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# Public Healthcare in Spain

#13  
más+menos

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## EDITOR'S NOTE

Spanish citizens enjoy universal healthcare coverage. The 1978 Spanish Constitution establishes in its 40th and 49th articles “the right of all citizens to enjoy adequate health protection, while being the duty of the Public Administrations to provide it.” Nowadays, a public network formed by the healthcare services of the 17 autonomous communities of Spain fulfills this duty. As much as this broad service is under the constant scrutiny of its users and in spite of much criticism, the general perception is fairly positive.

It is the Spanish citizens, through their taxes and contributions to the social security, who finance the cost of their public healthcare. The budget for 2006 reached 53 billion Euros, 5.9 percent of the Spanish GDP. This accounts to an annual per person cost of 1,139 Euros, within a context of constant budget increase.

It is a fact though that the current system, in spite of its advanced technology and large number of highly qualified professionals, hardly manages to cover the healthcare needs of an increasingly demanding and longer-living population. The high number of users not directly contributing to the healthcare budget, who will also require healthcare for more years and with increased frequency, is one of the greatest problems hindering the feasibility of the system.

In addition, patients of the public healthcare system in Spain still have to endure long waiting lists in order to see a specialist or receive an operation. The emergency units of public health centers are overcrowded. Public hospitals remain, in general, uncomfortable. Their professionals have salaries, which are significantly smaller than those of their colleagues in the rest of the developed countries. Additionally, their motivation weakens as the management of public healthcare is increasingly politicized. On the other side of the scale, Spain is the nation

with the highest percentage of organ transplants per person. The healthcare provided is of a very high quality and is guaranteed to all citizens regardless of whether they live in a big city or in the remotest corner of the country, and regardless of their income, professional or social status.

Given all its flaws, it would nevertheless be inconceivable for Spaniards, as well as for the more than two million foreign legal residents of Spain, that their right to public healthcare was limited in any way. In the United States, 25 percent of the population lacks adequate healthcare coverage. It has been with the intention of once and for all tackling such a dramatic discrimination that President Obama has embarked upon the reform of the public healthcare system of his country. As the top priority of his mandate, the hopes of not just that 25 percent of Americans without access to medical healthcare are very high.

Thanks to our contact with professionals, future professionals, and users of the Spanish public healthcare system, the contributors of más+menos 13 have increased their perspective over a debate as full of paradoxes as of moral questions. When so much is at stake, we want to be prepared by getting the facts and understanding the reality.

We would like to thank the healthcare professionals Javier Conde, Joana Marín, Antonio and Carlos Jiménez, Eduardo Quiroga, Luz Viudes, Teresa Torre, Frank García-Castrillón, Josefa Espinaco, and Dolores Galindo for having so generously shared with us their knowledge, opinions, and experiences; also, thanks to the medical students of the University of Seville who have showed us their school as well as shared their hopes and anxieties for the future; and, very specially, to the users of the system, who have provided the reality and the truth to our stories.

Óscar Ceballos





# THE PRICE OF "FREE"

**Kate Loftesness**

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*More than 30 years after becoming a constitutionally mandated right, Spain's public health system struggles with increasing costs and maintaining a high level of care for all citizens.*

Imagine finding out you have cancer, AIDS or another grave illness that could cost hundreds of thousands of dollars in medical treatment. Now imagine having the guarantee that you will receive all the treatment you need, completely free of charge. This might be hard for Americans to envision, but for Spanish citizens, it is a reality.

Public healthcare has been the subject of much attention following United States President Barack Obama's recent push for socialized healthcare, but for many Americans the idea of receiving expensive medical treatment completely free seems too good to be true. In Spain, the government has been providing universal health coverage for decades, but Spaniards still grapple with the same doubts. Spain's public healthcare system has received attention for its wide reach and effectiveness as well as its shortcomings, including huge expenditures that continue to increase in the midst of an economic crisis.

In 1978, the Spanish Constitution afforded all citizens the right to universal healthcare. Today, the system administering this right is divided into 17 autonomous communities that function independently of each other, including the Andalusian Health Service (Servicio Andaluz de Salud, or SAS), which services the Andalusia region, in southern Spain. The SAS maintains 1,491 medical centers, where Andalusians can receive both primary and specialized medical attention.

Dr. Francisco Javier Conde García, a specialist of Internal Medicine at the Virgen Macarena hospital and professor at the University of Seville, believes the public health system is successfully achieving the universal health cov-

erage called for by the country's constitution. "It's the reality," Conde says. "Here, no one is discriminated against."

## Mixed reviews

Not everyone is happy, though. Esther Menacho Dorado, part of the editing and production team for the Canal Sur Radio program *El Público*, hears many complaints about the system's shortcomings.

"Every afternoon, we receive calls from listeners who tell us what's happening to them, what they're worried about, and one of the most frequent problems is the health system,"

*Spain's public healthcare system has received attention for its wide reach and effectiveness as well as its shortcomings, including huge expenditures that continue to increase in the midst of an economic crisis.*

Menacho says. "Andalusians are upset because they spend months waiting for a specialist to see them, for lost medical forms, for a second medical opinion that never arrives, or about illnesses that the SAS doesn't cover."

Manuel Barragán García, a 21-year-old Huelva native, contacted *El Público* after the SAS denied him coverage for an expensive surgery he needed to keep from going blind. "What I had was an illness that deforms the cornea, and it got to the point where my cornea was going to open like a flower until I lost my vision completely," Barragán says.

Though Barragán suffered from a very severe case of keratoconus, the same disease affecting his mother, the SAS told him it wasn't a serious illness and they would not cover the surgical insertion of rings into his cornea that doctors said was necessary to save his vision. This surgery, which can cost between 4,000 and 6,000 euros per eye, was far too expensive for Barragán or his family to pay for independently.

After he spoke out against the SAS and publicized his case on the radio, a private doctor heard his plight and performed the surgery for Barragán and his mother for free last November.

The surgery, which is now covered by the SAS in part thanks to Barragán's public protest, stopped the progression of Barragán's keratoconus, but he still has trouble seeing. "I am angry with the health system," he says. "If they had diagnosed my illness four years ago, now I would have glasses, but I would see a lot more than I see. Right now, I'm angry, very angry."

Although Barragán's case is far from alone, statistics speak more highly of the SAS's services. According to one SAS survey, 88.2 percent of users report being "satisfied" or "very satisfied," and 50 percent say the doctors are "very good."

Yasameen Raissinia, a 21-year-old CIEE student from San Jose, California, currently studying with the International Business and Culture Program, learned about the Spanish health system her third day in Seville when she went to an emergency room in Triana with a broken foot. "There was absolutely no one there. We were in and out in half an hour," Raissinia says.

The doctors gave Raissinia a cast and medicine, including a daily injection in her stomach to aid circulation in her foot. Because she is not a Spanish citizen, Raissinia had to pay about 180 euros in total and will be reimbursed by her private insurance once the paperwork is completed.

One week after the emergency room visit, Raissinia returned to see an orthopedic specialist, where she encountered an hour-long wait and many more people. This doctor told Raissinia that the x-rays were inconclusive and her foot may not have ever been broken in the first place. She no longer had to wear a cast or use crutches, but the pain lasted for a month and she still doesn't have concrete answers.

"Overall, the service and the emergency room visit were great," Raissinia says. "I just don't really know what happened. The doctor might have been a little incompetent."

Dr. Conde acknowledges that lack of motivation in medical personnel is a problem in the Spanish healthcare system. "People are burnt out," he says. He also sees excessive bureaucratization, lack of communication, long waiting

lists and increasing expenditures as other major problems.

## Can Spain afford its healthcare system?

In today's economic crisis, the cost of Spain's public health system has been the focus of increasing public scrutiny. Though Spain's is one of the least expensive systems of all Westernized countries, costing less than those of the United States, Germany, Japan, and the United Kingdom, it still used 53,000 million euros in 2006, 5.9 percent of the country's GDP. A current report by Fedea, the Fundación de Estudios de Economía Aplicada (Applied Economic Studies Foundation), shows that current expenditures are not sustainable. Between 2003 and 2007, the national health system deficit increased 11,000 million euros and the Fedea report estimates that if current trends continue, it could exceed 50,000 million euros by the year 2020.

Conde attributes much of this increase to an aging population and a greater number of chronic patients. According to a recent article in

*El País*, in 10 years, one in every five Spaniards will be over the age of 65. "Age isn't a limit now like it was before," Conde says. "People are becoming chronic patients more often."

