



Barcelona 25-28 November 1998

Images of Disease

Science, Public Policy and Health in Post-war Europe

Edited by Ilana Löwy and John Krige

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Luxembourg: Office for Official Publications of the European Communities, 2001

ISBN 92-894-1146-5

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Printed in Belgium

PRINTED ON WHITE CHLORINE-FREE PAPER

Health and Public Policy in Spain during the Early Francoist Regime (1936-1951): the Tuberculosis Problem¹

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1. Introduction

From the late 19th century to the middle of the 20th, tuberculosis was regarded as the 'social disease' *par excellence* throughout the Western world². Its high morbidity, specific mortality and lack of an effective treatment added to its tendency to attack principally society's productive members – 80% of its victims were workers between the ages of 15 and 35 – made it 'disastrous' for the economic development and national efficiency of industrialised countries, and it played a big part in the gradual degeneration of the race³.

In addition, medico-social studies of tuberculosis in Spain revealed a disease directly related to the poverty in which the proletariat lived. As well as poor living conditions – manifest in malnutrition, foul and overcrowded living quarters lacking water, electrical

* This work forms part of Research Project PS91-0178 (DGICT).

¹ An early version of this paper was published in Jorge Molero-Mesa, "Enfermedad y Previsión Social en España bajo el Primer Franquismo (1936-1951). El frustrado Seguro Obligatorio contra la Tuberculosis", *Dynamis*, 14, 1994, pp. 199-225.

² Barbara Bates, *Bargaining for Life. A Social History of Tuberculosis, 1876-1938*, Philadelphia, University of Pennsylvania Press, 1992; M. Caldwell, *The Last Crusade: The War on Consumption, 1862-1954*, New York, Atheneum, 1988; Sheila M. Rothman, *Living in the Shadow of Death. Tuberculosis and the Social Experience of Illness in American History*, New York, Basic Books, 1994; Dominique Dessertine and Olivier Faure, *Combattre la tuberculose. 1900-1940*, Lyon, Presses Universitaires de Lyon, 1988; P. Guillaume, *Du désespoir au salut: les tuberculeux aux XIXe et XXe siècles*, Aris, Aubier, 1986; William Johnston, *The Modern Epidemic. A History of Tuberculosis in Japan*, Cambridge, Massachusetts, Harvard University Press, 1995; Peter Reinicke, *Tuberkulosefürsorge. Der Kampf gegen eine Geißel der Menschheit. Dargestellt am Beispiel Berlins 1895-1945*, Weinheim, Deutscher Studien Verlag, 1988; Wolfgang Seeliger, *Die "Volksheilstätten-Bewegung" in Deutschland um 1900: zur Ideengeschichte der Sanatoriumstherapie für Tuberkulose*, München, Profil, 1988; Smith, F.B., *The Retreat of Tuberculosis, 1850-1950*, London, Croom Helm, 1988; Michael E. Teller, *The Tuberculosis Movement. A Public Health Campaign in the Progressive Era*, New York, Greenwood Press, 1988.

³ Linda Bryder, *Below the Magic Mountain. A Social History of Tuberculosis in Twentieth-Century Britain*, Oxford, Clarendon Press, 1988; Jorge Molero Mesa, *Estudios Medicosociales sobre la Tuberculosis en la España de la Restauración*, Madrid, M° de Sanidad y Consumo, 1987, pp. 28-36; Jorge Molero-Mesa, "Fundamentos sociopolíticos de la prevención de la enfermedad en la primera mitad del siglo XX español", *Trabajo Social y Salud*, nº 32, 1999, pp. 19-59.

light or drainage, and long working hours in appalling conditions – there were also cultural aspects conducive to the spread of the disease. Among such ‘popular habits’, sexual promiscuity, onanism and alcoholism stood out as weakeners of the body. Also, the lack of personal and domestic hygiene together with the habit of spitting favoured the spread of Koch’s bacillus. Finally, illiteracy, rebelliousness, superstition and fatalism, all of them traits pointed to by hygienists as being characteristic of the working class, hindered the acceptance of advice on how to avoid the disease⁴.

In spite of scientific acknowledgement of all the aforementioned factors in the origin of tuberculosis, the anti-tuberculosis campaigns organised throughout the Western world, as a key part of the new Social Medicine, failed to base their strategies on the improvement of the awful living conditions of workers. Instead they concentrated their efforts on modifying the ‘consumption habits’ of the popular classes. The alibi offered for this approach was that it was for the purposes of bacteriological science – the breaking of the epidemiological chain of tuberculosis⁵.

According to Alfons Labisch⁶, this cultural habit-changing offensive launched by Social Medicine, together with the implementation of Compulsory Health Insurance, played a very important role in the process of civilisation, rationalisation and social disciplining of the working classes. In the final extreme, these health campaigns contributed to the proletariat’s permanent internalisation of the bourgeois ideal of life based on the attainment of health.

Following this line of thought, we have focused our study on the tuberculosis problem in an especially significant period for the recent history of Spanish public health. Indeed, from 1936 to 1951, the various public health policies emanating from the new totalitarian State defined a special model of healthcare, the consequences of which were felt in Spanish society until the proclamation of the *Ley General de Sanidad* (General Law on Public Health) of 1984. Even today, many of the problems posed in

⁴ Jorge Molero-Mesa, “La tuberculosis como enfermedad social en los estudios epidemiológicos españoles anteriores a la Guerra Civil”, *Dynamis*, 9, 1989, pp. 185-224.

⁵ Michael Worboys, “The Sanatorium Treatment for Consumption in Britain 1890-1914”, in John V. Pickstone, (ed.) *Medical Innovation in Historical Perspective*, London, Macmillan, 1992, pp. 47-71.

⁶ Alfons Labisch, “Doctors, Workers and the Scientific Cosmology of the Industrial World: The Social Construction of ‘Health’ and the ‘Homo Hygienicus’”, *Journal of Contemporary History*, 20, 1985, pp. 599-615; Alfons Labisch, *Homo Hygienicus. Gesundheit und Medizin in der Neuzeit*, Frankfurt, Campus Verlag, 1992.

public health have their origins in the early part of the Spanish post-war period. In the construction of this healthcare model, the tuberculosis problem became the catalyst that brought existing differences between the power groups of the new regime to the surface, and unmasked the monopolistic aspirations of the Falangist Party over all the new regime's social policy.

In this study, we shall first analyse the characteristics of the anti-tuberculosis campaign launched by the Francoist regime, as well as the underlying justification for its development, which acted as the driving force behind the public authorities' decision-making. Secondly, we will study the part played by the post-war political situation in the construction of the healthcare model and social welfare, which culminated in the division of powers between the different factions of Franco's regime. We shall also look at some of the problems that this power-sharing brought with it, which proved to be a real hindrance to a definitive establishment of a true welfare state in Spain.

2. The Francoist regime and the tuberculosis problem

One of the first steps taken by the rebel side after the armed uprising was the creation of the Patronato Nacional Antituberculoso (National Tuberculosis Foundation) in December 1936⁷. This meant, in Nationalist territory, a return to the situation prior to 1931 with the creation, once again, of an autonomous body, which, despite coming under the auspices of the State and having links with the Dirección General de Sanidad (State Office of Public Health), recreated the structure and charitable nature that Republican nationalisation had tried to eliminate⁸.

The creation of the Anti-tuberculosis Foundation under the slogan, "Healthy Spain will have to make sacrifices for sick Spain" was a propaganda ploy that the new regime exploited to the full to justify the armed uprising against the Republic. Its main aim, namely to hospitalise every tuberculosis sufferer, was materially impossible

⁷ Decreto-Ley 20-XII-1936.

