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Undergraduate Thesis Prospectus

Blame-casting for welfare retrenchment in Catalonia:

The tensions between austerity impositions in healthcare and sovereignty at the subnational level

Research Question

This study explores public healthcare spending cuts in Catalonia during the period of intensive austerity policies between 2011 and 2014 and their relationship with shifting political discourse and public opinion in the region. In light of the rising Catalan secessionist movement, the responsibility for budgetary policies and constraints has become a highly politicized and contentious issue between supporters of independence and supporters of national unity. First, I hypothesize that supporters of pro-independence parties tend to blame Spain's central government for budget cuts, while supporters of pro-unity parties that favor the current regional arrangement tend to blame the Catalan Generalitat, the regional government. I will test this hypothesis with secondary public opinion surveys complemented with analysis of political manifestos, speeches and press releases in order to track the influences of public opinion.

Second, observing differences in how severely healthcare cuts affected Catalonia at a municipal level, I hypothesize that municipalities with more layoffs in public healthcare jobs and with stronger declines in the quality of services will have seen a larger rise of public support for independence than demographically and economically similar municipalities where budget cuts affected less severely. I will test this hypothesis with data from neighborhood associations and healthcare watchdogs tracking the effects of budget cuts in public healthcare in Catalonia, electoral results at the municipal level, and levels of healthcare-oriented grassroots activism.

The purpose of my research is to expand our knowledge on the dynamics of the welfare state at a subnational level by examining the case of Catalonia. I predict causation in the relationship between budget cuts in public healthcare and support for independence, although I do not expect this relationship to be the most defining element of secessionist claims. Instead, I

seek to expand the knowledge on the dimension of social policy that scholars of nationalism often neglect as a factor of subnational demands for autonomy.

Rationale

This project will offer insight into the importance of the welfare state and, more specifically, public healthcare provisions, as a political instrument. The Catalan case provides a rare example—Scotland is perhaps a similar one—of a Western European democracy where secessionist claims still represent a key component of political and electoral dynamics. The region has also experienced one of the largest declines in the quality of its public healthcare system since 2011, when compared to all other Spanish administrative regions, or Autonomous Communities, according to Spanish healthcare watchdogs such as the FADSP (FADSP 2015, 7). The convergence of these two elements—a rising independence movement and the implementation of austerity measures in public healthcare—creates a unique environment for the study of welfare provisions and their embeddedness in nationalist demands.

The role of healthcare as a mobilizing tool for nationalism is of particular relevance for both subnational and supranational levels. The study of the former includes cases of power devolutions from central states to regional governments in contexts of strong nationalist demands. A clear example is the development of NHS Scotland as independent from its British counterpart. The study of the latter focuses on the conflict between national demands and supranational institutions such as the EU or the IMF, which nationalists often portray as negative for the development of domestic welfare provisions. I argue that just as Brexit campaigners used the financing of the NHS as a talking point in their anti-EU platform, Catalan secessionist parties

have added austerity measures to the list of impositions coming from Madrid in order to promote their cause.

Second, in order to investigate demands for national autonomy in healthcare provisions it is crucial to also examine the tensions over budget and tax authority. In the Catalan case the regional government is ultimately the one enacting budget cuts, but the central government is responsible for a share of tax collection and budgeting that generates an imbalance for Catalonia (Viver Pi-Sunyer *et al.* 2015, 47). This tangled distribution of budgetary responsibilities generates a political opportunity for both secessionist and pro-status quo parties. Observing how the financing of the welfare state interacts with demands for national sovereignty in Catalonia contributes to a growing study of multi-level institutional structures of the welfare state.

Demands for autonomy in healthcare policy and conflicts over budget and tax responsibilities combine to create powerful mobilizing instruments for nationalist movements. Whether it is in the context of externally imposed budgetary constraints at the supranational or the subnational levels, nationalist political actors have an incentive to use healthcare policy and budgetary autonomy because of the importance that voters have historically given to those issues since the establishment of welfare states across Europe. The mobilizing effects of demands for welfare state autonomy seen in the case of Catalonia, I argue, are crucial to understand popular support for nationalist movements.