He explains that more expensive medical technology, increasing numbers of immigrants, and changing user expectations are also burdening the current system. The average Spanish citizen goes to the doctor eight times every year, 40 percent more often than the average for the rest of the European Union. Conde advises that a major way to reduce the costs is to change the way people think. "You can't go to the doctor for something silly," he says. "It's not a problem with the system; it's a problem with the user."

Even with its flaws and room for improvement, he has faith in the system's fundamentals. "Despite being the critic that I am, I think the system works very well. I believe that here in Spain, it is a success and that isn't going to change." ●●●

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# The voice of choice

Victoria Hill

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*Sixteen was once considered an age of transition: from innocence to experience; from naiveté to knowledge. Now it is connoted with raging hormones, risky behaviors, and the ultimate choice. With the recent passage of laws relaxing abortion and the 'morning after' pill restrictions, approved by the Spanish socialist government, controversy is spreading.*



Ángela nervously approaches the corner of San Jacinto and Pagés del Corro streets and turns left. She clutches a twenty-euro bill in her clammy palm: the amount she earned last Wednesday night for babysitting her two cousins. Her heart is palpitating as the question "What have I done?" reverberates in her mind. She enters the pharmacy, approaches the counter and timidly states: "Hello, I need to buy the *morning after pill*."

Ángela, like any other Spanish female over the age of 16, may purchase the so-called "morning after pill" without a prescription, following new legislation presented to the Spanish parliament by Bibiana Aído, the Minister of Equality, and passed on October 6, 2009. In addition, any young woman 16 or older can also have an abortion without the permission of her parents or legal guardian. According to this new law, the limit to have an abortion is established at 14 weeks of pregnancy.

Since 1985, abortion in Spain has only been available to minors under 18 (as for the rest of

women, regardless of age) in the case of rape, mental illness or, at times, when the fetus is endangered. But now, "all circumstances of abortion are paid for under the public health system. A doctor can say no for reasons of conscience, and one needs to respect that. But all cases are financed for," explains Dr. Javier Conde García, a faculty member of Internal Medicine at the Virgen Macarena Hospital of Seville.

The newspaper *Diario de Sevilla* documented that on October 7, 2009, one day after the approval of the bill, there were 400 pharmacies in the city and 800 in Andalusia selling the pill, which serves to interrupt pregnancy in the immediate hours or days after sexual relations.

The recent passage of these laws has caused a radical debate within Spanish society and opinions are divided. 44 percent of Spanish adults support the proposed changes, whereas 46 percent are opposed, according to a survey of 2,000 phone interviews conducted by the Noxa Institute for *La Vanguardia* newspaper.

## Pro-Life

“Giving abortion the connotation that it is not only permitted but socially acceptable is the biggest problem. Abortion is then considered an irrevocable right. When a new law only helps a handful of people, the law is no longer a law, but a slavery, of which the general public is submitted to as slaves,” says Francisco J. González, the sub-director of Fundación Vida, a Madrid-based organization devoted to reducing the number of abortions.

“No woman is mature enough to make that decision with independence at [16],” González says. “Wrong decisions are always made. There is no such thing as good abortion... It is a grand error to not protect the young in this way. Parents are the only ones who can give advice with no outside intention. Although their advice may not always be right, youth are forced to reflect.”

Along with the absence of parental involvement, the lack of maturity is of concern to many. “They can drive at 18, but can abort at 16. Now you tell me if that makes sense,” says Julia, a 52-year-old mother of two. “The new abortion law is directed at the lower class and the ignorant. I think that a proper education can avoid these problems. The government is acting late, and it is a problem they don’t know how to fix... This law is going to cause many problems by facilitating a solution for immature people.”

*El País* daily newspaper informed on November 1, 2009, that “women with fewer resources abort later,” and the Public Health Agency of Barcelona (ASPB) asserted that “more than one third of the women who wait longer to abort had not finished their undergraduate studies,” indicating a connection between socio-economic standing and the timing of abortion.

Javi, a 21-year-old university student, feels similar to Julia, despite the age difference. “I believe that the new law is very hypocritical. We allow girls ages 16 and older to abort, yet we protect and prevent them from many other things. If they are underage for certain things, it should be for all.”

## Pro-Choice

“The age at which sex is a possibility is the proper age to make the decision. I prefer that they use contraceptives and condoms primarily, instead of having to use the morning

after pill or having to submit oneself to abortion...” explains Gladys, a 49-year-old mother of three. “There is a lot of opposition on behalf of a large percentage of the Spanish population. But I don’t think these new laws will cause promiscuous behavior.”

The Ramón Carande High School, in Seville, faces one or two full-term pregnancies each academic year. “Those are the girls who choose to have the baby..., there are many others who have utilized the morning after pill,” emphasizes Encarnación Quiroga, the school’s academic advisor and psychologist.

On Thursdays, for two hours, a nurse counsels students on general health and sexual education. The confidentiality and regularity of this program inspires confidence and causes “a demand for this service,” states Quiroga. “Students can then come to the health center,

where we distribute the morning after pill and contraceptives. The girl usually has to take the pill in the office, to verify that there is no outside deal going on... The parents find out nothing. For the girls, that is extremely important.”

A below the skin contraceptive, first dispensed in 2003 in El Vacie, a shantytown in Seville, and especially useful for women who forget to regularly use other methods, is also becoming extensively popular. In some parts of the country, it is financed 100 percent for patients. *El País* cited on June 6, 2009, that since December 2002, 16,220 implants had been distributed. Josefa Espinaco, one of the health center coordinators in the settlement, explains that education is urgent. “There, a lot of women know absolutely nothing about pregnancy prevention,” she says. “I have treated a 26 year old woman, with up to eight pregnancies.”

## The future

In 2008, there were 115,812 voluntary abortions in Spain, an increase of 3.27 percent from 2007, according to the Ministry of Health and Social Policies. Of these, 10,221 were performed on women between the ages of 15 and 18, mostly in the private healthcare system. Along with greater ease in obtaining abortions, greater availability of the morning after pill may lead to its increased use as a primary form of contraception. But Dr. Carlos González-Vilardell, the president of the Association of

Medical Professionals of Seville, warns that “there could be an increase in sexually transmitted diseases.”

This new legislation will undoubtedly have a monetary impact on the country, as well. In 2006, the autonomous communities and the central state functioned with a total healthcare system budget of 53,000 million euros (5.9 percent of the country’s GDP), including procedures like abortions and medications like the morning after pill. The new policy makes abortions and the morning after pill easier for more women to obtain, all but ensuring that the government will spend more money providing these services in the future and during the current economic crisis.

In addition to financial concerns, this divisive legislation is already causing many cultural, moral and political questions, splitting popular opinion nearly down the middle and causing increased confrontation between the current socialist government party (PSOE) and the opposition party (Partido Popular).

With all this in mind, many people emphasize that this new legislation and the abortions and morning after pills it provides is not as casual as it might seem.

“Many young people act without thinking. A grand error is to think that this pill will be a solution for all,” says Javi.

Nicole, an 18-year-old university student, doesn’t see it that way. She has utilized the pill on a few occasions as her solution, all credited to “drunken mistakes” or “not having a condom.” And for her, along with many other young females, the option is clear. “It was a very easy decision to make... The last thing I want is a kid.” ●●●



# Health and poverty at battle

Kelly Snodgrass

*Homes made up of packed dirt floors and flimsy metal walls, without heating, electricity, or hot water causes the inhabitants of El Vacie, Seville's outlying shantytown, to suffer "unnecessary, avoidable, and unjust" illnesses.*

At 9 a.m. Tuesday, November 2, a 3 year old boy, Sebastián, was patiently sitting in his stroller at the daycare center of El Vacie, waiting for the day to begin. Too young to fully comprehend the situation unfolding around him, Sebastián sat wide-eyed watching Pili, the daycare's supervisor, comfort Maria, the woman in charge of caring for the youngest children (6 months to 1 year). The scene became more complex as other mothers began to arrive, dropping off their kids for the day, inquiring as to what had occurred to make her so upset.

Amidst all the commotion, Maria took refuge crying in the room where one of her kids would be forever missing.