⁸ The first Republican Government nationalised the fight against this plague in 1931, following the dissolution of the Royal Foundation for the Fight Against Tuberculosis, a private institution created by Primo de Rivera in 1924. It also provided the campaign, for the first time, with a big enough budget to start on the construction of clinics and sanatoriums, and to incorporate, after public examinations, personnel qualified in consumption in the National Body of Public Health. Molero-Mesa, Jorge, "Clase obrera, Medicina y Estado en la España del Siglo XX. Bases sociopolíticas de las campañas antituberculosas entre 1889 y 1950", in Jesús Castellanos, Isabel Jiménez Lucena, M^a José Ruiz Somavilla and Pilar Gardeta, *La medicina en el siglo XX. Estudios Históricos sobre Medicina, Sociedad y Estado*, Málaga, Sociedad Española de Historia de la Medicina, 1998, pp. 221-228.

to achieve, but it presented the rebels as being the only side capable of bringing "true social justice" to Spain⁹. One way of spreading this propaganda was in the interviews Franco gave to both the foreign and domestic media at the height of the civil war. In them, the future dictator highlighted the large number of sanatoriums being set up¹⁰ and his project's underlying demographic objective: to reach, in the long term, a Spanish population of 40 million people¹¹. The fight against the premature loss of lives, brought about mainly by tuberculosis and infant mortality, was to be completed by the Francoist policy of promoting family life, and the role to be played by women in the new State¹².

However, to achieve this objective, as was again pointed out in 1950, the fight against infectious disease in general and against tuberculosis in particular, depended on the qualitative enhancement of the population, in other words, the 'improvement of the race'¹³. The conditions in which the Spanish post-war population found themselves,

⁹ This unrealistic goal was rectified the following year by the Foundation, as the number of tuberculosis sufferers had been put at 300,000 (not counting those who would join these ranks after the ravages of the civil war). This figure would mean providing a budget, just for maintaining beds, of almost 800 million pesetas a year. *Anteproyecto de Lucha Antituberculosa*, Valladolid, Imp. Castellana, 1937, pp. 7-8.

¹⁰ Franco highlighted the fact that in just eight months of conflict, 37 sanatoriums had been created. These centres, which in reality were converted halls in premises that had been given up or confiscated after military occupation, had mostly to be dismantled or returned to their owners at the end of the war. Bartolomé Benítez Franco, M. Oñorbe and E. Ripollés. *Informe técnico al proyecto de organización sanatorial*, Madrid, PNA, 1944, pp. 4-5.

¹¹ Francisco Franco, *Palabras del Caudillo, 19 de abril 1937-7 de diciembre 1942*, Madrid, Ed. Vicesecretaría de Educación Popular, 1943, p. 389. M^a Carmen García Nieto and Javier M^a Donezar, "La España de Franco 1939-1975", in *Bases documentales de la Historia de España Contemporánea*, vol. 11, Madrid, Guadiana, 1975, p. 49; Jesús de Miguel, *La sociedad enferma: las bases sociales de la política sanitaria española*, Madrid, Akal, 1979, pp. 36-40. For more on fascism and population, see Paul Weindling, "Fascism and Population in Comparative European Perspective" in Michael S. Teitelbaum and Jay M. Winter (eds.), *Population and Resources in Western Intellectual Traditions*, Cambridge, Cambridge University Press, 1989, pp. 102-121.

¹² Rosario Sánchez has pointed out the pro-active role of the Women's Section in this undertaking, as well as the laws proclaimed to this end. Among these, we could single out those referring to: Prizes for Motherhood; Family Benefit; prohibition on divorce (retrospective in nature); harsh penalties for abortion, adultery and illicit union; supplementary taxation for bachelors; and a prohibition on women working. Rosario Sánchez López, *Mujer española, una sombra de destino en lo universal. Trayectoria histórica de la Sección Femenina de Falange (1934-1977)*, Murcia, Universidad de Murcia, 1990, pp. 25-26. On the same theme, see also Pedro Carasa, "La revolución nacional-asistencial durante el primer franquismo (1936-1940)", *Historia Contemporánea*, n^o 16, 1977, pp. 89-140.

¹³ Bartolomé Benítez Franco, *La tuberculosis. Estudio de la lucha contra esta enfermedad en España (1939-1949)*, Madrid, PNA, 1950, p. 64.

brought to light by various studies of its state of nourishment¹⁴, did not exactly lend themselves to the fulfilment of such an aim. The new regime's answer, after starting a war for the very reason of safeguarding the interests of the ruling class and so avoiding a more equitable distribution of wealth, was to put the blame on the population and their health-related habits (a claim tantamount to blaming the victim)¹⁵. The campaign, as it was conceived, touched upon, as it had done before, changing the 'consumption' practices of the working classes, such as spitting, sexual abuse (masturbation, promiscuity), poor diet, insufficient personal and domestic hygiene or the lack of precautions, among other things.

In this context, we must situate all the actions which, from diverse quarters, were designed by Franco's regime to fight tuberculosis. The propaganda-education network was supplemented by various nursing home institutions. The *Instructoras sanitarias* (Female Public Health Instructors) (visiting nurses), in the employ of either the Foundation or the *Cuerpo de Puericultores del Estado* (State Corps of Paediatricians), were soon aided by the work of the Women's Section of the Falange through the *Cuerpo de Divulgadoras Sanitario-Rurales* (Corps of Female Public Health Disseminators in Rural Areas), created by law in June, 1941¹⁶. All of this was supported by the indoctrination of women in a compulsory form of Social Service, in which they were taught a series of hygiene rules as well as the 'art of cookery', in other words, how to prepare calorific diets using the scarce food available. The *Frente de Juventudes* (Falange Youth Front), with the organisation of camps, youth hostels and school holiday camps, was responsible for improving children's physical development. The resulting doses of fresh air coincided with an early contact with political orientation¹⁷. For those children in "delicate physical condition", this

¹⁴ Carlos Jiménez Díaz, "Memoria sobre el estado nutritivo de la población madrileña (1941-1943)", *Estudios de Historia Social*, nº 5, 1978, pp. 409-465. It is worth highlighting that the Francoist regime never accepted responsibility for the result of the surveys on nutrition in Madrid. In 1940, Benítez Franco pointed out that one of the factors that had brought about the increase in the number of tuberculosis sufferers after the war was the "starvation diet" to which the Republican zone was "exclusively" subjected. Bartolomé Benítez Franco, *El problema social de la tuberculosis*, Madrid, Gráf. Afrodísio Aguado, 1940, p. 24.

¹⁵ This strategy, implicit in previous anti-tuberculosis campaigns in Spain and other countries, could be carried out by Franco's regime with all the coercive rigour that its laws allowed. See for example the institutional response to the problem caused by spotted fever, after 1941 in Málaga: Isabel Jiménez Lucena, *El tifus en la Málaga de la postguerra. Un estudio historicomédico en torno a una enfermedad colectiva*, Málaga, Universidad de Málaga, 1990, pp. 44-70.

¹⁶ For details of the latter's functions, see M^a Teresa Gallego Méndez, *Mujer, Falange y franquismo*, Madrid, Taurus, 1983, pp. 124-126.

¹⁷ Cfr. Juan Sáez Marín, *El Frente de Juventudes. Política de juventud en la España de la postguerra (1937-1960)*, Madrid, Siglo XXI, 1988.

organisation had special preventive sanatoriums. In the words of one of the officials in charge in 1942, their establishment was designed to “considerably reduce the number of disabled people and so raise the average strength and capacity of all Spaniards”¹⁸.

