalan healthcare system. Three variables are of particular importance for this purpose: the respondents' rating of the Catalan public healthcare system (on a scale from 0 to 10), the comparison of the regional health system with those of other Spanish regions (a three-level ordinal scale: worse, same, or better), and the respondents' degree of support for more funding in the public health system (a variable

reconfigured into a two-level scale separating responses supporting "more" from those supporting "much more" funding).[7]

The rating variable is intended to show the support for regional healthcare policies and institutions, and its relationship with separatist ambitions. Following the logic that individuals who give high ratings to the system of public healthcare in Catalonia "imagine" themselves as members of a differentiated and exceptional community—in this case, the same group of recipients of public healthcare coverage—this study hypothesizes that higher ratings are associated with an increase in the likelihood of supporting pro-independence parties. As Table 2 shows, responses are moderately skewed towards higher ratings with both a mean and a median of seven, and a 20 percent of ratings of five or below.

The purpose of the "comparison" variable is to show the public perception of public healthcare in Catalonia relative to that of other Spanish regions. Assuming that individuals who consider themselves part of a community provided with a higher quality healthcare coverage than other regions demonstrate their perception of exceptionalism, this study hypothesizes that an increase in the relative rating of Catalan healthcare will be associated with an increase in the likelihood of supporting pro-independence parties. In this case, descriptive statistics evidence skewedness towards responses of the Catalan healthcare system as "better" than those of other regions. Only 11 percent of respondents rated the regional system as "worse," while the rest of valid responses are almost evenly distributed between "equal" and "better."

Finally, the variable reporting support for more funding in healthcare provides an image of the respondents' commitment to a shared public health system, their belief in the importance

[7] Due to the extreme skewedness of these responses, it was necessary to reconfigure the variable to include only the two values that contained most responses. This variable still holds analytical value because it allows for the examination of issue-intensity among respondents (comparing those who support additional funding with those who strongly support it).

of such a system for their community, and the perception that the current system might not receive sufficient funds. This study hypothesizes that an increase in the support for additional funding will be associated with an increase in the likelihood of voting for pro-independence parties. Results from descriptive analysis of the variable illustrate that about two thirds of respondents report a support for only "more" funding, which indicates the large issue-intensity of public health financing for the rest one third of individuals.

### *Demographic Variables*

This category includes some basic variables used in sociological and political science studies such as age, sex, and education. Class identity, a self-reported association with a specific socioeconomic class—in five-level ordinal scale from "lower" to upper"— serves as an additional demographic variable. This control is relevant as some authors depict Catalan nationalism as an upper-class movement (Dalle Mulle, 2011). As Table 2 indicates, this variable is significantly skewed towards responses on the lower spectrum of social classes, with about 92 percent of respondents identifying with the middle class or lower, and the majority (52 percent) identifying with the middle class. This might be a result of imprecise self-assessments of class or of social conditionings leading to the rejection of the elitism associated with upper classes.

Education—represented in an eleven-level ordinal scale from no formal education to doctoral level— serves as indicator of the possible effect of a higher level of education in support for independence. This can be explained by exposure to the Catalan public education system and by the exposure to the Catalan history, language, and culture. Descriptive statistics indicate the presence of a subject pool in which the median respondent has at least finished the equivalent of high school and in which about 43 percent have received some form of higher education.

### *Catalan Identity Variables*

The variable reporting respondents' number of Catalan grandparents serves to identify the familial tradition and association with the region. This has an expected positive relationship with support for independence, as geographic roots involve powerful cultural and social factors. A description of responses to this question evidences that about half of the subject pool had zero grandparents from Catalonia, while 20 percent had four, and 11 percent had two. This finding highlights the impact of migratory patterns from rural Spain towards Catalonia and other industrialized regions during the late 1950s and 1960s. As for the variable of language—a binary variable representing those who consider Catalan as their own language as opposed to those who consider other languages, by themselves or in combination with Catalan, as "own." Almost 40 percent of respondents identified Catalan as their sole main language. Numerous works have already established a strong association between linguistic identity and support for regionalism and independence (Conversi 1997), and this study expects the same results.

As seen in Table 3 below, the results are somewhat mixed. One main deviation from the hypothesis occurs in the expected relationship between higher ratings of the public healthcare system and likelihood of supporting pro-independence parties. The positive association is small—as shown by the odds ratio—and the lack of statistical significance does not allow even that small result to be meaningful. This regression model found no statistically significant relationship between positive perceptions of the Catalan healthcare system and support for independence. A possible explanation might be the framing of the question in absolute terms, that is, without referencing the state of the health system in relation to other regions.