Over Halloween weekend 2009, Sebastián's brother, Antonio, merely 8 months old, suddenly and unexpectedly died of bronchitis. According to the World Health Organization (WHO), there is an annual average of 8 deaths per 100,000 due to bronchitis, emphysema, and asthma in Spain. But this death rate does not justify Antonio's death or Maria's suffering.

This shantytown of El Vacie is located just minutes outside of Seville, the fourth largest city in Spain. The magnitude of its difference from modernized life is highlighted by the presence of a morgue, a busy hospital, and a four star hotel literally steps away from El Vacie's door. Modern paved roadways abruptly change to a rudimentary path comprised of dirt and clay, decorated with a peppering of sun-dried weeds and garbage fermenting under the Andalusian sun.

The oldest shantytown in Europe, El Vacie currently houses 930 inhabitants according to the most recent census. This is a 20 percent growth in the past four years. The majority of the population is from Andalusia, but there is also a minority of Portuguese descent. Almost all are gypsies. With this many residents in 90 homes and 50 shacks as well as a lack of heating and clean water, healthcare accessibility in El Vacie is of dire importance.

The challenge to keep all inhabitants of El Vacie as healthy as the rest of Seville's citizens has persisted for decades. According to the Gypsy Bureau Foundation, the dramatic marginality of El Vacie's residents results in a life expectancy 10 years less than that of the average citizen in Seville. With allegedly the same access to public healthcare as Spanish citizens, the City Council of Seville has been coordinating with

Non-Governmental Organizations (NGOs) to balance this statistic.

The lack of income in El Vacie accounts for the prevalence of illnesses that are "unnecessary, avoidable, and unjust," as denounced to the Autonomous Parliament by the Office of the Andalusian Ombudsman in its *Special Report about Shantytowns* issued in 2005. "Better income equals better health," asserts Dr. Javier Conde, who works in the Internal Medicine Department of the Virgen Macarena Hospital in Seville. Located a mere half a mile away from El Vacie, this public hospital is the usual recipient of the shantytown inhabitants whose health has reached a critical condition.

In an attempt to fix this problem, the NGOs Fundación Gota de Leche and Aliento have devoted much time providing basic needs to El Vacie. Fundación Gota de Leche, founded in 1892 in Paris to better quality of life, create healthy hygiene habits, and improve access to socio-hygienic resources in the most deprived sectors of the population, works in El Vacie providing breakfast and lunch, as well as clothes and shoes to children enrolled in public schools.

Aliento focuses on the upkeep of the daycare center for children of El Vacie aged 6 months to 3 years. Their daily schedule consists of breakfast of warm milk and cookies, a bath with a change of clean clothes, pre-school time to learn things like numbers or animal sounds, and ends with lunch. One goal of the daycare is to help the children to be potty-trained and to be

*Amidst all the commotion, Maria took refuge crying in the room where one of her kids would be forever missing.*

able to feed themselves. These are requirements to continue on to grammar school.

Yet with all this help, there are still occurrences of "unnecessary, avoidable, and unjust" deaths, like Antonio's.

Dolores Galindo, a social worker at Pino Montano B, the public health center mandated to residents of El Vacie, states that many of the patients from El Vacie are infants, young children, and pregnant women. They come for a number of reasons, ranging from insect bites, to respiratory infections, or chronic illnesses.



Agreeing that the population of El Vacie endures more health problems, Galindo asserts this partly stems from the fact that "they don't understand prevention." According to an article on Spanish Gypsies from October 1, 2009 in the newspaper *El Mundo*, only 47 percent of women have had a pap smear and a mere 30 percent have gotten a mammogram.

The environment of El Vacie is another factor to consider. "They may be more susceptible, with more vulnerability to contract an illness," Galindo continues. According to a report of the Gypsy NGO Union Romani, "rats stroll along the streets as if they were dogs." In the 21st century, the inhabitants of El Vacie, such as Antonio and his family, still lack heating, air conditioning and clean water.

However, for the Gypsy community, family is everything, and an extraordinary medicine. With care and attention from her daughter and grandchildren, the woman known as "the grandmother of El Vacie," María Díaz Cortés, managed to live a relatively healthy life in a house made of tin walls and a dirt floor. When she died there in 2008, María was thought to be the oldest woman in Europe, having just celebrated her 117th birthday in the shantytown she had called home for more than 40 years. ●●●

# FORCE of HABIT



Ryan Bramlett

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*Generations of Spaniards grew up, lived and died smoking cigarettes at a time when its harmful effects were unknown and it looked glamorous. Now, legal restrictions on smoking in public spaces and the general awareness about its health risks are changing the atmosphere in the country that first brought tobacco from America to Europe 500 years ago.*

Joaquín died at age 87 with one lung, his breathing aided by the large oxygen bottle he kept with him on a wheeled cart. “He wanted to seem older,” said his widow, Rosario, explaining why he began to smoke at just twelve years old. Igniting cigarettes with his characteristic metal lighter, Joaquín puffed through an era before cigarette smoke had been definitively linked with its host of 25 diseases.

Instead, the habit was a sign of maturity and even luxury. Celebrity endorsements by Marlene Dietrich and James Dean, glorified the image. Assertions like “More Doctors smoke Camels than any other cigarette,” from a 1946 Camel advertisement, reassured an unknowing public. However, in 1957, a BBC article reported that the medical research council found “the link between smoking and lung cancer is one of ‘direct cause and effect.’”

Despite growing evidence, Joaquín continued to smoke until his doctors prohibited it. “It didn’t matter to him,” Rosario explained, smiling. “He liked it and he died smoking.” A clean glass ashtray still rested on the kitchen table. With a more serious expression, she added: “But the last part of his life was impossible.”

In present times, tobacco use is the leading cause of preventable death in Spain. Approximately 54,000 Spaniards die from smoking-related health issues every year—about 1,000 people each week. In 2003, Spain’s globalized public healthcare system paid around 3,919 million Euros to treat six of the most common diseases associated with tobacco consumption. In response to this “chronic and addictive illness,” the first version of the Spanish anti-tobacco Law took effect at the beginning of 2006. This legislation banned smoking in many public places where it had previously been commonplace. For example, tobacco consumption in the workplace or in Spanish cultural centers was forbidden. However, restaurants, bars and other “places of leisure” smaller than one hundred square meters were excluded from this restriction. While some businesses were required to establish “smoking”

and “non-smoking” sections, the law has been described as ineffective. In fact, it is estimated that of the 350,000 such places, only 40,000 have established smoking sections or prohibited it altogether.

At a crowded bar near Plaza de la Alfalfa, a thick veil of smoke haloed the decorative Christmas lights tacked to the walls. The bartender zipped back and forth from one customer to another with a glowing cigarette placed loosely between her lips. Through gaps in the circulating crowd, the colorful backlit buttons of the tobacco machine were awaiting their customers. In this bar, which is included in the eighty percent of “places of leisure” that are under the size limit, the only hint of the anti-tobacco law is the warning sticker placed on the dispenser. When asked about working

*At a crowded bar near Plaza de la Alfalfa, a thick veil of smoke haloed the decorative Christmas lights tacked to the walls.*

in a location so full of second-hand smoke, the bartender replied simply: “I don’t care at all.”

Among smokers, this seems to be a common sentiment. Kaitlin, an exchange student from New York, where smoking in closed public spaces is strictly prohibited, was equally unconcerned. “I’m a smoker too, so being around it doesn’t really bother me much,” she explained. What about non-smokers who often find themselves in this atmosphere? Pedro, a patron of the bar, answered: “It bothers me because I don’t have a choice. Most of the people around my age smoke.” When asked if he ever avoided places in particular due to the amount of ambient smoke, he replied: “I just deal with it, there’s not much of a choice.”

The owner of a bustling pizza restaurant near Calle Feria however, took advantage of the anti-tobacco law. His is one of the minority of businesses where smoking has been prohibited in the restaurant’s interior. Inside, something

seemed strangely absent at the bar as the smell of hot pizza wafted from the kitchen. “I don’t smoke,” he said, “and it’s a matter of the atmosphere, there are families and kids who come here. People can smoke outside on the patio if they want to.”

Soon, this sort of atmosphere could be obligatory. The new anti-tobacco law, scheduled to take effect in 2010, will likely prohibit smoking in all closed public spaces. This version seeks to compensate for the “decaffeinated” measures of the 2006 legislation. According to the minister of Health, Trinidad Jiménez, the first law served as an “evaluation phase.” The second version comes at a time when “we are ready to amplify the application and terms of the first.”