The aim of this habit-changing offensive, together with the introduction of social insurance schemes, was, in the final analysis, that the proletariat should permanently internalise the bourgeois ideal of life based on the attainment of good health¹⁹. The development of the health campaigns of the first third of the present century had played a key role in this process, which stripped disease of its political connotations²⁰. In our country, they led part of the proletarian movement to include public health policies in their political programmes, without waiting for a political revolution to put social classes on an equal footing in other aspects²¹. In the period that concerns us, this process of social formation received a big boost from the introduction of insurance against illness, by offering the proletariat a small measure of hope of improving their life expectancy without fear of misfortune²². The importance that Franco’s regime attached to the concepts of disease and health insurance – which was most clearly exemplified in tuberculosis and the planned insurance against it – is reflected throughout the present study in the struggle between the various Francoist factions to control these aspects of social policy.

3. The Falangist Party and the Compulsory Insurance against Tuberculosis

From its creation in 1936 until 1943, the composition of the anti-tuberculosis Foundation was characterised by the total absence of consumption specialists. The structure of the Central Committee was a copy of that of the Real Patronato de Lucha Antituberculosa (Royal Foundation for the Fight against Tuberculosis), organised under Primo de Rivera’s dictatorship, with heavy monarchic representation. Its members included

¹⁸ Fernández Cabezas, “Las Estaciones Preventorias del Frente de Juventudes”, *Ser*, n° 6, 1942, pp. 111-116, p. 116.

¹⁹ Labisch, 1985, *op. cit.* in footnote 6.

²⁰ Esteban Rodríguez-Ocaña and Jorge Molero-Mesa, “La cruzada por la salud. Las campañas sanitarias del primer tercio del siglo XX en la construcción de la cultura de la salud”, in: Montiel, L. (ed.) *La salud en el estado de bienestar. Análisis histórico*, Madrid, Editorial Complutense Cuadernos Complutenses de Historia de la Medicina y de la Ciencia, n° 2, 1993, pp. 133-148.

²¹ Molero-Mesa, 1998, *op. cit.* in footnote 8 and Molero-Mesa, 1999, *op. cit.* in footnote 3.

²² Esteban Rodríguez-Ocaña, *La constitución de la Medicina Social como disciplina en España (1882-1923)*, Madrid, M° de Sanidad y Consumo, 1987, p. 28.

several high office-holders in the dictator's administration: its President, General Martínez Anido²³, was Minister of the Interior with Primo de Rivera and, therefore, statutory President of the old Royal Foundation for the Fight against Tuberculosis; the spokesman for the Foundation, Conde de Casal, had been its delegate President; while another spokesman, Antonio Horcada Mateos, had been Director General of Public Health from 1928 to 1930. Furthermore, José Palanca, who was an *ex officio* member because he was Director General of Public Health, had already held this last post in the two governments preceding the exile of Alfonso XIII²⁴. Also, among the members appointed for 'their zeal in the fight against tuberculosis' figured a duchess, a marchioness and Irene Rojí Acuña, the wife of Martínez Anido²⁵. The *Comités Delegados Provinciales* (Provincial Delegate Committees) had a similar structure. Despite this considerable monarchic presence, the technical leadership was taken over by the Falangist Party. Their doctors were responsible for elaborating healthcare plans and future projects for anti-tuberculosis policies²⁶, guided by reports that they solicited from medical specialists, but did not always act upon²⁷.

²³ This military man held the ministerial post for Public Order in Franco's first government. After his death in December 1938, this post was taken up by the Falangist, Ramón Serrano Suñer, the Minister of the Interior. In the second government (August 1939), this Ministry adopted the definitive name of *Ministerio de Gobernación* (Ministry of the Interior), to which the State Office of Public Health was added.

²⁴ This was not an isolated phenomenon as many other of Primo de Rivera's collaborators were recruited by the various Francoist departments. José Antonio Biescas and Manuel Tuñón de Lara, *España bajo la dictadura franquista (1939-1975)* 2nd ed., Madrid, Labor, 1981, see the appendix on pp. 574-575.

²⁵ Patronato Nacional Antituberculoso, *Revista Española de Tuberculosis*, 9, nº 60, 1940, inside cover.

²⁶ José Ramón de Castro, *Resumen de la Obra y espíritu del Patronato Nacional Antituberculoso desde su creación hasta la promulgación de la Ley de Bases*. Vigo, Imp. 'La Competidora', ca 1941. From the Falangist doctor José Ramón de Castro, Advisor to the Presidency of the Foundation and until that moment removed from anti-tuberculosis questions, came the "Blueprint for the Anti-Tuberculosis Fight", some "Notes on an Organisation of the National School of Consumption", "Scripts for a Spanish Anti-tuberculosis Fight", and "General Regulations of Health Sanatoriums" and, very probably, the text of the *Bases Law* of 1939.

²⁷ See for example, José Merino Hompanera, *Algunos rasgos sobre cómo debiera organizarse la Lucha Antituberculosa en el Nuevo Estado Español Nacional Sindicalista*, Cáceres, Tip. "La Minerva Cacerense", 1938. This study was commissioned by the National Delegation of Public Health of FET and the JONS. José Merino, Director of the Central Antituberculosis Clinic of Cáceres, proposed a campaign based on the multiplication of these centres as a means of fighting tuberculosis. He also argued that the organisation should be put in the hands of specialist doctors from National Public Health, under the leadership of the State Office of Public Health. This opinion went against the aspirations of the Falange at that time.

One such project, in 1937, was the creation of a Compulsory Insurance against Tuberculosis, just like that which had been established by the fascists in Italy in 1927²⁸. The influence of Italian fascism in the configuration of the insurance against tuberculosis was clearly revealed in its guiding philosophy and ultimate aim. According to José Ramón de Castro, “in order to fulfil a doctrine of a pure National Syndicalist revolution, the personality of the Fight against Tuberculosis initiated by the people must return to the people through the State”. Such an approach started from the supposed “minority of the people”, meaning that, in the first stage, the State would come to their aid, digging into its own funds. Later on, the State would “consent to” the creation of an Instituto Nacional del Seguro Antituberculoso (National Institute of the Anti-tuberculosis Insurance), within the Foundation, to channel the contributions of each citizen (insurance policy-holders), and so finance the fight against tuberculosis. The next stage would see the emergence of “satellite” institutions entrusted with the effective management of actions against disease (provincial commissions, schools for the study of consumption and the fight against tuberculosis in the armed forces). Finally, the Foundation would become financially independent of the State and the fight against tuberculosis would be directed towards “autarchy”, constituting a “power in its own right”. In this way, the hygiene question would be treated as a “pure social instrument” rather than “charity towards tuberculosis sufferers”²⁹. In accordance with these approaches, the insurance against tuberculosis was presented as an alternative to the concept of ‘Marxist nationalisation’, which had been dominant in the Republican era, according to the accusations made to this effect in 1935³⁰ (at the height of the civil war)³¹.

²⁸ *Anteproyecto de Lucha Antituberculosa (1937)*, *op. cit.* in footnote 9, pp. 4 and 7. It should, however, be stressed that the issues raised by this disease were key topics in the debate in Spain over the introduction of an insurance against disease until 1936. Thus, the introduction of a specific insurance scheme against tuberculosis had already been called for in the various scientific meetings of consumption specialists, which had been held in our country since 1924. It was seen as an alternative to the budget deficits that burdened the fight against this plague. Cfr. Jorge Molero-Mesa and Esteban Rodríguez-Ocaña, “Tuberculosis y previsión. Influencia de la enfermedad social modelo en el desarrollo de las ideas médicas españolas sobre el seguro de enfermedad”, in M. Valera, M^a. A. Egea, M^a. D. Blázquez (eds.) *Libro de Actas del VIII Congreso Nacional de Historia de la Medicina. Murcia-Cartagena 18-21 diciembre 1986*. Murcia, Cátedra de Historia de la Medicina. Universidad de Murcia, 1988, vol. 1, pp. 502-513.