Table 3. Logistic regression estimates of support for Catalan pro-independence parties

| | Model 1 (Demographic variables) | Model 2 (Identity variables) | Model 3 (Healthcare variables) | Model 4 (Model 3 minus comparison) | Model 5 (Demographic and identity) | Model 6 (Models 4 & 5) | Model 7 (All) |
|---|---|---|---|---|---|---|---|
| Age | **1.013 | | | | 1.001 | 1.000 | 1.008 |
| Sex | 0.984 | | | | 1.022 | 1.027 | 0.954 |
| Class identity | **1.270 | | | | 1.084 | 1.053 | 1.077 |
| Education | ***1.165 | | | | **1.114 | **1.115 | **1.123 |
| Catalan grandparents (0-4) | | ***1.439 | | | ***1.436 | ***1.437 | ***1.339 |
| Catalan language | | ***7.475 | | | ***6.918 | ***6.732 | ***6.222 |
| Rating of public healthcare | | | 1.087 | ***1.133 | | *1.096 | 1.079 |
| Comparison with other regions | | | ***1.912 | | | | **1.468 |
| Support more healthcare funding | | | 0.989 | 0.929 | | 1.139 | **1.583 |
| N of observations | 948 | 955 | 510 | 945 | 942 | 929 | 502 |
| Cox & Snell R-squared | 0.041 | 0.336 | 0.055 | 0.011 | 0.338 | 0.337 | 0.310 |

* p < 0.10, ** p < 0.05, **, p < 0.001

The first three models focus respectively on each of the three different categories of variables (demographic, identity, and healthcare). The fourth model analyzes healthcare variables without considering the "comparison" factor, which reduced the number of observations significantly in Model 3. The juxtaposition of models 3 and 4 indicates that, although the "comparison" variable reduces the number of cases, its explanatory significance replaces that of healthcare rating in absolute terms (note that the R-squared also increases after adding the "comparison" variable). Model 5 combines demographic and identity factors to observe the behavior of the relationship with the dependent variable under additional controls. Notably, language and ancestry remain positively associated with support for independence, while, of the demographic variables, only education retains a statistically significant and positive relationship. Models 6 and 7 are similar in that they include variables from all three categories (6 leaves out the N-reducing "comparison" variable, while 7 includes all). Again, the relevance of language, ancestry, and education persist, and the inclusion of rating in relative terms replaces the significance of rating in absolute terms.

The hypothesis expecting a positive association between more support for funding towards healthcare and support for independence does not obtain a conclusive test from this regression analysis. The odds ratio shows a negative relationship in the simpler models, but a positive one in the more complex models. The level of statistical significance is not acceptable in any results except for in the most complete model, but the inconsistencies in the behavior of this relationship do not allow for conclusive generalizations. This finding is not consistent with the expectations of the study, which pointed towards support for greater funding in socialized healthcare as a possible contributing factor for support for independence.

The test of the next hypothesis, namely that a more positive perception of Catalan healthcare relative to other Spanish regions will be associated with an increase in the likelihood of

supporting independence, offers more encouraging results. In fact, the value of the odds ratio shows a moderately positive association. With these results, it is possible to observe a small-to-moderate positive association between a better perception of Catalan healthcare relative to other regions and support for independence. This finding is consistent with the assumption that perceptions of exceptionalism and distinctiveness in the realm of a valued public service such as health might lead respondents to support independence as a way to both maintain its autonomy and its exceptionalism.

Particularly because of the implicit distinction between the "own" and the "other" healthcare systems in the survey question from which this variable derives, it is possible to highlight the perception of a specifically Catalan community in the area of public health. From the perspective of Anderson's "imagined communities," healthcare might serve as a powerful element of the national imaginary of an advanced capitalist society with common historical and linguistic cultural elements such as Catalonia. However, it is still important to remain cautious about overemphasizing the importance of healthcare. Although the value of the R-squared in the "healthcare variables" regression model is slightly higher than that of the "demographic variables" model, the explanatory weight of these factors is relatively small. Overall, public opinion does not match the intensity of the nationalist rhetoric surrounding the process of welfare state formation in the last quarter of the $20^{th}$ century.

Other noteworthy observations from the analysis include the expected—though still remarkable—weight and significance of Catalan linguistic identity as a factor in support for secession. Despite the previous findings about the relevance of public healthcare in the Catalan collective imaginary, it is crucial to clarify that linguistic identity represents the most important cultural artifact in the creation of Catalan "nation-ness." The variable indicating the number of

Catalan grandparents also showed a powerful association with support for independence, thus showing the weight of familial and geographic linkages in the formation of nationalism.

As for education levels, the regression shows a significant positive association between each increase on the eleven-level scale and support for independence, possibly confirming the general effect of prolonged contact with formal academic studies.