For the owners and patrons of bars and restaurants in Seville, this will mean a drastic change in their environment. According to Antonio, a bartender at Bodega de La Gitana, the shift would be welcome. “I’m not a smoker and it seems perfect to me. I don’t want to work in a smoky environment but I don’t have any other option.”

The owner of a popular bar and tapas restaurant in Plaza de la Alfalfa provided similar perspective. “I don’t smoke,” he explained, “but to me it doesn’t matter much. The problem is the perspective that comes with the law. It’s as if smokers were criminals and this I don’t like. We live in a democratic country!” And if they take out the cigarette vending machine? “The bar will continue profiting with or without tobacco.”

Manuel Fernández Vicario, the Union president of Estanqueros, or tobacco shops, suggests that such measures will have an economic impact. In his opinion, to limit the consumption or sale of tobacco could “destroy a part of the economy.” Either way, Trinidad Jiménez is attempting to expedite the arrival of the new anti-tobacco law in order to coincide with the European Union’s goal of being primarily smoke-free by the year 2012. More than a matter of economics, the importance of the law for the minister is “protection of the health of our citizens.”



Joaquín's 75 years as a smoker provide a multifaceted perspective on this issue. Although he eventually died from health complications due to smoking, his eighty-seven years far surpass the life expectancy of a regular user. While his medical costs were paid by the state, the taxes on his tobacco likely surpassed the

expense. Joaquín formed the habit during an era when its image was glamorous and mature. Over the last half decade however, this image has become tarnished with its dangers. On the brink of 2010's new anti-tobacco law, it seems that cigarettes will be pushed outside. But, in a country where thirty percent of the population

above the age of sixteen are smokers, the effectiveness is yet to be seen. As one bar employee pointed out, his cigarette smoldering in the ash-tray, "you can take smoking out of the business, but you can't take it out of the smoker."

## The history of tobacco in Seville

*"Only the devil could give a man the power to produce smoke from his mouth."*

This declaration made by a tribunal of the Spanish Inquisition, condemned Europe's first smoker to seven years imprisonment. Rodrigo de Jerez returned from The New World with Columbus' crew. Having observed the Indian's practice of inhaling the smoke of a native dry leaf through cane stalks, he carried some back with him on the Niña. Upon his release, the habit had already begun to take hold. By 1570 Spanish conquistadors were importing tobacco from America as a luxury

item for the upper class. Those unable to afford the rolled tobacco would often collect the stubs of discarded cigars, dismantle them and re-roll the remaining leaves into small cigarillos. Thus the cigarette was born. One hundred years after Columbus's voyage, the plant was being cultivated in Central and South-East Asia, Northern Africa, and parts of Western Europe. Construction of the Royal Tobacco Factory in Seville began in 1728 and production started 30 years later. During the better part of the XIX

century, its principally female gypsy work force crossed the Guadalquivir each morning to reach the factory, passing the very spot in which Jerez was condemned to imprisonment. Carmen, the character created by Prosper Merimee in 1845, was inspired in these *cigarreras* whose hands rolled tobacco all day. The factory continued production until 1950, when tobacco fabrication was moved to the Los Remedios neighborhood and the original building was converted into the University of Seville's headquarters. ●●

## For quality care, patients prepared to wait

Thomas Roberts

*"If someone thinks Spanish public clinics and hospitals are overcrowded now, he should have seen what they were like half a century ago, when there was one bathroom for every 20 patients and each room was saturated with six or more beds," Pepa, 69, recalls.*

Pepa Garrido remembers squeezing between the doorframe and the line of patients to enter the bustling Virgen de los Reyes doctor's office, on calle Marqués de Parada. "The nurse would peak her head out every five minutes, and attempt to speak over muffled chatter of the thirty-plus patients eagerly waiting to see the doctor."

"Who's next in line?" the nurse would say firmly. Patients would quickly elbow past one another and throw their arms into the air, arguing about their place in line.

- "I was here first!"

- "No I was!"

- "I was behind her!"

- "Then me!" "Then me!"

"The doctor's office was a madhouse," recounts Pepa, a 69-year-old native Sevillana, shaking her head. "It was overcrowded and unorganized." With an overhauled healthcare

system, patients and practitioners faced a primary care bottleneck during the regime of Francisco Franco.

Pepa grew up in the center of Seville, in El Arenal neighborhood, and has been going to the Virgen de los Reyes public clinic all her life. Although she complains about the long lines and wait, "the doctors have always been excellent and well-educated. If you needed something urgent, you were cared for and treated well. The attention to care was first-rate."

Teresa Torres, a 72-year-old former pharmacy owner from Madrid, is not as enthusiastic. "Sure the technical care was good, but the personnel were variable," she says. "It was not uncommon to wait six or eight months for a surgery that was not considered urgent."

Torres is part of the 10 percent of people in Spain who pay extra to be treated at private clinics. "The advantage, for me, was that you

could see a doctor on Monday and be in for surgery later that week. No line, no wait. It was easy. But you also paid for it."

Private healthcare was typically reserved for people with a high-ranking position in their profession, who could pay for the added convenience. Although convenient, the private hospitals were smaller and had limited capabilities. For more specialized procedures, patients often resorted to larger, more advanced public hospitals for medical care.

Doctor Javier Conde, of the Internal Medicine department at Virgen Macarena Hospital, defends the old public health system, saying "they paid attention to quality." Indeed, the system covered the majority of patient's medical needs. In Seville, there were three hospitals, the biggest being García Morato, now called Virgen del Rocio, constructed in 1954. Since then, it has become one of the most important

hospitals in Spain, known for its medical attention and research.

In the years of hardship following the Spanish Civil War, Franco enacted in 1942 the *Seguro Obligatorio de Enfermedad* (SOE, or compulsory insurance for illness), to guarantee workers the right to universal healthcare. Under the newly created Social Security system, workers received a certificate called a *Cartilla Sanitaria*. “It was obligatory for health coverage, like your passport or birth certificate,” describes Pepa, and included one’s job affiliation, social security number, and beneficiaries.

“It was free. Well, I say free, nothing is free. You had to work for it,” says Pepa. Spaniards participated in the public health system by paying a monthly fee towards social security, which was usually taken out of their salaries. The social security covered the worker and his family.

In addition to covering hospital care, social security supplemented prescription drugs. “They were privately run and offered people with social security medicines at the lowest prices,” pharmacist Teresa Torres notes. “You paid a fraction, twenty-some percent, and social security paid the rest.”

Dental care, however, was not covered under social security at all. “If you had a cavity, the dentist would take out your tooth, boom, throw it out, and you’d be on your way. But you had to pay,” Pepa Garrido says. “If you had crooked teeth and couldn’t pay to have them fixed, you were stuck with bad teeth.”

After age 18, young people were expected to work and pay for their own healthcare.

“When I was 24, I had appendicitis and needed an operation. I wasn’t working at the time, so I didn’t have social security. Luckily my father paid for me to use private healthcare. Without him, I’m not sure what I would have done,” recalls Pepa.

For the unemployed who lacked the means of paying for proper healthcare, the San Lázaro hospital offered medical care supplemented by the National Institute of Prevision. These services were mostly charitable and offered care that was “good too,” says Pepa.

*In addition to the overworked doctors, hospitals were limited in size and capacity until the mid-1960s.*

According to the National Institute of Statistics, in 1960 there were 11 physicians, 1 dentist, and 3 pharmacists for every 10,000 people in Spain. The system was saturated with too many patients for too few doctors, not allowing enough time for each patient.

Pepa comments that the “doctors barely had enough time to look up after writing their last prescription. At times they saw 50 or 60 patients in an hour.” Doctors were simply “burnt out,” Dr. Conde adds. “There was a lack of motivation.”

In addition to the overworked doctors, hospitals were limited in size and capacity until the mid-1960s. Pepa recalls visiting her now 41-year-old son Mariano in the García Morato hospital when he had appendicitis. “In one

room there were three beds to the left, three to the right, and supplemental beds on the side,” she says motioning with her hand. “There was one bathroom for about twenty people and one telephone in the hallway. You couldn’t call to talk to anyone. It was very difficult.”

Visiting hours were also restricted. Family was permitted just two hours a day. “My father had a number of surgeries, including the removal of his right kidney. He never wanted to be alone in the public hospital; he would always say that he wanted his kids and wife by his side.” For that reason, her father paid to have his operations performed at private hospitals, where visiting hours were unrestricted.