²⁹ Castro (ca. 1941) *op. cit.* in footnote 26, pp. 28-32.

³⁰ José Alberto Palanca, *Discurso de contestación*. In: *Verdes Montenegro, J. Deficiencias de nuestra organización antituberculosa. Discurso en la RANM*, Madrid, Imp. Augusto Boué, 1935, pp. 21-59, p. 47.

³¹ José Blasco Reta, “Sobre la lucha antituberculosa en Granada”, *Actualidad Médica*, 23, 1937, pp. 266-275.

Just one year later, in 1938, the *Fuero del Trabajo* (*Employment Charter*) was proclaimed. It literally copied the contents of the Italian Fascists' Employment Charter, which included this same insurance, along with the rest of the declarations³². The tenth declaration of this new Fundamental Law included the task of creating a Compulsory Insurance against Tuberculosis along with insurance against old age, disability, maternity, work accidents, professional illnesses and redundancy³³. Its confirmation came in August 1939 with the law that regulated and established the Foundation. In its seventh clause, the setting up of a 'National Savings Bank for Compulsory Aid Against Tuberculosis in Conjunction with the National Insurance System' was outlined, the Foundation itself being designated the task of preparing the project³⁴. Consequently, the Delegación Nacional de Sindicatos (National Delegation of Unions), responsible for the Obra Asistencial 18 de julio (Welfare Project 18th July), reached an agreement with the Foundation on the provision of 4,000 beds to put the introduction of the insurance scheme on a firm footing.

In order to ensure its control over anti-tuberculosis welfare work in those zones still to be occupied, the Falangist Party planned the creation of Anti-tuberculosis Technical Commissions, which would take immediate charge of the campaign against tuberculosis, especially in the most populated cities like Madrid, Barcelona and Valencia. The Falangists supposed that the anti-tuberculosis centres – almost all of them in Republican territory at the beginning of the war – would be abandoned by their staff (health officials during the Republic) after the final victory³⁵. This idea was reinforced by the fact that a large part of Republican anti-tuberculosis officials were accused of collaboration with the socialist Marcelino Pascua (Director General de Sanidad – Director General of Public Health – from 1931 to 1933) in the expulsion of doctors belonging to the monarchic Royal Foundation after the service's nationalisation. This would explain the absence of medical specialists on the Central Committee of the Foundation until the appropriate purges were made after the war.

³² The 27th declaration of this charter included the improvement of insurance against accident, the extension of maternity insurance and the establishment of insurance against professional illnesses and tuberculosis as a starting point for the institution of a general insurance. Fernando Gazzetti, *Asistencia y previsión en Italia* (Roma: Società Editrice di Novissima, 1937). In this monograph, which was edited in Castilian and must have circulated in the Rebel zone, all the social achievements of Italian fascism were related, the tuberculosis insurance figuring among them.

³³ *Fundamentos del Nuevo Estado*, Madrid, Ed. Vicesecretaría de Educación Popular, 1943, p. 179.

³⁴ Benítez Franco (1940) *op. cit.* in footnote 14, p. 181.

³⁵ *Anteproyecto de Lucha Antituberculosa* (1937) *op. cit.* in footnote 9, p. 9.

4. Post-war power-sharing: public health versus health insurance

However, the panorama at the end of the war differed hugely from that which the Falangists had anticipated: the sanatoriums were nearly all destroyed, but the majority of doctors and health workers employed by the State in the fight against tuberculosis had not abandoned their posts. Indeed, although the number of exiled doctors after the war was far greater than in any other scientific field³⁶, this was not so in the case of specialists in consumption. Thus, together with health officials, the Foundation ended up accepting those doctors struck off by the Republic in 1931, as well as those who had been appointed by official bodies, such as town and county councils. In order to build up personnel, public examinations were held in 1940 for the incorporation of those who had collaborated with the new regime³⁷. According to the provisional payroll of 1944, the Foundation consisted of 187 doctors in total, including directors, assistants and specialists, of whom 109 (58.3%) had been appointed before 1936³⁸.

Along with anti-tuberculosis officials, most of the doctors belonging to the *Cuerpo de Sanidad Nacional* (National Public Health body) also kept their posts, something that damaged Falangist hopes of monopolising (possibly through a Ministry of Employment and Public Health) all aspects of health and welfare. Alfonso de la Fuente Chaos (1908-1988), a surgeon and National Secretary of the Falangist Party³⁹,

³⁶ Ernesto García Camarero, "La ciencia española en el exilio de 1939", in Abellán, José Luís (ed.) *El exilio español de 1939*, Madrid, Taurus, 1978, vol. 5, pp. 191-243. This author points out that 500 medical professionals sought exile in Mexico alone, in 1939. For his part, González Duro highlights the dismantling of psychiatry after the civil war, owing to the exile, purges and ostracism to which its most representative figures were subjected. Enrique González Duro, *Psiquiatría y sociedad autoritaria: España: 1939-1975*, Madrid, Akal, 1978, p. 5.

³⁷ At the end of 1938, the Foundation had 84 doctors, 72 medical assistants, 144 nurses, six school mistresses, 16 chaplains and 164 nuns who, together with auxiliaries and administrators, formed a staff of 922 people.

³⁸ The specific proportion of the official doctors employed by the Foundation is made clear by comparing it with the number of practitioners that made up the National Body of Public Health in 1943, which included, together with health inspectors, doctors involved in various health campaigns (malaria, spotted fever and poliomyelitis). They totalled, in the same year, 199. Apart from them, there was the State Body of Paediatricians, *Cuerpo Médico de Sanidad Nacional. Puericultores del Estado. Tisiólogos Españoles. Primeras reuniones anuales. Conclusiones*, Madrid, PNA, p. 20.

³⁹ He was also National Leader of the Project '18th July', and founder of the journal *Ser*, the mouthpiece of the National Delegation of Public Health of FET and the JONS (Spanish Traditionalist Falange and of the Committees for the National Syndicalist Offensive). Among the posts he occupied throughout the Franco period were the Presidencies of the Spanish Football Federation (1956) and the General Council of Medical Associations (1963). "Sesión Necrológica en memoria del Excmo. Sr. D. Alfonso de la Fuente Chaos. Comunicación a la Real Academia de Medicina el día 13 de diciembre de 1988", *Anales de la Real Academia Nacional de Medicina*, 105, 1988, pp. 531-553.

put it clearly when confessing that 'the fundamental thing in social security is Public Health, economic considerations are auxiliary'. According to this surgeon, in a National Syndicalist State, both elements had necessarily to be unified under a 'National Authority', and in the charge of the Syndicates⁴⁰.

The distribution of the power centres within the different groups that made up the wartime rebel side assigned to the Falange mainly those within the socio-political domain⁴¹. In 1938, however, the Government of Burgos gave provisional control of the Dirección General de Sanidad (State Office of Public Health) to José Alberto Palanca y Martínez Fortún (1888-1973)⁴², medical Commander and a member of Catholic army circles of monarchic persuasion⁴³, this despite the fact that this body formed part of the Ministry of the Interior, whose head was the Falangist, Serrano Suñer.

At the end of the war, the political factions making up the Francoist organisation engaged in bitter power struggles within the State apparatus. The State Office of Public Health was fought over by medical associations (close to the army) and the Falangist Party⁴⁴, which still had the advantage of controlling the Ministry of the Interior. As part of this political struggle, and in a final attempt to take over the domain of public health, the Falange tried to remove anyone they accused of being 'leftist' or 'an enemy of the regime' from the National Public Health body. After this purge, which affected all public workers, the vast majority of health officials kept their jobs⁴⁵. The solution that the regime came up with was to share out the various Ministries and the fields that each one had assigned to it. In May 1941, General Valentín Galarza took over from Serrano Suñer as head of the Ministry of the Interior, which still incorporated the State Office of Public Health. At the same time, the Ministry of Employment,

⁴⁰ Alfonso de la Fuente Chaos, *Política sanitaria. Madrid, Delegación Nacional de Sanidad*, 1943, p. 94.