Theoretical Framework

This research fits within the larger categorization of welfare states (Esping-Andersen 1990). This work was a cornerstone to the current understanding of the different typologies of welfare states and the interaction between national path-dependences and the need for policy innovation across time. Esping-Andersen's typologies, however, did not include more recently developed welfare states such as those in Eastern Europe or in the Mediterranean. Other scholars have brought attention to the Spanish welfare state, particularly since its transition to democracy (Moreno and Sarasa 1993). This research expands on Moreno and Sarasa's analysis of the Spanish welfare state as a type latecomer corporatist model, with weak civil society actors, and with regional devolutions of legislative and budgetary power.

The recent tensions between the regional and central government threaten the model of regional welfare policy distributions described by Moreno and Sarasa. I argue that discontent in Catalonia with the administrative and budgetary power sharing with the central government questions Moreno and Sarasa's assumptions of stability and satisfactory levels of autonomy in the Spanish regional arrangement of Autonomous Communities. Furthermore, an investigation of the numerous and highly-active civil society groups in Catalonia that emerged with the beginning of public healthcare budget cuts in 2011 will counter the authors' claim that such groups are relatively weak actors in the Spanish model. The label of latecomer corporatism that the authors apply to the Spanish model might also not fit to the more modern and sophisticated Catalan economy, but the evidence for that counterargument is still not as solid or as directly positioned in the scope of this project.

Institutional studies on the subnational dynamics of welfare states have focused on the tensions between the demands for policy change or innovation and the path-dependent consequences of regional power distributions. Research on welfare policy in federal states suggests that political fragmentation creates vertical asymmetries between regional and central governments as well as horizontal competition among subnational units, both of which can constrain the development of welfare policies (Pierson, 2005). Although the Spanish model is not truly federal system, it retains regional asymmetries similar to those of a federal model. The work of Pierson will allow to investigate how regional devolutions of social policy responsibilities create important new institutional actors and generate dilemmas resulting from shared decision-making. Research on similar devolutions in contexts of strong nationalist movements is most abundant in the case of Scotland, but also include Quebec and Belgium (Beland and Lecours, 2003). I will contribute to this research with a study of the Catalan case since 2011, which shows similar trends of identity-building and demands for autonomy around the issue of social policy, and more particularly healthcare.

Research Design

This work provides a case study of the political economy of Catalan healthcare as intertwined with demands for regional autonomy. Secondary opinion polls from each year since the beginning of healthcare spending retrenchment in 2011 will provide data about public views on the performance of the regional and central governments on the issue of healthcare, as well as levels of support for all the major political parties in Catalonia. Together with a compilation of political rhetoric from speeches and manifestos, this will allow for an analysis of partisan identification as a driver of blame-casting for healthcare policy failures and spending cuts in a

multi-level institutional context. Furthermore, municipal electoral data from 2015—right at the end of the period of austerity— contrasted with municipal variations of the impacts of budget cuts on healthcare provisions will allow for an evaluation of the link between public healthcare retrenchment and the rise of nationalism.

Case Selection

The choice of public healthcare provisions might seem unconventional as a way to study the upsurge of support Catalan independence, or of any other nationalist movement. Other studies have already pointed at the resentment stemming from Spain's Constitutional Court's decision in 2010 to outlaw several articles from a Catalan regional law, public discontent about the imbalance between what Catalonia pays in taxes and what it receives in investment from Madrid, or the adverse effects of the Great Recession as important factors (Cuadras-Morató and Rodon 2017, 16). However, the relevance of welfare provisions, and particularly healthcare, should not be underestimated in the case of Catalonia. The region has experienced one of the largest declines in the quality of its public health provisions since 2011, falling to the bottom of the rankings elaborated by the healthcare watchdog FADSP in 2014. This fact makes Catalonia an outlier when compared to other regions in Spain during the same time period, a fact that rapidly entered the Catalan political sphere.