Blood donors, on the other hand, were given special visiting privileges and could stay all day long in a public hospital. And that’s what she did. “The thought of needles made me faint-headed, but I went to donate blood because I wanted to be with my son.”

Despite the long lines and frustrations, “the public hospitals offered the best treatment and care available,” Pepa affirms. For someone who has “never really” been sick, a routine trip to the doctor’s office would take an hour and a half or more, most of the time spent in the waiting room. “The nurse would finally pipe up, ‘Pepa Garrido? Pepa Garrido?’ I’d hop up, and be in and out of the doctor’s office in less than five minutes.”

For Pepa, “the health system was the best and the worst. We had no other choice, so it was both.” ●●●



# The cost of mental illness

Heather Hanhardt



*Intimate and frequent counseling in mental healthcare in Spain, as in the United States, may be a luxury that not all people can afford. Resorting to public healthcare is an option... at least in Spain.*

In an energetic and crowded emergency department of Waukesha Memorial Hospital in the United States, the tears well up behind the brown frames of Julie Wright's glasses—the response of a mother faced with a child in a life or death emergency. Nora, Julie's 23-year-old daughter, has been rushed in on a stretcher from a screaming ambulance. Her nearly mature body seems pale and lifeless, as the doctors and nurses push their way around her, inserting tubes, hooking up machines, and trying desperately to save her life.

Nora is the victim of a drug overdose in an apparent suicide attempt. Her mother found her lying unconscious on her bedroom floor just minutes earlier, pill bottles strewn about. From the waiting room, Julie, with a face full of grief-strewn wrinkles underneath graying brown hair, could do nothing but wait to hear whether her only daughter would live or die.

Nora is stabilized within minutes of her arrival. In a few hours, she will be moved to the Intensive Care Unit, where machines and IV fluids will keep her alive for two days until the tubes can be removed. Julie's sobs slow as the doctor explains her daughter's status. With a professional and serious tone, he recommends that after her body recovers, Nora enter treatment for the bigger problem that is plaguing her: her mental illness.

Throughout her adolescence and early adulthood, Nora has sought medical attention for depression, anxiety and self-esteem issues. She has seen psychologists, psychiatrists, therapists and counselors. She has been medicated and attended weekly therapy sessions. For a while, Nora's improvements were obvious to her loved ones, like Julie. "I always worried about Nora, I could always tell when she was not in the right mind-set, but she seemed so much better lately. She seemed like herself."

In 2008, Nora turned 22 years old and graduated with a liberal arts degree from a local college. She gained her independence as an adult woman and, with it, lost her health insurance coverage. Without health insurance, Nora was forced to go without her usual treatments and medications and manage her mental healthcare on her own. Since that time, Nora has been hospitalized twice for attempted suicide—with this instance being the most severe. This is when I met her, while working as a nursing assistant in the emergency department that day.

In an October 2009 article, the World Health Organization (WHO) states: "Men-

tal, neurological and behavioral disorders are common to all countries and cause immense suffering. People with these disorders are often subjected to social isolation, poor quality of life and increased mortality. These disorders are the cause of staggering economic and social costs." The WHO also warns that mental healthcare often goes untreated, leading to potentially fatal outcomes due to both lack of recognition of the seriousness of mental diseases and lack of understanding of the benefits of treatment. Approximately 877,000 people globally die of suicide each year—a figure that does not include failed suicide attempts, like Nora's.

How may Nora's case have been different if her mental treatment was provided by a universal healthcare system? In Spain, healthcare is a government-funded service, provided by a series of public systems in each of the country's 17 autonomous regions. The system provides medical attention, including mental healthcare, to all Spanish residents and immigrants without expense to the patient.

"The General Health Act (1986) made provision for the integration of mental health within the general healthcare system and stated that psychiatric patients should be considered as service users of equal worth. Subsequently, mental health networks were integrated in the general health system," explains Dr. Luis Salvador-Carulla in a March 2006 article in the *European Journal of Psychiatry*. The *Consejería de Salud*, the sanitary department of Andalusia's autonomous government, explains that an estimated 9 percent of the Spanish population currently suffers from some sort of mental disorder.

In addition to the larger public system, there also exists a separate, private healthcare sector in Spain. Patients who choose this healthcare option must pay out of pocket. Dr. Joana Marín, director of the Center for Clinical Psychology and Health in Seville, a private clinic, sees patients of varying ages and with a range of mental disorders. Most of them are female. "It costs a man more to talk about his emotions and internalize what he is feeling," she says. The majority of the patients that Joana sees are diagnosed with anxiety, depression, communication problems, couple problems, lack of impulse control and personality disorders. "We see many patients, usually on a weekly basis, but we cannot treat patients with active psychosis, like schizophrenia. Those patients must go to the public system for treatment because we do not have the resources here."

The public healthcare system has other resources that smaller, private practices cannot provide, such as security personnel and medications. The lack of mental healthcare specialization within the system, however, may provide insufficient care.

"The public healthcare system, as it stands, cannot provide complete treatment to patients with mental illness. It lacks individualization," according to Dr. Frank Castrillón, a private psychologist. In 2006, the *European Journal of Psychiatry* published that mental healthcare is among the least funded areas within the public healthcare system and that psychiatric care has seen reductions in available resources to patients. Since 2001, all psychiatric hospitals have been closed in Andalusia and reduced in all other parts of Spain.

Castrillón explains that a patient entering a general hospital setting with a mental illness will most likely be examined first by a general practitioner before being referred to a psychiatrist, if at all. "Patients in the public healthcare system may see a psychologist or psychiatrist once every three months at best. In my practice, I see patients every two weeks or more." Dr. Joana Marín warns that the importance of an intimate and trusting relationship between healthcare professional and patient may be crucial in the treatment. "It may be a problem if someone needs treatment more frequently, because it does not exist in Spain's public healthcare system."

Private mental healthcare in Spain may provide more regular and consistent treatment, but it is only available at a cost to the patient. "There are many cases in this practice where patients have left the public system and come to us, hoping for more individualized counseling. However, the reverse is true as well. There are economic cases in which patients have to seek public healthcare," Marín says.

Continued and intimate counseling in mental healthcare in Spain, as in the United States, may be a luxury that not all people can afford. The cost may lead to cases like Nora's, where without proper treatment, life or death emergencies occur due to mental illness. Once Nora has recovered physically, she will be paying for the medical attention from this attempted suicide for years to come, even with the help of financial aid organizations available to her in the United States. Had Nora received treatment in Spain, under its national healthcare system, she would not have to pay to have her life saved.





# Seven pounds of life

Renee Robinson

*Babies are born every day in every part of the globe. However, they are not born in the same way or under the same conditions. Some enter this world in a public hospital, others in a private. Some in a house and others in a bath tub. How does it happen in Seville?*

It's got to be like it is when you make love with someone. It's got to be safe and secure and uninterrupted. And that is how you have an orgasmic birth." An orgasmic birth? The idea of Marsden Wagner, M.D., former Director of Women and Children's Health in the World Health Organization doesn't exactly sound conventional. But when Luz Viudes Middelmann, a *doula*, or alternative midwife, in Tarifa, Spain, talks about this revolutionary idea, it doesn't seem so "out there"... it just seems logical.

As a *doula*, Luz dedicates her life to providing emotional and psychological support to women during their pregnancy, labor, and post-labor experiences. Her eyes light up while talking about what has come to be known as an orgasmic birth: "The people that are involved should respect, as much as possible, the intimacy and connection that's created."

Intimacy is a little hard in the public healthcare system, though. Imagine the hours before going into labor – sweat starts streaming, profanities start flying, pain starts intensifying – and the woman next to you is casually chatting with her husband about dinner plans with the grandparents next weekend. Not really the setting for intimacy and tranquility Luz refers to. So, is this the only option for women in Spain?

In Andalusia, a woman's options for giving birth can really be boiled down to the public or the private healthcare system. According to Antonio Jiménez, head of the Gynecology Department at the University Hospital Virgen Macarena in Seville, a majority 80 percent chooses public. If the 20 percent that chooses a private center gets to enjoy better food, an individual room before and after delivery (with-

out the chattering wife), and more personalized attention, why choose anything else?