⁴¹ Sheelag Ellwood, *Prietas las filas. Historia de la Falange Española, 1933-1983*, Barcelona, Ed. Crítica, 1984, p. 113; y Carasa, 1997, *op. cit.* in footnote 12.

⁴² This doctor was also Professor of Hygiene and ex-deputy of the CEDA (Spanish Confederation of Autonomous Right-wingers). In 1934, he had actively participated in the transfer of the State Office of Public Health to the Ministry of Employment, against Socialist proposals that it should remain in the Ministry of the Interior. José Alberto Palanca, *Medio siglo al servicio de la Sanidad Pública*, Madrid, Ed. 'Cultura Clásica y Moderna', 1963, p. 99.

⁴³ *Ibid.* p. 104; Miguel Jerez Mir, *Elites políticas y centros de extracción en España: 1938-1957*, Madrid, Centro de Investigaciones Sociológicas, 1982, p. 224. He was to occupy this post without interruption until 1957, when he was substituted by Jesús García Orcóyen (b. 1903).

⁴⁴ This is according to José Palanca in an interview with the journalist, Gómez-Santos. The Falangists had Tomás Rodríguez as their candidate. Marino Gómez-Santos, *Médicos que dejan huella*, Madrid, Organización Sala, 1973, p. 430.

⁴⁵ Jorge Molero-Mesa and Isabel Jiménez Lucena, "Salud y burocracia en España. Los Cuerpos de Sanidad Nacional (1855-1951)", *Revista Española de Salud Pública*, 74. 2000, pp. 45-79.

which incorporated the Instituto Nacional de Previsión (National Welfare Institute), was assigned to the Falange, with Girón de Velasco at its head⁴⁶.

The problem posed by this distribution of power soon became apparent with the beginning of the debate over the model of health insurance to be set up in Spain. On the one hand, legislation favoured the anti-tuberculosis Foundation, the Presidency of which fell to the Director General of Public Health. As we have just seen, however, the body responsible for initiating all social welfare policy was part of the Ministry of Employment.

The alternative to the Compulsory Insurance against Tuberculosis proposed by the Falangist Party was a global insurance against illness, bearing more similarities with the German model than the Italian one⁴⁷. Its legislative arguments were based on the final sentence of the tenth statement in the Employment Charter, which outlined a tendency towards the introduction of a comprehensive insurance scheme. A specially appointed commission was given the task of studying which insurance model was to be adopted⁴⁸.

Apart from these talks, 'experts' hitherto uninvolved in the official anti-tuberculosis organisation, and in league with the State Office of Public Health, began planning a future insurance against tuberculosis. The main justification was that, without such an insurance, the objectives of a fight against tuberculosis could not be met, not to mention the cost of the provision of 20,000 beds decreed by law in 1940.

The person responsible for the implementation of the project was Bartolomé Benítez Franco (b. 1909), editor of the *Revista Española de Tuberculosis* (*Spanish Journal of Tuberculosis*), a publication that had become the official mouthpiece of the Foundation

⁴⁶ General Valentín Galarza, considered by the single party to be anti-falangist (Ellwood, 1984, *op. cit.*, in footnote 41, p. 127), was replaced in September 1942 by Blas Pérez González, a specialist of no specific political affiliation, according to Ramón Tamames, who devoted himself efficiently to the work of 'political policing'. Ramón Tamames, *La República. La era de Franco*, Madrid, Alianza Ed., 1986, p. 308.

⁴⁷ José Palanca highlighted this controversy in a speech made before the Chief of Public Health of the Reich, Dr. Conti, on the occasion of the International Tuberculosis Congress, organised by the Germans in November 1941, in Berlin: "Some prefer your system, a totalitarian insurance which covers all risk of disease. Others are inclined towards Italian methods, an insurance just for tuberculosis, which is the most common disease and the one which brings most expense, but which is also easier to organise". José Alberto Palanca, "Los servicios sanitarios españoles a través de nuestra guerra de liberación", *Actualidad Médica*, 18, 1942, pp. 1-12, p. 9.

⁴⁸ It should be emphasised that in the debate over the introduction of these insurance schemes, doctors were excluded as a pressure group. In December 1942, the Zaragoza-based journal *La Opinión Médica*, was closed by order of the Government for its opposition to the introduction of the SOE. Mariano Gastón Barcos, 'Clínica y Laboratorio'. *Análisis de una institución científicomédica aragonesa*. Doctoral Thesis, 1992, MSS, p. 99.

since its relaunch in January 1940. This doctor, who had been made unofficial General Secretary of the Foundation while its restructuration was being planned, was also a member of the aforementioned commission, which was to report on insurance. The project was presented at the first National Congress of Practical Medicine (Madrid, May 1941)⁴⁹. It was, according to its author, an improved version of the Italian welfare model, which had introduced compulsory insurance against tuberculosis in 1927, and which he had studied during a previous visit to Italy⁵⁰.

The insurance against tuberculosis was to be compulsory for those earning less than 600 or 700 pesetas a month, and was independent of, and prior to, general insurance against illness. The running of the scheme was to be shared, after an agreement with the National Welfare Institute. This body would collect premiums and pay out benefits. The Caja de Asistencia Obligatoria (National Savings Bank for Compulsory Aid) was set up within the Foundation to administer funds for the construction and maintenance of sanatoriums, and the provision of aid to those insured. Such an arrangement would, according to the speaker, unite “the activity of the two bodies, which would come together in the fight against tuberculosis: the Foundation taking care of propaganda work, prevention and aid to poor tuberculosis victims; the National Welfare Institute collecting insurance premiums, paying out benefits and contributing to the success of the National Savings Bank for Aid”.

In other works, Benítez Franco extended the list of advantages of tuberculosis insurance over general illness cover. Thus, in the face of the traditional opposition of the medical profession⁵¹, insurance against tuberculosis was more readily accepted by medical professionals as it was limited to the disease most common among those living on charity. He also affirmed that the tuberculosis sufferer, due to the nature of her or his illness, neither believed in the doctor nor even gave him “the intimate satisfaction of doing his duty”⁵².

⁴⁹ Bartolomé Benítez Franco, “El seguro social contra la tuberculosis”, in *Movilización Cultural Médico-Práctica. Madrid 1941. III Ponencia. Tuberculosis en la postguerra, desarrollada por el PNA*, Madrid, Gráf. Uguina, 1941, pp. 234-241.

⁵⁰ Bartolomé Benítez Franco, “El seguro social contra la tuberculosis en Italia. Notas y comentarios (Memoria presentada al PNA)”, *Revista Española de Tuberculosis*, 10, n° 74, mayo 1941, pp. 199-217.

⁵¹ Esteban Rodríguez-Ocaña and Teresa Ortiz Gómez, “Los médicos españoles y la idea del seguro obligatorio de enfermedad durante el primer tercio del siglo XX”, in M. Valera, M^a. A. Egea, M^a. D. Blázquez (eds.) *Actas del VIII Congreso Nacional de Historia de la Medicina. Murcia-Cartagena 18-21 diciembre 1986*, Murcia, Cátedra de Historia de la Medicina, Universidad de Murcia, 1988, vol. 1, pp. 488-501.

⁵² Bartolomé Benítez Franco, “Contribución al estudio de los seguros sociales de enfermedad”, *Revista Española de Tuberculosis*, 10, 1940, pp. 452-461, p. 459.