In the context of Western Europe, Catalonia is another outlier in terms of the strength of its separatist movement, but not in terms of healthcare policy autonomy from the central government. Flanders and particularly Scotland are other regions that have received the attention of scholars of nationalism, which has included the connection between welfare provisions and national identity. In the case of Scotland, nationalist demands resulted in the creation of the NHS

Scotland and a political and budgetary autonomy from the UK in public healthcare responsibilities. In Catalonia, however, the degree of autonomy is more comparable to that of a federal state, with the central government ultimately allocating a budget and redistributing a share of the tax revenue among the regions. In the light of a strong national identity revolving around linguistic, historical, and cultural traditions, this distribution of powers has proved problematic. The region has strong linguistic and historical identities that date to the period of formation of the Medieval kingdoms of the Iberian Peninsula. More recently, the Constitution of 1978 established a regional model of Autonomous Communities that granted some legislative and budgetary independence after a period of repression during the Francoist dictatorship. The rise of Catalan secessionism is now testing the stability of the Spanish regional model, which allows for a unique investigation of subnational politics of the welfare state.

Data

To test my hypotheses, I will examine public opinion data in Catalonia from 2010 to 2016, electoral behavior at the municipal level in the 2015 elections, publications by political parties, government agencies, and the press that direct public opinion towards blaming on side or the other, as well as data from public health reports tracking the effects of budget cuts between 2011 and 2014.

For public opinion data in Catalonia, the Center for Opinion Studies – CEO by its Catalan initials – provides an extensive and reliable source. Reports on public opinion by this institution resemble the renowned Eurobarometer of the European Commission. Questions include sociodemographic status, electoral behavior, an assessment of political actors of both Catalonia and Spain, and public attitudes on Catalonia's level of autonomy. The full questionnaires and

SPSS versions of the data are available online, which makes this source easily accessible as well.

A concern with this source regards its funding, which comes from the Catalan Generalitat.

Though I will warn of possible biases in the framing of the survey questions, the CEO remains a non-partisan agency staffed with highly qualified professionals and a reliable source of public opinion data for many previous scientific studies about Catalonia. The data only reflects the respondent's province of origin—Catalonia has four provinces: Tarragona, Barcelona, Girona, and Lleida—and not the specific municipality, and the years selected range from 2010—the year before the beginning of healthcare budget cuts—and 2016.

Examining electoral behavior in the 2015 elections will be of particular importance because of the timing of the vote. Austerity measures occurred mostly between 2011 and 2014, so 2015 provides an image of the electoral response to budget cuts. The results from the previous elections of 2010 and 2012 will also expose the trends of recent support for independence. The electoral data includes the votes for all parties and coalitions at the municipal level. This data is available through official records of the electoral process provided by the Catalan regional government.

It will prove difficult, however, to link the vote for pro-independence parties with shifting opinions on whom to blame for budget cuts. For that reason, it will be useful to look at individual municipalities that saw an upsurge in the vote for pro-independence coalitions, tracking the local political rhetoric to determine how important blame-casting for healthcare budget cuts was for orienting public opinion and electoral behavior. At the broader Catalan level, this data will stem from the political manifestos of JxSí, ERC, and CUP—all pro-independence parties or coalitions—and from the PPC, PSC, and Ciutadans—traditionally pro-unity parties. These documents are available in the official websites of all major Catalan parties and the records go

back to 1980 in the case of ERC, PPC, and PSC, 2011 for Ciutadans, and 2015 for JxSí and CUP. At the municipal level it is more challenging to find full transcripts of speeches or manifestos, but local press and blogs by civil society groups such as the *Taula Salut* offer extracts and analyses of local political rhetoric.

The *White Paper for the National Transition*, a document elaborated by a committee of experts commissioned by the Catalan regional government in 2014 to outline the institutional transition towards an independent Catalonia, envisions a future Catalan welfare states in one of its chapters. Including budgetary data and the prediction of an 11€ billion surplus in the case of secession from Spain, the document argues that independence would allow for a stronger and more well-funded Catalan welfare state. Examining the *White Paper* will provide a further example of the welfare state as mobilizing element of nationalism outside the purely partisan context of campaign manifestos.