Money is one factor. Doctor Carlos Jiménez, who has followed his father's footsteps into the field of gynecology, says one should expect to pay upwards of \$6,700 to give birth in a private hospital. Such a price could be considered a "steal" in the United States, which rakes in \$8,800 for every bundle of joy according to the 2007 March of Dimes report. But the U.S. doesn't have a choice. In Seville, women can choose to opt out of paying a fortune.

dramatically improved pregnancies, labors, and births in Seville. According to medical statistics, the rate of infant mortality plummeted from 22 deaths for every 1,000 births in 1975 to just under six in 1998. The rate of maternal death also dropped from 43 cases in 1975 to a mere two in 1996.

Also, in the past, premature babies able to fit in the palm of a hand had little to no hope of survival. But with the introduction of *miracle machines*, such as ventilators and incubators, the 4,000 preemies born every year in Spain

now have the chance to live. Luz Viudes adds that a revolutionary method known as "kangaroo care" has also improved their outlook. This method stresses the importance of skin-to-skin contact between mother and baby, helping to stabilize the baby's heart-beat, temperature and breathing. Breastfeeding is also a key part of this technique to develop the newborn's strength. A premature baby Luz helped to deliver was expected to be in an incubator for two months, but a combination of technology and kangaroo care quickly turned two months into three weeks.



Doctor Antonio Jiménez continues that another critical factor affecting the decision is the superior resources available in the public system – an advantage echoed by Olga Merino and Morgan Reiss, two mothers in Seville. The medical assistance, the delivery rooms, the personnel, and the technology that is offered are of a higher quality. In fact, if a labor were to suddenly go wrong in a private hospital, the woman would be whisked away to the nearest public one.

Dr. Jiménez goes on to explain that it has been that way since 1975, when technology

Other technological developments include that wonderful little injection that practically numbs from the waist down: the highly sought-after epidural. This lifesaver wasn't even an option until midway through the 20th century. Epidurals now give women the option of pain or... less pain. For Olga Merino, the epidural was "the glory" after hours of tiring, merciless contractions. Antonio Jiménez claims that 80 percent of women use epidurals during labor. And the 20 percent that doesn't use them falls into that category simply because they don't have time for anything else. A tiny, less than one

percent of the population of the patients actually desires a natural birth, epidural-free.

Despite this small percentage, many doctors, including Carlos Jiménez, defend natural births and constantly strive to make labors “the most natural as possible.” And there are options for women, like Morgan Reiss, who voluntarily choose to give birth without drugs.

Originally, Morgan had wanted to do a water birth, but since there are no specialized centers like this in Seville, she would have had to have made the 330-mile trek to Madrid. Instead, a Belgian midwife, known as “the one to go to” for natural births, was assigned to help Morgan with her pregnancy and labor because he is “informed and more ready and willing to do revolutionary things.”

The midwife ended up being a perfect fit for Morgan and her labor was so quick and simple that she wouldn’t have had time for an epidural anyway. Although she admits that during the most intense moment of labor she had wanted it, she adds with a smile that “just when you think ‘I can’t do anymore’... that is when the baby arrives.”

While everything seems to be running smoothly in the Spanish healthcare system, are

there any glitches to be fixed? Antonio Jiménez sighs, “there are a mountain of things.” Both he and his son agree that “burn out” is a frequent problem amongst medical professionals. They explain that female doctors 35-45 years old are especially affected and display the most negative attitudes.

*Imagine the hours before going into labor – sweat starts streaming, profanities start flying, pain starts intensifying – and the woman next to you is casually chatting with her husband about dinner plans with the grandparents next weekend.*

And while technology has provided reassurance to women that all will go well in the critical moments of their pregnancy, it has also taken away from any personalization. “More security... less humanization,” states Antonio Jiménez. Carlos adds that so many demands make it impossible to dedicate the time and attention that labors require. Luz reiterates this idea: “It’s impossible to give more specialized attention because there might be one doctor with

one or two midwives for eight women who are giving birth in one night.”

Olga Merino expresses a similar experience when recounting her labor. She describes a midwife briskly entering to monitor her and the baby during contractions before leaving her and her husband alone just as quickly, without

another word or a “how are you feeling?” Morgan Reiss noticed the same personalization problem and turned to consults with a private gynecologist to supplement her appointments with the public hospital. “I wanted people to explain things more. In the consult, I could be with her an hour... it was much more personalized.”

Are there any intimate, personal, humane moments left in public hospitals today?

Perhaps in the moments right after birth. For Luz, who has been part of 14 births as a *doula*, that moment is the most precious. “To see the mom having her first contact with her baby creates such a beautiful situation. You are very close to life in the most pure form and one full of love. To be there with the parents is the best gift. It’s like an injection of life and you keep wanting more and more.” ●●●

## So you want to be a doctor?

Nichole Osinski

*Just what does it take to become a physician in Spain? The journey of medical students as they go from practicing to practitioner.*

A few years ago, a dead body lay on a cold table, covered only by a thin sheet. A group of students surrounded the cadaver waiting for what would happen next. At that moment, the sheet was pulled away to reveal what was once a living person. For Jara Ternero Vega, this was the first time she had seen a corpse. She and the rest of the group were medical students and this was their class. Jara, now in her fourth year at the University of Seville, is used to situations like this. “At first it was a little hard to see dead bodies or things like blood, but you get accustomed to it.”

This is only one of the many obstacles that medical students in Spain face in the journey to get their title of “doctor.” After the two final and voluntary years of high school, or *bachillerato*, students take an entrance exam called the *selectividad*, which covers everything from chemistry to calculus. If the score is high enough, applicants then enter medical school.

In the University of Seville, roughly 1,000 students vie for only 350 spots.

Of the medicine alumni in Spain, 70% are female compared to only 30% male. Leila Tazi, one of the members in the majority group, says that the *selectividad* is a good way to weed out those who do not really want to be there and work hard. She moved from Morocco to Spain ten years ago and is now studying medicine like she has always wanted to do.

The percentage of students from other countries is low. But each one has a different story for why they are studying medicine in Spain. Brett Sharp, from Colorado, studied biology in San Francisco when she was 23. Everything changed when she moved to Spain with her boyfriend and decided to stay in Seville and finish her degree in medicine.

One reason why medical school was better for her in Spain than in the U.S.? The price. In the U.S. students can expect to pay roughly

10,000 dollars to 22,000 dollars a year to attend a public medical school. In Spain, the primary six years of studies cost around 6,000 euro (about 7,877 USD) in public universities. For private universities in Spain, it will cost approximately 10,000 euro (13,128 USD). In the U.S., if a student wants to attend a private or Ivy League medical school they will pay much more. For example, Harvard costs 66,000 dollars for the 10.5 months of the 2009-2010 academic year.

Including both private and public universities, Spain has a total of 28 medical schools. Madrid and Barcelona are ranked at the top. Students in the University of Seville can also do an exchange program, called Séneca, and study in another university for one year.

While studying in Spain, just being in class can cause complications. Both Jara and her colleague Macarena Moreno Lebrón agree that many times professors will say medical



terms and many students do not understand them. “The professors think we know the words, and there isn’t enough time to look them up,” says Jara. Students also deal with everyday medical issues that can be scary or strange. In some occasions, though rare, they acquire *Medical Student Syndrome*, where they believe they have the disease or infection that they are studying.

Working with cadavers is one area that can prove difficult for some, whether it is seeing body parts removed or just knowing this was once someone who walked and breathed. Macarena says that what is worse than seeing a dead body is the smell. “The smell of formaldehyde is the worst part.”

After six years of studying, future doctors are faced with taking the exam to become a MIR (*Médico Interno Residente*, or medical intern in residence at a hospital) if they want to specialize in a degree such as internal medicine, oncology or ophthalmology. The majority take

the test. Juan Manuel, a sixth-year student, will be taking the MIR in January 2011. “If you get a bad grade, you don’t have many career choices; and if you get a good grade, you get your choice.” The MIR, which costs 150 euro, can be taken [over] again if a student receives

*After six years of studying, future doctors are faced with taking the exam to become a MIR (Médico Interno Residente, or medical intern in residence at a hospital) if they want to specialize in a degree such as internal medicine, oncology or ophthalmology.*

a low score. Many do not finish in six years because they must retake the MIR a second or even a third time in order to get a grade good enough to choose the specialization they prefer.