To finance this scheme, this consumption specialist proposed adding a few minutes to the working day, dedicating the resulting effort to the insurance against tuberculosis, and so neutralising the opposition of the sponsors. He summed up the numerous advantages of the insurance in the following way: "The insurance against tuberculosis will save thousands of workers from death; it will spare many families from misery; sponsors will accept it without protest; doctors will serve it with enthusiasm; and its benefits to both the physical and economic health of Spain will be incalculable"⁵³.

5. Compulsory health insurance and the national anti-tuberculosis foundation: an impossible partnership

At the end of 1941, the creation of the Seguro Obligatorio de Enfermedad (SOE) (Compulsory Health Insurance) was decided upon, while that of tuberculosis was finally rejected. The debate, however, was centred on the control of medical affairs among the various pressure groups involved (the Falange, Medical Associations and the State Office of Public Health). In February 1942, José Palanca took advantage of the launch of the journal *Ser* (the official mouthpiece of the National Delegation of Public Health of the Falange) and warned of the impossibility of waging a campaign against tuberculosis without the SOE. At the same time, he questioned the wisdom of fighting tuberculosis on two different fronts and warned of the need for collaboration between the State Office of Public Health, the Foundation and the medical profession in the introduction of the new insurance scheme⁵⁴.

The reaction from Falangist circles was not long in coming. At a conference at the Madrid Faculty of Medicine one month after the proclamation of the *Compulsory Health Insurance Law* (December 14, 1942), Alfonso de la Fuente Chaos did not put forward technical justifications for the monopolisation of this body, but instead adopted a posture of force legitimised by victory in the civil war. On the one hand, the medical associations had been discredited for not using their position to prevent the regime's enemies from filling official posts in Public Health, "but also, and this is the saddest part, in three years of forgiveness they have not shown the slightest hint of repentance"⁵⁵. The same doctor also reminded them of their obligation to join the union, as was demanded in a National Syndicalist State.

⁵³ *Ibid.*, p. 461.

⁵⁴ José Palanca, "La sanidad oficial y el Seguro de enfermedad", *Ser*, n° 1, 1942, pp. 60-61, p. 61.

⁵⁵ Fuente Chaos, 1943, *op. cit.* in footnote 40, p. 161.

In the face of the wish of both the State Office of Public Health and the Foundation that the insurance should use public services, Alfonso de la Fuente was even more emphatic: "If the State claims the means of production as its own (clinics, sanatoriums, material) and makes doctors mere employees, it has carried out a total socialisation of medicine, and Spain could not send 15.000 men to fight in the snows of Russia for an article of law and then cruelly to ridicule their death"⁵⁶. At the same time he described the State Office of Public Health's work as 'charitable', while the insurance was a social project. From this viewpoint, the State Office of Public Health should stand aside and limit itself to preventive campaigns that would benefit the insurance by reducing morbidity: "Let the fight against tuberculosis, with its wonderful possibilities, go on. Take up the fight against cancer and rheumatism, and see how, with all of this, you can do great things without our function taking any of the credit away from you"⁵⁷.

According to the Falange, the only possible alternative was, therefore, that the SOE should lend its assistance through the 'Project 18th July', dependent on the National Delegation of Syndicates of Falange, and on the medical centres set up with the creation of the Insurance against Disease, as stipulated in the *Compulsory Health Insurance Law*. If this approach was not adopted, it would give rise to the paradoxical situation of the economically weak having to maintain with their premiums the services that the State had previously provided free.

From this moment on, the Foundation sought coordination with the SOE in both preventive and healthcare material for tuberculosis sufferers and professional material for its specialists. On the occasion of the First Annual Meeting of Spanish Consumption Specialists held in Madrid in May 1943, the Foundation claimed sole legal jurisdiction over the fight against tuberculosis, with the aim of avoiding the dichotomy that had arisen in Italy. Here, the Welfare Institute provided its insurance holders with direct healthcare, while the provincial associations and the National Fascist Federation against Tuberculosis (the equivalent of the Spanish Foundation) went on operating independently. The *Compulsory Health Insurance Law* already made it clear that the rules of the State Office of Public Health should be observed in preventive matters. Another of the Foundation's demands was the establishment of a disability insurance, as the maximum of 26 weeks for medical and financial help was insufficient for chronic diseases like tuberculosis. It was even dangerous to reintroduce somebody carrying germs into society. As for the Foundation's consumption specialists who would treat

⁵⁶ *Ibid.*, p. 163.

⁵⁷ *Ibid.*, p. 165.

insurance holders, it was argued that they should receive the same consideration as insurance specialists. Also, a total separation of administrative and health services lent to the Foundation should be maintained within the organisation⁵⁸.

The proclamation of the *Compulsory Health Insurance* regulations (November 11, 1943) confirmed the fears expressed by consumption experts with regard to jurisdiction in the area of tuberculosis. Indeed, article 35 of the regulations created the Tuberculosis Service of the SOE⁵⁹, and although it stated that maximum cooperation with “specially commissioned institutions from the areas of preventive medicine and social hygiene” would be established, it only served to complicate even further the jurisdictional network between the various health bodies.

The definitive restructuration of the Foundation

After the meeting of medical specialists, the Foundation was reorganised through a new *Law of Bases* (December 1943). As already planned, the membership of the Central Committee was cut to 17, and it became more technical than political in nature. Of the ten doctors who formed part of the committee, five had direct links with the fight against tuberculosis, including its new General Secretary, Bartolomé Benítez Franco. The Delegate President continued to be the Director General of Public Health, José Palanca. Only two representatives of the Falange remained on this committee (National Delegation of Public Health and Project ‘18th July’), while the aristocratic female presence was eliminated. Irene Rojí, Martínez Anido’s widow, was retained as a member⁶⁰.

This new *Law of Bases* was the Ministry of the Interior’s response to its legislative ‘battle’ with the Ministry of Employment, and represented official recognition of the Foundation’s anti-tuberculosis monopoly. Nevertheless, the “organisation and control of medical insurance against tuberculosis” was to be managed, according to the new law, “in agreement with the Law of December 14, 1942, and in collaboration with the organs of the SOE”.

⁵⁸ Bartolomé Benítez Franco, “Estudios. IV. Coordinación de la lucha antituberculosa con el seguro de enfermedad”, *Revista Española de Tuberculosis*, 12, nº 97, 1943, pp. 235-244.

⁵⁹ The services of Venereology, Psychiatric Care, Infectious Diseases and Preventive Medicine were also created. *Recopilación legislativa del Seguro de Enfermedad*, Madrid, INP, 1947, p. 86.

⁶⁰ Among the non-medical personnel were a representative of the State Office of Welfare, Salvador Criado del Rey; the General Director of Architecture, Pedro Muguruza and the Higher Attorney of Housing, Blas Sierra, all of them being members. The Treasurer was Juan Oller Piñol. Bartolomé Benítez Franco, *Información sobre la Lucha Antituberculosa en España y Memoria correspondiente al año 1944*, Madrid, PNA, 1945, p. 14.

Apart from legal sources and other statements of intent, the annual budgets of the Foundation are available to us as indicators of the general direction of insurance discussions. The budget allowances were substantially increased on two key dates: in 1941, when the decision not to create an insurance against tuberculosis had already been taken, and in 1944, with the definitive setting up of the SOE by the Ministry of Employment. In 1945, the controversial street collection called the Festival of the Flower was resorted to once again⁶¹. It had been heavily criticised by workers groups in the two previous regimes for its charitable nature. These funds were to top up those coming from the compulsory Christmas postal surcharge and the special October lottery, both in operation since the beginning of the decade. These funds represented the biggest contribution to the rise in income above budget levels⁶². Help was also provided in the construction of sanatoriums. In 1943, a decree signed by Franco declared that the building work for the Foundation was “urgent and preferential”, mainly because of the difficulty of obtaining building material⁶³. Thus, in 1952, the Foundation already had 14,000 beds available and those needed to reach the new target of 25,000 were on their way⁶⁴.