## Conclusion:

## Reinforcing Nationalism through Social Policy in Catalonia

This study has combined a qualitative analysis on the simultaneous constructions of a Catalan healthcare system and a set of autonomous legislative and regulatory institutions with a quantitative analysis exploring the importance of socialized healthcare in the Catalan national imaginary. Returning to the debate on whether the pre-existence of national identities leads to the expansion of welfare states or the expansion of welfare states reinforces nationalism, it is important to consider what this chapter has shown about the Catalan case. The main finding of the analysis of manifestos and other political rhetoric from the post-Franco era has been the role of Catalan identity in the devolution of legislative and institutional powers to the regional level as well as in the development of a distinct healthcare model promoted through nationalist rhetoric.

Particularly after the financial crisis and as a result of a budgetary dependence on the central state and the perceptions of a fiscal imbalance unfavorable to Catalonia, the development of the welfare state remains a talking for nationalist parties now advocating for the creation of an independent state. This suggests the impact of a separate, though still financially dependent, program of social policy in a region with a strong national identity such as Catalonia. While the Statute of Autonomy of 1979 met demands for self-government, growing tensions over the centralized system of taxation, the aftermath of the Great Recession, and the Spanish Constitutional Court's decision to strike down parts of a new Autonomy Statute of 2006 have prolonged the conflict between Spain and Catalonia. This has limited the necessary territorial

solidarity underpinning systems of welfare at the central level and reinforced the association between Catalan identity and the Catalan welfare state.

Through the quantitative analysis of public opinion, this research product has explored the actual perceptions of respondents on the subject of public healthcare. This has allowed for an examination of the effects of the construction of a uniquely Catalan healthcare system on the national imaginary of Catalans after an institution-building process during the late 20th century. One of the logistic regression models placed questions on public perceptions of the Catalan healthcare system as independent variables and related them to the dependent variable of support for independence parties. The observed results corresponded only partially with the expected ones, since neither the rating of the health system nor reported support for additional funding were impactful or statistically significant in relation to support for independence. On the other hand, the relative rating of healthcare when compared to other Spanish regions provided a stronger and statistically significant positive relationship with the likelihood of supporting pro-independence parties. This suggests a formation of a collective imaginary surrounding healthcare that bases its uniqueness and exceptionalism around a differentiation with the rest of Spain rather than on absolute terms.

Another noteworthy finding was the comparison with the results of McEwen (2002). While the Scottish case showed no significant impact of cultural issues on support for regional autonomy from the UK, the Catalan case indicates a very much strong role of language and heritage. On the other hand, Scottish respondents demonstrated a larger concern about welfare expectations than the Catalans. This finding highlights the presence of dissimilar asymmetries between central and regional governments in the cases of Scotland-UK and Catalonia-Spain. In the Scottish case, the drive towards industrial convergence with the UK and the social impacts of

this process of modernization help explain support for autonomy in matters of social policy. On the other hand, in the case of Catalonia there is a *competing* rather than *converging* processes of modernization between Madrid and Barcelona underlying nationalist tensions. As a result, a universalist welfare state does not represent the main goal of Catalan nationalists as long as that system of social policy provision is distinct and autonomous from the central state.

This thesis is not without methodological and empirical shortcomings. Firstly, the questionnaire for the public opinion survey used in the quantitative analysis lacked some variables that could have contributed to a more extensive study. For example, there were no question regarding ideology on a left-right scale or regarding the rural-urban division of the population. These are important factors to be considered in any public opinion analysis because of the influence of ideological views and geographical environment on respondents' perspectives, and even more so in the issue of healthcare. Secondly, a more comparative regional approach to the research could have determined if some of the observations are unique to the Catalan case or common in other Spanish regions. For example, it is plausible that respondents in other regions might also perceive their regional health system to be better than those of other regions. However, the results from Catalonia remain significant because of the observed relationship between these perceptions of exceptionalism and support for pro-independence parties. Lastly, the use of healthcare as a part of the Catalan national imaginary has been relevant because of the importance of public health in European welfare states, but its explanatory weight remains relatively low compared to other factors such as linguistic identity.

The main contribution of this research has been finding a positive association between perceptions of exceptionalism in the national imaginaries surrounding healthcare in Catalonia and support for independence. This finding suggests the potential of welfare states in promoting

national identities through the care and support of their national members. Further studies will need to consider the Catalan welfare state in a more encompassing way. The realm of education will be of particular interest, as it is intrinsically related to issues of language, culture, and history that are crucial to the definition of national identity. Public education is in fact the other major sector of public policy in which the Catalan Generalitat received a high degree of legislative and institutional autonomy, and it will be revealing to analyze how significant the separate development of Catalan public schools was in contributing to national identity and distinctiveness from Spain. The combination of a study of public healthcare and education would allow for a stronger argument about the creation of a distinctly Catalan definition of social citizenship that could hold great explanatory power about the parallel processes of modernization in Madrid and Barcelona, and consequently, about the ongoing separatist tensions in the region.

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