A small percentage does not finish their medical degree at all. “There are many

responsibilities,” says Juan Manuel, who also explains that some students want to go into medicine because they see TV series set in hospitals, such as *House* or *Scrubs*. The large percentage that does graduate (more than half) with a specialization have a positive outlook for finding a job. “There are positions throughout the world, but the problem is, what position do you want?,” says Leila.

Taking the MIR also gives a better chance of a higher salary. Students starting in their residency will make about 21,000 euro, and in a few years they will reach 40,000 to 50,000 euro (52,000 to 65,000 USD). Medicine has always been a popular career in Spain not only because of what it involves, but also for its security. “It is the only career that when you finish your degree, you have a job,” says Jara.

And for those students who are thinking about becoming a doctor or are already in the process, what is important to remember? “The motivation,” says Juan Manuel, “is the most important thing to know. It’s important to just want to help people.” ●●●





# How fantastic is the world of plastic?

Catherine Ross

*Cosmetic surgery has become extremely popular in Spain, an enormous 'silicone valley.' Undergoing liposuction or paying for breast implants "is equal to dying your hair, fixing your teeth, or repairing your vision."*

Picture an elderly woman in her early eighties with curly white hair and taut skin plastered with beauty products. At one time, she radiated with natural beauty that many coveted. Now, her skin has been stretched so tightly that it barely moves when she opens her mouth. She has undergone so many cosmetic surgeries that her lips hardly move, making her voice scarcely audible.

This woman is María del Rosario Cayetana Fitz-James Stuart y de Silva, also known as the Duquesa de Alba. Her nobility has made the duchess a public icon in Spain. Her image is constantly displayed in gossip TV programs and magazines throughout the country.

The Duquesa de Alba is one of the pioneers of a trend that has become phenomenally popular in Spain. Cosmetic surgery is more common here than in most countries around the world. According to the Spanish Society of Cosmetic Surgery, about 380,000 surgeries occur each year in Spain solely to help improve the patient's physical appearance.

Dr. Marta Rodrigo Royo, a specialist in medicine and cosmetic surgery, has been working at her medical practice in Seville since 1993. In her experience, the most sought-after cosmetic surgeries are breast, lip and cheek augmentations, as well as the removal of "bags" under the eyes. She also adds that liposuction is frequently performed. Despite the popularity of plastic surgery in the country, it is still a financial luxury.

Although there is a public, national health system in Spain, cosmetic surgery is not covered. According to the Servicio Andaluz de Salud (the public health system in Andalusia), there are five categories of plastic surgery that are financed by the regional government. These include: sex changes, birth defects, the elimination of certain varicose veins, burn victims, and the restructuring of body parts.

"The government covers everything in plastic surgery that is more severe than a cosmetic problem that affects the health physically or psychologically," Dr. Royo explains. The example that she provides is breast reduction. Although the procedure typically falls under the category of cosmetic surgery, there are exceptions. For instance, the government will finance the surgery if the weight of a woman's breasts causes her physical harm.

Even though patients have to finance the surgery personally, many people such as photographer Lola Pérez\*, 46, believe it is worth it.

She has undergone liposuction, surgery on her eyelids as well as the removal of the bags below her eyes... and she intends to finance "many more surgeries" in the future. Pérez uses plastic surgery to "shed weight and go back years" in her appearance.

Dr. Royo's 16 years of experience show that most people "get surgery to free themselves of psychological complexes about their image. Others are very demanding about their bodies and appearance and want to improve them if they can." However, there are people with other motives to undergo cosmetic surgery.

Carmen Gómez\*, 49, has a different outlook on cosmetic surgery. She got her breast implants without anxiety at the age of 47 because she simply "always had the urge to go topless on the beach." Gómez decided to enter the operating room when her friend turned to her and said, "If you don't have breasts it's because you don't want them. Today it's so easy and simple to get the surgery."

Cosmetic procedures are becoming more popular with each passing day. From Pérez's perspective, women in Spain want to look young for as long as possible and be pleased with their appearance. Dr. Royo explains, "Cosmetic surgery is the fashion. It's already seen so often that it's accepted as normal."

Gómez brings a competitive twist to the idea behind cosmetic surgery in Spain. "We like to be perfect women in the broadest sense of the word." She says that women are surpassing men in nearly every aspect. If they notice something about themselves that they want to improve, they do it, with regard to their studies, athletic abilities or appearance. "Cosmetic surgery is equal to dying your hair, fixing your teeth, or repairing your vision," she claims.

Esther Menchado Dorado, 30, works for Canal Sur Radio and agrees that cosmetic surgery is more popular than ever. "Almost all of my co-workers have had something done." She believes the media is greatly responsible for the rise. Everything, from reality shows to gossip programs, flaunts the products of surgery.

If you turn the television on in a Spanish household during dinner, you will more than likely be bombarded by bodies that have experienced some sort of cosmetic surgery. Not only are celebrities and their sculpted bodies on display, but many of their interviewers have paid for physical changes as well. "You return to your house and turn on the television only to see silicone," Dorado says.

Dr. Royo also believes the media subtly pushes people in the direction of getting cosmetic surgery. "Each time someone sees a program on the television that promotes plastic



surgery in any way, they are slightly persuaded." Cosmetic surgery is everywhere, whether it's a final contestant in *Granjero Busca Esposa* (Farmer looks for wife) rubbing her implants in a hot tub or famous old diva Sara Montiel showing off her enlarged lips in an interview.

From lips and breasts to hair and skin, people have always been trying to improve their appearance. Celebrities as well as ordinary people regularly go under the knife to perfect their image. After Gómez's surgery, she was elated to be able to wear clothes that she could not previously fill out and lose weight without looking like a board. However, she now understands better all the risks that are involved as well as the role the media plays in manipulating each person's self-image. After living for two years with her new breasts, she admits that if she woke up tomorrow without them, she would not go through the surgery again. ●●●

\*Names have been changed in this article as participants do not want to be identified.

# If man could say what he loves

Valerie Hartshorn

*Angie, a 29-year-old transsexual working as a hairdresser and volunteer transsexuality coordinator for COLEGAS, left her home in Venezuela two years ago in search of social acceptance, internal peace, and a government-funded gender reassignment operation in Spain.*

«In Venezuela they don't have the word "transsexual." They just say gay or lesbian. But we're not gay. Society has this misconception that you choose to be gay or transsexual. But gays are born gay, and it's the same for transsexuals. Currently there is a campaign to change the word from "disorder" to "dysphoria" because transsexuality is not a disorder or sickness. Rather, transsexuality is a gender dysphoria: We're born in a different body than our minds tell us. We all have the capability to reason, and we *know* that outwardly our body says "male" while inwardly, we feel and act femininely. We are female. From the youngest age, I behaved and lived my life like a girl. My parents supported me. They were used to it.

## Identity

You have a female identity, and at that period of time around 11, 12, even 13 or 14 years old, you start to think "Why do I feel this way? Why do I feel like a girl and I'm inside of a boy's body?" Then, absolutely, there is a lot of confusion. At that age I wasn't dressing like a girl. Before 18 or 19 I lived life normally: I wore unisex clothing that wasn't too girly but also not too masculine. I didn't wear makeup and my hair was somewhere in between short and kind of long for a boy. You have to know that in Venezuela the life of transsexuals is difficult. It's hard. People are very closed-minded. You see, transsexual life is much more obvious than, say, homosexual life. But I didn't hide it from anyone. Of the few friends I had, the majority were straight girls, which is due to the sense of *machismo* that males have and their tendency to reject gender disparities more quickly than girls.

## Rejection

What's true, too, is the fact that a lot of times we don't finish high school or go to college because of this rejection. And remember that we're not gay. Gays don't want to physically be men or women, they just *like* men or women. For us it's different. We're not going to behave like the boys we look like because inwardly, we don't feel like the image our body projects. My teachers didn't defend me when the boys would harass me. They said the teasing was my fault, that I was provoking them and that it would be

better for me to just act like the boy that I am. But I couldn't do that. As far as education goes, I got my adult *bachillerato* degree [Spanish two-year course for academically oriented 16 to 18-year-olds] at age 24. I wanted to study, I was serious about eventually getting a good job, but the rejection at my public high school was too much.

## Society

Now? Yes, I do feel a little more accepted. The government is working on a transsexual integration law that is meant to make us feel more accepted in this society, and part of

they're being criticized and judged by the rest of society. The fact is we need this law to help better integrate ourselves, and I think that it will be passed, especially because they passed the law in 2006 allowing us to change our names on birth certificates and official documents. As far as that law goes, the requirement is two years of hormone treatment in order to legally change your name. But now we're also fighting to be able to change the gender that is listed on those official documents. It doesn't do anybody any good to change their name and still have it say "male" after the person has been operated on and is now female.