Duplication in the health services

The ‘trial of strength’ between the State Office of Public Health, the anti-tuberculosis Foundation and the SOE went on at a legislative level. In this way, the *Ley de Bases de Sanidad Nacional (National Healthcare Bases Law)* of November 25, 1944 was seen as a manoeuvre against the Falange⁶⁵. This law sanctioned those functions of the Foundation included in the Bases Law and obliged it to reach an agreement with the SOE on aid to its beneficiaries and any preventive campaigns the latter might organise. The 30th base, which imposed a series of duties on the SOE with regard to the

⁶¹ In 1946, the provincial organisations were asked to complement the collection with other fund-raising activities, such as tombolas, parties or other shows. “PNA. Circular nº 1 sobre organización de la Fiesta de la Flor”, *Revista Española de Tuberculosis*, 15, nº132, pp. 226-228.

⁶² Between 1939 and 1949, 103 million stamps were issued, which earned 8,263,347 pesetas for the Foundation. These stamps had to be added as a supplement to the normal postal charges at Christmas time. Spain was the only European country where this postal surcharge was compulsory. Benítez Franco, 1950, *op. cit.* in footnote 13, p. 253.

⁶³ Decree of November 11, 1943. Blas Pérez, *Discurso pronunciado el día 15 de abril de 1944, con motivo de la inauguración del edificio central de este Patronato*, Madrid, PNA, 1944, p. 5.

⁶⁴ José F. Fernández Turégano, *Patronato Nacional Antituberculoso. Dos años de labor 1951-1952*, Madrid, PNA, 1953, p. 178.

⁶⁵ Palanca, 1963, *op. cit.* in footnote 42, p. 184.

State Office of Public Health, such as the inspection of its premises or the prohibition on duplicating services in places where they already existed (sanatoriums, clinics and other state bodies), was never respected⁶⁶. Eventually, the Falange saw to it that a new Fundamental State Law, the *Fuero de los Españoles* (Spaniards' Charter of Rights) of July 17, 1945 would definitively sanction the insurance against disease. Thus, the article in the Employment Charter referring to the insurance scheme against tuberculosis became obsolete.

The second half of the decade witnessed constant criticism of the SOE by state health organisations. In 1947, after a speech in which the need to study social factors in the origin of disease was defended, the general report of the Second Meeting of the National Public Health Body (Barcelona-Madrid April) denounced the medical policy of the SOE on the grounds that it was ignoring the prophylactic fight against diseases and, in doing so, was harming the economic stability of the insurance scheme itself. The alternative put forward was the implementation of a healthcare plan, based on a detailed epidemiological study of the aforementioned factors. Such a plan, among other things, would have the advantage of "sparing the country unnecessary duplication of services and expenditure". Although not directly named, the creation of a Ministry of Public Health ("a powerful directing body") was called for, to coordinate all public health centers⁶⁷.

In 1947, the Director General of Public Health used arguments along these lines, related to the economy and the defence of social order, to involve the insurance scheme in health campaigns throughout the population. In the first place, to show that infectious diseases were more common among the poor, he stated: "Go round the Foundation's sanatoriums and you'll see that for every patient who does not come from Welfare Charity, six do". From this reservoir, he said, germs were passed on to all social classes, including those of insurance holders: "If we reduced tuberculosis in the poor, we would reduce the opportunities for contagion in the well-off, and we would be doing important prophylactic work". By way of example, he cited American insurance

⁶⁶ José Palanca, *Sociología sanitaria y medicina social en España. Discurso correspondiente a la apertura del curso académico 1958-1959*, Madrid, Estades, 1958, p. 58. In this speech, Palanca claimed that, with the exception of the Ministry of the Interior, the remaining departments acted as if this law did not exist, "doing whatever suited them" (p. 55). He also recognised that the State Office of Public Health had played no part in the implantation of the SOE (p. 116).

⁶⁷ Enrique Bardají López, Ciriaco Laguna, José Fernández Turégano, and Bartolomé Benítez Franco, *II Reunión Nacional de Sanitarios Españoles. Ponencia General. Perspectivas de la Sanidad en España*, Madrid, Imp. Sáez, 1947, 16 pp., p. 13.

companies that understood perfectly that the reduction of general mortality effected that of their clients, and the economic benefits that this brought⁶⁸.

Criticism from the Foundation grew when the SOE put into practice medical specialities. In 1948, clinic heads denounced the fact that the queues of patients at their centres had shrunk alarmingly and, in consequence, so had proposals for admission to sanatoriums. The cause, they argued, was that these patients were receiving treatment in the surgeries of the insurance scheme's specialists. This phenomenon would, in the long term, lead to an involuntary rise in patients with serious cases of tuberculosis as they were slipping through the clinics' net⁶⁹. This problem also led, for the first time since 1949, to the establishment of a minimum cooperation between both bodies. Patients detected by the insurance scheme had to be sent to a clinic, where they were given a free check-up (including laboratory tests and X-rays). Surgical operations were also financed by the Foundation, but not medication. So insurance holders didn't have to wait, they were given different visiting hours to other clinic patients. As for the SOE, it was to be responsible for discharging patients and declaring them ill. The rewards for the Foundation's doctors were very clear, as any services rendered would be favourably considered when it came to applying for admission to the ranks of the SOE Heart and Lung specialists⁷⁰. In spite of these timid attempts at coordination, however, the outcome of the battle was already decided. In 1950, José Benítez Franco denounced the duplication of services that the SOE was operating throughout Spain. The paradoxical situation arose that in many places, such as Oviedo and Guipuzcoa, the county councils were having trouble finishing their health centres, whereas the insurance scheme was building its residences, of similar characteristics, in such a way that "The differences can only be found in the nomenclature and administration: what some call sanatoriums or hospitals, others call residences; instead of clinics or health centres, these are called health service hospitals; some depend on the Ministry of the Interior and others on Employment, through the insurance scheme's Savings Bank"⁷¹. Finally, the Foundation's Secretary accused the insurance scheme of not conforming to the technical criteria of the Official Health

⁶⁸ José Palanca, "Los seguros sociales sanitarios", in J. Palanca, G. Clavero, E. Zapatero and L. Nájera Angulo, *Orientaciones actuales de Sanidad Pública (un esquema de Medicina Preventiva)*, Madrid, s.i., 1947, p. 557.

⁶⁹ "Reunión de Directores de Dispensarios", *Revista Española de Tuberculosis*, 17, n° 164, 1948, pp. 776-784, p. 776.

⁷⁰ "Legislación", *Revista Española de Tuberculosis*, 18, n° 172, 1949, pp. 499-502.

⁷¹ Benítez Franco, 1950, *op. cit.* in footnote 13, p. 74.

Service for setting up its centres as, although the fountain of resources “is channelled through one pipeline or another, it is still the same”⁷².

Benítez Franco’s constant criticism of the SOE led to his punishment in 1950. He was substituted as head of the General Secretariat of the Foundation by José Fernández Turégano (b.1908), until then Director of the Escuela de Instructoras Sanitarias (School of Female Public Health Instructors). Significantly, he was not long after awarded the Medal of Honour by the French Committee for the Fight against Tuberculosis. This event was also an expression of the shift in relations between the democratic countries and Spain since the UN had revoked its diplomatic boycott of the latter in November 1950⁷³. Despite his dismissal, in his new post as Counsellor of the National Welfare Institute, Benítez Franco continued to denounce the separation between Public Health and the Insurance against Disease. One consequence of this, he claimed, was the call for the creation of a Ministry of Public Health during the Third Meeting of National Public Health body, held in April 1951⁷⁴.