To analyze the severity of healthcare cuts at a municipal level, I will utilize a study by the CONFVAC, a Catalan neighborhood association. Their report tracks the cuts of public healthcare jobs, the change in daily hospital visits and people that received medical attention, and the location of civil campaigns against healthcare cuts across all municipalities in Catalonia between 2011 and 2014. The data shows marked differences of how budget cuts affected different locations in terms of the quality of the service. This leaves some outliers, such as the Barcelonan peripheral district of Montcada i Reixac, which reduced its healthcare staff by 25 employees between 2011 and 2014. Investigating this one and other outliers and comparing their levels of activism and changes in support for independence with other municipalities where budget cuts affected more moderately will contribute to exposing the influence of austerity measures on support for secession.

Method

For my first hypothesis, I will test the relationship between support for independence and public attitudes on whom to blame for austerity with statistical analysis extracted from the CEO data. I have already conducted a cross tabulation with an ordinal-level scale dependent variable of public views on the Catalan Generalitat's management of public healthcare and a nominal-level independent variable of partisan affiliation that includes all parties of the 2015 ballots. This preliminary analysis shows a more negative view of the Generalitat's management among voters of pro-unity parties such as the PPC or the PSC, as well as among voters of far-left parties that strongly oppose austerity such as the CUP. At the level of Catalonia as a whole, I will expand this analysis with a chi-square test by transforming both variables to a categorical level, and assessing the relationship between voting for coalitions that support independence and rating the Generalitat's management as adequate. Furthermore, I will conduct an independent t-test to observe the difference in the mean rating of the Generalitat's management of healthcare between voters of pro-independence and of pro-status quo coalitions.

I will also analyze the rhetoric of pro-independence parties as they cast blame onto the Spanish central government. That will include electoral campaign manifestos by leaders of ERC and the CUP—two leftist pro-secession coalitions—contrasted with manifestos from the pro-unity parties PPC, PSC and Ciutadans at the larger Catalan level, in addition to local campaigns and civil society activism by the CONFVAC in areas severely affected by budget cuts. This will shed light onto how political actors guide public opinion and justify the selection of public attitudes as a dependent variable to the independent variable of supporting pro-independence parties.

As for the second hypothesis, I will determine the municipalities affected the most severely by budget healthcare cuts with the CONFVAC data and conduct case studies on how the retrenchment of healthcare provisions impacted the rise of support for independence in those areas. The municipality of Montcada i Reixac saw one of the most severe reductions of public healthcare resources, as well as one of the highest-levels of civil society activism against budget cuts, and a change to a pro-secession ruling local party in the 2015 elections. Though finding causation between austerity measures and the rise of support of independence is methodologically challenging with the existing data, comparing outlier cases of municipalities affected more and less severely is a moderately conclusive approach. Statistically, I will test this hypothesis by comparing the rise in the vote for pro-independence coalitions in municipalities affected severely by budget cuts and in regions affected more moderately with independent t-tests. First, I will compare the change in pro-independence votes in outlier municipalities with the electoral data from 2015, 2012, and 2010, selecting areas of similar demographic and economic characteristics in order to control for other factors. Second, I will average the change in votes in the top-10 most severely affected and in the top-10 least affected areas and compare the two.

Timetable

Before the thesis writers' conference on the week of October 16 to October 20, I need to have my preliminary statistical work completed for both hypotheses. That includes a chi-square test and an independent t-test for the first hypothesis and several t-tests for the second. This will allow me to have more definite findings to present at the conference.

In the weeks before Thanksgiving, I will focus on transforming my statistical findings into writing, complementing them with qualitative data, and fitting them into my theoretical framework. I will elaborate a list of all the campaign manifestos I want to include, with short overviews of the sections touching on the welfare state, and more specifically healthcare. Further and more extensive literature review will be necessary, particularly in the comparative cases of Scotland and Quebec. If all this is accomplished I should have a more developed project to submit by the end of the fall semester.

A preliminary outline for the structure of this paper is as follows: Introduction; Chapter 1: Development of the Spanish Welfare State and the Catalan Independence Movement; Chapter 2: Tracking the political narratives about healthcare retrenchment in Catalonia (qualitative chapter); Chapter 3: Quantitative findings; Chapter 3.1: Blame-casting depends on support for independence parties; Chapter 3.2: Healthcare budget cuts had mobilizing effect for secessionism; Conclusion.

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