## The process

I came to Colega [the association of gays, lesbians, bisexuals and transsexuals], had an interview with the psychologist, and he sent my paperwork to the Carlos Haya Hospital in Malaga where I was put under the care of a hospital psychologist. It takes between six and eight appointments with the psychologist for him to refer you to an endocrinologist and then begin hormone treatments. But the timing is not restricted to a matter of months; you could end up waiting a whole year to be cleared by the psychologist. Every person is different.

I think it's more advisable to undergo this process by way of an association, like Colega, although you can do it by just going to a psychologist. After beginning the process of hormone treatments, you have to wait one and a half to two years for the operation. The entire time, you continue the hormones. Those we have to take forever, for the rest of our lives. Because my body will continue to produce the hormones it is naturally programmed to produce, I will always have to take female hormones to counteract the male ones and it's the same thing for transsexual women.

## The surgery

This is what they tell us from the beginning: The decision to be operated is *yours*. It's how you feel. If you're comfortable without the surgery, then that's what you're comfortable with. And if someone doesn't go through with the surgery, it's only because of fear. I don't think it has anything to do with confusion or that all of a sudden the person feels like the sex



this is our desire for acceptable jobs. Imagine transsexual women working as prostitutes; they're not becoming assimilated by any means,

of the body they have. Once you've begun the hormones, confusion is no longer something that keeps someone from surgery. I know someone who, when the moment came for her to be anesthetized, she didn't want to have the surgery anymore. She kept saying no and they just had to stop. She was scared. Me? I'm not scared. I am completely sure that surgery is what I want. And you have to be completely sure on whether or not you want the surgery.

It takes between four and six hours for the sex change. Technically it's called sex reassignment surgery. It costs between 30,000 to 36,000 euros for breast implants, and 108,000 to 120,000 euros for the sex reassignment operation from male to female. I don't know about female to male reassignment. I think it costs around 24,000 euros to remove the breasts. Social security covers the costs of the sex reassignment surgery, but not breast implants because that can be ruled as something aesthetic, like plastic surgery for breast augmentation. Remember that both

the male and female bodies have mammary glands although only the female body produces the hormones that cause the mammary glands to create breast tissue. Since we're taking the female hormones, our bodies are produc-

*You have a female identity, and at that period of time around 11, 12, even 13 or 14 years old, you start to think "Why do I feel this way? Why do I feel like a girl and I'm inside of a boy's body?"*

ing breast tissue, so breast implants are seen as more of a want than a need. Because the region of Andalusia provides sex reassignment operations that are covered by social security, you have people coming from all over Spain and other countries to have the operations. We, Andalusians, are given first priority, and then other Spaniards, and then foreigners. The

waiting list is not short. There is a separate list, a more urgent one. I have a friend who will be operated on sooner than others who are waiting. She only has one testicle, only one, and because of that she needs to have the other removed. In

her case, she's extremely uncomfortable with her body and she *needs* to be operated on. So she's on the urgent list.

## Waiting

I still don't know when I'll go in for surgery. I'm on the list and the list is long—I don't know how many people are on it. Inwardly, I am at peace with myself; outwardly, no, since I still have male genitals. But in comparison to others who are very much at odds with their bodies, I'm at peace. I have been ever since the process began. The hormones help a lot because you can watch your body become more feminine, you see the changes take place. And now that we've begun the hormones, we know that the time is coming to be operated on. Surely, it will come.» ●●●

# A bright community of hope

**Marilyn Pérez**

*Every year, the Virgen del Rocío hospital in Seville receives 1,000 new cases of children with cancer, who are treated at no cost. Although 30 percent of them will die, each year the percentage of survivors tends to increase, as the chief of the department explains.*

Vibrantly colored doors sprinkle the hallways that lead to a high-ceilinged recreation room with a connecting patio. This playroom is full of toys and learning materials. Much like most academic environments, the children who play in this space learn, laugh and grow together.

What makes it different is that it's located in the Pediatric Cancer Department of Virgen del Rocío Hospital in Seville.

"For the parents of patients, it's very difficult to imagine that their children can die before them," Anex psychologist Elena Torrado said. "They're constantly very worried." Anex is the Association of Parents of Children with Cancer in Andalusia. The organization began in 1985 and works to help patients and families who suffer from this illness.

The head of the Pediatric Cancer Department in the hospital, Eduardo Quiroga, says that although 30 percent of children do not survive, each year the percentage of survivors

continues to increase and is currently 60-70 percent. When they return to the hospital to visit, looking tall, attractive and healthy, Quiroga and Torrado agree that it's one of the most gratifying aspects of their job.

"When we see former patients cured and living normal lives, it's a wonderful feeling. We've had adolescents who later married and some have even brought their children to meet us," Quiroga says.

Unfortunately, returning to visit is not an option for all childhood cancer patients. "My most emotional memory was of a friendship I made with a 15-year-old patient named Louis," doctor Quiroga recalls. "He was an immigrant who had very little family. I went with him to the movies sometimes. When he died, it was difficult for me."





The current age range of children in this department is 1 to 14 years, but there have been patients as old as 17. “Children have the capacity to understand more than adults realize,” he describes. “And so when the doctors inform the children of their situation, they have to tell them calmly, affectionately and age-appropriately.”

It’s important to give the child and their family time to cry after receiving the news, and to let the parents know that the doctors are going to do everything in their ability to help, Quiroga says. “We give them hope and affection. Their lives change. They’re not able to do certain things, like go to school, regularly anymore.”

The psychologist Elena Torrado says that it is even more difficult for the adolescents to adapt to the life changes. Many maintain their group of friends, but some of them distance themselves because they are ashamed to be seen while ill.

Nothing can compare to the difficulties, challenges, and changes that occur in the lives of the patients and their families, Quiroga affirms. For example, “one parent has to leave their job in order to be with the child at all times.” However, this burden doesn’t have a monetary affect on the family in Spain as

it would in the United States, since public healthcare is free in Spain. “A very poor child can receive care as expensive as a bone marrow transplant, which would not happen in the USA,” he compares. He knows it all too well because he spent time working at St. Jude’s

*“We give them hope and affection. Their lives change. They’re not able to do certain things, like go to school, regularly anymore.”*

Children Research Hospital, in Memphis.

But he emphasizes that there is always room for improvements here in Spain. “We could use more doctors, more money to research, and a house close to the hospital for the children to live at during treatment so they don’t have to sleep and stay in the hospital,” the chief of the Pediatric Cancer Department says. “I know that in Seville there are different events to raise money like raffles, dinners or bullfights... anything that can benefit the children is welcomed.”

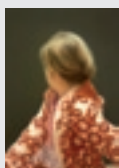
Andex, the association of parents, also organizes fun events like a trip to the Seville amusement park Isla Mágica, parties for Christmas, and days at the beach for the children. Thanks to activities like these, many of the children, families and staff spend a lot of time together.

“They spend so much time sharing very strong emotions that they end up establishing strong bonds with the children and the families,” Quiroga says about his colleagues.

According to Andalusian Health Service (Servicio Andaluz de Salud, SAS), the Virgen del Rocío Hospital receives about 1,000 new cases of pediatric cancer each year. However, the shocking number of cases doesn’t affect the positive manner in which the workers face their job. “The harder the situation is, the more gratifying it is in the end to offer any help I can,” Torrado says.

Quiroga agrees. “I like to think that with my knowledge and with my care I have contributed to the treatment of children with cancer. When I see the look of gratitude from the parents and the smile on their child’s face, it feeds my medical spirit each day.” ●●●

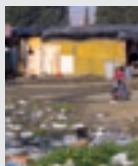
## foto credits



Gerhard Richter / “Betty”, oil on canvas, 1988.



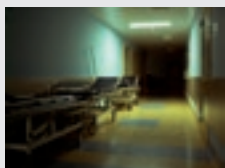
Nichole Osinski / Future doctors at the University of Seville, 2009.



Courtesy of Falín M. Galbán / El Vacie, 2007.



Catherine Ross / News stand in Seville, 2009.



Mark Wagner / Hospital.



Valerie Hartshorn / Angie, 2009.



Tomasz Kobosz / Birth.



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