6. Conclusions

As this study has shown, research into the tuberculosis problem during the Francoist regime is both a valid and privileged route to the discovery of some of the sociopolitical keys to general sociomedical questions, as well as the late introduction in our country of a ‘welfare state’.

The fight against tuberculosis waged by the regime after the civil war was essentially based on healthcare and charity, and in the field of prevention was limited to modifying the customs of the classes at the lower end of the social scale. In this sense, the work carried out by medicosocial experts contributed to the integration and adhesion

⁷² *Ibid.* (p. 75). These opinions cast doubt on the hypothesis that the insurance scheme started building its own hospitals in 1948, owing to the shortage of existing hospital installations, as Felíp Soler Sabaris claims. The matter will undoubtedly be cleared up when historical research into the SOE is carried out with the depth and rigour it deserves. Felíp Soler Sabaris, “Alternativas de la Seguridad Social en un Plan de Reforma Sanitaria” in Jesús M. de Miguel, (Comp.) *Planificación y Reforma Sanitaria*, Madrid, Centro de Investigaciones Sociológicas, 1978, pp. 195-220. This claim is made on p. 210.

⁷³ “Condecoración al Dr. Benítez Franco”, *Revista Española de Tuberculosis*, 20, nº 191, 1951, p. 142. In 1951 Spain was also admitted to the World Health Organisation, along with Japan and Germany.

⁷⁴ Bartolomé Benítez Franco, “Sobre la inclusión de la Sanidad Pública en los programas de Seguridad Social”, in *Primer Congreso Iberoamericano de Seguridad Social*, Madrid-Barcelona, Ediciones Cultura Hispánica, 1951, vol. 2, pp. 671-676, p. 675.

of the population to the new regime, which used the tuberculosis problem to justify the rising against the Republic. Also underlying the campaign was the ultimate demographic aim of achieving a population of 40 million people. In the debate over the establishment of compulsory insurance against tuberculosis, and later in debates about disease in Spain, the influence of Italian fascism can be seen in the new regime's medicosocial statements. The Italian model was adopted by both Catholic-military circles and the Falangist Party even though, for reasons of political strategy, they ended up introducing an insurance scheme that bore more resemblance to the German model.

At the same time, we can observe the effect of power-sharing between the different factions of the Francoist regime on the definitive split between national Public Health – with the State Office of Public Health in the hands of the Catholic army sector – and those bodies responsible for social welfare (with the Ministry of Employment under Falangist Party control). This is a key element in understanding the health policy developed throughout the Franco period, as well as the foundation on which the current health system is based, and its problems for which solutions have yet to be found. In this sense, the fundamental reason for the mass construction of healthcare residences by those responsible for the Compulsory Health Insurance was not the absence of health centres in our country, but the Falangist Party's need to effectively establish itself among the working masses as part of the so-called National Syndicalist Revolution. Its rivalry with the Catholic army sector in healthcare matters, which manifested itself in the rejection of both the healthcare work carried out by National Public Health and the related legislation passed by the Ministry of the Interior, brought about an unnecessary duplication of expenditure on health, and healthcare institutions. The construction of anti-tuberculosis sanatoriums by the National Anti-tuberculosis Foundation undertaken parallel to and independently of the construction of the healthcare Residences of the SOE was not in vain. These two institutions became the most 'visible' part of Francoist social policy and agents of propaganda and justification for the military rising against the democratic Republican regime.



Fig. 1

The war against spitting. This strategy, which made use of military terminology, became the main objective of the antituberculosis campaign. The text: 'It is forbidden to spit on the floor', was widely reproduced from the beginning of the campaign in pamphlets as well as in public places where, sometimes, it could give rise to misunderstandings: 'Out of respect for the House of our Lord you are requested not to spit in it'.

Figure 1: Church in an Aragonese village at the end of the 1950s.

Author: Dr. Agustín Serrate Torrente. Private collection, J. Molero.



Fig. 2

The crusade against 'evil'. During the Spanish post-war period the allegorical representation of Franco's crusade against communism (figure 2) coincides with the traditional image used in official publications of the National Tuberculosis Foundation (figure 3) and in the books on the popularisation of hygiene in the community ('Defend yourself', figure 4).

Figure 2: Franco's crusade. Wall painting. Author: Reque Meruvia. Archivo Histórico Militar [Historic Military Record Office] (Madrid).



Fig. 3

Figure 3: *Información sobre la Lucha antituberculosa en España. Memoria correspondiente al año 1944 (1945).*

Madrid, PNA, 366 pp. Front cover.



Fig. 4

Figure 4: *Benítez Franco, Bartolomé (1942) Defiéndete. (Libro escolar de higiene).* Madrid, Afrodisio Aguado, 159 pp. Illustration by J. Zubía. Front cover.

Acción Popular

**¡Contra la revolución
y sus cómplices!**



**Anualmente mueren
en España 28.000
tuberculosos.**

VOTAD
A
ESPAÑA

En 1931 existían 1.200 camas.
De 1931 a 1934 se aumentó la cifra a 1.900.
En un año de actuación de Acción Popular en el
Poder la cifra se elevó a 3.250 camas.

En los presupuestos de Acción Popular se incluían
créditos para construir 8 Sanatorios más.
Los cómplices de la revolución al acharnos del poder,
cancelaron la obra. Para que ni un solo
tuberculoso deje de tener asistencia.

**GIL ROBLES pide todo el Poder
¡Votad a España!
¡Contra la revolución y sus cómplices!**

Barcel. Madrid - 25

Fig. 5



Fig. 6

Politics, war and tuberculosis. The assistance given to poor people suffering from tuberculosis in the runup to the Spanish Civil War was politically manipulated in order to avoid the victory of the Frente Popular in 1936 (figure 5: 'Against the revolution and its supporters') [See complete text in the illustration references]. In the same way, the head of the tuberculosis dispensary in Huesca had no objection to using the plan of the republican siege of the city as the front cover for its annual report (figure 6: 'Plan of the siege endured by the city of Huesca for 20 months during the last crusade'.)

Figure 5: Pamphlet from the Acción Popular party, asking for the vote in the 1936 elections. Private collection, J. Molero.

The text reads: Acción Popular 'Against the revolution and its supporters! 28,000 tuberculosis sufferers die in Spain every year. In 1931 there were 1,200 beds. From 1931 to 1934, this figure went up to 1,900. After a year in power, Acción Popular increased the number to 3,250 beds. Acción Popular was required to include credits in its budget in order to build eight more sanatoriums. By throwing us out, the supporters of the revolution stop the project. In order not to leave any tuberculosis sufferer without assistance, GIL ROBLES demand power. Vote for Spain! Against the revolution and its supporters!'

Figure 6: Jarne, Antonio (1939) *Lucha antituberculosa de España. Dispensario oficial de Huesca. Memoria de la labor realizada en el Dispensario Antituberculoso Oficial del Estado del 4 de junio 1934 al 37 de julio 1936*. Huesca, Nueva España de FET-JONS, 62 pp. Front cover.



Fig. 7

Falangist public health and the Civil War. The sanitary responsibility of the Falangist party during the Civil War was a determining factor that contributed to the subsequent sanitary division of power. In the picture, nurses of the Women's Section of the Falange are waiting to be decorated by Franco during the Victory Parade in 1939 in Madrid.

Figure 7: *Sección Femenina de Falange Española Tradicionalista y de las JONS* (ca. 1940) s.l., s.n., 316 pp. Picture from p. 289.